

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30am Friday 15 December 2017

Dean of Guild Court Room, City Chambers, Edinburgh

This is a public meeting and members of the public are welcome to attend.

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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. Minute of the Edinburgh Integration Joint Board of 17 November 2017 (circulated) submitted for approval as a correct record
- 4.2. Sub-Group Updates
 - 4.2.1 Audit and Risk Committee
 - (a) Note of Meeting of 1 December 2017 (circulated)
 - 4.2.2 Performance and Quality Sub-Group
 - 4.2.3 Professional Advisory Group
 - 4.2.4 Strategic Planning Group
 - (a) Note of Meeting of 3 November 2017 (circulated)

5. Reports

- 5.1. Rolling Actions Log – December (circulated)
- 5.2. Business Resilience Arrangements and Planning – report by the IJB Interim Chief Officer (circulated)
- 5.3. Winter Plan 2017-18 – 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. Financial Performance and Outlook – report by the IJB Interim Chief Officer (circulated)

- 5.6. Health and Social Care Improvement Programme and Short-term Resource Implications (circulated)
- 5.7. Appointments
 - (a) Joint Board Membership and Appointments to Committees and Sub-Groups – report by the IJB Interim Chief Officer (circulated)
 - (b) Recruitment of Citizen Members – report by the IJB Interim Chief Officer (circulated)

6. Motions

- 6.1. If any

Board Members

Voting

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

Non-Voting

Colin Beck, Carl Bickler, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Alastair Gaw, Kirsten Hey, Ian McKay, Ella Simpson, Michelle Miller, Moira Pringle and Pat Wynne.

Item 4.1 Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 17 November 2017

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Shulah Allan, Michael Ash, Carl Bickler, Andrew Coull, Christine Farquhar, Alastair Gaw, Kirsten Hey, Councillor Derek Howie, Councillor Melanie Main, Michelle Miller, Moira Pringle, Ella Simpson, Councillor Alasdair Rankin, Councillor Susan Webber, Richard Williams and Pat Wynne.

Officers: Lesley Birrell, Colin Briggs, Wendy Dale, Angela Lindsay, Jamie Macrae.

Apologies: Sandra Blake and Ian McKay.

1. Minutes

Decision

- 1) To approve the minute of the Joint Board of 14 July 2017 as a correct record.
- 2) To approve the minute of the Joint Board of 3 October 2017 as a correct record.

2. Sub-Group and Committee Minutes and Updates

Updates were given on Sub-Group and Committee activity.

Decision

To note the Sub-Group and Committee minutes and updates.

3. Rolling Actions Log

The Rolling Actions Log for 17 November 2017 was presented.

Decision

- 1) To agree to close the following actions:
Action 4 – Whole System Delays – Recent Trends

Action 5 – Management Arrangements for the Joint Board and Edinburgh Health and Social Care Partnership

Action 8 – Whole System Delays – Recent Trends

- 2) To otherwise note the remaining outstanding actions.

4. Locality Improvement Plans

The Locality Improvement Plans were presented for approval, in so far as they related to issues within the jurisdiction of the Joint Board, prior to consideration for endorsement by the Edinburgh Community Planning Partnership on 7 December 2017.

The Plans set out the local priority outcomes for the locality, improvements that would be achieved by delivering the outcomes and the period within which the improvement was to be achieved.

Decision

- 1) To note that the current locality planning infrastructure was relatively new, as a result of which the Locality Improvement Plans were high level and would be underpinned by detailed action plans and performance measures.
- 2) To support the development and publication of the Locality Improvement Plans as a means of achieving more effective integration across the public sector and of strengthening the meaningful engagement with communities.
- 3) To approve the Locality Improvement Plans set out in Appendices 1 to 4, in so far as they related to issues within the jurisdiction of the Joint Board.
- 4) To request that further work was overseen by the Strategic Planning Group to ensure coherence between the action plans for delivery of the Locality Improvement Plans, the strategic plan of the Integration Joint Board and the priorities set out in the Edinburgh Health and Social Care Partnership's Statement of Intent (which was the subject of a separate paper on the agenda for this meeting).
- 5) To agree that community planning would be covered at a future development session.

(References – report by the Interim IJB Chief Officer, submitted)

5. Public Bodies Climate Change Duties Briefing and Progress Report

The Joint Board was required, under the obligations placed on public bodies by the Climate Change (Scotland) Act and associated regulations, to complete a Public Bodies Climate Change Duties Report to cover the financial year 2016-17. This was presented to the Joint Board for approval.

Decision

- 1) To note the requirements of the Climate Change (Scotland) Act outlined in the report.
- 2) To approve the recommended proposals noted in paragraph 12 of the report, which would help to ensure compliance with the duties of the Climate Change (Scotland) Act.
- 3) To approve the draft Edinburgh Integration Joint Board Public Bodies Climate Change Duties Report: 2016/17.

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

6. Edinburgh Health and Social Care Partnership Statement of Intent

An update was provided on progress made by the Edinburgh Health and Social Care Partnership to deliver on its Statement of Intent.

Decision

- 1) To note the headlines from the Statement of Intent, which the Joint Board considered at its development session on 13 October 2017.
- 2) To note that an action plan was under development to deliver the commitments made in the Statement.
- 3) To agree that IJB members would be invited to the staff engagements sessions on 28 November 2017.
- 4) To note the intention to report back to the IJB meeting in December with a more detailed action plan.

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

7. Whole System Delays – Recent Trends

An overview was provided of performance in managing hospital discharge against Scottish Government targets. It was acknowledged that performance had not improved since the last reporting cycle. It was noted that a more detailed report would be submitted to the December 2017 meeting of Joint Board.

Decision

- 1) To note, with concern, that current performance in respect of people delayed in hospital had not improved since the last reporting cycle.
- 2) To note that the delays and pressures in the community continued to be a challenge.
- 3) To note the intention to report to the Performance and Quality Sub-Group in more detail on the actions being taken to address the identified challenges.
- 4) To note the significant ongoing challenge of bringing about improvement.

- 5) To record the IJB's concerns about the above issues and the expectation that these would be incorporated into the Outline Strategic Commissioning Plans with appropriate timelines and reported back in the first instance to the Strategic Planning Group and then to the Joint Board.

(References – Integration Joint Board 22 September 2017 (item 7); report by the IJB Chief Officer, submitted.)

8. Inspection of Older People's Services – Revised Improvement Plan

An update was provided on progress against the recommendations of the Care Inspectorate/Health Improvement Scotland's report into their joint inspection of Edinburgh's services for older people. A proposed revised improvement plan was submitted for noting.

Decision

To note the revised draft improvement action plan, and that finalisation of lead officers and timescales was underway through individual discussions with managers (a further iteration of the improvement plan would be circulated to Joint Board members when this information was included).

(References – Integration Joint Board 22 September 2017 (item 8); report by the IJB Chief Officer, submitted.)

9. Grants Review – Scope, Methodology and Timescales – Referral from the Strategic Planning Group

The Joint Board agreed on 22 September 2017 to extend the health and social care related grants programmes due to expire in March 2018 for a further year to allow a review of these grants programmes to take place.

The Strategic Planning Group had considered the scope, methodology and timetable for the grants review and recommended that the Joint Board approve the proposals to take forward the review.

Decision

- 1) To approve the proposals in respect of the scope, timescale and methodology for the review of health and social care grant programmes as set out in the report.
- 2) To agree to add information on evaluation and lessons learned to the progress report in March 2018 and the final report in July 2018.

Declarations of interest

Ella Simpson declared a non-financial interest in the above item as a member of an organisation in receipt of grants.

Shulah Allan declared a non-financial interest in the above item as Chair of The Health Agency's Annual General Meeting.

(References – Integration Joint Board 22 September 2017 (item 11); Strategic Planning Group 3 November 2017 (item6); report by the IJB Chief Officer, submitted.)

10. Financial Update

An overview was provided of the financial position for the 6 months of 2017/18 and the forecast year end position.

Decision

- 1) To note that delegated services were reporting an over spend of £7.9m for the first 6 months of 2017/18, which was projected to rise to £17.0m by the end of the financial year without any further action.
- 2) To agree to ring fence a provision of £4.5m to support the work of the newly established assessment and review board – this included the carry forward of any element unspent in 2017/18.
- 3) To agree the release of the £2.0m inflation provision included in the social care fund to offset the financial impact of demographic growth.
- 4) To acknowledge that ongoing actions were being progressed to reduce the predicted in year deficit in order to achieve a year end balanced position; however, only limited assurance could be given of the achievement of break-even at this time.
- 5) To express concern about the challenging financial situation and the likely impact on quality and performance.
- 6) To add the IJB Risk Register to the Rolling Actions Log for reporting back as necessary.

(References – Integration Joint Board 22 September 2017 (item 6); report by the IJB Chief Officer, submitted.)

11. Winter Planning Arrangements

A verbal update was provided on winter planning arrangements for winter 2016-18. Arrangements were underway, with proactive actions focusing on those at risk of hospital admissions.

The Edinburgh Health and Social Care Partnership had secured an additional £475,000 of Scottish Government funding to extend key unscheduled care services, particularly over weekends and public holidays, to ensure that as many people as possible could be looked after in their own homes rather than in hospital.

A detailed report would be submitted to the Joint Board in December.

Decision

- 1) To agree that Pat Wynne and Angela Lindsay would communicate to staff who work in residential/care homes that flu jabs would be available to them.
- 2) To otherwise note the verbal update.

(Reference – Integration Joint Board 18 November 2016 (item 5))

7. Motion by Councillor Main – John’s Campaign

The following motion by Councillor Main was submitted in terms of Standing Order 10:

“The Edinburgh Integration Joint Board notes the work of Nicci Gerrard and Julia Jones following the stay of her father Dr John Gerrard in hospital in 2014, campaigning for better family involvement and outcomes for those suffering from dementia in a long term care or hospital environment.

John’s Campaign is founded on the principle that family and carers “should not just be allowed but should be welcomed, and that a collaboration between the patients and all connected with them is crucial to their health and their well-being. John’s Campaign applies to all hospital settings: acute, community, mental health and its principles could extend to all other caring institutions where people are living away from those closest to them.”

The Edinburgh Integration Joint Board notes that reputable organisations in the fields of dementia and healthcare including Alzheimer’s Society, AgeUK and the Royal Colleges of Nursing and Psychiatrists have shown their support of the campaign.

The Edinburgh Integration Joint Board notes the Scottish Government, a John’s Campaign partner, said: “Our policy on supporting people in hospital means that the principles of John’s Campaign are entirely in keeping with government policy. John’s Campaign is part of a suite of measures used in Scotland and the Chief Nursing Officer actively supports this approach to ensure person centred care is in place”.

Whereas in Scotland several councils and many healthcare organisations in both the NHS and private sector have signed up in full, in NHS Lothian only two hospital wards have made a pledge to the campaign.

Many of NHS Lothian’s and Edinburgh Council’s health and social care workers and allied professions already undertake these principles in practice and that signing up to the campaign would give them due recognition.

Therefore the Edinburgh Integration Joint Board recommends that providers, in public, voluntary and private sectors, of all relevant services within its remit, sign up to John’s Campaign by 31st January 2017. A report listing those who have signed up and those who have not signed up with the reasons given will be presented to the Board in two cycles.”

- moved by Councillor Main, seconded by Councillor Henderson

Decision

To approve the motion by Councillor Main.



Item 4.2.1(a) - Minutes

Audit and Risk Committee

9.00 am, Friday 1 December 2017

Mandela Room, City Chambers, Edinburgh

Present:

Mike Ash (Chair), Councillor Alasdair Rankin, Ella Simpson and Councillor Susan Webber.

Officers: Michael Lavender (Audit Manager – Scott-Moncrieff), Jamie Macrae (Committee Services, CEC), Lesley Newdall (Chief Internal Auditor) and Moira Pringle (Interim Chief Finance Officer).

1. Appointment of a Chair

Mike Ash was appointed to Chair the meeting.

2. Minute

Decision

To approve the minute of 11 September 2017 as a correct record.

3. Outstanding Actions

Decision

- 1) To agree the closure of action 2.
- 2) To otherwise note the outstanding actions.

(Reference – Outstanding Actions – December 2017, submitted.)

4. Work Programme

Decision

To note the Work Programme and upcoming reports.

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

5. Risk Register Update

A verbal update was provided on the proposed methodology for agreeing the refresh of the Risk Register in the absence of a Chief Risk Officer. During discussion, it was suggested that the refreshed Risk Register should be narrowed and more focussed and should be clear about how risks respond to the Directions.

Decision

- 1) To agree that, in the absence of a Chief Risk Officer, two risk workshops would be held in early 2018, the first involving risk experts from both sides of the Partnership, followed by a wider risk workshop, to agree the proposed changes to the Risk Register.
- 2) To agree that an additional Audit and Risk Committee meeting would be set up to agree the Risk Register refresh following the workshops in early 2018 and that the Risk Register would be submitted to the Joint Board for final approval in March 2018.

(Reference – Audit and Risk Committee, 11 September 2017 (item 6))

6. Internal Audit Update and EIJB Internal Audit Plan

The internal audit activity in the previous quarter on behalf of the Joint Board and relevant activity by the Internal Audit functions of the Joint Board's constituent organisations (City of Edinburgh Council and NHS Lothian) was detailed. Details were also provided of proposals to re-base the 2017/18 EIJB Internal Audit plan to ensure that sufficient assurance was provided over an existing Health and Social Care Partnership risk relating to budgets and financial models that had significantly increased with an adverse impact on the Partnership. It was proposed that one new audit was added to the plan; two existing audits combined; and one audit removed from the plan.

Decision

- 1) To consider and approve proposed changes to the EIJB Internal Audit plan, with the proviso that the changes were required due to the lack of audit capacity and should not be long-term, and to communicate this to the Joint Board and NHS Lothian Audit and Risk Committee.
- 2) To note that no EIJB Internal Audits had yet commenced, and the supporting rationale for this.
- 3) To note the status of overdue Internal Audit recommendations as at 31st October 2017.
- 4) To note that the relationship principles between the EIJB Audit and Risk Committee and the CEC Governance, Risk and Best Value Committee had now been approved by both committees.

(Reference – report by the Chief Internal Auditor, submitted.)

7. Urgent Business

To note the Chief Internal Auditor would prepare a report on the Annual Planning Process after the Risk Register workshops in early 2018.



Minutes

Edinburgh Integration Joint Board Strategic Planning Group

10.00am Friday 3 November 2017

City Chambers, High Street, Edinburgh

Members: Carolyn Hirst (Chair), Colin Beck, Sandra Blake, Colin Briggs, Eleanor Cunningham, Wendy Dale, Christine Farquhar, Dermot Gorman, Belinda Hacking, Stephanie-Anne Harris, Graeme Henderson, Fanchea Kelly, Peter McCormick, Michele Mulvaney, Moira Pringle, Rene Rigby and Ella Simpson.

Apologies: Councillor Ricky Henderson (Vice-Chair) and Michelle Miller (Interim Chief Officer, Edinburgh Health & Social Care Partnership).

In Attendance: Mark Grierson (Disability Support and Strategy Manager) and David White (Strategy Planning and Quality Manager, Primary Care & Public Health).

1. Minute

The minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 6 October 2017 was submitted.

Decision

To approve the minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 6 October 2017 as a correct record.

2. Rolling Actions Log

Updates on outstanding actions were presented as follows:

Item 1 – Transforming Services for People with Disabilities

- (a) Update on transition plans between children's and adult services to be added to the agenda for a future meeting of this Group.
- (b) Update on planning for adapted housing requirements to be discussed at the Strategic Housing Group and thereafter brought back to a future meeting of this Group.

Item 2 – Role of the Strategic Planning Partnerships

- (a) Report on the remit to be adopted by all strategic planning partnerships on the agenda for this meeting – recommended for closure
- (b) Availability of papers on website – noted that a workshop had been held on 1 November 2017 and that the outcomes of that workshop would be reported to a future meeting of this Group

Item 3 – Market Shaping Strategy

Noted that a paper on unmet need had been presented to this Group on 1 September 2017 – recommended for closure

Item 4 – A Market Shaping Strategy 2013-2018

Noted that a progress update on actions required was scheduled to be presented to this Group at their meeting on 1 December 2017

Item 5 – Review of Grants Programmes

- (a) Noted that a report on roll forward of existing grant programmes was approved by the IJB on 22 September 2017 – recommended for closure
- (b) Report on scope, timescales and methodology on the agenda for this meeting – recommended for closure

Item 6 – Housing Seminar

Noted that papers from the Seminar had been circulated to members of this Group – recommended for closure

Item 7 – Locality Improvement Plans

- (a) Noted that a report on the health and social care/wellbeing aspects of Locality Improvement Plans was scheduled for submission to the IJB meeting on 17 November 2017
- (b) Noted that detailed action plans would be submitted to a future meeting of this Group
- (c) Noted that the Economy Strategy was scheduled to be presented to this Group at their meeting on 1 December 2017

Item 8 – Delivery of Direction EDI_2017/18_1 (Locality Working)

Noted that a progress update on all Directions was scheduled to be presented to this Group at their meeting on 1 December 2017

Item 9 – Outline Strategic Plans

- (a) Noted that proposals for taking forward Outline Strategic Plans were discussed at the Development Session on 13 October 2017 – recommended for closure
- (b) Presentation on Outline Strategic Plans on the agenda for this meeting – recommended for closure
- (c) Terms of reference for Reference Boards and Strategic Planning Partnerships on the agenda for this meeting – recommended for closure

Decision

- 1) To agree to close the following actions:
 - Item 2 – Role of the Strategic Planning Partnerships
 - Item 3 – Market Shaping Strategy (decision of 28 July 2017)
 - Item 5 – Review of Grants Programmes
 - Item 6 – Housing Seminar
 - Item 9 – Forward Plan – Outline Strategic Plans
- 2) To update the rolling actions log and otherwise note the remaining outstanding actions.

(References – IJB Strategic Planning Group 6 October 2017 (item 1); Rolling Actions Log, submitted)

3. Recommendations from the Joint Inspection of Services for Older People

3.1 Engagement

It had been agreed to establish a sub-group to take forward issues around engagement. A scoping brief was being developed by the sub-group detailing proposed membership and remit.

An initial meeting of the sub-group had taken place to take forward the development of the scoping brief around engagement. It had been agreed the main focus of the work should be on community engagement.

It was proposed to present a discussion paper to the next sub-group meeting to develop the framework and thereafter draft the engagement paper.

Decision

To note the update and that the revised Improvement Plan arising from the inspection of older people's services would be presented to the IJB on 17 November 2017.

3.2 **Cross Sector Market Facilitation Strategy**

Decision

To note that a progress update on required actions was scheduled to be presented to this Group on 1 December 2017.

3.3 **Strategic Plan**

Decision

To note that proposals to take forward outline strategic plans would be considered under item 7 below.

4. South East Edinburgh (Outer Area) Strategic Assessment

The Population Growth and Primary Care Premises Assessment 2016-2026 was a comprehensive assessment of the primary care pressures and needs across the city reflecting the extensive housing investment set out in the City of Edinburgh Local Development Plan. The assessment had been supported by the Integration Joint Board at its meeting on 22 September 2017.

Priorities identified within each Partnership required to be supported by Strategic Assessments. The Strategic Assessment for the South East Edinburgh (Outer Area) was presented. The Assessment had been produced following a workshop with key stakeholders to consider the drivers for change, scope of services and possible solutions.

Potential growth within the area together with the constraints of existing provision and premises mainly affected five GP practices in the outer area of the South East Locality namely Ferniehill, Southern, Inchpark, Gracemount and Liberton.

The submission of the Strategic Assessment to the NHS Lothian Capital Investment Group (LCIG) would enable access to the capital planning process and, if supported, the subsequent opportunity to develop a more detailed options appraisal to identify a solution for this area of need.

The following issues were raised and discussed:

- The outline commissioning plan for primary care would be developed for early 2018 – the role of the Primary Care Reference Board and this Group would be to develop and have oversight of the strategy and delivery of the Plans. All Strategic Assessments would be considered in the first instance by the primary care reference board then come to this Group for final overview and comment
- Concerns were expressed about any implications and challenges for GP practices operating via an NHS partnership/business model. The NHS view was that any issues would be a matter for individual negotiation

- Provision of new GP premises could be looked at as part of the housing capital programme – outline commissioning plans needed to signal the next level of detail in this regard
- Population increase and inadequate premises was a huge issue for GP practices – there was an urgent need to build new premises
- Joint builds had been done in the city but they had tended to be included as part of the design of accommodation rather than thinking about the service provision pathway
- Community assets were not included in the report – this could be looked at in terms of the community asset legislation – could be worthwhile investigating this even as an interim measure
- Involvement and making use of the world leading design expertise within the city - Architectural Design Scotland were part of the capital plan process but were not engaged at this early stage of the process

Decision

- 1) To note that the South East had been identified as a priority area for investment in the Population Growth and Primary Care Premises Assessment 2016-2026 as supported by the Integration Joint Board meeting on 22 September 2017.
- 2) To note the Strategic Assessment set out in Appendix 1 of the report and that this format would be required to be produced for primary care in each of the four localities.
- 3) To recommend that the Integration Joint Board approves the South East Edinburgh (Outer Area) Strategic Assessment for submission to the NHS Lothian Capital Investment Group (LCIG) for consideration as part of the NHS Lothian prioritisation process for capital allocations.

(Reference – report by the Project Manager, Primary Care, submitted)

5. Status of Strategic Planning Group Notes and Papers

Some information considered by this Group required to be treated as confidential, for example commercially sensitive material or information about which the IJB would be asked to make a decision.

