

Report

Edinburgh Health and Social Care Partnership Statement of Intent

Edinburgh Integration Joint Board

17 November 2017

Executive Summary

1. This report updates the Edinburgh Integration Joint Board on progress made by the Edinburgh Health and Social Care Partnership to deliver on its Statement of Intent (the Statement).

Recommendations

2. The Integration Joint Board is asked to note:
 - i. the headlines from the Statement, which the IJB considered at its development session on 13 October
 - ii. that an action plan is under development to deliver the commitments made in the Statement.

Background

3. The interim management team for the Edinburgh Health and Social Care Partnership has committed to bringing greater clarity and focus to the activities of the Partnership, with an emphasis on performance, quality and finance.
4. The management team has taken the view that certain areas of activity require immediate attention, given their mission criticality. The vast range of activities of the Partnership are all important, however, it is essential that the management team brings some focus to the top priorities.

Main report

5. The team has prepared and circulated a "Statement of Intent" to highlight the immediate priorities, which are listed below. The Statement is attached at Appendix 1.



- Doing the basics well
 - Developing a performance framework
 - Developing a financial framework
 - Ensuring quality, including delivering against the recommendations from the Older People's Joint Inspection
 - Developing strategies for Mental Health, Older People, Primary Care, and Disabilities
 - Clarifying and simplifying governance arrangements
 - Improving relationships
6. This Statement was circulated to IJB members ahead of the October development session and discussed in detail at the session. The IJB welcomed the Statement as the foundation on which improvement could be built.
 7. The Statement has also been circulated to Partnership staff and to senior management in both the City of Edinburgh Council and NHS Lothian. The document was also noted and warmly welcomed at NHS Lothian's Strategic Planning Committee.
 8. A more detailed action plan is being developed to identify how each of the commitments in the Statement is being taken forward, by whom, and by when. For example, the Interim Chief Strategy and Performance Officer is the identified lead for delivering an outline strategic commissioning plan for older people, to include actions to allow the closure of Liberton Hospital, Gylemuir and Oaklands, and further, to shape the market for provision of services for older people by the turn of the year. This will be overseen by an Older People's Reference Board, chaired by a voting IJB member, and with a broad membership to ensure proposals are clear and achievable, and to then ensure delivery of the plan.
 9. The action plan will cover all aspects of the Partnership's activities and will be reported to the Partnership's Senior Management Team monthly. It will then be shared with Council and NHS Lothian management teams.

Key risks

10. The key risk associated with the Statement is that if the management team does not have a clear roadmap to work with, it cannot bring clarity to the Partnership's activities, nor can it support the IJB effectively in discharging its duties. This in turn would lead to suboptimal performance and quality, and financial imbalance.

Financial implications

11. There are no direct financial implications of the Statement, although a financial appendix to the Statement is being compiled and monitored.

Involving people

12. The Statement has been circulated to Partnership staff and to management teams in the Council and NHS Lothian. Comments have been received and are being incorporated into the action plan.

Impact on plans of other parties

13. The Statement supports the work of the IJB, the Council and NHS Lothian.

Implications for Directions

14. The Statement will help deliver the IJB's Directions.

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Appendices

Appendix 1	Edinburgh Health and Social Care Partnership Statement of Intent
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Edinburgh Health and Social Care Partnership Statement of Intent

Introduction

The delivery of health and social care in Edinburgh has been in a period of transition since the establishment of the Edinburgh Integration Joint Board (EIJB) and the Health and Social Care Partnership (the Partnership) in April 2016.

The Edinburgh Integration Joint Board is the statutory body charged with *planning* and *commissioning* those health and social care services delegated to it by NHS Lothian and the City of Edinburgh Council. The EIJB oversees a budget assigned to it for this purpose by the Council and NHS Board. The Health and Social Care Partnership is the organisation responsible for the operational delivery of most the services planned and commissioned by the EIJB, which are the subject of the EIJB's directions to the Council and NHS Board. These 'parent bodies' have agreed that the services delivered under these directions will be managed in an integrated fashion.

Services *not* provided or managed by the Partnership, but commissioned by the EIJB include acute hospital services, acute mental health, and a range of NHS "hosted services", including dental health, dietetics, and others. The Partnership also provides some services commissioned by other Integration Joint Boards, including specialist inpatient rehabilitation and sexual health services.

The EIJB is responsible for monitoring and reporting on the services it commissions against the strategic plans and directions it lays down. Set out below is a high-level recovery plan to address the immediate, short- and medium-term challenges faced by the Partnership, the EIJB and the parent bodies. It is constructed around the three key pillars of quality, performance and finance. Detailed action plans for each of these areas of improvement will follow.

These will emphasise the immediate, short- and medium-term action required to address our most urgent priorities for improvement, namely: tackling delays in the discharge of people from hospital; concluding plans for the closure of Liberton Hospital and Gylemuir care home; controlling prescribing spend; avoiding unnecessary hospital admissions; and improving people's journey through acute hospital services.

