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 (circulated)

5.3. Financial Update – report by the IJB Interim Chief Officer (circulated)

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

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 (circulated)

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 (circulated)

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 (circulated)

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.)

Item 4.2.2(a)

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.

Item 4.2.3(a)

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 McILgorm (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 – *Improvement Plan in Response to the Joint Inspection of Services for Older People.*	**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	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. **Decision** 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	The EIJB Performance and Quality Sub-Group were asked to critically evaluate the current draft of the report. **Decision** 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	**Eleanor Cunningham** **Catherine Stewart**	

		EIJB. 6) To circulate the infographics on the 23 national indicators for the Edinburgh Health and Social Care Partnership to the Sub-group. 7) To note officers would take lessons learned following the process ahead of next year.		
5.2	Improvement Plan in Response to the Joint Inspection of Services for Older People	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. **Decision** 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.	**Maria McILgorm**	
	Any Other Business	**Decision** 1) To note the IJB would appoint new elected members to the Sub-group at the July meeting. 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		

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

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 Crighton 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

Edinburgh Integration Joint Board Annual Accounts 2016/17

Edinburgh Integration Joint Board

22 September 2017

Executive Summary

1. This paper presents the 2016/17 annual accounts for the Edinburgh Integration Joint Board (IJB). These are being presented to the Integration Joint Board for approval following scrutiny by the IJB Audit and Risk Committee on 11 September 2017.

Recommendations

2. The Integration Joint Board is asked to:
   a) approve and adopt the annual accounts for 2016/17
   b) approve that the Interim Chief Finance Officer resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland
   c) authorise the designated signatories (Chair, Interim Chief Officer and Interim Chief Finance Officer) to sign the annual report & accounts on behalf of the Board, where indicated in the document; and
   d) authorise the Interim Chief Finance Officer to sign the representation letter to the auditors, on behalf of the Board.

Background

3. Integration Joint Boards are required to produce annual accounts for 2016/17. Draft financial statements were presented to the June meeting of the IJB Audit and Risk Committee and the July meeting of the IJB following which they have been subject to audit scrutiny over the summer months. This process has now concluded and the final accounts were presented to the Audit and Risk Committee on 11 September 2017. Sign off by the IJB is the final step in the approval process.

Main report

4. It is the responsibility of the Chief Financial Officer, as the appointed "proper officer", to prepare the financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting in the United Kingdom (the Code). In accordance with this guidance, draft financial statements were produced and presented to the Audit and Risk Committee on 2 June and to the IJB on 14 July 2017. Over the summer months these were considered by Audit Scotland, the appointed external auditors. This work has concluded and they are now in a position to give a proposed independent opinion on the financial statements and report on the arrangements in place to ensure the proper conduct of financial affairs and to manage performance and use of resources.

5. The accounts and associated annual audit report were scrutinised by the Audit and Risk Committee on 11 September and no material issues were raised.

Audit and completion

6. The financial statements for the IJB for 2016-17 are attached as appendix 1 to this report. They reflect that Scott-Moncrieff intend to issue an unqualified opinion on the accounts.

7. The proposed Annual Audit Report from Scott-Moncrieff is attached at Appendix 2. Following review by the IJB, there may be minor changes to the textual content from that of the circulated version. It is proposed that any such minor amendments be negotiated and agreed by the Interim Chief Finance Officer up to the date the accounts are signed by the auditors.

Representation letter

8. International Standard on Auditing (ISA 580) requires external auditors to obtain written confirmation of representations received from management on matters material to the financial statements when other sufficient audit evidence cannot reasonably be expected to exist, before their audit report on the annual report & accounts is issued. A proposed letter of representation is included at Appendix 3.

Internal audit opinion

9. The Chief Internal Auditor has produced a "Final Internal Audit Annual Report and Opinion" for the IJB based on activity undertaken for the financial year ended 31 March 2017. This was presented to and discussed by the Audit and Risk Committee on 11 September 2017.

10. On the basis that the existing internal audit capacity is sufficient to provide assurance on the high risks identified by the EIJB only, with no coverage of any medium or low rated risks, a "disclaimer" opinion was issued:

"As a consequence of the limited level of assurance obtained, we consider that we have been unable to gather sufficient evidence to conclude on the adequacy of the framework of governance, risk management and control of the EIJB and issue a final 'disclaimer' opinion".

11. The impact of the above is discussed in the separate "Assurance Challenges" report that is item 5.10 on the agenda of the 22 September EIJB.

Key risks

12. As identified in the Assurance Challenges report referred to in section 11.

Financial implications

13. There are no direct financial implications.

Involving people

14. The draft financial statements have been produced with the support and co-operation of both City of Edinburgh Council and NHS Lothian personnel.

Impact on plans of other parties

15. As above.

Impact on directions

16. None.

Background reading/references

17. None.

Michelle Miller
Interim Chief Officer, Edinburgh Health and Social care Partnership

Report author

Moira Pringle, Interim Chief Finance Officer

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

Appendix 1

Edinburgh Integration Joint Board

Annual Accounts 2016/17

The Annual Accounts of Edinburgh Integration Joint Board for the year ended 31 March 2017, prepared pursuant to Section 105 of the Local Government (Scotland) Act 1973 and in accordance with the terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 and Service Reporting Code of Practice.

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MANAGEMENT COMMENTARY

Introduction

This management commentary provides an overview of the key messages relating to the objectives and strategy of the Edinburgh Integration Joint Board (EIJB). It considers our financial performance for the year ended 31st March 2017 and provides an indication of the issues and risks which may impact upon our finances in the future.

Role and remit

EIJB was established as a body corporate by order of Scottish Ministers on 27th June 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. As a separate and distinct legal entity from City of Edinburgh Council and NHS Lothian, we are responsible for the planning of future direction and overseeing the integration of health and social care services for the citizens of Edinburgh through the Edinburgh Health and Social Care Partnership.

The arrangements for EIJB's operation, remit and governance are set out in the integration scheme which has been approved by the City of Edinburgh Council, NHS Lothian and the Scottish Government. On the 1st April 2016, functions and associated budget resources for relevant IJB functions were delegated to EIJB from NHS Lothian and the City of Edinburgh Council for the financial year 2016/17.

EIJB meets monthly and is made up of ten voting members: five elected members appointed by City of Edinburgh Council; and five NHS Lothian non-executive directors appointed by NHS Lothian. Non voting members of the Board include the EIJB Chief Officer, Chief Finance Officer, representatives from the third sector and citizen members. Service and staffing representatives are also on the Board as advisory members.

Strategic Plan

Edinburgh's population of almost half a million, accounts for 9% of the total population of Scotland and is projected to increase faster than any other area of the country; with a higher rate of growth in some age groups than others. Whilst this growth has many social and economic advantages, it also presents challenges. Although a relatively affluent city, Edinburgh has areas of significant inequality and 'deprivation' and one of our key priorities is to lead, where possible, on tackling health and social inequalities.

Our 3 year strategic plan was approved by the Board on 11th March 2016 and sets out how the health and social care services delegated by the City of Edinburgh Council and NHS Lothian will be developed and changed over the three years from April 2016 using the resources available to meet the changing needs of the population and achieve better outcomes for people. Using our budget of around £600 million, delegated from NHS Lothian and the City of Edinburgh Council, we fund community health and social care services, including GP practices and some elements of acute hospital services.

We intend to deliver our vision for a caring, healthier and safer Edinburgh through taking actions to transform how Council and NHS services and staff teams work together, with other partners, those who use services and communities. Our key priorities (as set out in the strategic plan) and 12 areas of focus to deliver these are shown in the diagram below:

Operational Review

Our first annual performance report has now been published and is available here. It provides a review of the progress made during 2016/17, the first year of operation of the Edinburgh Integration Joint Board and the Edinburgh Health and Social Care Partnership.

In line with the expectations set by the Scottish Government the report considers our performance from three different perspectives:

1. the progress we have made in:
   - achieving the nine national health and wellbeing outcomes and the related key priorities of the Integration Joint Board;
   - moving to a locality based model of planning and delivering services;
   - making our strategic plan a reality;
2. the way in which we have managed our finances and delivered best value; and

3. how other people see us based on feedback from people who use our services, unpaid carers and staff and external organisations who inspect and regulate health and social care services

As anticipated we have faced many challenges during 2016/17 to improve the quality of services at a time of significant resource reduction, whilst moving to an integrated four locality model of operation.

The major challenges we faced included:

- too many people in Edinburgh waiting too long to receive the support they need to help them live independent and healthy lives at home; making a significant reduction in the number of people waiting for support and the length of time they are waiting will be an absolute priority during 2017/18;
- a significant proportion of the GP practices in Edinburgh are operating with restricted lists and there are significant difficulties recruiting and retaining care workers in a city with virtually full employment;
- the joint inspection of services for older people that took place in 2016/17, identified a number of weaknesses in service planning and delivery and found some of our key processes to be 'unsatisfactory'. We have developed a robust action plan in response to the recommendations from the Inspection the implementation of which is being proactively managed.

Whilst we do not wish to gloss over the performance and quality challenges, we have some positives to report. There has been significant progress in implementing the new structure that will support the delivery of services on a locality basis, and will introduce more preventative and proactive services for the citizens of Edinburgh. We believe that this will allow us to provide more responsive and person-centred services focused on assessing, treating and supporting people as close to home as possible so they can live their lives in ways that suit them.

One of our great strengths is the dedication of our workforce all of whom are committed to providing the best services possible to keep the citizens of Edinburgh safe and healthy. Whilst the joint inspection report on services for older people was critical in several areas it did identify that services where they were received were good.

"When people received services, they were generally of good quality and made a positive difference."

Our performance in respect of unscheduled care is amongst the best in Scotland.

Our teams are fully aware of the challenges that remain to be met in providing "the right care in the right place at the right time". With our restructure virtually complete and our staff teams motivated and keen to meet these challenges, we are in a much-improved position at the end of this reporting period.

The information contained in the performance report has been used to inform the programme of work we are taking forward to implement our strategic plan during 2017/18.

Financial Plan

Strong financial planning and management needs to underpin everything that we do to ensure that our limited resources are targeted to maximise the contribution to our objectives. A financial assurance process was undertaken on the 2016/17 funding contributions made available by NHS Lothian and the City of Edinburgh Council. Through this, baseline pressures of £5.8 million were identified in the delegated NHS budget with the council contribution assessed as representing a balanced plan, albeit incorporating a requirement to deliver savings of £15.0 million.

Based on this, the IJB budgeted to deliver partnership services at a cost of £596 million. Funding adjustments during the year increased this budget to £676 million.

Annual Accounts 2016/17

The annual accounts report the financial performance of EIJB. The main purpose is to demonstrate the stewardship of the public funds that have been entrusted to us for the delivery of our vision and strategic priorities. The requirements governing the format and content of IJBs' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). These annual accounts have been prepared in accordance with this Code.

Financial Performance

EIJB's financial performance is presented in the comprehensive income and expenditure statement, which can be seen on page 19. The balance sheet (page 20) is also presented and sets out the liabilities and assets at 31st March 2017.

During the year we worked closely with NHS Lothian to identify measures to mitigate the funding shortfall described above and, at the year end, the full value of the pressure had reduced to £2.5 million. This was funded by NHS Lothian through their achievement of an overall breakeven position. The cost of NHS delivered services therefore matched the income available. Similarly, following an additional contribution of £1.1m from the City of Edinburgh Council, the health and social care services they provided also achieved a break even position. The combination these one off contributions allowed the IJB to achieve a balanced position for 2016/17 after allowing for the carry forward £3.7m of our £20.2m allocation from the social care fund. This money will be used in 2017/18 to support investments aligned to our strategic plan priorities.

Significant pressures were nonetheless apparent, notably:

- **Prescribing** remains the most significant single financial issue facing delegated NHS services. Pressures on the GP prescribing budget gave rise to an in year overspend of £2.2 million. Significant efforts have been taken to improve this for 2017/18, including prioritisation of additional funding and the introduction of a new pan Lothian effective prescribing fund of £2 million;
- **Nursing** in services for older people where high levels of: vacancies; patient acuity requiring 1:1 close observations; sickness; and the use of bank nurses to achieve safe minimum staffing levels are impacting on costs;
- Delivery of **efficiencies** remains a challenge with £8.1 million of savings relating to services delivered by the City of Edinburgh Council being met on a one off basis in 2016/17. Consequently, these will be carried forward to 2017/18; and
- Continued growth in **demand** reflecting a growing elderly population who are living longer with more complex needs.

It will be important moving forward to 2017/18 and future years that expenditure is managed within the financial resources available and this will require close partnership working between EIJB as service commissioner and the City of Edinburgh Council and NHS Lothian as providers of services.

Financial Outlook, Risks and Plans for the Future

Like many other public sector organisations, we face significant financial challenges and, due to the continuing difficult national economic outlook and increasing demand for services, will need to operate within tight fiscal constraints for the foreseeable future. Pressures on public sector expenditure are expected to continue, both at a UK and Scottish level, meaning NHS Lothian and City of Edinburgh Council will face continued funding pressures for the foreseeable future. This in turn will impact on their ability to resource the functions delegated to the IJB.

Our financial plan for 2017/18 was approved on 24th March 2017 and recognises the relationship between delivery of ongoing financial balance, our ability to make investments in line with strategic plan priorities and the requirement to deliver an ambitious savings programme.

This plan recognises the additional funding, totalling £357m across Scotland, to address social care pressures over the period 2016/17 to 2017/18. Whilst this has been welcomed, we continue to face considerable challenges, many of which have significant financial consequences. Examples include:

- increased demand for services alongside reducing resources;
- impact of demographic changes;
- delays in accessing appropriate services, including social care assessments, reviews and timely discharge from hospital;
- impact of welfare reform on the residents of Edinburgh;
- impact of the living wage and other nationally agreed policies;
- risk that the savings programme does not deliver within the required timescales or achieve the desired outcomes; and

- costs associated with meeting new legislative requirements without adequate resources being put in place.

These risks mean that money is tighter than ever before. It is therefore crucial that we focus on early intervention, prevention and recovery if we are to work within the total annual budget of just over £600 million. Moving into 2017/18, we are working to proactively address the funding challenges presented while, at the same time, providing services for the residents of Edinburgh. Our priorities for the coming year include:

Embedding the locality model to ensure that citizens receive the right care in the right place at the right time – assessment, treatment and support in the community becomes the default model avoiding unnecessary admissions to hospital and reducing delays/waiting times across the system. We will do this through:

- Growing the care and support capacity within the community including the embedding of the care at home contract
- Developing a primary care strategy which will maximise the contribution of the primary care workforce to ensure GP sustainability

Enabling transformation by:

- Increasing the use of Technology Enabled Care
- Improving the end user experience of ICT
- Developing a three year sustainable financial strategy
- Developing an integrated workforce and organisational development strategy

Shifting the balance of care including:

- Producing a frail elderly strategy, including review of interim care, development of intermediate care and use of Liberton and other hospital sites
- Working with housing providers to deliver the ambitions set out in the Housing Contribution Statement
- Completing phase 1 of the Royal Edinburgh Hospital reprovision
- Developing a business case for Royal Edinburgh Hospital phase 2
- Completing the move from Murray Park

Responding to national and local requirements, including:

- the National Health and Social Care Delivery Plan
- Implementing the Carers Act and producing a new carers strategy
- British sign language plan and See Hear Strategy
- Lothian Hospitals Plan including views on acute receiving unit

Michelle Miller
Interim Chief Officer
22nd September 2017

Ricky Henderson
Chair
22nd September 2017

Moira Pringle
Interim Chief Finance Officer
22nd September 2017

STATEMENT OF RESPONSIBILTIES

Responsibilities of the Edinburgh Integration Joint Board

The Edinburgh Integration Joint Board is required:

- to make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs. In this Integration Joint Board, that officer is the Chief Finance Officer;
- to manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- to approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature by the Edinburgh Integration Joint Board on 22nd September 2017.

Ricky Henderson
Chair of the Edinburgh Integration Joint Board
22nd September 2017

Responsibilities of the Chief Finance Officer

As Chief Finance Officer, I am responsible for the preparation of the EIJB's statement of accounts which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom ("the Code of Practice"), is required to give a true and fair view of the financial position of the EIJB at the financial year end and its income and expenditure for the year then ended.

In preparing the financial statements I am responsible for:

- selecting suitable accounting policies and then applying them consistently;
- making judgements and estimates that are reasonable and prudent; and
- complying with the Code of Practice and legislation

I am also required to:

- keep proper accounting records which are up to date; and
- take reasonable steps to ensure the propriety and regularity of the finances of the EIJB.

Statement of Accounts

I certify that the Statement of Accounts presents a true and fair view of the financial position of the Edinburgh Integration Joint Board at the reporting date, and its income and expenditure for the year ended 31 March 2017.

Moira Pringle
Interim Chief Finance Officer
22nd September 2017

REMUNERATION REPORT

The Chief Officer of the Edinburgh Integration Joint Board (EIJB) is a joint appointment between City of Edinburgh Council, NHS Lothian and the EIJB. The terms and conditions, including pay for the post, are those set by the City of Edinburgh Council, who employ the post holder directly and recharge the costs to EIJB and NHS Lothian.

The EIJB Interim Chief Financial Officer is appointed by the EIJB and is supplied without charge by NHS Lothian and the associated costs are included in the support costs disclosed in note 4.

The voting members of the EIJB are appointed by the respective partner bodies (NHS Lothian and City of Edinburgh Council). The voting members from NHS Lothian and City of Edinburgh Council in the year April 2016 to March 2017 were:

G. Walker (Chair) *(resigned 31.01.17)*	NHS	R. Henderson (Vice Chair)	CEC
M. Ash *(appointed 20.01.17)*	NHS	E. Aitken *(resigned 08.05.17)*	CEC
S. Allan	NHS	J. Griffiths	CEC
K. Blair *(resigned 18.11.16)*	NHS	S. Howat	CEC
C. Hirst *(appointed 01.02.17)*	NHS	N. Work	CEC
A. Joyce	NHS		
R. Williams	NHS		

G. Walker resigned on 31 January 2017, when his term as a non-executive director on NHS Lothian ended. G Walker was appointed as an additional non-voting member from 1 February 2017. R. Henderson was appointed as chair on 29 June 2017.

The current voting members from NHS Lothian and City of Edinburgh Council are:

C. Hirst (Vice Chair)	NHS	R. Henderson (Chair)	CEC
M. Ash	NHS	D. Howie	CEC
S. Allen	NHS	C. Miller	CEC
A. Joyce	NHS	A. Rankin	CEC
R. Williams	NHS	S. Webber	CEC

Councillors and NHS Non-Executive Directors are able through their parent bodies to reclaim any expenses. In the year to 31 March 2017, no expense claims were made in relation to work on the EIJB. The Chair of the EIJB was in receipt of additional remuneration in 2016/17 relating to his duties for the EIJB £6,807 (2015/16 £6,160). The annualised salary for this position would be £8,169. No allowances were paid to other voting members during the year. The remuneration and pension benefits received by all voting members in 2016/17 are disclosed in the remuneration reports of their respective employer.

Remuneration Paid to Senior Officers

	Year to 31/3/2017			Period to 31/03/2016
	Salary, fees and allowances (£)	Taxable expenses (£)	Total remuneration (£)	Total remuneration (£)
R. McCulloch-Graham, EIJB Chief Officer (from 26.10.2015 to 28.08.17)	148,901	-	**-**	**63,806**
Full year equivalent				*148,901*

M. Miller was appointed, on an interim basis, as Chief Officer from 29.08.17.

Pension benefits

Pension benefits for the Chief Officer of the EIJB are provided through the Local Government Pension Scheme (LGPS). For local government employees, the Local Government Pension Scheme (LGPS) became a career average pay scheme on 1 April 2015. Benefits built up to 31 March 2015 are protected and based on final salary. Accrued benefits from 1 April 2015 will be based on career average salary.

The scheme's normal retirement age is linked to the state pension age (but with a minimum age of 65).

From 1 April 2009, a five-tier contribution system was introduced with contributions from scheme members being based on how much pay falls into each tier. This is designed to give more equality between the cost and benefits of scheme membership

The contribution rates for 2016/17 were as follows:

Whole Time Pay rate

Whole Time Pay	Contribution rate
On earnings up to and including £20,500 (2016 £20,500)	5.50%
On earnings above £20,500 and up to £25,000 (2016 £20,500 to £25,000)	7.25%
On earnings above £25,000 and up to £34,400 (2016 £25,000 to £34,400)	8.50%
On earnings above £34,400 and up to £45,800 (2016 £34,400 to £45,800)	9.50%
On earnings above £45,800 (2016 £45,800)	12.00%

If a person works part-time their contribution rate is worked out on the whole-time pay rate for the job, with actual contributions paid on actual pay earned.

There is no automatic entitlement to a lump sum. Members may opt to give up (commute) pension for lump sum up to the limit set by the Finance Act 2004. The accrual rate guarantees a pension based on 1/60th of final pensionable salary and years of pensionable service.

The value of the accrued benefits has been calculated based on the age at which the person will first become entitled to receive a pension on retirement without reduction on account of its payment at that age; without exercising any option to commute pension entitlement into a lump sum; and without any adjustment for the effects of future inflation.

The pension figures shown relate to the benefits that the person has accrued as consequence of their total local government service, and not just their current appointment.

The pension entitlements of the Chief Officer for the year to 31 March 2017 are shown in the table below, together with the employer contribution made to the employee's pension during the year. No accrued pension benefits are included in the table below as the employee has been a member of the pension scheme for less than 2 years.

	In-Year Contribution			**Accrued Pension Benefits**	
	For year to 31/03/17 **£**	**For period to 31/3/16** **£**		**at 31/3/17** **£**	**at 31/3/16** **£**
R. McCulloch-Graham, Chief Officer (from 26.10.15)	31,716	13,654	Pension	n/a	n/a
			Lump Sum	n/a	n/a

The Chair of the EIJB is not a member of the Local Government Pension Scheme or the NHS Pension scheme; therefore, no pension benefits are disclosed.

All information disclosed in the tables in this remuneration report will be audited by Scott-Moncrieff. The other sections of the report will be reviewed by Scott Moncrieff to ensure that they are consistent with the financial statements.

Michelle Miller
Interim Chief Officer
22nd September 2017

Ricky Henderson
Chair
22nd September 2017

ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

The Edinburgh integration Board (EIJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded and properly accounted for, and that arrangements are in place to secure best value.

In discharging this responsibility, The EIJB and the Chief Officer have put in place arrangements for governance which includes robust internal controls, including the management of risk.

Governance Framework

The governance framework comprises the systems and processes, culture and values, by which the EIJB is controlled and directed. It enables the EIJB to monitor the progress with its strategic priorities and to consider whether those objectives have led to the delivery of appropriate services and value for money.

A key element of the EIJB's governance framework is its formal committee and sub-groups. These groups provide additional layers of governance, scrutiny and rigour to the business of the EIJB. Their different roles covering the wide spectrum of the EIJB's business, allows increased scrutiny and monitoring and the focus and capability to provide the EIJB with the necessary assurance.

Edinburgh Integration Joint Board

The EIJB has been responsible for health and social care functions in Edinburgh since 1 April 2016. The Board consists of 10 voting members of which five are non-executive directors of NHS Lothian and five are councillors from the City of Edinburgh Council. There are also a number of non-voting members both appointed due to the statutory requirements and to provide more varied experience and knowledge to the Board.

Strategic Planning Group

The Strategic Planning Group (SPG) was formally established in May 2016. It is chaired by the vice-chair of the EIJB, and the chair of the EIJB is the vice-chair. This ensures a strong link with the leadership of the EIJB but allows an increased focus. The SPG reviews business cases to ensure they are robust and meet the aims of the strategic plan, provides assurance to the EIJB on whether there has been appropriate consultation and engagement in line with statutory responsibilities. The SPG also oversees the delivery of the strategic plan. The annual review of the Strategic Plan has also commenced and is focussing on the financial plan, directions and annual performance.

Audit and Risk Committee

The Audit and Risk Committee is a key component of creating a strong governance culture. Its role is to assist the EIJB in ensuring that there is a robust framework in place to provide assurance on risk management,

governance and internal control. It also scrutinises internal and external audits and can make recommendations to the EIJB on any matter within its remit.

A work programme including annual approval of IJB Accounts, Internal Audit Charter, Internal Audit Plan and Chief Internal Auditor Opinion has been established. The Committee also annually considers the External Audit Plan and External Auditor's Opinion.

Performance and Quality sub-group

The EIJB has agreed to integrate performance reporting from both the City of Edinburgh Council and NHS Lothian. A performance and quality sub-group was also established which was to provide assurance to the EIJB on the quality of the service being provided. This has recently been reviewed to ensure continuous improvement, in line with the requirements to deliver best value. The sub-group will focus on the delivery of the annual performance report and the review and monitoring of this twice a year.

Flow Board

The Flow Board was specifically created to improve the situation regarding delayed discharge. Delayed discharge had been identified as a significant issue requiring concerted partnership efforts to support improved performance.

Professional Advisory Group

The EIJB has also retained the Professional Advisory Group. This group was created in 2012 and provides professional guidance to the EIJB. It has membership on the Strategic Planning Group and the Performance and Quality Sub-Group.

Officers

As required by the legislation the EIJB has appointed a Chief Officer and a Chief Finance Officer. It has also appointed a Chief Internal Auditor and had put in place an interim Chief Risk Officer to establish risk management in the EIJB. A replacement Chief Risk Officer is expected to be put in place in the near future. The EIJB has also appointed a Standards Officer.

Governance Documentation

The EIJB has agreed the following governance documentation:

- Financial Regulations – Section 95 of the Local Government (Scotland) Act 1973 requires all IJBs to have adequate systems and controls in place to ensure the proper administration of their financial affairs. The EIJB has agreed a set of financial regulations which are supported by a series of financial directives and instructions with clear lines of delegation to the Chief Finance Officer to carry out that function.
- A Code of Conduct for the members of the EIJB has been agreed and made available to all members. Compliance with the Code of Conduct is regulated by the Standards Commission for Scotland. Training is provided to members on the Code of Conduct.

- A set of Standing Orders has been agreed which sets out the rules governing the conduct and proceedings at the EIJB and its committees. The Standing Orders includes rules on the notice of meetings and how voting and debate should be conducted.

Board and Committee Processes

The EIJB and the Audit and Risk Committee both have a rolling actions log which helps the groups monitor the implementation of decisions.

A formal referral process for relevant audit reports has been agreed with the Council's Chief Internal Auditor and the City of Edinburgh Council's Governance, Risk and Best Value Committee. A similar approach has been sought with NHS Lothian. This ensures that audit information can be shared between the three organisations.

