

Notice of Meeting and Agenda

Edinburgh Integration Joint Board 12.00 pm Friday 11 August 2017

Main Council Chamber, City Chambers,
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. Reports

- 4.1. Directions 2017/18 – report by the IJB Chief Officer (circulated)

Board Members

Voting

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice-Chair), Michael Ash, Shulah Allen, Councillor Derek Howie, Alex Joyce, Councillor Claire Miller, Councillor Alasdair Rankin, Councillor Susan Webber and Richard Williams.

Non-Voting

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

Report

Directions 2017-18

Edinburgh Integration Joint Board

11 August 2017



Executive Summary

- 1 The Public Bodies (Joint Working) (Scotland) Act places an obligation on Integration Joint Boards to issue directions to the City of Edinburgh Council and NHS Lothian in respect of each function delegated to the Integration Joint Board. The purpose of directions is to ensure the implementation of the strategic plan. An initial set of directions were issued to the Chief Executives of the City of Edinburgh Council and NHS Lothian on 31 March 2016 and reported to the Integration Joint Board on 13 May 2016.
- 2 Directions can be issued at any time and once issued have no expiry date; they can also be withdrawn or amended at any time. The Good Practice Guidance on Directions issued by the Scottish Government in March 2016 makes it clear that directions must set out:
 - a clear framework for the operational delivery of the delegated functions;
 - which delegated function each direction relates to;
 - detailed information on the financial resources available for carrying out the functions that are the subject of the directions.

It is also good practice to describe how the direction links to the strategic plan and any related performance outcomes against which completion of the direction can be measured.
- 3 The four Integration Joint Boards in Lothian have agreed that they will each issue a set of directions for 2017/18. The other three Lothian Integration Joint Boards have already issued updated sets of directions. The process has been delayed in Edinburgh to allow the recommendations from the Joint Inspection of Older People to be considered.
- 4 The set of directions in Appendix A have been considered by the Strategic Planning Group on 28 July 2017 and the Professional Advisory Group on 1 August 2017. Both groups agreed to recommend the directions to the Integration Board.

Recommendations

- 5 The Integration Joint Board is asked to approve the set of directions for 2017/18, attached as Appendix 1, to be issued to the Chief Executives of the City of Edinburgh Council and NHS Lothian.

Main report

- 6 The initial set of directions issued in March 2016/17 were relatively high level, intended to notify the Council and Health Board of the areas where the Integration Joint Board wanted to see change and to instruct the two organisations to support the Chief Officer to develop more detailed plans.
- 7 As a starting point for the development and issuing of directions for 2017/18 the Senior Management Team has undertaken a review of progress made in the delivery of the Edinburgh Joint Board Strategic Plan during 2016/17 and identified priorities for delivery in 2017/18.
- 8 The set of 21 directions contained in Appendix 1 are focused on:
 - embedding the locality model so that the provision of assessment, treatment and support in the community is the default position, reducing hospital admissions, supporting timely discharge and promoting independence;
 - shifting the balance of care by increasing the range and capacity of community based services;
 - responding to national and local requirements such as the Health and Social Care Delivery Plan, new legislation and the recommendations from the Joint Inspection of Services for Older People; and
 - enabling transformation through improved use of ICT, developing the workforce and developing a three-year sustainable financial strategy.
- 9 The document in Appendix 1 contains an initial narrative section setting out the strategic, policy and financial context within which the directions are issued; explaining the approach that has been taken to developing the directions and the compliance and monitoring arrangements. This section of the document also makes two specific stipulations. The first of these is that those services which are not covered by a specific direction will be of a good quality and provided within current budgets, endeavouring to meet national and local targets and following the strategic objectives laid out in the Strategic Plan. This stipulation addresses the need for all delegated services to be covered by directions. The second stipulation is that the Edinburgh Integration Joint

Board will not sanction expenditure in excess of the amounts set out in the budget schedule, that accompanies the directions, without further discussion and agreement.

- 10 There are no specific directions on key issues such as delayed discharges or the recommendations from the Joint Inspection of Services for Older People, instead these are themes that run through a number of the directions.
- 11 Each Direction will be supported by a detailed delivery plan, developed in partnership, with the involvement of both the Council and NHS Lothian. Delivery plans will include a financial framework that will support investment/disinvestment decisions. Monitoring of progress with the implementation of delivery plans will take place through the Strategic Plan Delivery Board and Integration Joint Board's Strategic Planning Group and be reported to the Integration Joint Board.

Key risks

- 12 Whilst it is possible that the proposed set of 21 directions may not cover all the changes to delegated services that the Integration Joint Board wants to see in 2017/18 further directions can be issued at any time. Similarly, any lack of clarity arising from the directions can be addressed through the development of delivery plans and existing directions can be amended or withdrawn and new directions issued if required.

Financial implications

- 13 The budget schedule that accompanies the directions as Appendix A sets out the allocation of the budget available to the Integration Joint Board across the delegated services.

Involving people

- 14 The directions issued by the Integration Joint Board arise from the Strategic Plan which was developed in collaboration with a range of partners and subject to public consultation. The directions have also been shared with the Professional Advisory Group and Strategic Planning Group of the Integration Joint Board.

Impact on plans of other parties

- 15 The directions issued by the Integration Joint Board will impact on the plans of both NHS Lothian and the City of Edinburgh Council and may impact on the plans of East, Mid and West Lothian Integration Joint Boards, where they relate to services in which other Boards have a shared interest. Where this is the case discussions will take place

with officers from the relevant Integration Joint Boards as part of the development of delivery plans.

Background reading/references

[Scottish Government Good Practice Guide on Directions](#)

[Report to EIJB- Initial set of directions \(May 2016\)](#)

Report author

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Appendices

Appendix 1

Edinburgh Integration Joint Board Directions to the City of Edinburgh Council and NHS Lothian 2017/18



Edinburgh Integration Joint Board

Directions to the City of Edinburgh Council and NHS Lothian 2017-18

1. Strategic intent

The Directions which are set out in detail on the following pages, are intended to provide clarity about the changes that need to take place in the design and delivery of services delegated to the Edinburgh Integration Joint Board (EIJB). As further plans are developed in partnership with other stakeholders and funding allows, new or revised Directions will be issued. For those services that are not covered by a specific Direction the expectation is that the City of Edinburgh Council and NHS Lothian will provide good quality services within current budgets, endeavouring to meet national and local targets and following the strategic objectives laid out in the Strategic Plan.

2. Policy Context

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on integration authorities to give effect to their strategic plans by the issuing of Directions to the Chief Executives of the City of Edinburgh Council and NHS Lothian Health Board. The Directions are required to set out how delegated functions are to be delivered, along with details of the associated budget and performance measures. Directions can be issued at any time and remain in effect until they are completed, amended, or withdrawn.

An [initial set of directions](#) was issued to the Chief Executives of the City of Edinburgh Council and NHS Lothian on 31 March 2016 and approved retrospectively by the Integration Joint Board on 13 May 2016. The directions for 2017/18 are set out below.

3. Financial Context

Edinburgh Integration Joint Board faces significant financial challenges in 2017/18 and future years, due to the ongoing difficult national economic outlook and increasing demand for services. The budget available to the Board is delegated from the Council and NHS Lothian both of whom have major funding pressures that will continue for the foreseeable future.

The Board's financial plan for 2017/18 takes account of the offers made by the City of Edinburgh Council and NHS Lothian in March 2017 and proposed investments from the integrated care and social care funds, some of which are subject to outstanding agreement by Edinburgh Integration Joint Board. This plan recognises the need to operate within tight financial constraints and seeks to balance the relationship between delivery of ongoing financial balance, the ability to make investments in line with strategic plan priorities and the requirement to deliver an ambitious savings programme.

