

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30am Friday 26 January 2018

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 If any

4. Minutes and Updates

- 4.1. Minute of the Edinburgh Integration Joint Board of 15 December 2017 (circulated) submitted for approval as a correct record
- 4.2. Sub-Group Minutes
 - 4.2.1 Professional Advisory Group – Minute of 28 November 2017 (circulated) – submitted for noting
 - 4.2.2 Performance and Quality Sub-Group - Note of Meeting of 29 November 2017 (circulated) – submitted for noting
 - 4.2.3 Strategic Planning Group
 - (a) Minute of 1 December 2017 (circulated) – submitted for noting
 - (b) Minute of 12 January 2018 (circulated) – submitted for noting

5. Reports

- 5.1 Rolling Actions Log – January (circulated)
- 5.2 Outline Strategic Commissioning Plans for Learning Disability, Mental Health and Older People – report by the IJB Interim Chief Officer (circulated)
- 5.3 Financial Position and Budget Forecast – verbal update by the IJB Interim Chief Finance Officer
- 5.4 Primary Care South East Edinburgh (Outer Area) Strategic Assessment – report by the IJB Interim Chief Officer (circulated)
- 5.5 Outstanding Directions – report by the IJB Interim Chief Officer (circulated)

- 5.6 Edinburgh Alcohol and Drug Partnership Funding – Review of Service Changes Impact – report by the IJB Interim Chief Officer (circulated)
- 5.7 Recruitment of Service User Members to the Integration Joint Board – report by the IJB Interim Chief Officer (circulated)
- 5.8 Edinburgh Health and Social Care Partnership Communications Action Plan – report by the IJB Interim Chief Officer (circulated)
- 5.9 Whole System Delays – Recent Trends – report by the IJB Interim Chief Officer (circulated)
- 5.10 Review of Professional and Clinical Governance in the Health and Social Care Partnership and Membership of the Integration Joint Board – 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), Michael Ash, Councillor Derek Howie, Alex Joyce, Councillor Melanie Main, Angus McCann, 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 15 December 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, Sandra Blake, Christine Farquhar, Alastair Gaw, Mark Grierson (substituting for Colin Briggs), Kirsten Hey, Councillor Derek Howie, Councillor Melanie Main, Michelle Miller, Moira Pringle, Councillor Alasdair Rankin, Ella Simpson, Councillor Susan Webber, Richard Williams and Pat Wynne.

Officers: Lesley Birrell, Wendy Dale, Gavin King, Angela Lindsay and Jamie Macrae.

Apologies: Colin Briggs, Andrew Coull and Alex Joyce.

1. Shulah Allan – Retirement

The Chair recorded thanks to Shulah Allan for her commitment and valuable input and contribution to the work of the Joint Board since its inception and wished her well for her retirement.

2. Minutes

Decision

To approve the minute of the Joint Board of 17 November 2017 as a correct record.

3. Sub-Group and Committee Minutes and Updates

Updates were given on Sub-Group and Committee activity.

Decision

- 1) To note the minute of meeting of the Audit and Risk Committee of 1 December 2017.
- 2) To note that an update report was scheduled to be submitted to the next meeting of the Sub-Group on lessons learned and performance indicators aligned to Directions as part of the overall performance report.

- 3) To note that the minute of the Performance and Quality Sub-Group of 29 November 2017 would be submitted to the next meeting of the Joint Board on 26 January 2018.
- 4) To note that the minute of the Professional Advisory Group of 28 November 2017 would be submitted to the next meeting of the Joint Board on 26 January 2018.
- 5) To note the minute of meeting of the Strategic Planning Group of 3 November 2017.

4. Rolling Actions Log

The Rolling Actions Log for 15 December 2017 was presented.

Decision

- 1) To agree to close Action 9 – Edinburgh Health and Social Care Partnership Statement of Intent.
- 2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log 15 December 2017, submitted)

5. Business Resilience Arrangements and Planning

The Edinburgh Health and Social Care Partnership was working towards embedding stronger business resilience practices throughout the organisation. Currently, the Partnership relied on two different business continuity models used by NHS Lothian and the Council.

It was proposed to integrate both business resilience plans to strengthen the Partnership's business continuity governance and reporting framework and to ensure that appropriate oversight, scrutiny and assurances were in place.

Decision

- 1) To note that currently there was no integrated approach to developing business resilience arrangements thus preventing the delivery of a clear and effective continuity plan.
- 2) To approve the Partnership's proposal to build on NHS Lothian's and the Council's resilience best practices to create a single coherent and easy to use plan for integrated services.
- 3) To note the intention to create, share and test plans with a view to providing a further update on progress at the meeting of the Joint Board on 18 May 2018.
- 4) To include further detail in the update report to the Joint Board on business resilience arrangements in respect of independent contractors and how these arrangements would be planned to link in with the localities.

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

6. Winter Plan 2017-2018

The winter plan was 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 were admitted, if appropriate.

The winter plan also focused on addressing additional pressures, such as potential surges in admissions over the winter (particularly in relation to respiratory and circulatory conditions), incidence of norovirus and influenza, and seasonal business continuity challenges.

A summary was given of key areas of focus within the Plan and actions being taken in relation to critical areas outlined in the Scottish Government guidance.

Decision

- 1) To note the progress with the winter planning for 2017-2018.
- 2) To approve the action plan set out at Appendix 1 of the report by the IJB Interim Chief Officer as far as it related to the issues under the authority of the Joint Board.
- 3) To issue a Direction to implement the Winter Plan in order to achieve the outcomes set out in the Plan with performance, evaluation and lessons learned being monitored and reported back to a future meeting of the Joint Board.

(Reference – report by the IJB Interim 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 and delays across the system continued to be extremely challenging.

Decision

- 1) To note that the current pressures and delays across the system, including delayed discharge and people waiting for assessment continued to be a challenge.
- 2) To 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.
- 3) To welcome the introduction of monthly performance scrutiny meetings in each locality.

(References – Integration Joint Board 17 November 2017 (item 7); report by the IJB Interim Chief Officer, submitted)

8. Financial Performance and Outlook

An update was provided on the financial position at the seven month stage of 2017/18 and the forecast year end position. An initial indication of the scale of the financial challenge facing the Joint Board over the five year period to 2022/23 was also reported.

Additional funding for local authorities had been announced by the Scottish Government as part of the spending plans for 2018/19 for the following key areas – primary care, mental health and social care.

Decision

- 1) To note that delegated services were reporting an overspend of £4.0m for the first seven months of 2017/18 which was projected to rise to £7.1m by the end of the financial year without any further action.
- 2) To acknowledge that ongoing actions were being progressed to reduce the predicted in-year deficit to achieve a year-end balanced position, and to note that only limited assurance could be given of the achievement of break even at this time.
- 3) To acknowledge the initial financial outlook for the next five years.
- 4) To support the development of an underpinning financial strategy.
- 5) To note that the five year forecast would require to be adjusted in light of the Scottish Government's draft spending plans for 2018/19 announced on 14 December 2017.

