Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30 am Friday 24 March 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 – 20 January 2017 (circulated) - submitted for approval as a correct record.

4.2. Previous Minutes – 17 February 2017 (circulated) – submitted for approval as a correct record.

4.3. Sub-Group Updates

4.3.1 Audit and Risk Committee

(a) Note of Meeting of 6 March 2017 (circulated)

4.3.2 Professional Advisory Group

(a) Note of Meeting of 10 January 2017 (circulated)

4.3.3 Performance and Quality Sub Group

(a) Note of Meeting of 25 January 2017 (circulated)

(b) Note of Meeting of 22 February 2017 (circulated)

4.3.4 Strategic Planning Group

(a) Note of meeting of 27 January 2017 (circulated)

(b) Note of meeting of 10 February 2017 (circulated)

5. Reports

5.1. Rolling Actions Log – March (circulated)

5.2. Annual Review of the Strategic Plan – Presentation (circulated)

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

5.4. Funding for Alcohol and Drugs Services 2017/18 – report by the IJB Chief Officer (circulated)

5.5. Review of Integrated Care Fund Projects – report by the IJB Chief Officer (circulated)

5.6. Financial Position to February 2017 – report by the IJB Chief Officer (circulated)

5.7. Financial Plan Update and Financial Assurance – report by the IJB Chief Officer (circulated)

5.8. Royal Edinburgh Hospital Update – report by the IJB Chief Officer (circulated)

5.9. Southside Medical Practice Update – report by the IJB Chief Officer (circulated)

5.10. GP Lease Issues

5.10.1. Niddrie/ Durham Road/ Craigmillar Medical Practice Leases – report by the IJB Chief Officer (circulated)

5.10.2. Parkgrove Medical Centre – report by the IJB Chief Officer (circulated)

5.11. Development of a New Practice in North West Edinburgh Partnership Centre – report by the IJB Chief Officer (circulated)

5.12. Programme of Development Sessions and Visits – report by the IJB Chief Officer (circulated)

6. Urgent Business

Board Members

Voting
Michael Ash, Shulah Allen, Carolyn Hirst, 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, Moira Pringle and George Walker.

Item 4.1 Minutes

Edinburgh Integration Joint Board

9.30 am, Friday 20 January 2017
Waverley Gate, Edinburgh

Present:

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

Officers: Eleanor Cunningham, Wendy Dale, Marna Green, Gavin King, Tim Montgomery, Allan McCartney, Katie McWilliam, Ross Murray and David White.

Apologies: Ian McKay and Michelle Miller.

1. Chair's Comments

George Walked noted this would be his last meeting as chair, following his term as a non-executive director of NHS Lothian concluding. He thanked members and officers for their support during this period as Chair, paying particular tribute to the strong teamwork and good working relationships shown by all the Joint Board members.

2. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 18 November 2016 as a correct record.

3. Sub-Group Minutes

Decision

1) To note that the matter of audit capacity would be raised with NHS Lothian and CEC Chief Executives

2) To otherwise note the Sub-Group minutes.

4. Rolling Actions Log

The Rolling Actions Log for 20 January 2017 was presented.

Decision

1) To approve the closure of actions 4, 5, 6, 8, 9, 10, 11, 14, 15 and 16.

2) To note that the programme of visits (item 2) would be reviewed at the Joint Board Development Session on 17 February 2017.

3) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log – 20 January 2017, submitted.)

5. Standing Orders – Annual Review

The current version of the Joint Board's Standing Orders was approved in July 2015, with further amendments approved in January 2016 and May 2016. An initial annual review of Standing Orders was submitted which sought approval of amendments to the Standing Orders to ensure that substitutes on the Joint Board were aware of their duties with regard to the Code of Conduct, to establish urgency provisions and to incorporate the pre-existing deputations process.

Decision

1) To repeal the existing Standing Orders of the Joint Board and approve in its place appendix 1 to the report by the IJB Chief Officer, such repeal and approval to take effect from 21 January 2017.

2) To note that the next annual review of Standing Orders would be presented to the Joint Board in January 2018.

(References – minutes of the Integration Joint Board 13 May 2016 (item 3) and 18 November 2016 (item 10); 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 workstreams 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 there had been a significant increase in delayed discharge since June 2016 with the increase only partly explained by the changes in reporting which were introduced across Scotland in July 2016.

2) 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 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 (December 2015) for "Transition between inpatient hospital settings and community or care home settings for adults with social care needs".

3) To note that a comprehensive range of actions was in place to secure a reduction in the number of people delayed. These focussed on: admission avoidance, rehabilitation and recovery and supporting discharge.

4) That in future update reports include more specific detail about the acute sites.

(References – minute of the Integration Joint Board 18 November 2016 (item 6); report by the IJB Chief Officer, submitted.)

7. Financial Planning Update

An update on the financial process for 2017/18 was detailed.

Decision

1) To 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.

2) To 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.

3) To agree to receive a financial plan for the Joint Board for 2017/18 in March 2017.

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

(References – minute of the Integration Joint Board 18 November 2016 (item 8); report by the IJB Chief Officer, submitted.)

8. Financial Position to November 2016

The forecast year end position for the Joint Board and an overview of the financial position for the eight months to November 2016 was detailed. This showed an eight-month overspend at £5.4m, equivalent to a year-end overspend of £12.3m.

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 November 2016 – a cumulative overspend of £5.4m.

2) To note that a combination of social care fund monies identified by the Joint Board and provisions made by the City of Edinburgh Council reduced the forecast overspend in the Council element of the Joint Board's budget to £0.9m.

3) To note that NHS Lothian would underwrite the projected overspend in the health element of the Joint Board's budgets on the basis that NHS Lothian could break-even in 16/17.

4) To request that NHS Lothian undertake a detailed review of prescribing in Edinburgh at a locality level.

(References – minute of the Integration Joint Board 18 November 2016 (item 7); report by the IJB Chief Officer, submitted.)

9. Workforce Update: District Nursing

An update on the pressures and challenges facing District Nursing across the area covered by the Edinburgh and three Lothian Joint Boards was submitted. The service was experiencing a vacancy rate of 20% amongst band six employees. 57% of band six and seven employees were aged over 50, with the option to retire on full pension aged 55. Additional succession planning measures had been implemented to help deal with the ageing workforce and high level of existing vacancy.

Decision

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

2) 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.

3) In conjunction with the three Lothian Joint Board's, to support the recommendations from the Lothian Review of District Nursing 2016 and to support a collective Lothian-wide approach to taking forward the recommendations and key priorities within this report as detailed in Appendix 1 of the Chief Officer's report.

4) To support the current actions being taken to address the pressures within the District Nursing service in Edinburgh and across all four Joint Board's, and to receive regular updates from the Partnership in relation to progress against the actions.

(References – minute of the Integration Joint Board 18 November 2016 (item 9); report by the IJB Chief Officer, submitted.)

10. Joint Inspection of Older People

An update on the joint inspection of services for older people by the Care Inspectorate and Healthcare Improvement Scotland, which occurred between August and December 2016, was provided.

Decision

1) To note the key areas associated with early consideration for improvement from the professional discussion with Inspectors, the staff survey and file reading processes.

2) To accept the report as assurance that the Edinburgh Health & Social Care partnership (EHSCP) was taking a whole system approach to improve on the significant elements identified throughout the year, and during the inspection itself.

3) To support the EHSCP outline Action Plan, which had provided a strong foundation for improvement moving forward.

4) That the assurance statement be discussed at a future development session.

(References – minute of the Integration Joint Board 16 September 2016 (item 11); report by the IJB Chief Officer, submitted.)

11. Mental Health and Wellbeing in Edinburgh

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 seven adult mental health beds.

Decision

1) To note the decision made by the Strategic Planning Group on 10 January as set out in section 24 of the report by the Chief Officer.

2) To delegate 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.

3) To 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.

4) To note that regular, comprehensive, updates would be routinely presented to the Strategic Planning Group. These would be shared with all Joint Board members, with monitoring reports to the Joint Board as appropriate.

(References – minute of the Integration Joint Board 18 November 2016 (item 12); report by the IJB Chief Officer, submitted.)

12. Chair

Councillor Ricky Henderson took the Chair for item 13 below. George Walker resumed the Chair for the remaining items of business thereafter.

13. Joint Board Membership - Appointment

Following the resignation of Kay Blair from the Joint Board and the Audit and Risk Committee on 18 November 2016 there had been a vacancy on both bodies. An additional vacancy would be created when George Walker's term as non-executive director on NHS Lothian came to an end on 31 January 2017. As both individuals

were appointed as voting members by NHS Lothian it fell to that body to nominate appropriate replacements. The Joint Board was asked to note NHS Lothian's Board appointments and appoint an individual to the Audit and Risk Committee as required under section 14 of its Standing Orders.

Decision

1) 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.

2) 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.

3) To agree that George Walker be appointed to the Edinburgh Integration Joint Board as a non-voting member from 1 February 2017.

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

5) That a short biography of the new Joint Board members be circulated.

(References – minute of the Integration Joint Board 18 November 2016 (items 1 and 10); report by the IJB Chief Officer, submitted.)

Declaration of Interests

George Walker declared a non-financial interest in the foregoing item in relation to a proposed appointment and left the meeting room during consideration.

14. Urgent Business

14.1 Audit and Risk Committee

It was noted that the Audit and Risk Committee continued to seek to co-opt an individual with financial experience and members were invited to recommend any suitable candidates.

14.2 Chief Strategy and Performance Officer

It was advised that Maria McILgorn had been appointed to the position of Chief Strategy and Performance Officer.

14.3 George Walker

Those present thanked George Walker for his work in chairing and helping to develop the Joint Board from its inception. The Chief Officer in particular paid tribute to his effective chairing, promoting high quality debate, and encouraging partnership working.

Decision

To note the additional items of business.

15. Resolution to consider in private

Decision

The Joint Board resolved that the public be excluded from the meeting during consideration of the following items of business on the grounds that they involved the disclosure of exempt information as defined under standing order 5.9.

16. Care at Home Contract

One of the Joint Board's partner providers for the delivery of home care to people over 65 in Edinburgh, had been suspended from taking on taking on new packages of care in November 2016 and later served an improvement notice on 6 March 2017. The Chief Officer provided further details on the action taken to address this matter.

Decision

To note the report, and the mitigating actions taken by the Chief Officer, as detailed in the Confidential Schedule, signed by the Chair, with reference to this minute.

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

17. Southside Practice Update

Proposals for an interim solution for patients currently registered to Southside Practice were submitted.

Decision

1) To note the actions taken in response and to support the interim solution proposed, both as detailed in the Confidential Schedule, signed by the Chair, with reference to this minute.
2) To agree to receive a further report at the Joint Board's February 2017 meeting.

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

Item 4.2 Minutes

Edinburgh Integration Joint Board

9.30 am, Friday 17 February 2017
Waverley Gate, Edinburgh

Present:

Board Members: Councillor Ricky Henderson (In the Chair), Councillor Elaine Aitken, Shulah Allan, Mike Ash, Colin Beck, Carl Bickler, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Councillor Joan Griffiths, Carolyn Hirst, Alex Joyce, Rob McCulloch-Graham and Ella Simpson.

Officers: Wendy Dale, Allan McCartney, Ross Murray, Julie Tickle and David White.

Apologies: Kirsten Hey, Sandy Howat, Angus McCann, Ian McKay, Alex McMahon, Michelle Miller, George Walker and Richard Williams,

1. New Board Members

Councillor Ricky Henderson welcomed Carolyn Hirst and Michael Ash to their first meeting of the Joint Board in their capacity as NHS appointed voting members.

2. Resolution to consider in private

Decision

The Joint Board resolved that the public be excluded from the meeting during consideration of the following item of business on the grounds that it involved the disclosure of exempt information as defined under standing order 5.9.

3. Southside Practice Update

At its last meeting, the Joint Board heard details of the decision of the current partners of the Southside Practice to sell the property on the open market, and considered proposals for an interim solution for patients currently registered to Southside Practice and a governance route required to enable the presentation of a business case for a longer term solution to the NHS Lothian Finance and Resources Committee on 15 March 2017. The Joint Board agreed to support the interim solution proposed by the Chief Officer, and to receive the business case for the medium/longer term solution at this meeting.

The Chief Officer now reported that it had not been possible to reach agreement on the interim solution. In the circumstances, the alternative interim solutions set out in his report to the January 2017 Joint Board were being investigated.

Decision

1) To note that it had not been possible to put into effect the interim proposal agreed at the last Joint Board meeting.

2) To note the ongoing action to identify an alternative interim solution, and authorise the Chief Officer, in consultation with the Vice-Chair to respond to any interim and longer term proposals that were brought forward, on the basis that an update would be provided at the next Joint Board meeting.

3) To note the intention to keep patients and local politicians fully advised of progress.

4) To agree that Joint Board members also be kept fully updated on any progress, or otherwise.

(Reference – minute of the Integration Joint Board 20 January 2017 (item 17).)

Item 4.3.1 (a) - Minutes

Audit and Risk Committee

9.30 am, Monday 6 March 2017
City Chambers, Edinburgh

Present:

Angus McCann (Chair), Councillor Elaine Aitken, Councillor Joan Griffiths, Robin Jones, Ella Simpson, Michael Ash and Alex Joyce.

Officers: Magnus Aitken (Chief Internal Auditor), Richard Bailes (Interim Chief Risk Officer), Nick Bennet (Audit Partner – Scott-Moncrieff), Sarah Bryson (Health and Social Care), Michael Lavender (Audit Manager – Scott-Moncrieff), Ross Murray (Committee Services) and Moira Pringle (Interim Chief Finance Officer).

1. Welcome

Angus McCann welcomed Michael Ash to his first meeting to the Audit and Risk Committee as a voting member following his appointment by the Joint Board on 20 January 2017.

Robin Jones was welcomed to his first meeting of the Committee it was proposed that he was co-opted as a non-voting member for the purpose of providing financial expertise.

Nick Bennet and Michael Lavender from Scott-Moncrieff were also present for the first time in their capacity as external auditors for the Integration Joint Board. The Convener welcomed them to the Committee.

Decision

To approve the co-option of Robin Jones as a non-voting member of the Audit and Risk Committee.

2. Minute

Decision

To approve the minute of 11 November 2016 as a correct record.

3. Outstanding Actions

Decision

1) To agree the closure of actions 1, 2, 3, 4, 5, 6 and 9.

2) To otherwise note the outstanding actions.

(Reference – Outstanding Actions – March 2017)

4. Work Programme

Decision

To note the Work Programme and upcoming reports.

(Reference – Audit and Risk Committee Work Programme – March 2017, submitted.)

5. Risk Update

An update on the risk profile of the Joint Board including a draft Enterprise Risk Management Policy and Framework and inherent risk ratings was provided.

Decision

1) To note the progress on risk management.

2) To formally recommend to the Joint Board the adoption of the Enterprise Risk Management Policy and Framework.

(References – minute of Audit and Risk Committee 2 September 2016 (item 7); report by the Interim Chief Finance Officer, submitted.)

6. Internal Audit Update – March 2017

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 EIJB Internal Audit Activity identified within the Chief Internal Auditor's report and to note the areas of higher priority findings in the reviews highlighted.

2) To agree that relevant audits would be referred to NHS Lothian and CEC as a default action and a report would be submitted to each Audit and Risk Committee to outline what had been referred.

3) To note the continued concern of the Committee with regard to the lack of audit resource, as previously communicated in writing to the Chief Officer and to ask Sarah Bryson to request a formal response from the Chief Officer.

4) To note that all further referred reports would be categorised as either directly relevant to IJB Service Delivery or indirectly relevant (i.e covering specialist functions).

5) That an interim update on available data for the 23 core indicators that formed part of the Performance Management Framework be circulated to Committee members in advance of the next Committee meeting.

(References – minute of the Audit and Risk Committee 11 November 2016 (item 4); report by the Chief Internal Auditor, submitted.)

7. Internal Audit Charter

The Internal Audit Charter setting out the scope, roles, responsibilities, objectives and reporting structures of the Internal Audit function; as required by the Public Sector Internal Audit Standards(PSIAS); was submitted.

Decision

1) To approve the draft Internal Audit Charter of the Edinburgh Integration Joint Board (EIJB).

2) To note that the next iteration of the Internal Audit Charter would be submitted to the Audit and Risk Committee in 12 months' time for approval.

(References – minute of the Audit and Risk Committee 29 April 2016 (item 5); report by the Chief Internal Auditor, submitted.)

8. External Audit Plan

The work plan for Scott Moncrieff's 2016/17 external audit of the Edinburgh Integration Joint Board was submitted.

Decision

To agree the External Audit Plan in principle subject to the outcome of discussions between the Chief Finance Officer and Audit Scotland with a view

to receiving guidance on audit fees and comparative figures from other Joint Boards.

(Reference - report by External Auditor – Scott-Moncrieff, submitted.)

9. Any Other Business

Chief Internal Auditor

It was advised that Magnus Aitken would be replaced as Chief Internal Auditor in advance of the next meeting of the Committee, as was consistent with the co-sourcing agreement that the Council held with PricewaterhouseCoopers (PwC). An appropriate handover would be undertaken.

Chief Risk Officer

Richard Bailes advised that it would be his final meeting as Interim Chief Risk Officer (CRO). It was advised that Duncan Harwood had been appointed as the new Council CRO. It had not been confirmed that he would also fulfil the role of IJB CRO.

Angus McCann – Valedictory

As this was the last meeting of the Committee during the current Council administration and several officers would also be leaving, Angus McCann paid tribute to members and officers who had supported the work and achievements of the Committee over the last year.

Decision

1) To note the additional items of business

2) That the Chief Finance Officer seek clarity from the Chief Officer on how the role of the Chief Risk Officer would be filled following Richard Bailes's departure.

3) To add an item to the agenda for the next meeting on reflections on the previous year and how the Audit and Risk Committee had conducted its business.

4) To formally thank all outgoing members for their work as part of the Committee and as officers.

Minutes

Edinburgh Integration Joint Board
Professional Advisory Group

9.30am Tuesday 10 January 2017
Diamond Jubilee Room, City Chambers, Edinburgh

Present:

Board Members
Carl Bickler (Chair), Eddie Balfour, Julie Gallagher, Kirsten Hey, Alison Meiklejohn, Michael Ryan, John McKnight, Maria Gray, Elaine Hamilton, Graeme Mollon, Steven McBurney, and Maria Wilson

Apologies
Dr Sharon Cameron, Alasdair FitzGerald Eleanor Cunningham Catherine Stewart, Wanda Fairgrieve, Caroline Lawrie, Catherine Mathieson, Sylvia Latona, Kath Anderson, Belinda Hacking, Colin Beck, Mora Burns

1. Membership

Decision

To note that representation from each locality and all service areas was being sought and that the Chair and Vice Chair would discuss this matter further.

2. Note of the meeting of the Edinburgh Integration Joint Board Professional Advisory Group meeting of 1 November 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 the Chair would seek nominations from the PAG membership to be involved with the Quality and Performance Group, this would be ratified at the next meeting of the PAG.
3) To note that an update concerning the work of the Quality and Performance Group would be discussed at the next meeting of the PAG.

3. Note of the meeting of the Edinburgh Integration Joint Board of 1 November 2016 and Matters Arising

Decision

To note the minute of the meeting of the Edinburgh Integration Joint Board of 1 November 2016.

4. Mental Health of Older People and Admission Prevention

Decision

To note that Mental Health of Older People and Admission Prevention would be discussed at the next meeting of the PAG.

5. Wayfinder Grid

Decision

To note that Wayfinder Grid would be discussed at the next meeting o the PAG.

6. The Lothian Hospitals Plan (LHP)

Carl Bickler outlined the Lothian Hospitals Plan (LHP) and the suggested approach to further consultation.

John McKnight reported that acute medical receiving policy had been revised 18 months ago, the consequence of which had been an uneven distribution in patient referrals and patients not being referred to their local hospital.

During discussions the following points were raised:

- To define the Western General Hospital as a ‘cancer’ hospital would not be appropriate and may lead to confusion.
- Acute care and medicine of the elderly are important to the long term success of the LHP.
- Consideration should be given to adopting best practice from those areas that had undertaken similar projects such as Manchester.
- NHS Lothian does not currently have the community resources to support alternative models such as the emergency and elected models of delivery.
- In order to address issues around acute care one must also consider all other care services holistically and incorporate international best practice.
- The way in which resources are managed should be revised to ensure maximum efficiency.
- Moving all services to one site is not an attractive proposition.
- The delivery of acute care is a failing throughout the UK. In order to ensure that failures are redressed a strategic action plan that focuses on the needs and demand of communities must be developed and rolled out.