Appendix A to the Directions contains the budget schedule detailing the allocation of financial resources across delegated services. Edinburgh IJB will not sanction expenditure in excess of the amounts set out in the budget schedule without further discussion and agreement.

Whilst ongoing budget monitoring in respect of delegated services is undertaken by the City of Edinburgh Council and NHS Lothian, the Integration Joint Board requires oversight of the in-year budget position as this highlights any issues that need to be accounted for when planning the future delivery of health and social care services. The City of Edinburgh Council and NHS Lothian are therefore required to share information on financial performance to allow the Integration Joint Board to gain assurance that delegated services are being delivered sustainably within approved resources and that the delegated budget will be sufficient for the IJB to carry out its integration functions.

4. Edinburgh IJB's approach to Directions 2017/18

As a starting point for the development and issuing of directions a review has been undertaken of progress made in the delivery of the Edinburgh Integration Joint Board Strategic Plan during 2016/17 and priorities identified for delivery in 2017/18. Following which a set of 22 directions have been developed focused on:

- embedding the locality model with a focus on the provision of assessment, treatment and support in the community as the default position, reducing hospital admissions, supporting timely discharge and promoting independence;
- shifting the balance of care by increasing the range and capacity of community based services;
- responding to national and local requirements including the Health and Social Care Delivery Plan, new legislative requirements and the recommendations from the Joint Inspection of Services for Older People;
- enabling transformation through improved use of ICT, developing the workforce and developing a three-year sustainable financial strategy.

Each direction will be supported by a detailed delivery plan developed in partnership with both the City of Edinburgh Council and NHS Lothian. Delivery plans will include a financial framework that will support investment/disinvestment decisions. Monitoring of progress with the implementation of delivery plans will take place through the Strategic Plan Delivery Board and be reported to the Integration Joint Board. Membership of the Strategic Plan Delivery Board will include representatives of the Council and NHS Lothian.

5. Compliance and performance monitoring

Effective monitoring of performance is essential to ensuring the delivery of Edinburgh Integration Joint Board's Strategic Plan. Primary responsibility for performance management in respect of delivery of delegated services rests with the Integration Joint Board. The City of Edinburgh Council and NHS Lothian will provide performance information for relevant services to allow the Board to monitor progress in the delivery of the Strategic Plan and compliance with the Directions.

6. NHS Lothian Acute Hospitals Plan

The key objective of integration, to shift the balance of care from hospital and care home provision to community provision, requires careful planning with the acute sector in collaboration with the other three IJBs in Lothian. As plans are developed the IJB will require a better understanding of Edinburgh's current and expected use of all set-aside resources (beds and outpatient facilities). Following this, new or updated Directions may be issued in-year to initiate necessary changes. This approach will aim to maintain the stability of service

delivery as NHS Lothian, the acute hospital service and partners work together on the finalisation and implementation of the Hospital Plan.

7. NHS Hosted Services

Progress has been made in identifying opportunities for integrated management arrangements to deliver some services locally such as substance misuse and community learning disability teams. For those services where such an approach is not considered viable, because of economies of scale, arrangements will be developed which strengthen a whole system approach within Edinburgh. As arrangements develop, further Directions will be issued as appropriate.

8. Impact on other Integration Joint Boards

Edinburgh Integration Joint Board acknowledges the need to plan collaboratively with the other Integration Joint Boards within Lothian and recognises the importance of maintaining current joint planning and risk sharing strategies across the four Integration Joint Boards.

Reference	Title	EIJB Lead	Oversight Group	Page
EDI_2017/18_1	Locality working	Locality Managers	EHSCP ¹ Locality Manager's Forum	7
EDI_2017/18_2	Integrated structure	Chief Officer	EHSCP Senior Management Team	9
EDI_2017/18_3	Key processes	Chief Strategic Planning and Performance Manager	EHSCP Locality Manager's Forum	11
EDI_2017/18_4	Primary care	Strategic Planning and Quality Manager Primary Care and Public Health	EHSCP Primary Care Management Forum	13
EDI_2017/18_5	Older people	Strategic Planning and Quality Manager Older People	EHSCP Frailty Board	16

¹ EHSCP – Edinburgh Health and Social Care Partnership

Reference	Title	EIJB Lead	Oversight Group	Page
EDI_2017/18_6	Unscheduled care	Chief Strategic Planning and Performance Manager	EHSCP Senior Management Team	19
EDI_2017/18_7	Learning disabilities	Disability Support and Strategy Manager	EHSCP Disabilities Planning Partnership	21
EDI_2017/18_8	Physical disabilities	Disability Support and Strategy Manager	EHSCP Disabilities Planning Partnership	24
EDI_2017/18_9	Sensory impairment	Disability Support and Strategy Manager	EHSCP Disabilities Planning Partnership	26
EDI_2017/18_10	Long-term conditions	Strategic Planning and Quality Manager Primary Care and Public Health	EHSCP Primary Care Management Forum	27
EDI_2017/18_11	Diabetes	Strategic Planning and Quality Manager Primary Care and Public Health	EHSCP Primary Care Management Forum	29
EDI_2017/18_12	Unpaid carers	Disability Support and Strategy Manager	EHSCP Carers Strategic Partnership	31
EDI_2017/18_13	Community based mental health	Strategic Planning and Quality Manager Mental Health and Substance Misuse	EHSCP Mental Health and Wellbeing Partnership	33
EDI_2017/18_14	Substance misuse services	Strategic Planning and Quality Manager Mental Health and Substance Misuse	Edinburgh Drug and Alcohol Partnership	36
EDI_2017/18_15	Palliative care	Interim Chief Nurse	Palliative Care Managed Clinical Network	38
EDI_2017/18_16	Prevention and early intervention	Strategic Planning and Quality Manager Primary Care and Public Health	TBC	39

Reference	Title	EIJB Lead	Oversight Group	Page
EDI_2017/18_17	Technology Enabled Care	Strategic Planning and Quality Manager Older People	EHSCP ICT and Information Governance Steering Group	41
EDI_2017/18_18	Engagement with partners and stakeholders	Strategic Planning Manager	EIJB Strategic Planning Group	43
EDI_2017/18_19	Workforce development	Interim Chief Nurse	EHSCP Workforce Development Steering Group	45
EDI_2017/18_20	Property strategy	Chief Finance Officer	EHSCP Asset Management Group	46
EDI_2017/18_21	ICT to support integrated working	Strategic Planning Manager	EHSCP ICT and Information Governance Steering Group	48
Appendix A	Budget schedule			50
Appendix B	a. Edinburgh Integration Joint Board Key Priorities b. National Health and Wellbeing Outcomes Integration Planning and Delivery Principles			53
Appendix C	Recommendations from the Joint Inspection of Services for Older People			55

Direction 1 Locality working			Reference: EDI_2017/18_1					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
							Strategic Plan actions:	1, 2
Date issued:		Functions concerned linked to budget schedule in Appendix A (page 50)	Health and Social Care: Local area co-ordination Social work and OT support Social work assessment and care management Health Services core: Mental health Older people Community AHPs General medical services Prescribing District nursing				IJB key priorities:	A, B, C, D, E, F
Does it supersede or amend an existing direction?	Yes, supersedes Direction E3						National Health and Wellbeing Outcomes:	1, 2, 3, 4, 5, 6, 7, 8, 9
							National Planning and Delivery Principles:	a) b) i, iii, vii, viii, ix, x, xi, xii

Purpose	Direction/what needs to be done	Performance
To: <ul style="list-style-type: none"> support the Integration Joint Board's vision of shifting the balance of care away from institutions and closer to home; 	The City of Edinburgh Council and NHS Lothian are directed to: <ol style="list-style-type: none"> operationalise the Hubs and Cluster Teams within each locality; fully establish the Multi Agency Triage Team (MATT) function within each Hub focused on 	Performance will be measured using a dashboard showing performance against a range of key indicators for each locality including timeliness of assessment and provision of support, service user experience, hospital admissions and discharges. E.g.