(References – Integration Joint Board 17 November 2017 (item 10); report by the IJB Interim Chief Finance Officer, submitted.)

9. Health and Social Care improvement Programme and Short Term Resource Implications

The Joint Board had approved the Edinburgh Health and Social Care Partnership's Statement of Intent setting out the seven key areas requiring intensive remedial action for all health and social care services in the City. Actions had been grouped into a comprehensive improvement programme with associated resource implications.

The Statement of Intent included an undertaking that the Health and Social Care Partnership would produce outline strategic commissioning plans for older people, mental health, disabilities and primary care. These would be submitted to the Joint Board for approval in early 2018.

Performance information would be reported to the Joint Board via the Performance and Quality Sub-Group and as part of the whole system reporting structure. The Savings Governance Board had been re-established to bring additional rigour to the savings that needed to be delivered. Workstream leads provided updates every two weeks on reducing costs and innovative ways of providing more capacity within the same resources.

Decision

- 1) To approve the short term resource allocation detailed in paragraphs 27 to 29 of the report by the IJB Interim Chief Officer.
- 2) To approve the comprehensive improvement programme for the Health and Social Care Partnership, set out in full at Appendix 1, and in summary at Appendix 2 of the report.
- 3) To note the arrangements to co-ordinate the staffing resources to balance local knowledge and flexibility/speed of recruitment.
- 4) To note that a Direction would be drafted in relation to re-prioritisation of resource allocation to allow implementation of the short-term actions described in paragraphs 27 to 29 of the report.

(References – Integration Joint Board 17 November 2017 (item 8); report by the IJB Interim Chief Officer, submitted.)

10. Joint Board Membership and Appointments to Committees and Sub-Groups

NHS Lothian and the City of Edinburgh Council had identified replacement voting members to fill vacancies on the Joint Board as a result of resignations. The Joint Board was also asked to note the change to its non-voting members due to recent interim appointments.

Approval was also sought for the appointment of members to vacancies on the Audit and Risk Committee and the Performance and Quality Sub-Group.

Decision

- 1) To note that NHS Lothian agreed, at its meeting on 4 October 2017, to nominate Angus McCann as a voting member on the Joint Board in place of Shulah Allan (resigned), effective from 1 January 2018.
- 2) To note that the Council agreed, at its meeting on 24 August 2017, to appoint Councillor Melanie Main as a voting member on the Joint Board in place of Councillor Claire Miller.
- 3) To note that Dr Richard Williams had intimated his intention to step down from the Joint Board in early 2018 and that NHS Lothian, at their meeting on 6 December 2017, had appointed Martin Hill to replace Dr Richard Williams on the Joint Board with effect from 1 March 2018.
- 4) To note the requirement to undertake a recruitment process to fill the two service user non-voting vacant positions on the Joint Board.
- 5) 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.

- 6) 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.
- 8) To delegate authority to the IJB Interim Chief Officer, in consultation with the Chair and Vice-Chair, to review the membership of the Audit and Risk Committee and the role description and specification for the Audit and Risk Committee Chair and report back to the Joint Board.
- 9) To delegate authority to the IJB Interim Chief Officer, in consultation with the Chair and Vice-Chair, to review the membership of the Performance and Quality Sub-Group and the role description and specification for the Performance and Quality Sub-Group Chair and report back to the Joint Board.

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

11. Recruitment of Citizen Members

The Joint Board had previously agreed to appoint two service users and two unpaid carers to be members of the Board. The two service user positions on the Board were currently vacant.

It was proposed to establish a short life working group to review the role and specification for citizen members of the Board along with the appointments process with a view to making recommendations to the Board in January 2018.

Decision

- 1) To note the requirement to appoint two citizens of Edinburgh who use health and social care services to membership of the Joint Board.
- 2) To establish a short life working group as set out in paragraph 8 of the report by the IJB Interim Chief Officer, 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 Joint Board with recommendations in January 2018.
- 3) To delegate authority to the IJB Interim Chief Officer, in consultation with the Chair and Vice-Chair, to review the recruitment pack and selection arrangements and report back to the Joint Board.

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



Minutes

Edinburgh Integration Joint Board Professional Advisory Group

9.30am Tuesday 28 November 2017

Mandela Room, City Chambers, Edinburgh

Present:

Carl Bickler (Co-Chair), Colin Beck (Co-Chair), Eddie Balfour, Robin Balfour, Chris Brannan, Helen Faulding-Bird, Alistair FitzGerald, Belinda Hacking, Kirsten Hey, Sophie Jenkins, Sandra McNaughton, Alison Meiklejohn, Graeme Mollon, Kate Pestell, Mike Reid, Karen Ritchie, Mike Ryan, Maggie Scrugham.

Apologies

Sheena Borthwick, Moyra Burns, Sharon Cameron, Carol Chalmers, Nikki Conway, Wendy Dale, Wanda Fairgrieve, Marna Green, Jen Grundy, Caroline Lawrie, Catherine Mathieson, Ian McKay, John McKnight, Katie McWilliam, Anne Walker.

**1. Note of the meeting of the Integration Joint Board
Professional Advisory Group meeting of 5 October 2017
and Matters Arising**

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board Professional Advisory Group of 5 October 2017 as a correct record.

**2. Note of the meeting of the Edinburgh Integration Joint
Board of 13 October 2017 and Matters Arising**

Decision

To note the minute of the meeting of the Edinburgh Integration Joint Board of 13 October 2017.

3. Note of the meetings of the Performance and Quality Group of 30 August 2017 and 12 October 2017 and Matters Arising

Decision

To note the minutes of the meetings of the Performance and Quality Group of 30 August 2017 and 12 October 2017.

4. Note of the meeting of the Strategic Planning Group of 6 October 2017 and Matters Arising

Decision

To note the minute of the meeting of the Strategic Planning Group of 6 October 2017.

5. Note of the meeting of the Audit and Risk Committee of 11 September 2017 and Matters Arising

Decision

To note the minute of the meeting of the Audit and Risk Committee of 11 September 2017.

6. Rapid Response Team – presentation

Karen Ritchie, Senior Charge Nurse, gave a presentation on the work of the Rapid Response Team in Edinburgh, a service which provided assessment and support for older people in mental health crises, where the person was at risk of psychiatric hospital admission.

Decision

- 1) To note the presentation.
- 2) That PAG members would liaise with Karen Ritchie about potential future engagement with different staff groups on the work of the Rapid Response Team.

