

Notice of Meeting and Agenda

**Edinburgh Integration Joint
Board**
9.30 am Friday 22 September 2017

European Room, 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. Minutes and Updates

- 4.1. Previous Minutes – 11 August 2017 (circulated) – submitted for approval as a correct record.
- 4.2. Sub-Group Updates
 - 4.2.1 Audit and Risk Committee
 - 4.2.2 Professional Advisory Group
 - (a) Note of Meeting of 1 August 2017 (circulated)
 - 4.2.3 Performance and Quality Sub Group
 - (a) Note of Meeting of 28 June 2017 (circulated)
 - 4.2.4 Strategic Planning Group
 - (a) Note of Meeting of 7 July 2017 (circulated)
 - (b) Note of Meeting of 28 July 2017 (circulated)

5. Reports

- 5.1. Rolling Actions Log – September (circulated)
- 5.2. EIJB Annual Accounts 2016-17 – report by the IJB Interim Chief Officer (to follow)
- 5.3. Financial Update – report by the IJB Interim Chief Officer (to follow)
- 5.4. Whole System Delays – Recent Trends – report by the IJB Interim Chief Officer (to follow)
- 5.5. Older People’s Inspection update – report by the IJB Interim Chief Officer (circulated)
- 5.6. Proposals for Investment Referred from the Strategic Planning Group: Learning Disability Services; Expansion of the Telecare Service – referrals from the Edinburgh Integration Joint Board Strategic Planning Group (to follow)
- 5.7. Primary Care Population and Premises Report – report by the IJB Interim Chief Officer (circulated)
- 5.8. Review of Grant Programmes – report by the IJB Interim Chief Officer (to follow)
- 5.9. Royal Edinburgh Hospital Phase 1 update – verbal update by the IJB Interim Chief Officer
- 5.10. Assurance Challenges – report by the IJB Interim Chief Officer (to follow)

Board Members

Voting

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice-Chair), Michael Ash, Shulah Allen, Councillor Derek Howie, Alex Joyce, Councillor Melanie Main, 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, Michelle Miller, Moira Pringle, George Walker and Pat Wynne.

Item 4.1 Minutes

Edinburgh Integration Joint Board

12:00 pm, Friday 11 August 2017

City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (in the Chair), Carolyn Hirst (Vice Chair), Michael Ash, Colin Beck, Carl Bickler, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Kirsten Hey, Councillor Derek Howie, Alex Joyce, Angus McCann, Rob McCulloch-Graham, Councillor Claire Miller, Ella Simpson, Pat Wynne.

Officers: Colin Briggs, Gail Cochrane, Wendy Dale, Ann Duff, Michelle Hughes, Jamie Macrae, Allan McCartney, Maria McIlgorm, Julie Tickle, Cathy Wilson

Apologies: Shulah Allan, Michelle Miller, Richard Williams.

1. Directions 2017/18

The draft directions for 2017/18, to be issued to the Chief Executives of the City of Edinburgh Council and NHS Lothian, were outlined.

During discussion, the following points were raised:

- Self-Directed Support would be referenced specifically in the narrative around Direction 3 (Key Processes).
- It was noted that the date for the exit of Liberton Hospital in Direction 5 (September 2018) was at odds with NHS Lothian's plan to be out by March 2018. Members were assured that the move would take place as early as possible and that the September date was to allow for potential delays.
- A short and long-term capacity plan in respect of bed-based support for older people was being worked on and would be presented to the September meeting of the Joint Board.
- The Transformation Board of the Edinburgh Health and Social Care Partnership would be responsible for the coordination of the delivery plans for the Directions.
- The "pull model" for orthopaedics, referenced in Direction 6, should be applied to all services.

- Delivery plans would be presented to the Joint Board following approval of the Directions.

Decision

- 1) To agree that performance indicators would be developed along with the delivery plans and reported through the Performance and Quality Sub-Group.
- 2) To otherwise approve the set of directions for 2017/18 to be issued to the Chief Executives of the City of Edinburgh Council and NHS Lothian.

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



Minutes

Edinburgh Integration Joint Board Professional Advisory Group

9.30am Tuesday 1 August 2017

Mandela Room, City Chambers, Edinburgh

Present:

Board Members

Colin Beck (Co-Chair), Sheena Borthwick, Carol Chalmers, Wendy Dale, Marian Gray, Kirsten Hey, Amir Kirolos, Stephen McBurney, Duncan McCormick, Katie McWilliam, Graeme Mollon, Kate Pestell, Mike Ryan, Nick Smith, Pat Wynne.

Apologies

Carl Bickler (Co-Chair), Dawn Arundel, Eddie Balfour, Robin Balfour, Moyra Burns, Sharon Cameron, Julie Fahey, Wanda Fairgrieve, Helen Faulding-Bird, Alasdair FitzGerald, Andrew Flapan, Alistair Gaw, Jen Grundy, Elaine Hamilton, Andy Jeffries, Caroline Lawrie, Angela Lindsay, Murdo MacLean, Catherine Mathieson, Lyn McDonald, Tricia McIntosh, John McKnight, Alison Meiklejohn, Mike Reid, Ciara Webb, David White.

1. Membership

Decision

- 1) To note that the membership of the Professional Advisory Group would be reviewed and that nominations had been sought from the Practitioners' Forum and nursing.
- 2) To agree that an induction pack would be prepared for new members.
- 3) To agree that the Terms of Reference and membership list would be circulated to the Professional Advisory Group.

- 4) To agree that an annual/bi-annual event led by the Professional Advisory Group would be discussed at a future meeting.

2. Development of Directions for 2017/18

An update was provided on the development of the Directions for 2017/18, which would be issued by the Joint Board to the City of Edinburgh Council and NHS Lothian. Minor amendments had been made following the meeting of the Edinburgh Integration Joint Board Strategic Planning Group on Friday 28 July 2017.

Decision

- 1) To note the update on the development of Directions for 2017/18.
- 2) To ask members to provide any comments on the paper to Colin Beck before the IJB Special Meeting on 11 August 2017.

(Reference – report by the Strategic Planning Manager, submitted.)

3. Liberton and the development of the frailty pathway

An update was provided concerning capacity plans for older people (including Liberton Hospital) and the development of the frailty pathway. During discussion, the following points were made:

- The majority of services were used by older people in the last five years of life – this plan was about improving their quality of life.
- Gylemuir House Care Home and Liberton Intermediate Care facility were not fit for purpose and needed to be closed as early as possible. Care home places would be required to replace this capacity.
- The capacity plan outlined plans to continue to optimise community rehabilitation, housing and other partner opportunities. Consideration would be given to creative commissioning models, such as quick self-builds and interim facilities.
- The capacity plan would need to look beyond bed-based care.

Decision

To note the update and to request that the Professional Advisory Group be involved in the development of the plan.

4. Post-diagnostic dementia support

An update was provided on the Dementia Post Diagnostic Support (DPDS) Review. Existing funding for the DPDS target was due to expire in March 2018. DPDS was a key feature of the Strategic Plan and the new National Dementia Strategy 2017-20.

Decision

To note the update and to agree that members would be sent details of the Dementia Friends training.

(Reference – report by the Strategic Planning & Quality Manager, Older People, submitted.)

5. Note of the meeting of the Integration Joint Board Professional Advisory Group meeting of 6 June 2017 and Matters Arising

Decision

- 1) To approve the minute of the meeting of the Edinburgh Integration Joint Board Professional Advisory Group of 6 June 2017 as a correct record.
- 2) To note that there had been no clarity about postcodes versus GP-based locality services.

6. Note of the meeting of the Edinburgh Integration Joint Board of 16 June 2017 and Matters Arising

Decision

To note the minute of the meeting of the Edinburgh Integration Joint Board of 16 June 2017.

7. Note of the meeting of the Edinburgh Integration Joint Board of 14 July 2017 and Matters Arising

Decision

To note the minute of the meeting of the Edinburgh Integration Joint Board of 14 July 2017.

8. Professional Advisory Group Review

Colin Beck introduced a report on the review of the Professional Advisory Group, which was a recommendation in the Joint Inspection report.

Decision

To note the report and to agree the proposed actions:

- 1) To review the membership of the Professional Advisory Group to reflect professional and locality representation.
- 2) To ensure that Edinburgh Integration Joint Board proposals and plans would be brought to the Professional Advisory Group for discussion and that their recommendations would be communicated back to the Edinburgh Integration Joint Board.

- 3) That the Chair/s of Professional Advisory Group would continue to be represented at Edinburgh Integration Joint Board meetings to give voice to the professional body across the partnership.
- 4) That Professional Advisory Group representatives would continue to build relationships with the Strategic Planning group and the Quality and Performance group for proactive involvement from the Professional Advisory Group.
- 5) That the Professional Advisory Group would clarify and develop the role it could have in relation to improving and maintaining professional standards, but that the prime responsibility for professional standard would sit elsewhere in NHS Lothian, the City of Edinburgh Council and within the partnership.
- 6) That the Professional Advisory Group would continue to establish and extend membership and would review how effective links could be made with professionals working within the voluntary and private sector.

(Reference – report by the Chairs of the Professional Advisory Group, submitted.)

9. Needs of injecting drug users

An outline of the Health Needs Assessment with people who inject drugs was provided. Across Lothian, funding for services had reduced by 23% and drug-related deaths were increasing.

Decision

- 1) To note the findings and recommendations of the health needs assessment report.
- 2) To agree that a future update would be provided to the Professional Advisory Group regarding implementation of the Health Needs Assessment.

(References – Needs of Injecting Drug Users – Summary Report, submitted; Needs of Injecting Drug Users – Final Report, submitted.)

10. Role and Function of the Flow Board

An outline of the role and function of the Flow Programme Board was provided.

Decision

- 1) To note the presentation.
- 2) To agree that an update on work concerning whole system data would be considered at a future meeting of the Professional Advisory Group.

11. Next meetings

Decision

- 1) To agree that the Clerk would confirm with the Convener the date for the next meeting of the Professional Advisory Group.

- 2) To note that the work of the Rapid Response Team for Older People would be considered at a future meeting of the Professional Advisory Group.



**Note of Meeting
Performance and Quality Sub-Group
28 June 2017
City Chambers, Edinburgh
1:00 pm**

Present:

Key Stakeholders

Shulah Allan (Chair), Ian Brooke (EVOC), Philip Brown (Strategy and Insight), Sarah Bryson (Strategic Planning), Eleanor Cunningham (Strategy and Insight), Jennifer Evans (Edinburgh Health and Social Care Partnership), Christine Farquhar (Citizen Member – Carer), Maria McLgorm (Edinburgh Health and Social Care Partnership), Moira Pringle (Edinburgh Integration Joint Board), Rene Rigby (Scottish Care), Catherine Stewart (Strategy and Insight).

Apologies:

Sandra Blake (Independent Carer), Wendy Dale (Strategic Planning), Wanda Fairgrieve (Partnership/Union), Jon Ferrer (Quality Assurance), Katie McWilliam (Strategic Planning), Alison Meiklejohn (Professional Advisory Group), Michelle Miller (Chief Social Work Officer).

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 29 May 2017	To approve the minute as a correct record.	Laura Millar	
3.2	Outstanding Actions	1) To note the Outstanding Actions. 2) To agree to close actions 5, 9 and 11	Laura Millar	
3.3	Work Programme	Decision To note that a second member of the Professional Advisory Group would attend as a substitute if the substantive member was unavailable.	Laura Millar/ Eleanor Cunningham	
3.4	Update on the arrangements for the Sub-group	Decision To note that an update on the membership and remit of the Sub-group would be considered by the IJB in July 2017	Laura Millar	
3.5	Update on Inspection of Older People's Services in Edinburgh	This area was discussed under item 5.2 – <i>Improvement Plan in Response to the Joint Inspection of Services for Older People.</i>	Maria McIlgorm	
4.1	Integration Indicators – Report to the EIJB on 16	The Sub-group considered the summary where local authorities were asked to set objectives against 6 areas of activity as a means of measuring progress. Details of the proposed progress indicators and targets contained within	Eleanor Cunningham	

	June 2017	<p>the report were adopted by the EIJB. 4 out of the 6 targets would be monitored by the flowboard based on information pulled from SOURCE every 3 months.</p> <p>Decision</p> <ol style="list-style-type: none"> 1) To note the report. 2) To note the Sub-group would be kept up to date on the progress against the targets and indicators. 		
5.1	Annual Performance Report – Current Draft	<p>The EIJB Performance and Quality Sub-Group were asked to critically evaluate the current draft of the report.</p> <p>Decision</p> <ol style="list-style-type: none"> 1) To request any cases studies or information on projects or initiatives suitable for inclusion in the report was sent to officers. 2) To note that as the document was intended for the public, this was intentionally short and the language plain. 3) To include clarification on what meant by “our” and “we” and more examples of works undertaken by specific organisations. 4) To include context i.e. localities working and its benefits, the housing situation in Edinburgh etc. 5) To ensure there was a balance of positive and negative case studies throughout and include examples of progress following implementation of initiatives by the 	<p>Eleanor Cunningham</p> <p>Catherine Stewart</p>	

		<p>EIJB.</p> <p>6) To circulate the infographics on the 23 national indicators for the Edinburgh Health and Social Care Partnership to the Sub-group.</p> <p>7) To note officers would take lessons learned following the process ahead of next year.</p>		
5.2	Improvement Plan in Response to the Joint Inspection of Services for Older People	<p>Members considered the IJB report which provided a response to the inspection of older people's services and set out mitigating actions. The group discussed their role overseeing the improvement plan, aiming to both scrutinise and provide reassurance.</p> <p>Decision</p> <p>To note the IJB decision that the Performance and Quality Sub-Group would be the main governance group for monitoring progress relating to the action plan and that the Chief Officer submit recommendations to the Joint Board as to which actions would be attributed to which sub-group.</p>	Maria McILgorm	
	Any Other Business	<p>Decision</p> <p>1) To note the IJB would appoint new elected members to the Sub-group at the July meeting.</p> <p>2) To request officers look at the Rubrics Report on Primary Care following concerns from the strategic plan before this was considered at the IJB</p>		

	Date of next meeting	Dates to be circulated upon agreement of new structure/remit.	Laura Millar	
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Minutes

Item 3.1

Edinburgh Integration Joint Board Strategic Planning Group

10.00am Friday 7 July 2017

City Chambers, High Street, Edinburgh

Present:

Members: Carolyn Hirst (Chair), Colin Beck, Sandra Blake, Ian Brooke (substituting for Ella Simpson) Eleanor Cunningham, Wendy Dale, Christine Farquhar, Dermot Gorman, Belinda Hacking, Stephanie-Anne Harris, Graeme Henderson, Angus McCann, Peter McCormick, Rob McCulloch-Graham and Rene Rigby.