It was recommended that the principle in terms of dissemination of information should be that documents were made public unless there was a compelling reason for this not to happen.

Decision

- 1) To note that minutes and papers referred to the IJB become public documents once they were published online with the IJB meeting papers.
- 2) To agree the overarching principle that presentations and discussion papers not referred on to the IJB would become public unless this Group decided they should not be shared.
- 3) To agree that, going forward, confidential papers would be issued as a separate pack to the Group.

(Reference – paper by the Strategic Manager, Service Re-Design and Innovation, submitted)

6. Grants Review – Scope, Timescale and Methodology

The Integration Joint Board, on 22 September 2017, had agreed to extend the existing grants programmes due to expire on 31 March 2018 to 31 March 2019 to allow a review of the programmes to be undertaken and to ask this Group to consider proposals relating to the scope, timescale and methodology for the review prior to these being presented to the IJB for approval on 17 November 2017.

A small working group consisting of representatives of the third sector, housing associations, officers from City of Edinburgh Council, NHS Lothian and the Edinburgh Health and Social Care Partnership had met to develop the proposals for consideration by this Group.

Recommendations on the proposed scope, timescales and methodology for the review of grants were presented. The review would be expected to deliver efficiencies equivalent to 10% of the current annual budget for grants from 1 April 2019 equating to approximately £450,000. Efficiencies did not have to mean a reduction in the grants budget but could be delivered by doing more for the same amount of money or by enabling other types of provision to be reduced or ceased elsewhere in the system.

The following issues were raised and discussed:

- No specific reference was made to unpaid carer involvement in the review, other than as part of citizen involvement – this could be taken forward through the Carers Strategic Partnership Group
- The primary thing to be considered by the review is what the IJB see as the purpose of grants as opposed to other forms of procurement– the next stage would be about involving all stakeholders
- the complexity of this piece of work could not be underestimated - with a proposed 10% efficiency target to be delivered, communication across the board would be absolutely key to the whole review

- difficult to demonstrate clear outcomes – need to ensure there was no overlapping of services provided – it was imperative to make sure services are meeting need and the level of funding being provided was proportionate to the numbers of individuals supported through the grant
- paragraph 19 what does efficiencies mean? – it does not necessarily have to be about reducing the grants budget, it can be about using the review to drive change across the whole system, delivering differently to increase outcomes with the same resources or allow savings to be made in other parts of the system

Decision

- 1) To endorse the proposed scope for the review of grants set out in paragraph 8 of the report.
- 2) To endorse the proposed timescale for the review of grants set out in Appendix 2 of the report.
- 3) To endorse the proposed membership of the Steering Group set out in paragraph 13 of the report.
- 4) To involve the Carers Strategy Partnership Group in the review at the appropriate stage along with the other strategic partnerships.
- 5) To endorse the proposed methodology set out in paragraphs 14 and 15 of the report.
- 6) To reword the key risks section of the report to better reflect the concerns of the third sector representatives
- 7) To re-word the financial implications section of the report to make it clear this would be an opportunity for using resources in a different way and circulate to this Group for comment prior to being published with the IJB papers.
- 8) To endorse the proposal that the principles established through the grants review should be applied to any other health and social care related grants or grant programmes as and when they expired.
- 9) To recommend that the Integration Joint Board approve the proposals in respect of the scope, timescale and methodology for the review of health and social care grant programmes
- 10) To receive progress updates on the review to this Group at each meeting going forward.

(References – Strategic Planning Group 1 September 2017 (item 7); report by the Interim Chief Officer, Edinburgh Health and Social Care Partnership, submitted)

7. Outline Strategic Plans - Presentation

Outline strategic commissioning plans would be produced for the following four key areas:

- Disabilities
- Mental Health
- Older People
- Primary Care

Each Plan would include an analysis of the current position, a statement of where services should be, a robust analysis of current demand and capacity and an outline of resources required with an objective reasoned explanation.

In addition, where appropriate, a market shaping strategy would be developed to clarify the expectations for providers and issues to be incentivised in commissioning. An action plan for delivery over 6 months, 1, 3 and 5 years would also be developed underpinned by a robust financial framework.

Each plan would be:

- Supported by a Strategy, Performance and Quality Manager and project team including finance
- Led by a planning partnership
- Respectful of professional input
- Overseen by a Reference Board.

Reference Boards would be established for each of the four programmes and would be chaired by an IJB member. The Boards would have broad membership, provide oversight, insight and challenge to proposals and report to the Strategic Planning Group for oversight.

A paper from the Third Sector Strategy Group was tabled at the meeting setting out the preliminary core thinking about principles and culture which the Third Sector believed should be held by all to support an equitable, open and robust work programme with clear communication on all sides.

Disabilities

The Disability and Support Strategy Manager advised there were currently 28 people accommodated in the Royal Edinburgh hospital. Community placements had been identified and planned for 20 of those. A further 4 had been commissioned and would come onstream in 2018/19.

Appropriate housing continued to be a key issue and the outline plan would offer an opportunity to identify need. The final number of assessment and treatment beds would be 15 which was achievable if community agencies came together to provide the required support. Partnership workshops had been planned to agree rehabilitation requirements.

The following points were raised during discussion:

- over the last 3 years community placements had successfully supported people with severe autism but this was costly and very individual requirements were needed
- helpful to see this set out in terms of structures and timescales but the danger was it would be a response to very short term operational requirements. Medium to long-term information needed to be set out – it would be useful to have a checklist – each of the plans could then be submitted to the Housing, Health & Social Care Partnership with actual requirements - this would be exactly the conversations that needed to take place within the Reference Boards to get that level of detail

Mental Health

Priorities for investment and disinvestment relating to the localities needed to be determined. The objective was to support people at home and how would this be achieved. There were major challenges in terms of access to treatment and services.

The Mental Health and Wellbeing Partnership was already established and a presentation for stakeholders prepared. Locality and hospital consultations had been arranged. The timeline for completion of this work was the end of December 2017.

Next steps included meeting with the IJB lead and representatives, obtaining Board approval, compiling feedback and identifying staff resource.

Older People

Priorities for older people included:

- demand and capacity options across the five areas of pathway
- replacement of Liberton, Oaklands and Gylemuir
- use of Royal Victoria, Liberton and Royal Edinburgh hospital land
- review of care at home services

A working group had been established with a clear remit to deliver the outline commissioning framework. Stakeholder interviews were almost complete seeking views on opportunities and issues across the pathway. Baseline data for activity and finance was almost complete for the pathway. Options appraisals were underway for Liberton, Oaklands and Gylemuir and a Standard Operating Procedure was being developed for the locality hubs.

Next steps included establishing a wider stakeholder group and to identify leads to progress the top three priorities in each of the five pathway areas. The options appraisals for replacement of capacity required to be progressed and alternative models of delivery of functions developed.

Primary Care

The Strategic Planning and Quality Manager, Primary Care & Public Health provided an outline of the priorities for inclusion in the outline plan for primary care services. The existing primary care management team provided the basis for the strategic partnership. An assessment of population increase and GP premises was presented to the IJB on 22 September 2017 and prioritisation in this area was required. Additionally, in June 2017, the IJB had agreed investment in transformation and stability additional workforce.

Next steps included establishing the Reference Board for primary care, producing a prioritised list of capital investments required for GP premises and the implementation of workforce proposals.

The following points were raised during discussion:

- there was a need to align with the work being done by the Scottish Government
- timing was a major issue in terms of possible collision with the draft commissioning plans
- housing representatives should be on the Reference Boards
- there should be more equity and more co-production with a focus on person centred outcomes

Decision

- 1) To endorse the proposed approach to the production of the outline strategic plans.
- 2) To note that IJB Reference Board Chairs would be identified within the next two weeks.
- 3) To endorse the proposed governance arrangements including the terms of reference for the strategic planning partnerships and reference boards (see item 8 below).
- 4) To note the progress made in developing the outline strategic plans and the proposed next steps.
- 5) To produce a set of principles to which each strategic plan should adhere.
- 6) To agree that the four outline strategic plans should be standing items on the agenda for this Group for future meetings.
- 7) To extend the length of the Strategic Planning Group meeting scheduled for 12 January 2018 to three hours to allow sufficient time for discussion

of the outline strategic commissioning plans for disabilities, mental health and older people.

(References – IJB Strategic Planning Group 6 October 2017 (item 7.2); presentation by the Interim Chief Strategy and Performance Officer; paper by the Third Sector Strategy Group, submitted)

8. Terms of Reference for Reference Boards and Strategic Planning Partnerships

8.1 Strategic Plan Reference Boards

Proposed terms of reference including the remit and membership for the Strategic Plan Reference Boards were presented. The role of the Reference Boards was to provide oversight, insight and challenge to proposals coming forward from the relevant Strategic Planning Partnership (Disabilities, Mental Health, Older People and Primary Care).

Decision

To approve the terms of reference.

(Reference – paper by the Interim Chief Strategy and Planning Manager, submitted)

8.2 Strategic Planning Partnerships

Proposed terms of reference including the remit and membership for the Strategic Planning Partnerships were presented. The role of the Partnerships were to oversee the production and implementation of specific strategic plans.

Decision

To approve the terms of reference.

(Reference – paper by the Interim Chief Strategy and Planning Manager, submitted)

9. Agenda Forward Plan for Meeting on 1 December 2017

9.1 Standing Agenda Items

- (a) Recommendations from the Joint Inspection of Services for Older People
 - Engagement
 - Cross sector market facilitation strategy
 - Updated Strategic Plan

- (b) Progress updates on outline strategic commissioning plans
 - Disabilities
 - Mental Health
 - Older People
 - Primary Care

- (c) Grants review

9.2 Forward Plan for 1 December 2017

- (a) Economy Strategy for Edinburgh – to identify synergies with the Strategic Plan
- (b) Market Shaping Strategy
- (c) Update on Directions

(Reference – paper by the Strategic Planning Manager, Service Re-Design and Innovation, submitted)

10. Papers for Information

Decision

To note there were no IJB papers for information and that the next meeting of the Board was scheduled for 17 November 2017.

11. Any Other Business

11.1 Night Time Payments to Carers

To note that as a result of a recent Employment Tribunal Judgement, carers could make application for back payments relating to night time working hours.

12. Date of Next Meeting

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

Item 5.1 – Rolling Actions Log – December 2017

15 December 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	January 2018	
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	Not specified	
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	Annual Accounts 2016-17	22-09-17	To request further information on Workforce Planning once this was available.	Interim Chief Officer	Not specified	
5	Financial Update	22-09-17	1) To agree to receive a detailed action plan, in response to the Financial Update, from the Interim Chief Officer at a future date. 2) That a future Development Session on finance be scheduled.	Interim Chief Officer	Not specified	
6	Older People's Inspection Update	22-09-17	To note the Partnership's intention to review the action plan associated with the Older People's Inspection and report back on priorities and timescales.	Interim Chief Officer	January 2018	
7	Primary Care Population and Premises	22-09-17	To request that a fuller report outlining a comprehensive primary care strategy, covering both revenue and capital requirements, be brought back to the Joint Board in the first quarter of the 2018 calendar year.	Interim Chief Officer	1 st quarter 2018	
8	Locality Improvement Plans	17-11-17	To agree that community planning would be covered at a future development session.	Interim Chief Officer	Not specified	
9	Edinburgh Health and Social Care Partnership	17-11-17	1) To agree that IJB members would be invited to the staff engagements sessions on 28 November 2017.	Interim Chief Officer	28 November 2017	On the agenda for 15 December 2017 –

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Statement of Intent		2) To note the intention to report back to the IJB meeting in December with a more detailed action plan.		15 December 2017	recommended for closure
10	Grants Review Scope, Methodology and Timescales – referral report from the Strategic Planning Group	17-11-17	To agree to add information on evaluation and lessons learned to the progress report in March 2018 and the final report in July 2018.	Interim Chief Officer	March/July 2018	
11	IJB Risk Register	17-11-17	To add the IJB Risk Register to the Rolling Actions Log for reporting back as necessary.	Interim Chief Officer	Ongoing	

Report

Business Resilience Arrangements and Planning

Edinburgh Integration Joint Board

15 December 2017

Executive Summary

1. The Edinburgh Health and Social Care Partnership (the Partnership) is continuing to work towards embedding stronger business resilience practices throughout the organisation.
2. Currently, the Partnership relies on two different business continuity models used by NHS Lothian and the Council. This has the potential to cause confusion among staff and unnecessary duplication of governance reporting.
3. It is proposed that both business resilience plans be integrated to strengthen the Partnership's business continuity governance and reporting framework and to ensure that appropriate oversight, scrutiny and assurances are in place.

Recommendations

4. The Edinburgh Integration Joint Board (IJB) is asked to note that currently there is no integrated approach to developing business resilience arrangements, thus preventing the delivery of a clear and effective continuity plan.
5. The IJB is asked to approve the Partnership's proposal to build on NHS Lothian's and the Council resilience best practices to create a single coherent and easy to use plan for integrated services.
6. The IJB is asked to note the intention to create, share and test plans with a view to providing a further update on progress at 18 May 2018 EIJB meeting.

Background

7. An interruption to the smooth running of ICT networks, buildings and critical infrastructure may impact on either NHS Lothian or Council services and could be highly disruptive to the delivery of services. The Partnership has a responsibility for planning and dealing with such events.
8. A business resilience plan defines the roles of those involved in managing disruption, and the subsequent business continuity and recovery phases.

9. Separate business continuity plans, policies and processes exist for NHS Lothian and Council services. They are different in that they each have a unique reporting structure, governance and management style. Different templates, plans and records are managed and stored on separate IT networks, making it difficult for staff to access important documents and tools.
10. The Partnership is aiming to be the first to introduce holistic business resilience arrangements by merging both NHS Lothian and Council continuity plans for integrated services into a single succinct and easy to use plan. This overarching plan will identify potential impacts that threaten service delivery, and provide an integrated framework for building resilience to allow effective responses.

Main report

11. The Partnership recognises that both NHS Lothian and Council services have well-structured and credible plans in place. However, a single, integrated business continuity plan will give confidence at all structural levels that the Partnership is resilient and service and person focused.

Partnership Resilience Group

12. The Partnership Resilience Group is drafting an overarching plan. Membership includes colleagues from both NHS Lothian and Council resilience teams, integrated managers and staff with a wide range of expertise across the Partnership.
13. The group is chaired by the Partnership Chief Nurse and supported by the Operations Manager.
14. The plan will include sample documents from NHS Lothian and the Council's resilience plans. These will be amended as necessary for inclusion in the Partnership plan to ensure they meet the needs of the Partnership. The group will:
 - focus on developing policy, recommending strategy, and overseeing risk and business impact assessments
 - implement the plans and ensure that appropriate training is provided
 - check that regular testing exercises are carried out
 - participate in audits and reviews of plans; and
 - lead in incident debriefing, learning and improvement plans.
15. The draft plan will include directives for five areas (see Appendix 1):
 - North East Locality
 - North West Locality
 - South East Locality
 - South West Locality
 - Hospital and Hosted services

16. The Partnership Resilience Group will develop action cards for each area by using the Council's template and will focus on practical escalation protocols and key contacts plans.
17. The group agreed at its meeting on 25 September 2017 that it will retain NHS Lothian's three strategic objectives:
 - save lives and restore health
 - safeguard staff, patients and the public
 - minimise impact on normal services

Culture change

18. The merger of two large organisational resilience plans is ambitious. To succeed in changing culture and behaviours, it will require staff buy-in through regular engagement. The Resilience Group is fully committed to ensuring that regular updates and training exercises are carried out throughout the next year.

Resource

19. This task will take time to integrate. Resilience Group Members are doing this essential work alongside business as usual.
20. Central to this project is the careful consideration and planning involved in merging NHS Lothian and Council business resilience plans. The Council has allocated a temporary resource in the form of an Operations Manager who is responsible for overseeing governance, business continuity, risk and compliance processes for Partnership.

Measures of Success

21. The new governance structure is implemented by the spring of 2018.
22. There is improved transparency and consistency on business resilience plans throughout the Partnership.
23. Escalation and action cards are finalised by the spring of 2018.
24. Finalised call-out lists are updated and tested regularly.
25. Training workshops are completed by the end of 2018.
26. Business impact analysis to be completed by the end of 2018.
27. Staff feel engaged and aware of business resilience arrangements.

Key risks

28. The absence of a developed business resilience plan tailored to the unique needs of the Partnership's services could have negative operational, reputational and financial consequences.

Financial implications

29. There are no direct costs associated with the new governance structure.

Implications for Directions

30. An integrated business resilience will link with Direction 1 – Locality working (ref: EDI_2017/18_1).

Purpose: to work with local organisations and people to increase resilience and improve health and wellbeing at a neighbourhood level.

Equalities implications

31. The Partnership Resilience Group is mindful of its duties under the Equality Act 2013, which requires it to consider the needs of all individuals - staff and clients - and how they may be affected when developing the Partnership's resilience continuity delivery plans and procedures.

32. In addition to complying with the Public Sector Duty, the group will also uphold the UK Human Rights Act (1998) in delivering services which requires that account is taken of a range of factors including the dignity of individuals receiving treatment; prioritisation of treatments and transparency in relation to decision-making.

33. In the context of the Equalities and Human Rights legislation, the Partnership Resilience Group must undertake an appropriate level of impact assessment of key plans and protocols to ensure they do not perpetuate inequalities.

34. The proposed plans will also consider the following legislation:

- Health and Safety at Work Act 1974
- Data Protection Act 1998
- The Civil Contingencies Act (2004)
- Information Sharing Interagency protocols
- Public Health etc. (Scotland) Act 2008
- Public Bodies (Joint Working (Scotland) Act 2014
- Counter-Terrorism and Security Act 2015

35. An integrated business resilience plan will aim to remove any disproportionate impact on staff and clients on the grounds of race, sex, disability, age, sexual orientation or religious belief.

Sustainability implications

N/A

Involving people

36. Staff often have the knowledge and experience required to establish strategies that will work and they will be called to implement the framework of plans and checklists when an incident occurs.
37. Individuals in key positions need to understand their roles and responsibilities. People need to be aware of what is expected of them, so that the remainder of the organisation needs to be aware of the protocols that are to be implemented and why.
38. To be effective and gain support, the Partnership Resilience Group will engage with staff by providing regular email updates, organising workshops and carrying-out test exercises.

Impact on plans of other parties

N/A

Background reading/references

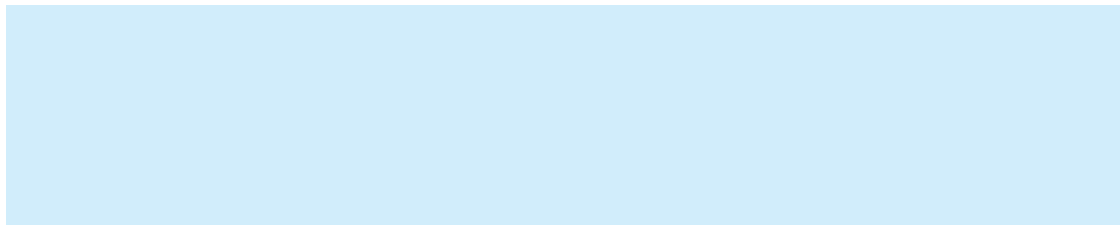
N/A

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Links to priorities in strategic plan





Report

Winter Plan 2017-18

Edinburgh Integration Joint Board

15 December 2017



Executive Summary

1. Scottish Government DL (2017)19 guidance on Preparing for Winter 2017/18 requires the Edinburgh Health and Social Care Partnership to produce an action plan to ensure health and social care services are well prepared for winter. The plan should provide safe and effective care for people using services and ensure sufficient capacity and funding are in place to meet expected activity levels. This will support service delivery across the wider system of health and social care over the winter months and during festive public holidays.
2. The winter plan is the result of a collaborative approach to planning across local partners, building capacity for out-of-hours services, reducing unscheduled admissions to acute hospitals and supporting the early discharge of people who are admitted, if appropriate. It has involved, for the first time, input from all agencies contributing to the care of residents during the winter months, resulting in a more all-encompassing action plan for 2017/18.
3. The winter plan also focuses on addressing additional pressures, such as potential surges in respiratory and admissions over the winter, incidence of norovirus and influenza, and seasonal business continuity challenges.
4. This report provides a summary of actions being taken in relation to the critical areas outlined in the guidance. The winter plan is attached at Appendix 1.

Recommendations

5. The Integration Joint Board is asked to:
 - a) note progress with winter planning for 2017/18
 - b) approve the action plan set out at Appendix 1 as far as it relates to issues under the authority of the Board

Background

6. Planning for winter is an important part of year-round service delivery, given the additional pressures placed on local systems from seasonal influenza, norovirus, severe weather and public holidays. Earlier this year, the Scottish Government supported local systems to undertake a review of pressures and several national events to consider priority areas and initiatives to support local health and social care systems to prepare effectively for winter.
7. Scottish Government DL (2017)19 guidance on Preparing for Winter 2017/18 was released in August 2017. It sets out the critical areas, outcomes and indicators of success that should be included as part of local planning. These are aligned to the unscheduled care 6 Essential Actions and include:
 - business continuity plans tested with partners
 - escalation plans tested with partners
 - safe and effective admission/discharge in the lead-up to and over the festive period and into January
 - strategies for additional surge capacity across health and social care services
 - whole system activity plans for winter: post-festive surge/respiratory pathway
 - effective analysis to plan for and monitor winter capacity, activity, pressures and performance
 - workforce capacity plans and rota's for winter/festive period agreed by October
 - discharges at weekends and bank holidays
 - the risk of people being delayed on their pathway is minimised
 - communication plans
 - preparing effectively for Norovirus
 - delivering seasonal flu vaccination to public and staff.
8. The Winter Planning Group, which includes multi-agency and multi-disciplinary representation has led on the Development of the Winter Plan 2017/18. The group meets monthly, and has taken account of the findings of a review of performance in winter 2016/17.