7. Edinburgh Health and Social Care Partnership Statement of Intent – professional perspective

The Edinburgh Health and Social Care Partnership Statement of Intent was presented. During discussion, the following points were raised:

- The Statement was very high level – it could not yet be translated into a working framework.
- There was no direction about how to report.
- It was acknowledged that the purpose of the working groups was to address work plans for services.
- There could have been more focus on certain areas, but it was acknowledged that the Statement had been designed to be broad. Members were keen to see more specific details in order to provide accountability and to get people engaged.

Decision

- 1) To note the update.
- 2) To agree that the Co-Chairs would prepare a formal response to the Joint Board on behalf of the PAG.

8. Chief Officer Appointment Timeline

The timeline for the appointment of a permanent IJB Chief Officer was provided. The appointment was due to be made by the Joint Board on 2 March 2018. Recruitment to the two Head of Service posts would be carried out in parallel.

Decision

- 1) To note the update.
- 2) To clarify whether the new Chief Officer would have any input in the recruitment/selection of the new Heads of Service.

9. Ritson Service Redesign

An update was provided on the redesign of the Ritson In-Patient Detoxification Unit, a Lothian-wide service managed by Royal Edinburgh and Associated Services (REAS) under the direction of and on behalf of the IJBs.

The proposal recommended:

- A reduction in the number of in-patient beds.
- The development of a day patient service for Edinburgh, co-located with the in-patient detoxification services. East, Mid and West Lothian would manage their non-inpatients locally.
- The development of a clear algorithm for detoxification across community, day programme and in-patient settings in line with NICE Guidelines.

Decision

To note the update and to clarify with the report author the value of the 2 day patient places; the skill mix required for delivery and the connectedness with locality services.

10. Outline Strategic Commissioning Plans

An update was provided on the development of the Outline Strategic Commissioning Plans for Older People, Mental Health, Disabilities and Primary Care. An outline of the content of the plans was given, along with details of the governance structure.

Decision

- 1) To note the presentation.
- 2) To agree that the Co-Chairs would request details on member of the reference boards and sub-groups.

11. Locality Boundaries

An update was provided on the decision regarding locality boundaries, which was that localities would be organised by postcodes, rather than GP boundaries. Concerns were raised about the impact that this would have on Community Mental Health Teams (CMHTs). GP boundaries would enable a relationship between single GP practices and CMHTs. Postcode boundaries would prevent the use of the e-referrals system and would require a significant reorganisation of service users.

Decision

- 1) To note the update.
- 2) To agree that Graeme Mollon and Mike Reid would prepare a response on and to agree the proposed actions relating to the role and membership of the PAG.

12. Feedback from “Our Information and Communication Needs around Integration” workshop of 1 November 2017

Belinda Hacking and Kirsten Hey provided feedback on the recent communications workshop. The workshop looked at how to communicate with staff and the public about the management of services and also considered IT issues across both the Council and NHS Lothian.

Decision

- 1) To note the update.
- 2) To request formal feedback from the event organisers.

13. Next Meetings

Decision

To agree that the Clerk would confirm with the Convener the date for the next meeting of the PAG.



**Note of Meeting
Performance and Quality Sub-Group
29 November 2017
City Chambers, Edinburgh
10:00am**

Present:**Key Stakeholders**

Shulah Allan (Chair), Mike Ash (NHS Lothian and IJB), Sandra Blake (Independent Carer), Colin Briggs (NHS Lothian), Ian Brooke (EVOC), Eleanor Cunningham (Strategy and Insight), Wendy Dale (Strategic Planning), Keith Dyer (Quality Assurance), Councillor Melanie Main, Alison Meiklejohn (Professional Advisory Group) and Julie Tickle (Service and Policy Adviser to Chair of the IJB).

Apologies:

Jennifer Evans (Quality Assurance) and Councillor Derek Howie.