Apologies: Councillor Ricky Henderson, Fanchea Kelly, Peter McCormick, Moira Pringle and Rene Rigby.

1. Minute

The minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 21 April 2017 was submitted.

Decision

To approve the minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 21 April 2017 as a correct record subject to Sandra Blake's apologies being added.

2. Role of the Strategic Planning Group

Wendy Dale provided details of the role of the Strategic Planning Group and the work undertaken looking at its remit, membership, relationship with other IJB sub-groups and

the formal interactions with the IJB. Additionally, a five-stage governance process outlining the approval and scrutiny route for items of business was detailed.

A role for the Strategic Planning Group as agreed by the IJB was outlined:

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

Following a general discussion, a number of issues were raised:

- How the Strategic Planning Group fits in with other groups and the sequencing of reports was key. It would also be beneficial for reports to highlight which groups the report had previously been considered by.
- There may be occasions where the Strategic Planning Group and the Performance and Quality Sub-Group could jointly meet to discuss and consider items of mutual interest.
- The Strategic Planning Group could have a key co-ordinating role with the detail on this being made more explicit.
- Further information was required on being a forum for emerging themes and issues as this could overwhelm the group.
- The five-stage governance process would begin immediately.
- The Strategic Planning Partnerships would play a key role in any governance arrangements but it was essential that they were focussed and were given key priorities.

Decision

To provide the Group with details of the chairs and membership of the strategic planning partnerships.

To produce a common remit to be adopted by all the strategic planning partnerships.

3. Priorities to Deliver the Strategic Plan in 2017/18 and Proposed Directions

Directions set out how delegated services should be delivered, their cost and the level of service required. The first set of directions were issued to the Chief Executives of the Council and NHS Lothian in March 2016 and the four Lothian IJBs are aiming to agree a set of directions in 2017/18.

A series of directions would be considered by the IJB in August 2017. There was the opportunity for the Strategic Planning Group to consider the directions at this meeting and in further detail at the July meeting.

Twenty-two priority areas for directions were highlighted including the details on its purpose and what it would cover.

The following questions were raised for discussion:

- Do the proposed areas to be covered by directions reflect priority areas of work required to deliver the strategic plan in 2017/18?
- Are there any gaps you would expect to see covered?
- Are there any areas that require greater clarification?

Following a general discussion, the following issues were raised:

- Directions can only be provided on areas that the IJB funds. It can influence outside the delegated functions but it cannot direct.
- A timescale was needed for the direction regarding palliative care.
- More practical emphasis was required on the direction on ICT to support integrated working.
- Discussion focused on elements that were not included in the directions or that were not given a greater emphasis. Many areas were included within the broad spectrum of the directions and the key consideration were the actions that resulted out of the directions. New directions can be issued at any time as important issues arise.

Decision

To note that a final proposed set of directions would be presented to the next Strategic Planning Group for recommendation to the IJB.

4. Responding to the Joint Inspection of Services for Older People – The Role of the Strategic Planning Group

The following recommendations from the joint inspection would be overseen by the Strategic Planning Group:

1	The partnership should improve its approach to engagement and consultation with stakeholders
9	The partnership should work with the local community and other stakeholders to develop and implement a cross-sector market facilitation strategy
10	The partnership should produce a revised and updated joint strategic commissioning plan

In discussion, the following issues were raised:

- There was concern that the inspection report did not reflect the efforts and experiences of staff. Rob McCulloch-Graham explained that in many areas performance was negatively affected by the issues with key processes.
- Staff across the health sector and those in the third sector had indicated a willingness to being involved in the improvement plan.
- There will be increased internal communications to staff which will aim to address some of the concerns raised.
- Timescales would be reported back to future meetings.
- It was essential that members of the Strategic Planning Group were provided with sufficient information to engage in discussion and make decisions. If members did not feel they were getting sufficient information, this should be highlighted to the Chair or officers.

Decision

- 1) To note that that:
 - a. Recommendation 1 – Wendy Dale would write to members seeking involvement in the engagement and participation strategy.
 - b. Recommendation 9 - Chris Whelan would be invited to present at the next meeting of the Strategic Planning Group
 - c. Recommendation 10 – This was linked to the continuing work on directions.
- 2) To explore how papers could be made available on the website or a central electronic location.

5. Agenda Forward Plan

A proposed forward plan for the next meeting was tabled. The aim would be for there to be a forward plan for the year ahead.

The agenda for July was already full and it was noted that the report on District Nursing was an update and could be deferred another meeting.

6. Date of Next Meeting

28 July 2017 at 10:00am in the European Room, City Chambers, Edinburgh



Minutes

Edinburgh Integration Joint Board Strategic Planning Group

10.00am Friday 28 July 2017

City Chambers, High Street, Edinburgh

Present:

Members: Carolyn Hirst (Convener), Colin Beck, Sandra Blake, Colin Briggs, Eleanor Cunningham, Wendy Dale, Christine Farquhar, Stephanie-Anne Harris, Graeme Henderson, Fanchea Kelly, Angus McCann, Peter McCormick, Rob McCulloch-Graham, Maria McIlgorm, Moira Pringle, Rene Rigby and Ella Simpson.

Apologies: Dermot Gorman, Belinda Hacking, Michele Mulvaney and Michelle Miller.

In Attendance: David White, Katie McWilliam and Chris Whelan

1. Minute

The minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 7 July 2017 was submitted.

Decision

To approve the minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 7 July 2017 as a correct record.

2. Update on the Development of Directions for 2017-2018

Proposed directions to be issued to the Chief Executives of the City of Edinburgh Council and NHS Lothian were presented. The Directions are effectively instructions as to how the services delegated to the Edinburgh Integration Joint Board should be delivered by the Council and NHS Lothian.

As further plans are developed and funding allows, new or revised Directions will be issued. In addition to the directions themselves the document contained linkages to the budget, performance criteria and the strategic plan action plan, IJB priorities, the national Health and Wellbeing Outcomes and the integration planning and delivery principles.

During discussion the following issues were raised:

- Governance arrangements should be included – the next step would be delivery plans developed after the directions were agreed by the EIJB – these would come back to this Group for scrutiny
- Concern was raised about the proposal that the Strategic Planning and Quality Manager for Older People should lead the work on the direction relating to unpaid carers as unpaid carers do not just care for older people. It was explained that the Senior Management Team had felt that it was important that a senior manager was linked to each direction. The governance for the delivery plan for the direction on unpaid carers will sit with the Carers Strategic Partnership.
- The directions all relate to the City of Edinburgh Council and NHS Lothian not to the third or independent sector. It was explained that this was because the directions have a quasi-legal status and the Integration Joint Board can only direct the Council and NHS Lothian not the third or independent sector. However, some of the directions include the requirement to work with partners.
- Once the directions are issued NHS Lothian will work with officers in the Health and Social Care Partnership to develop delivery plans as they have with the other three Lothian IJBs.
- The IJB could not direct NHS Lothian how to spend its capital as that function was reserved to NHS –the directions relating to primary care needed to be reworded to reflect this
- Effective monitoring of performance was essential to ensuring the delivery of delegated services – responsibility for this rested with the EIJB
- All the strategic planning partnerships had been set up with the exception of disability and housing - the directions needed to be supported by a detailed delivery plan and this Group needed to be sighted on these plans
- Clarity was needed around the governance and activities of all the groups – it would be helpful to have a diagram detailing the governance structure
- The power of the EIJB was that funding transferred from the Council and NHS Lothian loses its identity and can be directed to target specific areas of need
- Essential to adhere in the wider sense to strategic priorities – concerns that community led issues would be forgotten

Decision

- 1) To note that the directions would be presented to the Professional Advisory Group on 1 August 2017.

- 2) That any further minor amendments to wording in the directions document be emailed direct to Wendy Dale.
- 3) To otherwise recommend adoption of the Directions to the Integration Joint Board.

(Reference – report by the Strategic Planning Manager, submitted

3. Market Facilitation and Shaping - Presentation

Chris Whelan gave a presentation on market facilitation and shaping. The presentation focussed on the following two ongoing workstreams:

Workstream 1

- Self Directed Support (Scotland) Act 2013 placed a duty on the local authority to understand the local market of care providers
- Facilitation of transactions with clients and providers
 - Care Home
 - Care at Home
 - Day Care
 - Equipment

Workstream 2

- Capturing and sharing intelligence
- Consultation with stakeholders on level of provision and need
- Communicating with the market (engagement strategy)

The Chair referred to the terms of the EIJB market strategy. It would be helpful to have information on what the market consists of – the task for this Group would be how do we consult and communicate.

There was a degree of instability within the market with an increasing demand and a lot of private providers catering for self-funding clients. Local authority funded places were difficult to source. It was recognised there was a need to do things differently and the services were not there to meet the unmet need.

Rob McCulloch-Graham suggested this could be discussed at one of the EIJB development sessions. There was a huge level of risk and decisions were needed on how this risk could be mitigated going forward. People were already having to make choices where they had to top up the national care home contract – this was reducing choices for those who could not afford to do this.

Decision

- 1) To agree that an item on this issue be included on the agenda for the next meeting of the Group on 1 September 2017 together with available data on how many new care homes were needed to meet the unmet need, proposed actions and timescales.

- 2) To circulate the presentation to the Group.
- 3) To circulate the current market facilitation strategy to the Group.
- 4) That specific discussion points be forwarded to the Chair and Wendy Dale in advance of the next meeting.

4. Business Case for Grade 5 Accommodation at Niddrie Mains Terrace

Support to commission this work was agreed at the EIJB on 16 June 2017 and it was agreed that the Strategic Planning Group (SPG) could have delegated authority to approve the business case for the proposed development at Niddrie Mains to enable the partnership to commission an additional 9 community grade 5 places.

Colin Beck provided a brief overview of the proposals contained in the report. Work was ongoing regarding demand/capacity issues with some people not being reported as delayed discharge but who would be needing community accommodation.

Moira Pringle referred to the costings detailed in paragraph 32 of the report. The EIJB financial plan has identified £1.19m for community mental health supported community accommodation from the Social Care Fund. The availability of this funding was based on achieving financial break even, and full achievement of savings.

The total cost of Crichton Place and Niddrie Mains was £752,916 against the £1.19 the financial plan allocation for community Mental Health services, leaving a remainder of £437,084.

Decision

- 1) To agree the business case for nine additional grade five supported accommodation places at 65 Niddrie Mains Terrace.
- 2) To note that the provision of the above accommodation would facilitate the closure of seven adult acute Mental Health beds.
- 3) To note the difference in the timelines between the move to the REB, procurement of the additional supported community capacity and the contingency plans proposed to manage the time gap and ensure safe care.
- 4) To agree the proposed contingency plan to safely manage patients during the time between the move to the new REB and the availability of the additional supported community accommodation.
- 5) To note the proposal to keep open 6 beds in Craiglea Ward at REH between 28 August and 14 October 2017. This would result in an additional double running cost for this interim period at a rate of £2,000 per week.

(References – Edinburgh Integration Joint Board 16 June 2017; report by the Strategy, Planning and Quality Manager, Mental Health and Substance Misuse)

5. Older People's Capacity Plan - Presentation

Katie McWilliam gave an overview of the strategic directions and capacity plan in relation to older people's services.

The 3 urgent priorities were identifying alternative service provision for those people currently in Liberton, Gylemuir and Oaklands.

It was important that the EIJB had a clear view on what the priority order would be to re-provide for the people in these establishments. The challenges in identifying the care mix going forward was acknowledged.

Decision

- 1) To circulate the presentation to the Group.
- 2) To note the key messages and that it was hoped to have a definitive plan in place by end September 2017.
- 3) To note the pressures in identifying alternative service provision for those people currently in Liberton, Gylemuir and Oaklands.
- 4) That an update paper be presented to the next meeting of the Group on 1 September 2017.

6. Dementia Post Diagnostic Support Service

Proposals were presented to secure baseline funding investment for expanding the provision of dementia post-diagnostic support, (PDS) delivery in Edinburgh to improve the outcomes for people newly diagnosed with early stage dementia, through timely support and intervention.

The business case attached at Appendix 1 to the report set out the Strategic, Business, Economic, Financial and Management cases. The business case supported priorities in the EIJB Strategic Plan, Joint Inspection recommendations, national performance targets and national policy.