There are seven high-level themes:

- 1) Doing the basics well (including clarifying roles, responsibilities and accountability for individuals and teams throughout the Partnership)
- 2) Developing a performance framework against which the Partnership will prioritise and then manage its operations
- 3) Establishing a financial framework linked to the performance framework, which will articulate how the Partnership aims to deliver financial balance

- 4) Ensuring optimum quality
- 5) Developing strategies, with identifiable, manageable actions that reflect both the EIJB's aspirations and the environment in which it operates. The first tranche of these strategies will be established by January 2018:
 - a. Older People
 - b. Primary Care
 - c. Mental Health
 - d. Disabilities
- 6) Clarifying and simplifying governance arrangements
- 7) Improving relationships between the Partnership and the City of Edinburgh Council, NHS Lothian, and the third and independent sectors

Section 1 – Doing the basics well

There are basic organisational norms, which need to be identified, developed and delivered so that the Partnership functions more effectively. These include:

- 1) Defining the values, behaviours and standards we expect from our team members*
- 2) Ensuring that all team members have:
 - a. SMART objectives and that these are aligned to objectives for the Partnership
 - b. a development plan
 - c. clear line management arrangements
 - d. appropriate administrative support and accommodation conducive to team-working
- 3) Clarifying for all team members the respective roles and responsibilities of:
 - a. the Edinburgh Integration Joint Board
 - b. the Edinburgh Health and Social Care Partnership
 - c. the City of Edinburgh Council
 - d. NHS Lothian

* The term “team members” refers to all staff at all levels in the Health and Social Care Partnership.

Section 2 – Developing a performance framework

Neither the EIJB nor the Partnership has had sufficient focus on performance, or on accountability for that performance. Historic responses to failing to reach a target have been to move the target, rather than analyse and improve performance. The performance measures outlined below will be aligned to the Scottish Government's national outcomes and to our local priorities (service delays, financial sustainability and quality)

- 1) We will establish organisational objectives for the Partnership, and expect each management team to set objectives that support the delivery of these; we will expect these to be reflected in individual team members' objectives

- 2) We will set out the metrics to be reported to every meeting of the EIJB; and those for the Partnership, which will be reported regularly to the Senior Management Team
- 3) We will measure and report performance against the metrics clearly and concisely, in such a way as to focus on action to deliver performance
- 4) We will emphasise personal accountability
- 5) We will develop a set agenda and performance framework for the performance and quality sub-group
- 6) Performance will include the expectation that projects are delivered on time and to the original brief
- 7) Our approach to performance will recognise the positive support and development necessary for staff to enable them to meet the expectations of the Partnership, the EIJB and the public

Section 3 – Establishing a financial framework

We face a significant financial challenge. The reasons for this are complex, but they include a lack of well-articulated and managed financial accountability in the Partnership. It is unlikely that the Partnership can deliver all the care and support required in the city using the current model of provision; and even with the most efficient processes and revised delivery models, it is likely that the current resource availability is insufficient to meet need. However, it is also the case that we cannot at this stage evidence the best use of resources, and our recovery plan must focus on this as our utmost priority.

- 1) We will re-establish the ‘savings group’ to monitor progress against agreed actions and to hold team members to account
- 2) We will delegate financial resources as appropriate to localities. In so doing, we will also be clear on financial expectations and the accountability for delivering on these. This will be included in personal objectives
- 3) We will couch financial discussions with the EIJB in terms of investment (and disinvestment) decisions
- 4) We will be clear about our decisions, including the risks to performance and quality, and use this risk analysis to identify the best possible decisions or recommendations
- 5) We will communicate the financial challenge, our options for delivery, and where responsibility lies, as widely as we can
- 6) We will consider how best to share the financial challenge and our options with the public
- 7) We will build on the work outlined in section 3 and ensure that these strategies build in financial sustainability

Section 4 – Ensuring quality

The quality of the services provided by the Partnership is variable, and people’s experiences are impacted by the time they must wait for a service, as much as by the service they receive. The Care Inspectorate/Health

Improvement Scotland's joint inspection of services to older people, published in May 2017, highlighted many areas for improvement. Successful action against the 17 recommendations in the report will impact positively on all service user groups, and are a priority for the Partnership. We will:

- 1) review and prioritise each of the recommendations in the inspection report
- 2) ensure that progress made to date is sustained, and where necessary accelerated
- 3) support the quality improvement groups in each locality and establish a reporting framework for them to demonstrate progress
- 4) engage with the inspection bodies as partners in our improvement programme
- 5) establish a robust programme of quality assurance

Section 5 – Developing strategies

The EIJB's Strategic Plan requires review, with a focus on the key objectives of the EIJB. Both the EIJB and the Partnership need to be clearer on short-, medium- and long-term objectives, and the action necessary to deliver these.