- In order to develop a strategic plan consideration should be given to what communities and individuals consider to be vital such as capacity, relationships and forward planning.
- In future the shift to locality working may help develop a community network that would support clinicians to the benefits of patients.
- The size and nature of Edinburgh should help with establishing community care. However, before community care can be fully integrated an interim solution was required. A five year strategic plan with an additional 20 beds, until such time as the hub/clusters are mature enough to support community care, would be widely supported.
- The original model for the Leith Treatment Centre (post-2008) and the associated resources would work well if it was possible to replicate.

Decision

1) To note the LHP and the approach to further consultation.
2) To note that the Chief Officer had established a Working Group to examine the LHP.
3) To note that a Physicians meeting would be held during January 2017 to discuss the LHP.
4) To agree that the PAG would like to be involved in future discussions concerning the LHP.
5) To agree that the LHP would be included on future PAG agendas.
6) To agree that Local Hubs and Clusters would be key to the success for of the LHP.
7) To note concerns regarding table 2:1, specifically the Strategic Headline Colum and the details within.
8) To suggest that the LHP be discussed within the localities.

(References – report by the Executive Nurse Director, submitted)

7. Any Other Business – National Health and Social Care Standards

Maria Wilson introduced the Consultation on the New National Health and Social Care Standards. The new Standards take a human-rights based approach and focus on achieving better outcomes for service users. They also help providers; planners and commissioners; and staff working across health and social care to identify and deliver more person-centred care and support.

Findings of the consultation would be available in April 2017 and would help steer implementation of the new Standards in April 2018.

Decision

To note that the National Health and Social Care Standards document would be sent to members of the PAG and the Quality and Performance Sub-Group for comment.

8. Date of Next Meeting

Decision

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

9. Date of Next Meeting

Decision

To note that Mental Health and Wellbeing in Edinburgh Strategic Planning Group would be discussed at the next meeting of the PAG.

Item 4.3.3 a

Note of Meeting
Performance and Quality Sub-Group
25 January 2017
City Chambers, Edinburgh
1:00 pm

Present:

Key Stakeholders

Shulah Allan (Chair), 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),Christine Farquhar (Citizen Member – Carer), Jon Ferrer (Quality Assurance), Kirsten Hey (Partnership/Union), Councillor Sandy Howat (Vice Chair), Suzanne Lowden (Strategic Planning), Stephen McBurney (Primary Care Pharmacy Co-ordinator), Ian McKay (GP/Clinical Director), Peter McLoughlin (Strategic Programme Manager), Michelle Miller (Chief Social Work Officer), Sheena Muir (Hospital Sites), Moira Pringle (Chief Finance Officer), Orla Prowse (Lead Clinician), 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), Jen Evans (Quality Assurance), Yvonne Gannon (Strategy and Insight), Mike Houghton-Evans (Consultant), Alison Meiklejohn (PAG Representative), Rob McCulloch-Graham (Chief Officer), Katie McWilliam (Strategic Planning), Maria McILgorm (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 21 December 2016	To agree the minute subject to the following amendment to item 4.1 to read “the evaluation tool was under consideration for adoption by the IJB to provide an equivalent level of scrutiny for in-house services.”	**Laura Millar**	
3.2	Outstanding Actions	1) To note the Outstanding Actions. 2) To agree to close actions 4, 5 and 7. 3) To note that a draft of the content outline rather than the final report on engagement with ethnic minorities would be available as referred to in action 11 – *Health Needs of Ethnic Minority Groups.* 4) To circulate the Outstanding Actions log to officers to confirm expected completion dates.	**Laura Millar**	
3.3	Work Programme	None.	**Laura Millar/ Eleanor Cunningham**	
3.4	Matters Arising	None.	**Laura Millar**	

3.5	Update on the Inspection of Older Peoples Services in Edinburgh	The draft report would be ready by mid-February and the final version by end of March. Members of the sub-group were invited to provide feedback on the draft. **Decision** 1) To note the update. 2) To invite members of the sub-group to email any feedback on the report.	**Jon Ferrer**	
4.1	Progress with Strategic Plan Actions: Primary Care	The Rubrics assessment on Primary Care was presented, this area accounts for a substantial percentage of IJB investment. A RAG status was used to gauge the progress of Dimensions of Excellence and figures benchmarked against both the Scottish average and Grampian region as they were of a similar demographic. The model of a Primary Care Pool was considered where other services would feed in to allow more specific care for the patients needs and relieve pressure on GP Services. The current status and demand of Edinburgh GP Practices was examined alongside the logistics of the journey required to transform services from crisis status. **Decision** 1) To note the presentation. 2) To note the presentation as having provided a comprehensive and well evidenced assessment of	**Eleanor Cunningham/ David White**	

		progress against the strategic planning actions for primary care 3) To note that actions are in place to address areas of concern but that additional resources are needed to support the necessary change as well as action at national level		
4.2	Flow Board – overview	The Flow Board was considered which provides scrutiny of IJB Services, examines performance against trajectory and requests deeper investigation into specific areas where risks were identified i.e. discharges, The whole system reporting tool was discussed as a method of highlighting areas of concerns to the Performance and Quality Sub-group to examine. **Decision** To request a presentation to the February meeting of the Sub-group on Flow Board reporting with a view to using this as a tool to highlight areas of concern.	**Wendy Dale**	
4.3	Identifying Priority Items for Future Meetings	The group was invited to suggest topics for future consideration. **Decision** 1) To invite suggestions from the sub-group for future topics. 2) To request that officers start the draft report to the IJB	**Eleanor Cunningham**	

		based on the work of the sub-group.		
	Date of next meeting	22 February 2017. European Room, City Chambers	**Laura Millar**	

Item 4.3.3 b

Note of Meeting
Performance and Quality Sub-Group
22 February 2017
City Chambers, Edinburgh
1:00 pm

Present:

Key Stakeholders

Shulah Allan (Chair), Sandra Blake (Citizen Member – Carer), Ian Brooke (EVOC), Sarah Bryson (Strategic Planning), Eleanor Cunningham (Strategy and Insight), Wendy Dale (Strategic Planning), Keith Dyer (Quality and Compliance Manager), Jen Evans (Quality Assurance), Christine Farquhar (Citizen Member – Carer), Craig Hunter (Executive Officer), Jon Ferrer (Quality Assurance), Councillor Sandy Howat (Vice Chair), Ian McKay (GP/Clinical Director), Alison Meiklejohn (PAG Representative), Sheena Muir (Hospital Sites), Moira Pringle (Chief Finance Officer), Rene Rigby (Scottish Care), Catherine Stewart (Strategy and Insight).

Apologies:

Carl Bickler(GP/PAC), Philip Brown (Strategy and Insight), Yvonne Gannon (Strategy and Insight), Wanda Fairgrieve (Partnership/Union), Kirsten Hey (Partnership/Union), Suzanne Lowden (Strategic Planning), Rob McCulloch-Graham (Chief Officer), Maria McILgorm (Chief Nurse), Peter McLoughlin (Strategic Programme Manager), Katie McWilliam (Strategic Planning) Michelle Miller (Chief Social Work Officer), David White (Strategic Planning and Quality Manager – Primary Care).

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner / Responsibility	For information
1	Welcome	No changes.		
2.1	Declarations of	Christine Farquhar declared a non financial interest in item		

	Interest	4.1 – *Care National Indicators for Integration – Carers Feeling Supported* as Chair of Vocal.		
3.1	Minute of 25 January 2017	None.	**Laura Millar**	
3.2	Outstanding Actions	1) To note the Outstanding Actions. 2) To agree to close actions 2, 3, 4, 8 (part 3) and 11. *3)* To adjust the expected completion date for action 1 – *Item 4.6 – Our approach and Next Steps* to March 2017. 4) To note work was underway on the draft report referred to in item 7 – *Health Needs of Ethnic Minority Groups,* this would be circulated to members of the sub-group. 5) To amend part 1 of action 8 – *Assessing Health Inequalities Grant Allocation*, to investment/allocation of funds instead of grants.	**Laura Millar**	
3.3	Work Programme	None.	**Laura Millar/ Eleanor Cunningham**	
3.4	Matters Arising	None.	**Laura Millar**	
3.5	Update on the Inspection of Older Peoples Services in	Officers received verbal feedback on the results of the inspection ahead of the circulation of the draft report. All information was embargoed and a working group convened	**Wendy Dale**	

	Edinburgh	to examine any remedial actions that could be implemented. **Decision** 1) To note the update. 2) To invite members of the sub-group to email any feedback on the draft report.		
4.1	Care National Indicators for Integration – Carers Feeling Supported	A summary of the results of the Carers Survey was presented which highlighted the variances throughout Edinburgh and the particularly low results for the South East Locality. The group discussed how to examine the reasons for the discrepancy in results and the spread of resources available to support carers across the city. **Decision** 1) To note the presentation. 2) To request the EVOC survey on the effectiveness of the carers strategy was forwarded to officers for analysis. 3) To request officers map resources available for carers across the city. 4) To include locality planning for targeted investment in carer support as a future agenda item for the sub-group.	**Eleanor Cunningham**	
4.2	Whole System Flow – Overview of	The Whole System reporting tool was discussed as a method of collating the available data for analysis and to	**Eleanor**	

	Approach	highlight areas where action was required. The data was subject to rules to identify results out-with ordinary trends and in time, links between results will allow officers to see cause and effect i.e. a surge of in-patients leading to an increase in delayed discharge. **Decision** 1) To note the presentation. 2) To request the formulae used to analyse the data and clarity on the analysis terminology was circulated to members of the sub-group. 3) To request the Flow Board annual review report was also submitted to the sub-group. 4) To invite sub-group members to contact officers if they require an invite to the WebEx on the whole system flow. 5) To request a progress report on the whole system flow in May 2017 and a further report in August 2017 with Locality Managers in attendance to provide feedback.	**Cunningham**	
4.3	Strategic Plan Update	An overview of the Strategic Plan Update was provided which aimed to identify achievements so far and upcoming priorities. The proposed methodology would support both the review of the strategic plan and production of the annual report with information gathered from a mix of data and stakeholder workshops.	**Wendy Dale**	

		Decision To note the update.		
4.4	Annual Performance Report	The purpose, structure and timeline for the Annual Performance Report was discussed and leads identified for each topic. Evidence on how actions in place led to a positive outcome would be from both data and case studies. **Decision** 1) To note the update. 2) To request the Annual Performance Report was as included on future agendas as a standing item.	**Wendy Dale**	
4.5	Constructive Challenge	The Sub-Group considered the behaviors and benefits of constructive challenge. **Decision** To note the presentation.	**Jon Ferrer**	
4.6	Options for Future Structure of the Group	Four possible options for the future structure of the meeting were presented: 1) The meeting continued to operate as it does currently 2) The meeting was disbanded and the remit absorbed by meetings already operating with a quality/performance remit 3) To establish an Executive Group consisting of a small	**Jon Ferrer**	

		group of key officers which would meet in between the planned P&Q Sub. The Executive Group would provide an overview and feed into the Reference Group. 4) To establish an Executive Group, supported by the larger Reference Group which would meet quarterly as an information sharing forum. Sub-groups, or short-life working groups would be commissioned by the Executive Group (on behalf of the IJB) to undertake targeted, thematic, time limited pieces of work. Sub-groups consist of representatives from the larger Reference Group and feedback directly to the Executive Group. **Decision** To circulate these options to the group and invite comments/suggestions.		
	Date of next meeting	22 March 2017. European Room, City Chambers	**Laura Millar**	

Minutes

Edinburgh Integration Joint Board
Strategic Planning Group

10.00 am, Friday 27 January 2016
City Chambers, High Street, Edinburgh

Present:

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

Apologies: Michelle Miller and Rob McCulloch-Graham, George Walker

In Attendance: Amanda Fox

1. Minute

Decision

To approve the minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 10 January 2017 as a correct record.

2. Mental Health and Wellbeing

The report considered at the Integrated Joint Board on 20 January 2017 outlining arrangements for the reprovisioning of the Royal Edinburgh Hospital new wards for adults aged 65 and over and adults aged under 65.

Decision

To note the report.

(References – Minute of Integration Joint Board 20 January 2017; report submitted).

3. Lothian Hospitals plan

Colin Briggs gave a presentation to the Group on Lothian Hospitals Plan. The presentation covered:

- Process to date
- Challenges
- Role of Edinburgh IJB

- IJB Priorities
- Discussions with Lothian IJBs
- Strategic Headlines
- Timescales

Decision

1. To continue the matter to a future meeting of the SPG where it would be the only agenda item.
2. The terms of reference for IJB Directions to be circulated to the Group members.

(References –report by the Chief Officer, Edinburgh Health and Social Care Partnership, submitted)

4. REH Phase 1, trajectory for community placements

Colin Briggs gave an update on the position at the REH and advised that all previously noted issues were now at green. Six beds had been closed in older peoples services. A working group had been established to review the trajectory for bed closures for adults aged under 65 on a weekly basis.

The ideal position is that 12 beds would be closed by the end of March to allow for flow in terms of new admissions and discharges. However the minmum position is that a minimum of 7 beds will close in that timescale. Gold Status patients were being moved to accommodation which was freeing up beds.

There were 14 delayed discharges at present

Decision

1. To note the update
2. To note that a paper setting out the trajectory for the discharge of patients and closure of beds will be presented to the next meeting of the Strategic Planning Group on 10 February 2017.

5. Future Arrangements for the Integrated Care Fund

The Integrated Care Fund (ICF) replaced the Reshaping Care Fund for Older People. The Integrated Care Fund was established in 2015/16 to support delivery of improved outcomes for health and social care with a focus on tackling the challenges associated with multiple and chronic illnesses for all adults not just older people.

In Edinburgh the allocation of both these funds was overseen by a Core Group membership of which included representatives of the Council, NHS Lothian and the third and independent sectors.

Recognising the role of Integrated Joint Boards (IJBs) the Scottish Government has now issued a letter indicating that the allocation and monitoring of the ICF should be via the strategic planning process.

The proposal on how the funding was allocated was based on the following principles/approach:

1. Wherever possible, matching recurring costs with recurring funding. It is recognised this is aspirational for some existing commitments but would mean that no new ongoing investments can be agreed;

2. Rolling funding used historically to supplement essential services into base budgets. Although still funded from the ICF there would be no requirement for ongoing scrutiny and review;

3. All existing commitments are reviewed and evaluated by the 31st March2018 at the latest. Where this assessment proposes continuation of the investment the underpinning case is presented to the Strategic Planning Group for approval. This exercise is clearly more urgent for any investments agreed until 31st March 2017; and

4. In future ICF monies be applied only to pump prime change in line with the strategic plan and/or to fund double running costs.

Decision

1) To note that the Strategic Planning Group would consider proposals for funding and submit recommendations to the EIJB.

2) To accept the principles for allocation of funding set out in section 11 of the report Strategic Planning Manager and the Interim Chief Finance Officer.

3) To agree that all new investment proposals should be progressed in line with the governance arrangements presented to the Strategic Planning Group.

(Reference –report by the Strategic Planning Manager and the Interim Chief Finance Officer , Edinburgh Health and Social Care Partnership, submitted)

6. Chronic obstructive pulmonary disease (COPD) integrated service mode

The Professional Advisory Group on 1 November 2016 referred a report on integrated service model for COPD to the Strategic Planning Group for consideration.

In 2013, Edinburgh Community Health Partnership (CHP) developed the COPD Integrated Services Project to improve the care of people with COPD whilst shifting the balance of care to the community. The overall aims of the project were to use a single system approach to improve the quality of care for patients with COPD by focusing on their physical and mental health, treating acute exacerbations of COPD in the community and preventing admissions and readmissions to hospital. The project proposed to reduce bed days by 608 to realise a productive gain of £206,539.

The project commenced in August 2013 funded by Invest to Save: £153,500 per a Psychologist, two Respiratory Physiotherapists and part-time posts: Project Manager, Respiratory Consultant, Pharmacist and Administrator.

COPD patient care was redesigned by integrating existing teams from primary care, secondary care, out-of-hours and emergency services and introducing new dedicated services (Clinical Psychology, Pharmacy and Third Sector 'Grapevine' support worker), supported by project resources. A community based respiratory hub was created with a focus on multi-disciplinary working to identify and manage COPD patients in the community and develop new ways of working including an admission avoidance pathway in partnership with the Scottish Ambulance Service.

The COPD Integrated service project has been evaluated against seven project objectives for the period of April 2013 to September 2015.

Significant achievements delivered by the COPD Integrated Services Project, in particular:

- 14% reduction (1418) of occupied respiratory bed days resulting in a productive gain of £640,939;

- Successful creation of community based respiratory hub delivering person-centred care and alterative pathways to hospital admission;

The Scottish Government recognised the model as exemplar and had invited to participate in COPD short life working group - develop national learning workshop. It had also been the winner of Scottish Health Award, National Respiratory MCN award, Institute of Healthcare Management (IHM) Award – best poster, and the IHM -Healthcare Manager of Year runner up awarded to the project manager.

It was recognised that the without recurring funding the project will be disbanded in June and staff would return to their substantive posts/contracts end. The reduced respiratory hub capacity is likely to result in an increase of hospital admissions, bed days and A&E presentations and the opportunity to deliver action 30 of IJB strategic plan will not be realised.

Belinda Hacking and Amanda Fox gave a presentation on the proposals. The presentation covered:

The COPD Integrated Care Model

The redesigned COPD Pathway

Achievements

Key Findings of the project

Key Issues/Risks

Decision

1. To acknowledge the integrated care model as an exemplar of integration and shifting the balance of care into the community aligned to delivering action 30 of the strategic plan.

2. To consider this proposal alongside any other proposals for further funding of ICF projects due for review by March 2017, in order to make recommendations to the IJB.

(References – Minute of The Professional Advisory Group 1 November 2016 (item 12); report submitted)

7. Financial Planning Update

The Integrated Joint Board on 20 January 2017 had considered a report on the financial planning process for 2017/18 and had agreed to refer the proposed social care fund investments to the Strategic Planning Group for prioritisation.

Decision

To note the proposed social care fund investments for prioritisation.

8. Annual review of the strategic plan

Decision

To defer the item to the meeting on 10 February 2017.

9. Items for future meetings

Decision

It was agreed that Royal Edinburgh Phase strategic assessment be included in the agenda for meeting the on 10 February 2017.

10. City Vision

Eleanor Cunningham advised that the group's advice was being sought on appropriate consultees in respect of Older People and People with Disabilities as part of the City Vision proposals.

Decision

1) It was proposed that consultation should take place with the disability and mental health Forums.

2) Any other proposals should be submitted to Eleanor or Wendy.

Minutes

Item 4.3.4b

Edinburgh Integration Joint Board
Strategic Planning Group

10.00 am, Friday 10 February 2017
City Chambers, High Street, Edinburgh

Present:

Members: Councillor Ricky Henderson (Convener), Maria Arnold (substituting for Ella Simpson) Belinda Hacking, Colin Beck, Eleanor Cunningham, Fanchea Kelly, Lesley Blackmore, Sandra Blake, Wendy Dale, Dermot Gorman, Nigel Henderson (substituting for Graeme Henderson), Angus McCann, Peter McCormick and Moira Pringle,

Apologies: Colin Briggs, Christine Farquhar, Michelle Miller and Rob McCulloch-Graham, Michele Mulvaney and Rene Rigby.

In Attendance: Andrew Milne

1. Minute

The minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 27 January 2017 was submitted for approval a correct record.

Wendy Dale advised that the evaluation forms for the Integrated Care Fund (ICF) had been sent out and were due to be returned by 24 February 2017. In order for the forms to be assessed and for a report to be prepared it was proposed to change the date of the next meeting to 10 March 2017

Decision

- To approve the minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 27 January 2017 as a correct record.
- To note the position regarding the ICF
- To reschedule the next meeting of the Strategic Planning group to 10 March2017.

2. REH Phase 2

Andrew Milne the Project Director NHS Lothian gave a presentation on the redevelopment of the Royal Edinburgh Hospital

The presentation included

The Site Masterplan
Services Included in Phase 1
Phase 1 Clinical Benefits

Phase 1 site plan
Phase 2 – Clinical Areas
Services Included – Phase 2
NPR Figures - Phase 2
REH 2 Revenue Impact
Key Risks - Phase 2
Services Included – Phase 3
Options for Phase 2B
Masterplan Update/ Options

Andrew advised that Phase 1 of the project had now been delivered and Phase 2, proposals for the transfer of services from the Astley Ainsley was now under way. It was hoped that the contract would be let by the end of the year with the transfer taking place in 2020. Phase 2B provided possible options for services on the site and Phase 3 provided possible expansion options.