The proposed new service would cost approximately £500,000 more than in the past.

Members noted it was imperative to have firm timescales in place. Contracts were due to end in March 2018 and would normally be agreed on a 3+1+1 year basis.

Decision

- 1) To recommend that the business case be agreed for continuation of the current level of funding only.
- 2) To recommend that the contract be awarded in such a way that allows the volume of service could be increased should additional funding be identified to cover the proposed expansion..

(Reference – report by the Strategic Planning and Quality Manager, Older People, submitted)

7. Primary Care Population and Premises

Proposals to develop primary care premises in line with the City of Edinburgh Local Development Plan 2016-2026 were submitted.

David White provided the Group with an overview of the analysis and the consultation undertaken to support that outcome and recommendations.

Decision

- 1) To note the analysis of GP premises and population growth for the period 2016-2026, and the corresponding requirement for capital investment of around £57million over this period to ensure premises were developed in line with demand
- 2) To note that of the £57million, the immediate priorities for the next 3 years accounted for around £36.85million which included the development of 3 new practices as well as re-provision/refurbishment of 14 existing practices
- 3) To recommend that the EIJB support the request to NHS Lothian to allocate through its capital planning process the sums detailed in 1) and 2) above.
- 4) To refer the report to the EIJB Audit and Risk Sub-Committee for consideration.

(Reference – report by the Strategic Lead, Primary Care and Public Health, submitted)

8. Learning Disability Services – Social Care Fund 2017-2018

Over the last five years the demand on services that provided day support and housing support for adults with a learning disability had outpaced capacity in all services. The case for funding those services to build capacity and meet the EIJB's legal responsibilities was presented.

Maria McIlgorm gave an overview of the key issues in the report. Funding for investment for the current year had been set aside and the full year impact would drive savings for next year.

Decision

To recommend that the Edinburgh Integration Joint Board agrees the request for funding set out in paragraph 5 of the report.

9. Agenda Forward Plan

Market Facilitation and Older People's Capacity Plan – 1 hour

Expansion of Technology Enable Care Locality Profiles – paper for information

Review of Grants

National Carers Responsibilities

10. Date of Next Meeting

Friday 1 September 2017 at 10am in the Dean of Guild Room, City Chambers, High Street, Edinburgh

Item 5.1 – Rolling Actions Log – September 2017

22 September 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.	Interim Chief Officer	December 2017	Interim Chief Officer to provide a verbal update at the September 2017 Joint Board meeting and seek permission to delay.
2	Programme of Development Sessions and Visits	24-03-17	To agree to receive a programme of development sessions and visits for 2017/18 at the June 2017 meeting of the Joint Board.	Interim Chief Officer	November 2017	The programme of development sessions and visits for 2017/18 will be discussed at the November 2017 Development Session.
3	Responsibilities for Data and Information	16-06-17	To note the intention to report to a future Joint Board meeting on General Data Protection Regulations requirements and responsibilities.	Interim Chief Officer	January 2018	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
4	Whole System Delays – Recent Trends	14-07-17	To agree that board members would consider additional information to be included in future reports at the Development Session on 11 August.	Interim Chief Officer	September 2017	Not covered at the 11 August Development Session. The September 2017 report has been updated to include delays in the community, and further discussion about additional information will take place at the September Joint Board meeting.

Report

Older People's Inspection Update

Edinburgh Integration Joint Board

22 September 2017



Executive Summary

1. A report on the Care Inspectorate and Health Improvement Scotland's joint inspection of older people's services in Edinburgh was presented to the Edinburgh Integration Joint Board (EIJB) on 16 June 2017. The report detailed the findings of the inspection, together with the 17 recommendations for improvement.
2. This report updates the EIJB on the Partnership's progress in responding to the 17 recommendations and outlines the commitment to review the original action plan to ensure activity is prioritised appropriately and realistically.

Recommendations

3. The EIJB is recommended to:
 - a. note actions taken to date in responding to the inspection's recommendations, as set out in Appendix 1; and
 - b. note the Partnership's intention to review the associated action plan and report back on priorities and timescales.

Background

4. The Care Inspectorate and Health Improvement Scotland undertook an inspection of the Edinburgh Health and Social Care Partnership's services to older people in the autumn of 2016 and reported their findings in the spring of 2017. The report highlighted significant challenges and areas for improvement, which were accepted by the Partnership. These challenges include:
 - a higher than expected use of residential and nursing home placements
 - under provision of and difficulty in accessing care at home
 - under developed early intervention, preventative services and local community support

- a long-standing culture of delays in undertaking assessments, delivering services to meet assessed need and in reviewing support plans.
5. The inspection report made 17 recommendations for improvement and the Partnership developed a comprehensive action plan in response. Appendix 1 sets out progress made via the action plan against the 17 recommendations.
 6. Improvements relating to services for older people cannot be progressed in isolation from other critical work required by the Partnership on behalf of the EIJB, in particular in relation to financial sustainability, performance and quality. The Partnership is in the process of reviewing the original action plan to ensure that actions are prioritised appropriately and that these will address not only the issues raised by the inspection, but also those identified by the Partnership more generally.
 7. A revised action plan will be presented to the EIJB at a future date for consideration.

Key risks

8. Ensuring that older people are safe and protected from harm is a key responsibility of the Health and Social Care Partnership. The Care Inspectorate's report has raised concerns about the extent to which older people are protected effectively in Edinburgh. The risks of not having a robust action plan to address the recommendations include:
 - individual risk to wellbeing and safety
 - inability to deliver the key priorities within the EIJB's Strategic Plan
 - ineffective and inefficient service delivery
 - financial inefficiency and loss
 - reputational damage to the EIJB, NHS Lothian and the Council.
9. A risk register will be created to monitor project leads' individual risks as part of the improvement programme management.

Financial implications

10. Current waiting times for assessment, review and service delivery are unacceptably long and the associated risks are not adequately mitigated.
11. The Partnership is tasked with addressing these delays in 2017 and maintaining the system in a steady state thereafter. A series of actions required to support delivery have been identified, but are likely to require additional resources. Before these can be quantified, it is important that the Partnership can demonstrate all possible efficiencies.
12. Precise identification of additional costs requires further testing and will be the subject of future reports to the EIJB.

Involving people

13. Consultation with staff, service users and stakeholders was a key aspect of the inspection process and is reflected in the inspection reports.

14. Stakeholders will be invited to contribute to reshaping the improvement plan.

Background reading/references

[Care inspectorate Report – May 2017](#)

[Older People Inspection Report - IJB 16 June 2017](#)

Michelle Miller

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Report author

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Appendix 1

Recommendation 1

The Partnership should improve its approach to engagement and consultation with stakeholders in relation to:

- its vision
- service redesign
- key stages of its transformational programme
- its objectives in respect of market facilitation.

Progress

- Health and Social Care sub-groups have been established in each locality to develop the HSC element of each Locality Improvement Plan. This has included consultation with citizens, including older people.
- Negotiations are taking place with Volunteer Edinburgh who co-ordinate the Equality and rights Network (EaRN) and the LOOPs project to strengthen the voice of older people at both a city-wide and locality level; and to facilitate improved engagement in service planning and re-design.
- A member of the Strategic Planning Group (SPG) of the EIJB has agreed to lead the development of an engagement strategy in collaboration with stakeholder representatives.
- The approach to the market shaping strategy is being developed through the SPG.
- The EIJB has issued a direction in relation to the development of the engagement and market facilitations strategy.
- A set of directions for 2017/18 has been approved by the EIJB and has been published as part of EIJB papers.

Recommendation 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.

Progress

- The SPG has recommended that the EIJB approve expenditure of £600k on an invest-to-save basis to expand the use of telecare across the city as a means of increasing independence, preventing admission to hospital and residential care, and as an alternative to traditional health and social care services.
- A direction has been issued by the EIJB in respect of prevention and early intervention. This includes the development and implementation of a prevention and early intervention strategy and a strategy for social prescribing and collaboration with partners to review existing grant programmes over the next 12 months.

Recommendation 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.

Progress

- The EIJB has issued a direction for the capacity plan for older people to be finalised by 31 October 2017. This will include exiting Liberton Hospital by September 2018 and identifying suitable longer term bed based solutions to the existing interim care facilities.

Recommendation 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.

Progress

- The direction issued by the EIJB in respect of older people includes the identification of requirements for community rehabilitation and intermediate care.

Recommendation 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.

Progress

- A carers' strategic partnership has now been established as part of the EIJB/HSC strategic planning arrangements. The remit of the group covers both adult and young carers, and membership includes representatives of carers' organisations and unpaid carers. The work of this group is focusing on the development of the new carers' strategy and implementation of the Carers Act.
- The EIJB has issued directions in respect of carers.

Recommendation 6

The Partnership should ensure that people with dementia receive a timely diagnosis and that diagnostic support for them and their carers is available.

Progress

- Work is underway to re-commission the existing dementia diagnostic support service. (The SPG has recommended that the EIJB agree to this investment, and money is already in the financial plan and part of a referral report from SPG going to the EIJB on 22 September)
- Eight GP practices in North East Edinburgh have been successful in their bid to become one of three sites testing the relocation of dementia post diagnostic support services to a primary care setting.

Recommendation 7

The Partnership should streamline and improve the falls pathway to ensure that older people's needs are better met.

Progress

- Work on the falls pathway has commenced, with a target completion date of December 2017. Key actions related to this have been logged and are being managed.
- Allied to the above is the recruitment of two Falls Coordinators who are aligned to two localities each.
- Actions related to the review of data and the recording of falls have been completed.

Recommendation 8

The Partnership should develop joint approaches to ensure robust quality assurance systems are embedded in practice.

Progress

- The Partnership has strengthened its approach to quality assurance by establishing:
 - a Quality Governance and Risk Management Group responsible for the overview of safe effective care within the Partnership. Membership includes representatives from each locality and the Hospital and Hosted Quality Improvement Team, the lead professionals and senior managers, strategic leads, and quality leads from NHS and Social Care quality assurance.
 - An integrated Business Resilience Group is working to combine processes to ensure effective integrated work across the Partnership.
- Each locality is in the process of fully implementing their integrated multi-agency quality improvement teams. All hospital and hosted services have established quality improvement teams. The Partnership also has well established professionally aligned quality improvements teams, for example in relation to District Nursing, Physiotherapy and Pharmacy.
- A new complaints handling procedure for social work complaints was implemented from 1 April 2017. A procedure for NHS complaints was established on the same date. Health and Social Care complaints are now managed in the Partnership, but are held on a different database. The intention is to transfer those complaints to Datix within the next three to six months. A weekly review meeting for all complaints has been set up where the status of the complaint, quality of complaint responses and learning action are monitored. The EIJB complaints process is being finalised. Two complaints advisors for Social Work complaints have now been appointed.
- In conjunction with the professional leads, the Partnership has developed professional frameworks to improve standards of professional practice across all professional groups, promoting best practice, clear lines of professional accountability and shared learning: nursing, allied health professional, medical and social work staff. The Partnership is working to identify funding to appoint a lead social work professional to support the role of the Chief Social Work Officer.
- The Partnership is working with NHSL quality academy and NHS Education Scotland (NES) to develop an arms' length quality improvement faculty for Health and Social Care to build capacity across the Partnership in improvement methodology to ensure the Partnership can progress the transformational changes required to deliver services in a different way. The proposal is to have this fully implemented by March 2018.
- Led by the Partnership's Chief Nurse, a quality support hub across Health and Social Care to support education, research and development,

innovative practice and quality of care is being developed. The proposal is to have this fully operational by November 2017.

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 and shaping strategy will be developed under the auspices of the SPG. This issue has been the main topic of discussion at the last two meetings of the group. A plan for the production of the strategy is being developed and linked to delivery plans in respect of the EIJB directions.

Recommendation 10

The Partnership should produce a revised and updated joint strategic commissioning plan with detail on:

- 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.

Progress

- A review of the strategic plan was undertaken and presented to the SPG and EIJB in April 2017, identifying progress made and priorities for delivery in 2017/18. This has also informed the development of a set of directions issued by the EIJB in August 2017. These include the production of both a workforce development plan and an engagement strategy.
- Delivery plans will be produced in respect of each direction.
- The EIJB financial plan for 2017/18 was approved in March 2017.

Recommendation 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.

- A Savings Governance Group has been established, which is chaired by the Interim Chief Finance Officer. The group is tasked with scrutinising progress in relation to savings associated with transformation projects.
- Programme management support is in place to progress the above savings projects.
- A first draft of a five year financial plan is to be presented to the September EIJB.
- Financial frameworks for mental health, learning disabilities and older people are being developed, which will demonstrate how resources will shift from hospitals to the community.

Recommendation 12

The Partnership should ensure that:

- 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.

Progress

- A customer experience review of Social Care Direct is being conducted by the Quality Assurance and Compliance team. This review should be completed by the end of October 2017, and is tasked with improving the pathway for older people to access services.

Recommendation 13

The Partnership should ensure that:

- 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.