Purpose	Direction/what needs to be done	Performance
<ul style="list-style-type: none"> • increase the proportion of assessment, treatment and support taking place within the community; • work with local organisations and people to increase resilience and improve health and wellbeing at a neighbourhood level. 	<p>avoiding unnecessary hospital admissions and reducing delays in discharge from hospital;</p> <p>c. improve the interface between community and acute services;</p> <p>d. embed multi-agency, multi-disciplinary Quality Teams within each locality;</p> <p>e. work with local people and community organisations to increase the resilience and capacity of communities to promote wellbeing and support their members to live independently;</p> <p>f. work with the wider Community Planning Partnership Locality Leadership Teams to publish Locality Improvement Plans for each locality by October 2017.</p>	<ul style="list-style-type: none"> • delayed discharges reduced to 50 for the City by December 2017; • targets for completion of assessment and commencement of packages of care in the community; • reduce occupied bed days by 10% for 2018 compared to 2017; • unscheduled admissions and bed days; • balance of care. <p>Performance will be reported to the IJB through the Performance and Quality Sub group on a half yearly basis or by exception if the need arises.</p> <p>Locality Improvement Plans will be produced by October 2017.</p>

Direction 2 – Integrated structure			Reference: EDI_2017/18_2					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
							Strategic Plan actions:	1, 2
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and social care all staff Health services core all staff				IJB key priorities:	A, B, C, D, E, F
Does it supersede or amend an existing direction?	Yes, supersedes Direction E3						National Health and Wellbeing Outcomes:	1, 2, 3, 4, 5, 6, 7, 8, 9
							National Planning and Delivery Principles:	a) b) i, iii, vii, viii, ix, x, xi, xii

Purpose	Direction/what needs to be done	Performance
Bringing together staff from across adult social care and community health services into a single structure will allow the Partnership to deliver joined up services that improve outcomes for people whilst making more efficient use of available resources.	<p>The City of Edinburgh Council and NHS Lothian are directed to:</p> <p>a. complete the implementation of Phase 2 of the integrated structure; including final assessment of budgetary position and establishment of budgets held on a locality basis;</p>	Phase 2 to be fully implemented by 31/10/17.

Purpose	Direction/what needs to be done	Performance
	<p>b. complete the development and implementation of Phase 3 of the integrated structure for the Partnership including:</p> <ul style="list-style-type: none"> - Community Alarm and telecare services - Community Equipment Store - Service Matching Unit - Carers services - Long Term Conditions - Primary Care - Disability Services - Emergency Social Care (Social Care Direct, Out of Hours Service, Emergency Home Care) - Administration - Business Support - Contracts - Finance - Strategic Planning <p>c. formalise arrangements for the Professional, Administrative and Technical support provided by the Council and NHS Lothian.</p>	<p>Phase 3 to be fully implemented by 31/12/17.</p> <p>Formal agreements regarding the provision of Professional, Administrative and Technical Services to be in place by 31/12/17. Budgets to be reflected in financial ledgers by September 2017.</p>

Direction 3 – Key processes			Reference: EDI_2017/18_3					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
							Strategic Plan actions:	No specific links
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: All services				IJB key priorities:	C, D, E, F
Does it supersede or amend an existing direction?	No, new direction						National Health and Wellbeing Outcomes:	1, 2, 3, 4, 7, 8, 9
							National Planning and Delivery Principles:	a) b) i, v, vi, vii, viii, ix, x, xi, xii

Purpose	Direction/what needs to be done	Performance
<p>To:</p> <ul style="list-style-type: none"> improve flow through all parts of the health and social care system so that people receive the right care in the right place at the right time; ensure that processes are fit for purpose and applied consistently to deliver care and support that 	<p>The City of Edinburgh Council and NHS Lothian are directed review key processes in line with the recommendations contained in the report on the Joint Inspection of Services for Older People, including:</p> <ol style="list-style-type: none"> review eligibility criteria and ensure they are applied consistently; redesign the referral process including the integration of Social Care Direct; 	<p>Progress against the Inspection Improvement Action Plan.</p> <p>Compliance to be measured through routine reporting and case file audits.</p> <p>Anticipated impact: improved flow, with assessments and reviews and commencement of package taking place within target timescales.</p>

Purpose	Direction/what needs to be done	Performance
<p>is person-centred, safe and effective;</p> <ul style="list-style-type: none"> • ensure that the principles of self-directed support are embedded in social work practice supporting people more freedom, choice, dignity and control over their care; • help address recommendations 12, 13, 14 and 15 of the report on the Joint Inspection of Services for Older People. 	<ul style="list-style-type: none"> c. simplify and streamline existing assessment and review processes, whilst ensuring that assessments/ reviews are comprehensive and reflect the views of the person being assessed and the professionals involved. This will provide additional capacity to address the backlog of people waiting for assessments and reviews; d. strengthen Adult Protection processes ensuring staff compliance across the partnership and increase expert adult protection support for practitioners; e. review care planning processes to ensure that comprehensive outcome focused care plans are in place for people receiving services that reflect their views, aspirations and choices about the way care and support is delivered; f. review and simplify the Funding Allocation System used to calculate indicative budgets; g. design and develop a person-centred support planning and brokerage service to improve outcomes for people and deliver best value; h. Improve integration at the interface between community and secondary care by developing a shared understanding of processes. 	<p>Compliance reports demonstrate improved quality.</p> <p>Mechanisms to be developed to measure impact in terms of service user experience and outcomes.</p>

Direction 4 – Primary Care			Reference: EDI_17/18_4				
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: ((details in Appendix B and C)
			Strategic Plan actions:	15, 16, 17, 18			
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Community AHPs			IJB key priorities:	A, B, C, D, E, F
Does it supersede or amend an existing direction?	Yes, supersedes Directions E7, E8, and E10		General medical services			National Health and Wellbeing Outcomes:	1, 2, 3, 4, 5, 6, 7, 8, 9
			Prescribing			National Planning and Delivery Principles:	a) b) i, iii, v, vi, vii, viii, ix, x, xii

Purpose	Direction/what needs to be done	Performance
<p>To develop a sustainable model of primary care that is central to promoting and maintaining healthy citizens and healthy communities by:</p> <ul style="list-style-type: none"> making more effective use of the wider primary care services; improving the environment within which services are delivered; 	<p>The City of Edinburgh Council and NHS Lothian are directed to:</p> <ol style="list-style-type: none"> produce a primary care strategy for Edinburgh that reflects the multi-agency, multi-professional nature of primary care services; build and expand GP premises to increase capacity to meet increasing demand as already agreed, including in 2017: <ul style="list-style-type: none"> relocation of Polworth practice; 	<p>Performance measures will be set out in the primary care strategy.</p> <p>Work on GP premises completed within agreed timescales.</p>

Purpose	Direction/what needs to be done	Performance
<ul style="list-style-type: none"> • creating stronger links between primary care teams and the localities that they serve 	<ul style="list-style-type: none"> – commissioning of Ratho Medical Practice, North West Partnership Centre, Leith Walk Medical Practice and Allermuir Health Centre; – co-location of the Access Practice with a range of other services to support homeless people with complex needs to deliver new integrated ways of working; c. agree priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality as identified in the ‘Population and GP Premises Assessment Edinburgh’; d. produce business cases to support requests for capital investment based on agreed priorities; e. implement the plan developed for the use of additional monies ring-fenced by NHS Lothian for developments in primary care along with any other monies provided by the Scottish Government; f. support the GP clusters to develop their role in ensuring that the voice of Primary Care is influential throughout the Partnership activities; g. apply the NHS Lothian contribution for efficient prescribing to reduce prescribing costs by £3 million; 	<p>Business cases produced on time – timescales to be agreed and specified in delivery plan.</p> <p>Performance measures to be agreed.</p> <p>Target reduction in prescribing costs to be agreed.</p>

Purpose	Direction/what needs to be done	Performance
	h. progress the actions outlined in the paper presented to the IJB on 20 January 2017 on district nursing.	