A deputation process has been agreed by the EIJB which allows and encourages groups to directly address the Board on issues under consideration.

Risk Management

The EIJB created a risk register in July 2016 which prioritised and scored inherent risks was developed by the IJB Senior Management Team, supported by PwC. The risk register has been continually updated, including having specific development sessions where all members could take part in a discussion on risk appetite. As a result of consideration in the development session, a revised Risk Register was presented to the Audit and Risk Committee on 2 September 2016 alongside actions to ensure the Risk Register remained current and dynamic. These actions included assigning ownership to each risk and submitting the register to the Audit and Risk Committee on a quarterly basis.

The IJB Senior Management Team, supported by PwC, met in February 2017 to further develop the risk register with the aim of fully assigning ownership of each risk. A resultant risk register has been produced which lists 49 risks across the IJB, Edinburgh Health and Social Care Partnership, NHS Lothian and City of Edinburgh Council.

A risk register is in place for the restructure of services overseen by the Locality Implementation Group.

Procurement

The Health and Social Care Partnership Procurement Board exercises oversight of all proposals to award, extend or terminate contracts with third party providers.

Complaints

A review of complaint handling was undertaken in July 2016. The results of this transferred the management of social work complaints to the Edinburgh Health and Social Care Partnership. Further work is necessary to develop a single recording system for the management and co-ordination of complaints to ensure a more efficient and robust system.

Review of Effectiveness

The EIJB has responsibility for reviewing the effectiveness of the governance arrangements including the internal controls.

The Chief Officer has completed an annual assurance questionnaire for the EIJB and the health and social care partnership.

Standing Orders are reviewed annually in a report to the EIJB, to ensure they are up to date and relevant.

The Health and Social Care Partnership's contract management framework is subject to annual internal review.

A quarterly internal audit update detailing internal audit activity on behalf of the EIJB is submitted to the Audit and Risk Committee.

The Chief Internal Auditor provided an annual audit opinion which was:

"As a consequence of the limited level of assurance obtained, we consider that we have been unable to gather sufficient evidence to conclude on the adequacy of the framework of governance, risk management and control of the EIJB and issue a final 'disclaimer' opinion".

This was on the basis that the existing internal audit capacity is sufficient to provide assurance on the high risks identified by the EIJB only, with no coverage of any medium or low rated risks.

Regular finance monitoring reports are presented to the EIJB and Council and NHS committees. Monitoring arrangements have been effective in identifying variances and control issues and taking appropriate action. This has included allocating funds to offset unachieved saving plans.

The report on the Joint Inspection of Services for Older People identified a number of areas of concern and identified recommendations. It did highlight though that the EIJB had appropriate governance arrangements in place to support the integration of health and social care and that demonstrated a commitment to engage with the community.

Major business continuity risks are reviewed regularly and three business continuity audits have been undertaken in the previous year. Feedback on these has been positive.

Further development

The EIJB has information governance responsibilities under legislation, including the Data Protection Act 1998, the Freedom of Information (Scotland) Act 2002 and the Public Records (Scotland) Act 2011. Arrangements are being developed to ensure EIJB compliance with statutory requirements. Failure to do so could result in reputational damage and financial penalties

Further work is ongoing to review the risk register, embed ongoing review and scrutiny and better reflect the structural changes of integration. The risk register will aim to improve the delineation between EIJB risks and NHS Lothian and the City of Edinburgh Council risks. The Audit and Risk Committee has agreed a further formal refresh of the Risk Register.

Work is currently taking place to review internal controls and procedures as part of the continuing work on integration. This review will consider effectiveness, update where necessary and identify any gaps.

Work is ongoing to review the current audit capacity to ascertain whether the resources allocated to audit work are adequate to provide robust assurance for the EIJB.

Certification

It is our opinion that in light of the foregoing, reasonable assurance, subject to the matters raised above, can be placed on the effectiveness and adequacy of the EIJB's systems of governance.

Michelle Miller
Interim Chief Officer
22nd September 2017

Ricky Henderson
Chair
22nd September 2017

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

FOR THE YEAR ENDED 31 MARCH 2017

2015/16 Net Expenditure			2016/17 Gross expenditure	Gross income	Net Expenditure
£000		Note	£000	£000	£000
0	Health Services	8	486,291		**486,291**
0	Social Care Services	8	189,596		**189,596**
0	Corporate services	3	277		**277**
0	**Cost of services**		**676,164**	**0**	**676,164**
0	**Taxation and non-specific grant income and expenditure**	2		-679,854	**-679,854**
0	**Surplus on provision of services**		**676,164**	**-679,854**	**-3,690**

BALANCE SHEET

The Balance Sheet shows the value as of the assets and liabilities recognised by the board. The net assets of the Board are matched by the reserves held by the Board.

BALANCE SHEET AS AT 31 MARCH 2017

31/03/2016 £000		Notes	31/03/2017 £000
	Current assets		
47	Short term debtors	4	3,714
	Current liabilities		
-47	Short term creditors	5	-24
0	**Net assets**		**3,690**
0	Usable reserves	MiRS	-3,690
0	**Total reserves**		**-3,690**

I certify that the Statement of Accounts present a true and fair view of the financial position of the Edinburgh Integration Joint Board as at 31 March 2017 and its income and expenditure for the year.

These financial statements replace the unaudited financial statements certified by Moira Pringle, Chief Finance Officer on 23 June 2017.

Moira Pringle
Interim Chief Finance Officer
22nd September 2017

MOVEMENT IN RESERVES STATEMENT

This Statement shows the movement in the year on the different reserves held by the Edinburgh Integration Joint Board.

	31/03/2017 £000	31/03/2016 £000
Usable reserves – General Fund brought forward	0	0
Surplus on the provision of services	-3,690	0
Other comprehensive income and expenditure	0	0
Total comprehensive income and expenditure	**-3,690**	**0**
Balance, as at 31 March carried forward	**-3,690**	**0**

NOTES TO ACCOUNTS

1. ACCOUNTING POLICIES

1.1 General Principles

The Annual Accounts for the year ended 31 March 2017 have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the Code) and the Service Reporting Code of Practice. This is to ensure that the accounts 'present a true and fair view' of the financial position and transactions of the Edinburgh Integration Joint Board (EIJB).

1.2 Accruals of Income and Expenditure

The revenue accounts have been prepared on an accruals basis in accordance with the Code of Practice

1.3 VAT Status

The EIJB is a non-taxable person and does not charge or recover VAT on its functions.

1.4 Going Concern

The accounts are prepared on a going concern basis, which assumes that the EIJB will continue in operational existence for the foreseeable future.

1.5 Funding

Edinburgh Integration Joint Board receives contributions from its funding partners, namely NHS Lothian and the City of Edinburgh Council to fund its services.

Expenditure is incurred in the form of charges for services provided to the EIJB by its partners.

1.6 Provisions, Contingent Liabilities and Assets

Contingent assets are not recognised in the accounting statements. Where there is a probable inflow of economic benefits or service potential, this is disclosed in the notes to the financial statements.

Contingent liabilities are not recognised in the accounting statements. Where there is a possible obligation that may require a payment, or transfer of economic benefit, this is disclosed in the notes to the financial statements

The value of provisions is based upon the Board's obligations arising from past events, the probability that a transfer of economic benefit will take place and a reasonable estimate of the obligation.

1.7 Employee Benefits

The Chief Officer is regarded as an employee of the EIJB although their contract of employment is with City of Edinburgh Council. The LGPS is a defined benefit statutory scheme, administered in accordance with the Local Government Pension Scheme (Scotland) Regulations 1998, as amended.

The post is funded by the EIJB however the statutory responsibility for employer pension liabilities rests with the employing partner organisation (City of Edinburgh Council).

The remuneration report presents the pension entitlement attributable to the post of the EIJB Chief Officer but that the EIJB has no formal ongoing pension liability. Edinburgh Integration Joint Board will be expected to fund employer pension contributions as they become payable during the Chief Officer's period of service. On this basis, there is no pensions liability reflected on the EIJB balance sheet for the Chief Officer.

1.8 Cash and Cash Equivalents

The EIJB does not hold a bank account or any cash equivalents. Payments to staff and suppliers relating to delegated services will be made through cash balances held by the partner organisations (NHS Lothian and City of Edinburgh Council). On this basis, no Cash Flow statement has been prepared in this set of Annual Accounts.

1.9 Reserves

Reserves are created by appropriating amounts out of revenue balances. The EIJB has one usable reserve, the General Fund. This fund can be used to mitigate financial consequences of risks and other events impacting on the Boards resources. Monies within this fund can be earmarked for specific purposes.

When expenditure to be funded from a reserve is incurred, it is charged to the appropriate service in that year and thus included in the Comprehensive Income and Expenditure Statement. Movements in reserves are reported in the Movement of Reserves Statement.

1.10 Support Services

Support services are not delegated to the EIJB through the Integration scheme, and are instead provided by NHS Lothian and the City of Edinburgh Council free of charge, as a 'service in kind'. Support services provided mainly comprise the provision of financial management, human resources, legal services, committee services, ICT, payroll and internal audit services.

2. RELATED PARTY TRANSACTIONS

The Edinburgh Integration Joint Board was established on 27 June 2015 as a joint board between City of Edinburgh Council and NHS Lothian. In 2015/16 there were no financial transactions made relating to delegated health and social care functions as functions were not delegated by partners to the Integration Joint Board until 1 April 2016. The income received from the two parties was as follows:

	31/03/2017 £000	31/03/2016 £000
NHS Lothian	-486,410	-52
City of Edinburgh Council	-193,444	-45
Total	**-679,854**	**-97**

Expenditure relating to the two parties was as follows;

	31/03/2017 £000	31/03/2016 £000
NHS Lothian	486,398	50
City of Edinburgh Council	189,698	42
Total	**676,096**	**92**

Details of creditor and debtor balances with the partner bodies are set out in the subsequent notes (4 and 5).

3. CORPORATE EXPENDITURE

	31/03/2017 £000	31/03/2016 £000
Staff Costs	206	92
Other Fees	47	0
Audit Fees	24	5
Total	**277**	**97**

Staff costs relate to the EIJB Chief Officer and EIJB Chair.

EIJB were in receipt of NHS Lothian and City of Edinburgh Council support services in 2016/17 and 2015/16. NHS Lothian and the City of Edinburgh Council have agreed to provide support services, without an onward recovery. Support services to a value of £751,000 have been provided. In 2015/16, in the absence of an SLA or any reliable means of estimating the cost of this support, no charge was made to the EIJB from the parent bodies for these services. This included the provision of an interim Chief Finance Officer, strategic planning services, accommodation, HR and transactional services. These services were provided by both the Council and NHS Lothian.

4. SHORT TERM DEBTORS

	31/03/2017 £000	31/03/2016 £000
Central Government Bodies	12	3
Other Local Authorities	3,702	44
Total	**3,714**	**47**

5. SHORT TERM CREDITORS

	31/03/2017 £000	31/03/2016 £000
Central Government Bodies	0	-5
Other Local Authorities	0	-42
Other Bodies	-24	0
Total	**-24**	**-47**

6. POST BALANCE SHEET EVENTS

No material events have occurred post the balance sheet reporting date.

7. CONTINGENT LIABILITIES and ASSETS

There are no contingent liabilities or assets to disclose.

8. SEGMENTAL REPORTING

Expenditure on services commissioned by the EIJB Board from its partner agencies is analysed over the following services:

HEALTH SERVICES	Budget £000	Actual Expenditure £000	Variance £000
Core services			
Community AHPs	5,961	5,992	-31
Community hospitals	10,064	10,959	-895
District nursing	10,611	10,349	262
GMS	72,916	72,699	217
Mental health	9,614	9,408	206
Prescribing	77,974	80,167	-2,193
Resource transfer	51,078	51,072	6
Other	12,278	12,170	108
Total core services	**250,496**	**252,816**	**-2,320**
Hosted services			
AHPs	6,830	6,464	366
Complex care	1,780	2,301	-521
GMS	5,781	5,796	-15
Learning disabilities	8,875	8,878	-3
Lothian unscheduled care service	5,986	5,986	0
Mental health	25,484	24,740	744
Oral health services	9,355	9,200	155
Rehabilitation medicine	4,004	3,745	259
Sexual health	3,072	3,010	62
Substance misuse	4,646	5,271	-625
Other	6,566	6,763	-197
Total hosted services	**82,379**	**82,154**	**225**

HEALTH SERVICES	Budget £000	Actual Expenditure £000	Variance £000
Set aside services			
Accident and emergency (outpatients)	6,533	6,419	114
Cardiology	17,076	16,960	114
Gastroenterology	5,762	5,529	233
General medicine	32,178	32,764	-584
Geriatric medicine	18,882	18,677	205
Infectious disease	8,296	8,186	110
Rehabilitation medicine	2,017	2,152	-135
Therapies	6,063	6,177	-114
Other	4,027	4,312	-285
Total set aside services	**100,834**	**101,176**	**-342**
Non Cash Limited			
Therapies	26,447	26,447	0
Ophthalmology	9,067	9,067	0
Pharmacy	13,947	13,947	0
Total Non Cash Limited	**49,461**	**49,461**	**0**
Corporate			
Other	664	684	-20
Reserves	2,457	0	2,457
Total corporate	**3,121**	**684**	**2,437**
Total Health Services	**486,291**	**486,291**	**-**
SOCIAL CARE SERVICES			
External purchasing	127,855	126,604	1,251
Care at home	14,336	14,422	-86
Community equipment	1,518	1,542	-24
Day services	14,748	14,829	-81
Health improvement / health promotion	1,631	1,598	33
Information and advice	3,623	3,782	-159
Intermediate care	1,611	1,619	-8
Local area co-ordination	1,480	1,329	151
Reablement	7,810	8,669	-859
Residential care	22,104	22,594	-490
Social work assessment and care management	11,509	11,994	-485
Resource Allocation	-21,290	-21,431	141
Telecare	700	717	-17
Other	821	1,328	-507
Additional contribution from City of Edinburgh Council	1,140	-	1,140
Total Social Care Services	**189,596**	**189,596**	**-**
Useable Reserves		-3,690	-3,690
TOTAL ALL SERVICES	**675,887**	**672,197**	**-3,690**

9. FUNDING ANALYSIS

The expenditure and funding analysis shows how annual expenditure is used and funded from resources by in comparison with how those resources are consumed or earned in accordance with generally accepted accounting practice. In essence this demonstrates the difference between expenditure on an accounting basis and a funding basis. For EIJB no such difference applies and the information required is disclosed elsewhere in the financial statements.

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of the Edinburgh Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of the Edinburgh Integration Joint Board for the year ended 31 March 2017 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of the body as at 31 March 2017 and of its surplus on the provision of services for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis of opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing in the UK and Ireland (ISAs (UK&I)). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the body in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Chief Finance Officer for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibilities for the audit of the financial statements

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require us to comply with the Financial Reporting Council's Ethical Standards for Auditors. An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the body and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Finance Officer; and the overall presentation of the financial statements.

Our objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK&I) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with our audit of the financial statements in accordance with ISAs (UK&I), our responsibility is to read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Report on other requirements

Opinions on other prescribed matters

We are required by the Accounts Commission to express an opinion on the following matters.

In our opinion, the auditable part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In our opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the auditable part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit; or
- there has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

Nick Bennett
For and on behalf of Scott-Moncrieff
Scott-Moncrieff
Exchange Place 3
Semple Street
EDINBURGH
EH3 8BL

Scott-Moncrieff
business advisers and accountants

Edinburgh Integration Joint Board

Annual report on the 2016/17 audit to the Board and the Accounts Commission

September 2017

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Summary

Annual report and accounts

The Edinburgh Integration Joint Board approved the annual accounts for the year ended 31 March 2017 on 22 September 2017. We reported unqualified opinions on the financial statements and other prescribed matters.

Wider Scope

Financial management

- The IJB has adequate financial management arrangements in place. However, we consider there is scope to strengthen in-year financial reporting arrangements.
- Significant cost pressures needed to be managed across the partnership and one off contributions from NHS Lothian (£2.5m) and City of Edinburgh Council (£1.1m) were required to offset higher than planned spend.

Financial sustainability

- Arrangements are in place for short term financial planning. However, medium or long-term financial plans have not yet been developed.
- There were challenges in the formal approval of the IJB budget, though improvements were noted in the 2017/18 financial planning process.
- Future financial plans should demonstrate strategic consideration of savings.
- An integrated workforce plan is not yet in place.

Governance and transparency

- Appropriate overarching governance arrangements are in place.
- The IJB has set out its vision, values, priorities and plans.
- The IJB has shown a commitment to developing an effective risk management framework.
- Five principles have been agreed to the sharing of information between the scrutiny committees of the IJB and its partners.
- Internal audit provided a disclaimer opinion on the on the adequacy of the framework of governance, risk management and control during 2016/17.

Value for money

- Arrangements to demonstrate value for money have developed during 2016/17 but further development is still required.
- More regular formal reporting on performance against the strategic plan is needed.
- The joint inspection of services for older people in Edinburgh identified a number of significant weaknesses.
- During 2016/17 Edinburgh regularly had the highest number of delayed discharges of any integration authority in Scotland.

Key facts

- £676.164million funding received from partners.
- £486.291million spent on health services during 2016/17.
- £3.69million net income for the year.
- £189.596million expenditure on social care during the year.

Conclusion

This report concludes our audit for 2016/17. Our work has been performed in accordance with the Audit Scotland Code of Audit Practice, International Standards on Auditing (UK and Ireland) and Ethical Standards.

Scott-Moncrieff
September 2017

1 Introduction

Introduction

Overview

1. This report summarises the findings from our 2016/17 audit of the Edinburgh Integration Joint Board ("the IJB").

2. We outlined the scope of our audit in the external audit plan, which we presented to the IJB's Audit and Risk Committee in March 2017. The core elements of our audit work in 2016/17 have been:

   - an audit of the 2016/17 annual accounts;
   - a review of arrangements as they relate to the four dimensions of wider-scope public audit: governance and transparency, financial management, financial sustainability and value for money; and
   - any other work requested by Audit Scotland, for example, providing feedback on the local impact of national performance audits.

3. The IJB is responsible for preparing annual accounts that show a true and fair view and for implementing appropriate internal control systems. The weaknesses and risks identified in this report are only those that have come to our attention during our normal audit work, and may not be all that exist. Communication in this report of matters arising from the audit of the financial statements or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

4. This report contains an action plan with specific recommendations, responsible officers and dates for implementation. Management should assess these recommendations and consider their wider implications before deciding appropriate actions. We give each recommendation a grading to help the IJB assess their significance and prioritise the actions required.

5. We discussed and agreed the content of this report with the Interim Chief Financial Officer.

Independence

6. We are required by International Standards on Auditing to communicate on a timely basis all facts and matters that may have a bearing on our independence.

7. We can confirm that we have complied with the Financial Reporting Council's Ethical Standard. In our professional judgement, the audit process has been independent and our objectivity has not been compromised. In particular, there have been no relationships between Scott-Moncrieff and IJB members or senior management that may reasonably be thought to bear on our objectivity and independence.

Audit fee

8. The external audit fee agreed at the outset, and reported in our external audit plan, was £23,540. The fee has not changed during the audit process.

Adding value through the audit

9. All of our clients quite rightly demand of us a positive contribution to meeting their ever-changing business needs. Our aim is to add value to the IJB through our external audit work by being constructive and forward looking, by identifying areas of improvement and by recommending and encouraging good practice. In this way, we aim to help the IJB promote improved standards of governance, better management and decision-making and more effective use of resources.

10. We welcome any comments you may have on the quality of our work and this report via: *www.surveymonkey.co.uk/r/S2SPZBX.*

11. This report is addressed to both the IJB and the Accounts Commission and will be published on Audit Scotland's website: *www.audit-scotland.gov.uk*.

2

Annual accounts

Annual accounts

Introduction

12. The IJB's annual accounts are the principal means of accounting for the stewardship of its resources and its performance in the use of those resources. We outline the respective responsibilities of the IJB and the auditor in relation to the financial statements in Appendix 2.

13. In this section, we summarise the issues arising from our audit of the 2016/17 annual report and accounts.

Overall conclusion

Unqualified audit opinions

14. The IJB approved the annual accounts for the year ended 31 March 2017 on 22 September 2017. We reported, within our independent auditor's report:

- an unqualified opinion on the financial statements; and
- unqualified opinions on other prescribed matters.

15. We are also satisfied there are no matters that we are required to report by exception.

Administrative processes were in place

16. We received the unaudited annual accounts in line with our agreed audit timetable. However, substantial changes were required to the draft accounts through the audit. Our thanks go to the Interim Chief Financial Officer and supporting staff for their assistance.

Our assessment of risks of material misstatement

17. The assessed risks of material misstatement described below are those that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the audit team. We designed our audit procedures relating to these matters in the context of our audit of the annual accounts as a whole, and not to express an opinion on individual accounts or disclosures. We outline three significant risks below, with one further significant risk reported under the financial sustainability section of this report.

1: Annual Accounts

The IJB was established as a body corporate by order of Scottish Ministers on 27 June 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. It is the responsibility of the Chief Financial Officer, as the appointed "proper officer", to prepare the annual accounts in accordance with relevant legislation and the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the Code). This means:

- maintaining proper accounting records
- preparing annual accounts which give a true and fair view of the state of affairs of the IJB as at 31 March 2017 and its expenditure and income for the period then ended.

The IJB's first set of annual accounts were prepared for the financial year 2015/16. However, the IJB did not assume formal responsibility for directing services until 1 April 2016. As a result, the 2016/17 financial statements are the first to reflect significant incoming and outgoing resources in respect of the IJB's responsibility for directing health and social care services in the region.

The IJB does not maintain its own ledger, instead relying on the financial records of the partner bodies to produce financial monitoring reports through the year and the annual accounts. Given the level of reliance placed by the IJB over the financial records held by the partner bodies it will be imperative that transactions and balances to be reported in the annual accounts are formally confirmed by all three parties on a timely basis.

The Local Authority Accounts (Scotland) Regulations 2014 stipulate that unaudited accounts must be submitted to external audit no later than 30 June and be considered by the IJB (or a committee whose remit includes audit or governance functions) by 31 August. The regulations also require the IJB to aim to approve the audited accounts by 30 September. Scottish Government guidance indicates that the IJB is also expected to provide financial and non-financial information to the City of Edinburgh Council and NHS Lothian such that those bodies can also meet their statutory reporting obligations.

There is a risk that the IJB may not have the processes and procedures in place to produce a set of Code compliant annual accounts reflecting the significant incoming and outgoing resources involved in directing health and social care services in the region. The required deadlines may not be adhered to and the required financial and non-financial information may not be made formally agreed with the IJB's partners on a timely basis.

18. We reviewed the IJB's draft annual accounts to ensure they had been prepared in accordance with guidance on accounting for the integration of health and social care released by the Local Authority (Scotland) Accounts Advisory Committee (LASAAC) and the Code.

19. A number of changes were required to the unaudited accounts to ensure they were in accordance with the published LASAAC guidance and the Code. We are happy to say all required adjustments were made and the approved annual accounts are compliant with the Code. Further information on the changes required can be found in the *Audit amendments* section below.

20. We also reviewed the IJB's compliance with the Local Authority Accounts (Scotland) Regulations 2014, in particular with respect to regulations 8 to 10 as they relate to the annual accounts. Our findings are summarised below:

Aspect of the Regulations	Compliant
The Chief Financial Officer must ensure that the annual accounts give a true and fair view of the body's financial position and transactions.	Yes
The Chief Financial Officer must certify and submit the annual accounts to the appointed external auditor no later than 30 June.	Yes
The IJB must publish the unaudited annual accounts on the website of the authority until the date on which the audited annual accounts are published.	Yes
The IJB (or a committee whose remit includes audit or governance) must consider the unaudited annual accounts at a meeting by 31 August.	Yes
The IJB must give public notice of the right of interested persons to inspect and object to its accounts.	Yes
The IJB (or a committee whose remit includes audit or governance) must aim to approve the audited annual accounts for signature no later 30 September.	Yes

2: Revenue Recognition

Under International Standard on Auditing (ISA) 240 - The auditor's responsibilities relating to fraud in an audit of financial statements, there is a presumed risk of fraud in relation to revenue recognition. The presumption is that the IJB could adopt accounting policies or recognise income in a way that materially misstates financial performance.

21. All income recognised in the IJB's annual accounts relates to the agreed contributions from the City of Edinburgh Council and NHS Lothian. We have gained reasonable assurance on the completeness and occurrence of income and we are satisfied that income is fairly stated in the financial statements.

3: Management override

In any organisation, there exists a risk that management have the ability to process transactions or make adjustments to the financial records outside the normal financial control processes. Such issues could lead to a material misstatement in the financial statements. This is treated as a presumed risk area in accordance with ISA 240.

22. We have not identified any indications of management override in the year. We have reviewed the IJB's accounting records and obtained evidence to ensure that all significant transactions were valid and accounted for correctly.

Our application of materiality

23. Materiality is an expression of the relative significance of a matter in the context of the financial statements as a whole. A matter is material if its omission or misstatement would reasonably influence the decisions of an addressee of the auditor's report. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement.

24. Our initial assessment of materiality for the financial statements was £10million. Our assessment was set with reference to gross income and gross expenditure as we considered those to be the principal considerations for the users of the accounts.

25. We set a level of performance materiality for each area of work which was based on a risk assessment for the area. We have performed audit procedures on all transactions, or groups of transactions, and balances that exceed our performance materiality. This means that we performed a greater level of testing on the areas deemed to be of significant risk of material misstatement.

Area risk assessment	Weighting	Performance materiality
High	40%	£4million
Medium	50%	£5million
Low	70%	£7million

26. We agreed to report any misstatements identified through our audit that fall into one of the following categories:

- All material corrected misstatements.
- Uncorrected misstatements over £200,000.
- Misstatements below £20,000 that we believe warrant reporting on qualitative grounds.

27. We consider our assessment of materiality at the planning stage to have remained appropriate throughout our audit.

Audit amendments

28. Substantial changes were required to the unaudited accounts to ensure they were in accordance with the Code and LASAAC guidance. The following adjustments were made to the draft annual accounts through the audit process:

- The disclosure of performance information within the management commentary.
- The restatement of pension contributions by the IJB in relation to the Chief Officer
- The restatement of the Chief Officer's remuneration.
- Amendments to the Governance Statement to reflect the disclaimer opinion provided by internal audit for 2016/17.
- The disclosure of the Movement in Reserves Statement as a primary statement.
- The reclassification of partner funding contributions from service income to "Taxation and non-specific grant income" in line with the Code and LASAAC guidance.
- Various other minor presentational changes.