Performance management and improved understanding of flow

9. Performance management tools are in development to support greater understanding of the demands being placed on the system at any time. This will help inform decision-making on resource allocation. It includes a new hospital dashboard for analysing activity, flow in key areas, particularly in relation to people over 65, and trends to support local planning. It draws data from NHS TRAK and will include Council data when available. Locality teams are being trained in its use to ensure greatest effect.
10. Performance reporting is being put in place for new and enhanced services to demonstrate the return for the investment. Measures of success are being agreed and baselines established to ensure that the necessary data is available to allow ongoing monitoring and evaluation at the end of winter.

Prevention of hospital admission and supporting facilitated discharge

11. The Winter Plan promotes proactive management of individuals known to be at risk of admission and vulnerable adults in the community through the Locality Hubs.
12. Multi-agency triage teams will review cases of acute admission and delayed discharge, and the position of people known to be at risk of admission, linking with partners to provide home support as appropriate. This will be extended to cover public holidays and weekends over the winter months, and include functions usually managed by the Service Matching Unit, ensuring referrals are processed in real time, with no batching of delays.
13. Winter funding is allowing for additional social worker, home care co-ordination and clinical support capacity, and occupational therapist and physiotherapist input to each locality hub, with recruitment underway to fill these posts. Extending this service will aid the ongoing development of locality hubs into a seven-day service, as a test of change.
14. To increase hospital presence by hub staff and foster closer working relationships, weekend teams are being co-located in discharge hubs at the Royal Infirmary of Edinburgh and Western General Hospital. They will work alongside Home First practitioners, acute hospital staff, unscheduled care services, and carer support agencies, enabling discharges to take place over the festive holidays and weekends.
15. Intermediate Care Services at Liberton Hospital are also being enhanced through increased occupational and physiotherapy staffing for the 60-bedded service during the winter period. This increase in capacity will support Edinburgh residents who are medically stable but need reablement/ rehabilitation to return home and those for whom discharge has been delayed, to reduce their stay in hospital.

16. Established links are already in place to support the management of people in care homes, individuals known to be at risk of falls, and those with chronic respiratory illness, where there is an increased risk of admission over the winter months.
17. In addition, dedicated nurse liaison posts are being introduced in each locality to act as an interface with the hubs. They will support care home staff with anticipatory care planning and reviewing admission referral pathways. Looking for alternatives to admission will enable staff to maintain residents in their care home and improve their experience.
18. The Community Respiratory Team will continue to support the respiratory pathway, preventing avoidable admissions for people with chronic obstructive pulmonary disease. During the winter period, however, their referral criteria are being widened to include frail or older people with acute respiratory infections. At present, these individuals would potentially be admitted to several acute services, but the Acute Medical Unit at the Royal Infirmary of Edinburgh. The specialist skills of the team will enhance the existing management of this group and provide an alternative to admission where they are able to remain at home with additional support.
19. The team will also link with Hospital at Home services to complement their management in the community of people who are acutely unwell with respiratory conditions, and support the early discharge of those who do require an inpatient stay.
20. The Hospital at Home service provides a valuable service in South Edinburgh, and for the duration of winter, it will be extended to include North East Edinburgh. This allows for an alternative to hospital admission older people in the locality. Individuals will be able to remain in their own home while receiving, through multi-disciplinary team input, the same access to investigations, medication management and additional care as those in an acute hospital setting.
21. The success of the Patient Experience and Anticipatory Care Team (PACT) is being built on by targeting anticipatory care planning to an increased number of people known to be at the highest risk of hospital admission. At present, 0.25% of the Lothian population meets the criteria for team intervention. This will be increased to 2% in two GP clusters in North Edinburgh. This team will work closely with practices to improve patient care and reduce hospital demand. The top 2% account for approximately 77% of unscheduled admission bed days and the team expects to be able to reduce hospital attendance and admission by up to 35% in this area.
22. Since September 2017, anyone presenting to the emergency department with a Key Information Summary (KIS) in place is being highlighted on ehealth systems. This builds on primary care initiatives to ensure individuals at high risk of admission are identified, their wishes are known and shared, and unnecessary admissions avoided. Through collaboration with the Scottish Ambulance Service, a test of

change is underway to provide access to KIS for high risk individuals and reduce instances of unnecessary transfer to hospital.

23. Continuing to build on previous successes, residents and visitors in need of urgent primary care, minor injuries treatment and wider social care support will be able to attend a walk-in clinic located at Chalmers Hospital in the city centre. This clinic builds on experience from the Festival Practice, which is open to visitors to the city during the summer festivals. The clinic will be open on public holidays at both Christmas and New Year, offering a combination of pre-booked and drop-in appointments, providing an alternative to accident and emergency, unscheduled care and mental health services for residents and visitors.

Business continuity and resilience

24. City of Edinburgh Council and NHS Lothian Business Continuity plans are in place, with joint procedures being developed where possible to ensure a fully integrated response. Resilience is being devolved to localities and is on the agenda for locality meetings. The priority is to ensure new managers are familiar with both NHS Lothian and Council resilience systems until new integrated plans are agreed.
25. The severe weather plan for the Edinburgh Health and Social Care Partnership is being reviewed and will be communicated widely. It includes priority locations for road clearance and gritting, information sharing between Council and NHS Lothian to identify vulnerable people in the community, plans for distribution of emergency supplies, and arrangements for the deployment of four-wheel drive vehicles, if required.
26. The flu vaccination programme has been rolled out with a designated lead identified in each locality and key clinical areas. Additional emphasis is being placed on ensuring eligible staff in a social care setting are included, along with carers and people who are house-bound. Data on uptake by the various groups is being collected for the first time. This will allow targeting of areas where uptake is particularly low. Inpatients eligible for vaccination across the acute hospital sites have been identified and are being targeted.
27. In keeping with national guidance, local protocols are in place to ensure compliance with infection control procedures to reduce the risk of Norovirus in hospitals and care homes. The infection control policy and advice for inpatient areas are available to staff on the NHS Lothian intranet. The Health and Social Care Partnership Quality Improvement Advisory Group will monitor performance.

Key risks

28. Key risks include:

- potential surge in unscheduled admissions during and after the festive period, particularly in relation to respiratory and circulatory conditions
- impact of disruptive adverse weather conditions
- impact of Norovirus and Influenza incidence; services in England are already on high alert following reports of double the number of flu cases in some parts of the world
- challenges recruiting required additional staff; alternative solutions, such as varying staff skills mix, are being used to ensure there is flexibility to deploy staff where needed most and to limit potential impact.

Financial implications

29. Successful applications totaling £526,742 have been made to the Unscheduled Care Committee for a range of initiatives to support the winter plan 2017-18 including:

- enhanced locality hub for 2 areas for weekend and public holidays – £158,431
- enhanced allied health professional capacity at Liberton Hospital to maintain flow – £28,310
- care home liaison nurses in each locality – £57,376
- extension of the Pan-Lothian Admission Avoidance Network, reducing avoidable hospital admissions – £43,059
- enhanced Community Respiratory Team role – £71,513
- extension of Hospital at Home to the North East Edinburgh – £117,233
- walk-in clinic at Chalmers Hospital – £50,820

Implications for Directions

30. We recommend that the IJB issues a Direction to implement the Winter Plan in order to achieve the outcomes set out within the plan, with performance being monitored using the described indicators.

Equalities implications

31. An integrated impact assessment will be completed to consider both positive and negative outcomes for people with protected characteristics and other groups. Any recommendations arising from the assessment will be included in future service planning.

Sustainability implications

32. The proposals in the winter plan will help protect those most vulnerable to the effects of winter weather whilst managing the impact on the health and social care system in a sustainable way.

Involving people

33. Winter plans have been developed in close consultation with relevant parties through the Winter Planning Group.

34. A communication plan is being developed for the Partnership to ensure that staff in health and social care, partner organisations, the public and visitors to the city are aware of the services available over the festive period and how to access these. Additional guidance will encourage people to keep healthy, plan if they have any health care needs, and signpost individuals to the most appropriate service to ease pressure on emergency services. A range of tools and channels will be used, dependent on the needs of the target group

35. The key target groups are people using the largest proportion of health care resources, primarily vulnerable older people, people who receive a care at home (approximately 3,500), people with long-term health conditions, and unpaid carers.

36. The Edinburgh communication plan complements the wider NHS Lothian plan, which includes poster distribution to all GP practices and other key locations, a bus campaign covering 20 routes, running for eight weeks from mid-November, and accompanying social media campaign. The emphasis will be on encouraging residents to present at the most appropriate location, based on their needs. A sample poster is attached at Appendix 2. Staff will be signposted to winter service availability, flu and infection control advice through an interactive intranet site. The impact of the campaign will be measured by monitoring hospital attendance levels for the duration of the campaign and tracking visitor numbers to the various social media channels.

Impact on plans of other parties

37. Winter plans have been developed in close consultation with relevant parties through the Winter Planning Group.

Background reading/references

[Scottish Government DL \(2017\)19 guidance on Preparing for Winter 2017/18](#)

[6 Essential Actions to Improve Unscheduled Care](#)

[Introduction and monitoring of the HPS Norovirus Outbreak Guidance \(2016/2017\)](#)

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Appendices

Appendix 1	Edinburgh Health and Social Care Partnership Winter Plan 2017-18
Appendix 2	Sample of winter advertising campaign

Edinburgh Health and Social Care Partnership Winter Plan 2017/18

38. 1. Business continuity plans tested with partners			
<u>Outcome:</u>		<u>Indicators:</u>	
The partnership has business continuity management arrangements in place to manage and mitigate all key disruptive risks including the impact of severe weather.		Progress against any actions from the testing of business continuity plans.	
Action	Owner	Status	Complete
All business continuity management arrangements to be reviewed and tested	P Wynne	<ul style="list-style-type: none"> • Regular updating of arrangements with all partners involved through local winter planning meetings. • NHSL and CEC policies and plans in place. Work has been ongoing with EHSCP Resilience Committee with regular meetings to develop joint NHSL CEC procedures to allow fully integrated responses. Resilience is in process of being devolved to localities. • Action for winter 2017/8 is to familiarise all new managers with both resilience systems until integrated system and new integrated plans are ready. Resilience is on the agendas for Locality Meetings. • CEC Severe weather plan well developed and communicated outlining plans for capacity and recruitment, prevention and responding to emergencies. CEC Plan for Severe weather includes a plan for EHSCP including priority sites for road clearance and gritting, information sharing between CEC and NHSL systems to identify vulnerable people in the community, plans for distribution of emergency supplies in the community and arrangements for the deployment of 4 wheel drive vehicles. 	Ongoing

		<ul style="list-style-type: none"> BC Operational Plans on shared drive for all essential services available to Senior Management and Clinical Managers. 	
Action	Owner	Status	Complete
Severe weather plans reviewed each year and updates implemented when they occur	P Wynne	<ul style="list-style-type: none"> Close connection and contact with NHS Lothian and CEC Resilience Leads. NHSL policy and FAQs on Intranet under HR Online. 	Complete and ongoing
Norovirus outbreak plans in place	P Wynne	<ul style="list-style-type: none"> Clinical Nurse Managers to ensure HAI protocols in place. Ensure care home managers are aware of and implementing infection control procedures across care settings. For Care Homes, this comes under NHSL Health Protection. For inpatient areas, all Infection Control policy and advice is on NHSL Intranet and there is link to Advisor. Ensure compliance with all infection control procedures. Have access 7 days to advisor via duty Infection Control Nurse. Monitored through EHSCP Quality Improvement Advisory Group. NHSL have a short life working group currently meeting and outcomes will be communicated to all staff across Lothian. 	Ongoing

39. 2. Escalation plans tested with partners

<p>Outcome:</p> <p>Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site and locality management team with clear parameters on whole system escalation processes.</p>		<p>Indicators:</p> <ol style="list-style-type: none"> 1. Attendance profile by day of week and time of day managed against available capacity; 2. % occupancy of ED 3. utilisation of trolley/cubicle 4. % patients waiting for admission over 4,8,12 hours 5. Admission profile per locality by day and by week 	
Action	Owner	Status	Complete
<p>Escalation plans for partnership hospitals, HBCCC facilities and Local Authority Care Homes</p>	<p>S Muir (Liberton/ HBCCC)</p> <p>N Conway (Comm / Care Homes)</p>	<ul style="list-style-type: none"> • Liberton Hospital will have internal escalation procedures with clear trigger points and actions. • Liberton Hospital has some capacity for flexible use and the potential to scale up its intermediate care functionality with additional AHP support. Rehab wards also have some capacity for flexible use and this is currently being reviewed for Liberton and Rehab. Flexible use includes reviewing respite care demand in HBCCC wards. • HBCCC wards different as turnover is usually by patient death rather than discharge though not exclusively. • Community-wide escalation procedures will be agreed with clear triggers and actions. A de-escalation process will be agreed likewise. • Ongoing work with Care Homes to ensure timely assessment and discharge from hospital. 	<p>In place and ongoing monitoring</p>

3. Safe and effective admission/discharge continues in the lead-up and over festive period and also in to January

<p>Outcome:</p> <p>Emergency and elective patients are safely and effectively admitted and discharged throughout the month of December and up until the 24th and over the festive holiday period including the 2 public holiday breaks. The partnership should ensure that delayed discharge patients are effectively discharged up until the 24th December, and from the 26th December onwards including transfer into care home, new packages of cares and restart packages of care. This will help ensure that patients do not have unnecessary stays in hospital, medical boarding into surgical wards is reduced and hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.</p>		<p>Indicators:</p> <ul style="list-style-type: none"> • Delayed discharge patients continue to discharge from the acute hospitals up until the 24th December and throughout the festive period weeks. Including over the PHs and weekend periods: <ul style="list-style-type: none"> - New package of care; - Restart package of care; - Transfer to care home - Transfer to HBCCC; - Transfer to Intermediate Care at Liberton • Levels of medical boarding into surgical wards are reduced. • Delayed discharge quotas and trajectories on target. • Bed occupancy is reduced and around 85%. 	
Action	Owner	Status	Complete
<p>a. Prevention of hospital admissions where appropriate</p> <p>b. Facilitate early discharges and reduce occupied bed days</p> <p>c. Staffing and resources appropriate to meet demand</p>	<p>N Conway M Green P Jackson A Lindsay (Localities)</p> <p>S Muir (Hospital)</p>	<p>Hub and Cluster Capacity and Flow Realignment</p> <ul style="list-style-type: none"> • We will establish and then utilise appropriate performance management and trend data to ensure that the correct resources are applied at the right time, right place and in the right format. • We are creating a daily and weekly suite of flow activities that will support the Locality Hub in understanding the trend data in relation to flow and support the key decision-making in relation to allocation of service. • This will include: <ul style="list-style-type: none"> - Daily Multi Agency Triage Team (MATT) Huddle; - Daily UCC Debrief on day before performance; - Whole System Capacity Link via Teleconference; - End of Day Rapid Run Downs; - Star Chamber Delayed Discharge Review; - Links to Hospital Emergency Access and Winter Planning Meeting; - Frailty Programme Board; 	<p>Ongoing (as part of Essential Action 2)</p>

		<ul style="list-style-type: none"> - Performance Meetings in Locality and via SMT. • The initial work will establish a current footprint of flow into, through and out of the hospital to identify where capacity meets or does not meet demand. This will include key aspects of flow surrounding >65 years, >75yrs, >85yrs. • We plan to conduct demand and capacity analysis (DCAQ) at cluster and locality level to establish capacity gap in a range of capacity including Care Homes, Dementia Care, Young People's Care, Intermediate Care Services including any bed based model, Reablement, Home Care and HBCCC. • Use DCAQ analysis to inform options analysis on options for increasing capacity at locality level. • Proactive management of patients at risk and vulnerable adults in the community through winter bid to extend Hospital at Home to the NE of Edinburgh in the first instance through IOPS. • CRT proactively preventing avoidable COPD admissions. • Falls - screening for patients falling at home, admitted with fall, or deemed at risk of future falls. System in place through Community Alarm and Telecare Service for uninjured fall patient. Developing improved onward referral pathways for winter 2017 with localities. This will be part of the Hub response for winter. • GP Anticipatory Care Plans for nursing home residents/identified patients at risk. • Closer working with Care Homes to avoid unplanned admissions to acute settings. 	
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40. 4. Strategies for additional surge capacity across Health and Social Care Services

<p>Outcome:</p> <p>The risk of increased admission into hospital, and the associated capacity blockages this causes due to community capacity gap in resources is minimised. The staffing plans for additional surge capacity across health and social care services are agreed in October. This surge capacity is related to addition therapy staff to support long terms conditions, manage the length of stay from the acute hospitals and prevent unnecessary hospital admission. The planned dates for the introduction of additional acute, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person-centred environment.</p>		<p>Indicators:</p> <ul style="list-style-type: none"> • Additional staff in place to support: <ul style="list-style-type: none"> a. chronic conditions and people at risk; b. management of hospital LOS and DC c. additional intermediate beds in the community and the planned date of introduction of these beds; d. Levels of boarding. e. Planned number of extra care packages f. Planned number of extra home night sitting services g. Planned number of extra next day GP and hospital appointments 	
Action	Owner	Status	Complete
<p>a. Prevention of admission</p> <p>b. Escalation and business continuity procedures</p> <p>c. Anticipatory Care Planning (ACP)</p> <p>d. Supporting GP Capacity</p>	A Lindsay	<ul style="list-style-type: none"> • Proactive management of patients at risk and vulnerable adults in the community through Locality Hubs along with - immediate assessment and proactive management of patients at risk of admission; • Falls - screening for patients falling at home, admitted with fall, or deemed at risk of future falls; this should improve falls admissions rate through pathways to be implemented for winter for those at high risk of falling. • Increased capacity of falls co-ordination post. • Closer working with Care Homes to avoid unplanned admissions to acute settings. <p>Winter Bids that have been funded for EHSCP are: -</p> <ul style="list-style-type: none"> a. Chalmers bid – provision of a city centre walk in clinic for the four public holidays over the festive period will run as a test of change. Will avoid presentations at A and E, LUCS and IHTT 	Ongoing

		<ul style="list-style-type: none"> b. CRT+ - will have a broader referral criteria for winter to encourage GPs to refer acutely unwell respiratory patients with the aim of prevention of admission or attendance to Secondary Care. We will look to reduce attendances at MAU/AMU at RIE/WGH by 20%. Secondary Care will also have the ability to refer patients for supported discharges; aiming to reduce LOS in non-respiratory specialist wards. c. CRT will also collaborate with both H@H in the North and South by taking clinical ownership of their acute respiratory caseload. This in turn will release capacity in H@H. We will work together to ensure GPs have clear communication as to the collaboration and the appropriate service to refer to. d. Enhanced Locality Hub working – weekend and Public Holiday operation to allow 7-day pull models from all 4 locality hubs. e. Extend Hospital at home - cover all of NE Edinburgh (South Edinburgh already covered). This would be incorporated in Leith CTC in with OPRA. There are ongoing discussions with regard to recurring funding. f. Liberton – enhanced AHP capacity for Intermediate Care service for patients who are medically stable but require reablement. EHSCP took over Liberton on 1.7.17 with the aim of providing an Intermediate Care Service. g. Care Home Liaison – to prevent admissions from care homes and provide and interface with community team and support anticipatory care plan. h. PLAAN - Test of change: admission avoidance – to provide targeted anticipatory care planning support in two GP clusters in North Edinburgh: clinical review of and care planning for those individuals most at risk of hospital admission (top 2% of population) with multi morbidity and/or complex care needs. This cohort currently account for 77% of unscheduled bed days. i. Care Homes - provide support to six care homes to develop a robust anticipatory care process j. Develop an ACP training toolkit tailored for variety of health and social care staff 	
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		<p>k. Improve quantity and quality of Key Information summaries.</p> <p>l. Training and education - Delivery of training to locality health and social care teams (city wide) and GP Practice teams (South Edinburgh) around:</p> <ul style="list-style-type: none"> • Anticipatory Care Planning (ACP) including Key Information Summaries (KIS) and consent process • Test of Change: GP Practice project/administrative support to bridge the identified gap of 'stand-alone' anticipatory care plans written by specialist teams but not currently shared with healthcare professionals, out of hours teams or Scottish Ambulance Service via KIS. • Improve access to Key Information Summaries (KIS): ensuring high risk individuals are identified, their wishes are known and shared and unnecessary admissions avoided • KIS icon in TRAK is live from 6/9/17 to identify individuals who arrive at emergency department who have anticipatory care plan • Test of Change: Collaborative with Scottish Ambulance Service to 'open every KIS' for high risk individuals with a view of reducing unnecessary conveyance to hospital. • Implementation of additional staffing to support Primary Care through Primary Care Transformation Fund. 	
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41. 5. Whole system activity plans for winter: post-festive surge/respiratory pathway