Progress

- Social Work practice standards have been created and communicated to staff.
- The adult support assessment tool, which is incorporated in the Partnership's social care management system, has been revised and shortened to help take account of staff concerns about efficiency and performance and the completion of assessments. Adult Support and Protection (ASP) training materials and resources have been updated with the importance of maintaining chronologies in records being emphasised.
- Staff and managers responsible for ASP work and the completion of chronologies will be referred to the minimum standards paper, internal guidance and the Care Inspectorate's revised guidance (2016).
- ASP has been boosted by the creation and recruitment of two ASP Senior Practitioners. The post holders have in their remit to ensure that ASP procedures and thresholds are complied with. The area of ASP is particularly relevant for older people due to their vulnerability and increased exposure to financial abuse.
- An Assessment and Review Board has been established with terms of reference and membership agreed. It will have the following outputs or deliverables: monitoring of compliance with social work standards; setting targets for assessment and review per week; reducing the assessment and review waiting lists to zero; and setting clear rules for prioritising incoming work and carrying it out.

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.

Progress

- Updated risk assessments have been completed. There is now ongoing support to the workforce on the implementation of adult support measures; the duty to enquire; and safety planning.

Recommendation 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.

Progress

- A Locality Implementation Board for support planning and brokerage has been convened and a project plan developed. Three key work streams have been identified in relation to this, starting with a test of change relating to 100 service users in the North East Locality.

Recommendation 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.

Progress

- A direction has been issued to produce and implement a workforce development strategy. This will be taken forward by the Workforce Development Steering Group led by the Chief Nurse.
- Family group decision making posts have been created and recruited to. These will assist and empower families to create their own plans for supporting older relatives in need of additional support.

Recommendation 17

The Partnership should work with community groups to support a sustainable volunteer recruitment, retention and training model.

Progress

- No progress to date against this recommendation.

Report

Primary Care Population and Premises Report

Edinburgh Integration Joint Board

22 September 2017



Executive Summary

1. This report summarises work undertaken by the Edinburgh Health and Social Care Partnership to ascertain the likely capacity requirements in primary care to 2026.
2. The report seeks to inform the Edinburgh Integration Joint Board (EIJB) of the key points from this work, which estimates a population growth of more than 50,000 for Edinburgh over the next ten years. This needs to be seen in the context of a primary care system already under considerable strain.
3. The report also seeks the approval of the EIJB for the Health and Social Care Partnership to develop a prioritised capital investment plan and then work with NHS Lothian (NHSL) to prioritise this within the overall capital envelope available.
4. This report was considered by the Strategic Planning Group on 28 July 2017.

Recommendations

The Integration Joint Board is asked to:

5. note the analysis of GP premises and population growth for the period 2016-2026 detailed in Appendix 1 to this report;
6. note the high-level estimate that this growth would equate to approximately £57m of investment over the next ten years;
7. mandate Edinburgh Health and Social Care Partnership to prioritise this list and engage with NHS Lothian (NHSL) on how this can be accommodated within the available envelope; and
8. mandate that a fuller report outlining a comprehensive primary care strategy, covering both revenue and capital requirements, be brought back to the IJB in the first quarter of calendar 2018.

Background

9. The background is set out in detail in the Population Growth and Primary Care Premises Assessment attached as Appendix 1.

Main report

10. The mismatch between population growth and primary care premises capacity has been well understood since 2013. This growth has found several expressions, but the most obvious is that 43 of Edinburgh's 73 practices have described themselves as restricting new patient registrations. This is driven by both changes in the working arrangements of GP practices themselves and a growth in population.
11. A number of GP practices have worked with NHSL to increase their list sizes and maximise their premises capacity, through a mix of capital and revenue schemes over the last three years.
12. NHSL has also been working on a range of more significant capital schemes, for example at Ratho, Wester Hailes and in Muirhouse, with capital values ranging from £1.5m up to nearly £13m. The Muirhouse and Ratho schemes will be ready for occupation during 2017 and early 2018. Premises ownership and leasing has been a major factor in causing practice instability. The traditional model of GP working saw partners share in the capital costs of a practice, including purchase, maintenance, and upgrading. Over time regulations have developed to provide support for lease costs, but due to a range of social and economic factors, the traditional model, with its inherent personal financial risk, has become much more restricted. This in turn has left some practices with fewer partners bearing these risks and some practices have ceased to exist as a direct result. A Scottish Government working party has made recommendations which are expected to emerge as policy directions at the end of the calendar year. It is widely anticipated that these will begin the process of disentangling general practice from ownership or leasehold of premises and move this responsibility to NHS Boards. Edinburgh Integration Joint Board has seen some symptoms of this combination of factors in papers received at its March meeting.
13. While Integration authorities have the statutory responsibility for the planning and commissioning of primary care services, they do not have capital-raising or asset-holding competencies, and these are reserved to NHS Boards. Integration authorities cannot issue Directions to Boards, but can direct Boards (and indeed Local Authorities) to develop business cases to deliver their Strategic Plans.

14. The full report provided in the appendix to this paper indicates a high-level estimate of approximately £37m of capital investment over the next three years. It is highly unlikely that this funding, and the associated site development opportunities will be available to meet this requirement.
 15. Further pragmatic adjustments and measures will therefore have to be identified, but during 2017/18 several schemes require progression to avert service failure:
 - a. The Access Practice, which provides primary care to the homeless population of Edinburgh requires relocation from Spittal Street, having relocated from the Cowgate earlier in 2017;
 - b. Polwarth Surgery requires relocation to Tollcross Medical Centre; and
 - c. North East Edinburgh requires a solution to support re-provision (and population expansion) of the Brunton Practice and Leith Links practice, whose current lease ends in 2019.
 16. Further small schemes are supported through the 'pipeline' allocation of capital from NHS Lothian.
 17. An intermediate scheme is underway at South Queensferry to support significant house building in that area.
 18. NHS Lothian is in the process of implementing a comprehensive capital prioritisation process for all aspects of its capital spending. This draws on mandatory guidance – “the Scottish Capital Investment Manual”, which outlines the steps and processes which need to be undertaken to receive Scottish Government capital allocations for projects. NHS Lothian has capital projects from across its activities to consider, not the least of which is the requirement for capital for a range of IJB commissioned services across mental health, acute services, and primary (and community) care. In order to ensure fairness in this allocation, this process will see all primary care capital requests included in a pan Lothian list combining all four IJB areas, and which in turn will then be prioritised using this standardised prioritisation process.
 19. NHS Lothian will have to carry out this prioritisation with due consideration of the strategic case laid out to support each case, and will look to Health and Social Care Partnership teams to agree on the prioritised list. This in turn raises the need for a robust primary care strategy for Edinburgh which places capital and revenue investment requirements alongside redesign work to make the case more robust.
 20. There is, therefore, even more of a requirement for a robust primary care strategy for Edinburgh and this will be a key piece of work for the Health and Social Care Partnership management team over the next 3 to 6 months.
-

Key risks

21. 43 of 73 Edinburgh Practices lists are currently restricting patient registrations. If a growing population are unable to register with a GP, the current uncomfortable but accepted system of “allocation” to practices will almost certainly break down. This would quickly lead to several thousand people being unregistered with a GP and consequent reliance on emergency services.

Financial implications

22. The resources required over the next decade are estimated at a very high level as £57m of capital. These estimates are strongly influenced by the delivery model, indicating whether the service can be re-provided alongside public services or make use of existing public infrastructure.

Involving people

23. There has been extensive consultation with GPs across the city through dedicated sessions exploring the impact of the Local Development Plan on service delivery. The plan reflects their consensual input and wider consultation in the Primary Care community.
24. As each project is developed, further engagement with community services and local communities is required by Scottish Government capital investment guidance.

Impact on plans of other parties

25. The plans have been developed in tandem with City of Edinburgh Council planning department colleagues to ensure Primary Care provision is identified to support the planned housing developments in the Councils Local Development Plan.

Implications for Directions

26. The Integration Joint Board has issued direction EDI_2017/18_4 Primary Care which includes the following:

NHS Lothian is directed to work with the Edinburgh Health and Social Care Partnership to:

5b) build and expand GP premises to increase capacity to meet increasing demand, including in 2017:

- a. relocation of Polwarth practice;
- b. commissioning of Ratho Medical Practice, North West Partnership Centre, Leith Walk Medical Practice and Allermuir Health Centre; and
- c. 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;

5c) produce business cases to support 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';

As noted above, however, the IJB cannot direct on capital matters.

Background reading/references

Appendix 1 - Population Growth and Primary Care Premises Assessment: Edinburgh 2016 – 2026

Report author

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Links to priorities in strategic plan

[Link 1] 27. Making best use of capacity across the whole system

[Link 2] 28. Managing our resources effectively

Edinburgh Health and Social Care Partnership April 2017

**Population Growth and Primary Care Premises
Assessment: Edinburgh 2016 – 2026**

Executive Summary

Underway

**Existing GP List Sizes – c42,000
Additional Population – c15,000
Number of practices – 6 existing and 1 new
Combined cost - £21.59m (NB: inc £12m NWEPC and £7m Allermuir)**

Immediate – 3 years

**Existing GP List Sizes – c91,200
Additional Population – c33,500
Number of practices – 14 existing and 3 new
Combined cost - £36.85m**

3 – 7 years

**Existing GP List Sizes – c50,200
Additional Population – c20,000
Number of practices – 10 existing and 1 new
Combined cost - £20.2m**

7 years plus

43 Practices

Population Growth and Primary Care Premises Edinburgh 2017 – 2026

A Strategic Plan for Growth (April 2017)

1. Purpose of Report

This report quantifies at locality and city level the substantial under provision of Primary Care Premises at the beginning of 2017. The report details recommended actions to adjust the existing Primary Care Infrastructure to the needs of the steadily growing Edinburgh population. The report identifies the Primary Care Premises Capital investment of c£57m which is required over the next decade.

The report also serves to provide the background and detailed actions (Appendix I) required by Primary Care to support the City of Edinburgh Council Local Development Plan Action Programme, and to provide supplementary guidance for Developers' Contributions to support those actions.

Whilst attention has been paid to try to represent each situation accurately, the picture is very dynamic both in terms of population pressure and opportunity.

2. Recommendations

- 2.1 To note that c55,000 more people will live in Edinburgh by October 2026 and full implementation of the clear set of actions in Appendix I is required to match infrastructure to population growth.
- 2.2 To consider a direction to NHS Lothian (Appendix I) that an additional c£57m is required to provide and renew accommodation for the existing and additional population. To note that £21m investment is being made in 2017 which will give physical capacity for an additional 11,000 people.
- 2.3 To consider a direction to NHS Lothian to continue to support established practices to absorb new population, whether through new buildings or amalgamation of existing buildings. C£0.7M will continue to be required each year for this purpose.
- 2.4 To consider a direction to NHS Lothian to establish four entirely new practices in new buildings during this period.
- 2.5 To support the development of infrastructure which allows Practices to share services with relevant partners. To recognise that sustainable Primary Care practices embedded in their local communities and connected to local services are the preferred model. Where an opportunity arises, GP practices will also be sited together.
- 2.6 To progress established developments (North West Edinburgh Partnership Centre, Leith Walk, Allermuir, Ratho) to implementation in 2017.
- 2.7 To recognise that premises, GMS income and associated funding streams goes hand in hand

with the workforce capacity planning for all associated disciplines and the deployment of additional resources.

- 2.8 To note the support of CEC Planning functions in promoting developer contributions towards the Primary Care infrastructure required to support new housing.
- 2.9 To support a review of the IJB/CEC/NHSL governance arrangements to enable a timely response to urgent premises situations or opportunities which arise within a fixed timescale.

3. Background

- 3.1 Over the period 2010 to 2030 the population of Edinburgh is planned and expected to grow by approximately 100,000 (from c500,000 to c600,000).
- 3.2 Since 2009, the GP list size in Edinburgh has had an established growth rate of approximately 5,000 per year, equivalent to a new GP practice annually. Primary Care has been very flexible in absorbing this new population but this elasticity is now exhausted in most areas of the city.

There are some implicit guidelines which have been applied over the last few years in helping to shape a more resilient Primary Care Sector in the city.

- That we would be unlikely to actively support small practices with new premises without the prospect of list size growth to a threshold of c5000.
 - That we have preferred to encourage expansion of existing practices, not simply for economic and practical reasons, but taking account of the potential for new practices to consume disproportionate resources and destabilize neighboring practices.
 - We have encouraged co location of practices at every opportunity, either with other practices, or with other public services.
- 3.3 The LDP covers the period 2016-2026 and gives a solid basis for these infrastructure recommendations. The LDP was examined and reported by the Scottish Government in September 2016 and the plan has now been adopted by City of Edinburgh Council. Although there will continue to be speculative planning applications from developers for sites not within the plan, it does allow for a more informed approach in planning the primary care response to the pressures generated by the considerable housing growth. The rate of growth is expected to continue for the life of the plan, and beyond.
 - 3.4 Until the 2014 Report, Primary Care Infrastructure development in Edinburgh was driven by a response to the poor state of existing premises, the capacity of individual practices to raise awareness of their particular issues and the opportunities created by sites becoming available. The linkage of premises development to population growth was previously largely opportunistic and not always adequate.

3.5 Since 1999, the following new premises have been developed:

Table 1

	Year Completed	Original List Size	Current List Size (Oct 2016)
Craigmillar	1999	8,223 (Jan 2000)	8,720
Bellevue x 2 practices	1998	7,272 (Jan 2000)	13,089
Mountcastle x 2 practices	2004	11,004	11,213
Leith Mount	2005	7,250	10,866
Slateford	2007	6,608	9,209
Conan Doyle	2007	3,500	3,500
Gracemount	2005	5,880	7,413
Westerhailes	2013	6,759 (Jul 2000)	7,249
West End	2014	7,925	9,144
Total		64,421	80,403

In the same period (2000-2016), GP list sizes grew **51,549 (489,241 to 540,790)**. Only about 16,000 of this growth was facilitated by the new builds in the table above. The remainder, some 35,500 people, have been absorbed by practices increasing their list sizes and two new practices having been established.