IJB representations

29. As is standard practice, we have requested that a signed representation letter, covering a number of issues, be presented to us at the date of signing the annual accounts.

An overview of the scope of our audit

30. We detailed the scope of our audit in our external audit plan. Our plan explained that we follow a risk-based approach to audit planning that reflects our overall assessment of the relevant risks that apply to the IJB. This ensures that our audit focuses on the areas of highest risk.

31. Planning is a continuous process and our audit plan is subject to review during the course of the audit to take account of developments that arise.

32. At the planning stage we identified the significant risks that had the greatest effect on our audit. We then designed audit procedures to mitigate these risks. We base our standard audit approach on performing a review of the key accounting systems in place, substantive tests and detailed analytical review.

33. Tailored audit procedures, including those designed to address significant risks, were completed by the audit fieldwork team and the results were reviewed by the audit manager and audit partner. In performing our work, we have applied the concept of materiality.

34. No additional significant risks, over and above those reported in our external audit plan, were identified during our work in 2016/17.

Qualitative aspects of accounting practices and financial reporting

35. We have considered the qualitative aspects of the financial reporting process, including items that have a significant impact on the relevance, reliability, comparability, understandability and materiality of the information provided by the financial statements. Our findings are summarised below:

Qualitative aspect considered	Audit conclusion
The appropriateness of the accounting policies used.	We have reviewed the significant accounting policies, which are disclosed in the annual accounts, and we consider these appropriate to the IJB.
The timing of the transactions and the period in which they are recorded.	We did not identify any significant transactions where we had concerns over the timing or the period in which they were recognised.
The appropriateness of the accounting estimates and judgements used.	We are satisfied with the appropriateness of the accounting estimates and judgements used in the preparation of the annual accounts.
The potential effect on the financial statements of any uncertainties, including significant risks and related disclosures that are required.	We did not identify any uncertainties, including any significant risk or required disclosures that should be included in the annual accounts.
The extent to which the financial statements have been affected by unusual transactions during the period and the extent that these transactions are separately disclosed.	From our testing performed, we identified no unusual transactions in the period.
Apparent misstatements in the annual report and accounts or material inconsistencies with the financial statements.	There are no misstatement or material inconsistencies with the annual accounts in the Management Commentary.
Any significant financial statements disclosures to bring to your attention.	There is no significant financial statement disclosures that we consider should be brought to your attention. All disclosures made are required by relevant legislation and applicable accounting standards.
Disagreement over any accounting treatment or financial statements disclosure.	There was no disagreement during the course of the audit over any accounting treatment or disclosure.
Difficulties encountered in the audit.	There were no difficulties encountered in the audit. However, a number of changes were required to the unaudited accounts to ensure they were in accordance with the Code and LASAAC guidance.

3

Financial Management

Financial Management

36. Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment is operating effectively. The IJB is responsible for ensuring it conducts its financial affairs in a proper manner.

Overall conclusion

37. The IJB has adequate financial management arrangements in place and reported a £3.69million surplus in 2016/17. Arrangements have continued to develop during 2016/17, however, we consider there to be scope to strengthen financial reporting arrangements.

Financial performance in 2016/17

The IJB reported a small surplus for the year

38. The integration scheme outlines the process for addressing variances in the spending of the IJB. This includes:

- Treatment of forecast over- and under-spends against the Operational Budget.
- Additional payments by the partners to the IJB.
- Underspends.
- Treatment of variations against the amounts set aside for use by the IJB.

39. The IJB reported a surplus of £3.69million (0.5% of income) for the year. The balance carried forward reflects the year-end position on resource transfers in relation to the social care fund (in total, £20.2million was recognised from the social care fund in 2016/17).

40. The IJB reports that the £3.69million year-end reserves balance will support strategic plan investments during 2017/18. The carry forward of these funds is in accordance with the integration scheme and was approved in principle by the IJB in November 2016.

There were significant budget pressures in 2016/17

41. Notwithstanding the year-end position in relation to social care funding, the IJB considers that it has achieved a balanced position for 2016/17. The IJB achieved this against a background of significant cost pressures.

42. The IJB undertook a financial assurance process on the proposed funding contributions for 2016/17. This process identified baseline pressures of £5.8million in the delegated health budget, in effect reflecting required but unidentified savings. Contributions from the City of Edinburgh Council incorporated the need to deliver £15million savings in order to achieve a balanced plan.

Financial performance in 2016/17	Budget £m	Outturn £m	Variance £m
Health services	483.832	486.293	(2.461)
Council services	188.456	189.596	(1.140)
Gross position	**672.288**	**675.889**	**(3.601)**
Non recurring health contributions	-	(2.461)	2.461
Non recurring council contributions	-	(1.140)	1.140
Balance on the social care fund	-	(3.69)	3.69
Reported outturn	**-**	**(3.69)**	**3.69**

43. The table above shows that in spite of the pressures identified the IJB was able to meet a balanced position against budgets. However, that was only due to non-recurring contributions from both partners.

44. The IJB worked in partnership with the City of Edinburgh Council and NHS Lothian during 2016/17 to identify measures to mitigate the funding shortfall reflected at the outset. By the year-end, there was a remaining shortfall of £2.5million on the health budget and a negative positon of £1.1million on the social care budget. These shortfalls were met by non-recurring additional contributions from each party, in line with the integration scheme principles.

Financial reporting

Regular financial reporting takes place

45. The City of Edinburgh Council and NHS Lothian are responsible for the operational management of their allocated budgets, in line with the integration scheme. Both parties provide information to enable the IJB to prepare a financial update report that is presented to the full IJB Board at each bi-monthly meeting.

46. The financial update report clearly sets out the year to date budget, actual and variance as well as the year-end forecast variance. Supporting narrative is provided to highlight the expected year-end position. The report covers performance within health budgets, social care budgets and the IJB as a whole.

The form and content of financial reporting should continue to develop

47. The content of the IJB's financial reporting has developed during 2016/17 and continues to develop. To date, we consider the reports have not clearly explained in-year adjustments to forecasts, the cause of these and the responsive action planned to manage the year-end position. We noted examples within 2016/17 reporting where budget lines showed an underspend for the year to date, but forecast an overspend at year-end with no narrative explanation or context provided.

48. It is important that financial update reports include sufficient detail and narrative to support effective scrutiny and financial management. There is a risk that the current form of reporting does not fully reflect the actions undertaken or required in order to achieve the forecast outturn.

49. We consider that the IJB should look to continue to develop financial reporting in order to ensuring that the Board can easily identify areas of poor performance and fully understand any remedial actions undertaken or required.

Management action plan 1

Internal controls

50. We sought and obtained assurances from the external auditor of the City of Edinburgh Council and NHS Lothian regarding the systems of internal control used to produce the transactions and balances recorded in the IJB's annual accounts.

51. We reviewed the approved standing financial instructions and standing orders and consider them adequate for the IJB's purposes.

52. The IJB has adequate systems in place to record, process, summarise and report financial and other relevant data. We have not identified any material weaknesses in the accounting and internal control systems during our audit.

53. The IJB does not hold assets, directly incur expenditure or legally employ staff. All financial transactions of the IJB are processed through the financial systems of the council and health board. All transactions are subject to the controls and scrutiny of the respective partners, including the work performed by internal audit.

Fraud and irregularity

54. The IJB does not directly employ staff and so places reliance on the arrangements in place within the City of Edinburgh Council and NHS Lothian for the prevention and detection of fraud and irregularities. Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by the partner bodies. Overall, we found the arrangements to be sufficient and appropriate.

4

Financial sustainability

Financial Sustainability

55. Financial sustainability looks forward to the medium and longer term to consider whether the IJB is planning effectively to support the continued delivery of its services and is doing so in the most efficient way.

Significant audit risk

56. As outlined in our audit plan, we considered there to be a significant risk to the wider scope of our audit in relation to financial sustainability:

Financial sustainability
The IJB recognises that it faces a significant financial challenge to deliver better outcomes for its service users in a climate of increasing demographic pressures and limited resources. The IJB is preparing a budget for 2017/18 predicated on the budget proposals being prepared by the City of Edinburgh Council and NHS Lothian. The budget setting process relies on the frameworks in place at the partner bodies, which are not currently aligned, as a result there is a risk that the IJB may not be able to formally agree the 2017/18 budget before the beginning of the financial year. Additionally, the IJB has not yet developed a medium to long term financial strategy or plan that demonstrates the sustainability of the directed services outlined within the Strategic Plan.

Overall Conclusion

57. The IJB has arrangements in place for short term financial planning. However, it has not yet developed medium or long-term financial plans. The IJB, in common with other IJB's, has faced a particular challenge in developing robust medium-term financial plans as the financial planning cycles of all partner bodies have not historically aligned. Additionally, in recent times the partner bodies have only received single-year financial settlements.

Financial planning

58. The Strategic Plan for Health and Social Care in Edinburgh 2016-19 (the strategic plan) was approved by the IJB in March 2016 and sets out the IJB's priorities and vision to 2019. The strategic plan is supported by an annual financial plan which sets out the level of resources delegated by its partners and the resulting IJB budget.

Approval process for the 2016/17 IJB budget

March 2016	Strategic Plan for Health and Social Care in Edinburgh 2016-19 approved by the IJB.
	The City of Edinburgh Council and NHS Lothian make interim or draft offers to the IJB for 2016/17. Financial assurance is undertaken in parallel. However, the IJB receives neither a formal offer from either party nor all the necessary information to complete the due diligence process.
July 2016	The IJB reports it cannot accept the 2016/17 offers at this point. An updated financial settlement formally proposed by NHS Lothian. However, the overall health board budget is out of balance by £20m, the IJB's share of which is £5.8m. Due diligence has highlighted a potential risk of between £0.5m and £1m in the offer from the City of Edinburgh Council. The council has established a provision to address any in year impact. This aside, the conditions attached to the social care fund remain the only material outstanding issue.
Sept 2016	Agreement remains outstanding on 2016/17 financial settlements from NHS Lothian and the City of Edinburgh Council. The forecast year end position for the IJB shows an overspend of £9.4m. The 2 key drivers being: the share of the health board's total budget gap (£5.8m); and projected slippage in delivery of council savings (£3.5m).

Nov 2016	Delegated 2016/17 budget proposed by the City of Edinburgh Council is accepted. Decision taken by the IJB to present a proposal to NHS Lothian on the distribution of additional non-recurring resources, following which an updated 2016/17 offer Is expected. It is reported that the health board will underwrite the projected overspend in the health element of the IJB's budgets on the basis that health board can break-even in 2016/17.

Significant challenge to approve the 2016/17 budget

59. In recent years there have been significant challenges in the formal approval of the IJB budget as the budget cycles of the IJB and its partners have not aligned, as shown above

Improvements noted in the 2017/18 budget process

60. In November 2016, the IJB approved interim arrangements for financial planning for 2017/18. The papers presented to the IJB since indicate that this resulted in a more streamlined financial planning process.

61. The City of Edinburgh Council approved its 2017/18 budget in February 2017. NHS Lothian did not formally approve its 2017/18 budget until April 2017. As a result, the IJB approved the 2017/18 financial plan in March 2017 based on indicative proposals from the health board.

62. The 2017/18 IJB budget was principally prepared on an incremental basis, taking cognisance of known cost pressures. Any shortfalls identified resulted in recovery actions and savings plans being identified.

63. The IJB continued to implement their strategic objectives based on the indicative funding level, with only limited movements required following the formal approval of the NHS Lothian budget. The absence of a confirmed budget at the start of 2017/18 resulted in some uncertainty. This uncertainty was managed appropriately, demonstrating an effective working relationship between the IJB and its partners.

64. As part of the financial planning process, the IJB completed a detailed assessment of whether budget proposals from partners represent a fair share of the resources available to them. The IJB deemed the 2017/18 budget proposals from the City of Edinburgh Council and NHS Lothian to be appropriate and fair:

2017/18 IJB Budget	Recurring £m	Non-recurring £m	Total £m
Partner funding	611.681	3.282	614.963
Projected expenditure	632.614	2.844	635.458
Variance	**(20.933)**	**438**	**(20.495)**
Recovery actions identified to date	14.420	-	14.420
Balance to be identified (health services)	**(6.513)**	**438**	**(6.075)**

£14.42million of recovery actions have been identified to support a balanced position in 2017/18

65. As at March 2017, recovery actions to a value of £14.42million had been identified across a range of health and social care areas. The remaining outstanding balance (£6.075million) reflects the IJB's share of the £31million financial plan gap projected by NHS Lothian. The health board has committed to working with the IJB to identify opportunities to bridge this gap.

66. The IJB's achievement of a breakeven position in 2017/18 is wholly dependent on its ability to work effectively with the council and health board to deliver the required savings. An overview of the recovery actions identified is included in the 2017/18 financial plan, however little supporting detail is provided. While responsibility for the actual delivery of the planned savings will fall to the IJB's partners, it is imperative that the IJB can demonstrate it has taken a strategic approach to the identification of appropriate savings options.

67. In order to demonstrate a strategic approach has been adopted to potential areas for savings across the partnership, the IJB should ensure that future financial plans demonstrate sufficient consideration of the identification of potential savings options, including the financial and operational impact they are expected to have in the short, medium and long term. Discussions remain ongoing with NHS Lothian around how the current funding gap of £6.5million will be bridged and there remains a risk that planned efficiencies are not delivered.

Management action plan 2

Further improvement in financial planning expected

68. The IJB expects that further improvements in the financial planning process will result from the 2018/19 process being led by the IJB for the first time.

Medium term financial planning

69. The IJB recognises that the strategic plan and should inform decisions around the prioritisation of resources, new models of service delivery and disinvestment decisions, all of which it expects to be necessary in the medium term. Taking account of this and the continued challenge faced from resource pressures, the IJB requested in March 2017 that partners work with the Chief Officer and Interim Chief Finance Officer to prepare a financial plan for IJB delegated functions over a minimum three-year period.

70. The requirement to carry out medium term financial planning is also reflected within the integration scheme. However, medium or long-term financial plans have not yet been developed.

71. Without a medium term financial plan in place, the IJB cannot currently demonstrate how it will deliver the key priorities identified in their three-year strategic plan within the financial resources that will be available. The IJB should prioritise developing a medium term financial strategy that includes a clear understanding of costs, saving options and expected demand pressures.

Management action plan 3

Workforce planning

72. The City of Edinburgh Council and NHS Lothian each have their own workforce strategies in place. However, the integration scheme requires the IJB to develop an integrated workforce plan for the city.

73. The IJB has not yet developed an integrated workforce plan, and as a result is not meeting the requirements of the integration scheme. Without a documented plan in place the IJB cannot demonstrate that a strategic overview is being taken over the risks the city faces in relation to workforce supply and demand challenges, communication, staff engagement and training needs to support the implementation of the strategic plan.

Management action plan 4

5

Governance & transparency

Governance & transparency

74. Governance and transparency is concerned with the adequacy of governance, leadership and decision-making, and transparent reporting of financial and performance information. The IJB is responsible for ensuring the proper conduct of its affairs, including compliance with relevant guidance, the legality of activities and transactions and for monitoring the adequacy and effectiveness of these arrangements

Overall conclusion

75. The IJB has only been responsible for delivering its functions for one year and the governance framework has continued to develop over that time. We consider the IJB's overarching governance arrangements to be appropriate.

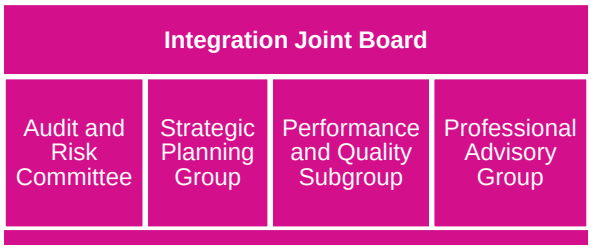
Governance structure

76. The integration scheme between the City of Edinburgh Council and NHS Lothian sets out the key governance arrangements to be put in place by the IJB. In line with the integration scheme, standing orders were approved in July 2015 at the first formal meeting of the IJB.

77. The IJB has been responsible for delivering its health and social care functions in Edinburgh since 1 April 2016. In March 2016 the IJB formally adopted financial regulations. The regulations outline financial roles and governance for the IJB, the framework for financial administration, the IJB's financial responsibilities and delegated authorities.

78. The composition of the IJB is set out in the integration scheme. The Board comprises ten voting members: five non-executive directors from NHS Lothian and five Councillors from the City of Edinburgh Council. Additional non-voting members representing a range of service users and stakeholders were also appointed to meet the statutory requirements set out in the integration scheme and to provide more varied knowledge and experience to the Board.

79. To support its work the board has appointed four sub-groups:



80. Each sub group has a remit and membership approved by the IJB. As part of the developing governance arrangements in 2016/17, each sub group reviewed their format, focus and effectiveness within 2016/17. Improvements were clearly documented within minutes, reported to the Board and are due to be implemented in 2017/18.

The IJB meets in public

81. IJB meetings are held in public with publication of papers, location and timing in advance through the City of Edinburgh Council's website. Minutes of sub-group meetings are published as part of the IJB papers

Board membership

82. The integration scheme sets out the agreed arrangements for appointing the IJB Chair and Vice Chair. The right to appoint the Chair and Vice Chair alternates between the City of Edinburgh Council and NHS Lothian. When one partner has the authority to appoint the Chair, the other has authority to appoint the Vice-Chair. The term of office for each appointment is two years. NHS Lothian appointed the IJB's first Chair in May 2015.

83. Due to changes in the membership of the City of Edinburgh Council (through the May 2017 local authority elections) and NHS Lothian (through the standard Scottish Government board appointments process), the membership of the IJB changed both during 2016/17 and after the year-end.

84. Two NHS Lothian appointees left the IJB during the year, including the IJB Chair. Further nominees from the health board directly replaced them. In May 2017, at the end of the local government term, all five local authority representatives automatically resigned from the IJB. One member was subsequently reappointed (now IJB Chair) and four new members were appointed to represent the City of Edinburgh Council.

85. In line with the integration scheme provisions, the Chair of the IJB was due to rotate to a local authority representative in May 2017. In practice, the new Chair was appointed in June 2017, following the local authority elections. The role of Vice Chair rotated to a health board representative at that time.

86. Such changes will be relatively commonplace for the IJB due to the nature of the partnership and the provisions of the integration scheme and will bring an additional layer of challenge to ensuring effective governance on an on-going basis.

Purpose and vision

87. The IJB's vision, values, priorities and plans are set out in the strategic plan. The plan shows what success would look like for the IJB and sets out the IJB's priorities for the next three years and takes in to account the priorities outlined in the Scottish Government's 2020 Vision for Health and Social Care and the strategic priorities of the Edinburgh Community Planning Partnership.

88. The strategic plan sets out a range of actions the partnership will take in the coming years and seeks to provide a basis for measuring how well they are doing and whether the IJB's priorities and national outcomes are achieved. The plan, while set for a three-year period, is reviewed annually with the most recent review in March 2017.

Risk Management

89. The integration scheme required the IJB to establish a shared risk management strategy with its partners within the first year. Since its first meeting in July 2015, the IJB has shown a commitment to developing an effective risk management framework.

90. More latterly, the focus of the IJB has been on ensuring that risk management is embedded comprehensively and consistently throughout the integrated service, and informs the risk management systems of all partners.

91. In February 2017, the IJB management team met to develop the IJB's risk register further with support from external advisers. At that time, it was agreed to capture the risks, responsibilities and ownerships from across the partnership in one document, rather than hold separate registers within each partner.

92. All of the partnership's key risks were reviewed with some amendments and additions made in order to generate a consolidated list. To help identify and clarify responsibilities, the register records where responsibilities sit within the partnership for each risk across four aspects:

- primary planning;
- secondary planning;
- primary delivery; and
- secondary delivery.

93. The resulting risk register, reported to the Audit and Risk Committee in June 2017, documented 49 risks across the IJB, the City of Edinburgh Council, NHS Lothian and the Edinburgh Health and Social Care Partnership. Each risk has an attributed risk owner and the register provides an outline of mitigating actions in place.

94. The register identifies 18 risks for which primary planning responsibility lies with the IJB. Of those 18 risks, six are assessed as having high inherent risk.

95. The Audit and Risk Sub-Committee provide oversight of the six high risks, with the remaining 12 risks being monitored by the executive Quality Improvement Clinical Governance and Risk Management Group, chaired by the Chief Strategy and Performance Officer.

96. The IJB recognises that further and ongoing development of the framework will be required. The Chief Strategy and Performance Officer and the Interim Chief Finance Officer have been delegated the responsibility for:

- ensuring all relevant risks are captured;
- refining the register; and
- embedding ongoing review, scrutiny and updates.

Internal Audit

97. The City of Edinburgh Council internal audit team provides the IJB's internal audit service and the Chief Auditor of City of Edinburgh Council has been appointed as Chief Internal Auditor for the IJB.

98. To avoid duplication of effort and to ensure an efficient audit process we have taken cognisance of the work of internal audit throughout our audit. While we have not placed formal reliance on the work of internal audit in 2016/17 for our financial statements audit, we have taken account of internal audit's work in respect of our wider scope responsibilities. We are grateful to the internal audit team for their assistance during the course of our work.

99. The appointed external auditor to the City of Edinburgh Council has reviewed the service provided council's internal audit team. For 2016/17, the appointed auditor found the internal audit service complied with Public Sector Internal Audit Standards.

Principle based approach to the internal audit across the partnership

100. The IJB recognised early in the process of setting up the Audit and Risk Committee that it would be beneficial to share of information between the scrutiny committees of the IJB, NHS Lothian and the City of Edinburgh Council.

101. NHS Lothian took the lead in preparing a set of principles to govern the relationships between the three scrutiny committees (as well as those of the other regional partnership to which the health board is party). Representatives of the IJB provided input to the drafting process.

102. In June 2017, the five key principles were presented to the audit and risk committee:

Five key principles for sharing information between the partnership's scrutiny committees

- The IJB Audit & Risk Committee and the Lothian NHS Board Audit & Risk Committee have an effective working relationship to take forward matters of common interest
- To support the efficient conduct of business, there is a clear communication process from the IJB Audit & Risk Committee to the Lothian NHS Board Audit & Risk Committee, and vice versa
- Reports from the NHS internal audit function shall be readily available to the IJB Audit & Risk Committee and vice versa
- The minutes of the IJB audit & risk committee and Lothian NHS Board audit & risk committee shall be accessible
- The NHS Lothian internal audit plan shall take into account the requirements of the IJB internal audit plan

103. The NHS Lothian Audit & Risk committee approved the principles in April 2017. The IJB proposes that these same principles will govern the relationship with the City of Edinburgh Council's Governance, Risk and Best Value Committee, subject to that committee's approval.

Internal audit plan and resource

104. The internal audit plan for 2016/17 was approved in principle by the Audit and Risk Committee in June 2016. The plan identified eight high and six medium auditable risks upon which assurance could be sought.

105. The Audit and Risk Committee, and internal audit, considered that assurance should be gained on all high-risk areas on an annual basis, with medium risk areas covered on a rolling 3-year basis. At the time of the plan's approval, the Audit and Risk Committee noted the expected level of internal audit resource would not allow the IJB to gain any assurance over the medium risks identified in the audit plan and requested that officers explore the possible options for obtaining additional Internal audit resource.

106. Following an internal audit update in November 2016 the Chair of the Audit and Risk Committee wrote to the IJB Chief Officer to highlight the committee's concerns with regard to the internal audit resource available. As of June 2017, a formal response from the Chief Officer was outstanding.

Disclaimer internal audit opinion

107. Given the resource concerns noted above, and the findings in the year, internal audit were unable to complete sufficient reviews and gain sufficient evidence to be able to conclude on the adequacy of the framework of Governance, Risk Management and Control. As a result, internal audit provided a "disclaimer opinion":

"As a consequence of the limited of assurance obtained … we consider that we have been unable to gather sufficient evidence to conclude on the adequacy of the framework of Governance, Risk Management and Control of the EIJB and issue a final 'Disclaimer' opinion"

"The internal audit work performed during the year has identified significant weaknesses in the framework of governance, risk management and controls surrounding the EIJB management information & integration processes, and in the delivery of social care within the City. There were also instances during the year of non-compliance with existing controls. If not addressed, these weaknesses and instances of non-compliance will put the achievement of organisational objectives at risk."

The governance statement

108. The governance statement discloses internal audit's disclaimer opinion and other areas of weakness during the year, such as the significant challenges the partnership faces from the level of delayed discharges and the areas of concern raised by the joint inspection of services for older people. Subject to the concerns disclosed, the IJB considered that reasonable assurance could be placed on the effectiveness and adequacy of the systems of governance.

109. We are satisfied that the governance statement within the annual accounts is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016.

Standards of conduct

110. In our opinion, the IJB's arrangements in relation to standards of conduct and the prevention and detection of bribery and corruption are adequate.

111. The IJB implemented a code of conduct based on the template code provided by Scottish Government and the codes in place at the partner organisations. In line with the integration scheme, the IJB utilises the financial governance arrangements in place within the partner bodies including fraud management arrangements.

6

Value for money

Value for money

112. Value for money is concerned with using resources effectively and continually improving services. IJBs need to establish effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account.

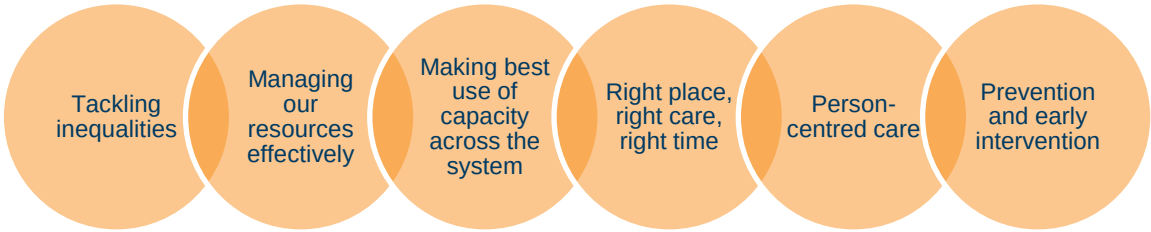
Overall conclusion

113. Arrangements to demonstrate value for money have continued to develop during 2016/17, the first 'live' year for the IJB. Further development in this area is still required and the IJB faces significant challenges from delayed discharges and the weaknesses identified in the inspection of services for older people in Edinburgh.

Strategic planning

114. The IJB approved the Edinburgh Health and Social Care Strategic Plan 2016-19 in March 2016. The strategic plan identifies six key priorities, 12 areas of focus and a 44-point action plan. The strategic plan also sets out a range of national and local indicators that the IJB will monitor performance against. National indicators were prescribed by the Scottish Government and local indicators were selected from the suites of measures collected by the City of Edinburgh Council and NHS Lothian.