<p>Outcome:</p> <p>The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. The hospital models will include flows between front doors, receiving units, and downstream wards.</p> <p>The partnership must respond accordingly to support delivery of the daily quotas of discharge from the acute hospital and to ensure as far as possible, as many high risk respiratory patients are managed safely at home.</p>	<p>Indicators:</p> <ul style="list-style-type: none"> • Respiratory presentations to the acute hospital • Respiratory admissions to the acute hospitals • Respiratory boarding patients out with the acute respiratory bed bases • Daily number of cancelled elective procedures • Number of respiratory admissions and variation from plan • Numbers of respiratory patients under the management of CRT <p>44.</p>
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Action	Owner	Status	Complete
Flow activity to be managed through the partnerships range of services and supports	N Conway M Green P Jackson A Lindsay	<ul style="list-style-type: none"> • Daily MATT Huddle with specific focus on the older patient and respiratory admissions to hospital, notably those patients with ACP. • 9.30am System Teleconference with the Acute Hospital with specific focus on patients who are able to discharge with support from CRT or other Hospital at Home Services. • Ongoing weekly senior manager meeting to review and address all delays involving patients at weekly partnership wide Delayed Discharge meeting. Plus, in the hospital sites there are weekly meetings to review all delayed discharges. • Increased support within Care Homes to review pathways and reduce hospital admissions through improved local care and decision making – Anticipatory Care Planning • Monitoring of care at home providers to ensure maximum contracted hours are being delivered 	Plan in place to be regularly reviewed and updated

	E McGuire (Festive Practice)	<p>and that appropriate level of care is being delivered particularly over the festive period.</p> <ul style="list-style-type: none"> • We will be conducting a demand and capacity analysis (DQAC) at locality level to establish capacity required for the weekends and any potential gaps. This will also inform options analysis for increasing capacity at locality level. • Bids for winter funding have included 7 day working • CRT+ Team will be working with Acute Respiratory Services to mirror their January model of delivery. • Synergies between Service Matching Unit and Hubs to be determined in advance of winter. • Admin and Business support for Hubs to be in place for winter. • Up scaling telecare deployment to over 65s. • Chalmers – provision of a city centre walk in clinic for the four public holidays over the festive period which will run as a test of change. Will avoid presentations at A&E, LUCS and IHTT. 	
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6. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance

<p>Outcome:</p> <p>NHS Boards have and use a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.</p> <p>The partnership should use this available intelligence and with support from Strategy and Insight teams, to plan and monitor winter activity.</p>		<p>Indicators:</p> <ul style="list-style-type: none"> • Agreed and resourced analytical plans for winter analysis. • Daily analysis via the Hub Managers • Weekly analysis via Locality Performance review of hub services 	
Action	Owner	Status	Complete
Data analysis to respond to increased demand	E Cunningham A Jackson	<ul style="list-style-type: none"> • Partnership working with ISD, health and council data reporting to provide the analysis and projections to respond to demand appropriately resulting in a Dashboard which is new for this winter 2017 	Systems under development

		<ul style="list-style-type: none"> • Specific output and measures associated with funding proposals. 	
7. Workforce capacity plans and rotas for winter / festive period/ agreed by end of October			
<u>Outcome:</u>		<u>Indicators:</u>	
<p>Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective admission and discharge of emergency and elective patients. This should encompass all relevant health and social care services.</p> <p>Maintain discharges at normal levels over the two 4 day festive holiday periods</p>		<p>By locality:</p> <ul style="list-style-type: none"> a. Workforce capacity plans and rotas for winter / festive period agreed by October; b. Effective local escalation of any deviation from plan and actions to address these; c. Extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements. d. Number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges 	
Action	Owner	Status	Complete
Festive period and public holidays	<p>All operational managers</p> <p>E McGuire (Festive Practice)</p>	<ul style="list-style-type: none"> • Rostering appropriate staffing and resources to maintain services through the festive period. • Managers will ensure leave is appropriately managed to ensure sufficient capacity to cope with winter demands. A revised process had been agreed by CEC and NHSL human resources • On call rota for duty managers and clinical service leads are in place. • District nurse service runs 365 days a year with system to cover all weekends and public health across the year. • Emergency Social work service will continue to provide an emergency social work response to situations that occur out with core hours including public holidays throughout the winter period. • Enhanced hub capacity will facilitate weekend and bank holiday discharges. • Pan city review of care home agency utilisation. • Chalmers bid – provision of a city centre walk in clinic for the four public holidays over the festive 	Protocol in place

		period will run as a test of change. Will avoid presentations at A&E, LUCS and IHTT.	
45. 8. Discharges at weekend and bank holiday			
Outcome: Patients are discharged at weekend and bank holidays to avoid unnecessary stays in hospital, minimise boarding of medical patients into surgical wards and to improve flow through the hospital. There is reduced hospital occupancy over the 7 days and earlier discharge in the day.		Indicators: <ul style="list-style-type: none"> • % of discharges for weekends and public hospitals are consistent with week day [patterns] • Boarding numbers are minimised in surgical wards • Daily discharge quotas are delivered 	
Action	Owner	Status	Complete
Enhanced staffing within the locality Hubs will facilitate additional discharges at weekends and bank holidays.	A Walker	<ul style="list-style-type: none"> • Weekend hospital discharges can be arranged at any point. This winter plan creates capacity for discharge planning to be undertaken at weekends, increases the support available to enable weekend discharges to happen and will provide a hospital presence to support active criteria led discharge at weekends and on public holidays. • Winter Funding will enable Hub Services to be enhanced on Saturdays, Sundays and Public Holidays between. Recruitment underway. • Plans are in development to provide on a North and South Hub on weekends providing an integrated Hub response 8.30 – 4.30 Saturdays, Sundays. A combined north (NE/NW) and South (SE/SW) MATT will take place on Saturdays, Sundays and public holidays, and will link with hospital discharge hubs, flow centre and LUCS to deliver integrated care pathways to support a non-bed based winter model. The MATTs will review acute admissions, delayed discharges, 	Ongoing

		<p>and situations of people at risk of hospital admission (linking with relevant Hospital at Home services as appropriate) Social Workers will be based in the acute hospital at weekends and on public holidays. They will support clinical staff to make appropriate plans around the discharge of people who present in ED, AMU and MAU but do not require hospital medical care.</p> <ul style="list-style-type: none"> Hospital based social workers will liaise with the North and South Hub therapy staff, home care coordinators and Emergency Social Care staff team to maximise the opportunities for discharge. 	
47. 9. The risk of patients being delayed on their pathway is minimised			
<p>Outcome:</p> <p>SYSTEM BAROMETER FOR FLOW:</p> <ul style="list-style-type: none"> Crowding in the Emergency Department or Acute Receiving Unit is avoided due to available hospital bed capacity at any one time. Cancellation of elective surgery is avoided due to available hospital bed capacity at any one time. 		<p>Indicators:</p> <ul style="list-style-type: none"> Crowding at any one point in the ED and ARAUT (RIE 35 cubicles and ARAUT 18 cubicles). This level of information can be accessed via the Acute Site Daily UCC Debrief. Cancellation of Elective Surgery % of discharges before noon Levels of boarding medical patients in surgical wards 	
Action	Owner	Status	Complete
Ensure there is effective community capacity daily to support the essential discharge quotas from hospital for every patient, including those high-risk patients.	D Arundel S Latona F Stratton A Walker	<p>DAILY FLOW ACTIVITY:</p> <ul style="list-style-type: none"> MATT Huddles of all hospital delays daily and facilitate timely provision of community supports. UCC Debriefs to review previous day activity and escalation markers. Teleconferencing across sites re beds twice a day Monday – Friday. Single point of contact between Localities/Hubs and RIE Discharge Hub. Hospital in-reach to liaise daily with the Discharge Hub; <p>48. WEEKLY</p>	In place with ongoing monitoring

	<p>N Conway</p> <p>A Fox (Falls)</p>	<ul style="list-style-type: none"> • Weekly Partnership meeting focused on delayed discharges and weekly whole system teleconference. • Ensure availability of multi-disciplinary team for patients returning from hospital and those being managed at home via the Hubs; <p>OTHER</p> <ul style="list-style-type: none"> • Continuity planning for Care Provider organisations, carer support organisations and the community and voluntary sector. • Work underway to implement referral pathway from Social Care Direct to Locality Hubs and inter referrals between flow centre and the Hubs. • Implementing Carer Discharge Support Workers within each locality hub. • Pathways into Hubs and from Hubs to other services to be reviewed to ensure accessibility and to remove duplication. • Falls – priority actions identified for winter period: • Proactive identification of people at risk or falls within localities – development of fall ‘hotspots’ map. Prioritise training and falls assessments. • Engagement with hub and cluster teams: Falls Pathways education. • Review referral routes to locality hubs – Social care direct. • Review Falls Co-ordinator support within MATTs. • <u>Test of change:</u> SAS pathway – Fallers attended by SAS but not conveyed to hospital: use SAS non-conveyed data to trigger urgent falls assessment by locality falls practitioner (intermediate care) • <u>Test of change:</u> Fire and Rescue Service completing level 1 falls assessments in NE locality as part of home safety checks 	
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		<ul style="list-style-type: none"> Targeted falls prevention training within care homes – use of SAS conveyance data and falls admission data to identify high risk care homes Review of Fallen Uninjured Person Pathway (FUPP) (hosted by CATS) test of change: extend scope to fallers at home alone. Review falls pathways for people referred to Day hospital - ensuring seamless information flow to/from hubs and GPs 	
49. 10. Communication Plans			
Outcome: The public and patients are kept informed of winter pressures, their impact on services, and the actions being taken.		Indicators: <ul style="list-style-type: none"> Daily record of communications activity Early and wide promotion of winter plan 	
Action	Owner	Status	Complete
Information Management	A Duff / E McGuire	<ul style="list-style-type: none"> Briefing and copy of winter plan to all on call clinical staff and partner organisations. Regular local winter planning meetings with key partners and feed into the Lothian Winter Planning meetings. Communications is a standing item on EHSCP Winter Planning Group agendas. A full Communications Plan has been drafted and complements the NHS Lothian overarching Communications Strategy for winter 2017/18. Priority groups will be those using the largest proportion of health care resources, primarily vulnerable older people, people who receive a care at home (approximately 3,500), people with long-term health conditions, and unpaid carers. 	Ongoing

50. 11. Preparing effectively for norovirus

<p>Outcome:</p> <p>The risk of Norovirus outbreaks becoming widespread throughout a hospital or care home is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17).</p>		<p>Indicators:</p> <ul style="list-style-type: none"> • Number of wards and care homes closed to Norovirus • Application of HPS Norovirus guidance. 	
Action	Owner	Status	Complete
<p>Robust Norovirus outbreak management</p> <p>Introduction and monitoring of the HPS Norovirus Outbreak Guidance (2016/2017)</p>	P Wynne	<ul style="list-style-type: none"> • Clinical Nurse Managers to ensure HAI protocols in place. • Ensure care home managers are aware of and implementing infection control procedures across care settings. • Links with Care Home Liaison and specific objective regarding infection control • Ensure compliance with all infection control procedures. 	Complete and ongoing

51. 12. Delivering seasonal flu vaccination to staff and public

<p>Outcome:</p> <p>CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front-line staff are delivered in accordance with CMO Guidance</p>		<p>Indicators:</p> <ul style="list-style-type: none"> • % uptake for those aged 65+ and 'at risk' groups; • % uptake of staff vaccine by site and locality and variance from planned levels in line with CMO 	
Action	Owner	Status	Complete
Seasonal Flu	P Wynne	<ul style="list-style-type: none"> • Carer vaccination to be encouraged by GP practices. Also, when vaccinating housebound, carers should also be vaccinated for care homes and community hospital long stay patients. • Ongoing active campaign to increase staff uptake of flu vaccination particularly front-line staff with patient contact and including the social care sector (care homes/care at home). Clarification to be communicated as to which Council staff are eligible. 	52. Ongoing

		<ul style="list-style-type: none">• The flu programme for housebound has been funded and is planned to commence earlier than last year.• Flu Lead to be identified for each locality, hosted services, HBCCC and rehabilitation services• Flu clinic dates feature on the Council Orb and clearly state who is eligible. Dates also on NHS Lothian Intranet• Private care homes and private care at home to be included. Process for obtaining consent in nursing homes has been confirmed.	
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Appendix 2 - Sample of winter advertising campaign

Choose the best treatment this winter

Most ailments can be treated away from A&E

Ailment	Treatment Location
Headache	Should be at home self-treating
Flu	Should be at the pharmacy
Persistent cough	Should book a GP appointment
Sprained wrist	Should be at the Minor Injuries Unit
Breathing difficulties	Brought to A&E by ambulance: the right choice

Unsure what to do?

Call 111 for advice – 24 hours a day, 7 days a week.

Alternatively, find your nearest services at www.nhsinform.scot

Report

Whole System Delays – Recent Trends

Edinburgh Integration Joint Board

15 December 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
 - improvement activities.

2. The key points and headline issues are summarised below.
 - The number of people whose discharge from hospital is delayed continues to exceed target levels.
 - The main reasons continue to be waiting for packages of care (48% of the reportable total) followed by care home places (43%).
 - Continued pressures are also evident in the community, with the number of people waiting for an assessment and for a package of care both increasing.
 - The main challenges are the lack of availability of packages of care and of local authority funded care home places at the national contract rate.
 - Actions are being taken to address these issues, including daily hub meetings, close working with partner providers, interim additional capacity over the short term, and market shaping and capacity planning in the longer term.

Recommendations

3. The Integration Joint Board is asked to:
 - i. consider the current pressures and delays across the system, including delayed discharge and people waiting for assessment
 - ii. acknowledge the range of actions being taken to address these pressures, including securing additional resources in the short term to resolve the current backlog of assessments and people waiting for discharge
 - iii. welcome the introduction of monthly performance scrutiny meetings in each locality.

Background

4. Edinburgh's level of delayed discharge is a long-standing area of concern for the Integration Joint Board. 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.
5. These issues are also reflected in the report of the Care Inspectorate/Health Improvement Scotland's inspection of Edinburgh's services for older people.
6. The Integration Joint Board has asked that performance reports on this subject be brought to each Integration Joint Board meeting.

Main report

Overview of performance: delayed discharge

7. The number of people who are delayed in hospital is reported monthly to the Information Services Division (ISD) of NHS National Services Scotland. 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.
8. This report provides the following:
 - a. Chart 1 provides an overview of the number of people whose discharge from hospital has been delayed between November 2015 and October

2017 using the data supplied to ISD on a monthly basis. This excludes complex delays.

- b. Table 1 provides an overview of all delays, both complex and non-complex and the proportion of delays in acute beds.
- c. Table 2 provides an explanation of why there was a delay in people being discharged from hospital
- d. Chart 2 shows the number of occupied bed days for people who are delayed
- e. Chart 3 shows the average number of people supported to leave hospital each month and the way in which they were supported
- f. Table 3 shows the average net change in the number of people whose discharge from hospital is delayed for the 10 weeks to 20 November 2017. This is the difference between the number of people *ceasing* to be delayed and people *becoming* delayed each week.

Chart 1: Number of people delayed in hospital November 2015 to October 2017 excluding complex cases – source monthly data reported to ISD

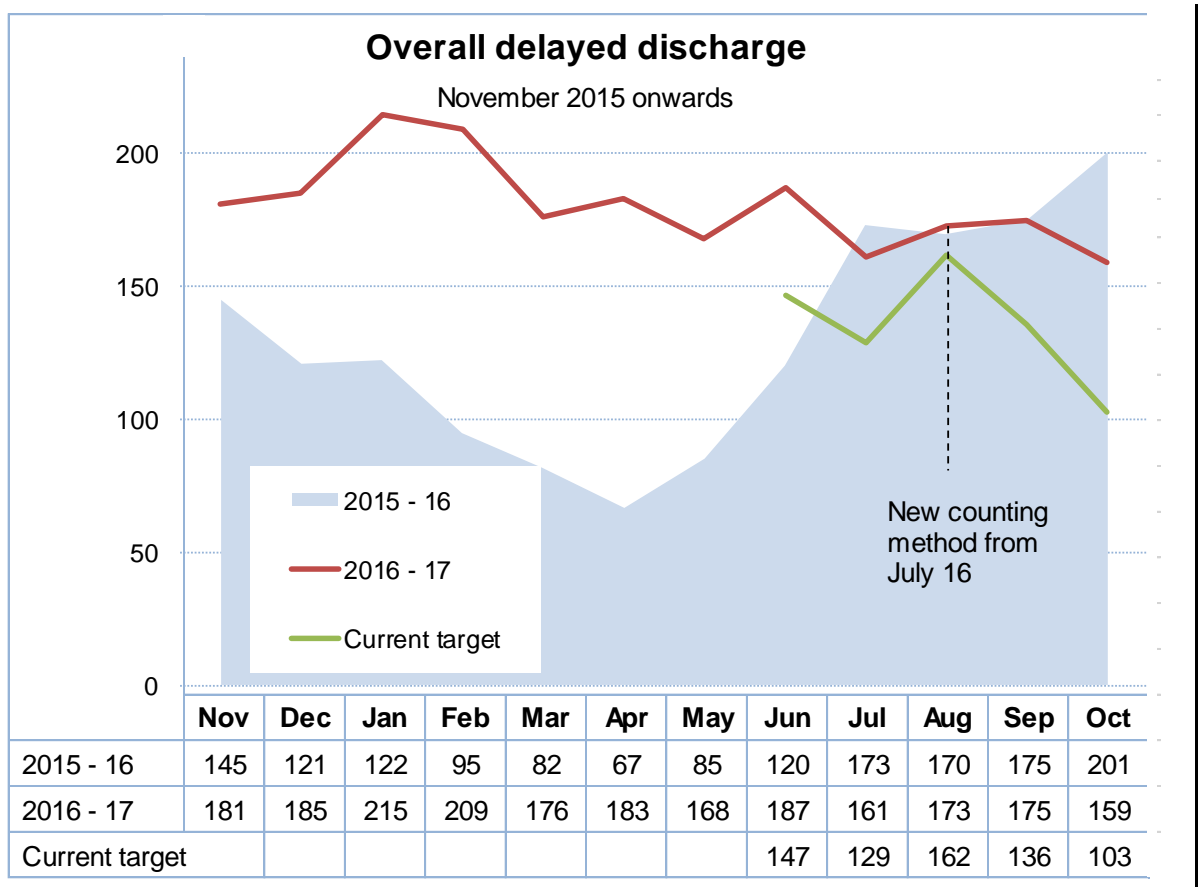


Table1. Overview of delays: reportable (including % in acute) and complex

	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Reportable Total	181	185	215	209	176	183	168	187	161	173	175	159
% in acute	80%	74%	73%	79%	80%	83%	79%	79%	86%	86%	88%	77%
Excluded cases (complex)	23	18	12	13	16	32	34	24	25	26	25	19
Of which, Guardianship	16	17	11	12	14	18	19	12	14	13	16	13
Grand Total	204	203	227	222	192	215	202	211	186	199	200	178

Table 2. Reasons for delays (excluding complex)

	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Assessment	47	32	37	30	20	30	28	29	13	13	15	9
Care Home	64	68	77	69	51	53	72	74	57	64	61	69
Domiciliary Care	69	81	97	107	101	97	65	81	85	92	94	76
Legal and Financial	0	2	2	0	2	1	1	1	2	0	0	1
Other	1	2	2	3	2	2	2	2	4	4	5	4
Total	181	185	215	209	176	183	168	187	161	173	175	159
% Domiciliary Care	38%	44%	45%	51%	57%	53%	39%	43%	53%	53%	54%	48%

Chart 2 The number of occupied bed days for people aged 18 years and over who were delayed in hospital (June 2016 to September 2017)

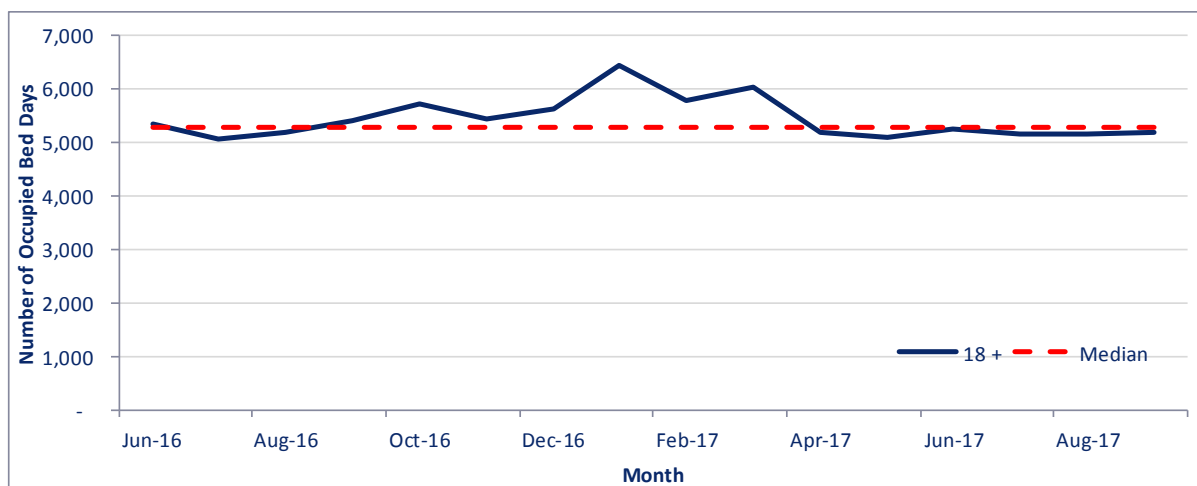
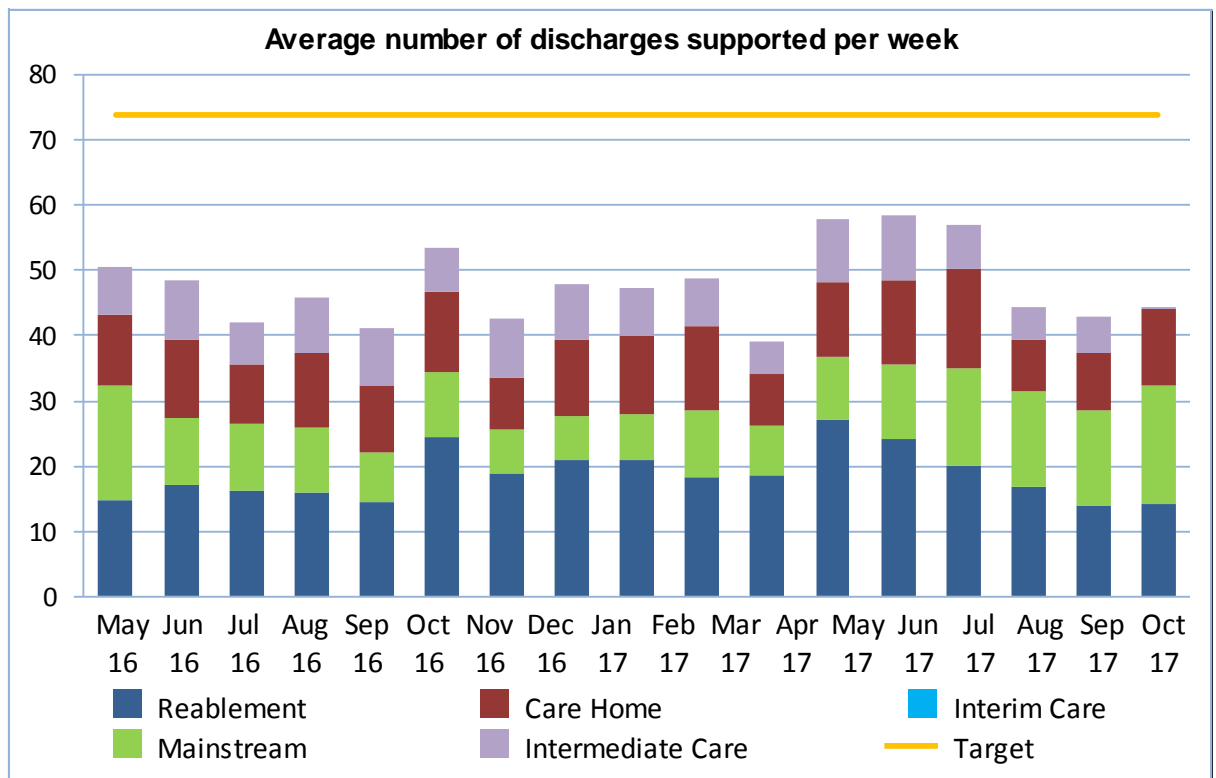


Table 3: Summary of delayed discharge flow (average over the 10 weeks to 20 November)

	Total
Average new delays per week	36
Average delays ended per week	39

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



Changes in performance

What has changed in the period and why?