It should be noted that until at least 2007 the rate of population was relatively slight and often erratic. Only in 2010/11 did public services in the City begin to recognise the implications of a long term and accelerated trend of population increase.

3.6 Currently, there are four buildings in the construction phase:

Table 2

	Year	Original List Size	Planned List Size
Ratho Surgery	2017	2,092	5,000
Leith Walk	2017	8,000	10,000 (+
NWE partnership	2017	-	(+ 5,000)
Firrhill/Craiglockhart	2017	14,241	15,241
TOTAL	-	24,258	35,241

3.7 The builds in process will account for c11, 000 of the anticipated list size increase of 55,000 (2016-2026). There are no planned builds to create the infrastructure for the remaining c44, 000 people expected up to 2026 and beyond. Appendix I gives a total population expansion of c70, 000. This figure is higher than the 55,000 capacity required in the time period. The higher figure includes an element of 'future proofing' with five of the new premises having capacity which will be needed beyond 2026.

3.8 The capital costs involved in building new practice premises vary considerably. As an outline guide, each 1,000 patients require approximately 90m² of space so a practice of 5,000 will have an associated build cost of £2.5m (or its revenue equivalent).

3.9 As a crude 'rule of thumb', the combined Primary Care Estate could be costed at £500k per 1000 people. With a list size of 541,000 this equates to £270m. If we anticipate that the buildings require renewal every 25 years, this gives an annual capital requirement of £10.7m. Even if this calculation is adjusted to a 40-year life cycle, the annual expenditure required is £6.7m, simply to keep the current premises in reasonable condition. This figure then needs to be augmented

by an additional £2.5M per year to reflect the requirements of the new population. In short, a capital investment programme of £9-10M per annum has been required since 2009 to keep up with population increase. Using the 40-year calculation over the period 1999-2017 inclusive, we should have invested £170-£190m. During this period, we actually invested c£45M.

- 3.10 The 2014 assessment recommended a modest facilitating fund for a three-year period to enable increased capacity, alongside commitment to a sequence of additional strategic investments. This flexibility is now all but exhausted, although a small number of practices continue to come forward with innovative ideas to augment their existing premises.
- 3.11 Practices which wish to improve the functionality of their buildings, but are not increasing their population have had no support since the Primary Care Improvement Grants disappeared a decade ago.
- 3.12 In April 2014, c19 of Edinburgh's 73 general practices were declaring their lists full or restricted at any given time. This was a substantial increase on a few years previously, when this status was used only in exceptional circumstances.
- 3.13 Currently, 42 of the 73 practices are restricted and increasing number of patients appeal to the Practitioner Services to be placed with a GP practice. Premises are an important factor in allowing practices to expand their lists.
- 3.14 This creates a ripple effect on neighboring practices, as patients are required to register further afield and in turn create more pressure on those practices who may have been managing their list size satisfactorily. Obviously, there is also an impact on patients who will have to travel further from home.
- 3.15 GPs emphasised, as part of the 2014 consultation, their reluctance to restrict their lists in this way and their willingness to work with EHSCP to find a better balance between population growth and GP primary care capacity. The current proliferation of restrictions is an indication of how critical the current situation is.
- 3.16 In 2014, population pressure and restricted lists were very much a problem for the North of the City. Three years on, the problem is city-wide.
- 3.17 In late 2012, a short-term measure was designed and proposed; the Edinburgh List Extension Grant Uplift (LEGUP), to help with the immediate pressure. This was intended to help Practices who could extend their list sizes to do so, and release pressure from surrounding Practices.
- 3.18 The LEGUP grant of £25,000 enables practices to implement the necessary actions required to grow by the agreed amount of 500 patients over a 12-month period. As there is a time lag in the income associated with list increases, practices had found it difficult to grow because of the associated costs – LEGUP enables the management of that pressure.
- 3.19 Dialogue with GPs across the city noted concern that the LEGUP mechanism might be seen as anything more than a short-term solution to the mismatch between infrastructure and population growth.
- 3.20 A series of dedicated meetings in 2013 used a standard template and gave geographically sensitive information on likely population build up per Primary Care locality estimated from planned housing developments, (which is acknowledged to be lower than actual population growth).

3.21 These local meetings were universally welcomed by GPs, who embraced the opportunity of a more deliberately planned and consensual position on this issue. The meetings were held again in 2014 and widely acknowledged as useful. Due to the CEC Local Development (Housing) Plan being reviewed by the Scottish Government, no meetings were held in 2015. The LDP was released in September 2016 and dedicated GP premises meetings took place in November 2016 across each of the 'new' locality areas.

4. Locality Overview (see appendices II - V for detail)

4.1 Appendix I summarises the overall City position and gives indicative figures and timescales. Local Development Plan sites identify considerable development in green belt areas, particularly in the South East Wedge, West and North West. Scheduling now identifies that building will commence on most sites during 2017 and this could be accelerated as demand increases.

4.2 Appendices II to V set out the local consensual outcomes of these discussions. These recognise the long-term need for new buildings, partly in response to poor existing accommodation and partly in response to population pressure. They also suggest more limited investment in existing buildings, where it is possible to augment or to expand list size. Thirdly, they prioritise those Practices who could be helped to keep their list size open, and continue to welcome new patients over the next three years (LEGUP grants).

4.3 The locality appendices (II - V) will continue to be updated annually and discussed at local GP Representative Meetings across the city and with the GP Sub-Committee

4.4 North West (pop. 156k with 19 practices) Appendix II

Some of the population increase in this area will be absorbed by a combination of the New Partnership Centre which is already underway and adjustments through extension/reorganisation grants and LEGUP. The planned increase on the Granton Waterfront predicted to be c10, 000 post 2019 is mainly separate to the population increase in Muirhouse. A second new practice and new practice building needs to be established in this area of the City. There are three new development sites clustered around the Gogar roundabout, one of which has a new Primary School site anticipated. This would give opportunity for a combined infrastructure solution in the area.

A small scheme investment was made at Davidson's Mains and this additional capacity of c1000 remains unused. There is also capacity at the Parkgrove Surgery provided a lease can be agreed post 2019. Together, these will be adequate to serve the imminent Cammo development.

In 2017, South Queensferry will benefit from an Intermediate Scheme, potentially allowing a further 3000 to be offered GMS from the existing premises.

There is a longstanding requirement to renew the accommodation of the Stockbridge Practices. There are several options including the opportunity of the RVH site development.

4.5 North East (pop. 125k with 18 practices) Appendix III

As a part of the 2014 work, GPs looked imaginatively at their existing premises and c7,000 of potential new population capacity was identified as able to be accommodated through a

combination of both extension/ reorganisation and LEGUP funded growth. The capacity of the Leith Mount practice is now almost exhausted and the establishment and relocation of the Victoria practice has helped immensely over the last three years.

Since the 2014 recommendations, the Leith Walk scheme has been progressed and an additional 2,000 of physical capacity will be created by Spring 2017. In addition, the list of Leith Links has now re-opened and is able to absorb a further 2000. North East Edinburgh is strong example of a series of modest investments and close working with practices averting a widespread local crisis. The next stage is to ensure that the NE HUB or Gamechanger or combination of both, are able to address the immediate requirements of the Brunton and Leith Links practices. An additional Leith Waterfront population needs to be considered separately. There is a further potential opportunity for renewal with the planned development of a new primary school to respond to the population expansion in the Waterfront area in particular.

Some modest additional capacity may be available in the Mill Lane premises, where a lease has been agreed until 2032.

The second major area of expansion is Craigmillar where a new practice (Niddrie) was appointed in 2014 with capacity to absorb another 2/3000. In addition, there remains some capacity in Mountcastle (Milton and Southfield). In the longer term, more capacity will be needed and possibly another practice building as the Craigmillar population expands further.

Another area of relatively recent concern is the expansion of the Brunstane / Newcraighall population. This expansion is not large enough to justify a new practice in itself, but none of the surrounding practices are in a position to absorb the predicted additional population without associated infrastructure development. A meeting has been held with the affected practices and a possible solution is being developed.

4.6 South East (pop. 124k with 20 practices) Appendix IV

The population of SE remained static until 2014 when the certainty of change was highlighted. There are four distinct areas of pressure with several practices struggling with capacity and restricting their lists.

Firstly, there is an area towards the City boundary with the bypass, where quantity and timescales of build-up is now much more certain. There are two practices on the Gilmerton side which need new premises and the possibility therefore, of a joint development which accounts for the additional population expected at the City boundary. Early exploratory discussions are underway with CEC 21st Century Homes to consider joint developments, and there is also a possibility of a commercial opportunity.

The development of Edinburgh's first 'intermediate' scheme at Liberton has added some welcome capacity in the area.

The second critical area is a corridor from the Cowgate to Cameron Toll with five practices plus the University Practice. Only one of these practices now requires urgent replacement following the relocation of Southside to Conan Doyle. This area is also subject to considerable pressure from the concentrating university population. This cannot be further absorbed by the University Practice which is at its limit. Discussions with McKenzie and St Leonards should confirm they have capacity to respond to this.

The inner city area is complicated, with several small practices with overlapping boundaries. The long-term future of the small Marchmont and Newington based practices are key to this

picture. The optimum long-term solution for both these areas where there is a need for practice re-provision would be a single site development with co-location of the practices. Naturally this would be dependent on site availability, and the willingness of each of the independent contractors to commit to it. The re-development of the Royal Hospital for Sick Children's site could offer an opportunity, but would be dependent on the plans of the developer as the site will be out with NHS control. In addition, the NHS has a large site at the Lauriston building and consideration of the inclusion of a substantial primary care facility would be welcome.

The building currently leased by NHS Lothian for use by the Boroughloch Practice has been sold. The Boroughloch practice currently has three year tenure until September 2019.

A further 'intermediate' scheme may be possible at the Grange practice to help with capacity in the medium term.

The remaining area concerns the Hermitage Terrace practices, and potentially the Morningside practice which could be grouped together. The Phase 3 development of the REH site offers a potential solution for this development and timing would fit with practice plans.

The plans for the development of the Access practice currently in temporary accommodation in Spittal Street are well underway. There is a good option for this practice and the business case is well developed and should come forward when a rental and capital investment between NHS Lothian and CEC is agreed.

4.7 South West (pop. 130k with 17 practices) Appendix V

Ratho surgery will be re-provided in 2017 in new premises with increased capacity – sufficient to absorb early population build up from new developments in the West until a new practice is established.

The other immediate challenge is that the Polwarth practice is now a 2c (directly managed) practice with a six-month rolling lease. This requires an urgent solution in 2017 due to uncertainty of tenure. Discussions on a potential option at Tollcross Health Centre are ongoing. If successful this will avoid a capital investment of c £2.5M.

Allermuir Health Centre will open in 2017 and provide new accommodation with increased capacity for Craiglockhart / Oxbgangs and Firrhill Practices. There is sufficient physical capacity to accommodate the Craighouse development and the likely future development of Redford Barracks for residential use.

The Pentlands Practice catchment area includes new developments already underway and likely to bring an additional cohort (about 2,000?) into the Practice catchment. The current building may be able to be augmented (Minor / Intermediate scheme) to facilitate.

5. Key Understandings

- 5.1 The population build-up due to new housing has been estimated to account for c50% of the actual increase. These figures will be locality sensitive and the conclusions they provoke will be adjusted and refined annually. Accordingly, we have only recommended capital investment where we believe there is a high probability of substantial population increase and/or the urgent requirement to renew existing premises.
- 5.2 This analysis only addresses the core Primary Care premises requirements and highlights where

new solutions need to be found. These pieces of the public sector jigsaw can then lend themselves to an imaginative and locally responsive shaping of public services and enhancement of the public realm. In some cases there will be opportunities to put two or more practices together, in others co location with libraries, mental health facilities, Third Sector, or Community Centres, acute 'out reach' and schools all offer attractive surgeries. Only in the areas of highest deprivation are more deliberate models required, as with Westerhailes and the North West Partnership Centre.

- 5.3 A further complicating factor is the student population. The student population equates to approximately one third of an average population in terms of primary care workload. It is important to recognise the administrative workload caused by high turnover and the concentration of this in October in particular. In some areas, notably Central South East and more recently, Central South West, an increase in dedicated student accommodation locally, can create rapid rises in list sizes which in reality are only associated with relatively modest clinical demand. It is important we do not either over-react to this or fail to make adequate provision. The overall size of the student population continues, we understand, to be relatively stable.
- 5.4 The 2014 work recognised the strategic opportunity which occurs when an existing GP Partnership decides to reform into two new partnerships. This has provided a very welcome response to rapid population build-up in two areas of the city (Niddrie and Victoria (Leith)).
- 5.5 A further development has occurred for the large new NW Partnership Centre, (Muirhouse Medical Group) has agreed to seed or nurture the fledgling practice ('Pennywell') and to make the list size sustainable. This innovation has so far proved a very attractive mechanism saving considerable cost and protecting patients against the risks of an unsupported clinical function.
- 5.6 The issue of practice size needs to be addressed as part of the planning process. Historically, a list size of c3000 was regarded as sufficient for stability and in many parts of Scotland it could be less for geographical reasons. The average practice size in Edinburgh is now 7,200. Only six practices out of 73 now have a list size under 5000. Four are set to grow beyond 5000 and the remaining two will be absorbed into neighbouring practices or merged as senior partners retire. By 2020, it is likely that no practice in Edinburgh will have a list size under 5000, and the average practice size will rise to around 8000.
- 5.7 The issue of Practice boundaries has re-emerged as a live topic further to the Locality and Clusters formations. There is an appetite for a rationalisation of current boundaries which are unfeasibly wide in many cases. This work will be taken forward during 2017.
- 5.8 Work was undertaken which suggested that the catchments of all 73 practices could be helpfully interpreted as 16 Primary Care delivery areas – or 'sub clusters' where groups of practices have significantly overlapping geographical concentrations of patients. This work is potentially helpful in a number of ways.