Key priorities set out in the Edinburgh Health and Social Care Strategic Plan 2016-19



Directions

115. The IJB has an obligation to issue directions to the City of Edinburgh Council and NHS Lothian in respect of each delegated function. Directions are the means by which the IJB ensures the partner bodies implement the priorities set out in the strategic plan. In line with legislation, the first directions were issues in March 2016.

116. Directions can be issued at any time and once issued have no expiry date. Scottish Government guidance states that directions should set out:

- a clear framework for the operational delivery of the delegated functions;
- which delegated function each direction relates to;
- detailed information on the financial resources available for carrying out the functions that are the subject of the directions.

117. The IJB recognises that the first set of directions were relatively high level. It reported those directions were intended to notify the City of Edinburgh Council and NHS Lothian the areas where the IJB wanted to see change and to instruct the two organisations to support the IJB Chief Officer to develop more detailed plans in those areas.

118. The Edinburgh IJB delayed issuing new directions during 2016/17 to allow any recommendations from the joint inspection of services for older people in Edinburgh to be considered (see further discussion on the inspection below). In August 2017 a new set of 21 directions were set out, focusing on the four areas shown below.

Four areas of focus within the 2017/18 Directions	
Embedding locality model so that the provision of assessment, treatment and support in the community is the default position, reducing hospital admissions, supporting timely discharge and promoting independence.	Responding to national and local requirements such as the Health and Social Care Delivery Plan, new legislation and the recommendations from the Joint Inspection of Services for Older People.
Shifting the balance of care by increasing the range and capacity of community based services.	Enabling transformation through improved se of ICT, developing the workforce and developing a three-year sustainable financial strategy.

119. The IJB reports that a detailed delivery plan, developed in partnership with the City of Edinburgh Council and NHS Lothian, will support each direction. Progress monitoring is planned to take place through the IJB's Strategic Planning Group and be reported to the full IJB.

120. Internal audit reviewed a sample of the directions issued by the IJB in March 2016, to ensure conformed with:

- legislative requirements;
- good practice, as advised by the Scottish Government; and
- the IJB's strategic plan.

Internal audit also considered the arrangements in place to manage and report on progress to ensure that the requirements of the directions are applied in practice.

121. Internal audit identified one high-risk finding: The Directions for 2016-17 and 2017-18 contained limited SMART objectives, few of the directions state timescales for implementation and the majority of objectives do not state related KPIs. In response, management has agreed to ensure that ensure that the related delivery plans include SMART performance measures and that the performance measures relating to each direction are updated.

Data Integration & Sharing

122. During 2016/17 internal audit reviewed the IJB's approach and plans for integration of the City of Edinburgh Council's systems with NHS Lothian's and the current security provisions in place relating to day-to-day data integration & sharing activities. Internal audit found that:

- the governance processes in place were not sufficiently mature to support the vision of seamlessly supporting the sharing of data between the IJB and its partners; and
- Existing data management procedures lack robustness.

123. A management action plan has been put in place in response to the two high and two medium risk recommendations raised in the report.

Performance management

124. Per the integration scheme, the IJB is responsible for implementing a comprehensive performance management system that allows for transparent reporting and appraises achievement against the strategic plan.

125. Performance management arrangements have developed over the course of 2016/17, principally based around the proposed indicator set described in strategic plan 2016-19.

126. While the IJB has set out the range of national and local indicators within the strategic plan, it is not clear how each measure relates to the plan's six key priorities. Because of this, it may be difficult for the IJB to demonstrate how successful it has been in delivering progress against the plan. It is a statutory requirement for the IJB to report against both the national outcomes and its own strategic priorities. To enable that to take place the IJB should ensure that sufficient performance measures are clearly attributed to each strategic priority.

Management action plan 5

Performance and Quality Subgroup

127. The IJB's Performance and Quality Subgroup met for the first time in April 2016, following workshops held in February 2016 to develop the group's role, remit and membership. The groups remit includes the delegated responsibilities to:

- provide assurance to the Integration Joint Board that the whole system is operating effectively to deliver the strategic plan;
- assess the impact and effectiveness of the strategic plan; and
- assess performance and quality from a strategic perspective.

128. Since its inception, the subgroup has progressed with developing the IJB's performance framework. The subgroup chose to adopt a "rubrics approach", where levels of performance are assessed against clear criteria and standards (e.g. excellent, acceptable or poor).

129. The rubrics approach was selected as the subgroup considered it best addressed what it saw as the limitations of earlier approaches to performance, which lacked effectiveness and impact, relying heavily on scorecards with little perceived relevance to current pressures and priorities and failing to generate effective action. So far, the approach has been trialled for five of the 44 strategic objectives.

In-year reporting on performance

130. The Performance and Quality Subgroup met a number of times during 2016/17 reporting to the IJB on the progress being made in the development of the performance management framework. While it is inevitable that the performance management framework will continue to develop in these early stages of the IJB, there has been limited reporting to the Board on actual performance against the strategic plan to date.

131. Internal audit assessed the design and operating effectiveness of the IJB's controls relating to management information during 2016/17.

132. In March 2017, internal audit reported one high-risk recommendation recognising that while the performance management framework is being developed regular performance reporting to the EIJB and its subgroups has been limited to financial updates and statutory delayed discharge reporting.

133. We consider that more regular formal reporting to the Board on performance against the strategic plan will be required to enable the IJB to fulfil its role as strategic planning body. While performance may be assessed and scrutinised in detail by the Performance and Quality Subgroup, we would expect reports to be presented to the IJB at regular intervals through the year. Such reports should enable the IJB to effectively address areas of poor performance in a timely manner.

Management action plan 5

Delayed discharges

134. While there has been limited reporting on the general performance against the strategic plan during 2016/17, the IJB has received regular reporting in relation to delayed discharges.

135. The IJB recognised during 2016/17 that the levels of delayed discharges in the city present a particular risk to the partnership in providing the right care at the right time. To reflect the importance and urgency of the need to reduce the number and length of delayed discharges the IJB received regular updates on performance in this area.

136. In January 2016, The IJB reported 122 delayed discharges. In response to the challenges faced in the area, a 'flow workshop' was held in March 2016. The workshop identified a range of work streams to address the issue, targeted at key pressure points across the care system. Each work stream has been led jointly by a senior officer from both the Health and Social Care Partnership and the acute hospital sites. The work streams were overseen by a Patient Flow Programme Board and covered:

- admission avoidance;
- rehabilitation and recovery;
- supporting discharge; and
- mental health.

137. Between January 2016 and April 2016, the rate of delayed discharge fell to 67. However thereafter it increased month on month, reaching 215 in January 2017. A change in national reporting methods in July 2016 meant that direct comparisons were not possible between figures before and after that time. However, over that time Edinburgh regularly had the highest number of delayed discharges of any integration authority in Scotland.

138. By May 2017 delayed discharges had fallen to 168. The IJB reports that detailed performance reports are now available on a locality basis, which has allowed performance targets to be set and monitored more locally. A 'star chamber' now meets weekly where locality and hub managers are held to account for performance and any issues having a negative impact can be escalated immediately.

139. The IJB continues to recognise the importance and urgency of the need to reduce the number and length of delayed discharges and continues to receive regular updates on performance against whole system delays.

Annual performance reporting

140. All IJBs are required to produce an annual performance report that appraises achievement against both the nine National Health and Wellbeing Outcomes and the key priorities identified within their strategic plan. The IJB has produced an annual performance report covering:

- Delivery of the nine National Health and Wellbeing Outcomes and related key priorities of the Integration Joint board;
- Finance and best value
- Moving to a locality based model of planning and delivering services
- Inspection of services
- A review of the EIJB strategic commissioning plan.

141. The 2016/17 annual performance report focuses on the nine national outcomes and utilises the national and local indicators to attempt to demonstrate progress to date. The report gives narrative on the national indicators attributed to each national outcome, as well as the related local indicators that the IJB has chosen to monitor.

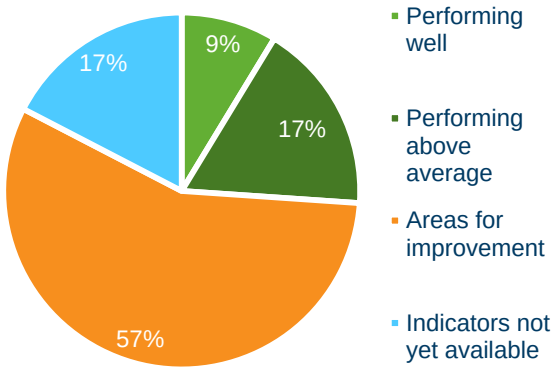
142. The performance report compares the IJB's performance against the national Indicators to the Scottish average and that of the IJB's peer group. Performance on local indicators is reported without reference to benchmarks. While the performance against indicators is reported, success has not been defined for any of the national or local measures. As a result, it is not clear how the performance information should be interpreted.

143. As part of the development of the performance management framework, and in line with the work being undertaken by the Performance and Quality Subgroup, the IJB should ensure it adequately defines and communicates what it considers would be good performance against each performance measure.

Management action plan 5

144. Although it is not outwardly clear how the reported performance information should be interpreted, the IJB has set out within the annual performance report the national indicators it considers to be performing well against and those requiring improvement, as shown below:

IJB assessed performance against the 23 national indicators



Inspection of services

145. The annual performance report also includes commentary on the joint inspection of services for older people in Edinburgh carried out by the Care Inspectorate and Health Improvement Scotland between August and December 2016.

146. The inspection was focused around the nine quality indicators and identified a number of areas of weakness, as shown below. Seventeen specific recommendations for improvement were raised. All have been accepted by the IJB.

147. The partnership viewed the inspection as a helpful process that confirmed the need to continue to drive forward improvements identified by the IJB itself since its inception.

148. The IJB has published a detailed improvement plan in response to the recommendations raised by the joint inspection. Progress against the plan is monitored by an Improvement Board and the IJB's Performance and Quality Sub-Group oversees delivery of the improvement plan on behalf of the IJB.

Findings from the joint inspection of services for older people in Edinburgh

Quality indicator	Evaluation	Evaluation criteria
Key Performance Outcomes	Weak	**Excellent** – outstanding, sector leading **Very good** – major strengths **Good** – important strengths with some areas for improvement **Adequate** – strengths just outweigh weaknesses **Weak** – important weaknesses **Unsatisfactory** – major weaknesses
Getting Help at the Right Time	Weak	
Impact on Staff	Adequate	
Impact on the community	Adequate	
Delivery of key processes	Unsatisfactory	
Strategic planning and plans to improve services	Weak	
Management and support of staff	Adequate	
Partnership working	Adequate	
Leadership and direction	Weak	

7

Appendices

Appendix 1: Management action plan

Our action plan details the control weaknesses and opportunities for improvement that we have identified during our audit. The action plan details the officer responsible for implementing the recommendation and an implementation date. The IJB should assess the recommendation for wider implications before approving the action plan.

It should be noted that the weaknesses identified in this report are only those that have come to our attention during the course of our normal audit work and may not be all that exist. The audit cannot be expected to detect all errors, weaknesses or opportunities for improvement in management arrangements. Communication in this report of matters arising from the audit of the annual accounts or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

Action plan grading structure

To assist the IJB in assessing the significance of the issues raised and prioritising the action required to address them, the recommendations have been rated. The rating structure is summarised as follows:

Grade 5	Very high risk exposure – major concerns requiring Board attention
Grade 4	High risk exposure – material observations requiring senior management attention
Grade 3	Moderate risk exposure – significant observations requiring management attention
Grade 2	Limited risk exposure – minor observations requiring management attention
Grade 1	Efficiency / housekeeping point

Recommendations raised in this report

No.	Issue & recommendation	Management comments
1. Rating Grade 3 Para 49	**Financial reporting** The content of the IJB's financial reporting has developed during 2016/17 and continues to develop. We noted examples within 2016/17 reporting where budget lines showed an underspend for the year to date, but forecast an overspend at year-end with no narrative explanation or context provided. . There is a risk that the current form of reporting does not fully reflect the actions undertaken or required in order to achieve the forecast outturn. The IJB should look to continue to develop financial reporting in order to ensure that the Board can easily identify areas of poor performance and fully understand any remedial actions undertaken or required.	Whilst recognising that the financial reporting to the IJB could and should continue to develop this needs to be in line with the IJB's responsibilities and information requirements. When resources have been delegated via directions by the IJB, the City of Edinburgh Council (CEC) and NHS Lothian (NHSL) apply their established systems of financial governance to the delegated functions and resources. Accordingly, budget monitoring of IJB delegated functions is undertaken by finance teams within CEC and NHSL. This arrangement reflects the IJB's role as a strategic planning body which does not directly deliver services, employ staff or hold cash resources. However, it is important that the IJB has oversight of the in year budget position as this highlights any issues that need to be accounted for when planning the future delivery of health and social care services. **Due Date:** March 2018 **Action owner:** Chief Finance Officer
No.	**Issue & recommendation**	**Management comments**
2. Rating Grade 4 Para 67	**Savings plans** The IJB's achievement of a breakeven position in 2017/18 is wholly dependent on its ability to work effectively with the council and health board to deliver the required savings. Discussions remain ongoing with NHS Lothian around how the current funding gap of £6.5million will be bridged and there remains a risk that planned efficiencies are not delivered. While responsibility for the actual delivery of the planned savings will fall to the IJB's partners, it is imperative that the IJB can demonstrate it has taken a strategic approach is taken to the identification of appropriate savings options. The IJB should ensure that future financial plans demonstrate sufficient consideration of the identification of potential savings options, including the financial and operational impact they are expected to have in the short, medium and long term. In the short term, the IJB should confirm how the current funding gap of £6.5million will be bridged.	Accepted. However it should be noted that the IJB's ability to confirm how the current NHS Lothian funding gap will be bridged is partly reliant on the overall NHS Lothian financial position. **Due Date:** March 2018 **Action owner:** Chief Officer

No.	Issue & recommendation	Management comments
3. Rating Grade 4 Para 71	**Medium term financial planning** The IJB requested in March 2017 that partners work with the Chief Officer and Interim Chief Finance Officer to prepare a financial plan for IJB delegated functions over a minimum three-year period. The requirement to carry out medium term financial planning is also reflected within the integration scheme. However, medium or long-term financial plans have not yet been developed. Without a medium term financial plan in place, the IJB cannot currently demonstrate how it will deliver the key priorities identified in their three-year strategic plan within the financial resources that will be available. The IJB should prioritise developing a medium term financial strategy that includes a clear understanding of costs, saving options and expected demand pressures.	An initial high-level financial plan will be presented to the IJB in September. This will be refined in the following months. **Due Date:** December 2017 **Action owner:** Chief Finance Officer

No.	Issue & recommendation	Management comments
4. Rating Grade 4 Para 73	**Workforce planning** The integration scheme requires the IJB to develop an integrated workforce plan for the city. The IJB has not yet developed an integrated workforce plan, and as a result is not meeting the requirements of the integration scheme. Without a documented plan in place, the IJB cannot demonstrate that a strategic overview is being taken over the risks the city faces in relation to workforce supply and demand challenges, communication, staff engagement and training needs to support the implementation of the strategic plan. The IJB should develop an integrated workforce plan for the city.	This is captured in the 2016/17 directions issued to CEC and NHS Lothian. Direction 19 requires: *"the City of Edinburgh Council and NHS Lothian are directed to work with the Edinburgh Health and Social Care Partnership to:* *a. produce and implement a workforce development strategy that supports the delivery of the strategic plan; taking account of the National Health and Social Care Workforce Plan;* *b. ensure that any business cases developed in relation to the strategic plan clearly set out any ICT implications."* **Due Date:** Timescale for production of strategy to be agreed and set out in delivery plan. Performance measure to be agreed in terms of impact. **Action owner:** Chief Nurse

No.	Issue & recommendation	Management comments
5. Rating Grade 3 Para 126, 133, 143	**Performance management arrangements** **a. Performance management framework** The IJB is responsible for implementing a comprehensive performance management system that allows for transparent reporting and appraises achievement against the strategic plan. While the IJB has set out the range of national and local indicators within the strategic plan, it is not clear how each measure relates to the plan's six key priorities. To enable the IJB to report progress against both the national outcomes and its own strategic priorities it should ensure sufficient performance measures are clearly attributed to each strategic priority. **b. In-year reporting on performance** There has been limited reporting to the Board on actual performance against the strategic plan to date. Without regular formal of performance against the strategic plan, the IJB may be unable to demonstrate that it is fulfilling its role as strategic planning body. While performance may be assessed and scrutinised in detail by the Performance and Quality Subgroup, we would expect reports to be presented to the IJB at regular intervals through the year. Such reports should enable the IJB to address areas of poor performance in a timely manner. **c. Annual performance reporting** The 2016/17 annual performance report focuses on the nine national outcomes and utilises the national and local indicators to attempt to demonstrate progress to date. While the performance against indicators is reported, success has not been defined for any of the national or local measures. As a result, it is not clear at this stage how the performance information should be interpreted. As part of the continual development of the performance management framework, the IJB should ensure it adequately defines and communicates what it considers would be good performance against each performance measure.	**5a.** The IJB is in the process of establishing a performance framework based on a hierarchy of performance indicators from operational to strategic levels. This will be agreed through the Performance and Quality Sub Group of the IJB. Due Date: December 2017 **5b.** Whilst the IJB has received regular reports on aspects of performance (eg delayed discharges) and a 6 monthly update from the Performance and Quality Sub Group, it is acknowledged that a more comprehensive approach is required. Following the production of the annual performance report for 2016/17 it has been agreed that the IJB will receive a half yearly update on performance in line with the framework outlined above. Any significant concerns about performance will be reported to the IJB by exception. **Due Date:** First update on performance reported to the IJB in February 2018. **5c.** 2016/17 will act as the baseline year for the IJB. Therefore opportunities to demonstrate improvements in performance in a meaningful way were limited to either comparisons with the rest of Scotland or to performance prior to the establishment of the IJB. The performance report for 2017/18 will incorporate an assessment of performance against targets set by the Performance and Quality Sub Group of the IJB. **Due Date:** 2017/18 performance report to be published by end of July 2018. **Action owner:** Chief Officer.

Appendix 2: Respective responsibilities of the IJB and the Auditor

Responsibility for the preparation of the annual report and accounts

The IJB is required to make arrangements for the proper administration of its financial affairs and to secure that one of its officers has the responsibility for the administration of those affairs. The Interim Chief Financial Officer has been designated as that officer by the IJB.

The IJB is also required to:

- manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- to approve the Annual Accounts.

The Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the annual accounts, the Chief Financial Officer is responsible for:

- selecting suitable accounting policies and applying them consistently;
- making judgements and estimates that are reasonable and prudent;
- complying with the Code;
- keeping proper accounting records which are up to date; and
- taking reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board

Auditor responsibilities

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require us to comply with the Financial Reporting Council's Ethical Standards for Auditors.

We audit the annual report and accounts and give an opinion on whether:

- the financial statements give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of the body as at 31 March 2017 and of its surplus on the provision of services for the year then ended;
- the financial statements have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code;
- the financial statements have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003;
- the auditable part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014;
- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

We are also required to report by exception if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the auditable part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit; or
- there has been a failure to achieve a prescribed financial objective.

Wider scope of audit

The special accountabilities that attach to the conduct of public business, and the use of public money, mean that public sector audits must be planned and undertaken from a wider perspective than in the private sector. This means providing assurance, not only on the annual accounts, but providing audit judgements and conclusions on the appropriateness, effectiveness and impact of corporate governance and performance management arrangements and financial sustainability.

The Code of Audit Practice frames a significant part of our wider scope responsibilities in terms of four audit dimensions. As part of our annual audit we consider and report against these four dimensions: financial management; financial sustainability; governance and transparency; and value for money.

Scott-Moncrieff
business advisers and accountants

Appendix 3 – Letter of Representation

DATE TO BE INSERTED

Scott-Moncrieff
Exchange Place 3
Semple Street
Edinburgh
EH3 8BL

Dear Sirs

Edinburgh Integration Joint Board

This representation letter is provided in connection with your audit of the annual accounts of Edinburgh Integration Joint Board (the IJB) for the year ended 31 March 2017 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

I can confirm to you, in respect of the financial statements of the IJB for the year ended 31 March 2017, the following:

Annual accounts and accounting records

1. I have fulfilled my responsibilities for preparing financial statements which give a true and fair view in accordance with the 2016/17 Code and for making accurate representations to you.
2. I have provided you with:
    - access to all information of which I am aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
    - additional information that you have requested from me for the purpose of the audit; and
    - unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
3. All transactions have been recorded in the accounting records and are reflected in the financial statements.
4. Except as disclosed in the financial statements, the results for the year were not materially affected by:
    - any change in accounting policies;
    - transactions of a type not usually undertaken by the IJB;
    - circumstances of an exceptional or non-recurrent nature; or
    - charges or credits relating to prior periods.

5. I have reviewed going concern considerations and am satisfied that it is appropriate for the financial statements to have been drawn up on the going concern basis. In reaching this opinion I have taken into account all relevant matters of which I am aware and have considered a future period of at least one year from the date on which the financial statements were approved.

6. I confirm the financial statements are free of material misstatements, including omissions.

Fraud

7. I acknowledge as Interim Chief Finance Officer my responsibilities for the design and implementation of internal control in order to prevent and detect fraud and to prevent and detect error.

8. In my opinion, the risks that the financial statements may be materially misstated as a result of fraud are low. Measures have been put in place by management to reduce the risk of fraud.

9. I have disclosed to you all information in relation to fraud or suspected fraud that I am aware of and that affects the IJB and involves:

    - management
    - employees who have significant roles in internal control
    - others where the fraud could have a material effect on the financial statements.

10. I am not aware of any allegations of fraud or suspected fraud with a potential effect on the financial statements which have been communicated to me by employees, former employees, partner bodies, regulators or other third parties.

Compliance with laws and regulation, and contractual agreements

11. I am not aware of any instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

12. The IJB has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance.

Accounting estimates and judgements

13. In my opinion, the significant assumptions that have been used in the financial statements are reasonable.

14. In my opinion the significant assumptions used by the IJB in making accounting estimates are reasonable.

15. I do not consider that the remuneration of the Chief Finance Officer is required to be disclosed within the remuneration report under the requirements of the 2016/17 Code and The Local Authority Accounts (Scotland) Regulations 2014 (SSI 2014/200) Schedule (definitions section).

Related parties

16. I have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which I am aware.

17. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards as adopted by the European Union and as interpreted and adapted by the 2016/17 Code.

18. In particular, I am not aware of any elected member, connected person, or officer with a disclosable interest in a transaction with the IJB at any time during the year other than as indicated in the financial statements.

Assets and liabilities

19. I have disclosed to you all known actual or possible litigation or claims whose effects should be considered when preparing the financial statements and that they have been accounted for and disclosed in accordance with International Financial Reporting Standards as adopted by the European Union and as interpreted and adapted by the 2016/17 Code.

20. I am not aware of any IJB plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

21. The IJB has no plans to abandon activities.

22. I have recorded or disclosed, as appropriate, all liabilities, both actual and contingent, and all guarantees that I have given to third parties.

Subsequent events

23. All events subsequent to the date of the financial statements and for which the 2016/17 Code requires adjustment or disclosure have been adjusted or disclosed. Should any material events occur which may necessitate revision of the figures included in the financial statements or inclusion in the notes thereto, I will advise you accordingly.

I confirm that the above representations are made on the basis of enquiries of members and officers with relevant knowledge and experience (and, where appropriate, of inspection of supporting documentation) sufficient to satisfy myself that I can properly make each of the above representations to you.

Yours faithfully

Moira Pringle

Interim Chief Finance Officer

On _____ (date)

Report

Financial Update
Edinburgh Integration Joint Board

22 September 2017

Purpose of paper

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the financial position for the four months of 2017/18 and the forecast year end position.

Recommendations

2. It is recommended that the board:

   a) Notes that delegated services are reporting an overspend of £6.0m for the first four months of 2017/18, which is projected to rise to £17.2m by the end of the financial year without any further action;

   b) agrees the release of the £2.2m provision included in the social care fund for demography and £1.0m to support the implementation of the locality structure; and

   c) agrees to receive a detailed action plan from the Interim Chief Officer at a future date.

Background

3. As previously discussed budget monitoring of IJB delegated functions is undertaken by finance teams within the City of Edinburgh Council (CEC) and NHS Lothian (NHSL), reflecting the IJB's role as a strategic planning body. However, the IJB requires oversight of the in year budget position as this highlights any issues that need to be accounted for when planning the future delivery of health and social care services.

4. In the absence of financial information from CEC, the position for delegated services ran by NHSL was reported at the July meeting. At that time it was noted that the emerging financial position was of some concern.

5. Since then, CEC and NHSL have undertaken a formal quarter one review. The Council position was reported to the Finance and Resources Committee on 5 September 2017. Whilst the interim findings have been reported to the Scottish Government, NHSL has

not yet had the opportunity to discuss the output at either the NHSL Board or the Finance & Resources Committee.

Main report

Overview of 17/18 financial position

6. For the first 4 months of the financial year CEC and NHSL overspent against the budgets delegated by the IJB by £6.0m. If no further action is taken, this position is forecast to deteriorate to £17.2m by the end of the year. A summary is presented in table 1 below with further detail included in appendices 1 (NHSL) and 2 (CEC). The key factors impacting financial performance have not materially changed and are discussed in more detail in sections 7 to 14 below.

	Position to end July 2017			Year end forecast Variance £k
	Budget £k	Actual £k	Variance £k	
NHS services				
Core services	75,788	77,559	(1,771)	(5,446)
Hosted services	26,036	25,763	273	730
Set aside services	31,765	33,154	(1,389)	(3,169)
Sub total NHS services	**133,589**	**136,476**	**(2,887)**	**(7,885)**
CEC services	**61,550**	**64,667**	**(3,117)**	**(9,350)**
Gross position	**195,139**	**201,142**	**(6,004)**	**(17,235)**

Table 1: summary financial position for NHS services to July 2017

NHS services

7. Partnership services delivered by the NHS are showing an overspend of £2.9m for the first 4 months of the year, largely in line with the quarter 1 review projection of £8.9m.