- 1) The Partnership will, by Christmas 2017, deliver outline strategies for priority areas, setting out demand and capacity, investment choices, and the risks associated with each. These strategies will come with high-level, but robust commissioning plans embedded in them and be presented to the EIJB for approval. These immediate priority strategic areas are:
 - a. Older People
 - b. Primary Care
 - c. Mental Health
 - d. Disabilities
- 2) Each strategy will outline:
 - a. an accurate and realistic analysis of our current position
 - b. a statement of where we want services to be
 - c. a robust analysis of our current demand and capacity
 - d. an outline of the resources (physical, workforce, and financial) we believe we require, with an objective explanation of why
 - e. where appropriate, a market-shaping strategy to clarify our expectations for providers and the things we will incentivise in our commissioning
 - f. an action plan for delivery for
 - i. 6 months
 - ii. 12 months
 - iii. 3 years
 - iv. 5 years
- 3) Each priority area will be:
 - a. supported by a Strategy, Performance and Quality Manager and project team (including finance)
 - b. led by a planning partnership operating in an agile, rapid fashion
 - c. respectful of professional input
- 4) Specific objectives for each priority work stream will include:
 - a. **Older People**

- i. use of Royal Victoria, Liberton and Royal Edinburgh Hospital land
 - ii. use of care homes
 - iii. implementation plan for Multi Agency Triage Teams (MATTs) and Hubs
 - iv. review of domiciliary care services
- b. **Primary Care**
 - i. prioritised list of capital investments, supported by strategic assessments
 - ii. cluster-by-cluster action list
 - iii. a time-scaled investment plan for the workforce
- c. **Mental Health**
 - i. commissioning plan for the Royal Edinburgh Hospital (REH) phase 2b
 - ii. commissioning plan for REH phase 2b community services
 - iii. forward plan for substance misuse services
- d. **Disabilities**
 - i. commissioning plan for the learning disabilities elements of REH phase 2b
 - ii. commissioning plan for the community elements of learning disability services associated with REH phase 2b
 - iii. commissioning plan for phase 2 of the REH campus, specifically services for patients with rehabilitation needs

5) Develop a market-shaping strategy

The development, enhancement and effective implementation of self-directed support, including brokerage arrangements, are priority actions that underpin the recovery plan and on which performance, quality and capacity depend. Self-directed support will also characterise our market shaping strategy, which is an important element of our work to increase care and support capacity in the city and represents a priority action for the Partnership.

- 6) Once we have completed the work outlined in 1-4, we will move to adopt a similar approach to
- a. Carers (timing will need to reflect the requirements of the Carers Act)
 - b. Long-term conditions and prevention
 - c. Sexual health services
 - d. Edinburgh Alcohol and Drug Partnership services
 - e. Palliative care
 - f. Acute hospital services under the purview of the EIJB

Section 6 – Clarifying and simplifying governance arrangements

Governance arrangements need to be easily understood and focused on delivering our objectives. We will:

- 1) clarify the differing roles of the EIJB and the Partnership, including the breadth of their activities, and their relationship to parent bodies, to the 3rd and independent sectors and to other IJBs/Partnerships
- 2) review how the EIJB and its sub-committees function and fit together, including remits, agenda-setting, forward plans and standing agenda items, and how business items make their way to the EIJB
- 3) review the internal governance of the Partnership, including the number and type of meetings – with associated behaviours and responsibilities, the terms of reference of work streams, and how decisions are made in the Partnership structure
- 4) ensure that we have a set of organisational objectives for both the EIJB and the Partnership, and that these have explicit read-across to the EIJB's Directions
- 5) establish a formal mechanism to oversee our financial recovery programme
- 6) clarify how parent bodies can raise issues of clinical, professional, financial, operational or strategic input, both formally and informally
- 7) in conjunction with our partner IJBs, review how the Edinburgh EIJB provides governance oversight to NHS Hosted Services
- 8) conclude Phase 2 of the Partnership's organisational review and set out a managed programme for Phase 3
- 9) delegate appropriate resources, including purchasing and staffing budgets, to the localities, and clarify the accountability and responsibility that comes with this
- 10) clarify the role of the Professional Advisory Committee, including how it is asked for advice, generates work, and feeds into the other standing sub-committees of the EIJB

Section 7 – Improving relationships

The Partnership's relationships with NHS Lothian and the Council need to be improved, as do those with the voluntary and independent sectors and partner IJBs. We also need to consider our relationships with the Scottish Government, COSLA, scrutiny bodies and others, and ensure these are productive and positive.

- 1) The Partnership will respond promptly and accurately to requests for information
- 2) We will meet deadlines for the EIB, NHS Board and Council committees and provide good quality, reasoned and well-informed reports
- 3) We will ensure appropriate attendance at Board and Council committees
- 4) We will be clear where our aspirations and capabilities align and differ from our partners and parent bodies
- 5) We will support locality teams more effectively, as the "public face" of the Partnership, in delivering what we expect of them, and provide them with additional infrastructure, rather than drawing it into the centre
- 6) We will work with our partner IJBs to leverage working together wherever we can, and learn from their successes and challenges