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
1	Welcome	No changes.		
2.1	Declarations of Interest	None.		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
3.1	Minute of 12 October 2017	To approve the minute as a correct record.	Lesley Birrell	
3.2	Outstanding Actions	<p>Decision</p> <p>1) To note the following updates: Action 1 – Rubrics - report on rubrics in relation to long term conditions to be considered at the meeting on 20 December 2017 Action 3 – Carers Feeling Supported – report to be considered at the meeting on 31 January 2018 Action 5 – Service User Engagement and Feedback – report to be considered at the meeting on 31 January 2018 Action 8 – Overview of the New Planning and Performance Arrangements – report to be considered at the meeting on 20 December 2017 Action 10 – Performance Overview – report to be considered at the meeting on 28 February 2018</p> <p>2) To agree to close the following items: Action 2 – Assessing Health Inequalities Grants Allocation</p>	Lesley Birrell	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		<p>Action 4 – Whole System Flow – Overview of Approach</p> <p>Action 6 – Whole System Dashboard</p> <p>Action 7 – Briefing on Liberton Hospital and Gylemuir</p> <p>Action 9 – Joint Older People’s Inspection</p> <p>3) To update and rolling actions log and otherwise note the remaining outstanding actions.</p>		
4.1	Joint Older People’s Inspection – Improvement Plan – presentation by Keith Dyer, Quality Assurance Manager	<p>An update was provided on progress against the recommendations of the Care Inspectorate/Health Improvement Scotland’s report into the joint inspection of Edinburgh’s services for older people. A proposed revised improvement plan had been agreed by the Joint Board at their meeting on 17 November 2017.</p> <p>It was important to pull all the strands together into one improvement plan to provide assurance to the Care Inspectorate and Health Improvement Scotland that progress was being made. The Statement of Intent was scheduled to be reported to the Joint Board in December 2017.</p>		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		<p>The Statement would propose an overall focus on performance, quality and finance and a strategic focus on the development of outline strategic commissioning plans for disabilities, mental health, older people and primary care.</p> <p>The Interim Chief Officer was in weekly contact with the Care Inspectorate to update on progress. Initial feedback was that the Inspectorates were pleased to see the level of insight from the Partnership and that good work had been done.</p> <p>The Group were encouraged to hear about the actions being undertaken but felt it would be useful to have an indication of when improvements and milestones would be able to be reported on together with any specific issues preventing progress being made and setting out “easy fixes” and other issues requiring more time and resources.</p> <p>Actions had been issued to all the workstream leads and progress reports for recommendations 1 (Engagement), 9 (Market shaping) and 10 (strategic commissioning plan) would be reported on to the Strategic Planning Group.</p>		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		<p>In addition, draft outline strategic commissioning plans were being prepared for submission to the Strategic Planning Group in January 2018.</p> <p>Decision</p> <ol style="list-style-type: none"> 1) To recommend to the Audit & Risk Committee that they consider using the risk register as an overall performance tool to measure performance against Directions; this Group's role would be to scrutinise performance in specific areas where there were highest risks. 2) To note that it would be helpful in terms of future reporting to have a high level report (with links to further detailed information) and a GANT chart and to link the indicators to improvement outcomes. 		
4.2	Annual Performance Report Lessons Learned – presentation by Wendy Dale, Strategic Planning Manager	<p>An update was given on lessons learned arising from the annual performance reporting against the 9 outcomes and 23 core integration indicators.</p> <p>A clear project plan and performance framework for the Partnership needed to come back to this Group for a view before making recommendations to the Joint Board.</p>	<p>Wendy Dale Colin Briggs</p>	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		<p>The expectation was that the Partnership would designate a lead officer to progress this.</p> <p>Decision</p> <p>To note that the Strategic Planning Manager and Interim Chief Strategy and Performance Manager would take forward this piece of work and report back on progress to this Group at their meeting on 31 January 2018.</p>		
4.3	Whole System Overview – Progress Update – presentation by Eleanor Cunningham, Strategy & Business Planning	<p>Progress was reported on the development of the dashboard providing an overview of the whole system. It was planned to include the Ministerial Strategic Group for Health and Community Care (MSG) “big 6” measures to ensure good access to the indicators required by the Scottish Government.</p> <p>The Group discussed how this would tie in with priorities and timescales and about how effective change in the “big 6” areas would be captured and reported. It was intended to engage the support of Health Improvement Scotland and implement a buddying system. Phase 2 development of the system included delayed discharges, packages of care, social care assessment flow and overview targets.</p>	Eleanor Cunningham	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		<p>Decision</p> <p>To agree to monitor use of the proposed new system.</p>		
4.4	Performance Overview	<p>An update was given on two of the three sets of key indicators for health and social care, the MSG indicators and the set of local indicators.</p> <p>The core national integration indicators had not been updated since the last report.</p> <p>Work was underway to develop scrutiny of performance at locality level with the introduction of monthly performance meetings which would focus on performance, finance and quality.</p> <p>Decision</p> <ol style="list-style-type: none"> 1) To note the continued positive performance on unscheduled admission and occupied bed days in line with targets. 2) To note, with concern, continued delays and pressures in the community and the lack of improvement with delayed discharge levels. 3) To note the significant ongoing challenge of bringing about improvement. 	Eleanor Cunningham	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		<p>4) To note that monthly scrutiny of performance in each locality would be introduced in the near future.</p> <p>5) To note that a report would be submitted to the IJB on 15 December 2017 setting out actions being taken through the Health and Social Care Improvement Plan and associated targets and timelines.</p>		
4.5	Developing a Performance Framework for the Edinburgh Health and Social Care Partnership	<p>A briefing paper was submitted setting out a proposed performance framework for the Edinburgh Health and Social Care Partnership.</p> <p>Proposed indicator sets were:</p> <p>Strategic priorities National indicators Local indicators</p> <p>All indicators would have clearly defined targets underpinned by clear plans for delivery or in the case of new indicators be used to establish a baseline. The indicators would be reviewed annually.</p> <p>Decision</p> <p>To submit a further update report on progress to the next meeting of the Group on 20 December 2017.</p>	Wendy Dale	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
5	Date of Next Meeting	Wednesday 20 December 2018 1pm to 3pm, Room C47, Waverley Court, 4 East Market Street, Edinburgh		



Minutes

Edinburgh Integration Joint Board Strategic Planning Group

10.30am Friday 1 December 2017

City Chambers, High Street, Edinburgh

Present:

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

In Attendance: Chris Adams (Strategy & Business Planning)

1. Minute

The minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 3 November 2017 was submitted.

Decision

- 1) To approve the minute of the Edinburgh Integration Joint Board (EIJB) Strategic Planning Group of 3 November 2017 as a correct record.
- 2) **Item 11.1 – Night Time Payments to Carers** - To recognise there would be increased costs for small organisations and local authorities as a result of the recent Employment Tribunal Judgement where carers could apply for back payments relating to night time working hours and the probable subsequent knock on effect on charging and paying for carers.

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.
- (c) To note that EVOC had held a ThinkSpace Event from which Social Work and Children and Families had agreed to take forward some actions.

Item 2 – A Market Shaping Strategy

Update report on agenda for this meeting – recommend closure.

Item 3 – Locality Improvement Plans

Report submitted to the IJB on 17 November 2017 – recommend closure.

Item 4 – Delivery of Direction EDI_2017/18_1 (Locality Working)

Update report on all Directions on the agenda for this meeting – recommend closure.

Item 5 – South East Edinburgh (Outer Area) Strategic Assessment

Report to be submitted to the meeting of the Integration Joint Board scheduled for 26 January 2018.

Item 6 – Grants Review

Report submitted to the IJB on 17 November 2017 – recommend closure.

Decision

- 1) To agree to close the following actions:
 - Item 2 – A Market Shaping Strategy
 - Item 3 – Locality Improvement Plans
 - Item 4 – Delivery of Direction EDI_2017/18_1 (Locality Working)
 - Item 6 – Grants Review
- 2) To update the rolling actions log and otherwise note the remaining outstanding actions.

(References – IJB Strategic Planning Group 3 November (item 3); Rolling Actions Log, submitted)

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

An update was provided of progress on the three recommendations from the Joint Inspection of Services for Older People for which this Group had oversight. The progress updates included additional actions to be added to the Improvement Plan.

During discussion the following points were raised:

Recommendation 1 – The Partnership should improve its approach to engagement and consultation with stakeholders in relation to its vision, service redesign, key stages of its transformational programme and its objectives in respect of market facilitation

- public protection should be added to the vision to reflect that work was already being carried out in this area
- specific direction to include adult protection
- noted that community engagement standards were already set out in the IJB Standing Orders including benchmarks so there was a way of evaluating whether the Board were fulfilling that in terms of the Engagement Plan

Recommendation 9 – The Partnership should work with the local community and with other stakeholders to develop and implement a cross sector market facilitation strategy. This should include a risk assessment and set out contingency plans.

- need a programme plan to take forward the four commissioning strategies
- use of the term “market shaping” needed to be clarified – it should be about what could be done and the best most sustainable way of delivering this
- sustainability challenge around packages of care
- essential to be able to deliver services differently within the available resources and this was what the shaping strategy aimed to do
- important to ensure market shaping had a definitive meaning
- commissioning needed to be done in consultation with service users to ensure it was meeting actual and not perceived need

Recommendation 10 – The Partnership should produce a revised and updated joint strategic commissioning plan.

There were no additional points raised on this recommendation.

Decision

- 1) To work with partners to agree a definition of the market shaping strategy to ensure clarity of purpose.
- 2) To request the Strategic Planning Manager to update the actions to reflect those detailed in the progress reports attached at Appendix 2 of the update paper.