Decision

1. To thank Andrew for the presentation

2. To note the update

Declaration of Interest
Nigel Henderson advised of an interest in this item as Penumbra are providers of Mental Health Services

3. REH Phase 1, trajectory for community placements

Colin Beck gave an update on the trajectory for community placement.

The Royston Care Home was now ready for registration, staffing proposals were being prepared and patients from the REH should move in March. Individual nurses had been appointed to patients to ease the transition for individuals

The Community Support and Rapid Response Teams were now working on a 24/7 basis

Bed occupancy for over 65s was at 62 at present and would be 60 by April and work was ongoing in reducing the over 65s beds. Under 65s beds were at present 1 under capacity with 1 vacancy

At this time there ware no patients waiting for assessment. Details of patients awaiting moves was provided

The transition of moving to community placements was on track with a trajectory of a 7 bed reduction.

Last week there were 22 admissions and 22 discharges. However there was a need to reassess the criteria for admissions.

There was also a need to find more accommodation for people who needed less support and could be housed in an independent tenancy. A list of potential accommodation solutions was provided.

Decision

1) To thank Colin for the update

4. Annual review of the Strategic Plan

Wendy gave a presentation on the annual review of the Strategic Plan

The presentation included:

- The Proposed timeline for the review
- Proposals that had been delivered/achieved so far
- Priorities, planned activity and use of resources for coming year
- Methodology to support both the review of the strategic plan and production of the performance report
- Identification of directions for closure, withdrawal or amendment
- Identification new directions required

Decision

To thank Wendy for the presentation and to note the update

5. Date of Next meeting

Friday 10 March 2017 @ 10.00 am in the European Room, City Chambers, Edinburgh

Item 5.1 – Rolling Actions Log – March 2017

March 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	
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	**Recommended for closure** -On 16-09-16 it was requested that details of GP visits were circulated to Joint Board members as soon as possible. Item considered at February 2017 Development Session and report on agenda for March 2017.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
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	
4	**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.	**Recommend for closure** Item considered at February 2017 Development Session and report on agenda for March 2017.
5	**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		
6	**Sub group updates – Audit and Risk**	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	
7	**Winter Plan 2016-17 and proposal for future use of**	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	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Liberton Hospital					
8	**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	
9	**Standing Orders – Annual Review**	20-01-17	To note that the next annual review of Standing Orders would be presented to the Joint Board in January 2018.	Chief Officer	January 2018	
10	**Whole System Delays – Recent Trends**	20-01-17	That in future update reports include more specific detail about the acute sites.	Chief Officer	March 2017	**Recommended for closure**
11	**Joint Inspection of Older People**	20-01-17	That the assurance statement be discussed at a future development session	Chief officer	Not specified	
12	**Southside Practice Update**	20-01-17	To agree to receive a further report at the Joint Board's February 2017 meeting	Chief Officer	February 2017	**Recommended for closure**

Item 5.2

Edinburgh Health and Social Care Partnership

Annual review of the Strategic Plan

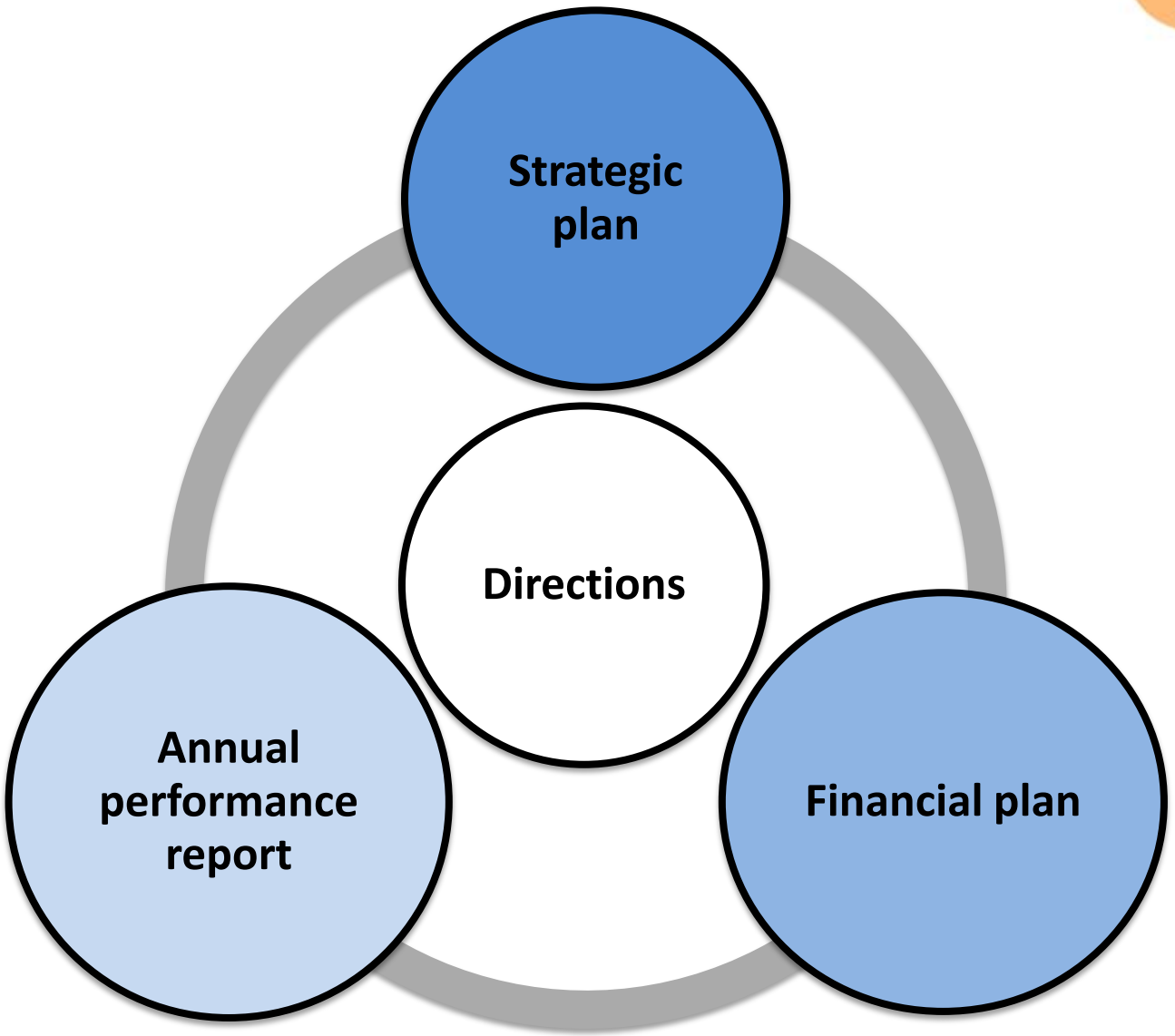
Edinburgh Integration Joint Board

24 March 2017

Working together for a caring, healthier, safer Edinburgh

NHS Lothian · EDINBVRGH · THE CITY OF EDINBURGH COUNCIL

What do we need to review?



Legislative requirements

Strategic plan	• 3 year lifespan
Financial plan	• Publish annually
Performance report	• Publish annually (July 31st) • Overseen by P and Q subgroup
Directions	• remain in place until withdrawn, amended or completed • New directions can be issued at any time

Why review the strategic plan annually?

Opportunity to:

- identify what has been delivered/achieved so far
- signal priorities for delivery in 2017/18, already in the plan
- signal any new priorities that have emerged since the plan was published
- signal any change in strategic direction

Timing issues

- Full year performance data not available until June
- Overlap with Annual Performance Report
- Need to provide clarity over priorities, planned activity and use of resources for coming year
- Link with publication of Locality Improvement Plans (Draft July 2017, Final October 2017)
- How do we deal with the review of the plan?

Proposed timeline

April 2017

- Publish Strategic Plan delivery plan for 2017/18
- Publish Financial Plan for 2017/18
- Issue revised Directions

July 2017

- Publish Annual Performance report including details of what has been delivered and impact achieved

October 2017

- Locality Improvement Plans published including content on ‘health and wellbeing’ which will inform the strategic plan review for 2018/19

Proposed approach to review of strategic plan

- Methodology to support both the review of the strategic plan and production of the performance report
- Work through planning forums
- Supplement with wider stakeholder workshops

Approach to Directions

- Review alongside the strategic plan
- Identify directions for closure, withdrawal or amendment
- Identify new directions required

Recommendations

That the Integration Joint Board:

1. Notes the proposed approach to updating the strategic plan
2. Agrees to consider the updated plan at its meeting in April 2017

Item 5.3

Report

Whole System Delays – Recent Trends

Edinburgh Integration Joint Board

24 March 2017

Executive Summary

1. Reducing the number of people whose discharge from hospital is delayed and the length of those delays continues to be a challenge in Edinburgh. The number of delayed discharges at the February 2017 census (excluding people with complex reasons for delay) was 209 a reduction of six on the previous month. The target for Edinburgh Integration Joint Board (EIJB) of reducing the number of delays to no more than 50 delays by the end of April 2017 is now unlikely to be achieved.

2. A review of the Flow Programme, put in place in March 2016, to deliver a number of specific actions to address the high levels of delayed discharge in Edinburgh, will take place at the end of March. The review will be overseen by the Flow Programme Board and include the development of revised targets and related trajectories for approval by the IJB, that are both challenging and realistic.

3. The purpose of this report is to update the Integration Joint Board on:

    - current performance in relation to delayed discharges;
    - actions being taken to reduce the number and length of delays; and
    - proposed future actions to further improve performance.

Recommendations

That the Edinburgh Integration Joint Board is asked to note:

4. the current performance in respect of delayed discharge;

5. the progress made in reducing the length and number of delayed discharges from hospital;

6. the proposed future actions to further improve performance; and

7. that the Flow Programme Board will be undertaking a review of the Flow Programme at the end of March 2017, following which a revised set of indicators and trajectories will be recommended to the Integration Joint Board.

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 has been provided in previous reports. The work streams are:
    - admission avoidance;
    - rehabilitation and recovery;
    - supporting discharge; and
    - mental health

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 management buy in and support for the changes required. The Patient Flow Programme Board is overseeing progress.

Main report

Current performance

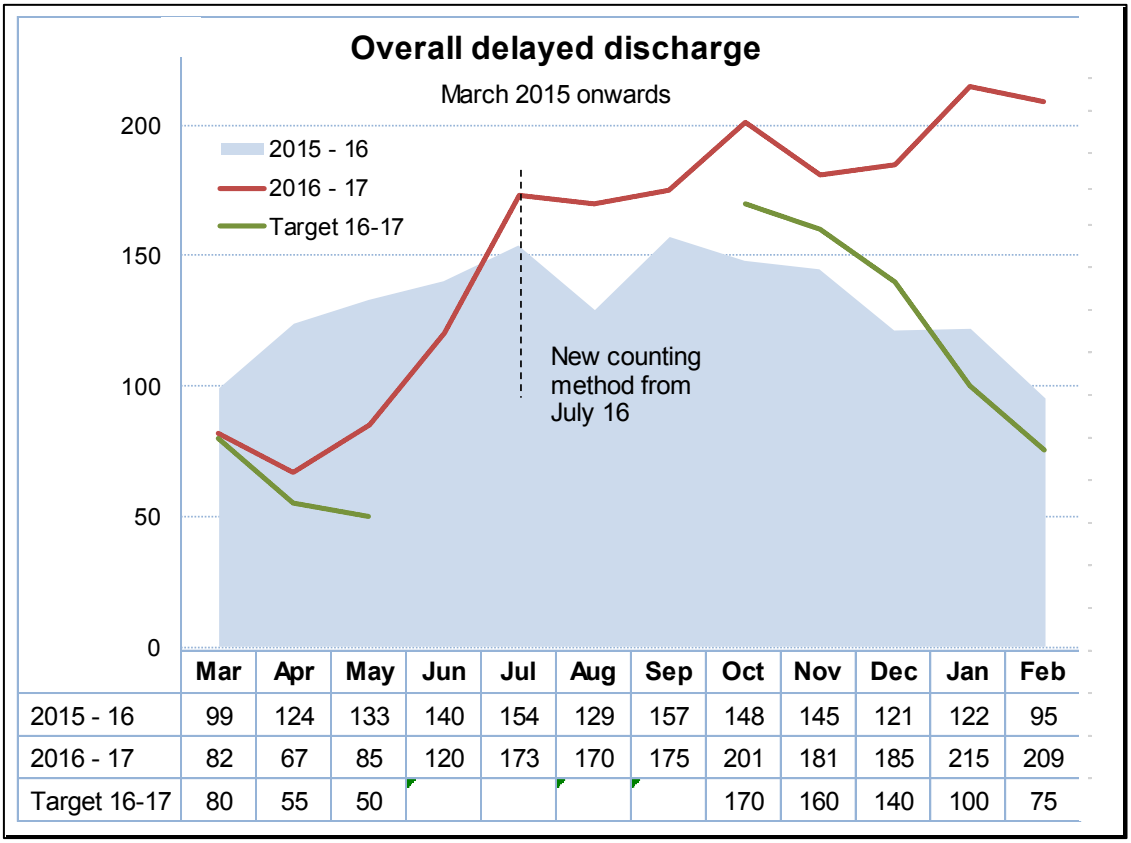
11. Targets for the number of people whose discharge from hospital is delayed were set in October 2016 based on the monthly national census figures. These targets were recognised as being very challenging. In practice, the Edinburgh Health and Social Care Partnership has not been able to deliver in line with the trajectory in order to meet the target of no more than 50 delayed discharges by the end of April 2017. The targets and trajectories to be achieved from April 2017 will be reset by the Flow Programme Board as part

of the programme review later this month and reported to the next meeting of the Integration Joint Board.

12. The total number of people delayed at the February census was 209. This cannot be directly compared to performance before July 2016, due to the change in national reporting methods previously reported to the EIJB.

13. Table 1 below shows the number of Edinburgh residents delayed in hospital over the past two years using the monthly national census data which excludes people with complex reasons for delay. The shaded area shows performance for February 2015 to January 2016 and the red line shows levels for the current year. The target trajectory is shown by the green line.

Table 1: Number of people delayed in hospital March 2016 to Feb 2017 excluding complex cases



	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
2015 - 16	99	124	133	140	154	129	157	148	145	121	122	95
2016 - 17	82	67	85	120	173	170	175	201	181	185	215	209
Target 16-17	80	55	50					170	160	140	100	75

14. Table 2 below shows the total number of actual delays including people with complex reasons for delay who excluded from the national census and therefore not included in Table 1 above. Delays relating to Guardianship are shown separately.

Table 2: Number of people delayed in hospital March 2016 to Feb 2017 including complex cases

	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Total	82	67	85	120	173	170	175	201	181	185	215	209
Excluded cases	33	30	33	27	25	23	24	27	23	18	12	13
Of which, Guardianship	28	25	30	24	23	20	20	22	16	17	11	12
Grand Total	115	97	118	147	198	193	199	228	204	203	227	222

15. Table 3 below shows the number of people delayed in acute hospital sites. The remaining delays are in Liberton Hospital.

Table 3: number of people delayed in acute hospital sites

	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Delays in acute sites	74	64	82	112	148	146	143	173	145	136	158	165
Total	82	67	85	120	173	170	175	201	181	185	215	209
% in acute	90%	96%	96%	93%	86%	86%	82%	86%	80%	74%	73%	79%

16. The main reasons for people being delayed in hospital at the census points over the last 12 months are shown in table 4 below.

Table 4: Main reason for people being delayed in hospital

	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Assessment	27	23	14	20	34	24	43	42	47	32	37	30
Care Home	14	15	26	35	58	59	50	72	64	68	77	69
Domiciliary Care	36	22	40	59	78	76	81	86	69	81	97	107
Legal and Financial	0	2	0	0	0	0	0	0	0	2	2	0
Other	5	5	5	6	3	11	1	1	1	2	2	3
Total	82	67	85	120	173	170	175	201	181	185	215	209
% Domiciliary Care	44%	33%	47%	49%	45%	45%	46%	43%	38%	44%	45%	51%

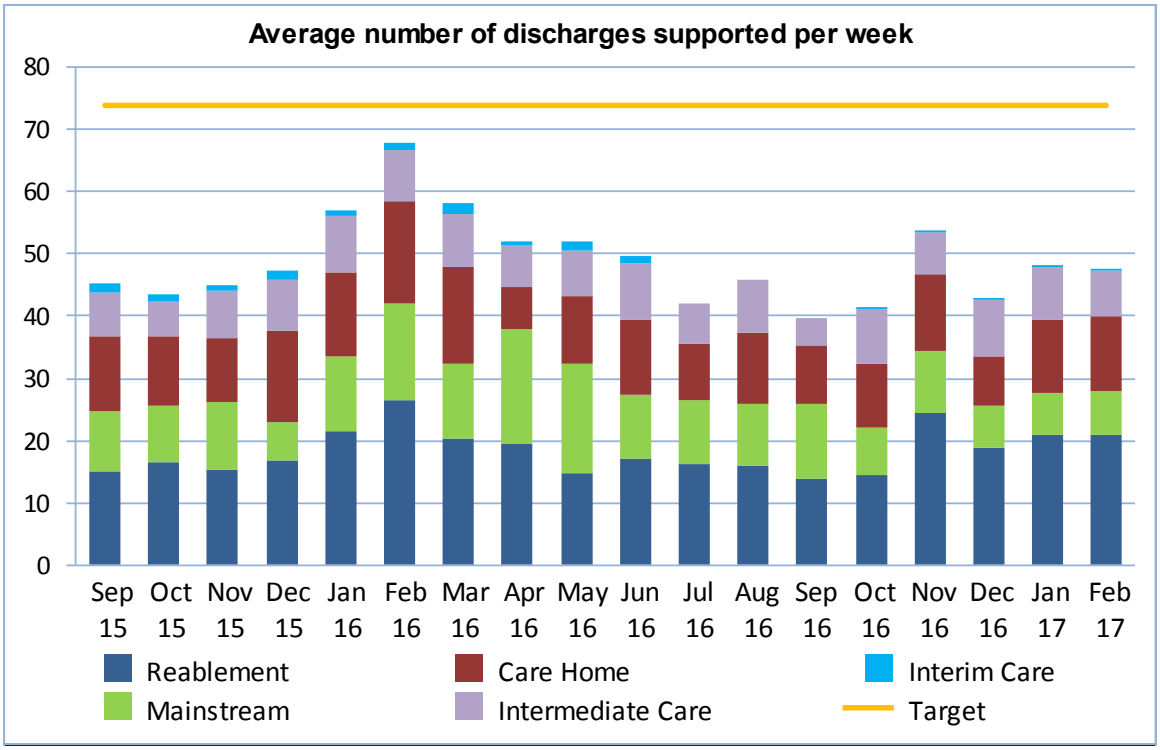
17. Whilst the number of people delayed waiting for an assessment or a care home placement both reduced in February, the number of people waiting for domiciliary care increased from 97 to 107 and accounted for 51% of all delays.

18. It remains of concern that there are a substantial number of people waiting to move from hospital to a care home place (33% of delays in February) 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 at Liberton hospital for those unable to return home. A reablement approach will be taken in this new facility, to maximise residents' level of independence.

Actions being taken to reduce delays

19. Table 5 below shows the average number of discharges per month supported by the Health and Social Care Partnership over the last 18 months.

Table 5



20. The list of delayed discharges is sent out daily with progress being tracked on a daily basis at a locality level and at weekly meetings to go through each individual case to assess progress. Weekly meetings have also been introduced, chaired by the newly appointed Chief Strategy and Performance Officer and attended by a range of people including the four Locality Managers and the four Hub Managers. Delayed discharge levels and associated activity are being closely scrutinised at these meetings, and any gaps in capacity or problems arising from current processes will be identified and addressed.