Direction 5 – Older people			Reference: EDI_2017/18_5				
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)
							Strategic Plan actions: 21, 22, 23, 24
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: Care at home Community equipment Day services Intermediate care Reablement Residential care Social work and OT support Social work assessment and care management Health Services core: Community AHPs Community hospitals Older people				IJB key priorities: B, C, D, E, F
Does it supersede or amend an existing direction?	Yes, supersedes Directions E13, E14 and E16						National Health and Wellbeing Outcomes: 1, 2, 3, 4, 7, 9
							National Planning and Delivery Principles: a) b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii

Purpose	Direction/what needs to be done	Performance
<p>To ensure that older people receive the right care in the right place at the right time by making services more responsive and focused on maximising independence, early intervention to prevent deterioration, promoting rehabilitation and respect people's dignity at the end of life.</p> <p>To help address recommendations 3, 4 and 6 of the report on the Joint Inspection of Services for Older People.</p>	<p>The City of Edinburgh Council and NHS Lothian are directed to:</p> <ol style="list-style-type: none"> a. finalise capacity plans and develop detailed proposals for phased implementation. This will include: <ul style="list-style-type: none"> – identifying requirements for community rehabilitation and intermediate care; – exit from the existing facility at Liberton Hospital by September 2018; – longer term suitable bed based solutions; – day service provision aligned to asset based approach; b. evaluate the potential for the care at home contract to deliver the capacity required whilst working with providers to increase market capacity and exploring alternative delivery models; c. produce a frailty strategy to support shifting the balance of care in favour of supporting people to live as independently and safely as possible within community settings; d. review the dementia and OPMH pathway to provide a more integrated approach for Behavioural Support, Rapid Response and CMHT functions to support localities, care homes and hospitals; 	<p>Capacity plan completed by 31/10/17.</p> <p>Timescales for the production of detailed proposals/business case will be set out in the delivery plan.</p> <p>Implementation to be achieved in line with implementation plan.</p> <p>Targets and trajectory to be developed for monitoring performance of contract.</p> <p>Frailty strategy to be produced by 31/3/18.</p>

Purpose	Direction/what needs to be done	Performance
	e. re-tender the Post Diagnostic Support (PDS) Service and support GP practices in the North East to test the testing the relocation of dementia post diagnostic support services to a primary care setting.	PDS tender to be completed in line with project plan. Evaluation criteria and measures for GP pilot to be agreed.

Direction 6 - Unscheduled care			Reference: EDI_2017/18_6				
Date authorised by IJB:		Recipient:	CEC		NHS	√	Links to: (details in Appendix B and C)
							Strategic Plan actions: 20
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: Care at home			IJB key priorities: 2	
Does it supersede or amend an existing direction?	Yes, supersedes Direction E11		Health Services core: Older people			National Health and Wellbeing Outcomes:	
			Health Services set aside: All services			National Planning and Delivery Principles:	

Purpose	Direction/what needs to be done	Performance
<p>To reduce the number of unplanned hospital admissions and support the shift in the balance of care by developing easily accessible community based alternatives to hospital admission for the frail elderly.</p> <p>To help address recommendation 2 of the report on the Joint Inspection of Services for Older People.</p>	<p>NHS Lothian is directed to:</p> <ol style="list-style-type: none"> expand the Acute Medical Unit (AMU) at the Royal Infirmary of Edinburgh funded on an interim basis from winter monies; work with Edinburgh Health and Social Care Partnership as part of the development of the frailty strategy to explore the feasibility and benefits of developing a locality based admission 	Measures to be agreed.

Purpose	Direction/what needs to be done	Performance
	<p>policy for frail elderly patients, to improve performance and quality of care;</p> <p>c. explore the feasibility and benefits of a locality-based admission policy for all medical receiving patients;</p> <p>d. provide a case outlining the long-term sustainability of the current medical receiving model within the city;</p> <p>e. undertake a review of the different models including the development of an ambulatory care model in the RIE;</p> <p>f. review the services financed through unscheduled care funds and report back to the Edinburgh Integration Joint Board;</p> <p>g. implement a 'pull model' for orthopaedics.</p>	<p>Timescale to be agreed for delivery of business case and set out in delivery plan.</p> <p>Timescale for completion of review to be agreed and set out in delivery plan.</p> <p>Agree date for reporting to IJB and set out in delivery plan.</p> <p>Agree timescale and performance measures including impact.</p>

Direction 7 - Learning Disabilities			Reference: EDI_2017/18_7					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
							Strategic Plan actions:	25, 26
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: Residential care Social work assessment and care management Health Services core: Learning disabilities Health Services hosted: Learning disabilities				IJB key priorities:	A, B, C, D, E, F
Does it supersede or amend an existing direction?	Yes, supersedes Direction E17						National Health and Wellbeing Outcomes:	2, 3, 4, 5, 7, 9
							National Planning and Delivery Principles:	a) b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii

Purpose	Direction/what needs to be done	Performance
To develop sustainable models of care and support for people with learning disabilities focusing on community based support and empowering people to take as much control over their own health and wellbeing as they wish and is appropriate.	<p>The City of Edinburgh Council and NHS Lothian are directed to:</p> <p>a. finalise the costed capacity plan for services for people with learning disability to reduce the number of people with learning disabilities living in hospital including:</p> <ul style="list-style-type: none"> - developing the business case for the provision of assessment and treatment beds for use by Edinburgh residents with learning disabilities 	<p>Agree timescale and reporting route for finalisation of capacity plan.</p> <p>Agree performance and evaluation measures for activity arising from capacity plan.</p>

Purpose	Direction/what needs to be done	Performance
<p>To help address recommendation 2 of the report on the Joint Inspection of Services for Older People.</p>	<p>as part of the potential Phase 2 development of the Royal Edinburgh Hospital Campus;</p> <ul style="list-style-type: none"> - concluding the resettlement of Murraypark hospital to community placements by the end of 2017; - expanding the level of community forensic placements and reduce the number of people living in hospital; - opening a complex care service in Leith to offer five community placements for long stay patients; <p>b. implement a framework agreement that simplifies the process of securing housing with support to meet the needs of people with a learning disability;</p> <p>c. work with the Lothian Adult Autism Team to introduce a post diagnostic support pack, extend post diagnostic support following assessment and diagnosis of autism and extend training about autism and the integrated care pathway to staff across the Edinburgh Health and Social Care Partnership;</p> <p>d. improve the pathway from childhood to adulthood, and from adulthood to old age for people with a learning disability;</p>	<p>Timescale for implementing the framework agreement to be agreed and set out in delivery plan.</p> <p>Timescale and evaluation measures for activity in relation to autism to be agreed.</p> <p>Project plan to be produced to allow monitoring of delivery.</p>

Purpose	Direction/what needs to be done	Performance
	<ul style="list-style-type: none"> e. evaluate MyConnect as means of providing a support planning and brokerage service for people with learning disabilities; f. develop the 'Ageing in Place' proposal to meet the needs of older adults with a learning disability; g. implement the framework agreement for day support services from Autumn 2017. 	<p>Timescale and evaluation measures to be agreed.</p> <p>Timescale to be agreed and set out in delivery plan.</p> <p>Impact measures/benefits to be agreed.</p>

Direction 8 - Physical Disabilities			Reference: EDI_2017/18_8					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
							Strategic Plan actions: 27	
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: Residential care Social work assessment and care management Health Services hosted: Rehabilitation medicine				IJB key priorities:	A, B, C, D, E, F
Does it supersede or amend an existing direction?	Yes, supersedes Directions E18						National Health and Wellbeing Outcomes:	2, 3, 4, 5, 7, 9
							National Planning and Delivery Principles:	a) b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii

Purpose	Direction/what needs to be done	Performance
To develop sustainable models of care and support for people with physical disabilities focusing on community based support and empowering people to take as much control over their own health and wellbeing and care as they wish and is appropriate.	<p>The City of Edinburgh Council and NHS Lothian are directed to:</p> <ol style="list-style-type: none"> provide a business case for the development for residential services for people under 65 with complex conditions. This will include the provision of two beds for respite for people with complex conditions; develop the role of community navigators to offer signposting and direction for people with a physical disability; 	Timescales and performance and evaluation measures to be agreed and set out in delivery plan.