8. As previously described there has been little change in the underlying reasons, namely:

- **Prescribing –** although minimal growth in volumes was seen in July, this remains one of the most significant financial pressures facing the Partnership. The year to date overspend is £0.6m which is predicted to rise to £2.5m by the end of the financial year. As more months of actual data are processed a clearer picture will emerge on whether the relatively low levels of growth seen in recent months will continue;
- **Nursing** in community hospitals – where high levels of supplementary staffing have increased costs over recent years. This level of expenditure is anticipated to reduce following the closure of McCallum ward at the Astley Ainslie Hospital and the redeployment of the nurses to other Hospital Based Continuing

Complex Care (BCCC) units in the city. Other pressures arise from high levels of sickness absence and increasing one to one care. An action plan has been developed by the Chief Nurse which incorporates a review of how the need for one to one care is assessed and provided as well as enhancing controls over access to supplementary staffing;

- **Financial recovery schemes** – although some progress has been made in recent months, identification and delivery of savings programmes needs to be a focus for the remainder of the year; and
- **Junior medical staffing** – remains the key factor in the overspend on set aside services. This is an issue across a number of areas within NHSL, primarily A&E, acute medicine and medicine of the elderly. The underlying cause is the requirement for additional staff to deliver seven day working, non compliant rotas and the use of locum staff to cover trainee gaps.

9. In addition to these historic issues pressures in supplies costs are emerging, particularly in relation to wheelchairs and the joint equipment store.

10. The quarter one review undertaken by NHSL presents the first key opportunity to review the detail of the financial position across the organisation and what options might be available to meet the statutory target of breakeven. At the time of writing the position has not been formally reported to either the NHS Board or Finance & Resources Committee but it is understood that an overspend is predicted, requiring the organisation to under spend in the coming months.

11. Within this forecast there are inherent risks in relation to winter, delivery of efficiency plans, the crystallisation of assumptions mainly around drug costs and the capacity within the social care sector to meet increased demands. Work will continue across NHSL with the aim to reduce the existing projected gap. However, at this stage all flexibility has been identified and included within the forecast.

Council services

12. The month three report on financial performance from CEC confirms the concerns highlighted in the July finance report to the IJB. Specifically that, whilst staffing shows a balanced position, a projected £9.35m overspend on the purchasing budget has been identified. This relates primarily to:

- Growth in demand/volume for purchased care at home services and self-directed support payments (£3m); and
- Non delivery of savings (£6m).

13. When setting the financial plan for 17/18, the IJB made provision of £2.2m to allow for the impact of demography on purchasing costs. As has been previously reported, this is an area impacted by a number of

factors, including: an ongoing increase in direct payments which reduces the funding available for CEC arranged services; the increase in care at home capacity required as delays are addressed; and the requirement to deliver efficiencies. It is therefore recommended that this sum is now used to offset these costs and the budget increased accordingly. This would partially offset the growth in demand/volume which is reflected in the projected overspend of £9.35m, reducing the anticipated year end overspend to £7.1m.

14. However it should be noted that this position assumes no additional in year growth, despite the evidence that current waiting times for assessment, review and service delivery are unacceptably long and the associated risks are not adequately mitigated. The management team has been tasked with addressing these delays during 2017 and maintaining the system in a steady state thereafter. A series of actions required to support delivery have been identified but will require a step change in resourcing, estimated to be in the region of £5m this financial year and £12m the following year. These costs are based on assumptions which require further testing and they have not been reflected in the year end forecast but will be an inevitable consequence of addressing the delays.

15. As of period three, the Council is projecting an overall overspend of £5.0m. This overall variance comprises projected overspends in Health and Social Care, Safer and Stronger Communities and Place (together totalling £11.1m), offset primarily by net non recurring savings in corporate areas of £6.1m. Work is ongoing to identify potential options to bring expenditure back in line with budgeted levels as a matter of urgency and a progress update is scheduled for consideration at the Finance and Resources Committee on 28 September.

In year mitigation

16. In recognition of the level of concern about the financial position, the Interim Chief Officer has been asked to assess and refocus plans in three priority areas: performance; quality; and finance. The output of this work will be available in two months and in the meantime the following actions are being actively progressed by the Edinburgh Health and Social Care Partnership with the support of officers from CEC and NHSL:

- immediate implementation of manpower controls with all vacancies to be authorised by the Chief Officer;
- increased control over the use of all supplementary staffing;
- reviewing and reinforcing controls over all areas of expenditure, including a systematic assessment of existing arrangements against best practice;
- reinvigorating and refocusing existing savings proposals;

- identification and delivery of additional savings opportunities;
- progressing invest to save plans utilising (for example) the efficient prescribing monies to reduce costs; and
- reviewing the extent to which uncommitted financial plan funding can be reprioritised in year. This includes the proposed release of £1m (£0.8m for CEC and £0.2m for NHS Lothian) to support the integrated structure on a non recurring basis.

17. It is however recognised that these actions above, coupled with the potential cost of eradicating or even reducing delays, are unlikely to deliver in year balance in either services delivered by CEC or NHSL.

18. Significant and long standing pressures are evident in the current financial positions of both health and council run services and returning to a balanced position will require major redesign of services, radical changes in thinking and approach, and the involvement of all partners and stakeholders.

Medium term financial planning

19. When considering the one year 17/18 financial plan at its meeting in July the IJB requested that "*partners work with the IJB Chief Officer and Interim Chief Finance Officer to prepare a financial plan for IJB delegated functions over a minimum three year period*". Given, the twin challenges of increasing demand for services and a climate of constrained financial resources, the importance of this exercise is clear. The development and implementation of a strategic approach to financial planning over the next three to five years is essential to support the sustainability of health and social care delivery within Edinburgh.

20. Whilst both CEC and NHSL continue to refine their financial plans, the prevailing financial climate for public services means that neither organisation is likely to be in a position to materially increase their offer to the IJB. NHSL are working on a planning assumption of an increase in their allocation from the Scottish Government of 0.4% for each year in the five year planning period plus a move towards NRAC parity. Current estimates are that the total element relating to the IJB's delegated services would be £1.1m annually. Although CEC expect to face continuing significant cash-terms reductions in the overall level of resourcing available, it is proposed to adopt a position of "flat-cash" allocations for each of the next three years of the budget framework. The final piece of funding context is the programme for government announced on 5 September 2017. Whilst this contained a number of points pertinent to IJBs the following practical implications remain to be worked through:

- at least a real terms increase in the NHS budget;
- a safe staffing bill to ensure sufficient staff in the right areas;

- a health and social care delivery plan to shift resources to primary and community care;
- an additional £20m for alcohol and drug misuse services;
- ill health strategy; and
- implementation of 'Frank's Law' making free personal care available for under 65s with certain conditions such as dementia.

21. It is in this context that the financial plan for the IJB is being developed. However it is already evident that the quantum of the financial challenge will be considerable and, in order to deliver services within the funding available, any mitigating action is likely to impact on delivery of the strategic plan. Both the way services are delivered and our thinking will require to be transformative.

Key risks

22. There are a number of key risk inherent in the budgets delegated by partners and the consequent draft financial plan, including:

- the **new GMS contract** is being developed in collaboration between the Scottish Government and GP representatives. As further information on the financial implications is available this will be reported to the IJB;
- part of the additional social care funding is to support work to allow the full implementation of the **Carers Bill** in early 2018. However, the associated long term costs of implementing this legislation are not yet clear and as further information becomes available this will be reported to the IJB; and
- NHS Lothian has agreed that a safe and effective target **occupancy** for acute wards (including those functions delegated to the IJB) should be 85%, well below the current average. The financial impact of reducing occupancy and increasing community capacity has not yet been modelled and may require additional investment.

Financial implications

23. Outlined elsewhere in this report.

Involving people

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

Impact on plans of other parties

25. As above.

Impact for directions

26. The financial schedule to the increase in resources delegated to the City of Edinburgh Council by £2.2m on a recurring basis and £0.8m on a non recurring basis and to NHS Lothian by £0.2m on a non recurring basis.

Background reading/references

27. None.

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Links to priorities in strategic plan

Managing our resources effectively

FINANCIAL POSITION OF DELEGATED SERVICES PROVIDED NHS LOTHIAN 2017/18

	Position to end July 2017			Year end forecast
	Budget £k	Actual £k	Variance £k	Variance £k
Core services				
Community AHPs	1,771	2,151	(381)	(656)
Community Hospitals	3,299	3,621	(322)	(907)
District Nursing	3,503	3,522	(19)	(142)
GMS	22,842	22,669	173	2
Mental Health	2,995	2,954	41	167
Other	4,345	5,019	(675)	(1,404)
Prescribing	26,295	26,884	(590)	(2,505)
Resource Transfer	10,739	10,738	1	(1)
Sub total core	**75,788**	**77,559**	**(1,771)**	**(5,446)**
Hosted services				
AHPs	2,167	2,123	44	81
Complex Care	292	435	(142)	(63)
GMS	1,660	1,654	6	0
Learning Disabilities	2,818	2,803	16	(203)
Lothian Unsched Care Service	1,597	1,650	(52)	14
Mental Health	7,943	7,668	275	480
Oral Health Services	3,069	2,964	106	287
Other	(267)	(367)	100	37
Palliative Care	778	777	1	(80)
Psychology Service	1,262	1,232	29	(11)
Rehabilitation Medicine	1,330	1,256	74	346
Sexual Health	1,016	1,026	(10)	2
Substance Misuse	1,306	1,644	(338)	(319)
UNPAC	1,066	900	166	159
Sub total hosted	**26,036**	**25,763**	**273**	**730**
Set aside services				
A & E (outpatients)	2,065	2,077	(12)	(5)
Cardiology	5,128	5,118	10	40
Diabetes	392	388	4	(119)
Gastroenterology	1,739	1,958	(219)	(541)
General medicine	7,617	7,760	(143)	(547)
Geriatric medicine	5,124	5,055	69	114
Infectious disease	2,156	2,104	52	26
Junior medical	3,833	4,565	(732)	(1,695)
Management	510	557	(47)	(163)
Other	473	806	(334)	(135)
Rehabilitation medicine	680	720	(40)	(88)
Therapies	2,047	2,045	2	(56)
Sub total set aside	**31,765**	**33,154**	**(1,389)**	**(3,169)**
Grand total	**133,589**	**136,476**	**(2,887)**	**(7,885)**

APPENDIX 2

FINANCIAL POSITION OF DELEGATED SERVICES PROVIDED BY
CITY OF EDINBURGH COUNCIL 2017/18

	Position to end July 2017			Year end forecast
	Budget £k	Actual £k	Variance £k	Variance £k
Employee costs				
Council Paid Employees	**27,759**	**27,759**	**0**	0
Non pay costs				
Premises	430	430	0	0
Third Party Payments	59,322	62,322	(3,000)	(9,000)
Supplies & Services	2,943	3,076	(133)	(400)
Transfer Payments	258	325	(67)	(200)
Transport	586	670	(83)	(250)
Other	150	150	0	0
Sub total	**63,688**	**66,972**	**(3,283)**	**(9,850)**
Gross expenditure	**91,447**	**94,731**	**(3,283)**	**(9,850)**
Income	**(29,897)**	**(30,064)**	**167**	**500**
Net expenditure	**61,550**	**64,667**	**(3,117)**	**(9,350)**

Report

Whole System Delays – Recent Trends

Edinburgh Integration Joint Board

22 September 2017

Executive Summary

1. The purpose of this report is to update the Integration Joint Board on:
   - the current performance in respect of people delayed in hospital;
   - trends across the wider system;
   - identified pressures and challenges; and
   - improvement activities.

Recommendations

2. The Integration Joint Board (IJB) is asked to note:

   i. current performance in respect of people delayed in hospital;
   ii. the delays and pressures in the community;
   iii. the actions being taken to address the identified challenges; and
   iv. the significant ongoing challenge of bringing about improvement.

Background

3. Edinburgh has regularly had the highest number of delayed discharges of any Integration Authority in Scotland. Reducing both the number of people whose discharge from hospital is delayed and the length of those delays has been an ongoing problem and a particular area of concern for the Integration Joint Board. However, pressures are also evident across the wider system, with large numbers of people waiting for assessments and for domiciliary care, the majority of whom are currently at home rather than in hospital.

4. These issues are also reflected in the report of the Care Inspectorate/Health Improvement Scotland's inspection of Edinburgh's services for older people.

5. The IJB has previously asked that performance reports on this subject be brought to each IJB meeting.

Main report

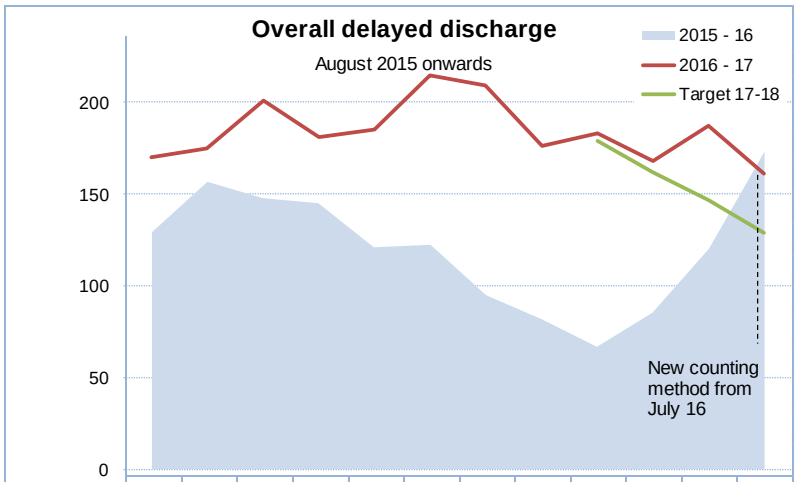
Overview of performance: delayed discharge

6. The number of people who are delayed in hospital is reported monthly to the Information Services Division (ISD) of NHS Scotland. This information is used to compare performance across Integration Authorities. The figure reported to ISD excludes complex delays, where the Partnership is unable, for reasons beyond its control, to secure a patient's safe, timely and appropriate discharge from hospital. Examples include a person waiting for a place in a specialist residential facility where no places are available; or where a person cannot leave hospital until a Guardianship Order has been granted by the courts.

7. The Edinburgh Health and Social Care Partnership revised performance targets in respect of the number of people whose discharge from hospital is delayed in April 2017. The intention in setting these targets was that the number of delays would be reduced to no more than 50 non-complex cases and 10 complex cases by December 2017. Trajectories to reach this target have been set on both a city-wide and locality basis. Table 1 in the appendix shows these trajectories.

8. Chart 1 below shows the number of people whose discharge from hospital was delayed over the last two years, using the monthly data reported to ISD. The shaded area shows performance from August 2015 to July 2016 (the latest date for which data is available). The red line shows performance for the current year. The green line shows the target trajectory.

Chart 1: Number of people delayed in hospital Aug 2016 to July 2017



	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
2015 - 16	129	157	148	145	121	122	95	82	67	85	120	173
2016 - 17	170	175	201	181	185	215	209	176	183	168	187	161
Target 17-18									179	162	147	129

excluding complex cases

9. The number of people whose discharge is delayed has shown a reduction, but this has not been sufficient to meet the phased targets. Lack of packages of care continues to account for the largest number of individuals waiting (53%), followed by people waiting for care homes, illustrated in Table 2 below. This pattern is consistent across the four localities.

10. Table 1 provides an overview of all delays, both complex and non-complex and the proportion of delays in acute beds.

Table 1. Overview of delays: reportable (including % in acute) and complex

	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17
Reportable Total	170	175	201	181	185	215	209	176	183	168	187	161
% in acute	86%	82%	86%	80%	74%	73%	79%	80%	83%	79%	79%	86%
Excluded cases (complex)	23	24	27	23	18	12	13	16	32	34	24	25
Of which, Guardianship	20	20	22	16	17	11	12	14	18	19	12	14
Grand Total	193	199	228	204	203	227	222	192	215	202	211	186

11. The proportion of delays in acute sites is closely monitored because of the impact on the capacity of acute services. There was a reduction over the winter months to under 75%, with more recent levels being at least 79%. The number of complex delays where people are waiting for Guardianship Orders to be granted is shown separately, as additional resources have been put in place to focus on this group of people, which has resulted in a reduction in the number of complex delays.

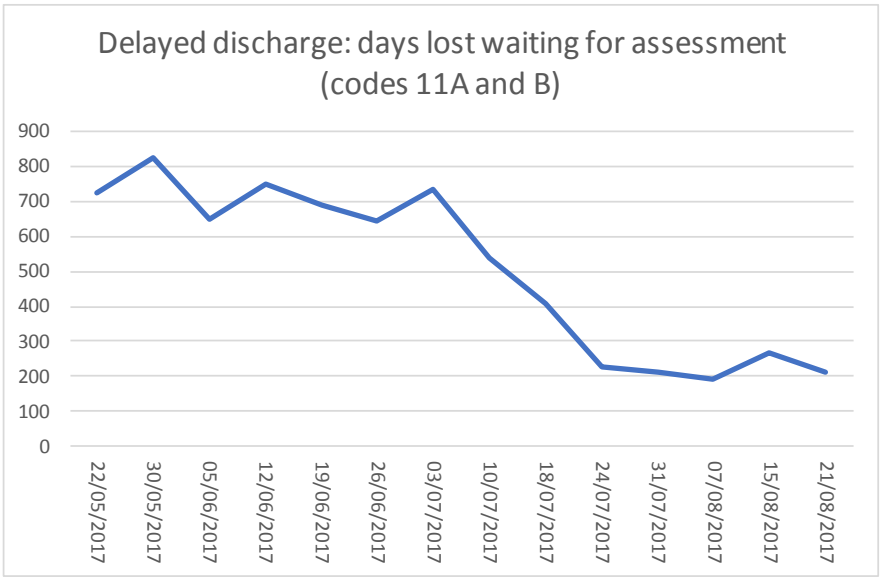
12. The main reasons for reportable delays are summarised in Table 2. It shows that waiting for a care home place and for domiciliary care continues to be the main cause of delay.

Table 2. Reportable delays by reason

	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17
Assessment	24	43	42	47	32	37	30	20	30	28	29	13
Care Home	59	50	72	64	68	77	69	51	53	72	74	57
Domiciliary Care	76	81	86	69	81	97	107	101	97	65	81	85
Legal and Financial	0	0	0	0	2	2	0	2	1	1	1	2
Other	11	1	1	1	2	2	3	2	2	2	2	4
Total	170	175	201	181	185	215	209	176	183	168	187	161
% Domiciliary Care	45%	46%	43%	38%	44%	45%	51%	57%	53%	39%	43%	53%

13. One area of marked improvement has been the reduction in bed days lost for people waiting for assessments, from 822 at 30 May to 211 for 21 August. This represents a reduction of 74%, which has been achieved at a time of high vacancy levels in operational teams.

Chart 2: Days lost through delayed discharge while waiting for assessment

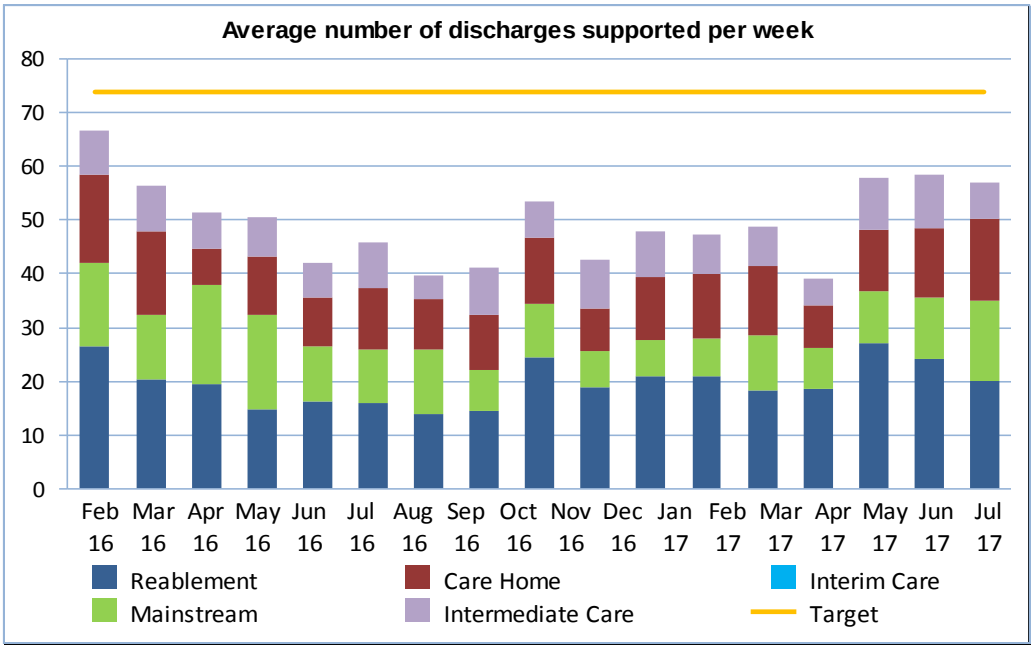


14. The average number of people supported to leave hospital each week is shown in Table 3 below. Chart 3 shows how people were supported. The average weekly target of 74 was set to achieve the intended targets for the reduction in delays by December 2017. However, the level of support required is not being achieved.

Table 3. People supported to leave hospital

	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17
People supported to be discharged in calendar month	193	209	236	272	258	223	230	213	186	203	170	168
Monthly Target	317	328	328	307	328	317	328	317	328	328	328	328
Average discharges per week	45	47.2	57	68	58.3	52	51.9	49.7	42	45.8	39.7	37.9
Av Weekly Target	74	74	74	74	74	74	74	74	74	74	74	74

Chart 3. The average number of people supported to leave hospital per week



15. Table 4 below shows the net change in the number of people whose discharge from hospital is delayed for the 12 weeks to 21 August 2017. This is the difference between the number of people *ceasing* to be delayed and people *becoming* delayed each week. The volume of new and ceasing delay activity is highest in North West. The total number of people *supported to leave hospital* tends to be higher than the number ceasing to be delayed, showing that people who are *not delayed* are being supported to leave hospital. Further work is planned to investigate this in detail.

Table 4: Summary of delayed discharge flow (averages over the 12 weeks to 21 August)

	North East	North West	South East	South West	Total
Average new delays per week	8	15	11	10	45
Average delays ended per week	8	17	10	9	44
People supported to leave hospital	12	18	10	14	54
People waiting in hospital for a package of care (including non-delayed)	8	22	19	22	70

Note that people may leave the list temporarily if they become unwell and not fit for discharge.

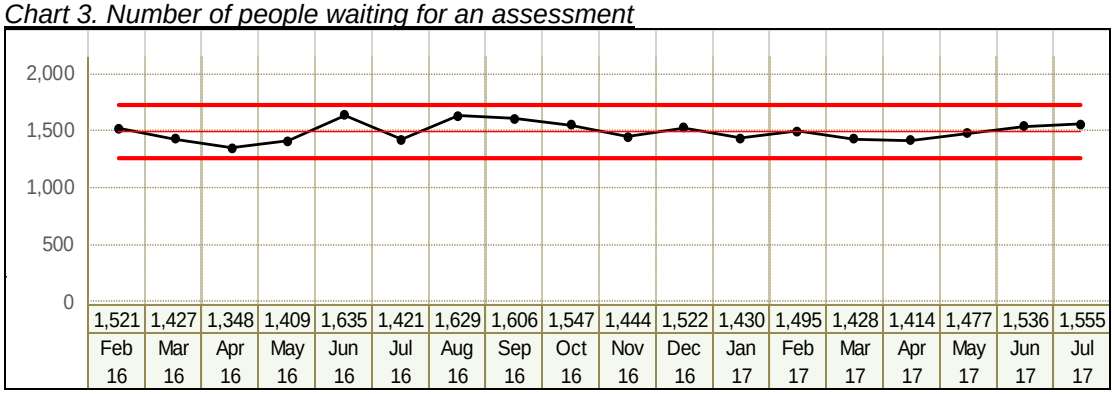
Overview of performance: Delays in the community

16. The number of people waiting for assessments and the number of people waiting for support at home are key indicators of pressures across the system.

17. Charts 3a, 3b are set up to show whether month to month change is likely to result from normal (common cause) variation, or instead is likely to reflect a significant change. Using this statistical process control method on an ongoing basis will help to identify whether improvement actions are having the intended effect, i.e. are bringing about significant change in delays.

18. For the assessment waiting list, Chart 3 shows normal month to month variation, with no sign of a reducing trend.

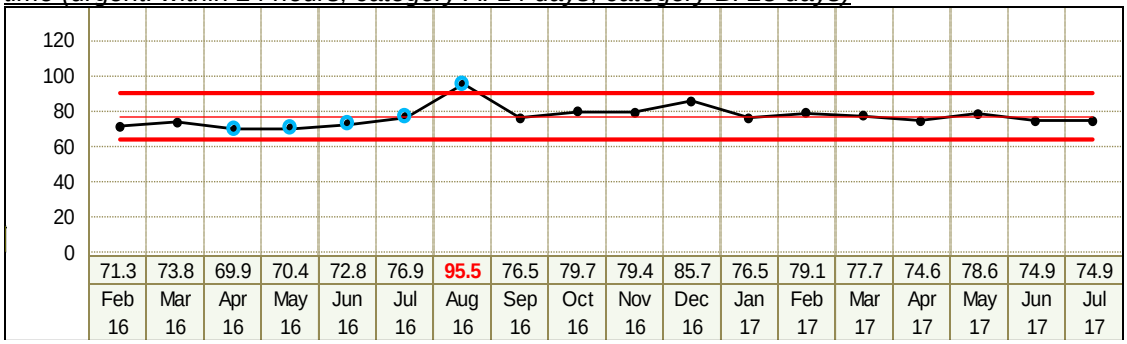
Chart 3. Number of people waiting for an assessment



19. Chart 3b shows the proportion of people waiting, outside the standard timescales which are detailed below:

Category	Definition	Standard timescale – to be completed within	Median waiting time during July 2017
U (Urgent)	Where there is an actual or immediate threat to the safety of an individual and/ or those around them	24 hours	0.5 days
A	Where there are risk factors including: • a sudden or significant change in circumstances • a significant difficulty in managing essential personal care tasks • extreme stress upon carers	14 days	49 days
B	Where there is a chronic condition or circumstance resulting in: • some degree of risk in undertaking personal care tasks • carers needing support • a planned change in living/support arrangements being required	28 days	82 days

Chart 3b. The percentage of people waiting for an assessment beyond the standard response time (urgent: within 24 hours; category A: 14 days; category B: 28 days)



20. The number of people waiting for domiciliary care shows a steady increase over the past three months, particularly for older people in the community.