21. The Rapid Improvement Team's (RIT) work on the Care at Home contract, which commenced in October 2016, is continuing apace, and has produced the following results since November:

- the contract is currently delivering 27,000 hours per week;
- although the number of people waiting in hospital for a package of care has remained relatively constant , the average time people are waiting for a package of care has reduced from 34 days to 15 days;
- the number of people waiting in the community for a package of care has reduced from 634 to 520 and the average time people in the community are waiting for a package of care has reduced from 168 days to 119 days;

- partner providers have increased their capacity by 1.6% across the city;
- complaints from service users and families regarding delays in being matched to a package of care have reduced by around 60%;
- the successful emergency transfer of 98 service users and 1,100 hours of care, with no safety or publicity issues, and no complaints being received, following the decision to remove a partner provider from the contract (as reported to the EIJB on 20 January 2017); and
- partner providers have agreed to reduce contractual waiting times to accept or decline a referral from the current 7 days to 48 hrs.

22. The number of people waiting in hospital for Guardianship orders has been a significant challenge. However, the deployment of two additional Mental Health Officers (funded jointly by the Scottish Government and NHS Lothian) to focus on these individuals, has seen the number of Guardianship delays in hospital reduce from 28 in April 2016, to 9 at the start of March 2017. The overall success of this initiative represents a resource saving in excess of £1,000,000 per year.

23. Work is also 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 of concern. The approach being developed jointly by colleagues from the Council's Strategy and Insight Team, NHS Lothian's Analytical Services Division and Information Services Division'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 so, the extent to which performance is satisfactory. It can also help identify situations where trends are unpredictable and require further investigation. This work is being overseen by the Flow Programme Board.

Proposed future actions to improve performance

24. The next steps for the Rapid Improvement Team include:
    - working with partner providers and stakeholders to design and implement a time limited whole system approach to increasing the capacity available to discharge people from hospital;
    - continuing to work with partners to:
        - devise and implement a recruitment and retention strategy; and
        - streamline the referral and service matching processes, including the potential introduction of an online process; and
    - the introduction of a further hospital to home discharge team within the contracted providers.

25. Recruitment for care workers in Edinburgh is particularly challenging: two strands of work have begun in this area. At locality level, dynamic recruitment campaigns are being undertaken. At a strategic level a business case is considering the option of increased pay for care workers along with affordable housing options within the care at home contract and beyond to enable competitive recruitment.

26. A new Hospital to Home programme is to begin shortly for 6 months, which will see a whole system approach to delayed discharge including the use of 45 beds in Liberton Hospital being used as "step down" beds (to facilitate removal from acute beds, whilst awaiting programmes of care etc). We also currently offer step down facilities at Gylemuir for people waiting for care home places. These programmes are in addition to the business as usual work going on at locality level.

27. LOOPS Hospital Discharge is a pilot project funded through the Integrated Care Fund. Third sector liaison workers drawn from four organisations are part of an integrated function within the new locality Hubs and acute hospital settings. The aim is for the Third Sector to be better integrated as a trusted partner, more able to respond to referrals quickly and one which can ensure earlier intervention through the team acting as a rapid referral pathway.

28. Work is taking place with innovation contract providers and sheltered homes to create more capacity by providing technology solutions to care at home.

Key risks

29. Whilst there are a range of actions in train seeking to reduce the number of people delayed in hospital and the length of those delays there is a risk that vacancies in the care workforce cannot be filled, limiting available capacity.

Financial implications

30. There are no direct financial implications arising from this report.

Involving people

31. 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

32. The ability of the Edinburgh Health and Social Care Partnership to significantly reduce the number of people currently delayed in hospital and the length of those delays impacts on NHS Lothian and the other three Integration Boards within Lothian. These partners are kept informed of progress by the Chief Officer of the Edinburgh Integration Joint Board through the IJB Chief Officers Acute Interface Group

Background reading/references

None

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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

Delayed Discharge Codes

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

Funding for Alcohol and Drug Services 2017/18

Edinburgh Integration Joint Board

24 March 2017

Executive Summary

1. In 2016/17 the Scottish Government reduced the allocation to Alcohol and Drugs Partnerships (ADPs) by 23% nationally. This resulted in a reduction of £1,550,000 for the Edinburgh Alcohol and Drug Partnership.

2. Edinburgh ADP has achieved a balanced budget in 2016/17 by making savings, utilising carry forward and through financial support from the Integration Joint Board.

3. A total of **£1,155,000** revenue savings has been identified through service redesign. There are significant risks to identifying further savings at the current time including increases to drug/alcohol related deaths, hospital admissions and the transmission of blood borne viruses. Financial support of **£395,000** is sought from the IJB on a recurring basis to mitigate against these risks.

Recommendations

The Integration Joint Board is asked to:

4. note the approach to identifying £1,155,000 efficiencies and agree to the development of directions through the IJB to NHS Lothian and the City of Edinburgh Council to deliver these changes;

5. note that there are currently no plans for an inpatient detox facility within the re-provisioning of the Royal Edinburgh Hospital. Consideration should be given to producing a direction for this service to be based within a hospital setting;

6. note the removal of ADP funding to the Regional Infectious Diseases Unit (RIDU), Genitourinary Medicine (GUM) and agree the proposal to continue to invest in these services until 30 June 2017 when a review can be completed; and

7. agree the allocation of £395,000 to maintain existing levels of service delivery within substance misuse services, and £25,000 to allow further recommendations to be developed in respect of EADP funding being withdrawn to the Regional Infection Diseases Unit (RIDU) and sexual health services.

Background

8. ADPs have received an annual earmarked budget from the Scottish Government since 2009 with clear expectations that it is invested in partnership to address alcohol and drug problems for individuals, their families and communities. In January 2017 the Scottish Government wrote to advise ADP and IJB Chairs that this budget will be transferred to NHS Boards from 2017 as part of their baseline budget for delegation to Integration Authorities specifically earmarked for Alcohol and Drug Partnership activities.

9. Edinburgh ADP has developed effective governance to invest this budget in partnership. For adult treatment and recovery services, these arrangements cover the ADP budget and other budgets previously held by City of Edinburgh Council and NHS Lothian to address alcohol and drug problems. This enables alignment of investment plans to achieve the local partnership strategy.

10. As noted,there is a funding reduction of £1,550,000 for drug/alcohol on a revenue basis to the ADP budget. The plans in place to redesign services to accommodate this reduction in Edinburgh are set out in detail in the main report. These plans will allow a similar level of service provision and will mitigate against the risks posed by this level of funding reduction.

11. Consequently £395,000 of revenue expenditure is required to meet the total reduction (£1.5 million) and minimise the impact on the service user group.

Main report

Financial Position 2016/17

12. As noted EADP faced a reduction it its budget of £1,550,000 in 2016/17. However it was able to achieved a balanced budget and this is summarised in the table below:

Area	Amount
Revenue Savings applied (2016/17)	£453,000
Financial Support from the IJB	£320,000
Carry forward	£780,000
Total	**£1,550,000**

13. The detail relating to the savings applied (2016/17) is set out in Appendix 1.

Financial Position 2017/18

14. Edinburgh ADP requires a further saving of £1.1 million in 2017/18. To date £702,000 has been identified through a programme of redesign and the identification of genuine efficiencies through close working in partnership with providers across the public and third sectors. However this leaves a shortfall of £395,000. This is summarised in the table below:

Area	Amount
Revenue savings applied in 2016/17	£453,000
Revenue savings applied in 2017/18	£702,000
Total	**£1,155,000**
Saving required	£1,550,000
Shortfall	**£395,000**

15. The following sections of this paper set out the work to redesign services, the savings made, and the risks of applying further savings in these areas to achieve a balanced budget.

16. In May 2016 Edinburgh ADP agreed three service development initiatives designed to achieve savings. This can be summarised as follows:

- Reduce out of area drug and alcohol rehabilitation placements and enhance local abstinence based provision to meet this demand.
- Reduce inpatient detox and identify community based models as an alternative.
- Review the pathway (assessment, key working and prescribing arrangements) for drug treatment including opiate replacement therapy (methadone and opiate antagonists).

Reduce out of area rehabilitation placements

17. Edinburgh makes approximately 20 “out of area” placements at residential rehabilitation programmes across the UK every year. People are placed following an assessment by a small specialist social work team and placements are funded through a social work budget. Out of area placements are made when people’s treatment needs cannot be met by local services and their motivation to change is high. Alongside this, the Lothian and Edinburgh Abstinence Programme is a quasi-residential rehabilitation programme funded through Edinburgh, Mid and East and West Lothian ADPs’ budgets. (Accommodation is provided through Randolph Crescent, a CEC managed hostel and funded by Housing Benefit). It has capacity to treat approximately 60 people per year from Edinburgh.

18. A programme of work has been developed which will deliver the following by 31 March 2017:

- A single point of referral and assessment process for out of area placements and LEAP.
- An increase in capacity at LEAP for 10 placements and a reviewed programme to meet more complex needs. This includes women with children, those with physical disabilities, those with complex mental health needs and/or those requiring specific psychological support.
- An intention to reduce out of area placements by 50% in 2017/18.

19. The total investment in these services in 2016/17 is £1,152,000. These developments will deliver a saving of £250,000 in 2017/18 and on a recurring basis.

20. There are significant risks of increasing the level of saving required against this workstream. Although the numbers of people using residential services are not high, they have been assessed as having a range of complex needs which require a coordinated response and unable to recover without some time away from their local community. Capacity is needed within the system of care to meet the needs of this group of people who would not be able to recover otherwise.

21. Risks are detailed within the risks section of this report but can be summarised as follows:

    - Increased strain on community mental health, substance misuse, children and family services due to a lack of capacity and specialism to meet the needs of this group

    - The capacity at LEAP is dependent on staffing ratios. A small reduction in the funding would result in a significant reduction in the capacity of service, again placing significant strain on community based services.

Reduce inpatient detox

22. The Ritson Clinic is a 12 bedded specialist ward providing inpatient detox for patients across Lothian. It is based on the Royal Edinburgh Hospital site and funded by NHS Lothian and Edinburgh ADP budgets. People stay for between 10 to 21 days, depending on need.

23. For some people inpatient detox is an essential part of their treatment. Due to their drinking levels and / or other chronic health conditions they will require monitoring in a hospital setting on a 24/7 basis. In these situations community detox cannot always been seen as a potential alternative to inpatient detox.

24. The three ADPs in Lothian commissioned a report to review the Ritson Clinic alongside other inpatient and residential provision and provided recommendations on the future design services, based on local need and the reduction in funding. The report recommended the following:

    - A reduction in the number of inpatient beds from 12 to 6.

    - The development of a day programme, co-located with the inpatient detox services.

    - The development of a clear algorithm for detox across community, day programme and inpatient settings in line with NICE Guidelines.

25. A programme of work has been developed in line with the recommendations set out above. This includes:

- The reduction in the number of beds from 12 to 8 across Lothian. Further work has identified no financial benefit to reducing beds further to 6 due to required staffing ratios.

- The development of a day programme and facility for people to complete and/or start their detox as an outpatient. This is co-located with the inpatient detox facility to reduce staffing costs.

- A review of criteria for inpatient detox.

26. It is envisaged that this work will be completed by 30 September 2017. An initial review of the Ritson caseload using a small sample group has suggested that there are patients who could have either:

    - completed their detox as an outpatient following a shorter period as an inpatient; or

    - started and completed their detox as an outpatient.

    Consequently these developments will not result in a reduction in capacity for specialist detox. A series of tests of change will be developed between April and September 2017 to develop the outpatient programme and reduce demand for inpatient detox.

27. The investment in this service in 2016/17 is £820,000 across Lothian. (Approx £480,000 in Edinburgh). **These developments will deliver a saving of £55,000 in 2017/18 and on a recurring basis.**

28. There are significant risks of increasing the level of saving against this workstream, which are set out in the risks section of the report. Detoxification is an inherently risky treatment and the reduction in beds has to be managed through a phased change and test of change so that people can be taken in as inpatients if risks are identified. Risks can be summarised as:

    - A further reduction in capacity of inpatient beds is likely to result in early mortality particularly for dependent drinkers; either through their own drinking whilst on waiting lists or through an inappropriately supervised community detox. It would also reduce capacity to detox to those with other chronic health needs, with the likely result that it would place higher demand on other wards within the hospital.

    - An ability to provide the specialist day programme would result on an increased demand on community services for intensive and specialist detox programmes. This will reduce the capacity of these teams further to meet the demand on their services.

    - At the current time an eight bedded inpatient detox facility with capacity for a day programme has not been identified within the re-provisioning of the Royal Edinburgh Hospital. The inpatient facility forms an essential part of the recovery oriented system of care required in Edinburgh to meet the needs of the local communities. As a result the IJB needs to bring this to the attention of NHS Lothian and issue a directive to ensure that arrangements are made

for the continued provision of this facility when the Royal Edinburgh Hospital closes in 2018.

Review the pathway for Opiate Replacement Therapy (ORT)

29. Dependent opiate users can access treatment through the Recovery Hubs. Third sector staff oversee the assessment and triage process, allocating those who require ORT to the Nursing and Medical Team who will provide specialist assessment and prescribe ORT accordingly. At the current time in Edinburgh, only doctors (GPs with a specialism in substance use or Consultant Psychiatrists) can prescribe ORT within specialist services, however there is an opportunity to develop non-medical prescribing amongst nurse practitioners and pharmacists.

30. Edinburgh ADP commissioned a review of its pathway for ORT which was led by Dr Lucy Cockayne a consultant psychiatrist within the West Lothian substance misuse services. The report recommended developing a stepped care model for ORT, matching patient complexity to specialism; and the recruitment of Pharmacy prescribers into the specialist services to reduce prescribing costs. This implementation of this recommendation requires a review of the GP role and the recruitment of a pharmacy prescriber. This work is currently being led by NHS Lothian and will be completed in June 2017. This development will not impact on the capacity of the Hubs to offer ORT.

31. The current investment across the Recovery Hubs totals £3.6 million. (It is not possible to isolate the cost of those who provide prescribing at this time). **These developments will deliver a saving of £70,000 in 2017/18 and on a recurring basis.**

32. A further reduction in funding in this area will result in a reduction in capacity within the Hubs. These services act as a gateway into a range of treatment services including prescribing, residential detox, residential rehab and counselling. It will result in increased waiting times for a range of treatment services at a time when some areas are already unable to deliver on the three week waiting time target. A reduction in capacity in these services will have the biggest impact on drug deaths, alcohol deaths, drug related infections and hospital admissions.

Further savings

33. Alongside these changes Edinburgh ADP has made a range of efficiencies as set out in the table below. Risk assessments have been completed in partnership with these organisations where appropriate. These savings total £219,149.

Project	Investment 16/17	Investment 17/18	Saving
Training for ABIs	£29,160	£20,160	£9,000
50% contribution to a WTE Dual Diagnosis Post (SW Edinburgh)	£20,000	£0	£20,000
Willow	£60,000	£51,000	£9,000
EVOC - SUNE	£5,176	£4,400	£776

Project	Investment 16/17	Investment 17/18	Saving
Homelessness Access Point - Soc Wk post	£18,450	£15,683	£2,767
Homelessness Access Practice – nurse	£37,925	£32,237	£5,688
Forthland Lodge (Korsakoff's service)	£106,000	£90,100	£15,900
Young People's Services	£109,000	£68,000	£16,350
Employability service (Transition)	£104,456	£88,788	£15,668
Counselling services	£605,000	£541,001	£66,000
Prepare	£191,000	£163,000	£28,000
Pharmacy supervised consumption and dispensing costs	£1,100,000	£1,065,000	£35,000
TOTAL			**£219,149**

34. Finally, Edinburgh ADP has reviewed and terminated its investments in three NHS services which are delegated to the IJB. These services are not deemed to be drug/alcohol services as they provide services to the general population and this may include people with drug or alcohol problems. These services are set out below and deliver a saving of £102,564 to Edinburgh ADP:

Service	**Description**	**Investment 2016/17**
Regional Infection Diseases Unit (RIDU)	Inpatient facility for people with blood borne viruses	£83,160
Chalmers	Sexual health services	£18,480
Paediatrics	HIV drug costs for children	£924
TOTAL		**£102,564**

35. It should be noted that these services are provided pan Lothian, and as a result Edinburgh IJB's contribution is seen as 60% of the total investment. Both RIDU and Chalmers are delegated to the IJB. It is proposed that the Integration Joint Board continues to fund these services until 30 June 2017, at a cost of £25,000 to allow risk assessments to be carried out and further recommendations developed in partnership with the services themselves, NHS Lothian and the other three Integration Joint Boards in Lothian.

36. A summary of the current investments in treatment and recovery services for adults is set out in appendix 2.

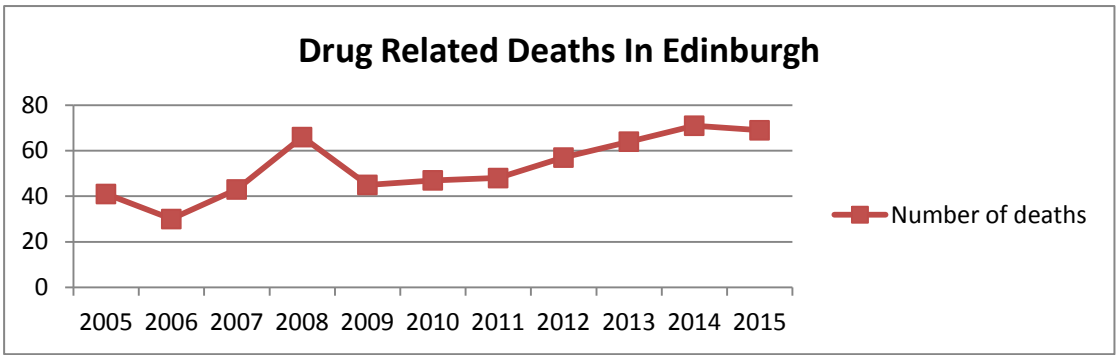
Key risks

Drug and alcohol related early mortality

37. There are a number of risks associated with a reduction in the capacity of drug/alcohol treatment and recovery services. However the recommendations in this paper result in a redesign process which does not reduce capacity.

38. There are key risks of reducing capacity which EADP is taking action to mitigate against which are set out below.

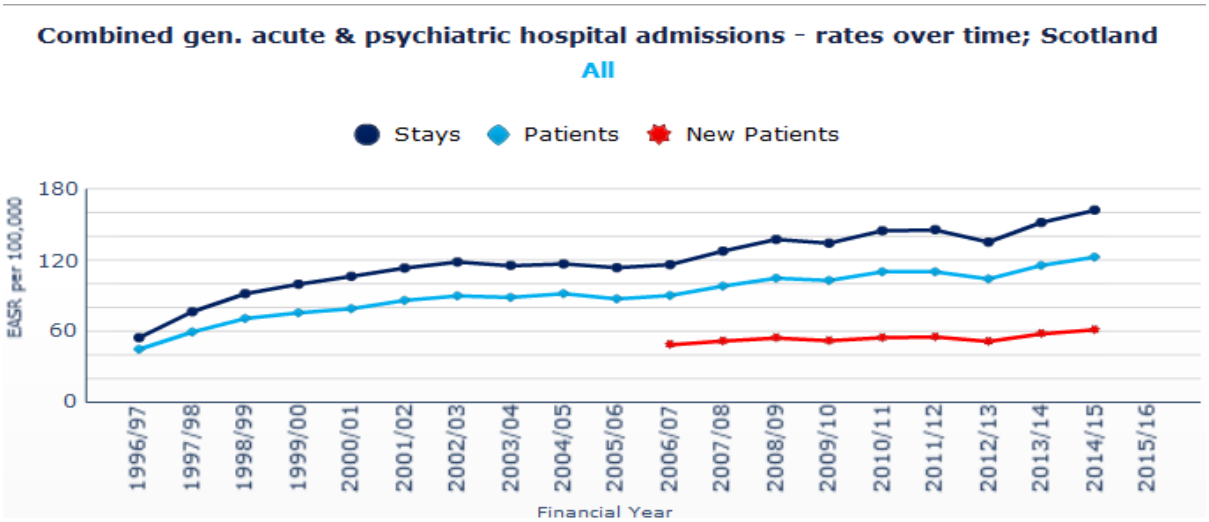
39. The annual average for drug related deaths has more than doubled between 2001-05 (30) and 2011-15 (62). The table below shows the increase in deaths over time. More concerning is that early indications suggest that drug deaths will have increased by 30% in 2016, at just over 100 deaths.



40. Alcohol related deaths doubled between 1997 and 2007 and since this time have reduced, but to the levels seen prior to 1997.

Drug and alcohol related hospital stays

41. The Scottish Government produces annual statistics on drug related hospital stays. A stay is counted as drug related if it includes a drug misuse diagnosis. The chart below shows an increase in drug related hospital stays over time.