- The total number of people whose discharge from hospital is delayed reduced between September and October, but remains above target levels
- The number of complex cases delayed in hospital has reduced, as has the number of those who are waiting for Guardianship

- The number of people whose discharge from hospital is delayed because they are waiting for an assessment has fallen by 80% over the last year
- The number of people waiting in hospital for domiciliary care to be provided has remained at around 50% for the last three months
- The number of bed days occupied by people while they are delayed is stable
- The average number of people becoming delayed each week is now slightly lower than the number ceasing to be delayed, but the similarity of the two illustrates why overall levels are remaining stable – highlighting the need for action to address the backlog
- The number of people supported to leave hospital remains below the target level of 74, which was estimated to be the level required to achieve the target of 50 by December 2017
- Note that intermediate care is now an integral part of Hub services. Monitoring arrangements have not been finalised, and at present, this information is not available. The total shown in the chart is therefore incomplete.

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
- 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 Partnership)
- a lack of specialist dementia beds.

Actions being taken

What action are we taking in response to what the data are telling us?

- Weekly “star chamber” meetings continue to be held with locality managers. These meetings have helped reduce the number of people who are waiting for an assessment. They also continue to identify practice, culture and service capacity-related issues, for example:

- the need to ensure that all relevant staff are aware of the target timescale of 72 hours for assessment
- the need to apply “realistic care” principles in considering the level of support required by an individual.
- Other activity across the localities includes:
 - weekly delayed discharge meetings in the localities to monitor and progress-chase
 - daily report to hub managers and the acute sites’ discharge hubs re: Gylemuir
 - daily hub meetings to maximise hospital discharge matches
 - daily contact with partner providers to facilitate commissioned packages of care
 - weekly face to face meetings with partner providers to expedite hospital discharges/unblock reablement operation
 - monthly senior level meetings with partner providers to focus on performance, recruitment and retention strategies

Overview of performance: Delays in the community

9. 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.

10. Data provided:

- Table 4 shows, the number of people waiting for an assessment
- Chart 4 shows the proportion of people waiting
- Table 5 shows the number of people waiting for domiciliary care and the number of support hours required but not available

Table 4. Number of people waiting for an assessment

		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
Individuals waiting for assessment	With HSC activity in the year	639	679	666	687	667	645	672	663	690	792	811
	Without HSC activity in the year	828	897	831	829	813	847	856	889	882	1,044	1,167
	Total waiting for Assessment	1,467	1,576	1,497	1,516	1,480	1,492	1,528	1,552	1,572	1,836	1,978

Chart 4. 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)

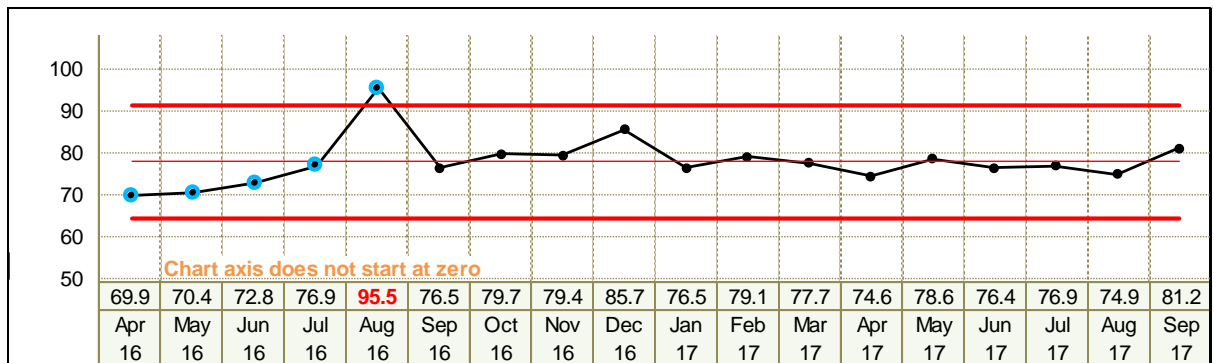


Table 5. Number of people waiting for domiciliary care by location and the number of hours of support required

	Total number of people waiting				Number of hours required
	Com- munity	In Hospital	Total Waiting	Reable- Intermed	Grand Total
06/11/17	595	74	669	172	7,033
09/10/17	554	87	641	171	6,928
11/09/17	521	81	602	171	6,492
14/08/17	488	92	580	175	6,509
10/07/17	455	78	533	157	5,919
12/06/17	439	79	518	148	5,812
08/05/17	397	48	445	111	4,782
10/04/17	389	102	491	105	5,091

Changes in performance
<p><i>What has changed in the period and why?</i></p> <ul style="list-style-type: none"> The assessment waiting list has increased for the sixth month in a row to 1,978 at the end of September 2017. Of those waiting, 1,167 (59%) have not been assessed in the past year, and so are of more concern The proportion of people waiting out with the target times for assessment has increased to just over 80%. All assessments categorised as needing an urgent assessment were assessed within the target time of 24 hours.

<ul style="list-style-type: none"> • The number of people waiting for domiciliary care shows a steady increase over the past seven months, as has the number of hours required
<p>Actions being taken</p> <p><i>What action are we taking in response to what the data is telling us?</i></p> <ul style="list-style-type: none"> • Additional staff will be recruited in the short term to address the backlog in assessments and reviews • Additional care home capacity is being sought through securing places over the short term, again to reduce the backlog of people waiting • Capacity planning is underway to determine resource requirements • The care at home contract is under review.

Addressing performance at locality level

11. Monthly performance scrutiny meetings will be introduced in each locality, where the Interim Chief Officer and other senior colleagues will attend a meeting to monitor key performance, finance and quality issues.

Key risks

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

Financial implications

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

Implications for Directions

14. Directions 1 (locality working), 3 (key processes), 5 (older people) and 18 (engagement with key stakeholders) are of particular relevance to whole system delays. Any new Direction arising from the Health and Social Care Improvement Programme, another agenda item for this meeting, will be relevant here too.

Equalities implications

15. None.

Sustainability implications

16. None.

Involving people

17. As the Locality Hubs and Clusters become operational, there will be further engagement with local communities to develop the model further.
18. The content of public information leaflets and that of guidance for staff are being revised to ensure consistency between services available and timescales for accessing these, and the requirement to prioritise service delivery to maintain expenditure within budget.

Impact on plans of other parties

19. 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 Interim Chief Officer through the Integration Joint Board Chief Officers Acute Interface Group.

Background reading/references

20. None.

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Appendices

None.

Report

Financial Performance and Outlook

Edinburgh Integration Joint Board

15 December 2017



Executive Summary

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the financial position for the 7 months of 2017/18 and the forecast year end position. It also gives an initial indication of the scale of the financial challenge facing the IJB over the 5 year period 2018/19 to 2022/23.

Recommendations

2. The Integration Joint Board is asked to:
 - a) note that delegated services are reporting an overspend of £4.0m for the first 7 months of 2017/18, which is projected to rise to £7.1m by the end of the financial year without any further action
 - b) acknowledge that ongoing actions are being progressed to reduce the predicted in-year deficit to achieve a year-end balanced position, however, only **limited assurance** can be given of the achievement of break even at this time
 - c) acknowledge the initial financial outlook for the next 5 years; and
 - d) support the development of an underpinning financial strategy.

Background

3. On 17 November 2017, the IJB considered the in-year financial position for 2017/18 and received limited assurance that despite the work led by the Interim Chief Officer to identify and implement appropriate mitigating action, a break even position could be delivered for delegated services.
4. It was also acknowledged that significant and long-standing pressures were impacting on the ability of both NHS Lothian and the Council to meet financial targets, deliver approved savings programmes and operate within established budgets. These pressures are evident in the current financial position of

delegated services and were reflected in the initial assessment of the financial outlook for 2018/19 onwards. This was shared with IJB members at the October development session. Further, the Board recognised that returning to a balanced position requires major redesign of services, radical changes in thinking and approach, and the involvement of all partners and stakeholders.

Main report

Overview of 17/18 financial position

5. For the first 7 months of the financial year, the Council and NHS Lothian overspent against the budgets agreed by the IJB by £8.2m. The equivalent year-end forecast is an overspend position of £14.2m. This will be offset by the Council commitment, on a non-recurring basis, to meet the anticipated shortfall of up to £7.1m in the delegated services it runs in 2017/18. A summary is presented in Table 1 below, with further detail included in Appendix 1 (NHS Lothian) and Appendix 2 (Council).

	Position to end October 2017			Year end forecast Variance £k
	Budget £k	Actual £k	Variance £k	
NHSL services				
Core services	160,950	163,693	(2,743)	(4,892)
Hosted services	47,188	46,726	462	528
Set aside services	55,606	57,335	(1,729)	(2,721)
Sub total NHSL services	263,745	267,755	(4,010)	(7,085)
CEC services	107,713	111,854	(4,142)	(7,100)
Gross position	371,458	379,609	(8,152)	(14,185)
Non recurring contribution (CEC)	4,142		4,142	7,100
Net position	375,599	379,609	(4,010)	(7,085)

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

6. Delegated health services are reporting an overspend of £4.0m for the first 7 months of the year. NHS Lothian has now concluded its mid-year review and, as predicted, the forecast position for the IJB has slightly improved and now stands at £7.1m. The drivers of this position remain largely unchanged and can be articulated as: prescribing, nursing, supplies costs, unachieved efficiencies and junior medical staffing.
7. NHS Lothian continues to indicate that a break-even position across the organisation is not achievable, and overall, its forecast overspend has increased to £4.9m. Work is ongoing to identify and deliver further corporate flexibility to close the outstanding gap, and a second round of quarterly financial performance meetings began in November, offering an opportunity to refine year-end projections and identify further opportunities to support year-end break-even. The

impact on the 4 Lothian IJBs is the subject of ongoing discussions with NHS Lothian.

8. Despite the in-year forecast of break-even for the delegated services run by the Council, demand-led pressures and non-delivery of savings continue to factor in the financial position. As described above, the anticipated shortfall of up to £7.1m will be met by the Council on a non-recurring basis in 2017/18. Work is continuing to identify further opportunities to reduce the level of projected overspend.
9. As previously reported, this forecast reflects service levels at period 5 and does not include provision for any further uplift in activity, either in terms of increased baseline demand or through addressing the waiting lists. Plans to support the work of the assessment and review board are detailed in a separate paper to the Board.

Financial outlook

10. The IJB faces twin challenges of increasing demand for services and a climate of constrained financial resources. In this context, the development and implementation of a strategic approach to financial planning over the next 3–5 years is essential to support the sustainability of health and social care delivery in Edinburgh.
11. Both Council and NHS Lothian await the Scottish Government's December budget announcement for Scotland, which will inform their respective financial plans, ultimately impacting on their ability to delegate resource to the IJB. Whilst an additional £2bn for Scotland over the period to 2020/21 was announced in the UK budget on 22 November 2017, the impact on NHS board and local authority finances is not yet clear. Further information will be available following the Scottish Budget, and the programme for government announced on 5 September 2017 gives an indication of likely priorities. Points pertinent to IJBs include:
 - 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 people under the age of 65 with certain conditions, such as dementia.
12. **NHS Lothian** is planning on the basis of:
 - a 0.5% uplift (£6.8m) on its baseline allocation from the Scottish Government
 - a further contribution of £12m to recognise its current level of resource falls below their NRAC share

- internally generated resources to supplement this additional funding; and
 - a current overall financial plan gap of £42m in 2018/19.
13. Current estimates provided by NHS Lothian are that the impact on the IJB's delegated budget would be an increase of £1.1m annually.
14. Although the **Council** expects to face continuing significant cash terms reductions in the overall level of resourcing available, it has recognised that underlying pressures in health and social care require to be addressed on a sustainable basis to ensure a stable longer term financial position. The Council's financial strategy for 2018/19 requires:
- the identification of savings sufficient to address the underlying structural pressures of £7.1m discussed above
 - £4.1m is planned to be delivered internally by the Health and Social Care Partnership (representing savings originally planned for delivery in earlier years); and
 - the £3m balance will be delivered by other Council services.
15. The net effect is an uplift of £3m in the Council's baseline offer to the IJB for 2018/19.
16. The third element of the IJB's funding package is the **Social Care Fund**. Over the last 2 financial years, the Edinburgh share totalled £28.9m, and the application of these funds was set out in the IJB financial plans for 2016/17 and 2017/18. The majority of the money has now been allocated to base budgets. There are 2 exceptions to this, provisions to: implement the new model of care for older people (£1.5m); and mental health community accommodation (£1.2m), where the supporting strategic plans are not yet fully developed. It is recommended that these provisions are revisited when the outline strategic commissioning plans are finalised.
17. The combination of the 3 sources of funding discussed in paragraphs 12 to 16 above would give an opening IJB delegated budget of £624m for 2018/19, rising to £629m in 2022/23 as demonstrated in table 2 below:

	2018/19 £k	2019/20 £k	2020/21 £k	2021/22 £k	2022/23 £k
NHSL core	265,397	265,772	266,147	266,521	266,896
NHSL hosted	73,454	73,918	74,004	74,468	74,932
NHSL set aside	94,874	95,205	95,798	96,390	96,982
Sub total	433,725	434,896	435,948	437,379	438,810
City of Edinburgh Council	187,650	187,650	187,650	187,650	187,650
Social Care Fund balance	2,690	2,690	2,690	2,690	2,690
Grand total	624,065	625,236	626,288	627,719	629,150

Table 2: projected IJB delegated budget 2018/19 to 2022/23

18. Planning assumptions have been used to model the expenditure profile over the same period. This will continue to be refined over the coming months, but gives an indication of the quantum of the challenge facing the IJB. Following the agreement of the outline strategic commissioning plans, members may wish to review the way funds are directed. The analysis set out in table 3 below is based on existing service provision. It shows the projected increases in costs over the next 5 years compared to income, demonstrating the growing baseline pressure:

	2018/19 £k	2019/20 £k	2020/21 £k	2021/22 £k	2022/23 £k
Opening cost base	633,265	657,726	678,904	700,606	722,839
Projected increase in costs	23,341	21,206	21,712	22,233	22,854
Total projected costs	656,606	678,932	700,617	722,839	745,693
Projected income	624,065	625,236	626,288	627,719	629,150
Projected shortfall (£k)	(32,541)	(53,696)	(74,329)	(95,121)	(116,544)
Projected shortfall (%)	5.0%	7.9%	10.6%	13.2%	15.6%

Table 3: Edinburgh IJB projected shortfall 2018/19 to 2022/23

19. This analysis is based on the following assumptions:
- pay awards of 2%
 - provision for contract inflation, including the national care home contract
 - NHS non-pay inflation of 2%
 - increases in prescribing of 5% to 6% pa
 - savings identified to date (£2.1m across the delegated services in 2018/19) will be delivered in full
 - demographic growth in older people and learning disabilities services will increase costs by £6m to £7m annually
 - unmet need can be addressed within existing financial constraints by changing models of service provision; and
 - the implications of Scottish Government policies, including the Carers' Act, the living wage, the new GP contract and free personal care are fully funded.
20. Work is underway in the Partnership and NHS Lothian to identify saving proposals to mitigate these pressures, and an update on progress will be presented to the IJB when these are more fully developed. In addition, there are a number of scenarios that would reduce resultant shortfall (£32m or 5% in 2018/19, rising to £116m in 2022/23), including:
- changes in planning assumptions (for example lower than predicted pay award settlements or contract inflation)
 - the identification of additional funding to offset these costs, either through announcements in the December budget settlement or increased contributions from Council and NHS Lothian; and

- the identification of opportunities to increase productivity and manage demand for services within existing resources, as well as areas where costs can be reduced.
21. Equally, a number of factors could see the gap increase, for example insufficient new funding available to underpin national strategies and initiatives.
 22. Whilst the figures quoted are estimates, even if these prove inaccurate, it is clear that in line with other public sector services, the IJB faces significant financial challenges for the foreseeable future. The system is some way from recurring financial balance and budgets delegated by Council and NHS Lothian are extremely unlikely to be sufficient to deliver services in line with the strategic plan intentions. Further, the prevailing financial climate for public services means that neither Council nor NHS Lothian is likely to be able to increase their offer to the IJB.

Key risks

23. The key risk to the IJB is on the ability to deliver fully on the strategic plan in the context of the prevailing financial position.

Financial implications

24. Outlined elsewhere in this report.

Implications for directions

25. There is no direct impact of this report on directions.

Equalities implications

26. While there is no direct additional impact of the report's contents, budget proposals will be assessed through the existing Council and NHS Lothian arrangements.

Sustainability implications

27. There is no direct additional impact of the report's contents.

Involving people

28. As above.

Impact on plans of other parties

29. As above.

Background reading/references

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Appendices

Appendix 1	Financial position of delegated services provided by NHS Lothian 2017/18
Appendix 2	Financial position of delegated services provided by City of Edinburgh Council 2017/18

FINANCIAL POSITION OF DELEGATED SERVICES PROVIDED BY NHS Lothian
2017/18

	Position to end October 2017			Year end forecast
	Budget £k	Actual £k	Variance £k	Variance £k
Core services				
Community AHPs	3,423	3,773	(349)	(518)
Community Hospitals	6,498	6,726	(228)	(319)
District Nursing	6,126	6,179	(52)	(131)
GMS	41,598	42,040	(442)	(548)
Mental Health	5,314	5,251	64	193
Other	33,785	34,510	(725)	(1,141)
Prescribing	46,153	47,164	(1,011)	(2,426)
Resource Transfer	18,052	18,051	1	(1)
Sub total core	160,950	163,693	(2,743)	(4,892)
Hosted services				
AHPs	3,756	3,661	94	81
Complex Care	922	1,221	(299)	(53)
GMS	3,294	3,303	(9)	(80)
Learning Disabilities	4,713	4,866	(153)	(431)
Lothian Unscheduled Care Service	3,153	3,153	0	14
Mental Health	14,317	13,844	473	479
Oral Health Services	5,380	5,204	177	300
Other	(491)	(570)	79	37
Palliative Care	1,363	1,369	(6)	(0)
Psychology Service	2,453	2,402	50	(23)
Rehabilitation Medicine	1,897	1,782	115	135
Sexual Health	1,758	1,784	(26)	2
Substance Misuse	2,695	3,102	(408)	(319)
UNPAC	1,978	1,604	374	387
Sub total hosted	47,188	46,726	462	528
Set aside services				
A&E	3,612	3,710	(98)	(5)
Cardiology	9,228	9,273	(45)	40
Diabetes	629	688	(59)	(119)
Gastroenterology	2,280	2,742	(462)	(541)
General medicine	13,876	14,055	(179)	(647)
Geriatric medicine	7,755	7,669	86	136
Infectious disease	4,346	4,315	30	34
Junior medical	7,156	7,969	(813)	(1,178)
Management	919	1,023	(104)	(163)
Other	947	989	(42)	(135)
Rehabilitation medicine	1,190	1,252	(63)	(88)
Therapies	3,668	3,648	20	(56)
Sub total set aside	55,606	57,335	(1,729)	(2,721)
Grand total	263,745	267,755	(4,010)	(7,085)

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

	Position to end October 2017			Year end forecast
	Budget £k	Actual £k	Variance £k	Variance £k
Employee costs				
Council Paid Employees	48,578	47,995	583	1,000
Non pay costs				
Premises	752	752	0	0
Third Party Payments	103,813	108,334	(4,521)	(7,750)
Supplies and Services	5,150	5,383	(233)	(400)
Transfer Payments	452	569	(117)	(200)
Transport	1,026	1,172	(146)	(250)
Other	262	262	0	0
Sub total	111,455	116,471	(5,017)	(8,600)
Gross expenditure	160,033	164,466	(4,433)	(7,600)
Income	(52,320)	(52,612)	292	500
Balance	107,713	111,854	(4,142)	(7,100)
Non recurring Council contribution	4,142	0	4,142	7,100
Net position	111,854	111,854	0	0

Report

Health and Social Care Improvement Programme and Short-term Resource Implications

Edinburgh Integration Joint Board

15 December 2017

Executive Summary

1. On 22 September 2017, the Integration Joint Board (IJB) considered a report on progress by the Health and Social Care Partnership (the Partnership) against the 17 recommendations of the Care Inspectorate/Health Improvement Scotland's inspection of Edinburgh's health and social care services for older people. The IJB agreed to the Partnership's proposal to reconfigure the previous action plan to address the findings of the inspection more effectively.
2. At its development session on 13 October, the IJB explored in more detail the Interim Chief Officer's analysis of the three main areas of challenge, namely: finance, performance and quality. IJB members also considered the high-level Statement of Intent developed by the Partnership to clarify and prioritise the urgent recovery action required, not only in relation to the older people's inspection, but for all the work of the Partnership.
3. On 17 November, the IJB formally approved the Statement of Intent, and noted that the comprehensive improvement programme would be presented to its December meeting. This report fulfils that requirement.
4. Given the financial implications of the recovery programme, this report will also be presented to both the City of Edinburgh Council and NHS Lothian.
5. There is a very significant level of unmet need in the system (see table in section 3 below).
6. The pressures on the budget delegated to the Integration Joint Board (IJB) are constraining the level and quality of services delivered by the Health and Social Care Partnership.
7. Improvement is dependent on short-, medium- and long-term actions that need to be prioritised appropriately.