Purpose	Direction/what needs to be done	Performance
	<ul style="list-style-type: none"> c. provide a business case for carers day respite for people who have neuroprogressive conditions; d. provide an orthopaedic rehabilitation service from the Longstone hub; e. redesign amputee rehabilitation pathway; f. develop the business case for the reprovision of specialist and complex rehabilitation services as part of REH Phase 2. 	

Direction 9 - Sensory impairment			Reference: EDI_2017/18_9					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
			Strategic Plan actions:		28			
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Residential care Social work assessment and care management		IJB key priorities:		A, B, C, D, E, F	
Does it supersede or amend an existing direction?	No, new direction				National Health and Wellbeing Outcomes:		1, 2, 3, 4, 5, 7, 9	
					National Planning and Delivery Principles:		a) b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii	

Purpose	Direction/what needs to be done	Performance
To ensure that people with sensory impairments can access the services they need and supported to take control over their own health and wellbeing.	The City of Edinburgh Council and NHS Lothian are directed to: <ul style="list-style-type: none"> a. work with partners to develop a local response to the national British Sign Language (BSL) plan; b. further develop and embed the local response to the See Hear Strategy. 	Local BSL Plan produced in agreed timescales. Project plan to be produced to allow monitoring of compliance.

Direction 10 - Long term conditions			Reference: EDI 2017/18_10					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: ((details in Appendix B and C)	
							Strategic Plan actions:	10, 32
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Community AHPs General medical services Prescribing				IJB key priorities:	A, B, C, D, E, F
Does it supersede or amend an existing direction?	Yes, supersedes Direction E19						National Health and Wellbeing Outcomes:	1, 2, 3, 4, 5, 6, 7, 8, 9
							National Planning and Delivery Principles:	a) b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii

Purpose	Direction/what needs to be done	Performance
To support the shift in the balance of care by using 'good conversations' to support people with long term conditions to manage their own health and plan their care collaboratively.	The City of Edinburgh Council and NHS Lothian are directed to: <ul style="list-style-type: none"> a. increase the quality and quantity of Anticipatory Care Plans (ACPs) ensuring they are created and shared using Key Information Summaries and contain information based on the person's wishes; b. work with the Scottish Ambulance Service and Lothian Unscheduled Care Service to improve the quantity, quality 	<p>Target to be set in terms of quantity. Criteria to be set to allow evaluation and monitoring of quality through case file audits.</p> <p>Target to be set in terms of quantity.</p>

Purpose	Direction/what needs to be done	Performance
	<p>and availability of Key Information Summaries;</p> <p>c. improve anticipatory care planning for people living in care homes;</p> <p>d. ensure that the processes for creating and maintaining Personal Support Plans and ACPs are linked so that neither plan exists in isolation to the other.</p>	<p>Criteria to be set to allow evaluation and monitoring of quality through case file audits.</p> <p>Criteria to be set to allow evaluation and monitoring of quality through case file audits.</p>

Direction 11 - Diabetes			Reference: EDI_2017/18_11					
Date authorised by IJB:		Recipient:	CEC		NHS		Links to: (details in Appendix B and C)	
							Strategic Plan actions:	31
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Community AHPs General medical services Prescribing			IJB key priorities:	A, B, C, D, E, F	
Does it supersede or amend an existing direction?	Yes, supersedes Direction E20					National Health and Wellbeing Outcomes:	1, 2, 3, 4, 5, 7, 8, 9	
						National Planning and Delivery Principles:	a) b) i, ii, iv, v, vi, vii, viii, ix, x, xi	

Purpose	Direction/what needs to be done	Performance
<p>To support the shift in the balance of care by:</p> <ul style="list-style-type: none"> assessing, treating and caring for citizens with diabetes within the community wherever possible; reduce unscheduled bed days through improving in-patient care for people with diabetes. 	<p>NHS Lothian is directed to:</p> <ol style="list-style-type: none"> work with the Edinburgh Health and Social Care Partnership and the Lothian Diabetes Managed Clinical Network to implement the national diabetes action plan by creating an improved and consistent pathway for people with type 1 and type 2 diabetes; work with primary and community care to ensure that non-complex patients with type 2 diabetes are managed in the community while patients requiring specialist input continue to be 	<p>Performance measures and targets to be defined in conjunction with NHSL specialist diabetes service.</p>

Purpose	Direction/what needs to be done	Performance
	<p>supported within hospital clinics. Examples of patients requiring specialist input include those with type 1 diabetes, women with diabetes who are planning or currently going through pregnancy, people with established complications of diabetes and people requiring input from the Diabetes Mental Health Service;</p> <p>c. support other hospital specialties to improve inpatient care of people with diabetes using initiatives such as ‘CPR for Feet’ and ‘Think, Check, Act’;</p> <p>d. work with North East Edinburgh Locality to support a shared care model of diabetes care within the Leith Community Treatment Centre to support care in the community where appropriate. The maintenance and further development of a community led model can then be assessed for roll out to other areas within Edinburgh.</p>	<p>Evaluation measures to be defined in conjunction with NHSL specialist diabetes service.</p>

Direction 12 - Unpaid carers				Reference: EDI_2017/18_12				
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
							Strategic Plan actions:	14
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: All services Health Services core: All services				IJB key priorities:	A, B, C, D, E, F
Does it supersede or amend an existing direction?	Yes, supersedes Direction E5						National Health and Wellbeing Outcomes:	1, 6, 7, 9
							National Planning and Delivery Principles:	a) b) i, ii, iii, iv, v, vi, vii, viii, ix, xi, xii

Purpose	Direction/what needs to be done	Performance
To ensure that adult carers are: <ul style="list-style-type: none"> able to live healthy, fulfilling lives; treated as equal partners in the provision of care and inform decisions about carer support; able to sustain their caring role, if appropriate and they choose to do so. 	The City of Edinburgh Council and NHS Lothian are directed to: <ol style="list-style-type: none"> develop and implement a new carers strategy co-produced with carers and carers organisations; undertake an analysis of the financial implications of implementing the Carers (Scotland) Act 2016; implement the requirements of the Carers (Scotland) Act 2016 in a way that improves how carers needs are assessed and met; 	Delivery in line with project plan. Target date to be agreed and set out in delivery plan. Performance measures to be developed based upon project plan.

Purpose	Direction/what needs to be done	Performance
To help address recommendation 6 of the report on the Joint Inspection of Services for Older People.	d. determine the level of respite care provision required across the city and develop proposals for delivery.	Impact to be measured through carers satisfaction levels as reported through the Health and Care Experience Survey.