Firstly, it helps to legitimise the clusters, i.e. when the natural population concentrations of practices are mapped, they suggest affiliations between practices which accord with the cluster groupings. Obviously this becomes more subjective with some practices, e.g. Meadows practice could have been interpreted as an extension of the South West 'Canal' cluster or as part of the SE 'North' cluster. The decision was made to place it in the SE North cluster as it sat within the SE locality boundary. The overriding point is that no practice has been placed into a cluster arrangement which is not solidly founded on consideration of significant population in common.

- 5.9 The provision of Primary Care infrastructure is moving from an opportunistic approach to deliberate planning in parallel with the City's expansion. Although the Local Development plan offers a very helpful guide to expansion, it cannot account for the cumulative development of windfall schemes, nor the now more intensive use of available stock, nor associated timescales. In short, we have to respond to a more complex picture than that indicated by the Plan. This includes erstwhile stable practices declaring their intention to withdraw service with six months notice.
- 5.10 The Government review of Primary Care Premises is due to report and may give a strengthened role in premises provision and management to the NHS/ IJBs. Independent contractors' views on their practice size, the suitability of their buildings and their location may vary sharply from other assessments. There is no mechanism to oblige an independent practice to move or grow.
- 5.11 Work has been ongoing with City of Edinburgh Council Planning Department to identify the impact on GP practices from new developments, and to quantify the potential for Developers' Contributions to mitigate the impact of the associated growth. The methodology for contributions is explained further in the next section.
- 5.12 Work has also been undertaken with CEC colleagues to explore opportunities for co-location with planned new schools, housing developments and existing CEC estate.

6. Developers Contributions Methodology

Developers' contributions have been calculated using a range of options to address the variety of solutions to primary care premises infrastructure. The options vary from small schemes whereby a practice increases capacity through modest means, to full re-provision or new build. This approach enables a flexible and proportionate response to the population increases arising from local developments. The options and costing methodology are identified below, and Appendix VI sets out the calculations for each type of development

- 6.1 Small Schemes Cost range: £0.01m-£0.1m
Schemes to increase capacity by creating additional consulting space / reorganisation within existing practice premises. Cost range is based on the work carried out for comparable schemes in over 20 practices in the past 3 years
- 6.2 Intermediate schemes Cost range £0.1m – £0.5m
An intermediate scheme is a more substantial scheme for existing practice premises, where an extension is added or significant internal refurbishment is required to add sufficient increased capacity. Costs are based on completed schemes or schemes in development in the last 3 years.
- 6.3 Refurbishment/redesign entire practice premises Cost range £0.5m - £1.2m (x 20%)
This involves extensive redesign which may include augmentation of premises as well. May not be wholly attributable to new development pressures in which case only a % would apply for developers' contributions e.g. If a practice of 8,000 increases capacity by a further 2,000 to accommodate growth from developments, then only the % relevant to the development would apply for contributions i.e. 20%
- 6.4 New build Cost range highly variable
Likely to apply when an entirely new practice is required, needing both premises and staff, and in instances where there is no general practice provision in the area or that which is there is unable

to respond to the increased need. Cost will vary dependent on solution to deliver scheme and the number of patients which the practice will serve. Indicative costs are based on Scottish Future Trust metrics.

7. Partnership Working

7.1 GPs continue to be receptive to the idea of sharing premises with neighbouring practices and indeed other public services. Much closer working between CEC, NHS and other agencies has developed over several years and the HSCP. Buildings which are no longer required or which are considered unfit for purpose by one agency, may present a long-awaited opportunity for a partner.

7.2 The ideal 'partnership' models have been brought together in developments such as WesterHailes and prospectively the new North West Edinburgh Partnership Centre (NWEPC) development. These are essential in areas which have high levels of economic deprivation, but are not necessarily a requirement in other areas of the City. We already have obvious Partnership groupings in several areas with high deprivation;

- Craigmillar
- Liberton and Gilmerton
- Wester Hailes
- NWEPC (scheduled)

7.3 Areas with high levels of economic disadvantage which have no obvious public sector 'hubs', are;

- Sighthill area – possible redevelopment of Sighthill
- Craightinny / Lochend – NE HUB / Gamechanger
- Leith

8. Resources Sought (Primary Care Population Growth Funds)

8.1 Appendix I summarises the resources required with indicative timescales.

8.2 In 2014, c30 practices across the City told us that with a 'reorganisation or extension' grant (less than 50k per practice) they could increase their list size by 500 or more. Since then we have given out 17 LEGUPs and undertaken 17 minor works schemes to increase physical capacity.

8.3 The combination of a 'reorganisation and expansion' grants scheme and the LEGUPs, have provided additional capacity for c10000 patients across the City. The cost of this was approximately £400k; a fraction of the cost of establishing a new practice and providing premises.

8.4 The modest annual provision of £200k for minor premises 'reorganisation and expansion' grants (less than 50k each), should be continued – in the last two years, only half was allocated albeit capital slippage augmented some of the shortfall.

8.5 8-10 LEGUPs are required per year. In 2014, eight were given out, in 2015, this reduced to five and in 2016 only three were available. The number of restricted lists has risen accordingly.

8.6 Around 10 practices are currently willing to consider LEGUPs in 2017 and this is a way to augment capacity whilst further infrastructure solutions are put in place.

8.7 Further capital schemes are recommended with an indicative cost of c£57m. These are proposed partly in response to poor current conditions and partly to respond to the growing population.

9. Governance

9.1 The four Edinburgh GP locality groups helped to develop and support this paper.

9.2 Considerable challenges have been posed in aligning urgent operational decision making with our new joint decision-making. The risks of not being able to make decision in a timely fashion are considerable and could result in service failure.

9.3 For a decision to be made about the reprovision of a practice, the following groups need to be consulted in the order indicated:

- EHSCP EMT (fortnightly)
- LCIG (monthly)
- IJB (bi-monthly)
- F&R (NHSL) (bi-monthly)

Infrastructure projects are required to comply with the terms of the Scottish Capital Investment Manual (SCIM). This applies to both capital schemes and schemes using third party developer funding or other ways of providing premises for independent contractors.

Depending on the value of the scheme, the stages – each of which need to submit to governance - are:

- Strategic Assessment
- Initial Agreement
- Standard Business Case (within delegated limits, i.e. <£5m) or Outline Business Case then Full Business Case if > £5m.

Schemes greater than £5m require Scottish Government approval at each stage, in addition to that of NHS Lothian and the Integrated Joint Board. The time to get through this can be considerable. Pragmatic and helpful decisions continue to be made to avoid the consequences of delays which threaten services, but lack of an agreed mechanism to expedite is a weakness in current arrangements.

10. Beyond the Current Planning Period

10.1 We know the city will continue to grow and to put immediate and obvious pressures on the infrastructure required for education, transportation and Primary Care. The wider impacts will be slower to materialize but it is essential that the public sector is able to respond collectively to these immediate pressures.

10.2 The City has started a conversation about what 2050 might look like and Primary Care is eager, albeit with the constraints of the current crisis. Some early modeling has been undertaken to illustrate how practices might be grouped together in single buildings. Judgements which try to foresee the impact of technology, professional development and public preferences so far ahead quickly deteriorate into guesses. The inherent trade offs between local access as perceived by communities and staff delivering services and the perceived advantages of co location and scale is a perennial dilemma. This is a debate which should start as soon as we

have confidence in our capacity to resolve the immediate challenges, in the knowledge that failure to adequately invest is almost certain to result in a very intense period of public dissatisfaction and the resultant scrutiny. Our experience of public sensitivity to changes in the geographical access to Primary Care underline that any significant departure from current disposition would require careful public consultation.

10.3 The early modeling work looked at one of the many ways to interpret what the long term future infrastructure requirements for Primary Care might look like. The approach took a cluster based view, building on the known affinity between GP practices in the same cluster sharing common geographies. There are some practices which were left unaffected;

- South Queensferry/ Ratho/ Riccarton/ Crammond because of an overwhelming geographical rationale combined with known population build up.
- Firrhill/ Craiglockhart/ Gracemount/ West End/ Craigmillar/ Mountcastle/ Westerhailes/ Conan Doyle because of recent substantial investment in purpose built premises and well understood local population build up.

29. Any further development of long term and speculative proposals would need to ensure that this did not distract or undermine the immediate challenges.

11. Equalities Impact Assessment

A Rapid Impact Assessment was undertaken on 23.1.2014. The assessment highlighted the following points:

- The opportunity for Public and Third Sector services to plan for the population increase collectively through the Edinburgh Partnership.
- The risks associated with any new population being unable to access a GP list or appointments are thought to be greater for areas of widespread economic deprivation.

The consequences of substantial numbers of the population by-passing Primary Care Services would be increased pressure on Acute and other direct access health and social care services.

David White - Strategic Lead Primary Care and Public Health
Maggie Gray - Project Manager Edinburgh Health and Social Care
March 2017

Edinburgh Health and Social Care Partnership - Population and Premises Plan

Appendix I

Location	Details	Estimated capacity increase	Building required	Estimated Capital Cost £m	Current status	Urgency category
North East						
Leith Walk Surgery*	Re-provision with increased capacity	2,000	2017	1.07	Underway - landlord scheme	
New Practice - Leith	Required to mitigate impact of Leith Waterfront development	10,000	2020-2022	6	Exploring options -co-locate with new school /NE Hub	
Brunton Practice	Re-provision with increased capacity	2,000	2018	5	Exploring options - Gamechanger	
Leith Links	Re-provision with increased capacity	2,000	2019	3.5	Exploring options - Gamechanger /Hub. ?Extend lease post 2019	
Niddrie	Expansion or re-provision	2,000	2020	5	Speculative	
Restalrig*	Intermediate scheme	1,500	tbc	tbc	Landlord scheme	
Brunstane	Required to mitigate impact of Brunstane/Newcraighall developments	3,500	2019	0.1	Exploring options with local practices	
	Sub total	23,000		20.67		
North West						
South Queensferry *	Intermediate scheme - internal refurbishment	3,000	2017	0.3	Underway - landlord scheme	
New practice North West Edinburgh **	Provision of new practice within NWE partnership centre	5,000	2017	12	Underway as part of NHSL bundle	
New practice - Granton Waterfront	Establish new practice to mitigate impact of Granton Waterfront developments	10,000	2021	6	Exploring options - co-locate with new primary school	
New practice West Edinburgh	Establish new practice to mitigate impact of developments in West Edinburgh - Maybury, IBG, Ed Park, South Gyle	8,000	2020	5	Exploring options	
Stockbridge(s)	Re-provision of practices / upgrade to Stockbridge Health Centre	0	2020	6	Exploring options - Royal Victoria Site. Potential capital receipt if full re-provision	
Parkgrove	Extend lease post 2019 plus Intermediate scheme - internal refurbishment to mitigate impact of Cammo development	2,000	2019	0.1	NHS Lothian requires IJB confirmation to action lease extension post 2019	
Cramond	Intermediate scheme	1,000	2018	0.25	Exploring in tandem with lease renewal works	
	Sub total	29,000		29.65		

Edinburgh Health and Social Care Partnership - Population and Premises Plan





Appendix I

Location	Details	Estimated capacity increase	Building required	Estimated Capital Cost £m	Current status	Urgency category
South East						
New practice Gilmerton +/- re-provision of existing local practice(s)	Establish new practice to mitigate impact of SE Edinburgh developments. Potentially combine with re-provision of Ferniehill and Southern	6,000	2018	5 (9)	Exploring options - potential development with 21stC Homes or Morrisons supermarket.	
Edinburgh Access Practice	Re-provision of unsuitable premises, temporarily in Spittal St	0	2018	2	Business case in development for city centre site	
Southside	Re-provision of premises due to loss of existing premises	0	2017	0.02	Underway - moving to Conan Doyle	
Morningside	Re-provision of 2-3 practices	1,000	2021	9	Speculative-potential opportunity Royal Edinburgh Development ph 3	
Meadows area	Re-provision of premises for up to 3 practices	1,000	?2019	3	Speculative - limited site opportunities	
Grange	Intermediate scheme - extension	2,000	2018	0.4	Discussions with practice/exploring options	
	Sub total	10,000		19.42		
South West						
Ratho Surgery	Re-provision with increased capacity	3,000	2017	1.2	Underway	
Allermuir Health Centre**	Re-provision of Craiglockhart/Oxgangs and Firrhill practices	2,000	2017	7	Underway	
Pentlands Medical Centre	Intermediate scheme - internal refurbishment	1,500	2018	0.5	Early discussions with practice	
Polwarth	Re-provision of premises due to loss of existing premises	0	2017	0.2	Exploring options for relocation to health centre	
	Sub total	6,500		8.9		
TOTAL		68,500		78.64		