8. Some of the improvement requires remedial action to address the absence of standard operating procedures, or the historical non-compliance with these.
9. There are two distinct, though related, areas of activity that require focused attention for the Partnership to achieve long-term sustainability of health and social care services in the city.
10. The first of these is addressing immediate pressures from the backlog of demand, the service capacity limitations, the risks associated with the shortfall of assessment and review, the extreme pressures on acute services from the delays in discharges from hospital. In parallel, we will take action over a slightly longer time frame to address the incomplete transformation to locality working.
11. The second is the development of a programme to support long-term change in the way health and social care services are delivered, with a much stronger emphasis on self-management and self-directed support, with more effective use of technology and a significant and sustained shift in resources from acute reactive services, to prevention, early intervention and community-based provision.

Recommendations

12. The Integration Joint Board is asked to:
 - a. approve the short-term resource allocation detailed in paragraphs 27-29 below
 - b. consider the comprehensive improvement programme for the Health and Social Care Partnership, set out in full at Appendix 1, and in summary at Appendix 2
 - c. note the arrangements to coordinate the staffing resources to balance local knowledge and flexibility/speed of recruitment; and
 - d. note that a Direction will be drafted in relation to re-prioritisation of resource allocation to allow implementation of the short-term actions described in paragraphs 27-29 below.

Background

13. The Care Inspectorate and Health Improvement Scotland published their joint report on the inspection of Edinburgh's older people's services in April 2017. Although the inspection was limited to services for people over the age of 65 and took place in the autumn of 2016, it is a fair reflection of the challenges facing the

Health and Social Care Partnership generally, and is a useful benchmark for improvement across several areas, including:

- a higher than expected use of residential and nursing home placements
 - under provision of, and consequential difficulty in access to, sufficient care at home support
 - under developed early intervention and preventative services
 - a long-standing culture of delays in undertaking assessments, delivering services to meet assessed need and reviewing support plans; and
 - ineffective engagement of front line staff and leadership teams in quality improvement processes and measures
14. Actions to address these weaknesses are set out in the inspection improvement plan, which was redrafted in September 2017 to bring greater focus, prioritisation and clarity of accountability.
15. Also in September 2017, the Health and Social Care Partnership produced a high-level statement of intent, setting out the 7 key areas requiring intensive remedial action for all of Edinburgh's health and social care services. From this statement, actions have been grouped into a comprehensive improvement programme, prioritised, and allocated to named lead officers, with associated resource implications. The first iteration of this improvement programme is set out at Appendix 1, with a summary at Appendix 2.
16. This statement of intent includes an undertaking that the Health and Social Care Partnership will produce outline strategic commissioning plans for older people, mental health and disabilities for the Integration Joint Board to consider in January 2018, with a similar piece of work concluded for primary care for the February meeting.
17. For older people, this activity is identifying:
- the need to work with the third and independent sectors to provide increased capacity for assessment and review
 - the need to reshape the nature of the market for care provision to reflect more accurately the need that exists
 - a reduction in NHS Lothian bed-based services and changing the use of facilities across the city
 - that this work may take in the region of 3 years, and that individual projects need to be managed carefully to deliver in a coordinated way.

18. Because of the comprehensive nature of the improvement programme, progress against the actions will ensure all the requirements of the older people's inspection report are addressed, alongside the Partnership, Integration Joint Board, City of Edinburgh Council and NHS Lothian priorities.
19. Taken together, these points identify the need for short-term actions to bridge to the longer term future vision.

Demand for Services

20. The position at November 2017 is summarised in the table below:
21. Whereas these figures fluctuate from week to week, despite the significant emphasis on analysis, reporting and prioritisation, there is no discernible improvement trend over the past 2 years.

Outstanding (November 2017)	No of people	No of hours per week
Hospital delays		
<i>Waiting for a care home</i>	70	
<i>Waiting for support to go home</i>	61	
<i>Complex and re-provisioning</i>	29	
<i>Waiting for assessment</i>	32	
<i>Legal / family / carer issues</i>	2	
Hospital total	191	
Waiting for a package of care		
<i>Waiting in hospital*</i>	68	1,251
<i>To move on from reablement/int care</i>	171	1,685
<i>Community (except blocking reab)</i>	630	4,319
Package of care total	869	7,082
Reviews	5,534	
Assessments	1,913	

22. Note: it is not possible to provide an overall total, as individuals may legitimately appear in more than one group.

*People in hospital will include people who are not delayed.

Additional Short-term Resource Requirements

23. The Partnership's comprehensive improvement programme has been developed and coordinated with the support of the Council's Strategy and Insight service, as has a more detailed and robust reporting system, which will provide managers with the data they need to monitor their service performance more effectively.
24. There is much attention locally and nationally on whether health and social care services are sufficiently resourced to meet the growing needs of a frailer, older population, and those of younger adults with increasingly complex disabilities and mental health problems.
25. Addressing this challenge with limited resources will require some fundamental changes to our traditional models of care, with an increased emphasis on prevention, early intervention, self-management, and community and family support. In addition, we need to develop a greater common acceptance of what realistic levels of publicly-provided care might look like.
26. The outcome of this work will only become evident in the medium to longer term. In the short term, to facilitate a minimum level of recovery from the current position, an injection of one-off additional resources is required to relieve the most urgent pressures. Additional resources would be focused on the following 3 priorities:
27. **reducing the backlog of assessment** and reviews (assessments to ensure adequate consideration of risk to vulnerable people who are not known to services, but who have expressed a need for support; reviews to ensure appropriate levels of service continue to be provided, with potential identification of opportunities for increasing capacity or reducing costs) – the timescale for this has been estimated at 7 months, and includes addressing current pressures in the statutory Mental Health Officer service
28. **reducing the number of people whose discharge from hospital is delayed** – this will involve taking immediate, one-off action to alleviate urgent pressures on acute health services and allow longer term work in support of a sustainable strategic shift; and
29. **establishing efficient and consistent business processes in the newly formed localities**, which would allow for effective and accountable budget monitoring; streamlined work flow; speedier response times; and meaningful data management – the timescale for this is 16 months.

Resource Implications

30. The estimated financial costs associated with this short- to medium-term activity, covering the three key areas described in the previous paragraphs are set out below.
31. **Assessment and review:** as at 20 November 2017, 1,913 people were waiting for an assessment, of which, 1,100 had no previous involvement/assessment activity in the last 12 months; 5,534 people were waiting for a review, 3,301 of whom had no review activity in the last 12 months. To complete these assessments over a 7-month period, whilst continuing to address new workload as this arises, is anticipated to cost in the region of £497,627. This investment will support the assessments/reviews to take place; thereafter, the provision of a service, if required, will be dependent on additional capacity created by efficiencies, brokerage, etc., or on additional resource allocation. The Partnership is exploring the opportunities for the voluntary sector to carry out some of these assessments. This sum would also cover the additional resource required to address the backlog of statutory mental health officer work, which is contributing to both delays in discharges from hospital and delays in applications to the court for guardianship.
32. **Delayed discharge:** there is capacity in the city, however, this is in care homes that are not part of the National Care Home Contract, which means the cost is much higher than standard local authority-funded places. It may be possible to negotiate additional care home placements at a higher rate than the national care home contract, on a strictly one-off basis to relieve pressure on the acute hospitals and to respond to the highest levels of need waiting in the community. A detailed assessment of this option, including a full risk assessment, with support from the City of Edinburgh Council's Commercial and Procurement service will be undertaken. It is proposed that a provision of £3m is earmarked at this stage.
33. **Business processes:** to be realised effectively, the vision to operate a model that brings service delivery and accountability closer to local communities needs to be supported by efficient and robust operating procedures. This requirement was not fully implemented as part of Health and Social Care's transformation programme during 2016/2017, and this is hampering progress in terms of both performance and budgetary control. A temporary project team to address this weakness will cost £312,786 over a period of 16 months.
34. At its meeting on 17 November, the IJB agreed to the reprioritisation of up to £4.5m of originally agreed spend to allow these three projects to proceed.

35. It is important that addressing the short-term pressures is consistent with the aspirations of the IJB, the Partnership, the Council, NHS Lothian and all partners' and stakeholders' strategic intentions for health and social care services in the future. There are also practical considerations in identifying additional staffing resources. Therefore, the model to be used by the programme involves:
36. identifying Partnership staff to be seconded to the projects; these staff will bring local knowledge of systems, processes, problems and potential solutions; the secondments will be backfilled by agency staff; and
37. to avoid destabilising the Partnership's 'business as usual', supplementing the projects with agency staff who will be under the direction of the project manager, who is an experienced health and social care operational manager, seconded to the project.
38. The cost of providing services for all those waiting for an assessment is significant. It is not possible to estimate the exact figure with accuracy, given that needs change over time. Some assessments will result in no service being required; others will lead to a wide range of demand. The long-term affordability of meeting this need requires to be tackled through significant service redesign, and is likely also to require further, permanent investment. Work is underway to estimate more accurately the resources required.

Comprehensive Improvement Programme

39. The Statement of Intent, considered by the IJB at its November meeting, was the first step in the recovery of health and social care, setting out the seven key areas for priority action. From this high-level statement, a detailed programme for short-, medium- and long-term work has been established to ensure a transparent and coordinated approach to the complex landscape of improvement required. This is set out at Appendix 1. Appendix 2 is a summary version, which will be accessible on the Council and Health Board websites.
40. As well as addressing the short-term, urgent actions for which additional resources are required and which are set out in paragraphs 27-29 above, the programme seeks to accelerate longer term capacity planning and transformation to support the Partnership in achieving an efficient and sustainable balance between demand, quality and cost.

Key Risks

41. The difficult circumstances in which the Health and Social Care Partnership finds itself present a range of risks: to individual service users and carers; to people seeking a service; to the ability of both Council and NHS Lothian to meet their

statutory obligations and key performance indicators; to staff who are under pressure; and to the financial stability and long-term viability of health and social care services.

42. The short- to medium-term actions described in paragraphs 27-29 above will mitigate these risks in the very short term, however, they have significant budgetary implications and by their nature do not ensure long-term sustainability.
43. The comprehensive improvement programme seeks to mitigate risks; however, it is inevitable that full effect of any mitigation will require a sustained increase in resource allocation.

Financial Implications

44. The short-term financial implications are estimated at paragraphs 31-34. Addressing the backlog of assessments is an important part of our improvement activity, however, the costs articulated here do not take account of the demand that these assessments will create. It is difficult to predict these additional costs, and work is underway to estimate more accurately the resources required.
45. Further work is underway to address the savings targets and budget pressures that are reported regularly to the IJB, the Council and NHS Lothian.

Implications for Directions

46. The IJB's decision on 17 November 2017 to re-prioritise up to £4.5m to allow the implementation of the short-term actions described in paragraphs 27-29 will be the subject of a Direction to the Council and NHS Lothian.

Equalities Implications

47. None.

Involving people

48. Each of the actions in the comprehensive improvement plan includes requirements to engage with a combination of staff, stakeholders, service users and their carers. The degree and extent of engagement will vary, depending on the individual action. The detail will be included in progress reports to the governance board and the IJB.

Impact on plans of other parties

49. None

Background reading/references

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Appendices

Appendix 1	Comprehensive Improvement Programme
Appendix 2	Summary Improvement Programme

Appendix 1

EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP CHANGE PROGRAMME

Last updated 30/11/2017

Division	Scheme Number	Scheme Name	Scheme Classification	Project Description	NHSL/CEC impacts?	Governance Route	SRO	Lead	Priority Level: High Medium Low	Stage?	Target completion date	Resource Required to Deliver	Resource in Place? Gaps?	FY17/18 if appropriate		FY 18/19 if appropriate	
										1. Pipeline 2. In development 3. In delivery 4. Complete				Savings Plan value ('000s)	Savings Forecast outturn ('000s)	Savings Plan value ('000s)	Savings Forecast outturn ('000s)
EHSCP	EHSCP_001	Workforce strategy and delivery plan	Doing the Basics Well (People, Values and Culture)	Overall strategy and plan to address workforce issues and develop agreed culture for the partnership, agreed between CEC and NHSL and reflecting specific context and needs of the partnership.	Both	EHSCP Change Programme Board	Michelle Miller	Pat Wynne	High	1. Pipeline	31/03/2018	Internal business change, project management and HR support	Internal resource identified	N/A	N/A	N/A	N/A
EHSCP	EHSCP_002	Development and implementation of a Joint Training and Development Plan	Doing the Basics Well (People, Values and Culture)	Development and Implementation of a Joint Training and Development Plan, with a particular focus on: 1. Development of a structured induction programme 2. Operational Management Training 3. Leadership Development	Both	EHSCP Change Programme Board	Michelle Miller	Peter Collins	High	1. Pipeline	31/03/2018	Internal business change, project management and HR/LD support	HR/LD resource still to be confirmed	N/A	N/A	N/A	N/A
EHSCP	EHSCP_003	Communications and Engagement Plan	Doing the Basics Well (People, Values and Culture)	The development and roll out of an integrated communications and engagement plan for the partnership, to include internal communications with staff and stakeholders and external communications, including web presence.	Both	EHSCP Change Programme Board	Michelle Miller	Ann Duff	High	2. In development	31/12/2017	Internal project management and communications support	Comms support in place Project management resource to be identified	N/A	N/A	N/A	N/A
EHSCP	EHSCP_004	Improving performance: managing sickness absence	Doing the Basics Well (People, Values and Culture)	Addressing sickness absence rates across the partnership, ensuring policy and procedures are followed; targeted interventions for problems areas; support and training for managers to equip them to better manage absence;	Both	EHSCP Change Programme Board	Michelle Miller	Pat Wynne	High	2. In development	31/03/2018	Internal business change, project management and HR support	HR and business change support in place Project management needs to be identified	N/A	N/A	N/A	N/A
EHSCP	EHSCP_005	Improving performance: managing individual performance	Doing the Basics Well (People, Values and Culture)	Defining the values, behaviours and standards we expect from our team members; ensuring that organisational objectives are set and that team and individual objectives are developed to support delivery of these. Ensure all team members have SMART objectives, development plan, clear line management arrangements, appropriate infrastructure	Both	EHSCP Change Programme Board	Michelle Miller	Pat Wynne	High	2. In development	31/12/2017	Internal business change, project management and HR support	HR and business change support in place Project management needs to be identified	N/A	N/A	N/A	N/A
EHSCP	EHSCP_006	Improving performance: Home Care and Reablement	Doing the Basics Well (People, Values and Culture)	Specific project to address performance and efficiency in the home care service. To look at reducing sickness absence rates and maximising contact time to release savings and create capacity to address unmet need.	CEC	EHSCP Change Programme Board	Michelle Miller	Julie McNairn	High	1. Pipeline	31/03/2018	Internal business change, project management and HR support	Internal business change, project management and HR support in place	£0	£0	TBC	TBC
EHSCP	EHSCP_007	Locality Working - Infrastructure	Doing the Basics Well (People, Values and Culture)	Ensuring basic infrastructure is in place to enable locality working. To include accommodation, systems and ICT requirements (including re-configuration of Swift).	Both	EHSCP Change Programme Board	Michelle Miller	TBC	High	1. Pipeline	31/12/2017	Internal business change, project management, ICT and business support	Project management support needs to be identified	N/A	N/A	N/A	N/A
EHSCP	EHSCP_008	Improving Relationships	Improving Relationships	Programme of work to improve the Partnership's relationships with NHS Lothian, the Council, the voluntary and independent sectors and partners IJBs, as well as Scottish Government, COSLA and scrutiny bodies.	Both	EHSCP Change Programme Board	Michelle Miller		High	2. In Development	Ongoing	TBC		N/A	N/A	N/A	N/A
EHSCP	EHSCP_009	Establish performance reporting framework	Developing a Performance Framework	Agree the metrics to be reported to the IJB and those for the EHSCP which will be reported to SMT. Establish processes to allow us to measure and report performance against metrics clearly and concisely, with a focus on action and improvement. Ensure that performance can be measured and reported at locality level.	Both	EHSCP Change Programme Board	Colin Briggs	Eleanor Cunningham	High	3. In delivery	31/12/2017	Internal Strategy and Insight resource	Internal Strategy and Insight resource in place	N/A	N/A	N/A	N/A
EHSCP	EHSCP_010	Establish Savings Governance Board and approach	Establishing a Financial Framework	Re-establish savings governance board and monitor progress to hold team members to account.	Both	Savings Governance Board	Moira Pringle	Jess Brown	High	3. In Delivery	31/10/2017	Internal programme management and Finance support	Internal programme management and Finance support in place	N/A	N/A	N/A	N/A
EHSCP	EHSCP_011	Delegation of Financial Resources	Establishing a Financial Framework	Workstream will plan and implement the delegation of financial resources to localities as appropriate (both staffing and purchasing budgets). It will ensure mechanisms are in place to generate reliable locality budget and spend data. It will provide clarity on financial expectations and accountability for delivering and will include support and training for managers where required.	Both	Savings Governance Board	Moira Pringle	Kenny Raeburn/Mike Porteous	High	2. In development	30/06/2018	Internal finance support	Internal finance support in place	N/A	N/A	N/A	N/A