(Reference – update paper by the Strategic Planning Manager, Service Redesign and Innovation, submitted)

4. Outline Strategic Commissioning Plans - Progress

The draft Outline Strategic Commissioning Plans for disabilities, mental health and older people were scheduled to be submitted to this Group for consideration at their meeting on 12 January 2018. Thereafter the Plans would be referred on to the Joint Board and Directions issued as soon as possible thereafter.

The Outline Strategic Commissioning Plan for Primary Care would be submitted to the February meetings of this Group and thereafter to the meeting of the Joint Board scheduled for 2 March 2018.

Chairs had been agreed to lead three of the reference boards as follows – Mike Ash (Mental Health), Melanie Main (Primary Care) and Derek Howie (Older People). A Chair had still to be agreed for the Disabilities reference board.

Members would be appointed to the reference boards once initial meetings had been held with the Chairs.

During discussion the following points were raised:

- There were already in place a very good set of principles to work to, although it should be recognised that work through thematic forums was cross cutting – essential to get the fundamentals right
- important to cross reference and not be linear so it was clear where each of the strategies supported one another
- it would be helpful for this Group to see what the early results were before March 2019 which would then keep things moving – important to hold the Partnership to account and have oversight and monitoring of progress and also essential to have timelines set against expected delivery
- need to parallel this work with the Grants Review work – noted that reports on this would be submitted to the IJB in March and July 2018 to maintain consistency.

Decision

- 1) To note the work in progress on the three Outline Strategic Plans.
- 2) To agree to share the draft Plans with this Group as soon as possible over the Christmas break in advance of their next meeting on 12 January.

5. Grants Review - Update

The scope, methodology and timescales for the Grants Review had been agreed by the IJB at their meeting on 17 November 2017.

The Strategic Planning Manager had contacted Steering Group members with a view to setting up an initial meeting before the end of this year.

Regular updates would be reported to this Group as the review progressed.

Decision

To note the update.

6. Economy Strategy for Edinburgh

The Group heard a presentation by Chris Adams from the Council's Strategy and Insight Division on the Economy Strategy for Edinburgh. The presentation focused on the challenge around inclusive growth.

The Strategy aimed to have one vision for the City's economy and set out the following three outcomes:

- **People** – cost of living, support progression into work and learning, create pathways for career and pay progression, create a resilient and adaptable workforce, understand and address skills gaps for key sectors
- **Places** – invest in quality places for people and business, deliver work spaces to meet the changing needs of the economy, create the data capital of Europe, invest in affordable, good quality housing, invest in transport, cultural and sporting infrastructure
- **Businesses** – make it easy to do business in Edinburgh, build scalable businesses, support data driven innovation and inclusion, champion Edinburgh on the international stage, maximise the benefits of public procurement, foster an inclusive enterprise culture

The Group discussed areas of opportunity where the Economy Strategy could help deliver the priorities of the IJB and how the IJB could support the implementation planning for the Strategy.

During discussion the following points were raised:

- important strategic benefit in delivering better care would be to have more joined up systems ie. outcome measurement tools across the sector

- care staff recruitment and retention was an issue - one of the big pieces of work was to understand what employers needed and what they needed from staff then taking that into schools and colleges to address skills gaps and shortages
- needed to have a regional approach to technology and think about supporting employment schemes and not just profit-making business
- majority of investment had been through UK and European companies and Edinburgh had benefited also from the freedom of movement – any scope for collaboration with other cities about how we could market ourselves internationally
- inclusive growth challenges – needed to make sure a career framework was in place. The living wage for Scotland was not a living wage for Edinburgh and so housing, transport etc were more expensive and this exacerbated access issues for people. What was the input from children and families? How did schools feed into this as well? There was a need to tap in to the university and research sector as part of the city deal
- development of a programme for carer positive employers with a view to encouraging unpaid carers not to leave work. Recognised there were still gender issues around this. There was still an assumption that women would give up work to become carers

Decision

- 1) To thank Chris for the presentation.
- 2) To agree it would be useful to bring the detail around the City Deal back to this Group, in particular the work being undertaken by the Workforce Development Steering Group.

7. Update on Directions

An update was provided on progress in delivering each of the main 21 headline Directions and their respective sub-directions for 2017/18. The Directions had been produced to provide a clear work programme for the Health and Social Care Partnership.

The Joint Board had approved its Statement of Intent and had agreed to focus on the four Outline Strategic Plans. Some Directions therefore would require to be withdrawn or amended and new Directions issued.

The Directions Policy agreed by the Joint Board in January 2016 also required to be reviewed.

During discussion, the following points were raised:

- this was an important piece of work as the Joint Board needed to know what was happening to enable them to hold the Partnership to account

- this Group should have a more proactive role so they were clear what they were doing and why and the performance outcomes expected – if Directions were not performance measured then things would not progress
- this focus of this Group should be on strategic aims and not operational matters
- Directions needed to be managed very carefully and serve a purpose. It was important to know what was possible and what was not and therefore Directions shouldn't come as a surprise
- Directions should be a standing item at meetings of this Group to ensure effective performance monitoring

Decision

- 1) To note that the IJB template had been amended to ensure that all reports included a section entitled "Implications for Directions".
- 2) To agree that recommendations in IJB reports should seek approval of specific Directions to be issued or, where appropriate, that Directions should be withdrawn, amended or agreed as being complete.
- 3) To undertake a review of the Directions Policy taking into account information which may come out of consideration of the outline commissioning plans.
- 4) To agree to circulate the Directions Policy to this Group
- 5) To agree that Directions not meeting performance targets should be reported to this Group as a Standing Item.

(Reference – paper by the Strategic Planning Manager, submitted)

8. Agenda Forward Plan for Meeting on 12 January 2017

8.1 Standing Agenda Items

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

8.2 Forward Plan for 12 January 2018

Progress on Outline Strategic Plans

- Disabilities
- Mental Health
- Older People

9. Any Other Business

Decision

To note there were no additional items of business raised.

10. Papers for Information

Decision

- 1) To note the following papers which had been considered by the Joint Board at their meeting on 17 November 2017:
 - (a) Locality Improvement Plans
 - (b) Inspection of Older People's Services – Revised Improvement Plan
 - (c) Grants Review – Scope, Methodology and Timescales
- 2) To note that the next meeting of the Joint Board was scheduled for 15 December 2017.

11. Date of Next Meeting

Friday 12 January 2017 10am to 1pm in the Dean of Guild Room, City Chambers, High Street, Edinburgh.