* Revenue schemes, landlord developing

** Total cost of partnership centre

URGENCY KEY

-  Underway
-  Immediate - 3 years
-  3 - 7 years
-  7 years plus

**EHSCP DRAFT POPULATION / PREMISES PLAN
NORTH WEST EDINBURGH SUMMARY
v. March 2017**

Key Understandings

- Across Edinburgh, population projection is at the rate of 5,000 / per year. New housing developments have accounted for around half of this growth. Several of the City's areas of major population development are in the NW sector.
- An intermediate scheme planned for South Queensferry in early 2017 will create increased capacity to facilitate local population growth
- A new practice in development for the NWE Partnership Centre will absorb population growth associated with the redevelopment of Muirhouse/Pennywell and some early development at Granton Waterfront
- Substantive development at Granton Waterfront will require a further new practice
- Parkgrove practice is well placed to provide capacity for the development at Cammo and further capacity is available at D Mains following a small scheme
- A new practice will be required for the population associated with the developments to the west of the city including Maybury and International Business Gateway. In the meantime, Ratho boundary (SW Locality) has been extended to cover these areas
- The City Centre population continues to put pressure on West End, Stockbridge and Eyre, despite not being associated with large scale additional housing developments.
- The development of the RVH site may allow for the development of new practice premises for Stockbridge(s)
- Further population can be accommodated by some existing practices if a 'reorganisation and extensions' grants fund and LEGup is available

Population (GP List Size as at 1st July) (using new localities)

2008	2016	%	Additional population 2016 -2021	Known developments of c1,000 and more
147,789	158,383	7.17	circa 6,822 from planned housing	Granton Waterfront, South Queensferry, Maybury/Cammo, Edinburgh Park

New build/New Premises development (part of Lothian-wide Primary Care Prioritisation)

	Completion
West End Medical Practice + 1,000 (already absorbed)	2014
NWE Partnership Centre – new practice + 5,000	2017

Extension/reorganisation to enable growth

	Extra capacity	Estimated £	Status
Davidson's Mains	1,000	40.5k	Actioned 2014
Parkgrove and E Craigs	500	18k	Actioned 2014
Inverleith	500	7.7k	Actioned 2014
Longhouse	500	8k	Actioned 2015
Eyre	500-1,000	49.5	Actioned 2016
Bangholm	1,000	42k	Programmed 2017
Intermediate scheme			
Sth Queensferry	3,000	300k	Programmed 2017
Total	7,500		

LegUp

Year	Practice	Extra population	Status
2014/15	E Craigs/Parkgrove	500	Actioned
	Longhouse	As above	Actioned
	Inverleith	As above	Actioned
2015/16	South Queensferry	500	Actioned
	Muirhouse	New practice	Actioned
2016/17	Muirhouse	New practice	Actioned

2017/18	Bangholm?		
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North West Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2016. The HLA, which is updated annually, programmes expected completions over the audit period 2016-2021, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2016, therefore sites which have received planning consent since that date may not appear until the 2017 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2017 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

Housing Land Audit and Delivery Programme 2016 North West Edinburgh

Local Development Plan Sites	Site capacity	Total completed	Total remaining	2016-2021		2021-2026		Post 2026
				Units	Population	Units	Population	Units
ADDRESS1								
LDP Del 5: Edinburgh Park / South Gyle	375	0	375	100	210	250	525	25
LDP Del 5: Edinburgh Park / South Gyle	200	16	184	184	386	0	0	0
LDP Emp 6 IBG	350	0	350	180	378	170	357	0
LDP EW 2A: West Shore Road - Forth Quarter	350	0	350	100	210	250	525	0
LDP EW 2B: Granton Park Avenue	95	14	81	0	0	81	170	0
LDP EW 2B: Upper Strand Phs 2	64	0	64	64	134	0	0	0
LDP EW 2B: Waterfront WEL - Central Dev	1,604	0	1604	150	315	250	525	1,204
LDP EW 2C: Granton Harbour	288	133	155	0	0	155	326	0
LDP EW 2C: Granton Harbour	1,055	0	1055	100	210	325	683	630
LDP HSG 19: Maybury	1,850	0	1850	175	368	700	1,470	975
LDP HSG 2: Scotstoun Avenue (Agilent)	156	71	85	85	179	0	0	0
LDP HSG 2: Scotstoun Avenue (Agilent)	294	90	204	204	428	0	0	0
LDP HSG 20: Cammo	600	0	600	175	368	425	893	0
LDP HSG 3: Queensferry Road	75	0	75	75	158	0	0	0
LDP HSG 3: Queensferry Road	69	40	29	29	61	0	0	0
LDP HSG 3: Queensferry Road	125	105	20	20	42	0	0	0
LDP HSG 32: Buileyon Road	840	0	840	75	158	450	945	315
LDP HSG 33: South Scotstoun	375	0	375	120	252	255	536	0
LDP HSG 34: Dalmeny	15	0	15	15	32	0	0	0
LDP HSG 6: South Gyle Wynd	203	38	165	165	347	0	0	0
LDP HSG 8: Telford College (North)	329	211	118	118	248	0	0	0
LDP HSG 9: City Park	203	56	147	147	309	0	0	0
Other North West Sites					0		0	
Corstorphine Road	30	0	30	30	63	0	0	0
Cramond Road North	155	139	16	16	34	0	0	0
Drumsheugh Gardens	17	0	17	17	36	0	0	0
ECLP HSG 10: Clermiston Campus	328	317	11	11	23	0	0	0
Ellersly Road	19	6	13	13	27	0	0	0
Ferrymuir	151	0	151	151	317	0	0	0
Muirhouse Avenue	202	122	80	80	168	0	0	0
Murrayfield Drive	17	0	17	17	36	0	0	0
Pennywell Road	290	0	290	75	158	215	452	0
Pennywell Road	193	63	130	130	273	0	0	0
Pennywell Road	177	0	177	130	273	47	99	0
Pennywell Road	68	0	68	68	143	0	0	0
RWELP HSG : Ferrymuir Gait	108	0	108	108	227	0	0	0
RWELP HSP 3: Kirkliston Distillery	122	30	92	92	193	0	0	0
West Coates	203	0	203	125	263	78	164	0
TOTAL					7,022		7,667	

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES NORTH WEST	Units
LDP EW 2B: West Harbour Road	42
LDP HSG 1: Springfield	150
RWELP HSG 7: Society Road	50
LDP EW 2D: Waterfront - WEL - North Shore	850
LDP EW 2A: West Shore Road - Forth Quarter	691
RWELP HSG 6: Port Edgar	300
LDP HSG 7: Edinburgh Zoo	80
LDP EW 2C: Granton Harbour	426

CARE HOMES/RETIREMENT FLATS NORTH WEST			
Address	Bedrooms	Proposal	Applicant
YET TO COMMENCE			
118 Corstorphine Road	63	Develop a 63 bed care home with ancillary facilities including a cafe, library, activity spaces, car parking and childrens play equipment	Care UK
44 Hillhouse Road	62	Planning permission in principle for a 3 storey residential care home for the elderly, with associated access, car parking and landscaping	Northcare scotland Ltd
44 Hillhouse Road	50	Planning permission in principle for a 3 storey residential care home for the elderly, with associated access, car parking and landscaping	Northcare scotland Ltd
18 Whitehouse Road	50	Proposed demolition of existing dwelling and construction of new carehome and associated parking	Care Concern Holdings Ltd
STATUS UNKNOWN			
565 Queensferry Road	60	Demolition of an existing dwellinghouse and development of a care home and associated access, parking	Barchester Healthcare

STUDENT ACCOMMODATION (as at Dec 2015)	
	Student bed spaces
Consent granted	
St John's Road	16
Awaiting determination	
Muirhouse Avenue	72

NB: Student accommodation as per annual report Dec 2015, so the status of some sites may have changed since the report. Will be updated when 2016 report available.

**EHSCP DRAFT POPULATION/ PREMISES PLAN
NORTH EAST EDINBURGH SUMMARY
v. March 2017**

Key Understandings

- Across Edinburgh, population projection is at the rate of 5,000 / per year. New housing developments have accounted for around half of this growth.
- Brunton Place requires urgent re-provision which would also enable an increase of 2000
- Leith Walk will move to new premises in 2017 with increased capacity of 2000
- Leith Links is able to accommodate further growth
- Victoria Practice has moved to larger premises with increased capacity of 2000 within Leith CTC
- Gamechanger and NE Hub (Tramway) developments offer opportunities for practice re-provision and increased capacity
- A new practice will be required for the Leith Waterfront Developments
- Brunstane/New Craighall developments – solution required
- Niddrie will require premises expansion or replacement
- Further population can be accommodated by some existing practices if a ‘reorganisation and extensions’ grants fund and LEGup is available

Population (GP List Size as at 1st July) (using new locality practices)

2011	2016	%	Additional population 2016-2021	Known developments of c1,000 people or more
117,194	124,543	6.27	circa 8,000 from planned housing	Salamander Place, Western Harbour, Leith Waterfront Shrub Place, Brunstane

New build/New Premises development (part of Lothian-wide Primary Care Prioritisation)

	<u>Completion</u>
Leith Walk – potential growth of 2000	2017
Brunton Place – potential growth of 2000	?

Extension/reorganisation to enable growth

	Extra capacity	Estimated £	Status
St Triduana’s	500	10k	Actioned 2014
Niddrie	1000	5k	Actioned 2014
Long House	500	6k	Actioned 2014
Victoria	2000	28k	Actioned 2016
Leith Mount	500	4.3k	Actioned 2016
Brunton	500	6.1k	Actioned 2016
Restalrig - extend	1,500	Landlord led scheme	?
Bellevue –reorganise	2,000?	?	feasibility study
Total	6,500		

LegUp

Year	Practice	Extra population	Status
2014/15	Niddrie	as above	Actioned
	St Triduana’s	as above	Actioned
	Victoria	500	Actioned
2015/16	St Triduana’s	500	Actioned
	Leith Mount	500	Actioned
2016/17	Leith Mount	500	Actioned
	Durham Road	500	Actioned
	St Triduana’s	500	<i>Insufficient funding</i>
2017/18	Niddrie	500	<i>Insufficient funding</i>
	Leith Walk	500	
	Niddrie	500	
	Leith Links		

North East Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2016. The HLA, which is updated annually, programmes expected completions over the audit period 2016-2021, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2016, therefore sites which have received planning consent since that date may not appear until the 2017 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2017 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

Housing Land Audit and Delivery Programme 2016 North East

Local Development Plan Sites	Site capacity	Total completed	Total remaining	2016-2021		2021-2026		Post 2026
				Units	Population	Units	Population	Units
LDP EW 1A: Western Harbour	96	12	84	84	176	0	0	0
LDP EW 1A: Western Harbour	1,155	0	1155	0	0	325	683	830
LDP EW 1A: Western Harbour - Newhaven Pl	138	0	138	138	290	0	0	0
LDP EW 1A: Western Harbour View	258	0	258	175	368	83	174	0
LDP EW 1C: Salamander Place	781	145	636	75	158	250	525	311
LDP HSG 11: Shrub Place	374	0	374	344	722	30	63	0
LDP HSG 12: Albion Road	205	0	205	205	431	0	0	0
LDP HSG 13: Eastern General Hospital	155	24	131	131	275	0	0	0
LDP HSG 13: Eastern General Hospital ph 3	76	0	76	76	160	0	0	0
LDP HSG 14: Niddrie Mains	484	0	484	85	179	150	315	249
LDP HSG 14: Niddrie Mains Road	110	87	23	23	48	0	0	0
LDP HSG 16: Thistle Foundation	149	0	149	149	313	0	0	0
LDP HSG 17: Greendykes	831	0	831	75	158	250	525	506
LDP HSG 17: Greendykes Road	10	0	10	10	21	0	0	0
LDP HSG 18: New Greendykes	526	60	466	260	546	206	433	0
LDP HSG 18: New Greendykes phase 1	130	91	39	39	82	0	0	0
LDP HSG 18: New Greendykes phase 2	160	25	135	135	284	0	0	0
LDP HSG 26: Newcraighall North	220	34	186	174	365	12	25	0
LDP HSG 27: Newcraighall East	154	0	154	75	158	79	166	0
LDP HSG 29: Brunstane	1,330	0	1330	175	368	650	1,365	315
LDP HSG 40: SE Wedge North - The Wisp	72	0	72	72	151	0	0	0
Other North East Sites								
Annandale Street	60	0	60	60	126	0	0	0
Beaverbank Place	41	0	41	41	86	0	0	0
Beaverhall Road	83	31	52	52	109	0	0	0
Blackchapel Close	91	46	45	45	95	0	0	0
Brunstane Road South	12	6	6	6	13	0	0	0
Brunswick Road	121	0	121	121	254	0	0	0
Brunswick Road (AHP)	43	0	43	43	90	0	0	0
Couper Street	27	0	27	27	57	0	0	0
Dalgety Road	52	0	52	52	109	0	0	0
Duddingston Park South	186	36	150	150	315	0	0	0
Duke Street	53	0	53	53	111	0	0	0
Fort House	94	0	94	94	197	0	0	0
Greendykes Road	62	0	62	62	130	0	0	0
Marionville Road	34	0	34	34	71	0	0	0
Mcdonald Road	75	0	75	75	158	0	0	0
Newcraighall Road	176	0	176	126	265	50	105	0
Portobello High Street	26	0	26	26	55	0	0	0
Portobello High Street	42	0	42	42	88	0	0	0
Portobello High Street	105	0	105	105	221	0	0	0
Portobello High Street	52	0	52	52	109	0	0	0
Tenant Street	49	0	49	49	103	0	0	0
West Bowling Green Street	114	0	114	80	168	34	71	0
TOTAL					8,180		4,450	

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES NORTH EAST	Units
LDP EW1A Western Harbour Platinum Pt	226
LDP EW1B Central Leith Waterfront	2,680
LDP EW1C Leith Waterfront Salamander Place	719
LDP HSG 15 Castlebrae	145
LDP HSG 16 Thistle Foundation	136
Ocean Drive	193

CARE HOMES/RETIREMENT FLATS NORTH EAST – UNDER CONSTRUCTION			
Address	Bedrooms	Proposal	Applicant
17-21 Portobello High Street	42	Proposed development of sheltered housing, comprising 42 sheltered apartments, communal facilities, landscaping and car parking	McCarthy and Stone Retirement Lifestyles Ltd
99 Inchview Terrace	60	Development of 60 bed care home with ancillary facilities including a cafe, library, activity spaces and externally a new car park and access.	Care UK

STUDENT ACCOMMODATION (as at Dec 2015)	Student bed spaces
Under construction	
Canongate/Holyrood Road EH8 8AA	935
Haddington Place	226
Consent granted	
Bothwell Street	240
Awaiting determination	
James Craig Walk	106
London Road	350
Stanley Place	98
Calton Road	91

NB: Student accommodation as per annual report Dec 2015, so the status of some sites may have changed since the report. Will be updated when 2016 report available.