Division	Scheme Number	Scheme Name	Scheme Classification	Project Description	NHSL/CEC impacts?	Governance Route	SRO	Lead	Priority Level: High Medium Low	1. Pipeline 2. In development 3. In delivery 4. Complete	Target completion date	Resource Required to Deliver	Resource in Place? Gaps?	Savings Plan value ('000s)	Savings Forecast outturn ('000s)	Savings Plan value ('000s)	Savings Forecast outturn ('000s)
EHSCP	EHSCP_012	Audit of Budget Management	Establishing a Financial Framework	Internal Audit are conducting an audit of Home Care budget management. An early priority will be to review arrangement for assessment and authorisation of Individual Service Funds (ISF's) and Direct Payments (DP's) where increases in financial commitments are material.	CEC	Savings Governance Board	Michelle Miller	Lesley Newdall	High	3. In Delivery	22/12/2017	Internal Audit and Finance support	Internal Audit and Finance support in place	N/A	N/A	N/A	N/A
EHSCP	EHSCP_013	Ledger Improvements	Establishing a Financial Framework	Workstream will progress the development of a client based structure in the ledger system which will allow the production of enhanced management information, reporting budget and actuals by client group/service type, whilst also allowing for faster and more accurate responses to Freedom of Information requests.	CEC	Savings Governance Board	Moira Pringle	Kenny Raeburn	Medium	3. In Delivery	30/06/2018	Internal finance support	Internal finance support in place	N/A	N/A	N/A	N/A
EHSCP	EHSCP_014	Review of Charging	Establishing a Financial Framework	Review of all CEC service charges with decisions on charges in 2018-19 to be confirmed in February 2018 through the 2018-19 budget process. This will include a comprehensive review of Care Home charges.	CEC	Savings Governance Board	Moira Pringle	Karen Dallas	High	3. In Delivery	31/12/2017	Internal finance support	Internal finance support in place			TBC	TBC
EHSCP	EHSCP_015	Support Planning and Brokerage	Delivering Financial Sustainability	Savings based around - delivering city wide interventions through transition of provider led review for existing service users thereby reducing package of care by 5% - Delivering test of change in North east through self directed support options and budget management controls as well as cost controls thereby reducing packages of care by 10% for all cohorts	CEC	Savings Governance Board	Moira Pringle	Angela Lindsay	High	3. In delivery	31/03/2019	Ernst & Young support	Ernst & Young support in place	£876	£584	£1,431	£1,431
EHSCP	EHSCP_016	Telecare Expansion	Delivering Financial Sustainability	The telecare project will deliver preventative Telecare Services to 3,000 additional service users over a 18 month period to realise approx. £7m/yr. in financial savings	CEC	Savings Governance Board	Moira Pringle	Katie McWilliam	High	3. In delivery	31/03/2019	Ernst & Young support Project manager	Ernst & Young support in place Project manager identified and due to start	£1,324	£1,324	£6,951	£6,951
EHSCP	EHSCP_017	Reablement	Delivering Financial Sustainability	Implementation of criteria led discharge to facilitate reductions in packages of care sizes	CEC	Savings Governance Board	Moira Pringle	Marna Green	High	3. In delivery	31/03/2019	Ernst & Young support	Ernst & Young support in place	£1,424	£770	£2,136	£2,136
EHSCP	EHSCP_018	Review of Transport Packages	Delivering Financial Sustainability	Review of the top 50 most expensive transport packages in Health and Social Care to identify financial savings from alternative packages	CEC	Savings Governance Board	Moira Pringle	Mark Grierson	High	2. In development	31/03/2018	To be dealt with by temp assessment team who are working through backlog - circa £500k requirement over 7 months.	To be dealt with by temp assessment team who are working through backlog - circa £500k requirement over 7 months.	£37	£37	£113	£100
EHSCP	EHSCP_019	Direct Payment Clawback	Delivering Financial Sustainability	Reclaim £1.2m in unused direct payment funds	CEC	Savings Governance Board	Moira Pringle	Mark Grierson	High	3. In delivery	31/03/2018	Temporary SDS Advisor		£100	£100		
EHSCP	EHSCP_020	Disabilities VERA Reduction (pre Phase 3 cost saving activity)	Delivering Financial Sustainability	Release of staff as part of a targeted VERA offer in Disability Day services to ensure staffing resource is matched to current demand	CEC	Savings Governance Board	Moira Pringle	Mark Grierson	High	3. In delivery	31/12/2017	Internal HR, project management and finance support	Internal HR, project management and finance support in place	£150	£150	£650	£650
EHSCP	EHSCP_021	Prescribing - pan Lothian target	Delivering Financial Sustainability	Delivery of savings through tariff changes and off patent movement of drugs	NHSL	Savings Governance Board	Moira Pringle	Locality managers	High	3. In Delivery	31/03/2018	Internal finance support	Internal finance support in place	£1,785	£1,785	£1,785	£1,785
EHSCP	EHSCP_022	Nursing	Delivering Financial Sustainability	Reduction in bank and agency use primarily in HBCCC through reinforcing nursing tools e.g. e-rostering and ward dashboards	NHSL	Savings Governance Board	Moira Pringle	Pat Wynne	High	3. In Delivery	31/03/2018	Internal finance support	Internal finance support in place	£436	£436		
EHSCP	EHSCP_023	Ward closure	Delivering Financial Sustainability	Closure of Balfour Pavilion. Non pay budgets no longer required.	NHSL	Savings Governance Board	Moira Pringle	Sheena Muir	High	3. In Delivery	31/03/2018	Internal finance support	Internal finance support in place	£120	£120	£120	£120
EHSCP	EHSCP_024	Prescribing - local target	Delivering Financial Sustainability	Savings delivered primarily from 3 schemes: "brown bag" waste scheme, Care Home and >75 polypharmacy scheme, pain management scheme. Additional local / in year savings schemes to be identified at Star Chamber	NHSL	Savings Governance Board	Moira Pringle	Locality Managers	High	2. In Development	31/03/2018	Internal finance support	Internal finance support in place	£2,630		£2,360	
EHSCP	EHSCP_025	NW Locality schemes	Delivering Financial Sustainability	A range of action to deliver sustainability in North West NHSL local budget	NHSL	Savings Governance Board	Moira Pringle	Marna Green	High	2. In Development	31/03/2018	Internal finance support	Internal finance support in place	£312	£87		
EHSCP	EHSCP_026	SW Locality schemes	Delivering Financial Sustainability	A range of action to deliver sustainability in South West NHSL local budget	NHSL	Savings Governance Board	Moira Pringle	Patrick Jackson	High	2. In Development	31/03/2018	Internal finance support	Internal finance support in place	£318	£181		

Division	Scheme Number	Scheme Name	Scheme Classification	Project Description	NHSL/CEC impacts?	Governance Route	SRO	Lead	Priority Level: High Medium Low	1. Pipeline 2. In development 3. In delivery 4. Complete	Target completion date	Resource Required to Deliver	Resource in Place? Gaps?	Savings Plan value ('000s)	Savings Forecast outturn ('000s)	Savings Plan value ('000s)	Savings Forecast outturn ('000s)
EHSCP	EHSCP_027	NE Locality schemes	Delivering Financial Sustainability	A range of action to deliver sustainability in North East NHSL local budget	NHSL	Savings Governance Board	Moira Pringle	Angela Lindsay	High	2. In Development	31/03/2018	Internal finance support	Internal finance support in place	£308	£17		
EHSCP	EHSCP_028	SE Locality schemes	Delivering Financial Sustainability	A range of action to deliver sustainability in South East NHSL local budget	NHSL	Savings Governance Board	Moira Pringle	Nikki Conway	High	2. In Development	31/03/2018	Internal finance support	Internal finance support in place	£307	£18		
EHSCP	EHSCP_029	Rehab	Delivering Financial Sustainability	A range of action to deliver sustainability in NHSL Rehab budget	NHSL	Savings Governance Board	Moira Pringle	Sheena Muir	High	2. In Development	31/03/2018	Internal finance support	Internal finance support in place	£47	£47		
EHSCP	EHSCP_030	RFU	Delivering Financial Sustainability	A range of action to deliver sustainability in NHSL RFU budget	NHSL	Savings Governance Board	Moira Pringle	Sheena Muir	High	2. In Development	31/03/2018	Internal finance support	Internal finance support in place	£100	£100		
EHSCP	EHSCP_031	Contenance Care	Delivering Financial Sustainability	A range of action to deliver sustainability in NHSL continence care budget	NHSL	Savings Governance Board	Moira Pringle	Sheena Muir	High	2. In Development	31/03/2018	Internal finance support	Internal finance support in place	£22	£22		
EHSCP	EHSCP_032	Review of grants programme	Delivering Financial Sustainability	Full review of grant programme to assess efficiency and outcomes and deliver a 10% saving. (Roll forward of current grants for 2018/19 - 10% saving target to instead be met through innovation funding).	CEC	Savings Governance Board	Moira Pringle	Wendy Dale	Medium	2. In development	31/03/2018	Internal finance support	Internal finance support in place	£0	£0	£449	£449
EHSCP	EHSCP_033	Workforce	Delivering Financial Sustainability	Develop and embed key workforce controls to ensure that efficient and safe staffing levels are in place whilst reducing expenditure. To include the activity underway as part of the Agency Spend Control project.	CEC	Savings Governance Board	Moira Pringle	Pat Wynne	High	2. In development	31/03/2018	Internal business change, project management and HR/LD support	Internal business change, project management in place HR/LD support to be identified	£1,200	TBC	TBC	TBC
EHSCP	EHSCP_034	Milestone House	Delivering Financial Sustainability	Project to consider alternative funding approaches for Milestone House.	CEC	Savings Governance Board	Moira Pringle	Colin Beck	Medium	1. Pipeline	TBC	Internal business change, project management and finance support	Internal business change, project management and finance support in place	£0	£0	TBC	TBC
EHSCP	EHSCP_035	Telecare 2	Delivering Financial Sustainability	Proposal for further expansion of the service, looking at: 1. Integrating additional service offerings into the ATECH24 service 2. Remote monitoring and night support 3. SMART homes and assistive technology 4. Intelligent automation	CEC	Savings Governance Board	Moira Pringle	Katie McWilliam	Medium	1. Pipeline	TBC	TBC	TBC	£0	£0	TBC	TBC
EHSCP	EHSCP_036	Adaptations	Delivering Financial Sustainability	Consideration of alternative models of service delivery.	CEC	Savings Governance Board	Moira Pringle	TBC	Medium	1. Pipeline	TBC	TBC	TBC	£0	£0	TBC	TBC
EHSCP	EHSCP_038	Capacity Planning	Delivering Financial Sustainability	To support HSCP through capacity and demand planning to meet the demand for health and social care services for ongoing operational pressures and growth expected in services over next 10 yrs. The outcomes of the project is a clear baseline for activity and finance highlighting the gap in next 10 years, clear understanding of the level of care and support required to sustainably meet demand, functional rather than service led approach to service design and provision with the right mix of person centred care and support, integrated commissioning strategy that supports sourcing for best value potentially through use of alternative delivery model, realisation of financial savings through service redesign, streamlining and use of alternative delivery models. The key areas of focus are demand prevention, Alternative delivery models for home care, alternative delivery models for internal care homes and redesign of day services.	CEC	Savings Governance Board	Colin Briggs	Katie McWilliam	High	1. Pipeline	TBC	Ernst and Young support	Ernst and Young support in place	£0	£0	TBC	TBC
EHSCP	EHSCP_039	Review of Discretionary Spend	Delivering Financial Sustainability	Review of all discretionary spend, including supplies, and implementation of controls.	Both	Savings Governance Board	Moira Pringle	TBC	High	1. Pipeline	31/03/2018	Internal finance support	Internal finance support in place	£0	£0	£200	£200
EHSCP	EHSCP_040	Review of Legal Fees	Delivering Financial Sustainability	Review of external legal fees with a view to introducing a more cost effective model.	CEC	Savings Governance Board	Moira Pringle	Kenny Raeburn	High	2. In Development	31/03/2018	Internal finance support	Internal finance support in place	£0	£0	200	200
EHSCP	EHSCP_041	Review of Social Care Fund/Integrated Care Fund	Delivering Financial Sustainability	Full review of Social Care Fund/ Integrated Care Fund allocations	Both	Savings Governance Board	Moira Pringle		High	2. In Development	31/03/2018	Internal finance support	Internal finance support in place				
EHSCP	EHSCP_042	Response to the Care Inspectorate Report	Ensuring Quality	Review and prioritise each of the recommendations in the inspection report, re-cast the original improvement plan.	CEC	EHSCP Change Programme Board	Michelle Miller	Keith Dyer	High	4. Complete	31/10/2017	Quality assurance support	Quality assurance support in place	N/A	N/A	N/A	N/A
EHSCP	EHSCP_043	Response to the Care Inspectorate Report	Ensuring Quality	Delivery of action plan to address the recommendations in the inspection report.	CEC	EHSCP Change Programme Board	Michelle Miller	Keith Dyer	High	3. In Delivery	31/03/2018	Quality assurance support	Quality assurance support in place	N/A	N/A	N/A	N/A
EHSCP	EHSCP_044	Assessment Backlog	Ensuring Quality	Project established to coordinate the approach to clearing the current assessment/review backlogs. Additional resources identified to drive this forward.	CEC	Assessment and Review Board	Michelle Miller	Sylvia Latona	High	1. Pipeline	30/06/2018	circa £500k requirement over 7 months for professional/practitioner staff. Programme management support needed.	Funding identified for circa £500k requirement over 7 months for professional/practitioner staff. Programme management support in place	N/A	N/A	N/A	N/A

Division	Scheme Number	Scheme Name	Scheme Classification	Project Description	NHSL/CEC impacts?	Governance Route	SRO	Lead	Priority Level: High Medium Low	1. Pipeline 2. In development 3. In delivery 4. Complete	Target completion date	Resource Required to Deliver	Resource in Place? Gaps?	Savings Plan value ('000s)	Savings Forecast outturn ('000s)	Savings Plan value ('000s)	Savings Forecast outturn ('000s)
EHSCP	EHSCP_045	End to end review of SDS and direct payment processes	Ensuring Quality	Specific project to address shortcomings in current DP administration processes. To encourage greater use of payment card and reduce significant manual elements of process currently needed.	CEC	Assessment and Review Board	Michelle Miller	Mark Grierson	High	1. Pipeline	30/06/2018	To be confirmed. May be possible for Swift data cleansing team to cover this.	To be confirmed. May be possible for Swift data cleansing team to cover this.	N/A	N/A	N/A	N/A
EHSCP	EHSCP_046	Swift data cleansing/compliance	Ensuring Quality	Data cleansing project established to address data quality and business process shortcomings in key systems and areas. Project will focus on: 1. Ensuring meaningful data held on SWIFT that demonstrates good social work practice. 2. Establishing lean consistent business systems created with the initial focus being on the newly created locality teams. 3. Meeting statutory timescales for waiting times for services, allocating cases and effectively managing workloads. 4. Improved financial management systems implemented in Health and Social Care and Joint Partnership working. 5. Improved scrutiny of Key Performance Indicators and exception reporting created and embedded. Additional resource has been identified to undertake this work.	CEC	Assessment and Review Board	Michelle Miller	Mary McIntosh	High	2. In Development	31/03/2019	Circa £312k for additional business support staff over a period of 16 months	Circa £312k for additional business support staff over a period of 16 months	N/A	N/A	N/A	N/A
EHSCP	EHSCP_047	Delayed Discharge - Additional Care Home Places	Ensuring Quality	There is capacity in the city, however, this is in care homes that are not part of the National Care Home Contract, which means the cost is much higher than standard local authority-funded places. It may be possible to negotiate additional care home placements at a higher rate than the national care home contract, on a strictly one-off basis to relieve pressure on the acute hospitals and to respond to the highest levels of need waiting in the community.	CEC	EHSCP Change Programme Board	Michelle Miller	TBC	High	2. In Development	31/03/2018	£3m	£3m recommended to IJB	N/A	N/A	N/A	N/A
EHSCP	EHSCP_048	Older People Strategy	Developing Strategies	Development of Older People strategy with robust high level commissioning plan. To set out demand and capacity, investment choices and associated risks. To specifically address: 1. Use of Royal Victoria, Liberton and Royal Edinburgh land 2. use of care homes 3. Implementation plans for MATTs and Hubs 4. Review of domiciliary care services	CEC	EHSCP Change Programme Board	Colin Briggs	Katie McWilliam	High	2. In Development	31/12/2017	TBC		N/A	N/A	N/A	N/A
EHSCP	EHSCP_049	Primary Care Strategy	Developing Strategies	Development of Primary Care strategy with robust high level commissioning plan. To set out demand and capacity, investment choices and associated risks. To specifically address: 1. prioritised list of capital investments, supported by strategic assessments 2. cluster-by-cluster action list 3. a timescaled investment plan for the workforce	NHSL	EHSCP Change Programme Board	Colin Briggs	David White	High	2. In Development	31/12/2017	TBC		N/A	N/A	N/A	N/A
EHSCP	EHSCP_050	Mental Health Strategy	Developing Strategies	Development of Mental Health strategy with robust high level commissioning plan. To set out demand and capacity, investment choices and associated risks. To specifically include: 1. a commissioning plan for the Royal Edinburgh Hospital (REH) phase 2b 2. a commissioning plan for the REH phase 2b community services 3. a forward plan for substance misuse services	CEC	EHSCP Change Programme Board	Colin Briggs	Colin Beck	High	2. In Development	31/12/2017	TBC	TBC	N/A	N/A	N/A	N/A
EHSCP	EHSCP_051	Disabilities Strategy	Developing Strategies	Development of Disabilities strategy with robust high level commissioning plan. To set out demand and capacity, investment choices and associated risks. To specifically include: 1. a commissioning plan for the learning disabilities elements of REH phase 2b 2. a commissioning plan for the community elements of learning disability services associated with REH phase 2b 3. a commissioning plan for phase 2 of the REH campus, specifically for patients with rehabilitation needs	CEC	EHSCP Change Programme Board	Colin Briggs	Mark Grierson	High	2. In Development	31/12/2017	TBC	TBC	N/A	N/A	N/A	N/A

Division	Scheme Number	Scheme Name	Scheme Classification	Project Description	NHSL/CEC impacts?	Governance Route	SRO	Lead	Priority Level: High Medium Low	1. Pipeline 2. In development 3. In delivery 4. Complete	Target completion date	Resource Required to Deliver	Resource in Place? Gaps?	Savings Plan value ('000s)	Savings Forecast outturn ('000s)	Savings Plan value ('000s)	Savings Forecast outturn ('000s)
EHSCP	EHSCP_052	Market Shaping Strategy	Developing Strategies	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.	Both	EHSCP Change Programme Board	Colin Briggs	TBC	High	1. Pipeline	31/03/2018	TBC	TBC	N/A	N/A	N/A	N/A
EHSCP	EHSCP_053	Second phase development of strategies	Developing Strategies	Development of strategies for the following: 1. Carers 2. Long term conditions and prevention 3. Sexual health services 4. Edinburgh Alcohol and Drug Partnership services 5. Palliative Care 6. Acute hospital services under the purview of the IJB These strategies to be developed once priority strategies for older people, primary care, mental health and disabilities are complete.	Both	EHSCP Change Programme Board	Colin Briggs	TBC	Medium	1. Pipeline	TBC	TBC	TBC	N/A	N/A	N/A	N/A
EHSCP	EHSCP_054	Review of IJB governance	Clarifying and Simplifying Governance	Review how the IJB and its sub committees function and fit together, including remits, agenda setting, forward plans and standing agenda.	Both	EHSCP Change Programme Board	Colin Briggs	Wendy Dale	High	2. In Development	30/11/2017	TBC	TBC	N/A	N/A	N/A	N/A
EHSCP	EHSCP_055	Governance of Hosted Services	Clarifying and Simplifying Governance	Review and clarify, in conjunction with partner IJBs, how the JB provides governance oversight to NHSL Hosted Services	Both	EHSCP Change Programme Board	Colin Briggs	Wendy Dale	High	3. In Delivery	30/11/2017	TBC	TBC	N/A	N/A	N/A	N/A
EHSCP	EHSCP_056	Protocol for parent bodies	Clarifying and Simplifying Governance	Develop protocol and guidance to set out how parent bodies can raise issues of clinical, professional, financial, operational or strategic input, both formally and informally.	Both	EHSCP Change Programme Board	Colin Briggs	Wendy Dale	High	3. In Delivery	30/11/2017	TBC	TBC	N/A	N/A	N/A	N/A
EHSCP	EHSCP_057	Professional Advisory Committee	Clarifying and Simplifying Governance	Clarify the role of the Professional Advisory Committee, including how it is asked for advice, generates work and feeds into other standing sub-committees of the IJB	Both	EHSCP Change Programme Board	Colin Briggs	Wendy Dale	High	3. In Delivery	31/12/2017	TBC	TBC	N/A	N/A	N/A	N/A
EHSCP	EHSCP_058	Phase 3 Organisational Review: Community Equipment Service and Community Alarm Telecare Service	Clarifying and Simplifying Governance	Design and implement efficient and sustainable staffing structure for CES and CATs	CEC	EHSCP Change Programme Board	Colin Briggs	Katie McWilliam	High	2. In Development	31/01/2018	Business change, project management, finance and HR support	Business change, project management, finance and HR support in place	TBC	TBC	TBC	TBC
EHSCP	EHSCP_059	Phase 3 Organisational Review: Social Care Direct and Emergency Social Work Service	Clarifying and Simplifying Governance	Review of existing staffing group and implementation of a new sustainable staffing model to support effective and efficient service delivery	CEC	EHSCP Change Programme Board	Colin Briggs	Colin Beck	Medium	2. In Development	31/03/2018	Business change, project management, finance and HR support		TBC	TBC	TBC	TBC
EHSCP	EHSCP_060	Phase 3 Organisational Review: Strategic Planning	Clarifying and Simplifying Governance	Review of existing staffing group and implementation of a new sustainable staffing model to support effective and efficient service delivery	CEC	EHSCP Change Programme Board	Colin Briggs	TBC	Medium	2. In Development	31/03/2018	Business change, project management, finance and HR support		TBC	TBC	TBC	TBC
EHSCP	EHSCP_061	Phase 3 Organisational Review: Disabilities	Clarifying and Simplifying Governance	Review of existing staffing group and implementation of a new sustainable staffing model to support effective and efficient service delivery	CEC	EHSCP Change Programme Board	Colin Briggs	Mark Grierson	Medium	2. In Development	31/03/2018	Business change, project management, finance and HR support		TBC	TBC	TBC	TBC
EHSCP	EHSCP_062	Phase 3 Organisational Review: Service Matching Unit	Clarifying and Simplifying Governance	Review of existing staffing group and implementation of a new sustainable staffing model to support effective and efficient service delivery	CEC	EHSCP Change Programme Board	Michelle Miller	Marna Green	Medium	3. In Delivery	31/03/2018	Business change, project management, finance and HR support		TBC	TBC	TBC	TBC
EHSCP	EHSCP_063	Phase 3 Organisational Review: Primary Care	Clarifying and Simplifying Governance	Review of existing staffing group and implementation of a new sustainable staffing model to support effective and efficient service delivery	NHSL	EHSCP Change Programme Board	Colin Briggs	David White	Medium	2. In Development	TBC	Business change, project management, finance and HR support		TBC	TBC	TBC	TBC

Edinburgh Health and Social Care Partnership

Improvement Programme Summary

December 2017



Working together for a caring,
healthier, safer Edinburgh

Edinburgh Health and Social Care Partnership Statement of Intent



The Partnership has developed a change and improvement programme structured around the key themes outlined in the Statement of Intent

The following slides outline the high level detail of the programme and identify the action we will take over the coming months to deliver against our priorities

Doing the Basics Well



We will identify, develop and deliver the basic organisational norms to allow the Partnership to operate more effectively.