Minutes

Edinburgh Integration Joint Board Strategic Planning Group

10.00am Friday 12 January 2018

City Chambers, High Street, Edinburgh

Present:

Members: Carolyn Hirst (Chair), Councillor Ricky Henderson (Vice-Chair), Colin Beck, Colin Briggs, Eleanor Cunningham, Wendy Dale, Christine Farquhar, Mark Grierson, Belinda Hacking, Stephanie-Anne Harris, Martin Higgins (substituting for Dermot Gorman), Fanchea Kelly, Peter McCormick, Michele Mulvaney, Moira Pringle, Rene Rigby and Ella Simpson.

Apologies: Sandra Blake, Dermot Gorman, Graeme Henderson and Michelle Miller.

In Attendance: Nickola Paul (Programme Business Manager, NHS Lothian), Linda Irvine and Stefan Milenkovic (EVOC).

1. Minute

The minute of the Edinburgh Integration Joint Board Strategic Planning Group of 1 December 2017 was submitted.

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 1 December 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 March agenda for this Group.
- (b) Update on planning for adapted housing requirements to be discussed at the Strategic Housing Group and thereafter brought back to the March meeting of this Group.
- (c) To note that EVOG had held a ThinkSpace Event from which Social Work and Children and Families had agreed to take forward some actions.

Item 2 – South East Edinburgh (Outer Area) Strategic Assessment

Report to be submitted to the meeting of the Integration Joint Board scheduled for 26 January 2018. Recommended for closure.

Item 3 – Economy Strategy – City Deal Workforce Development Steering Group – update on the work of the City Deal Workforce Development Steering Group to be brought back to a future meeting of this Group.

Decision

- 1) To agree to close Action 2 – South East Edinburgh (Outer Area) Strategic Assessment.
- 2) To update the rolling actions log and otherwise note the remaining outstanding actions.

(References – IJB Strategic Planning Group 1 December (item 3); Rolling Actions Log, submitted)

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

An update was provided of progress on the three recommendations from the Joint Inspection of Services for Older People for which this Group had oversight. The progress updates included additional actions to be added to the Improvement Plan.

Recommendation 1 – The Partnership should improve its approach to engagement and consultation with stakeholders in relation to its vision, service redesign, key stages of its transformational programme and its objectives in respect of market facilitation

The Statement of Intent had been approved by the Joint Board on 17 November 2017 and shared with partners and staff to keep them updated on all improvement activity.

The Statement of Intent had also been presented to the Edinburgh Community Planning Partnership Board on 7 December 2017.

The Community Engagement Sub-Group had met for the second time to discuss landscape in Edinburgh including opportunities for linking with community planning. The outputs from the workshop held on 1 November 2017 would be presented to this Group in February 2018.

The first meeting of the Workforce Development Steering Group was scheduled to be held on 22 January 2018.

Recommendation 9 – The Partnership should work with the local community and with other stakeholders to develop and implement a cross sector market facilitation strategy.

There was no additional progress to report on the market facilitation strategy since the last meeting of this Group on 1 December 2017.

Recommendation 10 – The Partnership should produce a revised and updated joint strategic commissioning plan.

The outline strategic commissioning plans for learning disabilities, mental health and older people were on the agenda for consideration at this meeting (see item 7 below) and would thereafter be referred to the Joint Board.

The outline strategic commissioning plans for physical disabilities and primary care would be presented to this Group in February 2018 and thereafter referred to the Joint Board.

The final commissioning plans would be completed by April 2019 together with the market shaping and facilitation strategy.

The following points were raised and discussed by members:

- It was essential to ensure there was ongoing dialogue and engagement with the Care Inspectorate and Health Improvement Scotland. The Interim Chief Strategy and Performance Officer and the Interim Chief Officer had met with the Care Inspectorate in November 2017 and a further meeting was planned for January 2018. The Inspectorate had indicated they were welcoming of the approach being taken by the Joint Board and they had been sighted on the Statement of Intent. Health Improvement Scotland had also been contacted to provide any relevant assistance towards progressing all the recommendations from the Joint Inspection.
- A senior management away day had been held in December 2017 and both the Care Inspectorate and Health Improvement Scotland were in attendance at that event.
- It was noted there were already a very good set of principles in place to work to, although it was recognised that work through thematic forums was cross cutting and it was essential to get the fundamentals right. Cross cutting issues were in the forward plan and would be discussed at a future meeting of this Group

Decision

To note the progress update reports.

(Reference – update paper by the Strategic Planning Manager, Service Redesign and Innovation, submitted)

4. Grants Review - Update

The scope, methodology and timescales for the Grants Review had been agreed by the IJB at their meeting on 17 November 2017.

The Grants Review Sub-Group met in December 2017 and January 2018. Members commented that clarity was needed about the impact of the review on services funded on a regional basis by NHS Lothian or by other partners.

Decision

To agree that the notes from the Grants Review Sub-Group meetings in December 2017 and January 2018 would be circulated with the agenda for the February meeting of this Group.

5. Directions

A report would be submitted to the Joint Board on 26 January 2018 on outstanding directions relating to grants and short term funding to address some of the key pressures in the system.

The review of the existing Directions and the current IJB Directions policy will be a substantive item at the March meeting of the Strategic Planning Group.

The Directions Policy agreed by the Joint Board in January 2016 was circulated to members of this Group for information.

Decision

To note the update.

6. Scottish Government – Social Care Survey 2017

The Scottish Government had published the results of the annual Social Care Survey on 19 December 2017. This included information on home care, community alarms and telecare and direct payments.

A summary was provided of data and outputs across all surveyed areas as they related to Edinburgh specifically and also compared to the national position.

The following points were raised and discussed

- It was important to understand the level of need the Joint Board were supporting in terms of patterns of provision in Edinburgh and comparing different groups of people in different parts of the city.
- It was noted that in Edinburgh levels of stress and distress anxiety etc had been incorporated into the new Care Inspectorate reporting standards.
- Consideration is being given to the use of the Indicator of Relative Need (IoRN) as a means of identifying and monitoring levels of need. One of the difficulties was there hadn't been a cohesive way forward. One standardised tool across the board would be helpful but the only way this would happen is if all 32 local authorities in Scotland made representations to the Scottish Government.
- Midlothian had been carrying out a lot of work looking at frailty. Members agreed it would be useful for Edinburgh to have sight of this for information

Decision

- 1) To note the issues set out in the briefing paper.
- 2) To note there were regular meetings of Chairs and Vice-Chairs of Integration Joint Boards across Scotland and that similar meetings were held regularly between IJB Strategy Managers and Chief Officers.

(Reference – Briefing Paper by the Senior Strategy and Planning Officer, Strategy and Insight, submitted)

7. Outline Strategic Commissioning Plans

The draft Outline Strategic Commissioning Plans for learning disabilities, mental health and older people were presented. The Plans outlined the headline issues and proposed strategic direction in each area and the key actions to be taken to address these. Covered within all the Plans were prevention, different levels of care for different levels of need, community services and bed-based services. Included were some propositions based on capacity and demand modelling.