42. Alcohol related hospital admissions reached their peak in 2007 and have begun to reduce since this time. Alongside alcohol related deaths, alcohol related hospital stays have doubled between 1997 and 2007 and still remain well above 1997 levels.

Injecting related infections

43. The prevalence of injecting related infections is collated through a nationally run capture/recapture survey of current drug users using the injecting provision

programme. Although this data has yet to be formally released it shows a concerning increase in the prevalence of Hep C amongst this group.

44. Similar local trend data is not available in relation to drug/alcohol related crime or the impact on the welfare of children. However the Police to continue to prioritise the reduction on house burglaries and violent crime, both of which are linked to drug and alcohol misuse.

Involving people

45. Edinburgh's Treatment and Recovery Collaborative ensures that all key stakeholders are involved effectively in decision making.

46. People with lived experience of addiction and recovery will be involved in the redesign of services as a part of the redesign process. In terms of inpatient detox, a conversation café was held on 14 March 2017 pulling together perspectives on successful detox programmes. A future event will also be held for those with experience of the Lothians and Edinburgh Abstinence Programme and out of area rehab to consult on proposed changes. People with lived experience have been involved in the work to review the ORT pathway as a part of the report produced by Lucy Cockayne. Other ongoing service user and stakeholder engagement will continue and will continue to influence service development and delivery.

Impact on plans of other parties

47. These plans have been agreed through EADP where partners from across Health and Social Care, Police, Community Justice, Children and Families, Prison Service, Services for Communities have had the opportunity to review and develop these proposals.

Financial implications

48. The financial implications are set out within the report.

Rob McCulloch-Graham

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Links to priorities in strategic plan

Tackling inequalities	Those living in more deprived areas are disproportionately impacted by drugs/alcohol.
Making the best use of our shared resources	The approach to managing these reductions is through closer working across hospital and community, and across council and NHS rehabilitation services

Report

Funding for Alcohol and Drug Services 2017/18

Edinburgh Integration Joint Board

24 March 2017

Appendix 1: Savings applied in 2016/17

Project	Investment 15/16	Investment 16/17	Saving
ABIs delivered by primary care	£120,000	£60,0000	£60,000
EADP Staffing	£208,000	£125,000	£83,000
Drug Related Deaths Review Coordinator	£24,000	14,000	£10,000
Sexual Health Services – GUM	£24,000	£18,480	£5,520
RIDU	£108,000	£83,160	£24,840
Paediatrics	£1,200	£924	£276
Young People Substance Use Service	£60,000	0	£60,000
Review accommodation for Hubs	-	-	£20,000
Savings through tender process	-	-	£150,000
Ending of small contracts etc	-	-	£40,000
TOTAL			**£453,636**

Appendix 2 – Summary of spend 2017/18

- Services that have received a reduction in funding

Residential Services **£1,177,000**	Ritson Clinic – residential detox £425,000	LEAP – residential rehab £602,000	External residential rehab placements £300,000		
Aftercare Services **£158,000**	Serenity Cafe £60,000	Transition employability service £88,000	Smart – self help recovery £10,000		
Psychological Therapies **£831,000**	Psychology £274,000	Counselling £557,000			
Locality teams (Recovery Hubs) **£4,935,962**	Medical / Nursing Team £2,069,000	Social Work £871,500	3rd Sector £1,566,500	Vocal – carers service £71,562	
		NHS SMD Admin £357,400			
Other investments **£1,359,219**	RIDU / GUM £0	Hosp Liaison £20,400	Alcohol Brief Interventions £106,000	Access Practice £47,919	CEC Willow £51,000
	ARBD £90,100	EADP Team £125,000	Muirhouse GPs £47,000	NHS PCFT £210,400	NHS HRT £607,000

Item 5.5

Report

Review of Integrated Care Fund Projects

Edinburgh Integration Joint Board

24 March 2017

Executive Summary

1. This report informs the Integration Joint Board of the evaluation and review of a number of initiatives currently funded from the Integrated Care Fund; and seeks approval for the allocation of ongoing funding for these projects from the Social Care Fund, based upon recommendations from the Strategic Planning Group.

Recommendations

2. The Integration Joint Board is asked to:
3. note the contribution made to the delivery of better outcomes for citizens through the work carried out by the eight projects reviewed by the Strategic Planning Group;
4. agree to the recommendations for further funding of the eight projects from the Social Care Fund as set out in the table in paragraph 14; and
5. agree to delegate authority to the Chief Officer and Vice Chair of the Integration Join Board in respect of recommendations to be made by the Strategic Planning Group on 31 March 2017 regarding the Step Forward Project.

Background

6. The Integrated Care Fund (ICF) was established in 2015/16 by the Scottish Government replacing the Reshaping Care of Older People Change Fund. The purpose of the Fund is to support the delivery of improved outcomes for health and social care, with a focus on tackling the challenges associated with multiple and chronic illnesses for both adults under 65 and older people. The allocation for Edinburgh was £8.2 million per year for three years. However, it has now been confirmed as recurrent funding and forms part of NHS Board baselines for planning purposes. Boards and Integration Authorities should assume that this funding will continue.

7. During 2016 the Scottish Government wrote to the Chief Officers of Integration Joint Boards, advising them that it would no longer be necessary to produce separate plans and performance reports in respect of the

Integrated Care Fund. Instead the proposed use of the monies should be set out within strategic commissioning and financial plans and the impact included in annual performance reports.

8. Allocation of the Integrated Care Fund monies in Edinburgh has been overseen by the Integrated Care Fund Core Group, membership of which included representatives from the Council, NHS Lothian, third and independent sectors. However, recognising the change in the expectations of the Scottish Government set out in 7 above, the Integrated Care Fund Core Group has been disbanded and all proposals relating to the use of Integrated Care Fund monies will be referred to the Strategic Planning Group for recommendation to the Integration Joint Board.

9. On 10 March 2017 the Strategic Planning Group considered evaluations of eight initiatives currently funded through the Integrated Care Fund and has made recommendations regarding future funding. These recommendations are the subject of this report.

Main report

10. At the final meeting of the Integrated Care Fund Core Group in December 2016 the projects and initiatives supported by the Fund were split into three groups:

- those that should be considered part of core services and rolled into base budgets;
- a set of initiatives to be reviewed and evaluated by 31 March 2017; and
- a set of initiatives to be reviewed and evaluated by 31 March 2018.

11. The Chief Finance Officer has recommended that in order to create a fund to pump prime innovation using Integrated Care Fund monies, any ongoing financial commitment in respect of the last two sets of initiatives should be met through the Social Care Fund. Provision is made for this in the Draft Financial Plan being presented to the Board today. The Financial Planning Update presented to the Integration Joint Board in January by the Chief Finance Officer recommended that proposed Social Care Fund investments should be referred to the Strategic Planning Group for prioritisation (paragraph 2d).

12. When it met on 10 March 2017 the Strategic Planning Group reviewed evaluation forms completed in respect of eight projects due for evaluation and review by 31 March 2017. A further three projects had decided not to request additional funding. The table on the following page provides a high level summary of the initiatives seeking further funding and the recommendations of the Strategic Planning Group. A more detailed summary of the projects and the recommendations made by the Strategic Planning Group is attached as Appendix 1.

Table 1 Recommendations of the Strategic Planning Group

Project	Description	Recommendations from the Strategic Planning Group
Night Support Service	The pilot was set up to help tackle the current levels of reliance on costly sleepovers in individual home settings by providing provides a night time digital video calling solution along with a responder service; and at the same time, develop a sustainable response to projected increases in demand for night time support. The project can demonstrate savings against the cost of a sleepover service and evidence reduced hospital admissions and the potential to support timely discharge from hospital.	£144,350 for 2017/18 with provision for ongoing funding Work to take place with providers to develop exit strategy and ensure sustainability of the service.
Edinburgh Dementia Training Partnership	The project takes a multi agency approach to delivering Promoting Excellence in Dementia Care training to staff from all sectors. The project has been instrumental in increasing awareness of dementia and ensuring that staff have the skills to meet current and future demand. Membership of the Dementia Ambassadors Network has grown to 200+.	£26,500 for 2017/18 only.
Behaviour Support Service	The project provides a behavioural support service, focusing on distressed behaviour for individuals with dementia, and aims to reduce demand for admissions as well as facilitating the discharge of older adults from the Royal Edinburgh Hospital to Care Homes. 96.4% (target set at 95%) of referrals have remained in the same placement and not admitted to the REH or another escalated care	£222,378 on a recurring basis to establish the project as a mainstream service.

Project	Description	Recommendations from the Strategic Planning Group
	unit and this has been sustained over time.	
LOOPs Hospital Discharge Service	Pilot project to establish a collaborative team of Third Sector Liaison Workers drawn from 4 organisations as part of an integrated function within the new locality Hubs and acute hospital settings. This will provide a formal pathway to the Third Sector, with the aim of ensuring that all older people who are involved with community and hospital based health and social care services are given support to attend local community based social and preventative health services. As it develops the project will seek to avoid hospital admissions and speed up discharge from hospital by providing a fast link to appropriate services run by the third sector. The project has received 177 referrals since it began in October 2016, during which time referrals have doubled from 31 to 62 per month. During 2017/18 it will also progress the Peer Support within hospital and Hospital to Home elements of the project.	£313,240 for 2017/18 Work to take place to promote the project to staff and investigate other opportunities for development.
Carers Support Hospital Discharge Service	The service has one worker based at the Western General Hospital and the other at the Royal Infirmary of Edinburgh who provide carers with emotional support, information and advice; undertake carer assessment and support plans; make referrals to other carer support services; and support carers in the first days at home as this can be vital if patients are to successfully manage at home. Since September 2016 the service has supported 167 carers and completed 24 separate carer assessments and support plans,	Allocate £74,000 on a recurring basis for carer support but award to this project for 2017/18 only pending further review.

Project	Description	Recommendations from the Strategic Planning Group
	ensuring that these were carried out in a timely manner and reducing pressure on both carers and social work colleagues.	
COPD Integration Service	The project has redesigned COPD patient care by integrating existing teams from primary care, secondary care, out-of-hours and emergency services and introducing new dedicated services. A community based respiratory hub has also been created with a focus on multi-disciplinary working. The project has demonstrated an overall reduction in occupied bed days, prevention of admissions and a reduction in hospital attendances.	£154,517 on a recurring basis to establish the project as a mainstream service. Ensure the project takes account of impending national announcements around Anticipatory Care Planning.
Anticipatory Care Planning	To support locality hubs to deliver more streamlined multidisciplinary case review and improved anticipatory care planning (ACP) processes for “high risk” patients with complex conditions and multimorbidity in North East and North West localities. Whilst the project has had limited success to date it has identified the reasons for this and will refocus efforts in 2017/18 to improve ACPs in care homes and support GPs to create electronic Key Information Summaries.	£77,910 for 2017/18 only.
Step Forward Project	The project is a partnership between two voluntary organisations in North East Edinburgh that aims to;	The Strategic Planning Group has requested further information before making a

Project	Description	Recommendations from the Strategic Planning Group
	• help people access the type of support they need by focusing on what matters most to them and providing access at a place and time and in a way that best suits their life circumstances; • builds the capacity of people and communities to be 'enabled, supported, engaged and informed' in order to improve outcomes for people with long term conditions; and • provides health and well being link workers to 5 GP Practices within the North East Edinburgh locality. The project has received 234 referrals and can evidence reduced anxiety and increased confidence and sense of coping. Local GPs are very supportive of the project and have reported a reduction in patient appointments from some of those engaged with the project.	recommendation in respect of this project.

13. In respect of the Step Forward Project, it is recommended that the additional information required by the Strategic Planning Group is requested from the project and considered at the Strategic Planning Group meeting on 31 March 2017. If the Group subsequently recommends funding this project for 2017/18, it is recommended that the Integration Joint Board delegate the decision to the Chief Officer and Vice Chair of the Board to allow the project to be notified by 31 March 2017.

14. The table below summarises the recommendations for funding from the Social Care Fund made by the Strategic Planning Group:

Project	Funding for 2017/18 only £	Recurring funding £
Night Support Service	0	144,350*
Edinburgh Dementia Training Partnership	26,500	0
Behaviour Support Service	0	222,378
LOOPs Hospital Discharge Service	313,240	
Carers Support Hospital Discharge Service	0	74,000*
COPD Integrated Service	0	154,517
Anticipatory Care Planning	77,910	0
Total	**417,650**	**595,245**

*Recurring funding recommended to support work in this area but not necessarily delivered by this specific project after 31/3/18.

15. The commitment from the Social Care Fund in respect of the projects that the Strategic Planning Group has recommended should be funded is £1,012,895 for 2017/18 with an ongoing commitment of £595,245. The commitment for 2017/18 will rise to £1,092,895 if the Strategic Planning Group recommends funding of the Step Forward Project once the additional information requested has been considered.

16. If the Integration Joint Board agrees to the recommendations of the Strategic Planning Group a member of the Health and Social Care Partnership Executive has been identified to act as a link with each project to monitor progress and act as a point of escalation for any barriers to delivery.

Key risks

17. There is a risk that if the projects detailed in this report do not receive ongoing funding the benefits delivered to date will be lost. As a number of these projects are working to reduce unnecessary hospital admissions and support timely discharge from hospital, there may be a negative impact in terms of increased hospital admissions and delayed discharges.

18. There is a small risk that the projects may not achieve the outcomes and performance targets agreed with them. However, regular monitoring and the identification of a named person within the Executive Team as a link with each project will mitigate against this.

Financial implications

19. The proposals within this report will create commitments against the Social Care Fund of £417,650 in 2017/18 and £595,245 on a recurring basis. Provision has been made for these commitments within the Draft Financial Plan being presented to the Integration Joint Board at this meeting.

Involving people

20. The recommendations within this report have been put forward by the Strategic Planning Group membership of which includes citizens of Edinburgh and representatives of health and social care professionals, the third and independent sectors, social housing providers and localities.

Impact on plans of other parties

21. The proposals and recommendations within this report have no impact on the plans of other parties.

Background reading/references

Financial Planning Update report to the Integration Joint Board in January 2017

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Links to priorities in the strategic plan

The recommendations contained within this report will contribute to the achievement of all six priorities within the strategic plan:

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

Appendix 1
Review of Integrated Care Fund Projects

Strategic Planning Group agreed as a principle that carry forward of any underspend in respect of these projects would not be agreed.

Project Title: Night Support Service

Project outline:

The pilot was set up to help tackle the current levels of reliance on costly sleepovers in individual home settings by providing an alternative night time contact point; and at the same time, develop a sustainable response to projected increases in demand for night time support.

The project provides a night time digital video calling solution along with a responder service where that is needed. The pilot aims to test this solution for up to 35 customers.

What difference has the project made:

Savings by replacing sleepover night time support

Projected savings to end March 17 for 10 people - £87,048 pa

Projected savings over 2 years with no increase in customers - £200,250 pa

Projected savings over 2 years with increase to 35 customers – c£617,000 pa

Reduced hospital admissions– evidenced by case studies

Early discharge – case studies evidence avoidance of need to find new accommodation to allow sleepovers

Increased independence and privacy – people can access support when they need it without having to have someone staying in their home.

Strategic Fit (Links to Strategic Plan):	Challenges and barriers:
Priorities: Supports all 6 priorities in the strategic plan **Actions:** Action 38 – Increased use of Technology Enabled Care	• Difficulty in getting referrals • Changes in key contact personnel within the Council • EHSCP staff do not have time to attend familiarisation session • Lack of criteria

Funding received to date:	Funding requested going forward:
2016/17 - £144,350 Staffing, operating costs, equipment	2016/17 - £144,350 + carry forward of any underspend – one year only Salary, operating costs, equipment

Next steps if successful:	Risks if funding ceases:
• Continue to run pilot • Increase referrals by working with partners	• Loss of service • Sleepovers would need to be reinstated • Loss of benefits – efficiency savings, reduced hospital admissions and increase in delays, loss of independence for individuals supported

Recommendations:
• Support request for funding to 31 March 2018 • Identify key contact to work with providers • Work with providers to develop exit strategy to ensure sustainability of service • Support providers to develop increase referrals • Exec Team link – Strategic Planning and Quality Manager for Older People • Further clarity on CleverCogs running costs to be requested

Project Title: Edinburgh Dementia Training Partnership

Project outline:

The project takes a multi agency approach to delivering Promoting Excellence in Dementia Care Informed and Skilled Practice level training and provides:

- Facilitator's training, prioritising day services
- Practitioner's training, prioritising day services
- Cognitive Stimulation Therapy training for day services and other services which run activity groups
- Autonomous practitioner training for those who direct and manage care services, to support the Psychological Needs and Wellbeing of People with Dementia

What difference has the project made:

Attendance at events met the targets set. Feedback received was positive and demonstrates training achieved the intended outcomes.

Dementia Ambassadors network has been increased significantly in last 3 years from 4 – 200+

Strategic Fit (Links to Strategic Plan):	Challenges and barriers:
Priorities: Supports all 6 priorities in the strategic plan **Actions:** Action 23 - Improving support for people with dementia	• Unable to complete all of programme due to delay in confirmation of funding. Outstanding work will be undertaken in May and June 2017.

Funding received to date:	Funding requested going forward:
£34,514 for 2016/17	Request to carry-over the unspent element from 2016/17 to 2017/18 (approx £26,500)

Next steps if successful:	Risks if funding ceases:
To provide existing planned ,further sessions of Promoting Excellence Improving Practice (Skilled Practice Level) events within localities and follow-up work. In addition consideration would be given to the provision of palliative and end of life care training	Programmed, further training and follow-up work will not be completed. Associated benefits of training ,which help enable delivery of better care for people living with dementia, will not be realised.

Recommendations:
• Support request to carry-over unspent funding or allocate equivalent amount from 2017/18 budget • Exec Team link – Strategic Planning and Quality Manager for Older People • Further information on work plan to be requested

Project Title: Behaviour Support Service

Project outline:

The project provides a behavioural support service, focusing on distressed behaviour for individuals with dementia, and aims to reduce demand for admissions as well as facilitating the discharge of older adults from the Royal Edinburgh Hospital to Care Homes. Activities include:

•Provision of direct clinical service to all Edinburgh Care Homes;
•Direct Psychology support and supervision to two REH inpatient wards (Ward 14 & Pentland)
•Provision of staff training in priority group of Care Homes
•Establish ongoing co-working with Edinburgh Council supported by the TEC fund to enable use of tele-conferencing within care

What difference has the project made:

•38.5% of people referred to the EBSS have been in jeopardy of having their placement break down or of an admission to hospital.
•96.4% (target set at 95%) of referrals have remained in the same placement and not admitted to the REH or another escalated care unit and this has been sustained over time.

•For the NPI frequency and severity of behavioural symptoms has reduced by 34% following intervention. The occupational disruption caused by the behaviour has decreased by 27% following intervention.
• For the CMAI the frequency of distressed behaviours has reduced by 20% following intervention. The carer distress caused by the behaviour has decreased by 46%.

Strategic Fit (Links to Strategic Plan):	Challenges and barriers:
Priorities: Supports all 6 priorities in the strategic plan **Actions:** Action 19 – New models to better meet the needs of frail elderly people at home and in care homes Action 23 - Improving support for people with dementia	•Difficulty in recruiting to and retaining Occupational Therapy staffing •Service demand to date has exceeded capacity. •Priority given to Care Homes resulting in difficulties extending training to other staff groups (such as CMHT, RRT, wards, social care) without reducing direct clinical input.

Funding received to date:	Funding requested going forward:
Funding allocated for 2016/17 £231,142. Salaries, travel and training support	£222,378 on a recurring basis as mainstream provision Salaries, travel and training support

Next steps if successful:	Risks if funding ceases:
Retain specialist staff currently employed. Ongoing work to integrate the service pathway for individuals presenting in emergency/crisis referrals to the CMHT and Rapid Response Team.	• Project will end with loss of service • Significant risk of hospitalisation or placement breakdown for clients, an increase in crisis referrals to CMHT, reduced confidence in the community on the Older People's Mental Health Service and loss of other benefits realised to date

Recommendations:
• Support request for recurring funding • Support integration of service with Rapid Response Teams and CMHTs • Exec Team link – Strategic Planning and Quality Manager for Older People

Project Title: LOOPS Hospital Discharge Service

Project outline:

The LOOPs Hospital Discharge Service is a pilot project to establish a collaborative team of Third Sector Liaison Workers drawn from 4 organisations as part of an integrated function within the new locality Hubs and acute hospital settings. This will provide a formal pathway to the Third Sector, with the aim of ensuring that all older people who are involved with community and hospital based health and social care services are given support to attend local community based social and preventative health services.