Table 5. Number of people waiting for domiciliary care: older people by location and adults under 65

Time Series of People Waiting	Older People				People aged under 65	
	a) Receiving Reablement, awaiting Mainstream service	b) In the community, including people with Intermediate Care	c) In hospital	Total	Total	**Total**
27/03/2017	72	226	77	**375**	**174**	**549**
03/04/2017	75	242	86	**403**	**182**	**585**
10/04/2017	71	252	86	**409**	**187**	**596**
17/04/2017	68	250	74	**392**	**186**	**578**
24/04/2017	82	245	60	**387**	**189**	**576**
01/05/2017	79	248	47	**374**	**192**	**566**
08/05/2017	78	253	35	**366**	**191**	**557**
15/05/2017	89	252	36	**377**	**191**	**568**
22/05/2017	104	261	40	**405**	**187**	**592**
29/05/2017	111	279	39	**429**	**189**	**618**
05/06/2017	108	287	47	**442**	**191**	**633**
12/06/2017	111	294	70	**475**	**191**	**666**
19/06/2017	104	295	55	**454**	**192**	**646**
26/06/2017	103	302	62	**467**	**184**	**651**
03/07/2017	112	301	57	**470**	**187**	**657**
10/07/2017	113	318	68	**499**	**191**	**690**
17/07/2017	117	311	68	**496**	**189**	**685**
24/07/2017	123	316	70	**509**	**195**	**704**
31/07/2017	124	325	56	**505**	**196**	**701**
07/08/2017	129	342	82	**553**	**190**	**743**
14/08/2017	133	346	84	**563**	**192**	**755**
21/08/2017	131	356	71	**558**	**201**	**759**
28/08/2017	131	364	78	**573**	**207**	**780**
04/09/2017	133	352	76	**561**	**204**	**765**
11/09/2017	134	363	73	**570**	**203**	**773**

21. The current average waiting time for a domiciliary care packages is 114 days.

22. Table 6 below shows the number of support hours for which people are waiting.

Table 6. Number of domiciliary care hours required: older people by location and adults under 65

Time Series of Hours Waiting	Older People				People aged under 65	
	a) Receiving Reablement, awaiting Mainstream service	b) In the community, including people with Intermediate Care	c) In hospital	Total	Total	**Total**
27/03/2017	763	1,780	1,172	**3,715**	**1,151**	**4,866**
03/04/2017	752	1,835	1,263	**3,850**	**1,188**	**5,038**
10/04/2017	655	1,888	1,227	**3,770**	**1,321**	**5,091**
17/04/2017	587	1,914	1,176	**3,677**	**1,285**	**4,962**
24/04/2017	703	1,853	962	**3,518**	**1,267**	**4,785**
01/05/2017	670	1,956	748	**3,374**	**1,452**	**4,826**
08/05/2017	638	2,018	654	**3,310**	**1,486**	**4,796**
15/05/2017	717	1,993	618	**3,328**	**1,503**	**4,831**
22/05/2017	897	2,203	677	**3,776**	**1,489**	**5,265**
29/05/2017	947	2,370	650	**3,966**	**1,568**	**5,534**
05/06/2017	908	2,302	801	**4,011**	**1,657**	**5,668**
12/06/2017	929	2,238	1,119	**4,286**	**1,526**	**5,812**
19/06/2017	867	2,243	1,033	**4,143**	**1,580**	**5,723**
26/06/2017	886	2,238	1,011	**4,135**	**1,359**	**5,495**
03/07/2017	942	2,250	1,016	**4,208**	**1,412**	**5,620**
10/07/2017	904	2,365	1,186	**4,455**	**1,464**	**5,919**
17/07/2017	964	2,223	1,203	**4,390**	**1,394**	**5,784**
24/07/2017	1,048	2,297	1,199	**4,544**	**1,565**	**6,109**
31/07/2017	1,069	2,332	982	**4,382**	**1,584**	**5,966**
07/08/2017	1,101	2,471	1,225	**4,796**	**1,431**	**6,228**
14/08/2017	1,109	2,555	1,368	**5,032**	**1,477**	**6,509**
21/08/2017	1,100	2,646	1,272	**5,018**	**1,524**	**6,542**
28/08/2017	1,101	2,599	1,344	**5,045**	**1,591**	**6,635**
04/09/2017	1,118	2,552	1,266	**4,936**	**1,605**	**6,541**
11/09/2017	1,195	2,600	1,121	**4,916**	**1,576**	**6,492**

Key pressures and challenges

23. The main ongoing challenges associated with addressing the number and length of delayed discharges are:

- the lack of availability of packages of care, exacerbated by an increase in vacancies and sickness levels in the in-house service – this is reflected both in the number of people waiting in hospital (83) and in the number waiting to move on from the reablement service (133 at 21/8/2017)
- recruitment and retention of care staff – the local contracted providers have reported high turnover rates of staff in the region of 30 – 50%
- the lack of availability of local authority funded care home places at the national contract rate (self-funders form around half of the total care home residents supported by the Council)
- a lack of specialist dementia beds.

Improvement actions

24. The Flow Programme Board has recently reviewed the content of the programme and identified three specific areas for attention:
    - maximising capacity through the care at home contract
    - optimising flow through the hospital system and discharge from hospital
    - technology-enabled care as a means of increasing capacity to support people to live independently in the community, avoiding the need for admission to hospital and facilitating timely discharge.

25. Weekly “star chamber” meetings are held with locality managers. These meetings have helped to reduce the length of time that people are delayed in hospital and identified a number of practice, culture and service capacity-related issues. Two examples of this are:
    - inconsistent application of the moving on policy for self-funders who are waiting for a care home place
    - delays relating to house cleaning, stemming from contract issues

26. The locality Multi-Agency Triage Teams (MATT) and Hubs are now operational. The MATTs review all delays, pending discharges from hospital to their locality who are not delayed, and admissions to hospital in the previous 24 hours. They identify patients who could be supported home sooner from hospital with the right community support. Hub Managers now also join the hospitals’ conference calls where all activity is discussed each morning.

27. A review of the hospital OT assessment process (accounting for 70% of requests for packages of care) is underway.

28. An early support discharge process is currently being tested in the SW Edinburgh Hub.

29. The interim leadership team is reviewing the above at pace to focus on key priorities and provide a clearer view of objectives for the rest of the year and beyond. What is clear is that a concise strategic plan for older people is essential and this needs to include a robust demand and capacity plan for the short-, medium- and longer term.

Key risks

30. Current levels and patterns of support to enable people to leave hospital are not sufficient to bring about the reduction in the level of delay required. There are major challenges in terms of the capacity of the care system and of affordability.

Financial implications

31. There is a high level of unmet need in hospital and in the community, which has significant cost implications which are not reflected in current financial forecasts.

Involving people

32. As the Locality Hubs and Clusters become operational, there will be further engagement with local communities to develop the model further.

Impact on plans of other parties

33. The ability of the Edinburgh Health and Social Care Partnership to reduce significantly the number of people delayed in hospital and the length of those delays impacts on NHS Lothian. Partners are kept informed of progress by the Chief Officer through the IJB Chief Officers Acute Interface Group.

Background reading/references

None.

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Appendices

Appendix 1	Phased targets for the number of people whose discharge from hospital is delayed

Appendix 1

Phased targets for the number of people whose discharge from hospital is delayed: non-complex (reportable) and complex

	28 Aug	25 Sep	30 Oct	27 Nov	25 Dec
1. Non-complex					
City Target	162	136	103	76	50
NE Target	30	25	20	15	11
NW Target	41	34	25	18	11
SE Target	46	39	30	22	15
SW Target	45	38	28	21	13
2. Complex					
City Target	20	17	15	12	10

Item 5.5

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

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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 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

Proposals for investment referred from the Strategic Planning Group Edinburgh Integration Joint Board

22 September 2017

Executive Summary

1. In January 2017, the Integration Joint Board agreed to extend the remit of the Strategic Planning Group to include the prioritisation of requests for investment from the Social Care Fund. The Strategic Planning Group considered three such applications for investment when it met on 28 July 2017. A further request was considered by the Group at its meeting on 1 September 2017. Following due consideration, the Strategic Planning Group agreed to recommend that the Integration Joint Board agree to these requests.

2. This report summarises two of those requests for investment and details the recommendations of the Strategic Planning Group. The other two requests contain commercially sensitive information and are therefore the subject of a separate report on Part B of the agenda.

3. The reports considered by the Strategic Planning Group are attached as appendices 1 and 2.

Recommendations

4. The Integration Joint Board is asked to:

   i. approve the investment of £2,167,167 to build capacity in services for people with learning disabilities; and

   ii. approve the investment of £588,096 on an invest to save basis as set out in the business case for the expansion of the telecare service.

Background

5. When it met on 28 July 2017 the Strategic Planning Group considered a business case seeking funding to build additional capacity to address the increased demand for day support and housing support services for adults with a learning disability. Following discussion of the business case the Strategic

Planning Group agreed to recommend that the Integration Joint Board approve the request.

6. At the meeting held on 1 September 2017, the Strategic Planning Group considered a business case for the expansion of the telecare service on an invest to save basis; and agreed to recommend that the Integration Joint Board approve the request for investment.

7. Provision has been made for funding both these proposals within the Integration Joint Board Financial Plan for 2017/18.

Main report

8. The tables below summarise the four business cases:

Learning Disability Services		
Purpose of investment	**Rationale**	**Investment requested**
Build capacity in the following services for people with learning disabilities to meet increased demand: • day support • accommodation with support • community placements for people with forensic needs. Support for the transition of nine people from hospital to a community based complex care service.	Additional investment is required to meet the increased demand for support for people with a learning disability as a result of growth in the number of: • young people leaving school • young people requesting accommodation • people living in the family home required to move into supported accommodation • people now able to be successfully discharged from hospital; and increasing levels of complex needs in individuals	Young people leaving school (day support) £543,750 Young people needing supported accommodation £291,667 Forensic services £375,000 Complex Care Service £233,750 Full year effect 2016/17 **Total £2,167,167**
Source of funding	Provision has been made for the full amount of investment required in the Integration Joint Board Financial Plan 2017/18 and is detailed in Appendix 2 to the Plan under the heading Disabilities.	

Telecare service

Purpose of investment	Rationale	Investment requested
Expand the use of Telecare to all older people to enable financial savings through prevention and early intervention	Increasing the use of Telecare by older people across the city will increasing independence, avoid the need for admission to hospital or residential care and demand for care at home and home care. The estimated net benefits from this investment over an 18-month period are £8.3m. Direction EDI_2017/18_17 e. (Technology enabled care)	**Total £588,096 on an invest to save basis**
Source of funding	Provision has been made for the full amount of investment required in the Integration Joint Board Financial Plan 2017/18 and is detailed in Appendix 2 to the Plan under the heading Telecare.	

Key risks

9. Whilst provision has been made in the Integration Joint Board's Financial Plan for 2017/18 for funding the investments proposed in this report, it should also be noted that the Board's ability to make these investments is contingent on the delivery of both the planned savings programme and ongoing financial balance. The financial position both in year and for future years, as detailed in another paper being considered by the Integration Joint Board, is extremely challenging.

10. The proposed investments in this report all relate to the provision of direct service to individual citizens who have eligible needs that the Integration Joint Board has a duty to meet. Failure to make these investments will mean that these needs will have to be met in other ways.

Financial implications

11. The proposals set out within this report require a total investment of £2,755,263; provision has been made for these investments within the Integration Joint Board Financial Plan for 2017/18. Provision has been made for these investments within the Integration Joint Board's Financial Plan for 2017/18.

Involving people

12. The proposed investments in this report have been considered by the Strategic Planning Group, membership of which includes key stakeholders including citizens with lived experience of using health and social care services and representatives of third and independent sector providers.

Impact on plans of other parties

13. None.

Implications for Directions

14. The business case attached at Appendix 2 will deliver direction EDI_2017/18_17 e. (Technology enable care):

"The City of Edinburgh Council and NHS Lothian are directed to: produce the business case for the expansion of Telecare to all adults over 65 as a prevention and early intervention activity to reduce packages of care and keep people in their own homes for as long as possible."

Background reading/references

Financial Plan 2017/18 report to Edinburgh Integration Joint Board 24 March 2017

Report author

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Appendices

Appendix 1	Learning Disability Services Social Care fund 2017-2018 -

	report to Strategic Planning Group 28/7/2017
Appendix 2	Expansion of Telecare Service Offering – report to Strategic Planning Group 1/9/2017

Appendix 1

Report

Learning Disability Services
Social Care fund 2017-2018

28th July 2017

1. Executive Summary

1.1 Over the last five years the demand on services that provide day support and housing support for adults with a learning disability has outpaced capacity in all services. This paper outlines the case for funding of those services to build capacity to meet our legal responsibilities.

2. Background

2.1 Medical advances have seen the survival rate for people born with disabilities increase dramatically, resulting in larger numbers and more particularly complexity of need, of cases of physical and/or learning disability. While the numbers concerned are considerably smaller, such is the intensive nature of support required, that the associated incremental financial provision requiring to be made is markedly higher than for increases in the number of older people. (Council Business Plan)

2.2 Over the last five years the demand on services for day and housing support has outpaced capacity to deliver those services. Over this period, it has been recognised that these pressures have required investment to build capacity in these two main areas of support.

2.3 There are strong challenges in meeting the increasing demands for people with a learning disability;

- More young people leaving school
- An increase in young people requesting accommodation
- Larger numbers of people living in the family home required to move into supported accommodation
- An increase in numbers of people now able to be successfully discharged from hospital
- Increasing levels of complex needs in individuals

2.4 There are legal responsibilities that the Partnership need to respond to; in particular, the need for day support. There is also a potential challenge from the Mental Welfare Commission to ensure people are not detained in hospital.

3. Main report

3.1 In 2017 there are estimated to be 45 young people leaving school and seeking funded support for day placements.

3.2 In previous financial years, a part year cost approach has been adopted, which allows for a spreading of the cost over subsequent financial years. Therefore, from financial year 2016/2017 there is full year effect of £723,000.

3.3 Beginning in early 2018 a new complex care service which was procured to limit care packages costs and offer robust environments will begin. There will be nine placements offered, some to patients leaving hospital as part of the modernisation programme and younger people who will require this model of support. To facilitate transition between services it is probable that funds will be required from January 2018 onwards.

3.4 For three people with forensic needs, there has been community placements developed, this is due to be in place by May 2018.

3.5 People living in the family home are also seeking accommodation with support, currently we have 48 people seeking to move on. We have potential placements for six people to move in August 2017.

4. Financial implications

The breakdown of requested funding for 2017/2018;

		Phased	
	2016/2017	2017/2018	2017/2018
	Full Year Cost	Part Year Costs	FYE 2018/2019
Young people leaving school (Day Support)	725,000	543,750	181,250
Young people leaving residential school or the family home	350,000	291,667	58,333
Forensic services (full year cost required)	375,000	375,000	0
Complex Care service - West Bowling Green	935,000	233,750	701,250
Full Year Effect 2016/2017	723,000	723,000	
Totals		£2,167,167	£940,833

5. Key risks

5.1 If funding cannot be agreed for young people leaving school, there is a risk of a legal challenge under the Care and Treatment Act (2003) which places a duty on local authorities to make provision. There would also be an exceptional level of complaints from carers

5.2 For people with complex needs the risk is that we will need to consider other arrangements due to carer inability to care for their young people. This could mean higher costs in inappropriate placements.

5.3 For people with forensic needs and those delayed in hospital, there is a real risk of the Mental Welfare Commission instructing the partnership to make provision. Additionally, there could be a risk of legal damages due to inappropriate detention in hospital made by individuals

5.4 There would be a severe risk to the Councils and IJB reputation if these elements were not able to be funded.

Contact

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Additional Information

People living in the family home moving to supported accommodation:

We have 54 people seeking accommodation which if all required it now would cost an estimated 4.9M. As we don't have those funds available we have prioritised a small group whose needs can be met by a new development in SW Edinburgh. The support hours are different for each but for four people we have allocated £87.5K, total funding for this group will be 350K.

Forensic Services

These are people who have a mild/moderate learning disability who have come into contact with Criminal Justice services; these are often sexual in nature and all will have some sort of court order that identifies where and how be must be supported. Support Works has over the last three years been training staff to work with people with forensic needs, they currently support five people in the community, these are all 24/7 packages of care due to the legal framework that is applied. We have a further eight people in hospital who have forensic needs, three of which are delayed. Support Works have tenancies ready for these three and will move into them in the next 2/3 weeks. The cost for each person is 125K so the total cost is 375K.

Complex care

This was subject of a procurement process, in terms of the nine people we are looking at five people from hospital and four coming from the family home or residential school.

Appendix 2

Report

Expansion of the Telecare Service Offering

Strategic Planning Group

1 September 2017 – Adjusted form SPG on 01.09.17

Executive Summary

1. The use of technology (Telecare) to support people to live as independently as possible and reduce the need for more traditional health and social care services is a key element of the Integration Joint Board's approach to prevention and early intervention. Telecare has been shown to improve outcomes for people and enable financial savings. The purpose of this report is to secure the investment to fund the expansion of the existing service to citizens aged 65 and over.

2. The business case attached at Appendix 1 sets out the Strategic, Economic, Financial and Management cases for expanding the current Telecare Service offering across the City of Edinburgh, in a planned and methodical way, whilst tracking benefits. The case supports priorities in the Edinburgh Integration Joint Board (IJB) Strategic Plan.

3. A one-off, non-recurring investment of £588,096 is required over a period of 18 months on an invest to save basis to ensure service growth can be managed in a methodical way, and sustained. Provision for this investment is made within the Integration Joint Board Financial Plan for 2017/18. The business case estimates a net saving of £8.3 million over the eighteen-month period through reducing the cost of care packages and avoiding admissions to acute facilities and residential care. It is proposed that revenue from the expanded service should be reinvested in the service.

Recommendations

4. The Strategic Planning Group is asked to:

    i. Recommend that the Integration Joint Board agree the one-off investment of £588,096 on an invest to save basis, to fund the proposed expansion of the Telecare Service to citizens aged 65 and over

    ii. Recommend that the Integration Joint Board agree that revenue earned from expanding the Community Alarm Telecare Service (CATS) should be reinvested as a means of offsetting investment and project management costs, for as long as is possible.

Background

5. The Edinburgh Integration Joint Board (IJB) has set out in its Strategic Plan a number of key priorities to achieve the National Health and Wellbeing Outcomes and to drive more value from the reducing funds available.

6. An increase in the adoption of technology has been widely recognised nationally, and identified as a key lever to enable the delivery of the key priorities within Edinburgh's Strategic Plan for Adult Health & Social Care services. This shift towards technology is also within the context of a broader shift towards an 'Asset Based Approach' across Edinburgh. The Asset Based Approach brings together family, community and formal services to provide holistic care to service users with a renewed focus on improving and maintaining personal independence, and therefore outcomes for people. The delivery of technology in Edinburgh will align with, and enable this strategy.

7. The financial benefit associated with this programme of work offers the opportunity to invest to save, with a projected overall net benefit of approximately £8.3m, over the 18-month period.

8. The Telecare service in Edinburgh's Health and Social Care Integrated Partnership, is a devolved function from the City of Edinburgh Council (CEC), and is currently delivered on a city-wide basis by the Community Alarm Telecare Service (CATS) team. This service plays a valuable role for Edinburgh citizens in the preventative and early intervention functions, maintaining people at home, and avoiding unnecessary acute hospital admission, and has grown substantially in the last 6 years, whilst maintaining robust outcomes for people.

9. The service currently has a staffing complement of approximately 55 FTEs and operates on a 24/7/365 basis. Some of the posts are funded by the partnership, and some funded on a national basis to move the Technology Enabled Care agenda forward.

Main report

10. The original Technology Enabled Care proposal was authorised for delivery, by the Health and Social Care Partnership, in October 2016, with an original benefits outlook for 4 years.

11. The key adjustment to the proposal since then, is to extend the client group to the over 65-year age, as opposed to restricting the programme to the over 75-year age group. This fits well with the preventative and wellbeing agenda both locally and nationally. The benefits for this first stage of implementation have been identified for an 18-month period, up to December 2018, to determine opportunities for further scaling up of the programme, thereafter.

12. This business case looks at the initial investment required for the first 18-month phase of the programme, to start providing the enhanced telecare provision, in a phased and managed way.

13. Strategically, the Community Alarm and Telecare Service (CATS), plays a valuable role for almost 9,000 Edinburgh citizens, who are predominantly older. The key functions are prevention and early intervention, maintaining people at home, and avoiding unnecessary acute hospital admission, and has grown substantially in the last 6 years, whilst maintaining robust outcomes for people, with one of the lowest conveyance rates to hospital in Scotland, of less than 2% of responses resulting in conveyance to hospital.

14. From an economic perspective, the principle is that the more people aged over 65 years who use telecare options as a foundation of care, the requirement for formal direct care may be reduced, allowing funding, and associated resources, that are available for direct care to be targeted at more people who require it.

15. Management and governance arrangements are through the Telecare Steering Group, led by the Strategic Planning and Quality Manager, who is also responsible for the Community Alarm and Telecare Service, (CATS). It is important to note that an operational change agent/project manager will be required to ensure methodical implementation, delivery of the key enabling interventions, monitoring, recording and evaluation of the expansion, and will be key to developing future business case requirements. The key enabling interventions include those noted below:

CATS Expansion - Enabling Interventions
• Assessment and Care worker training
• Single view of the service user
• Leverage family and community assets
• Develop Locality focussed data

16. Progress against the agreed measures, feedback from service users and assessors will take place from September 2017 – September 2018, in order to set out the position for further improvements from January 2019.

17. Please refer to attached business case at Appendix 1, to see the full detail of the case and the associated benefits.

Key risks

18. There is a risk of further missed benefits; further delay of implementation prevents achievement of operational change (e.g. avoidable hospital admissions, care home admissions, and utilisation of direct care for more people) which prevents

realising financial and non-financial benefits. This will be mitigated by the expansion occurring.

19. There is a risk associated with potential limited capacity in telecare teams; capacity of CATS versus future demand on the service at full capacity, and will not be able to take on additional demand. Additionally, CATS are about to be subject to CEC Phase 3 Transformation changes, with the opportunity to review how best to increase provision and support being timely, to mitigate this. Additionally, process efficiency work will be undertaken as part of the organisational development, post phase 3 Transformation.

20. Risk of project not being managed in a methodical, supported way. This will be mitigated by the appointment of the change agent.

21. The key issue of IT systems is being taken forward with the CATS service, the Council's CGI colleagues to bring the CATS Jontek system into the main CGI system, to simplify processes going forward.

Financial Implications

22. Funding for Telecare has traditionally been fragmented across secured and unsecured funds, and this case provides an opportunity for a more cohesive approach. Service users generally contribute c£800k and there is a CEC devolved budget of £1.2m. There is a current contribution by the partnership Integrated Care Fund of c£250k, and national TEC funding of c£150k. As well as national funding applications that will also enable the IJB to support the increased demand for the service, alongside the partnership invest to save contribution of £588,096 and assuming revenue from new joiners is reinvested in the service.

23. Financially, this case indicates an opportunity of invest to save, with an outline cost of £588,096 investment, with a financial benefit of estimated £8.9million reduction for care at home support, and an overall net benefit of c£8.3m, over the 18-month period. Rigorous monitoring will be required from the start, to ensure that the anticipated benefits are delivered. Provision has been made within the Integration Joint Board's Financial Plan for 2017/18 to fund the proposed investment.

24. The initial 18 month spend of £588,096 will be used predominantly for equipment costs to enable the expansion, with ongoing maintenance being required for consideration in Phase 2 of the roll out programme. Our approach to reusing equipment means that the equipment costs will reduce over time. The other key cost will be the change agent post, to drive the expansion, and required enabling interventions, alongside monitoring, recording and evaluation.

25. There is a recognition that additional response resources may be required to support the expansion, with the phased implementation not requiring this at the start. A separate business case will be required, as the demand becomes evident.

Involving people

26. The following stakeholder groups were consulted in the development of the attached business case: Staff from CATS and Community Equipment Service (CES); Scottish Ambulance Service, Sheltered Housing, community rehabilitation colleagues, and wider locality managers and staff.

27. Key discussion took place with senior staff who are responsible for assessing and reviewing need, to influence the revised assessment document to ensure the approach of telecare becomes a strong foundation for support, with direct care then being indicated for additional needs, as opposed the current situation, where all direct care requirements are prescribed **then** telecare options are considered on top of this. This will support philosophy of utilising telecare solutions appropriately *instead of, not as well as* direct care, with the opportunity to reduce the reliance on direct care and re utilise for more people.

28. Service users were not directly consulted, however feedback from service users about their overall package and how they found the telecare solution, as part of the evaluation process.

Impact on plans of other parties

29. The impact on other plans and parties, are mainly associated with assessment and review of clients, who may benefit from telecare options, with colleagues being represented within the Steering Group.

30. There is an assumption that, through more deliberate assessment for telecare support, there will be impact on maintaining people at home for longer, with the potential to reduce delays in discharge for those awaiting packages of care.

Implications for directions

31. The business case attached at Appendix 1 will deliver direction EDI_2017/18_17 e. (Technology enable care):

> *"The City of Edinburgh Council and NHS Lothian are directed to: produce the business case for the expansion of Telecare to all adults over 65 as a prevention and early intervention activity to reduce packages of care and keep people in their own homes for as long as possible."*

Background reading/references

H&SCP Scoping & Proposal Document - Demand Management: Technology Enabled Care (TEC). 03.10.2016

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Links to priorities in strategic plan

Action 19	New models to better meet the needs of frail elderly people at home and in care homes
Action 21	Shifting the balance of care
Action 43	Plans to achieve financial balance
Action 44	Decisions regarding investment and disinvestment

Links to recommendations from the Joint Inspection for Older People

Recommendation 2	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 admission

APPENDIX 1

Edinburgh Health and Social Care Partnership

Business Case for Expansion of CEC Telecare Service Offering Across the City of Edinburgh

Purpose:

To secure the investment to fund the expansion of the existing Telecare service to all Older People in Edinburgh to improve outcomes for people and enable financial savings through prevention and early intervention.

Executive Summary

The Edinburgh Integration Joint Board (IJB) has set out in its Strategic Plan a number of key priorities to achieve the National Health and Wellbeing Outcomes and to drive more value from the reducing funds available.

An increase in the adoption of technology has been identified as a key lever to enable the delivery of the Strategic Plan key priorities for Adult Health & Social Care services. This shift towards technology is also within the context of a broader shift towards an 'Asset Based Approach' across Edinburgh. The Asset Based Approach brings together family, community and formal services to provide holistic care and support, with a renewed focus on improving and maintaining personal independence, and therefore outcomes for people.

It is important that the partnership take a longer term view of the potential of technology to support people to be self-managing. The Telecare project is the first step in delivering a technology enabled roadmap for the Partnership. It is anticipated that this project will be followed by additional phases of work as the Partnership moves from expanding the use of existing services towards leveraging more sophisticated technologies and digital services.