A proposed timetable for development of the strategic commissioning plans was presented together with key officer contacts.

Issues still requiring to be addressed included how the Plans would be prioritised and resourced financially. It was also recognised there was a real and urgent need to progress housing commissioning to support the Plans.

The Outline Strategic Commissioning Plans for physical disabilities and primary care were scheduled to be submitted to the February meeting of this Group and thereafter referred on to the meeting of the Joint Board scheduled for 27 April 2018.

The Group thanked Colin Briggs, Colin Beck, Linda Irvine, Mark Grierson, Stefan Milenkovic and Wendy Dale for their work and efforts in pulling together the draft Plans within such a short timescale.

Core Principles – Appendix 5

The following points were raised and discussed by members:

- Important to have the principles set out explicitly for use as a reference point
- Issues around language to better reflect the joint working and input from the voluntary sector and other stakeholders – a lot of work had taken place to ensure the right people were round the table in such a short timescale but this will be progressed going forward over the next 6 to 9 months
- The principle of governance should be expanded to think about governance in the context of safe delivery of services in addition to being effective
- Cross cutting themes needed to be better articulated, a whole person centred approach needed to be taken and each individual should be assessed on their whole life need. The commissioning body needed to set out what they wanted the professionals to actually do
- It was acknowledged that the principles were coming from a human rights based approach and the culture of listening and engaging was absolutely core, however some of the explanatory language could be refined
- It was important to ensure that all stakeholders were signed up to the principles
- It was crucial to use and build on the already done previously as this will strengthen the plans – the housing contribution statement needed to be incorporated into the strategic plan
- The plans need to be live documents to take into account changes during the life of the plans – the annual review process would take account of this.

Older People's Services – Appendix 4

The key work of the Older People's Services Plan was to provide a basis for change which supported the City in delivering a new model of realistic care which recognised the limitations of resources in the statutory sector and the significant limitations of statutory approaches.

Stream 1 – Health and Wellbeing

The following points were raised and discussed by members:

- Workforce challenges look to be using third and independent sectors to define the services to help older people, acute services and further develop befriending services
- Need to better understand the capacity of the third/independent sector
- Important to engage Edinburgh Leisure in the development of the plan

- Acknowledged comment from the Professional Advisory Group that health and wellbeing affects everyone not just older people – there were professionals on the Group keen to participate and inform the development of the planning for a change in the way we deliver services
- It was acknowledged that the reference boards would be important in getting this really broad spectrum of engagement
- The housing contribution statement contained important information about how we understand the vulnerability of older people in their own homes – community connections needed to be developed

Stream 2 – Access and Assessment

- The Plan needed to set out actions currently being undertaken to address the crisis in access and assessment
- Any investment required must be articulated in the plan and the extent to which this would mitigate the current waiting list articulated

Stream 3 – Short Term Care and Support

- The purpose and role of this workstream needs to be articulated
- More mention of carers of elderly people needed to be included in this stream
- Would be helpful to have a bibliography appended to the Plan

Stream 4 – Long Term Care and Support

- Care at home providers were experiencing difficulties in delivering services to meet current demand
- Day care providers (including CEC) were keen to note that appropriate infrastructure was crucial to their ability to provide services
- It would be helpful to have specific detail and timelines included in streams 3 and 4

Stream 5 – Complex Care, Accommodation and Bed-Based Services

- Important to understand cross cutting and common approaches and principles about how some services were procured and what additional capacity should be commissioned for the 3-5 year timescale
- Crucial to work with third and independent sector partners to review the shape of residential provision including considering how providers of housing with care services could be better supported
- Early intervention and prevention was key
- The figure of 240 beds on page 10 (second bullet) to be amended

Mental Health and Wellbeing – Appendix 3

- General point about the need for consistency of language
- Noted that the plan reflected on the current state and set out a bold vision and set of actions for the next 3-5 years
- Noted the offer from EVOG to facilitate and support any required consultation ThinkSpace events
- Important to strike a balance between strategic and operational and that the plans needed to cut across both
- Important to include planning actions for people with long term neurological conditions and the forensic population
- Details to be included on the transition from children's to adult services
- Noted that more detailed milestones would be in the next updated version of the plan reported to this Group

Learning Disabilities – Appendix 2

- Noted the plan outlined the current position and key areas of work to be progressed over the next 3-5 years.
- Noted the importance of not “compartmentalising” people
- Noted there was already an established disability forum in the third sector attended by major providers across the city
- Important to take account of people with complex behavioural and forensic needs – noted there was already a commitment from NHS Lothian that forensic needs would be prioritised on a Lothian wide basis
- Appropriate housing was required to support people with learning disabilities being discharged into the community from hospital

Decision

- 1) To agree that any further comments on the core principles be communicated to Ella Simpson and thereafter a revised version to be brought back to the next meeting of this Group.
- 2) To agree the requirement for consistency of language and approach across all the plans and how the scope, scale and vision of the IJB Strategic Plan linked in to other plans in the Edinburgh Partnership.
- 3) To agree that transitions from children's to adult services needed to be part of the strategic thinking across all the plans
- 4) To note that further work needed to be undertaken with the housing sector and reference to the Housing Contribution Statement included in the plans.

- 5) To endorse the direction of travel set out in the three outline strategic commissioning plans detailed in Appendices 2, 3 and 4 of the report by the Interim Chief Strategy and Performance Officer.
- 6) To note that the Group recognised good progress had been made in the development of the plans and that these could be used as working documents for sharing with stakeholders.
- 7) To agree that summaries of the outline strategic plans for learning disabilities, mental health and older people be produced and shared with the Integration Joint Board at its meeting on 26 January 2018.
- 8) To propose that the IJB development session scheduled for 27 April 2018 is used to provide members with the opportunity to consider the draft final outline strategic plans in detail prior to approval at a formal meeting.
- 9) To support the request for the Integration Board to agree to extend the current funding arrangements in place with Scottish Care and EVOC through the Integrated Care Fund to 31 March 2019 to provide capacity for the third and independent sectors to collaborate in the ongoing development and implementation of the strategic commissioning plans.

(References – Strategic Planning Group 1 December 2017 (item 4); report by the Interim Chief Strategy and Performance Officer, submitted)

Declarations of Interest

Rene Rigby declared a financial interest in the above item as an employee of Scottish Care.

Christine Farquhar declared a non-financial interest in the above item as ex-Chair of Upward Mobility.

Peter McCormick declared a non-financial interest in the above item as a Director of an independent sector care provider.

Ella Simpson declared a financial interest in the above item as an employee of EVOC

8. Agenda Forward Plan

Decision

To approve the agenda forward plan as set out in the appendix to this minute.