Direction 13 - Community based mental health			Reference: EDI_2017/18_13					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
			Strategic Plan actions:		34, 35, 36			
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: Social work assessment and care management Health Services core: Mental health Health Services hosted: Mental health and substance misuse			IJB key priorities:	A, B, C, D, E, F	
Does it supersede or amend an existing direction?	Yes, supersedes Directions E21 and E25					National Health and Wellbeing Outcomes:	1, 2, 3, 4, 5, 7, 9	
						National Planning and Delivery Principles:	a) b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	

Purpose	Direction/what needs to be done	Performance
To develop sustainable models of care and support for mental health services focusing on community based support and empowering people to take as much control over their own health and wellbeing and care as they wish and is appropriate.	<p>The City of Edinburgh Council and NHS Lothian are directed to work with the Edinburgh Health and Social Care Partnership to:</p> <p>a. implement the Mental Health and Wellbeing Public Social Partnership to develop and evaluate a range of preventative services from November 2017;</p> <p>b. complete the work to allow the delivery of the REH Phase 1 plans, including:</p>	Compliance with project delivery plan.

Purpose	Direction/what needs to be done	Performance
	<p>c. production of a business case for the provision of accommodation within the community to support the relocation of people;</p> <p>d. relocate of patients from existing to new REH buildings;</p> <p>e. open the planned additional beds at Royston Care Home to provide additional capacity for older people with mental health problems;</p> <p>f. determine Edinburgh IJB requirements in respect of the potential Phase 2b of the of REH project, including the number of beds and associated community support required for:</p> <ul style="list-style-type: none"> - Low secure - Women with complex needs - Mental health rehabilitation; <p>g. develop the business case to support the capacity required for community rehabilitation linked to Phase 2 of the development of the Royal Edinburgh Hospital;</p> <p>h. explore the development of a whole life approach to mental health services to</p>	<p>Timescale for reporting to be agreed and set out in delivery plan.</p> <p>Timescale for production of business case to be agreed and set out in delivery plan.</p>

Purpose	Direction/what needs to be done	Performance
	improve transitions from child to adulthood and adulthood to old age.	Timescale for production of scoping document to be agreed and set out in delivery plan.

Direction 14 - Substance misuse services			Reference: EDI_2017/18_14				
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)
							Strategic Plan actions: 37
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health Services core: Mental health		IJB key priorities:		A, B< C, D, E, F
Does it supersede or amend an existing direction?	Yes, supersedes Directions E27 and E28		Health Services hosted: Mental health and substance misuse		National Health and Wellbeing Outcomes:		1, 2, 3, 4, 5, 7, 9
					National Planning and Delivery Principles:		a) b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii

Purpose	Direction/what needs to be done	Performance
To develop sustainable models of care and support for substance misuse services focusing on community based support and empowering people to take as much control over their own health and wellbeing and care as they wish and is appropriate.	The City of Edinburgh Council and NHS Lothian are directed to: <ul style="list-style-type: none"> a. review the Alcohol Related Brain Damage (ARBD) service and develop a business case to secure ongoing funding; b. redesign inpatient and community detox services to reduce the use of pan Lothian bed based detox within the Ritson Clinic and strengthen the capacity of community detox, increasing the options for people to detox safely in the community; 	<p>Timescale for production of business case to be agreed and set out in delivery plan.</p> <p>Compliance with project plan.</p>

Purpose	Direction/what needs to be done	Performance
	<p>c. redesign the pathway to residential rehabilitation programmes (including out of area placements and LEAP) with a focus on reducing out of area placements and developing recovery options within Edinburgh;</p> <p>d. develop a model of non-medical prescribing (pharmacy prescribing) within the existing Recovery Hub model to make best use of existing resources within effective clinical governance.</p>	<p>Timescale for completion and measures for evaluation of impact to be agreed and set out in delivery plan.</p> <p>Timescales and evaluation measures to be agreed and set out in delivery plan.</p>

Direction 15 - Palliative and end of life care			Reference: EDI_2017/18_15					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
			Strategic Plan actions:		20			
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care:		IJB key priorities:		C, D	
Does it supersede or amend an existing direction?	No, new Direction		Health Services hosted:		National Health and Wellbeing Outcomes:		2, 3, 4, 7, 9	
			Palliative care		National Planning and Delivery Principles:		a) b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xii	

Purpose	Direction/what needs to be done	Performance
<p>To support:</p> <ul style="list-style-type: none"> citizens at the end of their life and their families to exercise greater freedom, choice and control over their care; the shift in the balance of care by providing palliative and end of life care in community settings wherever possible. 	<p>The City of Edinburgh Council and NHS Lothian are directed to work with the Edinburgh Health and Social Care Partnership to produce a local palliative care and end of life strategy in response to the priorities set out within the national strategy.</p>	<p>Timescale for production of strategy to be agreed and set out in delivery plan.</p> <p>Implementation of the strategy will help to achieve the performance target of people spending no more than 10.5% of the last 6 months of life in a large hospital setting.</p>

Direction 16 - Prevention and early intervention			Reference: EDI_2017/18_16				
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: All services		IJB key priorities:		A, B, C, D, E, F
Does it supersede or amend an existing direction?	No, new Direction		Health Services core: All services		National Health and Wellbeing Outcomes:		1, 2, 3, 4, 5, 7, 9
					National Planning and Delivery Principles:		a) b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii
					Strategic Plan actions:		9, 13

Purpose	Direction/what needs to be done	Performance
<p>To:</p> <ul style="list-style-type: none"> support the “move away from a ‘fix and treat’ approach to our health and care to one based upon anticipation, prevention and self-management”, articulated in the Health and Social Care Delivery Plan produced by the Scottish Government. help address recommendation 2 of the report on the Joint Inspection of Services for Older People. 	<p>The City of Edinburgh Council and NHS Lothian are directed to work with the Edinburgh Health and Social Care Partnership to:</p> <ol style="list-style-type: none"> develop and implement a prevention and early intervention strategy that reflects the continuum of prevention set out in the strategic plan (primary, secondary and tertiary prevention); develop and implement a strategy for social prescribing incorporating a range 	<p>Timescale for production of strategy to be agreed and set out in delivery plan.</p> <p>Timescale for production of strategy to be agreed and set out in delivery plan.</p>

Purpose	Direction/what needs to be done	Performance
	<p>of models including GP link workers, community based wellbeing services and supported self-management;</p> <p>c. collaborate with partners to review existing grant programmes;</p> <p>d. Build community resilience to enable communities to support individual members to maintain or regain their independence.</p>	<p>Timescale for review to be agreed and set out in delivery plan.</p>

Direction 17 - Technology enabled care				Reference: EDI_2017/18_17				
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
							Strategic Plan actions:	38
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: Telecare				IJB key priorities:	B, C, D, E, F
Does it supersede or amend an existing direction?	Yes, supersedes Direction E29		Health Services core: Other core				National Health and Wellbeing Outcomes:	1, 2, 3, 7, 9
							National Planning and Delivery Principles:	a) b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii

Purpose	Direction/what needs to be done	Performance
To take advantage of the opportunities offered through technology enabled care and telehealth to deliver assessment, treatment and support in new ways that offer greater independence and choice to citizens, free up capacity elsewhere in the system and deliver better value.	The City of Edinburgh Council and NHS Lothian are to: <ul style="list-style-type: none"> a. engage with Scottish Ambulance Service to consider how technology Enabled Care (TEC) services can support individuals who have called 999' who primarily live alone, do not have an alarm and do not require transfer to A&E; b. identify individuals who currently receive a care / support package where the use of TEC has the potential to reduce reliance on formal care services; c. work with social housing providers and GP surgeries to introduce proof of concept around 	<p>Timescale for proposal to be produced to be set out in delivery plan.</p> <p>Evaluation measures to be agreed.</p> <p>Timescale for work to be scoped and carried out to be set out in delivery plan.</p> <p>Impact evaluation measures to be agreed.</p> <p>Timescale for work to be scoped and carried out to be set out in delivery plan.</p>