The original Telecare 1 proposal was approved for delivery in October 2016, with a benefits outlook for 5 years. These benefits were predicated on expanding the existing use of Telecare to all Older People to enable financial savings through prevention and early intervention. The 5 year view can be seen in the Table on page 7 below. This business case illustrates the investment required for the first 18 months of the programme, which will fund the enhanced telecare provision.

Strategically, the telecare service plays a valuable role for Edinburgh citizens, many of whom are over 65 years of age. The service maintains individual independence by supporting people at home, and enables the avoidance of unnecessary acute hospital admission. The service has grown substantially in the last 6 years, whilst maintaining

robust outcomes for people, with one of the lowest conveyance rates to hospital in Scotland of less than one per cent.

From an economic perspective, Telecare has the potential to reduce demand on formal direct care which could result in savings that can be reinvested into other services where it is needed most.

Financially, this case indicates an opportunity for invest to save, with an overall net benefit of c£8.3m, over the 18 month period (based on a 75% take up rate, 3,028 people). It is recognised that additional response workforce resource may be required to support the expansion of the service. As the additional users will be brought on incrementally, there is no immediate requirement to scale up the service. Instead, future service resourcing decisions will be aligned to the upcoming Phase 3 of the Organisational Transformation Programme for Health & Social Care. If, over the first few months, the evidence suggests that the service requires a shorter term resource investment, an additional business case will be submitted for consideration, once the requirement has been defined.

Management and governance arrangements are through the Telecare Steering Group, led by the Strategic Planning & Quality Manager for Older People, who is also the Head of Service for CATS. The Steering Group has multi-agency membership, including the Community Alarm and Telecare Service, (CATS) Manager.

Project support will be required to ensure effective implementation, monitoring, recording evaluation, and ongoing innovation throughout the expansion, with the requirement for the operational change agent included in this business case, and future phases going forward. Overarching support through the initial implementation phases, will continue to be provided by Ernst & Young,

Recommendations

It is recommended that the Finance Board:

1. **Agree to the expansion of the Telecare Service offering across the City of Edinburgh with an investment of £588,096, for the 18 month period from July 2017- December 2018, which reflects a 75% (3,028 people) take up rate of targeted new joiners from the identified cohort of 4,037, and;**

2. **Agree that CATs service will reinvest revenue earned from expanding the service, as a means of offsetting ongoing investment and project management costs, for as long as is possible.**

1. Strategic Case

Edinburgh Health and Social Care Partnership (H&SCP) Strategic Plan 2016 to 2019

The Edinburgh Integrated Joint Board (IJB) has set out in its Strategic Plan a number of key priorities to achieve the National health and wellbeing outcomes and to drive more value from the reducing funds available. An increase in the adoption of TEC has been identified as a key lever to enable the delivery of these priorities. This move towards technology is also within the context of a broader shift towards an 'asset based approach' across Edinburgh. This approach brings together family, community and formal services to provide holistic care to service users with a renewed focus on improving and maintaining personal independence.

In October 2016, a detailed proposal was approved by the Health & Social Care Partnership, (TEC Phase 1), to expand the existing service by increasing the number of telecare users in Edinburgh.

Strategically, the telecare service plays a valuable role for Edinburgh citizens, many of whom are over 65 years of age. The service maintains individual independence by supporting people at home, and enables the avoidance of unnecessary acute hospital admission.

Table 1: Why is change required now?

What are the key drivers for change?	What impact are these drivers having, on the organisation?	Why action now:	What has to be achieved to deliver the necessary change? (Investment Objectives)
Older population and service growth	Limited growth due to lower than average take up rates Subsequent constrained opportunity for revenue gain Higher response requirements to alarms	Aim is to continuously improve service user experience, particularly through the First Responder work being undertaken with SAS, Falls and other responder partners Opportunity for investment in prevention/delay or reduced formal direct care package	Increase take up rates of service for those over 65 years of age

		CEC opportunity to increase revenue	
Cost of care at home	Budget constraints and increasing waiting lists for care at home and home care	Opportunity to reduce demand for packages of care	Increase number of existing service users using telecare as a foundation of support "***instead of, not as well as"*** care provision
Opportunity to support avoidable hospital admissions, and enable timely discharge	Increased cost through avoidable admissions and subsequent delays in discharge, owing to wait for a package of care	Opportunity to: • respond to people, to maintain them safely at home without need for a hospital admission • Reduce delayed discharges as some individuals may be discharged from hospital with a Telecare service without having to wait for a package of care to be put in place • ensure people only receive direct care when required 2.	Deliberately target eligible telecare cohort to 65+ to support earlier intervention/ prevention for new clients Ensure those clients being reviewed have telecare as foundation of need going forward
Residential care admissions	Increased cost through premature/avoidable admissions	Opportunity to delay admissions to residential care as individuals can be supported at home for longer	

<u>Stakeholders/Organisations and Assets Affected By This Business Case?</u>

Internal

- Assessors of new need, and reviewers of current need
- CATS service that will see greater demand
- Finance, to validate benefits

- Community Equipment Service (CES), which may see increased demand for equipment as TEC users increase

External

First Responders, who can utilise option of Telecare to maintain people at home, rather than convey to hospital:

- Scottish Ambulance Service
- NHS 24
- Falls Service
- Sheltered Housing

The impact would be felt in terms of an increased ability to enable hospital discharge, reduce unnecessary admissions, and offer a robust support foundation, complemented by the potential for a reduced need for a care package. This would also allow more clients to access the available direct care resource.

Existing Assets Affected?
This would be dependent on the size of increase in service users. There will be the factors to consider, as the expansion moves into phase 2, such as vehicles, telecare stock and staffing levels. As part of the early evaluation of this first expansion phase, these elements will be looked at, as well as the impact on telephone infrastructure and capacity to receive and handle increased emergency call volumes, and appropriate response.

2. Economic Case

Options Appraisal including benefits and non-monetary costs

The following options were considered, with rationale for progressing, or not indicated:

Option 1- Do Nothing, discounted on the basis that no opportunity for growth, and strategically doesn't support the Strategic Plan prevention and early intervention focus.

Option 2 – Solely family and friend response, discounted on the basis that it would undermine the robust mechanism already in place in Edinburgh that improves outcomes for people, and maintains an extremely low conveyance to hospital. This has recently been reinforced through the objective Strathclyde University deep dive of Edinburgh's activity.

Option 3 – Growth, associated with this business case, and targeting the over 65 year old group – preferred option

Enablers for Success

This project will support all adult Health and Social Care services to consider Telecare a foundation of support for all service users over 65 years of age. This will represent a significant culture shift for Edinburgh H&SC staff, as Technology would be considered by default, and embedded in all care packages for this cohort where appropriate. To

support this, however, a number of key interventions would need must occur, and will be overseen by the operational change agent post:

1. *Amendment to the Assessment/ Review Processes* – To support this, there will be process and/or system changes. The assessment for TEC will be at the beginning of the process, to ensure TEC is seen 'instead of, not as well as', with direct care requirements being considered thereafter. Current Status: Being delivered as part of the assessment redesign project.

2. *Assessment and Care worker training* – in order to embed telecare as a primary support offering, and as part of the organisational culture a thorough training programme will be required for care workers (carers, personal care and support staff). This will introduce and empower assessment and care workers with the range of telecare options available to service users. Current Status: As above and post being recruited to from national funding, led by CATS.

3. *Single view of the service user* – currently, people that receive telecare are not visible on the Swift case management system. A single view of these service users is needed in order to measure the whole care package impact of adopting telecare. Current Status: CATS leading changes supported by CGI to ensure a single view can be achieved.

4. *Leverage family and community assets* – currently, responders are the first point of contact when a telecare alarm is triggered. In alignment with the 'asset based approach', the family, or identified community resources also support service users, and respond. This asset will be encouraged, but with the right support. Current Status: this group of responders can connect with CATS for ongoing support, and the training post will also develop supportive materials.

5. *Consolidate and secure funding* – funding for Telecare is currently fragmented across secured and unsecured funds. The opportunity to secure funding through this business case allows a period of consolidation and growth. Current Status: Phase 1 Growth funding allows consolidation opportunity.

6. *Develop Locality focussed data* – As part of the Return on Investment process, more robust locality based activity will allow managers to see benefits of utilising assistive technology, and raise confidence and the profile of the 'instead of, not as well as' philosophy. This will include a retrospective consideration of the package of direct care that would have been prescribed, had telecare options not been available, and refusal rates, and the reasons why, in order that continuous improvements can be made. Current Status: benefits tracker has been developed that will allow locality picture, and will inform financial validation.

3. Commercial Case

Explain the route to procurement; the scope of the commercial arrangement; allocation of risks; payment and contractual arrangements

Procurement route

There are equipment procurement requirements for the telecare kit and wider equipment demand, and these will be managed under existing procurement contract arrangements in place for both CATS and the Community Equipment Service.

Scope of commercial arrangements

See procurement route above.

Allocation of risks

See Risk Management section below (Table 9)

Payment and contractual arrangements

As above

4. Financial case

Provide details of the financial/benefits model; capital and revenue impacts; key assumptions made; affordability and how stakeholders have been involved in developing the business case.

Purpose and Primary Benefits

The telecare proposal aims to increase the number of service users by targeting over 65yr olds. Current data indicates that there is target cohort of 4,037 eligible service users, who are already receiving a package of care (PoC), many of whom are likely to benefit from assistive technology, instead of some element of their direct care. This will be the main target group and in the interest of prudence we have assumed a 75% (3,028 people) take up rate of individuals likely to benefit from this service. The criteria for additional service users is as follows:

- do not currently have a package of care, and this will be a key target group of new joiners.
- receive care and support from a high value package, that requires expert review, to determine telecare opportunities, reduce reliance on package of care, which can then be re used for other demand
- who have been assessed, and are awaiting care and support, and who may benefit from assistive technology instead of direct care
- are currently in Sheltered Housing support, with out-dated bridge mechanisms for call and response, being replaced by dispersed alarms

The table below shows an annualised five year summary projection of costs, revenue and benefits from expanding the service. This is based on the 75% take up rate, as described in this report. Please note that as we are 6 months into 2017, the annual figure is lower.

Table 2: Annualised 5 year Summary of Costs and Benefits 2017-21

Net Summary	2017	2018	2019	2020	2021
Total Costs	**-£ 349,763**	**-£ 814,708**	**-£ 533,482**	**-£ 518,698**	**-£ 503,914**
Total Revenue	**£ 83,377**	**£ 492,998**	**£ 492,998**	**£ 492,998**	**£ 492,998**
Total Benefits	**£ 1,590,418**	**£ 7,272,772**	**£ 7,272,772**	**£ 7,272,772**	**£ 7,272,772**
Net Benefits	**£ 1,324,032**	**£ 6,951,062**	**£ 7,232,288**	**£ 7,247,072**	**£ 7,261,856**

Source: EY Consultants and Service Data June 2017

The size of the group could grow or contract depending on take up rates which may be impacted, in particular, by future charging decisions.

A summary range table has been created below to show investment, revenue and benefits scenarios for 100%, 75%, and 50% take up rates.

Table 3: Target Service Users and Range of Take Up Rates

Target Service User Cohort Pool of 4037 Over 65s

18 Month Take Up Cycle - July 17 to Dec 18

	100% Take Up	75% Take Up	50% Take Up
Number of Service Users	4,037	3,028	2,019
Service Users Per Month	224.28	168.21	112.14
Capex (kit)	-£ 1,211,100	-£ 908,325	-£ 605,550
Capex (additional resource)	-£ 93,975	-£ 93,975	-£ 93,975
Maintenance	-£ 218,689	-£ 162,171	-£ 105,653
Investment Total (Cap + Maint)	-£ 1,523,764	-£ 1,164,471	-£ 805,178
Total Revenue	£ 770,920	£ 576,375	-£ 453,768
Net Benefit	**£ 10,549,664**	**£ 8,275,094.14**	**£ 6,094,499.53**
Diff Between Revenue & Investment	*£752,844*	*£588,096*	*£1,258,946*

Source: EY Consultants and Service Data June 2017

The delivery timeframe for this initial phase of implementation, is 18 months to ensure CATS capacity can manage an incremental increase, in a methodical way, and is not overwhelmed. This will also ensure a waiting list isn't created, and there is a sustainable pipeline of new joiners. This business case, based on the original telecare proposal, indicated that as well as providing better outcomes, with the least intensive intervention for people, has identified two primary financial benefits for the CEC Health and Social Care Partnership (H&SCP), and a third that is likely to become more evident over time:

1. *Increased revenue from the weekly charge*-driven by new joiners to the service.

2. *Reductions in the costs of packages of care (PoC) for service users, - non spend.* This benefit is calculated from an estimated baseline 21% PoC reductions; based on extensive market research and evidence from other Local Authorities who have achieved or bettered this scale of cost reduction.

3. *Delays and/or reduction in admissions to acute and residential care for service users.* This benefit is modelled on evidence based assumptions on the number of residential care admissions; delay/reduction estimates based on comparable market research and; be a recurring benefit.

The initial spend of £588,096 will be used predominantly for equipment costs, with ongoing maintenance being required to be considered in Phase 2 of the roll out programme, after the initial 18 months indicated in this business case. Our approach to re-using equipment means that the equipment costs will reduce over time. The other key cost initially will be the change agent post, to drive the expansion, and required interventions indicated above.

There is a recognition that additional response resources may be required to support the expansion of the service, with the phased implementation not requiring this at the start. A separate business case will be required, as the demand becomes evident.

The table below, indicates the financial benefits model, based on a 75% take up rate described above.

Table 4: Financial Benefits Model on 75% Take Up

ecare Benefits Model - 75% Take Up	Total new adopters				
	3,028				
Demand					
Year ending	**2017**	**2018**	**2019**	**2020**	**2021**
Months in year	6	12	12	12	12
Weeks (Normal Distribution)	26	52	52	52	52
Weeks (Full Year)		52	52	52	52
Adoption rate	1,009.25	2,018.50	-	-	-
Costs					
Equipment	-£ 302,775	-£ 605,550	£ -	£ -	£ -
Annual Maintenance charges		-£ 162,171	-£ 486,495	-£ 471,711	-£ 456,927
Change Agent Resource - Grade 8 (midpoint)	-£ 37,590	-£ 37,590	-£ 37,590	-£ 37,590	-£ 37,590
Change Agent Resource - Grade 8 (25% on costs)	-£ 9,398	-£ 9,398	-£ 9,398	-£ 9,398	-£ 9,398
Total Costs	**-£ 349,763**	**-£ 814,708**	**-£ 533,482**	**-£ 518,698**	**-£ 503,914**
Opening adopters	-	965	2,896	2,808	2,720
New adopters	1,009	2,019	-	-	-
Demand in Residential care	- 44	- 88	- 88	- 88	- 88
Closing users	965	2,896	2,808	2,720	2,632
Benefits					
1. Cost Avoidance					
a. Residential Care Delay					
Forecast demand	88	88	88	88	88
Year multiplier	0.5	1.0	1.0	1.0	1.0
Residential benefit	**£ 544,996**	**£ 1,091,288**	**£ 1,091,288**	**£ 1,091,288**	**£ 1,091,288**
b. Care Package Reductions					
Package reduction new adopters	£ 1,161,580	£ 4,646,319	£ 4,646,319	£ 4,646,319	£ 4,646,319
Package reduction existing		£ 2,221,997	£ 2,221,997	£ 2,221,997	£ 2,221,997
Package reduction benefit	£ 1,161,580	£ 6,868,316	£ 6,868,316	£ 6,868,316	£ 6,868,316
Package reduction benefit at 90%	**£ 1,045,422**	**£ 6,181,484**	**£ 6,181,484**	**£ 6,181,484**	**£ 6,181,484**
Revenue					
Revenue new adopters					
Standard Alarm	£ 59,356	£ 237,424	£ 237,424	£ 237,424	£ 237,424
2 Pendants	£ 1,979	£ 7,914	£ 7,914	£ 7,914	£ 7,914
Telecare	£ 13,225	£ 52,901	£ 52,901	£ 52,901	£ 52,901
Sheltered Housing / Dispersed Alarms	£ 8,817	£ 35,267	£ 35,267	£ 35,267	£ 35,267
Revenue existing					
Standard Alarm		£ 113,543	£ 113,543	£ 113,543	£ 113,543
2 Pendants		£ 3,785	£ 3,785	£ 3,785	£ 3,785
Telecare		£ 25,299	£ 25,299	£ 25,299	£ 25,299
Sheltered Housing / Dispersed Alarms		£ 16,866	£ 16,866	£ 16,866	£ 16,866
Revenue benefit	**£ 83,377**	**£ 492,998**	**£ 492,998**	**£ 492,998**	**£ 492,998**

Net Summary	**2017**	**2018**	**2019**	**2020**	**2021**
Total Costs	**-£ 349,763**	**-£ 814,708**	**-£ 533,482**	**-£ 518,698**	**-£ 503,914**
Total Revenue	**£ 83,377**	**£ 492,998**	**£ 492,998**	**£ 492,998**	**£ 492,998**
Total Benefits	**£ 1,590,418**	**£ 7,272,772**	**£ 7,272,772**	**£ 7,272,772**	**£ 7,272,772**
Net Benefits	**£ 1,324,032**	**£ 6,951,062**	**£ 7,232,288**	**£ 7,247,072**	**£ 7,261,856**

Source: Service Data/SWIFT June 2017 – See Detailed Benefits Excel Model for Source of Specific Benchmark Assumptions

Affordability

See the range table above and the difference between required investment (not offset by revenue) and total net benefit over the 18 month period.

Key Assumptions

The benefits case is partly based on benchmark assumptions and the data available. These will be tested over the first 3 months of the implementation and a more rich 'actual' data set will be gathered to inform future benefits realisation activities. The detailed assumptions underpinning the models in this case are set out in Annex A, and include:

- The Take Up rate of 75% of targetted new users will be achieved;
- The over 65 population will increase throughout the period;
- Only 50% of new adopters will be charged a weekly fee, owing to means testing and SDS option and contributions;
- The 21.3% care package reduction has been evenly applied across all clients >65yrs, and across all care types. The different fees are weighted using % calculations supplied by the H&SC Partnership, and based on actual reductions from other partnerships. This is the key financial benefit element that will be tested as part of this growth
- Any additional demand for response resource, will be developed in a new business case, as demand becomes evident

Stakeholder Engagement

A range of stakeholders have been identified, considered and/or involved, and engaged throughout the development process:

Table 5: Stakeholder Engagement Overview

Stakeholder Group:	Consideration/ Engagement that has taken place	Confirmed support for the proposal
Service users	Service users in scope for this business case include current and potential service users over the age of 65, and will be included in the assessment process for the service.	Feedback from service users, carers and families, on the value of Telecare, has directly contributed to the development of this business case.
Staff / Resources	Staff affected by this proposal include the CATs team and the Community Equipment Service. Representatives of both teams have been directly involved in developing this business case. And the Assessors of packages of	Staff representatives have been consulted and their feedback has been incorporated into this business case. In addition, the Telecare Steering Group is comprised of representation from the service,

Stakeholder Group:	Consideration/ Engagement that has taken place	Confirmed support for the proposal
	care	Finance, Business Intelligence and Strategic Planning
Other key stakeholders and partners	Other key stakeholders identified for this proposal includes NHS 24, Scottish Ambulance Service and Sheltered Housing. They have been consulted in the development of this proposal.	Confirmed support for this proposal has been gained through a series of consultation meetings.

Source: TEC Steering Group 2017

Ongoing communication will be undertaken as part of the implementation process, with updated documents, and face to face awareness and training sessions for assessors being arranged through the new Training post, to improve their understanding of the telecare opportunities, and that this is seen as the foundation of care and support.

5. Management case

Explain the project management arrangements; governance structure; change management arrangements; risk management approach; commissioning arrangements and project evaluation

Project Management

- *Reporting structure & governance arrangements.* The Telecare Steering Group reports to the IJB Transformation Board and will oversee the work of the Telecare Project Team. The Steering Group will produce monthly reports on progress including risk management.
- There will be a requirement for *an operational Change Agent,* to take a lead role in the major culture change of '*instead of, not as well as'*, with assessors in both acute hospital and community settings, and preparing people to have the more complex conversations for those who have had high value packages, that could be substituted for assistive technology. The benefit of this high value cohort is being tested through the Care at Home Innovation work. This post will also co-ordinate, collate and publish the information and availability of assistive technology, for the Reference Group, to ensure assessors are aware of all assistive technology solutions that can be utilised instead of direct care provision. Tracking key measures, and benefits realisation, and overall evaluation will be integral to this post.
- *Key roles & responsibilities.* The table below sets out the key roles and responsibilities in the project:

Table 6: Governance Roles

Name	Project Team Role	Description
Katie McWilliam	Sponsor	Chairs the Telecare Steering Group Act as a point of escalation and input for the project team. Guidance on TEC Lead project and be responsible for benefits realisation. Lead a more cohesive approach to all assistive technology advances across Edinburgh, in health, housing and social care. A Reference Group is being convened to undertake this learning, sharing and knowledge transfer.
Edith Wellwood	EY Lead	SMR input to Proposal and subsequent outputs. EY Programme Management, including dependency management across EY projects
Karen Dallas Sara McDonald John Connaty	Finance	Provide input and validation for financial analysis and support the tracking of benefits
Dave Butler	Project Management	Provide benefits tracking support, and provide expertise on process efficiency
David Brown	Technology Enabled Care Lead /Senior Manager Community Alarm Telecare Service	Provide operational leadership for the expected results. Provide oversight and validation of project outputs, activities and benefits realisation. .

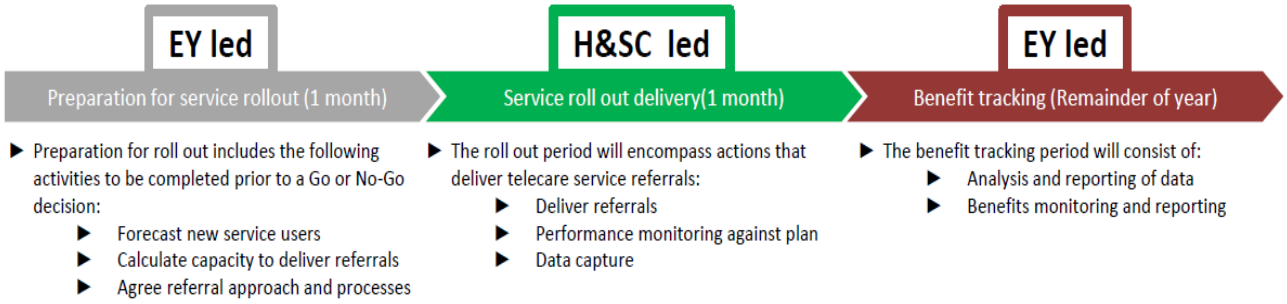
TBC	Project Manager/ Operational Change Agent	Provide support for the change management process, and lead the interventions and implementation plan for the expansion, including monitoring and recording progress, and leading evaluation process

Project recruitment needs.

Project Manager/Operational Change Agent support is required, as indicated above, for the more thorough evaluation process, and this will be commissioned out of the overall budget allocation. The outline role description is currently being developed.

Project Plan.

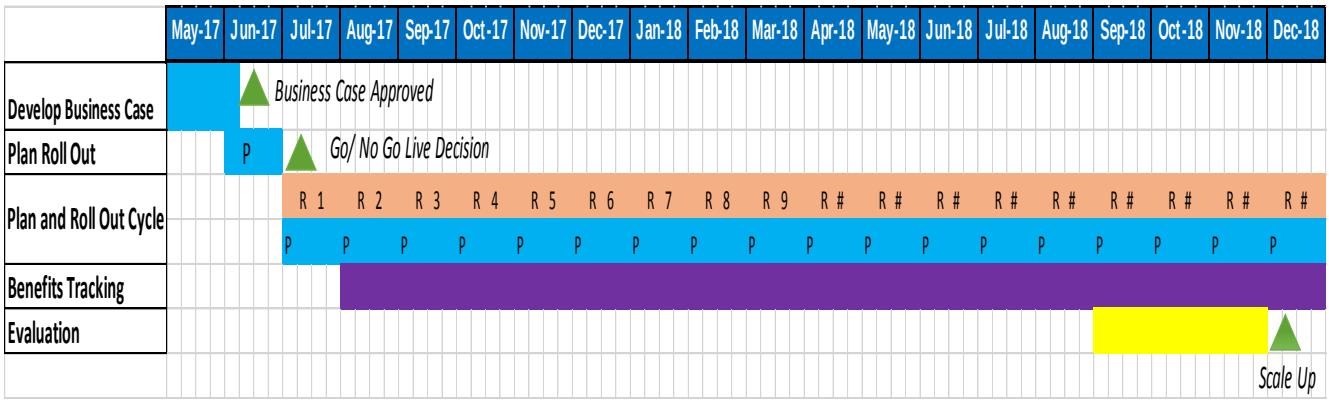
There will be a rolling 3 stage cycle of sign up tranches over the next 18 month period. A summary of how the rollout will occur can be seen below.



Source: Telecare Steering Group June 2017

The high level plan are can be seen below, with the intention to go live at the end of July, once through the IJB governance process.

High Level Project Plan May 2017 – Dec 2018



Source: Telecare Steering Group June 2017

Change Management

Operational & service change plans

The change in culture associated with ‘instead of, not as well as’ approach will be significant, with the Operational Change Agent post and the internal Education posts being key to taking this forward, as described above. Strong leadership and direction will be provided through the Senior Operational Manager and Head of Service/Strategic Manager, to allow the best benefits tracking and evidence of culture change.

Service redesign opportunities will occur as part of this business case, and the Phase 3 Transformation proposals going forward, that are yet to be consulted upon. This should result in a more cohesive, responsive service with improved productivity.

Facilities change plan.

Key infrastructure changes will be associated with the CEC Phase 3 Transformation process, and will be reported separately, as part of that due process.

Risk Management

- The risks and mitigation associated with this business case are set out in the table below. This table forms the basis of the project risk register which will be reviewed as standing agenda item at meetings of the Telecare Steering Group.