The project has 3 elements: core service - light touch case management and supported referral to third sector; peer support within the hospital environment; hospital to home.

What difference has the project made:

The core service has only been operating since October 2016 during which time referrals have doubled from 31 in November to 62 in January. In total 177 referrals were received for older people within scope of the project, 16 from Royal Edinburgh Hospital.

- 91 older people immediately accepted the support of the project while a further 30 are awaiting assessment. 46 carers have also been supported
- 56 people declining the service, 38 of whom have been provided a signposting service.
- of 71 active referrals to third-party providers, the team has successfully referred to 67 services.

The Peer Support Service have run 15 groups attended by 36 individuals a number of whom have been signposted to a range of third sector service

Significant learning about complexity of system and what does and does not work well. Involvement in the development of the MATTS.

Development of case management systems and progress on data sharing agreements
Work with ISD to formally evaluate contribution and increase management info on third sector contribution

Strategic Fit (Links to Strategic Plan):	Challenges and barriers:
Priorities: Supports all 6 priorities of the Strategic Plan **Actions:** 1 Establish local collaborative working arrangements across partners 13 Approach to prevention	• Delay in establishing Locality Hubs and frequency of MATTs • Data-sharing processes have been cumbersome and lengthy • Culture and Practice – working across sectors – difficulties of integrating third sector practice into the statutory sector •Hospital to Home not delivered to date due to complexity involved in delivering a volunteer-supported transportations service

Funding received to date:	Funding requested going forward:
2016/17 - £313,240 Funding for Peer Support and Hospital at home £22,200 not utilised	2017/18 - £313,240 + carry forward of slippage of £22,200

Next steps if successful:	Risks if funding ceases:
• Continue to deliver and progress the 3 services • Undertake evaluation with ISD • Explore additional opportunities , e.g. support for community assessments, support those in Interim Care facilities to reconnect with communities	• Loss of existing services and other opportunities • Intended outcomes would not be achieved

Recommendations:
• Support request for funding to 31 March 2017/18 • Promote the project within the Hubs and hospitals • Work with the project to investigate additional opportunities • Following completion of the evaluation work with the project to develop an exit strategy • Exec Team link – Locality Manager North West • Expedite laptops being made available to the project

Project Title: Carers Support Hospital Discharge

Project outline:

The Carer Support Hospital Discharge (CSHD) service works alongside unpaid carers of adults, in pre hospital discharge planning to provide information, inform care package decisions and support better outcomes to carers. It follows the Carers (Scotland) Act 2016 Section 28: Carer involvement in hospital discharge of cared-for person and the Edinburgh Joint Carers' Strategy outcomes which feed into the overall Integrated Care Fund outcomes.

The service has one worker based at the Western General Hospital and the other at the Royal Infirmary of Edinburgh who provide carers with emotional support, information and advice; undertake carer assessment and support plans; make referrals to other carer support services; and support carers in the first days at home as this can be vital if patients are to successfully manage at home.

What difference has the project made:

Since September 2016 the service has supported 167 carers and completed 24 separate carer assessments and support plans, ensuring that these were carried out in a timely manner and reducing pressure on both carers and social work colleagues.

The service uses a baseline evaluation followed up by a review to measure impact. To date 30 baseline evaluations have been completed and 16 reviews. Of these 16 carers: 43% were positive about the impact of the information and advice received; 25% reported improved confidence in their caring role; 6% felt their health had improved; 25% reported an improvement in their social life; 26% felt that services met their needs.

Strategic Fit (Links to Strategic Plan):	Challenges and barriers:
Priorities: Supports all 6 priorities **Actions:** Action 14 – Support for unpaid carers	Promoting and embedding a new service in the acute hospital setting as a part of a multi disciplinary team is challenging and takes time and resilience.

Funding received to date:	Funding requested going forward:
2016/17 - £74,000 (underspend of £27,058 due to delay in recruitment) Staffing and operating costs	2017/18 onwards recurring funding of £74,000 per annum Salaries and operating costs

Next steps if successful:	Risks if funding ceases:
• Expansion of exiting service • Support the development of the locality Hubs	• Breakdown in informal caring arrangements as carers feel unsupported going through the hospital process and at point of discharge • Delays in carers assessments • Negative message to carers

Recommendations:

- Support allocation of £74,000 recurring funding for supporting carers around hospital discharge
- Support the funding of this initiative until 31 March 2018 and review in the light of the operation of the locality Hubs and increased evidence base from operation over a longer period
- Support the development of links with the Hubs and within acute hospitals
- Exec Team link – Locality Manager North West
- Refer to the Carers Strategy Group for advice re generating uptake and evaluation methodology

Project Title: COPD Integrated Service

Project outline:

The overall aim of the project is to use a single system approach to improve the quality of care patients with COPD by focusing on their physical and mental health, treating acute exacerbations of COPD in the community and preventing admissions and readmissions to hospital. COPD patient care has been redesigned by integrating existing teams from primary care, secondary care, out-of-hours and emergency services and introducing new dedicated services. A community based respiratory hub has also been created with a focus on multi-disciplinary working.

What difference has the project made:

- Overall reduction of 2954 occupied bed days resulting in a productive gain of £942,131
- Admissions prevented for 37% of patients assessed with acute exacerbations by the Community Respiratory Team
- 255 patients triaged at hospital door and referred to the respiratory hub for ongoing care
- Reduction in hospital attendances
- Psychologically informed care has led to reduction in anxiety and depression and improved quality of life
- Patients are better able to cope and manage their condition

Strategic Fit (Links to Strategic Plan):	Challenges and barriers:
Priorities: Supports all 6 priorities **Actions:** • Action 30 – Integrated model for COPD • Action 32 – Increased use of Anticipatory Care Plans	None identified

Funding received to date:	Funding requested going forward:
2016/17 - £147,000 Staffing including 0.2 WTE post in third sector and operating costs (Actual spend £152,550, shortfall met from Long Term Conditions Programme)	2017/18 onwards recurring funding of £154,517 to establish the COPD integrated care model as a core service.

Next steps if successful:	Risks if funding ceases:
• continue to develop the COPD integrated care model to target patients most at risk of hospital admission/readmission, to extend the reduction in hospital bed days • use transferable learning in development of services for complex patients with multimorbidity in locality based hubs	• Project will end • Potential increase in hospital admissions and loss of other benefits realised to date

Recommendations:
• Support request for recurring funding • Exec Team link – Locality Manager North East

Project Title: Step Forward Project

Project outline:

Step Forward is a partnership between two third sector providers covering North East Edinburgh that:

- aims to help people access the type of support they need by focusing on what matters most to them and providing access at a place and time and in a way that best suits their life circumstances.
- builds the capacity of people and communities to be 'enabled, supported, engaged and informed' in order to improve outcomes for people with long term conditions
- provides health and well being link workers to 5 GP Practices within the NE Edinburgh locality.

What difference has the project made:

234 referrals received; 67% women, 60% from SIMD 1 and 2 populations, majority of those referred are aged between 35 and 49 reflecting the demographic of the North East Locality

Evidence of reduced anxiety and increased confidence and sense of coping

GPs have indicated that the service is valued and reported a reduction in patient appointments from some of those engaged with the project

Strategic Fit (Links to Strategic Plan):	Challenges and barriers:
Priorities: Supports all 6 priorities **Actions:** Action 9 – encourage take up of social prescribing Action 11 – partnership working to tackle inequalities Action 13 – Approach to prevention Action 29 – Development of a long term conditions strategy	Time intensive model, health and well being worker capacity has been limited to 5 GP practices during this project

Funding received to date:	Funding requested going forward:
2016/17 - £50,000 Staffing and lifestyle management course costs	2017/18 - £70,000 Staffing?

Next steps if successful:	Risks if funding ceases:
Provide an expanded service based on a hub model operating in the 2 GP clusters within the North East locality to support more people with multimorbidities. Gather quantifiable data to evidence the impact of the project.	• Project will come to an end • Loss of service that is valued by both GPs and their patients

Recommendations:

- Support request for funding to 31 March 2018 dependent upon further evidence of impact and clarification to address issues raised by representative of the Professional Advisory Group
- Ensure coherence with other initiatives being developed around link workers
- Exec Team link – Locality Manager North East

Project Title: Anticipatory Care Planning

Project outline:

To support locality hubs to deliver more streamlined multidisciplinary case review and improved anticipatory care planning (ACP) processes for “high risk” patients with complex conditions and multimorbidity in North East and North West localities.

The evaluation has led to a proposed change in focus for this project to anticipatory care planning in care homes, ACP training across all services, collation of information from community based ACPs and Pan Lothian Admission Avoidance Network.

What difference has the project made:

Objective to increase the number of Key Information Summaries for people with high SPARRA scores has not been realised

Significant opportunities for improvement in anticipatory care planning in care homes identified

Better understanding of what is required to improve anticipatory care planning processes

Strategic Fit (Links to Strategic Plan):	Challenges and barriers:
Priorities: Supports the following priorities: tackling inequalities; prevention and early intervention; person-centred care; right care, right place, right time **Actions:** Actions 5 & 32 – Increased use of Anticipatory Care Planning Action 29 – Development of a long term conditions strategy	• Delay in implementation of locality Hubs • Challenges in engaging practice staff • GP frustrations around the limitations of the KIS software • Time constraints in practices do not allow for 'good conversations with patients and creation of ACPs

Funding received to date:	Funding requested going forward:
2016/17 - £61,963 (underspend forecast of £5,445) Staffing	2017/18 - £103,590 Staffing

Next steps if successful:	Risks if funding ceases:
• Roll out ACP in Care Homes element of the project from 4 to 10 care homes • Develop and deliver a planned approach to training across all services including the creation of a "toolkit", tailored to individual care settings • Support the delivery of the Pan Lothian Admission Avoidance Network	• Capacity to deliver Actions 5 and 32(increased use of ACPs would be significantly reduced and may have an adverse impact on the strategic aim to reduce hospital admissions

Recommendations:
• Recommend funding of £77,910 to 31 March 2018 • Exec Team link – Locality Manager North East • Ensure fit with impending national announcement in respect of ACPs

Item 5.6

Report

Financial Position to February 2017

Edinburgh Integration Joint Board

24th March 2017

Executive Summary

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the financial position for the 11 months to February 2017 and the forecast year end position. The resultant impact on the in year financial position on the financial plan for 2017/18 is discussed in a separate report to the board.

Recommendations

2. It is recommended that the board notes:

   - that a break even position will be delivered through a combination of: social care fund monies identified by the IJB; provisions made by the City of Edinburgh Council; and the underwriting by NHSL Lothian of the projected overspend in the health element of the IJB's budgets. These factors amount to £6.2m to enable full closure of the 2016/17 budget.

Background

3. In line with the approved integration scheme, 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. Accordingly, budget monitoring of IJB delegated functions is undertaken by finance teams within the City of Edinburgh Council (CEC) and NHS Lothian (NHSL), reflecting the IJB's role as a strategic planning body which does not directly deliver services, employ staff or hold cash resources.

4. 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.

Main report

Overview

5. For the first 11 months of the financial year the IJB overspent by £6.2m 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 £9.2m. This is an improvement of £3.1m on the November projection (reported to the board in January 2017) reflecting the continued refinement of forecasts as the year end approaches. The numbers are summarised in table 1 with further detail included in appendices 1 (NHSL) and 2 (CEC).

	Position to end February 2016			Year end forecast variance
	Budget	Actual	Variance	
	£k	£k	£k	£k
NHS services				
Core services	221,068	223,256	(2,188)	(2,267)
Hosted services	74,315	74,066	250	370
Set aside services	91,003	91,166	(164)	(2,765)
Sub total NHS services	**386,386**	**388,488**	**(2,102)**	**(4,661)**
CEC services	**172,182**	**176,307**	**(4,125)**	**(4,544)**
Gross position	**558,568**	**564,795**	**(6,227)**	**(9,205)**

Table 1: summary IJB financial position to February 2017 and year end forecast

NHS services

6. Services delivered by the NHS account for £2.1m of the year to date overspend and £4.7m 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.

7. With an estimated year end position of £2.1m, the prescribing position continues to be a major financial concern for the IJB. Edinburgh's cumulative primary care prescribing position is currently £2m overspent, driven by 2.2% growth in volumes and 3.2% growth in price. The forecast outturn is estimated at £2.2m and the implications for the 2017/18 IJB financial plan are discussed in a separate paper to the committee.

8. 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 levels. The Chief Nurse has developed an action plan to address these issues and the ongoing implementation, which has already seen a reduction in bank usage across the majority of services, will be monitored through the newly established finance board.

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

10. As reported in previous months, NHSL is forecasting an overall breakeven position for 2016/17 through the use of non recurring resources. 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.

Council services

11. At February the outturn forecast for Council services shows a projected overspend of £4.5m. Of this, £1.6m relates to purchasing budgets and is primarily attributable to delays in the implementation of transformation linked savings proposals. The balance of £2.9m relates to the phasing of the implementation of the new structure and increasing agency costs. Details are included in appendix 2.

12. Non recurring funding contributions of £4.5m have been identified 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. The combined impact of these two measures will deliver a break even position by year end.

13. The ongoing impact of key financial pressures, agency spend and purchasing, are addressed in the financial plan paper.

Key risks

14. With only one month to the end of the financial year, an unanticipated deterioration in the financial position is the key risk to achieving a break even position for 2017/18.

Financial implications

15. Outlined elsewhere in this report.

Involving people

16. 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

17. As above.

Background reading/references

18. None.

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Links to priorities in strategic plan

Managing our resources effectively

NHS LOTHIAN ELEMENT OF IJB FINANCIAL POSITION 2016/17

	Position to end February 2016			Year end forecast variance
	Budget	Actual	Variance	
	£k	£k	£k	£k
Core services				
Community AHPs	5,409	5,419	(10)	137
Community Hospitals	9,198	10,045	(847)	(1,256)
District Nursing	9,703	9,445	259	665
GMS	64,873	64,641	231	45
Mental Health	8,659	8,439	221	34
Prescribing	71,184	73,216	(2,032)	(2,106)
Resource Transfer	40,017	40,016	1	0
Other	12,024	12,035	(11)	214
Sub total core	**221,068**	**223,256**	**(2,188)**	**(2,267)**
Hosted services				
AHPs	6,211	5,854	357	378
Complex care	1,649	2,043	(394)	(181)
GMS	3,907	3,822	86	(262)
Learning disabilities	8,215	8,202	13	359
Lothian unscheduled care service	5,302	5,324	(22)	243
Mental health	25,693	25,346	347	463
Oral health services	8,543	8,298	245	250
Rehabilitation medicine	3,592	3,392	200	145
Sexual health	2,761	2,692	69	43
Substance misuse	4,098	4,632	(535)	(466)
Out of area placements	3,405	3,176	229	(238)
Other	940	1,286	(346)	(363)
Sub total hosted	**74,315**	**74,066**	**250**	**370**
Set aside services				
A & E (outpatients)	5,973	5,874	99	34
Cardiology	15,123	15,005	117	183
Gastroenterology	5,256	5,039	217	372
General Medicine	28,991	29,561	(570)	(2,817)
Geriatric Medicine	17,327	17,155	172	(42)
Infectious Disease	7,586	7,358	229	86
Rehabilitation Medicine	1,851	1,978	(126)	(206)
Therapies	5,495	5,613	(117)	(193)
Other	3,400	3,584	(184)	(180)
Sub total set aside	**91,003**	**91,166**	**(164)**	**(2,765)**
Grand total	**386,386**	**388,488**	**(2,102)**	**(4,661)**

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

	Position to end February 2016			Year end forecast variance
	Budget	Actual	Variance	
	£k	£k	£k	£k
Employee costs				
Council Paid Employees	75,539	78,197	(2,658)	(2,900)
Redundancy costs	3,208	3,208	0	(0)
Sub total	**78,747**	**81,406**	**(2,658)**	**(2,900)**
Non pay costs				
Premises	1,183	1,183	0	0
Transport	1,589	1,589	0	0
Supplies & Services	5,239	5,239	0	0
Third Party Payments	152,730	154,196	(1,467)	(1,600)
Transfer Payments	710	710	0	0
Sub total	**161,450**	**162,916**	**(1,467)**	**(1,600)**
Gross expenditure	**240,197**	**244,322**	**(4,125)**	**(4,500)**
Income	**(68,015)**	**(68,015)**	**0**	0
Net expenditure	**172,182**	**176,307**	**(4,125)**	**(4,500)**

Item 5.7

Report

Financial Plan Update and Financial Assurance
Edinburgh Integration Joint Board

24th March 2017

Executive Summary

1. The level and adequacy of resources available are key factors in the ability of the Integration Joint Board (IJB) to deliver its strategic plan and improve health and social care outcomes. This paper considers the level of 2017/18 resources delegated by City of Edinburgh Council (CEC) and NHS Lothian (NHSL) and presents the resultant 2017/18 financial plan for approval.

Recommendations

2. It is recommended that the board:

- notes the financial assurance work undertaken to date;
- agrees that budgets delegated from CEC and NHSL are allocated back to partners to operationally deliver and financially manage IJB delegated functions;
- agrees the draft financial plan for 2017/18, including the proposed investments in projects previously funded through the Integrated Care Fund;
- remits the Strategic Planning Group to scrutinise the savings proposals to ensure alignment with the strategic plan on behalf of the IJB;
- requests that partners work in conjunction with the Chief Officer and Interim Chief Finance Officer to prepare a medium term financial strategy for IJB delegated functions; and
- agrees to receive the annual financial statement following the review of the strategic plan.

Background

3. A high level financial plan overview was presented to the board in January 2017. This provided an update on the implications of the Scottish Government draft budget for the City of Edinburgh Council

(CEC), NHS Lothian (NHSL) and the Integration Joint Board (IJB) itself.

4. Subsequently, the CEC budget was presented to the full Council for approval on 9 February 2017. Development of the NHSL financial plan remains ongoing with the next version of the plan being presented to the Finance and Resources Committee on 15th March 2017 and the full NHS Lothian Board on 5 April 2017.

5. Based on this, the IJB has received a budget proposition from CEC and an indicative proposal from NHSL, pending agreement on 5 April. Both CEC and NHSL have been working with the IJB to consider the potential financial pressures inherent in these budgetary offers and it is clear that, without a significant change to the current model of service delivery, there will be a significant gap between the resources available and the projected expenditure. Given that, at this time, there are not fully developed recovery plans which will allow the IJB to achieve a break-even position in 2017/18, acceptance of the budget propositions from the partners contain a significant element of risk.

6. A detailed financial assurance process was undertaken by the IJB in relation to its 2016/17 budget. This review of the financial risks inherent in the budgetary position and detailed consideration of how these risks can be mitigated is a continuing process. This report, which builds on the financial reports received during 16/17, is therefore the most recent part of the financial assurance process.

Main report

2017/18 delegated resources

7. This section of the paper considers whether the budget proposal from the partners is a fair share of the resources available to them. Paragraphs 8 to 19 below set out the resources identified by CEC and NHSL to support services delegated to Edinburgh IJB. These figures exclude both tranches of social care funding which are considered in paragraphs 20 to 22.

City of Edinburgh Council

8. The approved CEC revenue budget framework for 2017/18 incorporates an IJB delegated budget of £184.4m, a sum which is unchanged in cash terms from the 16/17 recurring budget as demonstrated in table 1 below:

	£k
16/17 delegated budget	187,928
Less: non recurring	(3,500)
Recurring budget	**184,428**

Table 1: CEC proposed delegated budget 2017/18

9. To reflect the additional support provided through the social care fund, the Scottish Government allowed local authorities the flexibility to adjust their allocations to integration authorities in 17/18 by up to their share of £80m below the level of baseline budget provided in 16/17. In the context of growing demand for social care services, CEC has opted not to use this flexibility, which would have allowed it to reduce its contribution by up to £6.5m. This level of delegated budget compares favourably to the overall position of CEC where the reduction in revenue funding in the Scottish Government settlement for 2017/18, net of additional income arising from changes to Council Tax band multipliers, is 1.5%, excluding ring-fenced funding for specific new commitments.

10. In practice this "flat" budget for delegated services means that any cost increases not covered by the Social Care Fund will have to be paid for by generating savings.

11. Given the factors detailed in paragraphs 8 to 10 above, the CEC budget proposal represents a fair share of available resources.