We will:

- define the values, behaviours and standards we expect from all staff at all levels in the Partnership
- ensure that all staff:
 - have SMART objectives aligned to the objectives of the Partnership, clear line management arrangements and a development plan
 - understand the respective roles and responsibilities of the IJB, Health and Social Care Partnership, Council and NHS Lothian

WORKSTREAM	RAG	NOV 17	DEC 17	JAN 18	FEB 18	MAR 18	APR 18		
Doing the Basic Well SRO Michelle Miller	Yellow bar	Develop workforce strategy and delivery plan							
		Develop and roll out Partnership communications and engagement plan							
		Embed arrangements for team and individual performance management							
		Develop and implement Partnership-wide sickness absence improvement project							
		Develop and implement home care efficiency and improvement project							
		Develop and roll out Partnership training and development plan							

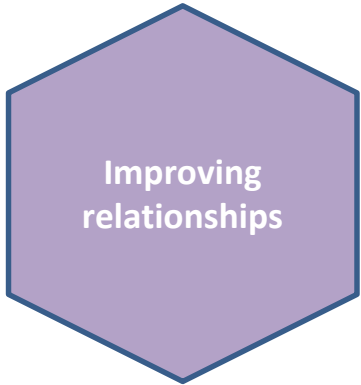
Progress to Date:

A workforce steering group has been established and business change expertise has been provided by Strategy and Insight to support development and implementation of a coherent, integrated workforce strategy and plan.

HR is supporting work to analyse sickness absence levels and plan the approach to improvement.

A project to address efficiency in the internal home care services has been established and added to the savings governance programme.

Improving Relationships



We will work to improve our relationships with NHS Lothian and the Council, as well as with the voluntary and independent sectors, partner IJBs, service users and their carers. We also need to consider our relationships with the Scottish Government, COSLA, scrutiny bodies and others, and ensure these are productive and positive. We will:

- respond promptly and accurately to requests for information
- meet deadlines
- ensure appropriate attendance at boards and committees
- support locality teams more effectively

WORKSTREAM	RAG	NOV 17	DEC 17	JAN 18	FEB 18	MAR 18	APR 18
Improving Relationships SRO Michelle Miller		Ongoing programme of work to improve relationships					

Progress to Date:

The need to improve our relationships with a range of stakeholders and work more effectively with partners is an ongoing priority for the Partnership. The importance of this has been a key focus in a number of recent management and development sessions and away days.

We will continue to prioritise the development and embedding of culture and behaviours, which support effective working.

Developing Strategies



The Partnership will, by January 2018, deliver strategies for Older People, Disabilities and Mental Health; and by February 2018 for Primary Care. These strategies will set out demand and capacity, investment choices, and the risks associated with each. They will have high-level, but robust commissioning plans embedded in them, and be presented to the IJB for approval. Each strategy will outline:

- an accurate and realistic analysis of our current position
- a statement of where we want services to be in the medium and longer term
- robust analysis of our current demand and capacity
- an outline of required resources
- an action plan for delivery

WORKSTREAM	RAG	OCT 17	NOV 17	DEC 17	JAN 18	FEB 18	MAR 18	APR 18	
Developing Strategies SRO Colin Briggs		Development of outline strategy and commissioning plan: Older People							
		Development of outline strategy and commissioning plan: Disabilities							
		Development of outline strategy and commissioning plan: Mental Health							
		Development of outline strategy and commissioning plan: Primary Care							
		Second phase of strategic development: carers, long term conditions and prevention, sexual health, alcohol and drug, palliative care and acute hospital services							

Progress to Date:

Work is underway to develop the 4 key strategies.

Outline strategic plans for Disabilities, Older People and Mental Health will be presented to the IJB in January. The Primary Care strategic plan will follow in February.

The final plans will be completed by September 2018.

Developing a Financial Framework



Developing a financial framework

We will establish a financial framework that is focused on best use of resources and well managed financial accountability. We will:

- communicate the financial challenge, our options for delivery, and the risks to performance and quality, as widely as we can, including with the public
- couch financial discussions with the IJB in terms of investment (and disinvestment) decisions
- delegate financial resources as appropriate to localities, whilst being clear on financial expectations and the accountability for delivery
- re-establish the 'savings governance group' to monitor progress against agreed actions

WORKSTREAM	RAG	OCT 17	NOV 17	DEC 17	JAN 18	FEB 18	MAR 18
Establishing a Financial Framework SRO Moira Pringle	Yellow bar	Re-establish savings governance board and monitoring framework					
		Internal audit of budget management and DPs/ISFs					
		Delegation of financial resources to localities					
		Council review of charging					

Progress to Date

Savings Governance Board and programme established and meeting on a fortnightly basis to track progress of key projects.

Internal audit underway and due to report back on 22 December 2017.

Financial outlook/strategy for next 5 years due to be presented to the IJB on 15 December 2017.

Delegation of resources to localities largely complete, with exception of purchasing budgets. Work is underway and this is expected to be in place for the start of the new financial year.

Clarifying and Simplifying Governance



Clarify and simplify governance arrangements

We will simplify our governance arrangements to ensure they are focused on delivering our objectives and are easily understood by our staff, partners and stakeholders. We will:

- clarify the differing roles of the IJB and the Health and Social Care Partnership and their relationships to the Council and NHS Lothian
- review how the IJB and its sub groups fit together
- review the internal governance of the Health and Social Care Partnership
- ensure that the IJB and the Partnership both have a set of organisational objectives

WORKSTREAM	RAG	NOV 17	DEC 17	JAN 18	FEB 18	MAR 18	APR 18
Clarifying and Simplifying Governance	SRO Michelle Miller	Review and clarify governance of IJB and sub-committees and NHSL hosted services					
		Review and clarify role of Professional Advisory Committee					
		Develop and implement new staffing structures for "Phase 3" services					

Progress to Date:

Ensuring clarity of roles and remits is a key focus in planned staff engagement sessions.

An IJB briefing on 17 October confirmed governance arrangements. The IJB is recruiting new non-voting members and is seeking nominations for chairs for various steering groups and strategic planning groups.

The Partnership's senior management team structure has been revised and recruitment is underway for the Chief Officer.

Locality scrutiny boards have been established to focus on finance, quality and performance.

Developing a Performance Framework



Developing a performance framework

We will develop a performance framework aligned to the Scottish Government’s national outcomes and local priorities, against which the Partnership and its staff can be held to account. We will:

- establish organisational objectives for the Partnership that provide the basis for setting team and individual objectives
- set out the metrics to be reported to the IJB and Health and Social Care Partnership Senior Management Team
- report against the metrics clearly and concisely
- emphasise personal accountability

WORKSTREAM	RAG	OCT 17	NOV 17	DEC 17	JAN 18	FEB 18	MAR 18	APR 18			
Developing Strategies SRO Colin Briggs	Yellow bar	Establish organisational, team and individual performance objectives									
		Agree performance reporting framework with a focus on action and improvement									
		Ongoing clear and concise reporting against agreed metrics									

Progress to Date:

Planning is underway to ensure the development and cascade of appropriate organisational, team and individual performance objectives.

A performance dashboard has been developed to track performance against the key national outcome indicators. The next stage will extend this dashboard to local reporting.

Scrutiny boards established in each locality have a clear focus on the management and improvement of performance, budgetary control and quality.

Ensuring Quality



We will improve citizens' experience of our services by taking action in response to the 17 recommendations in the report of the joint inspection of services for older people published in May 2017. We will:

- review and prioritise each of the recommendations
- sustain, and where necessary, accelerate progress to date
- engage with the inspection bodies as partners in our improvement journey
- establish a robust programme of quality assurance

WORKSTREAM	RAG	OCT 17	NOV 17	DEC 17	JAN 18	FEB 18	MAR 18	APR 18	MAY 18	JUN18
Ensuring Quality SRO Michelle Miller		Revise and re-prioritise inspection action plan								
		Delivery of improvements detailed in inspection action plan								
		Project to address current backlogs of assessments and reviews								
		End to end review of all business processes for assessments and reviews								
		End to end review of all business processes for the administration of Direct Payments								

Progress to Date:

The inspection action plan was revised and re-prioritised in October 2017. We have established a quality improvement framework for localities, supported by expertise in adult protection and quality assurance and compliance.

Funding has been identified to establish a project to address the current backlog of assessments/reviews over the coming 7 months. We are establishing a temporary data cleansing/compliance team to improve the integrity of Swift data and ensure that lean, effective business processes are in place to support locality working.

Savings Governance Programme – Delivering Financial Sustainability

- In addition to the improvement programme, themed around the priorities set out in the Statement of Intent, the Partnership has developed a savings programme
- This programme is monitored and governed through the Savings Governance Board, which meets on a fortnightly basis to track progress and deal with risks/issues/decisions
- The savings programme is targeting significant financial savings and/or cost avoidance
- The high level details of this programme are set out in the following slide



High Level Savings Programme



WORKSTREAM	RAG	OCT – DEC 17	JAN – MAR 18	APR – JUN 18	JUL – SEP 18	OCT – DEC 18	JAN – MAR 19	APR – JUN 19	JUL – SEP 19	OCT – DEC 19		
Delivering Financial Sustainability SRO Moira Pringle		Prioritise and agree pipeline projects for delivery										
		Disability services, legal fees and discretionary spend										
		Maximise direct payment clawback										
		Deliver staffing savings for phase 3 services										
		High value transport cost savings										
		Delivery of 2017 /18 NHS locality schemes										
		Review of Partnership Grants Programme and delivery of efficiencies										
		Telecare Expansion Programme – Purchasing Budget Efficiencies										
		Support Planning and Brokerage – Purchasing Budget Efficiencies										
		Reablement – Purchasing Budget Efficiencies										

Report

Joint Board Membership and Appointments to Committees and Sub-Groups

Edinburgh Integration Joint Board

15 December 2017

Executive Summary

1. This report notifies the Joint Board that NHS Lothian and the City of Edinburgh Council have identified replacement voting members to fill vacancies as a result of resignations.
2. Members are also asked to note the change to non-voting members on the Joint Board, due to recent interim appointments.
3. Approval is sought for the appointment of members to vacancies on the Audit and Risk Committee and the Performance and Quality Sub-Group.

Recommendations

4. The Integration Joint Board is asked:
 - i. To note that NHS Lothian agreed, at its meeting on 4 October 2017, to nominate Angus McCann as a voting member in place of Shulah Allan (resigned), effective from 1 January 2018.
 - ii. To note that the Council agreed, at its meeting on 24 August 2017, to appoint Councillor Melanie Main as a voting member in place of Councillor Claire Miller.
 - iii. To note that Dr Richard Williams has intimated his intention to step down from the Joint Board in early 2018 and that NHS Lothian will be required to nominate a replacement for Dr Williams to ensure the retention of the required balance of voting members on the Joint Board between NHS Lothian and the City of Edinburgh Council.
 - iv. To note the requirement to undertake a recruitment process to fill the two service user non-voting vacancies on the Joint Board.

- v. To note the appointment of Michelle Miller and Alistair Gaw as non-voting members on the Joint Board in their capacity as Interim IJB Chief Officer and Interim Chief Social Work Officer respectively.
- vi. To note the resignation of George Walker as an additional non-voting member of the Joint Board and to agree not to re-appoint a replacement additional member.
- vii. To appoint one non-voting member to the Audit and Risk Committee.
- viii. To appoint a Chair of the Audit and Risk Committee.
- ix. To nominate an NHS Lothian IJB Member to the Performance and Quality Sub-Group in place of Shulah Allan (resigned).
- x. To appoint a Chair of the Performance and Quality Sub-Group.

Background

- 5. The Joint Board's Standing Orders provide that it can appoint such committees and sub-groups, including terms of reference and membership, as it thinks fit. Their membership and terms of reference are to be reviewed as and when required.

Main report

Joint Board Voting Members

- 6. Councillor Claire Miller was appointed to the Joint Board by the City of Edinburgh Council in July 2017. The City of Edinburgh Council, at their meeting on 24 August 2017, appointed Councillor Melanie Main to replace Councillor Miller as a voting member on the Joint Board.
- 7. Shulah Allan has advised of her resignation from the Joint Board from 31 December 2017. This report seeks the approval of the Joint Board to appoint Angus McCann to this vacancy from 1 January 2018.
- 8. Dr Richard Williams is stepping down from the Joint Board in early 2018 and will need to be replaced by a member of the NHS Lothian Board in order to ensure the required balance of voting members between NHS Lothian and the City of Edinburgh Council.

Joint Board Non-Voting Members

9. Michelle Miller has been automatically appointed to the Joint Board as a non-voting member, in her capacity as Interim Chief Officer. Similarly, Alastair Gaw has been appointed as a non-voting member in his capacity as Interim Chief Social Work Officer.
10. Beverley Marshall and Angus McCann have resigned from their positions, leaving two vacancies for Service User Representatives on the Joint Board. At least one member must be appointed to represent service users, in line with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. This is covered in detail in a separate report by the IJB Interim Chief Officer elsewhere on this agenda.
11. George Walker, Chair of the Flow Board, has resigned from his position on the Joint Board. As an “additional” non-voting member, there is no statutory requirement for this position to be filled, in line with the Joint Board’s Standing Orders.

Audit and Risk Committee

12. Angus McCann’s resignation as a service user representative on the Joint Board also leaves a vacancy on the Audit and Risk Committee. A new Chair will also need to be appointed.

Performance and Quality Sub-Group

13. Shulah Allan’s resignation from the Joint Board on 31 December 2018 leaves a vacancy for an NHS Lothian Member of the Joint Board on the Performance and Quality Sub-Group. A new Chair will also need to be appointed.

Key risks

14. Failure to appoint replacement voting members to the Joint Board within the period of six months would come under scrutiny by Scottish Ministers who would require to be notified in writing as to reasons why this had not occurred.
15. Failure to appoint service user representatives would result in the Joint Board failing to meet the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
16. Failure to appoint individuals to the Audit and Risk Committee would reduce the effectiveness of that Committee resulting in the Joint Board having a less robust scrutiny and governance structure.

Financial implications

17. There are no financial implications connected with this report.

Implications for Directions

18. N/A

Equalities implications

19. N/A

Sustainability implications

20. N/A

Involving people

21. N/A

Impact on plans of other parties

22. There is no known impact on the plans of other parties.

Background reading/references

[Minute of the Edinburgh Integration Joint Board 14 July 2017](#)

[The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)

Final Integration Scheme – Edinburgh Integration Joint Board

[Integration Joint Board – Standing Orders](#)

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Appendix 1

Appointments to Committees and Sub-Groups

Appendix 1

Appointments to Committees and Sub-Groups

Audit and Risk Committee - 6 Members (2 CEC, 2 NHS, 2 Other)	
Vacancy (Chair) (non-voting member) Alex Joyce (NHS) Mike Ash (NHS) Councillor Alasdair Rankin (CEC) Councillor Susan Webber (CEC)	Ella Simpson (non-voting member) Robin Jones (Co-opted onto Committee for 12 months from 6 March 2017)

Performance and Quality Sub-Group	
NHS Lothian IJB Member	Vacancy
CEC elected member and IJB Board member	Councillor Derek Howie and Councillor Melanie Main
One representative from each of the following: <ul style="list-style-type: none"> - Professional Advisory Group - Third Sector - Independent Sector Representative - Citizen Representative 	To be nominated by the Professional Advisory Group Third Sector representative from IJB Scottish Care Citizen Representative

Professional Advisory Group – 5 Standing Members

5 standing members:

Chief Social Work Officer
Clinical Director Edinburgh
Community Health
Partnership (CHP)
Chief Nurse (CHP)
Allied Health Professional
Manager (CHP)
Staff Partnership
Representative

Each of the following should
be represented:

Nursing Staff
Clinical Nurse Managers
Allied Health Professional
Members

One each of the following from the
NHS:

Physiotherapist
Occupational Therapist
Speech and Language Therapist
Podiatrist
Art Therapist
Medical Staff
Clinical Leads from all GP and 'hosted
service' areas
GP Sub Committee Member
Consultant in Public health Medicine
(or deputy)
Optometrist
Community Pharmacist
Dentist
Primary Care Pharmacist Co-ordinator
Clinical Psychologist

Social Work manager for each social work
care group:

Older people
Disabilities
Mental Health
Substance Misuse
Assessment and Care Management

A senior manager for each of the locally
based services:

Local Authority Occupational Therapist
Local Authority Dietician
A representative from housing support and
homeless service
Children's social work/care representative

Strategic Planning Group	
Chair	Vice-Chair of the Integration Joint Board will be appointed
Vice-Chair	Chair of the Integration Joint Board will be appointed
NHS Lothian	NHS Lothian to be asked to nominate an appropriate officer
City of Edinburgh Council	City of Edinburgh Council to be asked nominate an appropriate officer
Users of health services	The two service users who are non-voting members of the Edinburgh Integration Joint Board will be appointed
Users of social care services	
Carers of users of health services	The two unpaid carers who are non-voting members of the Edinburgh Integration Joint Board will be appointed
Carers of users of social care services	
Social care professionals	The Professional Advisory Group (PAG) to be asked to nominate a health and a social care professional. Ideally the representatives will be the co-chairs of the PAG.
Health professionals	
Commercial providers of health care	TBC
Commercial providers of social care	Scottish Care which is an interface organisation for the independent sector to be asked for a nomination
Non-commercial providers of social care	EVOC (Edinburgh Voluntary Organisations Council) and CCPS (Coalition of Care and Support Providers) which are interface organisations for the third sector to be asked for nominations
Non-commercial providers of health care	
Non-commercial providers of social housing	Edinburgh Affordable Housing Partnership which is a an interface group for providers of social housing to be asked for nominations

Third sector organisations carrying out activities related to health or social care	The third sector representative who is a non-voting member of the IJB will be appointed.
Localities	Pending the full establishment of the four localities it is proposed that the Community Engagement Manager from the City of Edinburgh Council undertakes this role.
Chief Officer of the EIJB	
Chief Finance Officer of the EIJB	
Strategic Planning Leads for the EIJB	
Performance Lead IJB	
Public Health Consultant working with IJB	

Report

Recruitment of citizen members

Edinburgh Integration Joint Board

15 December 2017



Executive Summary

1. The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, requires Integration Joint Boards to appoint at least one service user and one person providing unpaid care, who live in the local authority area, to become members of the Board. The Edinburgh Integration Joint Board previously agreed to appoint two service users and two unpaid carers to be members of the Board. The two service user seats on the Board are currently vacant.
2. This report proposes the establishment of a short life working group to review the role and specification for citizen members of the Board along with the appointments process and make recommendations to the Board in January 2018.

Recommendations

3. The Integration Joint Board is asked to:
 - i. note the requirement to appoint two citizens of Edinburgh who use health and social care services to the membership of the Board
 - ii. agree that a short life working group should be established as set out in paragraph 8 below, to review the role description and specification for the service user/unpaid carer Board members along with the advertisement and recruitment pack and report back to the Integration Joint Board with recommendations in January 2018.

Background

4. At the first formal meeting of the Edinburgh Integration Joint Board, held on 17 July 2015, it was agreed to appoint two service user and two unpaid carer members from the Shadow Health and Social Care Partnership to the Board.

5. The arrangements for the recruitment of service user and unpaid carer members were agreed by the Shadow Health and Social Care Partnership in February 2014. The current requirement to recruit two new service users to the Integration Joint Board provides the opportunity for the arrangements to be reviewed and approved by the Board.

Main report

6. The existing citizen members were appointed following a recruitment process that involved placing an advert in *Third Force News*, and on the City of Edinburgh Council website. The advertisement was also circulated to health and social care managers, Edinburgh Voluntary Organisations Council (EVOC) (website and Noticeboard), Neighbourhood Partnerships, Community Councils, Home Care staff, Day Service managers, the Personalisation Network and GP practices. Anyone who expressed an interest was sent a recruitment pack, which included background information about the Health and Social Care Partnership and a description of the role of service user/unpaid carer member.
7. Applications received were evaluated, and short-listed candidates were interviewed by a panel made up of the Vice-chair of the Shadow Health and Social Care Partnership, the Chief Social Work Officer, the Chief Executive of EVOC and two officers, one from a social care background and one from an health background.
8. The need to recruit new members provides an opportunity for the recruitment pack and selection arrangements to be reviewed. It is proposed that a small working group be established to review the specification, advertisement and recruitment pack, and report back to the Integration Joint Board in January. It is proposed that membership of this group should include the vice chair of the Integration Joint Board, the Third Sector representative on the Board, the two unpaid carer members of the Board and the previous service user member. The Strategic Planning Manager will support this group. The review would also take account of the recent publication from the Coalition of Carers Scotland on 'Enhancing carer representative involvement on Integration Joint Boards'.

Key risks

9. Following the resignation of Angus McCann, the Integration Joint Board is in breach of the legal requirement to have at least one non-voting member who is a service user. The proposals in this report will lead to the adoption of a formal recruitment process for service user and unpaid members by the Board.

Financial implications

10. Service users and unpaid carers who are non-voting members of the Integration Joint Board are entitled to reimbursement of reasonable expenses incurred in association with their role.

Implications for Directions

11. There are no implications for Directions arising from this report.

Equalities implications

12. The proposals contained in this report will ensure that the interests of the citizens of Edinburgh who use health and social care services are represented on the Integration Joint Board.

Sustainability implications

13. There are no sustainability implications arising from this report.

Involving people

14. The proposals contained in this report will ensure that citizens of Edinburgh who use health and social care services or care for people who use those services are directly involved in the deliberations of the Integration Joint Board.

Impact on plans of other parties

15. The proposals contained in this report have no impact on the plans of other parties.

Background reading/references

None

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