EHSCP DRAFT POPULATION/ PREMISES PLAN
SOUTH EAST EDINBURGH SUMMARY
v. March 2017

Key Understandings

- Across Edinburgh, population projection is at the rate of 5,000 / per year. New housing developments have accounted for around half of this growth.
- Access Practice requires new premises and will temporarily relocate to Spittal Street meantime
- Exploring options for Newington area /re-provision of Southside
- A new practice is required in the Gilmerton area to provide for the planned developments
- Gilmerton new practice may offer an opportunity for joint new premises with local practices
- There is physical capacity for expansion at Conan Doyle
- Future development of the RHSC site, currently for sale, may offer developer led opportunities
- University practice will require new premises subject to Edinburgh University re-development
- Phase 3 Royal Ed development offers potential site for Hermitage/Morningside re-provision
- Further population can be accommodated by some existing practices if a 'reorganisation and extensions' grants fund and LEGup is available

Population (GP List Size as at 1st July) (using new locality practices)

2011	2016	%	Additional population 2016-2021	Known developments of c1,000 people or more
117,150	122,441	4.5%	circa 4,000 from planned housing	Gilmerton/TheDrum Bromhills/Burdiehouse

New build/New Premises development (part of Lothian-wide Primary Care Prioritisation)

	<u>Completion</u>
Edinburgh Access Practice	2018
Newington re-provision	? 2017
Gilmerton	?

Extension/reorganisation to enable growth

	Extra capacity	Estimated £	Status
Mackenzie	500	10k	Actioned 2014
St Leonard's	500	8.7k	Actioned 2015
Morningside	500-1,000	34k	Programmed 2017
Intermediate scheme			
Liberton	1,000	320k	Actioned 2016
Grange			?
Total	3,000		

LegUp

Year	Practice	Extra population	Status
2014/15	Gracemount	500	Actioned
	St Leonard's	As above	Actioned
2015/16	Mackenzie	As above	Actioned
	Morningside	As above	Actioned
2016/17	Liberton	As above	Actioned
2017/18			

South East Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2016. The HLA, which is updated annually, programmes expected completions over the audit period 2016-2021, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2016, therefore sites which have received planning consent since that date may not appear until the 2017 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2017 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

Housing Land Audit and Delivery Programme 2016 South East

Local Development Plan Sites	Site capacity	Total completed	Total remaining	2016-2021		2021-2026		Post 2026
				Units	Population	Units	Population	Units
LDP CC2: New Street	164	0	164	134	281	30	63	0
LDP HSG 21: Broomhills	633	0	633	150	315	250	525	233
LDP HSG 22: Burdiehouse phase 2	211	0	211	144	302	67	141	0
LDP HSG 23: Gilmerton Dykes Road	61	0	61	61	128	0	0	0
LDP HSG 24: Gilmerton Station Road	625	0	625	220	462	405	851	0
LDP HSG 25: The Drum	175	0	175	125	263	50	105	0
LDP HSG 28: Ellens Glen Road	240	0	240	75	158	165	347	0
LDP HSG 30: Moredunvale Road	185	0	185	50	105	135	284	0
LDP HSG 39: North of Lang Loan	220	0	220	110	231	110	231	0
LDP HSG 40: SE Wedge South - Edmonstone	368	0	368	150	315	218	458	0
LDP HSG22: Burdiehouse Road phase 1	122	83	39	39	82	0	0	0
Other SE Sites								
Advocate's Close	14	0	14	14	29	0	0	0
Balcarres Street	1	0	1	1	2	0	0	0
Balcarres Street	10	0	10	10	21	0	0	0
Broughton Street Lane	11	0	11	11	23	0	0	0
Canning Street Lane	7	0	7	7	15	0	0	0
Clearburn Crescent	10	0	10	10	21	0	0	0
Gracemount Drive	116	80	36	36	76	0	0	0
High Riggs	1	0	1	1	2	0	0	0
High Street	13	0	13	13	27	0	0	0
Liberton Gardens	206	0	206	180	378	26	55	0
Liberton Gardens	92	6	86	86	181	0	0	0
Newbattle terrace	7	0	7	7	15	0	0	0
North Castle Street	11	0	11	11	23	0	0	0
Old Dalkeith Road	1	0	1	1	2	0	0	0
Old Dalkeith Road	110	0	110	110	231	0	0	0
Pitsligo Road	81	18	63	63	132	0	0	0
Queen Street	6	0	6	6	13	0	0	0
South Oswald Road	10	0	10	10	21	0	0	0
St Andrew Square	6	0	6	6	13	0	0	0
St James Centre	143	0	143	143	300	0	0	0
Torphichen Street	11	0	11	11	23	0	0	0
York Place	11	0	11	11	23	0	0	0
TOTAL					4,213		3,058	

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES SOUTH EAST	Units
Jeffrey Street	53

CARE HOMES/RETIREMENT FLATS SOUTH EAST - STATUS UNKNOWN			
Address	Bedrooms	Proposal	Applicant
35 Balcarres Street	41	Proposed new care home and residential development with associated parking	Morningside Manor Ltd

STUDENT ACCOMMODATION (as at Dec 2015)	
	Student bed spaces
Under construction	
Clerk Street	102
Bernard Terrace	237
St Leonard's Place	579
Consent granted	
Buccleuch Place	237
Buccleuch Street	138
Causewayside	187
Jeffrey Street	100
Mayfield Road	50
Gilmerton Road	100
Potterrow	52

NB: Student accommodation as per annual report Dec 2015, so the status of some sites may have changed since the report. Will be updated when 2016 report available.

Appendix V

***EHSCP DRAFT POPULATION/ PREMISES PLAN
SOUTH WEST EDINBURGH SUMMARY
v. March 2017***

Key Understandings

- Across Edinburgh, population projection is at the rate of 5,000 / per year. New housing developments have accounted for around half of this growth.
- Braids investment will stabilise provision in area with further scope for patient exchange with Morningside
- Wester Hailes is well placed to absorb population from local new housing if space /team capacity allows
- Sighthill Health Centre able to absorb planned adjacent housing
- Polwarth practice requires re-provision
- Fountainbridge masterplan will bring significant additional housing and student accommodation
- Increased population planned for Pentlands area from local developments
- Ratho surgery will be re-provided in 2017 with additional capacity - boundary extended to accommodate growth from several planned sites in West /NW e.g. Maybury, International Business Gateway
- Craiglockhart/Oxgangs and Firrhill practices will move to Allermuir Health Centre in 2017
- Redford Barracks is likely to be developed in medium term
- Further population can be accommodated by some existing practices if a 'reorganisation and extensions' grants fund and LEGup is available

Population (GP List Size as at 1st July) (*using new locality practices*)

2011	2016	%	Additional population 2016-2021	Known developments of c1,000 people or more
117,194	124,543	6.27	circa 4,300 from planned housing	Fountainbridge, Currie area,

New build/New Premises development (*part of Lothian-wide Primary Care Prioritisation*)

	<u>Completion</u>
Allermuir Health Centre – Craiglockhart/Oxgangs/Firrhill +2000	2017
Ratho Surgery – + 3000	2017

Extension/reorganisation to enable growth

	Extra capacity	Estimated £	Status
Braids	1,000	49.6k	Actioned 2014
Polwarth	500	28.8k	Actioned 2014
Pentlands	500	9.5k	Actioned 2016
Total	2,000		

LegUp

Year	Practice	Extra population	Status
2014/15	Slateford	500	Actioned
2015/16	Braids	As above	Actioned
2017/18	? Pentlands		

South West Edinburgh - Planned Developments

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Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2017 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

Housing Land Audit and Delivery Programme 2016 South West

Local Development Plan Sites				2016-2021		2021-2026		Post 2026
ADDRESS1	Site capacity	Total completed	Total remaining	Units	Population	Units	Population	Units
LDP CC3: Fountainbridge	400	0	400	120	252	280	588	0
LDP CC3: Fountainbridge	191	115	76	76	160	0	0	0
LDP CC3: Fountainbridge (South)	340	0	340	150	315	190	399	0
LDP CC3: West Tollcross	113	22	91	91	191	0	0	0
LDP CC4: Quartermile	1,110	835	275	275	578	0	0	0
LDP HSG 10: Fairmilehead Water Treat	280	233	47	47	99	0	0	0
LDP HSG 31: Curriemuirend	165	0	165	50	105	115	242	0
LDP HSG 35: Riccarton Mains Road	17	0	17	17	36	0	0	0
LDP HSG 36: Curiehill Road	60	0	60	60	126	0	0	0
LDP HSG 37: Newmills Road	210	0	210	152	319	58	122	0
LDP HSG38: Ravelrig Road	120	0	120	120	252	0	0	0
Other SE Sites								
Calder Road	136	0	136	60	126	76	160	0
Calder Road	184	0	184	104	218	80	168	0
Craighouse Road	145	0	145	125	263	20	42	0
Derghorn Loan (Polo Fields)	79	43	36	36	76	0	0	0
ECLP HSG2: Chesser Avenue - FRUIT MARKET	114	0	114	114	239	0	0	0
Harvesters Way	183	38	145	145	305	0	0	0
Horne Terrace	16	0	16	16	34	0	0	0
Inglis Green Road	54	0	54	54	113	0	0	0
Lanark Road West	48	0	48	48	101	0	0	0
Mcleod Street	25	0	25	25	53	0	0	0
Morrison Crescent	19	0	19	19	40	0	0	0
RWELP HSG 1: Kinleith Mills	89	2	87	87	183	0	0	0
RWELP HSP 6: Craigpark Quarry	111	16	95	95	200	0	0	0
Saughton Mains Street	15	0	15	15	32	0	0	0
Slateford Road	34	6	28	28	59	0	0	0
TOTAL					4,471		1,720	

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES SOUTH WEST	Units
Hillwood Road	50
Newbridge Nursery	25
Newbridge	500

CARE HOMES/RETIREMENT FLATS SOUTH WEST - YET TO COMMENCE			
Address	Bedrooms	Proposal	Applicant
17-21 Allan Park Crescent	44	New care home and new residential development and new vehicular and pedestrian access.	Allan Park Ltd
40 Drumbryden Drive	60	New build two storey care home for the frail elderly.	City of Edinburgh Council

STUDENT ACCOMMODATION (as at Dec 2015)	Student bed spaces
Under construction	
Orwell Terrace	234
Slateford Road	220
Consent granted	
Fountainbridge	261
The Freeway , Thompson Hall	450
Gorgie Road	318
Gorgie Road	256
Awaiting determination	
Dundee Street	216
King's Stables/Lady Wynd	245
Lanark Road	247
Murieston Crescent	101
St Peter's Place	31

NB: Student accommodation as per annual report Dec 2015, so the status of some sites may have changed since the report. Will be updated when 2016 report available.

Primary Care Developer Contribution Costs
Submission to Developer Contribution and Infrastructure Delivery Report for
Planning Committee 30 March 2017

Scheme type	Cost range £m	Average cost per scheme £m	Additional population per scheme	Cost per dwelling (average household size 2.1***)	Per Student bedspace equivalent cost
Small scheme	£0.01m - £0.1m	£0.025	500	£105	£17
Intermediate	£0.1m - £0.5m	£0.25m	2000	£262.50	£42
Refurbishment/red esign entire practice premises*	£0.5-2m x 20% ----- ----- e.g.	(£1.5m) ----- ---- £0.3m	(10,000 – total) ----- ---- 2000 – extra 20%	(£315) ----- ---- £315	(£50) ----- ---- £50
New build **	Highly variable costs and premises solutions	£4m	8000	£1050	£170

Key:

* - Using the example of an existing practice building with 8000 patients being refurbished to allow an increase to 10,000 then only 20% of total cost should come from developer contributions

** - New build costs attributable to additional population from development only i.e. replacement of existing capacity would not be expected through developer contributions

*** - Based on 2015 Household Estimates (NRS)

To ensure the cost of delivering new healthcare infrastructure is shared proportionally and fairly between developments, healthcare developer contribution zones have been identified. These zones have been identified taking into account the following factors;

- GP practices with capacity constraints
- Development proposals within the area of affected practices
- Distribution of practices' registered patients