Table 7 : Risks and Issues at June 2017

#	Risks (P = Probability, I = Impact, F = Factor)	P	I	F	Mitigating Actions
1	**Risk of further missed benefits;** further delay prevents achievement of operational change (e.g. – avoidable hospital admissions, and care home admissions, utilisation of direct care for more people) which prevents realising financial and non-financial benefits	5	5	25	Discussions with telecare sponsor , H&SC finance leads and Chief Officer (CO) to agree approach that will prioritise and enable benefits realisation
2	**Risk of limited capacity in telecare teams;** capacity of CATS vs future demand on the service full capacity and will not be able to take on additional demand, further the teams are likely to reduce in size due to phase 3 Transformation Change process	4	5	20	Discussions with telecare sponsor , H&SC finance leads and CO to review original capacity assumptions and planned staff changes with phase 3 – outcomes will guide steering group
3	**Risk of project not being implemented in a methodical, supported way**	5	4	20	Appointment of Operational Change Agent will mitigate this
#	**Issues (P = Probability, I = Impact, F = Factor)**	**P**	**I**	**F**	**Mitigating Actions**
1	**Issue of internal governance;** internal processes designed to ensure that the telecare proposal objectives are embedded into operational teams are not enabling this process	4	4	16	Discussions within the Telecare Steering Group, and the Transformation phase 3 process to ensure continuity in operational teams post Transformation Phase 2 and 3
2	**Issue of IT dependencies;** IT and system issues present challenges, with integration between Jontek and SWIFT.	3	3	9	Discussions with telecare Steering Group, CGI and Jontek to move this forward, to bring Jontek into the main system

Key	
	1 to 8
	9 to 15
	16 to 25

Commissioning

As discussed above, the Service will maintain current commissioning arrangements in place.

Project Evaluation

A detailed report evaluating the implementation against the agreed measures, interventions, and feedback from service users and assessors will take place May- July 2018, in order to set out the position, and build the case, for further improvements from January 2019. This report will be agreed by the Steering Group and presented back to the Finance Board.

7. Conclusion and Recommendations

Is this proposal still important?

The Edinburgh Integration Joint Board (IJB) has set out in its Strategic Plan a number of key priorities to achieve the National Health and Wellbeing Outcomes and to drive more value from the reducing funds available.

An increase in the adoption of assistive technology has been identified as a key lever to enable the delivery of the Strategic Plan key priorities for Adult Health & Social Care services. This shift towards technology is also within the context of a broader shift towards an 'Asset Based Approach' across Edinburgh. The Asset Based Approach brings together family, community and formal services to provide holistic care and support to service users with a renewed focus on improving and maintaining personal independence. The delivery of technology in Edinburgh will align with, and enable this strategy.

Annex A

Finance Benefits Model - Further Assumptions

Assumptions			
1	100% of known over 65yr olds that are currently receiving a care package make up the target number of new adopters	14	The benefits are also recurring so while it amounts to £8.3m of new benefit for the first 18 months, it is assumed an additional benefit of £21.8m over the following 3 years, to 2021
2	The 21.3% care package reduction has been evenly applied across all clients >65yrs, and across all care types. The different fees are weighted using % calculations supplied by the H&SC Partnership, and based on actual reductions from other partnerships. This is the key financial benefit element that will be tested as part of this growth	15	The annual maintenance charge is incurred a month in arrears. The basis of 42% is drawn from the existing service user base. The current state is that only 42% of the circa 9000 service users currently receive an annual maintenance visit, in line with the Telecare Services Association outline that only Enhanced Service Users (complex equipment) or those who live in grouped housing (sheltered housing or alarm wired groupings) require planned maintenance. Ongoing maintenance of Standard Service users (58% of the current service user base) is managed through equipment self-reporting and not required to be a planned annual event.
3	The annual maintenance charge reflects the 'scenario as close to reality', from the cost baseline data, and this is assumed to be incurred by the H&SC Partnership not the service user	16	Only 50% of new adopters will be charged a weekly fee, owing to means testing and SDS option and contribution. The different fees are weighted using % calcs supplied by the H&SC Partnership
4	The H&SC Partnership is	1	H&SC gross weekly cost for

Assumptions			
	able to meet all installation and maintenance requirements, and will review any additional resources required, as demand grows	7	residential care homes has been taken from the Spot Purchasing Expenditure extract from the H&SC Cost Model
5	There is no additional investment required for the training of carers to become first responders (This will be funded from existing budgets, including the 'unpaid carers' budget)	18	CEC delay in residential care admission based on ADASS 2015 Call for Evidence Report [Havering Council] which states that Telecare can reduce admission to a Residential Care Home by between 2 and 7 months – this will be tested as part of our work
6	All revenue from installations is recognised immediately at the start of the period	19	8% Scottish annual growth rate in care admission across long and short stay [based on ISD 2015 Care Home Consensus in Scotland]
7	Residential care home population taken from External Purchasing Cost Model - benchmark growth figure is applied - spot purchased expenditure figures used only	20	Equipment and maintenance costs data based on UK benchmarks
8	Total client pool of telecare users is reduced each year by the number of Residential Care admissions	21	Target adoption pool of new telecare users does not remove existing telecare users because there are no common identifiers between datasets to enable existing users to be extracted
9	Any new adopters that joined the telecare service in 2017/2018 make up the opening balance of existing users in 2018/2019	22	All client groups are assumed to benefit from telecare package reductions if their type of care is in scope

Assumptions			
10	Any assumed benefits will require to be validated through phase 1 roll out, once model operational	23	That the Take Up rate of 75% of targetted new users will be achieved
11	The maintenance charges are recurring. Accodingly, the service will need to accommodate this level of maintenance in the longer term (this equates to £1.4m of maintenance costs over x5 years, to 2021).	24	Project support for monitoring and recording exits in current staff and Research & Insight resource
12	The over 65 population will increase throughout the period	25	Any additional demand for response resource, will be developed in a new business case, as demand becomes evident
13	CAPEX (Capital Expediture), over the first 18 months is a one off cost to get the Service Users's up and running.		

Item 5.7

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 **r**eport 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 reprovision (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

Appendix 1

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 / Oxgangs 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
- Craigentinny / 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. Potentail capital receipt if full reprovision	
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-provison 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

Appendix II

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?		

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				2016-2021		2021-2026		Post 2026
ADDRESS1	Site capacity	Total completed	Total remaining	*Units*	***Population***	*Units*	***Population***	*Units*
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: Builyeon 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.

Appendix III

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 (Tramsway) 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)*

	Completion
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	*Insufficient funding*
	Niddrie	500	*Insufficient funding*
2017/18	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				**2016-2021**		**2021-2026**		**Post 2026**
ADDRESS1	**Site capacity**	**Total completed**	**Total remaining**	*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
Tennant 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.

Appendix IV

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 Brromhills/Burdiehouse

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

	Completion
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				**2016-2021**		**2021-2026**		**Post 2026**
ADDRESS1	**Site capacity**	**Total completed**	**Total remaining**	*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)*

	Completion
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

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 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
Hillwoood 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.

Appendix VI

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/redesign 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

Report

Review of Grant Programmes

Edinburgh Integration Joint Board

22 September 2017

Executive Summary

1. The Integration Joint Board currently funds a number of grants to third sector organisations, totalling £4,490,434. These grants largely relate to services delegated to the Board by the City of Edinburgh Council, but also include some grant funding related to services previously delivered through the Edinburgh Community Health Partnership. The majority of these grants, which are focused on providing services that are preventative in nature and/or targeted at tackling inequalities are due to expire on 31 March 2018.

2. This report recommends that a review of the various grants programmes funded by the Integration Joint Board is undertaken over the next 12 months. To ensure the stability of the third sector services that receive grants whilst the review is undertaken, it is also recommended that the existing grant arrangements remain in place until 31 March 2019.

Recommendations

3. The Strategic Planning Group is asked to:

   i. agree extending the existing grants programmes detailed in Appendix 1 for a further year to 31 March 2019;

   ii. agree, to delegate the extension of the existing contract with the Edinburgh Voluntary Organisations' Council (EVOC), for third sector interface services to the Interim Chief Officer, subject to compliance with the Council's Standing Orders; and

   iii. agree to delegate the approval of the scope, methodology and timetable for the review of the grant programmes to the Strategic Planning Group.

Background

4. The City of Edinburgh Council has for many years operated a grant programme with a focus on health and social care issues and another designed to address health inequalities. In response to financial pressures, the Council reduced the value of these grant budgets by 10% during the period 2014-2017.

5. The Council's general rationale for grant investment has been that grant aid:

    - promotes community resilience and local activism;
    - encourages self-help and volunteering initiatives;
    - complements wider spending on health and wellbeing and inequality strategies;
    - delivers a 'return' on investment' by providing the leverage needed to attract other sources of grant funding; and
    - supports the maintenance of the civic 'fabric' of Edinburgh.

6. The Council aligned the end dates of all the above grants to 31 March 2018 on the basis that the budget for these programmes is now delegated and it is for the Integration Joint Board to determine its grant making strategy for 2018 and beyond.

7. In addition to the main grant programme, part of the Social Justice Fund associated with Integration Joint Board functions has also been delegated to the Board by the Council; as has the contribution to the health inequalities programme previously funded through Edinburgh Community Health Partnership. Grants have also been made through the Integrated Care Fund.

8. Grant applications are normally invited in October each year and awards announced in the following January.

9. The Integration Joint Board also funds the existing contract with EVOC *"to support and facilitate a sustainable, robust, informed and engaged third sector working in the field of health, social care and wellbeing, to be efficient and effective partners with each other, the Council and other public bodies"*. This contract has an annual value of £150,682 and is also due to expire on 31 March 2018.

Main report

10. In summary, £4,490,434 of the Integration Joint Board's budget is currently invested in grants to third sector organisations through four separate programmes:

    I. The main health and social care grant programme previously funded by the City of Edinburgh Council, which includes grants to organisations providing services for older people, unpaid carers, people with disabilities,

mental health issues and/or addictions and people with Blood Borne Viruses (total value £1,931,919).

II. The health inequalities grant programme, previously funded by both the Council and NHS Lothian (total value £1,802,552).

III. A small number of grants previously funded through the Council's Social Justice Fund (total value £28,273).

IV. Grants funded through the Integrated Care Fund and Social Care Fund (total value £727,690).

Details of the services and activities funded through the grant programmes are set out at Appendix 1.

11. The Integration Joint Board needs to develop its own strategy in respect of grant funding. To a large extent this will be shaped by:

- the move to locality working and development of the Locality Improvement Plans;
- the recommendations from the joint inspection of services for older people, including the further development and implementation of early intervention and prevention services (Recommendation 2); and the development and implementation of a cross sector market shaping and facilitation strategy (Recommendation 9);
- the Directions issued by the Integration Joint Board on 25 August 2017;
- the need to deliver efficiencies through service transformation; and
- the need to implement the outcome of the review by 1 April 2019.

12. In the interests of good partnership working and to make best use of the knowledge, experience and creativity of the third sector, it is essential that any review of the grant programmes funded by the Integration Joint Board is undertaken in collaboration with the sector. Meaningful collaboration takes time and cannot now be undertaken in order reshape a new grants programme or programmes to be in place by 1 April 2018.

13. For these reasons, it is recommended that subject to the completion of the usual scrutiny and due diligence checks, all current grant awards be continued until 31 March 2019. Approval of this recommendation will provide some stability for those services and organisations in receipt of grants, and create a settled period during which the necessary collaborative activity can take place. It will also allow time for work on the publication of a market shaping and facilitation strategy to be progressed.

14. The contract with EVOC to provide infrastructure support to the third sector has an annual value of £150,682 and is also due to expire on 31 March 2018. Given

the need to support and facilitate collaboration across the third sector on the review of grants and the development of the market shaping strategy, both of which may change the infrastructure support requirements going forward; it is recommended that this contract is extended for a further year in order for EVOC to support third sector collaboration in the review of the grants programme.

15. Given the current financial position in respect of the services delegated to the Integration Joint Board, it is reasonable to set an efficiency target to be delivered through the review of grants. This could be delivered in different ways: by reducing the amount of budget available; by delivering more for the same amount of money; or by enabling a reduction in expenditure elsewhere. To provide stability for the organisations affected by the grants review, it is proposed that rather than make a direct efficiency saving against the grants programmes in 2018/19, an amount equivalent to 10% of the grants budget (£449,043) be offset against the Integrated Care Fund innovation pot on a strictly one-off basis. A similar level of efficiencies is likely to be required to be delivered through the review.

16. Subject to the Integration Joint Board approving the recommendations in this report, a small working group will be established to bring forward proposals on the scope, methodology and timetable for the review. Membership of this group will include relevant officers from the Health and Social Care Partnership, the four members of the Integration Joint Board Strategic Planning Group representing the third sector, non-commercial providers of health and social care services and non-commercial providers of social housing, together with officers from Public Health. The working group will report back to the Strategic Planning Group by 3 November 2017. It is recommended that the Integration Board delegates approval of the scope, methodology and timescale for the review to the Strategic Planning Group.

Key risks

17. There is insufficient time to review the existing grants programme properly and establish a new grants programme or programmes by 1 April 2018.

18. Any reduction in the existing grants programme outside of a proper review will result in the loss of existing services and may threaten the viability of some third sector organisations and/or the services they provide.

19. The current financial position of the Integration Joint Board is such that all existing costs need to be robustly reviewed.

Financial implications

20. This report proposes the extension of a number of existing grant programmes with a total annual value of £4,490,434 and one contract with an annual value of £150,682 for a period of one year.

Involving people

21. The contents of this report have been discussed with the Strategic Planning Group. If the recommendations in the report are approved, the review of the grants programmes will be undertaken in collaboration with third sector organisations and other stakeholders.

Impact on plans of other parties

22. The approach the Integration Joint Board takes to the grant programmes will have an impact on the plans of the organisations in receipt of grants. There may also be an impact on the plans of any other organisation that funds the grant recipients, as the loss of grant funding from the Integration Joint Board may threaten the viability of the recipients.

Impact on Directions

23. The Integration Joint Board has issued Direction EDI_2017/18_16 (Prevention and early intervention), which includes the following:

"c. Collaborate with partners to review existing grant programmes"

Background reading/references

None

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Appendices

Appendix 1	Details of existing grant programme awards

Appendix 1

Existing Grant Programmes

Health and Social Care Main Grant Programme 2017/18 awards

Organisation	Project	Client Group	2017/18 Grant Awards
ACE IT	Older people's computer training project	Older People	£63,954.00
Almond Mains Initiative	Older people's day service	Older People	£37,532.00
Broomhouse Centre	Lunch club/befriending/advice	Older People	£45,200.00
Calton Welfare Services Project	Older people's day service	Older People	£13,763.00
Caring in Craigmillar	Older people's phonelink	Older People	£59,135.00
Currie Day Centre	Older people's day service	Older People	£8,595.00
Dove Centre (The)	Older people's day service	Older People	£79,135.00
Forever Young Club	Older people's day service	Older People	£26,120.00
Harlaw Monday Group	Older people's day service	Older People	£5,353.00
Inch Golden Years	Older people's day service	Older People	£508.00
Libertus Services	Older people's support service	Older People	£25,684.00
Murrayfield Dementia Project	Older people's day service	Older People	£54,815.00
Northfield & Willowbrae Community Services Group	Older people's day service	Older People	£14,300.00
Oxgangs Care	Befriending	Older People	£53,213.00
Oxgangs Care	Community Resource - early intervention service	Older People	£73,800.00
Oxgangs Care	Dementia Support	Older People	£21,623.00
Pakistan Society Advice and Information Service	Older people's day & information service (BME)	Older People	£34,200.00
Pilmeny Development Project	Day Services	Older People	£50,829.00
Pilmeny Development Project	NEECAG Leith Older Men's Project	Older People	£8,200.00
Pilton Equalities Project	Day Services	Older People	£83,859.00
Pilton Equalities Project	Neighbourhood Group	Older People	£74,898.00
Pilton Equalities Project	Preventative Services	Older People	£75,901.00
Portobello Monday Centre	Older people's day service	Older People	£2,090.00
Portobello Older People's Project	Older people's day service	Older People	£13,952.00
Ripple Project (The)	Various services for older people	Older People	£39,269.00
Waverley Care	Community Outreach	Blood Borne Viruses	£220,228.00

Organisation	Project	Client Group	2017/18 Grant Awards
Positive Help	Support Service	Blood Borne Viruses	£32,615.00
Care for Carers	Dementia Project	Carers	£9,278.00
Care for Carers	Stepping Out Programme	Carers	£24,981.00
Edinburgh Headway Group	Brain Injury Carers' Support Project	Carers	£24,998.00
Edinburgh Young Carers Project	Young Adult Carers Service	Carers	£23,024.00
Eric Liddell Centre	Short Breaks/Day Trips/Information and Advice	Carers	£23,744.00
MECOPP	Asian Carer Support	Carers	£20,722.00
North West Carers Centre	Alternatives to Day Care	Carers	£25,000.00
PASDA	Carer Communication Worker	Carers	£24,857.00
Support in Mind	Stafford Centre Carers Project	Carers	£21,971.00
VOCAL	Carers Support Project South Edinburgh	Carers	£24,994.00
The Action Group	Advice Service	Disabilities	£15,000.00
Epilepsy Scotland	Support Service to individuals & families affected by Epilepsy	Disabilities	£7,357.00
Edinburgh Development Group	Support Service	Disabilities	£50,000.00
FAIR	Training advice and Advocacy	Disabilities	£85,200.00
Scottish Huntington's Association	Support Service to individuals and families	Disabilities	£26,258.00
Alma Project (The)	Arts Project for people with mental health issues	Mental Health/ Addictions	£28,800.00
Junction (The)	Drug Education Initiative - Young People's Worker	Mental Health/ Addictions	£22,175.00
Edinburgh Rape Crisis Centre	Counselling and Information Service	Mental Health/ Addictions	£38,395.00
Samaritans	Telephone Counselling Service	Mental Health/ Addictions	£3,023.00
Edinburgh Chinese Elderly Association	Various Services	Older People (BME)	£77,814.00
Milan	Day Care Provision/Informtation/Advice and Outreach Service	Older People (BME)	£99,242.00
NKS	Informationa nd Community Connection	Older People (BME)	£14,315.00
Sikh Sanjog	Healthy Activities/Socialy Inclusive Events/Educational Support	Older People (BME)	£22,000.00
Totals			**£ 1,931,919**

Health Inequalities Grant Programme Awards for 2017/18

	Organisation	Project	2017-18 Grant award
Former CEC Health Inequality Projects	Bingham 50+	Activities for older people	£9,116
	Broomhouse Strategy Group	Health project	£23,515
	Carr Gomm	Social prescribing	£27,733
	CHAI	Advice service	£139,476
	Community Ability Network (CAN)	Advice service	£92,765
	Community Onestop Shop	Foodbank	£6,366
	COSS Chai Application		£16,348
	Corstorphine Youth and Community Centre	Activities for older people	£6,711
	Crossreach - Post Natal Depression Project	Post-natal depression	£9,094
	Drylaw Neighbourhood Centre	Community activities	£43,746
	Edinburgh Community Food	Healthy Eating Project	£137,508
	Feniks	Community acitivities - Polish community	£8,999
	Freshstart	Homelessness	£35,912
	Gorgie City Farm	Healthy Eating Project	£17,186
	GP Welfare Rights and Health	Advice service	£52,142
	Granton Information Centre	Advice service	£132,156
	Greening for Health - ELGT		£67,308
	Health All Round (HAR)	Health Project	£55,584
	LGBT Centre: Community health	Community Activities for LGBT community	£41,514
	Link up	Mental health	£14,162
	MECOPP	Activities for BME community	£21,510
	Muirhouse Millennium Centre	Community Activities	£47,474
	Pilton Community Health Project	Health Project	£71,452
	South Edinburgh Amenities Group SEAG	Community Transport	£70,902
	South Edinburgh New CHI Project	Health Project	£40,926

	Organisation	Project	2017-18 Grant award
	The Ripple	Community Activities	£34,504
Former CEC HI Projects	Volunteer Centre Edinburgh	Timebank	£25,715
	Welcoming Association	Community activities for migrants	£9,168
	Wester Hailes Health Agency (WHHA)	Health Project	£54,617
	WHALE	Art and health project	£39,537
	CEC Total		**£1,353,146**

	Organisation	Project	2017-18 Grant award
Former ECHP Health Inequality Projects	Pilton CHP	Health Project	£112,927
	Health All Round	Health Project	£31,684
	Wester Hailes Health Agency (WHHA)	Health Project	£82,229
	Broomhouse Strategy Group	Health Project	£21,951
	Community Renewal	Employment Project	£40,000
	Health In Mind	Mental Health	£10,000
	NKS	BME women	£23,891
	LCHIF	Health Project	£28,235
	Link Up	Mental Health	£6,959
	GP Welfare Advice (CAE)	Advice services	£23,551
	LCHIF	Health Project	£20,000
	RNIB	Sensory impairment	£27,979
	CHSS Arabic link worker	BME Health Project	£20,000
	ECHP Total		**£449,406**

Social Justice Fund Grants awarded in 2017/18

Project	Description	Total value
Health Inequalities Communication	Co-production and dissemination work to ensure practical actions go ahead	£1,113
Get Up and Go	provides clear, accessible information for inclusive activities for older people in both printed and on-line formats	£27,160

Total		**£28,273**

Grants awarded from Integrated Care/Social Care Funds 2017/18

Funding source	Description	Value
ICF Grants agreed following review of projects in March 2017	LOOPs Hospital Discharge project (funded from SCF for 2017/18)	£313,240
ICF Grants to be reviewed by 31 March 2017	Third sector prevention investment fund (funded from ICF for 2017/18)	£414,450
Total		**£727,690**

Report

Assurance Challenges
Edinburgh Integration Joint Board

22 September 2017

Executive Summary

1. This report highlights the current assurance challenges and associated risks affecting the Edinburgh Integration Joint Board (IJB).

Recommendations

2. It is recommended that the Board:
   a) notes the current assurance challenges and associated risks affecting the Integration Joint Board, and their impact; and
   b) notes that the Interim Chief Officer will develop proposals for approval by the partner organisations.

Background

3. The assurance challenges facing the IJB have been debated by the Audit and Risk Committee on a number of occasions. Specifically, the concerns centre on the:
   - lack of an independent Chief Risk Officer (CRO)
   - lack of regular update of the IJB risk register; and
   - limited assurance coverage provided by the 2017/18 Internal Audit Plan.

4. At its meeting on 11September 2017, the Audit and Risk Committee requested that this risk be formally communicated to the IJB.

Main report

IJB Integration Scheme

5. The IJB Integration Scheme sets out the aims of the scheme and the vision for the IJB. Section 5 outlines the local operational delivery arrangements for IJB services, and section 5.3 specifies arrangements for ‘professional, technical or administrative support services’. Specific requirements from this section are set out below.

- 5.3.1 - In the short term, the parties will continue to use the arrangements that have already been put in place to provide professional, technical and administrative support to Community Health Partnerships, social care services and joint working more generally.
- 5.3.2 - In order to develop a sustainable long term solution, a working party will be convened, with membership from NHS Lothian and the four local authorities which prepared integration schemes for the Lothian IJBs. This working party will develop recommendations for approval by NHS Lothian, the four local authorities, and the Lothian IJBs.

6. The absence of the working party specified at 5.3.2 inhibits progress in delivering sustainable infrastructure and professional support for the effective operation of the IJB. This is now being progressed by the Interim Chief Officer.

Risk Management

7. Interim arrangements for the role of an IJB Chief Risk Officer ended in March 2017. There has been no subsequent independent appointment to this role, which is currently being performed by the Interim Chief Finance Officer in addition to her existing operational responsibilities. Consequently, the latest review and refresh of the risk register took place in March 2017.

8. Whilst there is no specified frequency for review of risk registers, best practice across public sector organisations suggests this should be at least quarterly. More frequent reviews are performed in cases where there is significant change, or where the organisation's risk management processes are relatively immature.

Internal Audit Assurance

9. The internal audit annual opinion for 2016/17 was a 'disclaimer' opinion, reflecting internal audit's inability to complete sufficient reviews and gain sufficient evidence to be able to conclude on the adequacy of the IJB's framework of governance, risk management and control. This was attributable to the lack of assurance provided in relation to the 5 medium rated risks included in the June 2016 IJB risk register.

10. The IJB's 2017/18 internal audit plan includes four reviews (three performed by the City of Edinburgh Council's internal audit function and one by the NHS Lothian internal audit function) covering the IJB's auditable 'high' risks recorded in the risk register.

11. 'Medium' risks would normally be subject to audit on a rolling three-year basis, however, current internal audit resource constraint prevent coverage of any 'medium' risks in the 2017/18 annual plan. There were six medium risks identified during the audit planning process.

Key risks

12. Lack of clearly defined risk management responsibilities, accountabilities and effective risk management processes could result

in failure to identify and manage new and emerging risks in a timely manner.

13. If new risks are not identified, appropriate action plans cannot be implemented to prevent them from crystallising or mitigate their impact.

14. Best practice is for appointment of an independent risk manager, practitioner or team with no operational responsibilities who can support senior management in identifying, prioritising and managing risks. Where this role is also performed, as now, by an operational executive, there is a risk of a perceived conflict of interest.

15. Lack of 'medium' risk assurance coverage will be considered by internal audit when forming their annual opinion for 2017/18, and could result in provision of another 'disclaimer' opinion.

16. The potential impact if any, or all, of the 'medium' rated risks crystallise is unknown, as no assurance over mitigating controls will be provided.

17. The IJB risk profile will change over time, and it is important to ensure that internal audit coverage of all 'high' risks (annually) and 'medium' rated risks (on a rolling three year basis) continues to reflect these changes to ensure that an appropriate level of assurance is provided. This could potentially result in the requirement for additional resources.

Financial implications

18. Costs associated with appointment of a full time equivalent Chief Risk Officer are circa £60-£70k.

19. There will be no financial impact if the IJB should decide to complete only the four planned audits covering the 'high' rated risks, with no coverage of the four 'medium' rated risks across the next two years.

20. Any requirement to increase assurance provision to cover the four remaining 'medium' rated risks will result in the need to fund additional internal audit resource would cost of circa £20k per annum and £60k over three years.

Involving people

21. Internal audit has consulted with the chair of the IJB Audit and Risk Committee and NHS Lothian Chief Internal Auditor during the process of preparing this report.

Impact on plans of other parties

22. Provision of a CRO resource by either the City of Edinburgh Council or NHS Lothian will have an impact on their internal risk management monitoring, assessment and reporting processes for either partner organisation.

23. Any requirement to increase internal audit under coverage of the existing arrangements would impact on delivery of the 2017/18 Internal Audit plans for both Council and NHS Lothian.

Impact on directions

24. Direction 2 (Integrated structure) part C requires NHS Lothian and the City of Edinburgh Council to:

"formalise arrangements for the Professional, Administrative and Technical support provided by the Council and NHS Lothian".

Background reading/references

Edinburgh Integration Joint Board Internal Audit Plan 2017/18
Edinburgh Integration Joint Board Risk Register
Alarm (Public Risk Management Association) Risk Management Standard https://www.alarm-uk.org/asset.ashx?assetid=95cd3e15-f432-44a4-8957-9de5a6c86a4d

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Links to priorities in strategic plan

Managing our resources effectively