Purpose	Direction/what needs to be done	Performance
	<p>technology to support self- management of long term conditions;</p> <p>d. identify opportunities to utilise digital technologies to enable self-management of conditions within communities, including digital access to diagnostic test results;</p> <p>e. produce the business case for the expansion of Telecare to all adults over 65 as a prevention and early intervention activity to reduce packages of care and keep people in their own homes for as long as possible.</p>	<p>Impact evaluation measures to be agreed.</p> <p>Timescale for work to be scoped and carried out to be set out in delivery plan.</p> <p>Impact evaluation measures to be agreed.</p> <p>Performance measures to be agreed in terms of size and impact of expansion.</p>

Direction 18 – Engagement with partners and stakeholders			Reference: EDI_2017/18_18				
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)
							Strategic Plan actions: 11, 34
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: All services		IJB key priorities:		A, B, C, D, E, F
Does it supersede or amend an existing direction?	No, new Direction		Health Services core: All services		National Health and Wellbeing Outcomes:		3, 4, 5, 6, 8, 9
					National Planning and Delivery Principles:		a) b) i, ii, iii, iv, v, vi, vii, x, xi, xii

Purpose	Directions/ what needs to be done	Performance
Developing a new relationship between citizens and communities, the health and social care workforce and The Partnerships key partners in the statutory, third and independent sector is at the heart of the Edinburgh strategic plan. To make this ambition a reality citizens and partner agencies need to both be aware of the challenges faced in delivering health and social care services in Edinburgh and engaged	The City of Edinburgh Council and NHS Lothian are directed to: a. develop and implement an engagement strategy to promote collaborative working with all stakeholders across the partnership. This will support the involvement of citizens, staff and partners from the third, independent and statutory sectors in all stages of the commissioning cycle from service	Timescale for production of strategy to be agreed and set out in delivery plan.

Purpose	Directions/ what needs to be done	Performance
<p>in the planning and delivery of services from an informed position.</p> <p>To help address recommendation 1 of the report on the Joint Inspection of Services for Older People.</p>	<p>planning and design through to delivery and review;</p> <p>b. engage with partners to update and expand the Market Shaping Strategy 2013-18 to take account of the new integrated working arrangements.</p>	<p>Timescale for production of strategy to be agreed and set out in delivery plan.</p> <p>Performance measures around engagement and impact of strategy to be agreed.</p>

Direction 19 - Workforce development			Reference: EDI_2017/18_19					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
			Strategic Plan actions:		12, 13, 23, 26, 32, 41			
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Professional, administrative and technical services			IJB key priorities:	A, B, C, D, E, F	
Does it supersede or amend an existing direction?	Yes, supersedes Direction E32					National Health and Wellbeing Outcomes:	8	
						National Planning and Delivery Principles:	a) b) i, ii, iv, v, vi, viii, ix, x, xii	

Purpose	Directions/ what needs to be done	Performance
<p>To ensure that:</p> <p>h. the Edinburgh Health and Social Care Partnership makes the best possible use of the health and social care workforce across all sectors;</p> <p>i. staff are developed and supported to deliver good quality services and feel valued</p> <p>To help address recommendation 1 of the report on the Joint Inspection of Services for Older People.</p>	<p>The City of Edinburgh Council and NHS Lothian are directed to work with the Edinburgh Health and Social Care Partnership to:</p> <p>a. produce and implement a workforce development strategy that supports the delivery of the strategic plan; taking account of the National Health and Social Care Workforce Plan;</p> <p>b. ensure that any business cases developed in relation to the strategic plan clearly set out any ICT implications.</p>	<p>Timescale for production of strategy to be agreed and set out in delivery plan.</p> <p>Performance measure to be agreed in terms of impact.</p>

Direction 20 - Property strategy			Reference: EDI_2017/18_20					
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)	
			Strategic Plan actions:		18, 21, 22, 27, 35, 36			
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Health and Social Care: Residential care		IJB key priorities:		F	
Does it supersede or amend an existing direction?	Yes, supersedes Directions E9 and E15		Health Services core: Community hospitals Older people		National Health and Wellbeing Outcomes:		1, 2, 3, 4, 7, 9	
					National Planning and Delivery Principles:		a) b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xii	

Purpose	Directions/ what needs to be done	Performance
The availability of affordable commercial property and private homes is a significant challenge in delivering health and social care services in Edinburgh. It is therefore vital that the Council and NHS work together with the Partnership to make best use of the land and property available to both organisations. Increasing the supply of affordable and accessible housing will support both the provision of community based services and the recruitment and retention of staff.	The City of Edinburgh Council and NHS Lothian are directed to work with the Edinburgh Health and Social Care Partnership to: <ul style="list-style-type: none"> a. develop an integrated asset management strategy to: <ul style="list-style-type: none"> - disinvest in sub optimal properties; - maximise opportunities for co-location; - maximise use of the existing estate; and support new ways of working; 	Timescale for production of strategy to be agreed and set out in delivery plan.

Purpose	Directions/ what needs to be done	Performance
	<p>b. develop firm proposals for the use of resources and assets associated with:</p> <ul style="list-style-type: none"> - the Royal Victoria Hospital site - the Royal Edinburgh Hospital site - Stenhouse Market Gardens - Granton Waterfront; <p>c. examine the future provision of services currently on sites scheduled for disposal, and explore alternative use of sites;</p> <p>d. work with housing providers to deliver the ambitions set out within the Housing Contribution statement;</p> <p>e. work with Edinburgh and Midlothian Health and Social Care Partnerships to allow the closure of Liberton Hospital and release resources into community based services.</p>	<p>Timescale for production of proposal to be agreed and set out in delivery plan.</p>

Direction 21 - ICT to support integrated working			Reference: EDI_2017/18_21						
Date authorised by IJB:		Recipient:	CEC	√	NHS	√	Links to: (details in Appendix B and C)		
			Strategic Plan actions:		39				
Date issued:		Functions concerned linked to budget breakdown in Appendix B on (page 50)	Professional, administrative and technical services			IJB key priorities:		D, E, F	
Does it supersede or amend an existing direction?	Yes, supersedes Direction E30					National Health and Wellbeing Outcomes:		7, 8, 9	
						National Planning and Delivery Principles:		a) b) i, v, viii, ix, xii	

Purpose	Directions/ what needs to be done	Performance
<p>To ensure that the Edinburgh Health and Social Care Partnership has effective ICT systems and infrastructure that support the integrated structure being implemented and facilitates good joint working.</p> <p>To address issues identified in the Internal Audit Review of Data Integration and Sharing</p>	<p>The City of Edinburgh Council and NHS Lothian are directed to work with the Edinburgh Health and Social Care Partnership to:</p> <p>a. understand the implications of the strategic plan in relation to ICT and wider technology which will allow us to develop an ICT Strategy and implementation plan for the Health and Social Care Partnership;</p> <p>b. develop a delivery plan in respect of the roadmap based on the areas of focus and</p>	<p>Timescales to be agreed for the production of the strategy and set out in delivery plan.</p>

Purpose	Directions/ what needs to be done	Performance
	<p>assumptions for joint working set out above;</p> <p>c. ensure that any business cases developed in relation to the strategic plan clearly set out any ICT implications.</p> <p>d. explore opportunities to improve efficiencies and quality of flow using process automation.</p> <p>e. progress the move from analogue to digital technology.</p> <p>f. work with the Partnership to determine the most appropriate solution for the replacement of the SWIFT computer system to support better integrated working.</p>	<p>Timescales to be agreed for the production of the delivery plan.</p>