NHS Lothian

12. NHS Lothian continues to refine the financial plan but remain unable to provide assurance on its ability to deliver a balanced position in 2017/18. The figures in this report are based on the version of the plan which will be presented to the NHSL Finance and Resources Committee on 15 March 2017 and reflected in the local delivery plan to be submitted to the Scottish Government at the end of March 2017. The proposed budget therefore remains indicative until formally agreed by the NHSL Board in April 2017.

13. After taking account of cost pressures, additional funding, financial recovery plans and in year flexibility, the in year gap on the pan Lothian plan has reduced from £51.5m (as reported to the IJB in January) to £35.1m.

14. Excluding both tranches of the social care fund, the 17/18 budget associated with NHS delegated functions for Edinburgh is £398.4m, as summarised in table 2 below. Whilst this represents an increase in recurring budget resources of £13.8m it is £6.5m below the expenditure forecast for the year. This shortfall of 1.6% equates to an overall gap of 2.2% across NHSL, reflecting the targeting of additional funding at primary and community services and the consequent higher level of savings challenge associated with acute hospital services.

15. The Scottish Government's 2017/18 budget settlement required health boards to maintain IJBs budgets at 16/17 levels and NHSL has clearly complied with this requirement, as demonstrated in table 2 below.

	17/18 funding	Initial gap	
	£k	£k	
Core services	226,807	(3,881)	1.80%
Share of pan Lothian hosted services	75,644	98	-0.10%
Payment to the IJB	**302,451**	**(3,783)**	1.20%
Share of acute set aside services	95,902	(2,729)	2.80%
Budget for delegated services	**398,352**	**(6,511)**	**1.60%**
16/17 recurring budget	**384,554**		
Increase in budget	**13,798**		

Table 2: NHS Lothian proposed delegated budget 2017/18

16. Prescribing represented the main financial pressure inherent in the NHS budget during 16/17. Over the past few years growth in costs had significantly outstripped the budget uplifts. Through the financial, plan, NHS Lothian has reset the GP prescribing budgets for each of the IJBs to reflect the projected outturn position in 16/17. For 2017/18 initial projections for growth suggest around a further £11.5m of cost pressures across Lothian, equating to an increase of circa 7%. Edinburgh's share of this growth is estimated at £5.7m although a final update on estimated 17/18 growth is currently being prepared.

17. This will be supplemented by a pan Lothian fund of £2m fund for efficient prescribing and a further £2m to provide support to primary care services. Although provided for in the overall financial plan these sums have not yet been distributed and therefore are not included in the budget laid out above.

18. Based on the methodology agreed by NHS Lothian for allocating resources, it is considered that the revised contribution represents a fair share of resources to the IJB, albeit there currently remains a gap to be addressed.

19. As previously reported, NHSL financial planning is not undertaken at an IJB level and recovery actions to deliver a balanced plan are focussed on business units in the first instance. NHSL will continue to

work with business unit management teams and the four Lothian IJBs with the objective of balancing the remaining £35m gap and achieving an overall breakeven position for 17/18. Two key elements of this work will be the close management of expenditure during the year and scope for further funding during 2017/18.

Social Care Fund

20. The Scottish Government budget incorporated a step up of £107m in the Social Care Fund, bringing the total provision 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 and forms a key strand of the financial plan for 2017/18.

21. The increase in Social Care Fund monies described above will supplement the sum the IJB has available from the 16/17 monies to support investments. This is a combination of £8.0m which has yet to be allocated on a recurring basis plus an estimated £3.3m carried forward from 16/17. Total funding available to Edinburgh IJB through the Social Care Fund is detailed in table 3 below:

	Scotland £k	Edinburgh IJB £k
Social Care Fund I (16/17)	250,000	20,180
Social Care Fund II (17/18)	107,000	8,721
Grand total Social Care Fund	**357,000**	**28,901**

Table 3: Social Care Fund I & II 2017/18

22. The potential impact on Scotland of the additional £2bn of funding, to be spread over three years, announced in the recent UK Government budget remains to be clarified.

IJB financial plan

23. This section of the paper focuses on the impact of the settlements described above on the IJB financial plan and details the risks inherent in the delivery of a balanced financial position.

24. Taking account of the delegated resources from CEC and NHSL and the balance of social care funding available gives the IJB total funds of £611.7m for delivery of the strategic plan in 17/18 as demonstrated in table 4:

	Recurring £k	Non recurring £k	Total £k
City of Edinburgh Council	184,428		184,428
NHS Lothian core and hosted	302,451		302,451
Social care fund	28,901	3,282	32,183
Subtotal	**515,779**	**3,282**	**519,061**
NHS Lothian set aside	95,902		95,902
Total	**611,681**	**3,282**	**614,963**

Table 4: Total IJB budget 2017/18

25. In assessing the impact of this level of income on the savings programme the following cost increases have been considered alongside 16/17 baseline expenditure:

- Pay awards;
- Payment of the increased national living wage of £8.45 and related employer on costs from 1 April for all employees and contracted staff;
- Existing commitments, including the 16/17 national living wage, against Social Care Fund 1;
- Apprenticeship levy;
- Standard inflationary uplifts, including projected increases in third party contracts;
- Projected increases in prescribing costs;
- Savings which have not been delivered in 16/17 and consequently need to be carried forward; and
- Agreed and proposed investments (detailed in paragraphs 30 to 32 below) in line with the IJB's strategic plan.

26. This gives a total expenditure projection of £635.4m, which represents a recurring shortfall of £20.5m, against which recovery actions and savings plans of £14.4m have been identified. The position is summarised in table 5 below with further detail included in Appendix 1:

	Recurring £k	Non recurring £k	Total £k
Income	611,681	3,282	614,963
Projected expenditure	632,614	2,844	635,458
Difference	**(20,933)**	**438**	**(20,495)**
Recovery actions identified to date	14,420		14,420
Balance to be identified	**(6,512)**	**438**	**(6,074)**
Representing:			
Social care services	0		
Health services	(6,513)		
Balance to be identified	**(6,513)**		

Table 5: Projected IJB income and expenditure 2017/18

Recovery actions and savings programme

27. As discussed above, the level of delegated resources and costs associated with the proposed investment programme will require delivery of a £20.9m programme of savings and recovery actions. To date, projects with a total value of £14.3m have been identified and these are summarised in table 6 below:

	CEC £k	NHS £k	Total £k
Organisational review/agency	3,926		3,926
Reablement 1	630		630
Telecare	960		960
Reablement 2	510		510
Review Team	300		300
Support planning and brokerage	2,880		2,880
Review of financial allocation system	750		750
Prescribing		2,813	2,813
Hosted services recovery plans		310	310
Set aside services recovery plans		1,341	1,341
Total	**9,956**	**4,464**	**14,420**

Table 6: IJB savings programme and recovery actions 17/18

28. Successful delivery of these schemes will leave a balance of £6.5m, which relates to the IJB's share of the £31m NHSL financial plan gap. As described above, NHSL have committed to working with management teams and IJBs to identify opportunities to bridge this.

29. Given the level of risk associated with delivery of the savings it is recommended that the detailed proposals are scrutinised by the

Strategic Planning Group (SPG) on behalf of the IJB. Further detail on the risks and associated mitigations is included below.

Investment in service change

30. The draft financial plan incorporates provision for a range of investments reflecting the priorities agreed in the strategic plan. At its meeting in January, the IJB agreed that the business cases in support of these investments would be progressed via the SPG. Accordingly the SPG has now supported cases for investment in drug and alcohol services and the continuation of integrated care fund projects focused on alleviating some of the existing pressures in the system by doing things differently. Papers on these two topics are presented separately to the IJB for consideration at this meeting with the financial implications built into the draft financial plan. Agreement on all other schemes is dependent on support from the SPG and the IJB. It should also be noted that the IJB's ability to make these investments is contingent on the delivery of both the savings programme and ongoing financial balance.

31. The SPG also have a role in reviewing the detailed delivery plans associated with agreed business cases. It is anticipated that these will be brought to the SPG in the early part of 2017/18 for recommendation to the IJB.

32. Proposed investments are summarised in table 7 with the full list included in appendix 2:

	Recurring £k	Non recurring £k
Disabilities	2,168	0
Mental health & substance misuse	2,116	0
Older people	3,267	489
Primary care	886	278
Other	3,597	2,077
Total	**12,035**	**2,844**

Table 7: summary of proposed investments

Future financial strategy

33. The IJB has a statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. The IJB's strategic plan and strategic commissioning plans should help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process.

34. Strategic planning of future service delivery and financial planning are intrinsically linked. An informed approach to future service delivery over the medium term must take account of assumptions around available resources over the same period and ultimately resource availability will be a key determinant of shaping future service delivery.

35. Taking account of this and the challenge of a continuation of constrained financial resources, it is recommended that the board requests partners to work with the IJB Chief Officer and Interim Chief Finance Officer to prepare a financial plan for IJB delegated functions over a minimum three year period.

Annual financial statement

36. Section 39 of the Public Sector (Joint Working) (Scotland) Act 2014 requires that each integration authority must prepare an annual financial statement on the resources delegated to the IJB. This review is closely linked to the update of the strategic plan which will conclude at the end of April 2017 in order to take account of any recommendations from the Joint Inspection of Services for Older People. Both the financial statement and any changes to directions will follow on from this.

Key risks

37. There are a number of key risk inherent in the budgets delegated by partners and therefore the draft financial plan presented for approval, including:

- The impact of increasing demands and inflationary pressures on social care **capacity**. Whilst the budget resources include a provision to meet growth in direct care demands, there is a risk that demand will outstrip the assumptions and resources available;

- Increasing demand to shift the balance of care from a hospital setting to a community/social care setting and reduce **delayed discharges**. Reducing Edinburgh's delayed discharges, currently amongst the highest in Scotland, is a priority for the IJB;

- Provision to fund the full costs of **contract inflation**, including payment of the living wage for independent and third sector providers and an allowance to fund the increase in the national care home contract (NCHC) has been included in the draft plan. However there remains a risk that this is not sufficient, particularly for the NCHC where negotiations between providers and COSLA remain ongoing;

- Full delivery of 17/18 **savings**. As discussed above, when the budgets are delegated back to CEC and NHSL, substantial savings (£20.5m) will be required to ensure financial balance. CEC officers have developed outline plans which will require ongoing and active management to support and drive delivery. As reported above, NHSL will continue to work with business unit management teams and the fourLothian IJBs to identify recovery actions to bridge the remaining £35m gap;

- Delivery of **ongoing financial balance**, the main financial pressure facing delegated services in 16/17 have been reflected in the financial plan and are therefore driving the £20.5m gap. Whilst a focus on delivery of savings programmes and recovery actions will be key to achieving an in year break even position, this cannot detract from managing within base budgets;

- As set out above, additional resources have been provided to help meet **prescribing** pressures. This means that the prescribing budget is funded to the level of the anticipated outturn for 16/17. However, even allowing for this, prescribing will remain a key risk as prices and growth in volumes continue to indicate likely pressures in this area. This will be partly mitigated by investing a share of the £2m available across Lothian in schemes targeted at reducing growth in prescribing;

38. Equally, there is a range of issues which have the potential to impact on the IJB's financial. These include:

- The **new GMS contract** is being developed in collaboration between the Scottish Government and GP representatives. As further information on the financial implications is available this will be reported to the IJB;

- Part of the additional social care funding is to support work to allow the full implementation of the **Carers Bill** in early 2018. However, the associated long term costs of implementing this legislation are not yet clear and as further information becomes available this will be reported to the IJB; and

- NHS Lothian has agreed that asafe and effective target **occupancy** for acute wards (including those functions delegated to the IJB) should be 85%, well below the current average. The financial impact of reducing occupancy and increasing community capacity has not yet been modelled and may require additional investment.

Financial implications

39. Outlined elsewhere in this report.

Involving people

40. 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

41. As above.

Background reading/references

42. None.

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Links to priorities in strategic plan

Managing our resources effectively

	Recurring £k	Non recurring £k	Total £k
Income			
Budget bfwd from 16/17			
- City of Edinburgh Council	184,428		184,428
- NHS Lothian	384,554		384,554
- Increase in NHS funding	13,798		13,798
Social care fund I	20,180	3,282	23,462
Social care fund II	8,721	0	8,721
Delegated budget 17/18	**611,681**	**3,282**	**614,963**
Expenditure			
Baseline expenditure	592,300	0	592,300
Anticipated cost increases 17/18			
- Pay awards	3,384		3,384
- Apprenticeship levy	1,108		1,108
- National living wage, NCHC and other contractual costs	3,596		3,596
- Veterans	408		408
- Pre implementation of carers act	163		163
- Prescribing	5,729		5,729
- Proposed developments	451		451
- Other	1,303		1,303
Previously agreed SCF investments			
- Learning disabilities (transition)	1,855		1,855
- Learning disabilities (FYE 15/16)	540		540
- Charging thresholds	522		522
- Reduction in care at home waiting list	470		470
- Implementation of living wage	8,752		8,752
Proposed provision for further investments (see appendix 2)	12,035	2,844	14,879
Total projected expenditure	**632,614**	**2,844**	**635,458**
Net position before recovery plans	**(20,933)**	**438**	**(20,495)**
Recovery actions identified to date	**14,420**		**14,420**
Position after recovery plans	**(6,513)**	**438**	**(6,075)**

	Recurring £k	Non recurring £k	Recommended for IJB approval	Lead officer
				Strategic Planning & Quality Manager - Disabilities
Disabilities				
Full year impact of 16/17 investments	723	0		
Transition from school & home	836	0		
Disabilities complex care	234	0		
Forensic services	375	0		
Mental health & substance misuse				Strategic Planning & Quality Manager - MH & Substance Misuse
Community placements - rehab services	1,190	0		
Reduction in drug & alcohol funding	420	0	√	
ARBD	506	0		
Older people				Strategic Planning & Quality Manager - Older People
Liberton (increase in bed numbers)	1,500	0		
Gylemuir (non recurring funding)	1,327	0		
EBSS & care home liaison	222	0	√	
Night support service	144	0	√	
Overnight homecare service	0	150		
Edinburgh dementia training partnership	0	26	√	
LOOPs hospital discharge service	0	313	√	Locality Manger - NW
Carers' support hospital discharge	74	0	√	
Primary care				
Community complex care	400	0		Strategic Planning & Quality Manager - Primary Care
COPD integrated service	155	0	√	
Anticipatory care planning	0	78	√	Locality Manger - NE
Step forward	81	0		
District nursing review	250	200		Chief Nurse
Other				
Hospital at home (hub workers)	1,000	0		Chief Strategy and Performance Officer
Capacity and unmet demand	2,597	1,317		
Telecare	0	760		Strategic Planning & Quality Manager - Older People
Total	**12,035**	**2,844**		

Report

Royal Edinburgh Hospital Update

Edinburgh Integration Joint Board

24 March 2017

Executive Summary

1. The purpose of this report is to provide an update on the move from the Royal Edinburgh Hospital to the new Royal Edinburgh Building with details noted for approval and assurance as to the continued provision of mental health services for service users both over 65 and under 65. In particular this report will give an update on the plans to support the move to the new hospital through the provision of supports that prevent admissions, reduce length of stay and facilitate discharge.

Recommendations

That the Integration Joint Board:

2. notes the general progress made to address the reduction in beds necessary for people over 65 which has a current RAG status of Green;

3. notes the general progress made to address the reduction in beds necessary for people under 65 which has a current RAG status of Amber;

4. notes the detail and progress surrounding the various work streams that are being developed to reduce further the necessary bed capacity for those under 65; and

5. agree to accept further reports which will be necessary to implement future plans to reduce the number of hospital beds and to support people at home and in the community.

Background

6. The opening of the new Royal Edinburgh Building (REB) is the first phase of the re-provisioning of the Royal Edinburgh Hospital (REH). NHS Lothian took the keys for Phase 1 of the REB on 5 December 2016. The Robert Fergusson Unit moved into their new building in January 2017. There has been significant need for “ligature” work to the new REB and the current projection is that mental health facilities for adults over and under 65 will open at the end of May 2017. It was previously reported to the IJB that those facilities would open in March or April.

7. The REB will have 17 fewer beds overall than those currently available at Royal Edinburgh Hospital; ten less for adults over 65 and a reduction of seven beds for adults under 65. In relation to bed provision for under 65's there needs to be an absolute reduction in the requirement of seven beds, but ideally we would wish to be in the position where the bed requirement was reduced by 12 for the under 65 age group.

8. At the IJB of 20 January 2017 an update was provided on the actions being taken to ensure that mental health services and support for adults would be maintained and not adversely affected by the move from the Royal Edinburgh Hospital to the REB. The IJB also asked that regular updates be routinely presented to the Joint Board as appropriate.

9. Various actions and initiatives were detailed in the report that was presented to the IJB on 20 January 2017, and the previous report has been appended as background reading.

Main report

10. The NHS Lothian Governance Committee at a meeting on 14 March 2017 considered a report regarding the actions being undertaken to successfully manage the bed reductions for people over and under 65. The assessment was made at that point that the work strands in place to address bed reductions for over 65s had a RAG status of Green, and that those for under 65's had a status of Amber. Previously NHS Lothian Strategic Planning Group had considered those statuses to be Green for over 65's and Red for under 65's.

11. The current detail as to the bed reductions for both age groups are as follows:

Adults over 65

12. Currently the number of occupied beds at the REH for people over 65 is sitting at 60. This is the required level to facilitate the move to the REB. It should also be noted that this has been achieved prior to people within this age group moving to the Royston Care Home, and therefore there is a high degree of confidence in the associated Green RAG status continuing.

Adults under 65

13. To meet the minimum bed reduction of seven beds for adults under 65, a target had been set for a minimum of one person per month to leave hospital into supported accommodation in Grade 4 provision. This equates to four acute beds being vacated by March 2017. As of 16 March the number of bed closures was three. In order to help to ensure that the target reduction of seven bed spaces is met, twice weekly meetings of officers are taking place to monitor progress and unblock any blockages.

14. As detailed in section 7 of this report, although we have a minimum bed reduction requirement of seven, the ideal position regarding this would be to have a reduction of 12 acute services beds. In order to achieve this target there are several initiatives being progressed which are detailed below.

15. **Third sector provision of Grade 4 accommodation** - It was agreed at the previous IJB to delegate authority to the Chief Officer and Chief Finance Officer to progress a one year agreement with a third sector provider to provide four grade 4 places utilising £140k of funding from the Social Care Fund that would be used to fund care and support at the accommodation. In relation to this action, a procurement process has been agreed to progress an offer of grade 4 accommodation. The estimated costs of refurbishment of an identified 5 bed roomed property is circa £50k and the third sector organisation have agreed to fund the refurbishment. An implementation group has been established to lead on the various work packages involved, including a House of Multiple Occupancy application, Care Inspectorate registration, service specification and the identification of people who would move from hospital to the house. Identification of the people who will move will happen in April and this will allow them to participate in developing the model of care and the fabric of the building. There is a target date of summer 2017 for this accommodation to be ready for occupation, but this is after the REB opens.

16. **External provision supported accommodation** - It was noted at the previous IJB that it was the intention to issue a Public Information notice (PIN) with regards to inviting notes of interest in the provision of a range of accommodation with support for adults under 65. This PIN is expected to be issued by 24 March.

17. **Establishing mainstream tenancies** – Since November 2016 patients within the REH who would be deemed suitable to live in mainstream social housing tenancies with support, have been allocated key workers who will provide support both in terms of securing appropriate offers of accommodation, but also assessing and providing support needs when discharged from hospital. As of 15 March there are currently five people on the list for mainstream housing, of which three have been made offers of housing.

Key risks

18. The bed reductions, impact of delays, and timescales for the creation of community capacity mean that this programme faces a level of risk, but that this risk level has been lowered since the last report to the IJB. The main risks can be summarised in the paragraphs below.

19. Previously reported delays in respect of the opening of the Royston Care Home (gas supply, IT infrastructure, fire safety) have now been resolved. The outstanding issue associated with Royston is the need for full registration of mental health services for the over 65's to be made with the Care Inspectorate. Work to ensure registration is ongoing.

20. There is a reliance upon the continued effectiveness and success of the Rapid Response Team which is tasked with delivering mental health assessment and treatment for older people. Arrangements will be kept under constant review and adjustments made to the model if necessary.

21. If discussions surrounding the third sector provided accommodation are not successful in securing an additional four places in the required timescales. The overview group is working to a target of summer 2017 and this will rely on the completion of the refurbishment.

22. Sufficient housing provision is not available for those with gold awards. However the twice weekly monitoring of the bidding process is working well and suitable housing is being procured timeously.