Appendix A

Budget Schedule

	Payment from CEC/NHSL to IJB £k	Adjustments				Payment by IJB to CEC/NHSL £k
		Integrated care fund £k	Delayed discharge £k	Resource Transfer £k	Social care fund (I & II) £k	
Council services						
Health and social care						
External purchasing	122,904	2,749			12,172	137,825
Care at home	17,661	300	1,266		4,499	23,726
Community equipment	1,518	182			12	1,712
Day services	13,839	183			557	14,579
Health improvement/health promotion	1,630	264			0	1,895
Information and advice	3,473	386			377	4,235
Intermediate care	1,584	224			17	1,825
Local area co-ordination	1,412				10	1,422
Reablement	7,751				90	7,842
Residential care	21,499		1,212		1,929	24,640
Social work assessment & care management	11,660				442	12,102
Resource transfer	(19,625)			21,290	0	1,665
Telecare	612	285			925	1,822
Other	(1,267)	500			4,479	3,712
	184,650	5,073	2,478	21,290	25,509	239,001
Health services						
Core						
Community AHPs	5,483	597				6,079
Community hospitals	10,017					10,017
General medical services (GMS)	73,707					73,707

	Payment from CEC/NHSL to IJB £k	Adjustments				Payment by IJB to CEC/NHSL £k
	£k	Integrated care fund £k	Delayed discharge £k	Resource Transfer £k	Social care fund (I & II) £k	£k
Integrated care fund	8,190					8,190
Learning disabilities	1,015					1,015
Mental health	9,137				222	9,359
Older people	11,593	96			2,750	14,439
Other core	10,939	(5,766)			(86)	5,088
Prescribing	80,072					80,072
Resource transfer	24,109		(2,478)	(21,290)		341
Social care fund I & II	28,901				(28,901)	(0)
	263,162	(5,073)	(2,478)	(21,290)	(26,015)	208,305
Hosted						
AHPs (hosted)	6,807					6,807
Complex care	1,604					1,604
General medical services (GMS)	4,919					4,919
Learning disabilities	8,608					8,608
Mental health & substance misuse	32,968				506	33,474
Oral health services	9,271					9,271
Other hosted	543					543
Out of area treatments	3,648					3,648
Palliative care	2,357					2,357
Psychology	3,459					3,459
Rehabilitation medicine	4,046					4,046
Sexual health	3,092					3,092
Unscheduled care	5,345					5,345
	86,668	0		0	506	87,174
Set Aside						
A & E	6,242					6,242
Cardiology	16,533					16,533
Gastroenterology	5,059					5,059

	Payment from CEC/NHSL to IJB £k	Adjustments				Payment by IJB to CEC/NHSL £k
		Integrated care fund £k	Delayed discharge £k	Resource Transfer £k	Social care fund (I & II) £k	
General medicine	29,729					29,729
Hospital AHPs	5,906					5,906
Infectious disease	7,509					7,509
Older people	18,583					18,583
Other	6,248					6,248
Rehabilitation medicine	2,040					2,040
	97,848	0		0	0	97,848
Grand total	632,328	0	0	0	0	632,328
Being:						
City of Edinburgh Council	184,650	5,073	2,478	21,290	25,509	239,001
NHS Lothian	447,677	(5,073)	(2,478)	(21,290)	(25,509)	393,327

Appendix B

Integration Joint Board priorities and national outcomes and underlying principles

Edinburgh integration Joint Board Key Priorities	
A - Tackling inequalities	B - Prevention and early intervention
C - Person centred care	D - Right care, right place, right time
E - Making best use of capacity across the whole system	F - Managing our resources effectively

National Health and Wellbeing Outcomes	
<i>as set out in the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014</i>	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7	People using health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

Integration planning and delivery principles:

as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 sections 4 (planning principles) and 31 (integration delivery principles).

The integration planning and delivery principles are:

a)	that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,
b)	that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:
i	is integrated from the point of view of service-users,
ii	takes account of the particular needs of different service-users,
iii	takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
iv	takes account of the particular characteristics and circumstances of different service-users,
v	respects the rights of service-users,
vi	takes account of the dignity of service-users,
vii	takes account of the participation by service-users in the community in which service-users live,
viii	protects and improves the safety of service-users,
ix	improves the quality of the service,
x	is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service users and those who are involved in the provision of health or social care),
xi	best anticipates needs and prevents them arising,
xii	makes the best use of the available facilities, people and other resources

Appendix C

Recommendations from the joint inspection of services for older people

Ref	Recommendation
1	<p>The partnership should improve its approach to engagement and consultation with stakeholders in relation to:</p> <ul style="list-style-type: none"> • its vision • service redesign • key stages of its transformational programme • its objectives in respect of market facilitation.
2	The partnership should further develop and implement approaches to early intervention and prevention services to support older people to remain in their own homes and help avoid hospital admissions.
3	The partnership should develop exit strategies and plans from existing interim care arrangements to help support the delivery of community based services that help older people and their carers to receive quality support within their own homes or a setting of their choice.
4	The partnership should engage with stakeholders to further develop intermediate care services, including bed-based provision, to help prevent hospital admission and to support timely discharge.
5	The partnership should work in collaboration with carers and carers' organisations to improve how carers' needs are identified, assessed and met. This should be done as part of updating its carers' strategy.
6	The partnership should ensure that people with dementia receive a timely diagnosis and that diagnostic support for them and their carers is available.
7	The partnership should streamline and improve the falls pathway to ensure that older people's needs are better met.
8	The partnership should develop joint approaches to ensure robust quality assurance systems are embedded in practice.

Ref	Recommendation
9	The partnership should work with the local community and other stakeholders to develop and implement a cross-sector market facilitation strategy. This should include a risk assessment and set out contingency plans. (A market facilitation strategy sets out in detail the partnership's priorities for the commissioning of services)
10	<p>The partnership should produce a revised and updated joint strategic commissioning plan with detail on:</p> <ul style="list-style-type: none"> • how priorities are to be resourced • how joint organisational development planning to support this is to be taken forward • how consultation, engagement and involvement are to be maintained • fully costed action plans including plans for investment and disinvestment • based on identified future needs • expected measurable outcomes.
11	The partnership should develop and implement detailed financial recovery plans to ensure that a sustainable financial position is achieved by the Integration Joint Board.
12	<p>The partnership should ensure that:</p> <ul style="list-style-type: none"> • there are clear pathways to accessing services • eligibility criteria are developed and applied consistently • pathways and criteria are clearly communicated to all stakeholders • waiting lists are managed effectively to enable the timely allocation of services.
13	<p>The partnership should ensure that:</p> <ul style="list-style-type: none"> • people who use services have a comprehensive, up-to-date assessment and review of their needs which reflects their views and the views of the professionals involved • people who use services have a comprehensive care plan, which includes anticipatory planning where relevant • relevant records should contain a chronology • allocation of work following referral, assessment, care planning and review are all completed within agreed timescales.

Ref	Recommendation
14	The partnership should ensure that risk assessments and management plans are recorded appropriately and are informed by relevant agencies. This will help ensure that older people are protected from harm and their health and wellbeing is maintained.
15	The partnership should ensure that self-directed support is used to promote greater choice and control for older people. Staff and multi-agency training should be undertaken to support increased confidence in staff in all settings so that they can discuss the options of self-directed support with people using care services.
16	The partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This will help to support sustainable recruitment and retention of staff, build sufficient capacity and ensure a suitable skill mix that delivers high-quality services for older people and their carers.
17	The partnership should work with community groups to support a sustainable volunteer recruitment, retention and training model.