23. Arrangements that are in place to improve flow in current provision of 211 community places prove inadequate. There is current consideration to explore the possibility of awarding increased housing points for those waiting to move out of Grade 4.

24. Failure to retain vacated beds as vacant, or reduce over occupancy.

Financial implications

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

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

Involving people

27. 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

28. 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

Report to EIJB 20 January concerning move to Royal Edinburgh Building

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Links to priorities in strategic plan

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

Item 5.9

Report

Southside Medical Practice Update

Edinburgh Integration Joint Board

24 March 2017

Executive Summary

1. The Integration Joint Board has been previously informed with regards to the various stages to the process and risks attached to supporting and finding new accommodation for the Southside Medical Practice which is necessary by 30 June 2017 when the current premises will not be available. The purpose of this report is to inform the IJB that a solution has been found with regards to securing appropriate GP premises for the 5,000 patients of the Southside Medical Practice, and to note some of the detail concerning the move to the Conan Doyle Medical Centre.

Recommendations

2. Note the outcome of negotiations which agreed that the practice would move to Conan Doyle Medical Centre in May or June 2017.

3. Note the assurances given in regard to Section 17C funding available to the Conan Doyle practice for a five year period from 1 April 2017.

Background

4. The Southside Practice became directly managed by the Edinburgh Health and Social Care Partnership (EHSCP) on 1 January 2017 under the terms of Section 2C of the Primary Medical Services Act (Scotland) as part of a supportive process to prevent service failure.

5. The owners of the premises that are currently utilised by the practice at Bernard Terrace confirmed in November 2016 that they would not be available from 30 June 2017.

6. The University of Edinburgh offered and then withdrew an option for temporary premises. They subsequently offered a further option, but this was judged to be unsuitable.

7. An exploratory meeting was held with the owners of the Kittleyards development, which was originally an option for both the Boroughloch and also the Southside Practices.

Main report

8. NHS Estates advised in early February they had received notification that the Community Dentists were to withdraw from the Conan Doyle Medical Centre (located at Cameron Toll) which is in the catchment area of the Southside Medical Practice.

9. Negotiations between the EHSCP and the Conan Doyle Practice commenced on 6 February 2017 and concluded with an agreement being reached on 21 February 2017.

10. The Conan Doyle Medical Centre which was built in 2007, is a purpose built medical centre.

11. It is anticipated that further population expansion will happen in this catchment area mainly due to the continuing concentration of student accommodation in the inner section of the South East Locality.

Financial implications

12. Section 17C funding has an uncertain future, and General Medical Services (GMS) contract negotiations are currently ongoing. This form of funding is likely to be in place in 2017/18, but thereafter could be continued, increased, tapered or withdrawn. It should be noted that the funding stream continuation which is being agreed to has been in place for approximately 15 years.

13. The costs of a new build for Southside would be in the region of £2.5M. A medium term solution was being proposed at an estimated capital cost of £700K for refurbishment. The Lothian Capital Investment Group has already agreed £20k for a feasibility study of temporary accommodation which has been channelled into minor preparatory works at Conan Doyle.

14. All revenue costs for Conan Doyle are currently covered and any additional costs from more intensive use of the building can be covered by the available GMS income from Southside. A rent and rates saving will be made from Southside although this will be subsumed in the additional costs of the practice moving from 17J funding(standard contract practice funding) to 2C funding (related to a directly managed practice).

15. The economic and service advantages of making more intensive use of the Conan Doyle building, are judged to outweigh the risks of reduction or withdrawal of 17C funding over the five year period guaranteed.

16. Part of the agreement is that the host practice would not have access to any additional NHSL or EHSCP development or stability funding during the five year period.

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Links to priorities in strategic plan

Ensuring a sustainable model of primary care: Actions 15, 16 and 18

Item 5.10.1

Report

Niddrie/ Durham Road/ Craigmillar Medical Practice Leases Edinburgh Integration Joint Board

24 March 2017

Executive Summary

1. A joint lease currently exists for Craigmillar Medical Centre, the Craigmillar Medical Practice and the Durham Road Medical Practice with NHS Lothian, (now part of the Edinburgh Health and Social Care Partnership). All have responsibilities which now need to change to reflect the creation of the Niddrie Medical Practice.

Recommendations

That the IJB:

2. agrees that the whole lease for the building will now be held by NHS Lothian. That two mirror leases for the Craigmillar Medical Practice and the Niddrie Medical Practice are established to reflect their constituent parts of the building; and

3. that the IJB recognises this means that the GP partners of both practices are released from their current liabilities to cover the risk of the neighbouring practice, should that neighbouring partnership fail or cease to exist.

Background and Main Report

4. In 2013 the Durham Road Practice stated its intention to withdraw service from their branch surgery in Craigmillar Health Centre. The contract was offered out and a new partnership (the Niddrie Medical Practice) was established from January 2014.

5. Part of the negotiation with the successfully appointed partners of the new (Niddrie) partnership was an expectation that they would grow and that the then Community Health Partnership (a predecessor to the EHSCP) would expect to support them until they reached a sustainable list size, or for a period of three years.

6. The Niddrie Partnership patient list covers a geographical area with one of the most heavily deprived areas of the city where 82% of the population are in the lowest deprivation quintile as per the Scottish Index of Multiple Deprivation.

7. The Niddrie Practice has grown steadily from it's inception where it had 2,100 patients to it's current list size of 3,500.

8. GP partners have historically been obliged to take on personal responsibility for the payment of leases until another partner takes over this responsibility. These arrangements have become a major disincentive for prospective partners, since the stability of a partnership can no longer be assumed in the current environment.

Key risks

9. A national working party on GP premises concluded it's findings in late 2016 and is due to report shortly. What is anticipated is a move to allow health boards and health and social care partnerships to share more of the associated risk of buildings leased (not owned) by GPs. The financial implications of these recommendations for health boards are not yet understood but could be significant for NHS Lothian both in capital and revenue terms.

Financial implications

10. There are no immediate financial implications to the IJB resulting from this proposal. Should one of the practices fail, the EHSCP and NHS Lothian would require premises for the delivery of GMS without interruption and would therefore assume responsibility for the associated lease payments.

Involving people

11. There are no plans to involve the public and patients in these arrangements. The actions being proposed are designed to safeguard general medical services to the local population.

Impact on plans of other parties

12. Nothing noted.

Background reading/references

Nothing noted

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Links to priorities in strategic plan

Ensuring a sustainable model of primary care:
Actions 15, 16 and 18.

Item 5.10.2

Report

Parkgrove Medical Centre

Edinburgh Integration Joint Board

24 March 2017

Executive Summary

1. In 2016 due to operational difficulties encountered by the East Craigs and Parkgrove Medical Practice it became necessary for the Edinburgh Health and Social Care Partnership (EHSCP) and NHS Lothian to provide support. As part of this support, EHSCP and NHS Lothian took responsibility for the lease of one of the premises utilised by the practice at 22B Parkgrove Terrace. This lease runs until 2019 and the IJB needs to advise NHS Lothian on whether the lease should be extended further.

Recommendations

It is recommended:

2. that the IJB advise NHS Lothian to enter into discussions with the landlord about a further 10 year lease to 2029; and

3. the IJB ask NHS Lothian to support investment would help to develop the building as referred to in paragraph 7 of this report.

Background and Main Report

4. To stabilise the East Craigs Practice, the EHSCP and NHS Lothian agreed to take over the Parkgrove branch surgery from 2016 as a 2C (directly managed) practice.

5. The initial patient list size at point of transfer to direct management was 2,000. However it should be noted that the CEC Local Development Plan finalised in September 2016 has indicated an increase in housing in the nearby Cammo area of 1,000 houses and approximately 2,000 people.

6. The building is well situated for the immediate area and has the physical capacity to house general medical services for up to 6,000 patients and some teams located within the practice can cover a wider area (e.g. midwifery services).

7. The building at Parkgrove Terrace is 22 years old but of flexible design and would benefit from a modest upgrading with an estimate of c£100K to carry out this work.

Key risks

8. If the building is not secured for general medical services then it would be necessary to invest in alternative facilities, and the cost of an appropriate new build would be in the region of £2.5M.

9. A National Working Party on GP premises concluded in late 2016 and is due to report shortly. What is anticipated is a move to allow Health Boards and Health and Social Care Partnerships to share more of the associated risk of buildings leased (not owned) by GPs. The financial implications of these recommendations for Health Boards are not yet understood but could be significant for NHS Lothian both in capital and revenue terms.

Financial implications

10. There will be no change to the annual rental for the building and therefore no financial implications for the IJB.

Involving people

11. There will be a communications exercise carried out with the incoming Cammo development population, to ensure they are aware that this is the GP practice linked to their development.

Impact on plans of other parties

12. Nothing noted.

Background reading/references

Nothing noted

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Links to priorities in strategic plan

Ensuring a sustainable model of primary care: Actions 15, 16 and 18.

Item 5.11

Report

Development of a New Practice in the North West Edinburgh Partnership Centre
Edinburgh Integration Joint Board

24 March 2017

Executive Summary

1. The purpose of this report is for the Integration Joint Board to note the requirement originating from the North West Edinburgh Partnership Centre business case (as part of NHS Lothian's Bundle Projects approved by Scottish Government in 2015) to establish a new medical practice in the North West Partnership Centre building, with associated General Medical Services (GMS) costs.

Recommendations

2. That the Edinburgh Integration Joint Board (IJB) agrees to the proposal from Muirhouse Medical Group to establish the new practice as a branch and agrees the required GMS costs to enable this.

3. That the IJB notes that on 14 March 2017, the Muirhouse Partnership agreed to take 1,318 patients from the Inverleith Medical Practice which will close on 30 June 2017.

Background

4. The North West Edinburgh Partnership Centre, adjacent to the Muirhouse shopping centre, is currently under construction and running to programme, with a projected completion date in late 2017.

5. The centre will provide accommodation for the following: a general medical practice; community health services; primary care dental services; children and adolescent mental health services; community paediatric services; a CEC North West Children and Families social work practice; and a base for the North West Edinburgh Carers(this is a voluntary service).

6. When the building was originally designed, it included accommodation to re-provide the existing Muirhouse Medical Group (MMG) with increased capacity to address the current local population pressures and to accommodate people from new housing being built as part of the regeneration of the area. At the time, MMG agreed to grow the size of their practice to absorb this growth.

7. However, MMG and the Edinburgh Community Health Partnership (ECHP) failed to reach agreement on a financial settlement regarding MMG's existing premises and

they withdrew from their original intention to move. Subsequently, the building was redesigned without their footprint, but included accommodation to provide a new GP practice for 5,000 patients.

8. Although no decision was made at the time as to how this practice would be managed in the future, the business case (2014) included revenue costs to reflect the financial support required to initiate a new practice from scratch. The cost modelling assumed financial viability for a practice at around 3,500 patients with the financial support to attain this likely to be required over the first three years.

9. The financial support identified in the business case was £218k over 3 years, over and above the GMS income stream associated with the practice population. At the time of submission, this formed part of the revenue gap associated with the overall project which NHS Lothian intended to address in its financial plan but which now rests with the Edinburgh Health and Social Care Partnership (EHSCP).

10. Scottish Government approval of the business case included the stipulation that development of the new practice should commence a year in advance of the centre opening.

11. Developing a new practice from a zero patient base is both expensive and highly uncertain in the current environment. It is necessary to provide all relevant infrastructure to deliver the service, but the level of income from patients is insufficient for practice viability until a certain level, around 3,500 patients, is reached. It is further compounded by the time lag in receiving that income which is paid quarterly in arrears.

12. It is preferable to start with a cohort of patients and grow from there. EHSCP has good experience of this with the development of two practices using this model in recent years, each growing from an initial core of patients of around 1,500 to1,800. The support required is less, and viability is reached more quickly.

13. To this end, EHSCP initiated negotiations with MMG in 2015, to establish whether they would ‘seed’ a new practice in advance of the centre opening. In return for a level of investment, the practice agreed to this innovative new model which allows them to register patients who are intended to form the new practice when it is fully established.

14. A Service Level Agreement (SLA) was developed with MMG, with the emergent practice referred to as Pennywell Medical Practice (PMP) until such time as a permanent name is established. The terms of the SLA mean that MMG will code any patients intended for the new practice to PMP so that they can be transferred easily and patients are advised of this when registering.

15. The SLA is effective from August 2015 to August 2017, with an extension agreed to complete the time period from August 2017 until the new centre actually opens, in early 2018.

16. To date, c800 patients are attributed to the new practice. At this rate of growth a list size of 1,750 is projected by the time of the centre opening. The planned closure of Inverleith Medical Practice in June 2017 offers the opportunity to transfer to PMP an additional 1,318 patients, who fall within the practice boundary.

17. It should also be noted that, the Scottish Government position is that only core GMS income i.e. only Global Sum and Enhanced Services income and excluding the former variable QOF component which is now a fixed allocation, is available for growing populations and GP lists. This effectively means that additional patients to a practice list have to be taken at a discount of c20% each. The non recurring allowances for New Patient Premium have been built into the modelling.

Main report

18. There are 3 options as to how the new practice could be delivered once the centre opens:

    - directly managed/salaried as per a Section C (Primary Medical Services Act) direct managed contract;
    - a 17J contract - independent contractor (standalone); or as a
    - Branch practice.

19. Negotiations have been ongoing with MMG as to whether the practice wished to continue the management of the new practice once the centre opens, and how they would prefer to do so.

20. MMG has indicated that, should they retain an involvement, they would wish to manage it as a branch, and have submitted their cost projections, for developing this model.

21. The initial financial modelling, based on a starting list size of 1,750, indicates that a standalone practice would be the most expensive. A salaried model would be marginally cheaper, but the most cost effective option is a branch which offers more flexibility in the development phase. For instance a salaried service would have to open Monday to Friday, from 8am to 6pm from day one, whereas a branch does not have this requirement as patients can be seen at the main surgery if the new practice is only available for certain sessions.

22. This flexibility is beneficial should the ongoing support until financial viability is established be required for longer than anticipated, and builds on the already established infrastructure of a well developed practice. It is also worth noting that the modelling indicates that more than 3,500 patients will be required to achieve sufficient income to attain break even. In part this is due to the changes to the GP contract with loss of Quality and Outcomes Framework (QOF) income to core – this is a national pressure yet to be addressed by Scottish Government.

23. Although a directly managed option may be delivered at a cost close to the branch model, it brings greater risk and uncertainty around employing GPs and practice staff, with the additional need to provide a five day service from its inception. Recent attempts to recruit staff for advertised established practices have proved

challenging, and there is added risk around advertising a new venture with a limited patient base. The directly managed option still needs the interim support package as the list size grows.

24. The modelling undertaken assumed a starting list size of 1,750 patients. On 14 March the Muirhouse Partnership agreed that 1,318 patients would transfer from Inverleith and the financial modelling will need to be adjusted.

25. The difference in the cost of the MMG support package from the business case (c£100K per year for three years) comprises adjustment for out of hours, locum fees, property costs, profit/risk adjustment and other expenses. There is also the not insignificant adjustment required due to changes in the national GP contract to a fixed Quality payment that does not vary with list sizes there is a loss of Quality Income to Core (QOF income), equating to £84k over three years.

Key risks

26. Failure to reach settlement with MMG to run service as a branch.

27. Growth takes longer than projected to reach viability and support is required for a longer period.

28. The failure to recruit GPs if directly managed.

29. The destabilisation of the Muirhouse Medical Group. This could arise if the Pennywell Medical Practice became a competitor with a stand alone model, or the MMG faced insurmountable challenges associated with moving from a 13,000 to 18,000 patient population over two sites.

Financial implications

30. A support package of £387k from GMS sources to MMG was modelled over three years. This was designed to establish and develop the new practice to financial viability. With the addition of the Inverleith patients this level of support may be able to be reduced. The support package has moved from the original estimate of £218k due to higher property costs and the impact of Quality income.

31. The IJB should note that the additional revenue required over the first three years to stability is anticipated to be able to be funded from primary care sources. This will need to be reassessed as the 2017/18 GMS funding becomes clear, along with additional Lothian Health Board and Scottish Government Transformation funding. A requirement to supplement the funding from a non primary care income stream is not anticipated.

Involving people

32. There is no direct impact on people as a result of this paper; however, the failure to establish a new practice would directly affect EHSCP's ability to provide GMS services to the population in the area.

Impact on plans of other parties

33. None

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Links to priorities in strategic plan

Ensuring a sustainable model of primary care: actions 15, 16 and 18

Item 5.12

Report

Programme of Development Sessions and Visits Edinburgh Integration Joint Board

24 March 2017

Executive Summary

1. Since the formal establishment of the Edinburgh Integration Joint Board in June 2015, the Board has met monthly alternating between formal public meetings and informal development sessions that are not open to the public. Members of the Board have also taken part in a series of visits to give them an insight into how the services delegated to the Board operate, the challenges they face and the progress being made in taking forward specific service developments. The visit programme has also provided members of the Integration Joint Board with the opportunity to talk directly to service users and frontline staff and learn from their experiences.

2. At the Board development session held in February 2017 the programme of development sessions and visits that have taken place to date were reviewed in order to inform the development of new programmes for 2017/18. This report details the main findings of that review and makes recommendations about the programme of development sessions and visits for 2017/18.

Recommendations

The Integration Joint Board is asked to:

3. note the summary of feedback received on the programme of development sessions and visits that took place during 2016/17;

4. agree the proposal that the frequency of development sessions should move from bi-monthly to quarterly from June 2017;

5. agree to receive a programme of development sessions and visits for 2017/18 at the June meeting of the Board; and

6. note that an induction programme will be developed for new members joining the Board.

Background

7. Following the formal establishment of the Edinburgh Integration Joint Board in June 2015 the Board has met monthly, alternating between formal public meetings and informal development sessions that are not open to the public. The development sessions have focused on increasing the awareness of Board members in relation to specific services such as primary care or the core business of the Board such as the strategic plan.

8. Members of the Board have also taken part in a series of visits to give them an insight into how the services delegated to the Board operate, the challenges they face and the progress being made in taking forward specific service developments. The visit programme has also provided members of the Integration Joint Board to talk directly to service users and frontline staff and learn from their experiences.

Main report

9. The purpose of the Edinburgh Integration Joint Board development sessions has been to:

    - provide Board members with an overview of key service areas the challenges they face and proposals to address those challenges; examples include services for older people, mental health and primary care;
    - explore the interface with other partners by focusing on issues such as the housing contribution to health and social care and NHS Lothian's Hospital Plan;
    - allow more detailed discussion of the core business of the Integration Joint Board, examples include the strategic and financial plans and the approach to risk management.

10. Between May 2016 and February 2017 Integration Joint Board members undertook 12 visits to various hospital and community based venues from which delegated services are delivered. The main purpose of the visits was to:

    - provide insight into how the services operate and the challenges they face;
    - understand the progress being made in implementing new service developments; and
    - provide an opportunity to talk to staff and in some cases services users about their experience of delivering and receiving services.

11. At the development session held on 17 February 2017 Board members were given the opportunity to review the programme of development sessions and visits over the last year and identified the following issues for consideration in developing the programme for 2017/18:

- the balance between formal meetings and development sessions should change so that development sessions only take place once a quarter;
- members would like to receive formal feedback on the actions taken as a result of the development sessions and visits;
- development sessions could be held at a venue related to the subject of the session;
- the opportunity to hear from people with lived experience through development sessions was felt to be particularly valuable;
- development sessions were felt to be more useful and effective when members got the opportunity to debate issues rather than simply receiving presentations;
- a number of possible topics for future development sessions were suggested;
- visits are valued by Board members and should continue with a closer link to the subjects of development sessions;
- consideration could be given to linking individual Board members to particular localities and getting to know the services in that locality; and
- consideration should be given to using the NHS Patient Safety Walk Rounds as a model for the visit programme.

12. Board members identified the importance of developing a comprehensive induction programme for new members who join the Board that could also be made available to existing members if they felt it would be useful.
13. It is proposed that the frequency of development sessions should move to quarterly from June 2017. Other feedback received will be used to develop the programme of development sessions and visits from June 2017 and presented to the June meeting of the Integration Joint Board.

Key risks

14. No significant risks have been identified.

Financial implications

15. There are no financial implications arising from this report.

Involving people

16. The importance of members of the Integration Joint Board being provided with the opportunity to learn from service users and staff about their experiences of receiving and delivering services is identified within the report.

Impact on plans of other parties

17. There are no impacts on the plans of other parties arising from this report.

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