(Reference – Forward Plan, submitted)

9. Any Other Business

Decision

To note there were no additional items of business raised.

10. Papers for Information

Decision

- 1) To note the report on Recruitment of Citizen Members which had been approved by the Joint Board at their meeting on 15 December 2017:
- 2) To note the report on the Directions Policy which had been approved by the Joint Board at their meeting on 15 January 2016.

11. Dates of Next Meetings

Friday 2 February 2018	10am to 12pm	Dunedin Room, City Chambers
Friday 9 March 2018	10am to 12pm	Dean of Guild Room, City Chambers
Friday 13 April 2018	10am to 12pm	Dean of Guild Room, City Chambers
Friday 11 May 2018	10am to 12pm	Dean of Guild Room, City Chambers
Friday 22 June 2018	10am to 12pm	Dean of Guild Room, City Chambers

Strategic Planning Group Forward Plan 2018

Meeting	Item	Purpose	Presenter	Referred from	To be referred to
2/2/18	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement • Market shaping strategy • Strategic Plan 1.2 Grants review 1.3 Directions		Wendy Dale	Requested by SPG	
	2 Progress on outline strategic plans: <ul style="list-style-type: none"> • Physical Disabilities • Primary care 	To consider the draft outline strategic plans	Strategic leads	Colin Briggs	IJB 2/3/18
	3 Feedback from workshop on information and communication requirements		Wendy Dale	Requested by SPG	
	4 Carers Act	To seek endorsement for the approach being taken to the implementation of the Carers Act	Kirsten Adamson	SPG consideration required prior to IJB	IJB 2/3/18
	5 Community Link Workers	To inform the group of progress in establishing the Community Link Worker Network as part of the Primary	David White		

Meeting	Item	Purpose	Presenter	Referred from	To be referred to
		Care Transformation and Sustainability Plan			
	6 Any other business				
9/3/18	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement • Market shaping strategy • Strategic Plan 1.2 Grants review 1.3 Directions		Wendy Dale	Requested by SPG	
	2 Review of Directions and Directions Policy	To update the SPG on progress against current Directions and any need to amend existing Directions	Wendy Dale	Requested by SPG	IJB 27/4/18
	3 Consideration of cross cutting themes in relation to the Strategic Commissioning Plans		Colin Briggs	Part of work on strategic commissioning plans	
	4 Any other business				
13/4/18	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement • Market shaping strategy • Strategic Plan 1.2 Grants review – <i>substantive item</i>			Requested by SPG	

Meeting	Item	Purpose	Presenter	Referred from	To be referred to
	1.3 Directions				
	2 Grants review interim report	To allow the SPG the opportunity to consider the interim report prior to it going to the IJB	Wendy Dale	Interim report requested by IJB	IJB 27/4/18
	3 Seek, Treat, Keep Framework– Scottish Government strategy for substance misuse			Colin Beck	
11/5/18	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement • Market shaping strategy • Strategic Plan 1.2 Grants review 1.3 Directions			Requested by SPG	
22/6/18	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement • Market shaping strategy • Strategic Plan 1.2 Grants review 1.3 Directions			Requested by SPG	
20/7/18	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement 			Requested by SPG	

Meeting	Item	Purpose	Presenter	Referred from	To be referred to
	<ul style="list-style-type: none"> • Market shaping strategy • Strategic Plan 1.2 Grants review 1.3 Directions				
August 2018	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement • Market shaping strategy • Strategic Plan 1.2 Grants review 1.3 Directions			Requested by SPG	
September 2018	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement • Market shaping strategy • Strategic Plan 1.2 Grants review 1.3 Directions			Requested by SPG	
October 2018	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement • Market shaping strategy • Strategic Plan 1.2 Grants review 1.3 Directions			Requested by SPG	

Meeting	Item	Purpose	Presenter	Referred from	To be referred to
November 2018	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement • Market shaping strategy • Strategic Plan 1.2 Grants review 1.3 Directions			Requested by SPG	
	2 Consideration of draft final Strategic Commissioning Plans				
December 2018	1 Standing items: 1.1 Inspection recommendations <ul style="list-style-type: none"> • Engagement • Market shaping strategy • Strategic Plan 1.2 Grants review 1.3 Directions			Requested by SPG	

Rolling Actions Log

January 2018

26 January 2018

Item 5.1



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	Item on agenda for this meeting. Recommended for closure
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	March 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	March 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	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
9	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	
10	Rolling Actions Log	17-11-17	To add the IJB Risk Register to the Rolling Actions Log for reporting back as necessary.	Interim Chief Officer	Ongoing	
11	Business Resilience Arrangements and Planning	15-12-17	<p>1) To note the intention to create, share and test plans with a view to providing a further update on progress at 18 May 2018 IJB meeting.</p> <p>2) To include further detail in this report on business resilience arrangements in respect of independent contractors and how these arrangements would be planned to link in with the localities.</p>	Interim Chief Officer	18 May 2018	
12	Winter Plan 2017-18	15-12-17	To issue a Direction to implement the Winter Plan in order to achieve the outcomes set out in the Plan with performance, evaluation and lessons learned being monitored and reported back to a future meeting of the Joint Board.	Interim Chief Officer	Not specified	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
13	Joint Board Membership and Appointments to Committee and Sub-Groups	15-12-17	<p>1) To delegate authority to the IJB Interim Chief Officer, in consultation with the Chair and Vice-Chair, to review the membership of the Audit and Risk Committee and the role description and specification for the Audit and Risk Committee Chair and report back to the Joint Board.</p> <p>2) To delegate authority to the IJB Interim Chief Officer, in consultation with the Chair and Vice-Chair, to review the membership of the Performance and Quality Sub-Group and the role description and specification for the Performance and Quality Sub-Group Chair and report back to the Joint Board.</p>	Interim Chief Officer	Not specified	
14	Recruitment of Citizen Members	15-12-17	<p>1) To agree that a short life working group should be established to review the role description and specification for the service user/unpaid carer Board members along with the advertisement and recruitment pack and to report back to the Integration Joint Board with recommendations in January 2018.</p>	Interim Chief Officer	Early 2018	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			2) To delegate authority to the IJB Interim Chief Officer, in consultation with the Chair and Vice-Chair, to review the recruitment pack and selections arrangements and report back to the Joint Board.			

Report

Outline Strategic Commissioning Plans

Edinburgh Integration Joint Board

26 January 2018



Executive Summary

1. In the Statement of Intent presented to the Edinburgh Integration Joint Board in November 2017, the senior management team of the Health and Social Care Partnership committed to producing four outline strategic commissioning plans (one each for disabilities, mental health, older people and primary care) by Christmas 2017. This report provides an update on the progress in developing those plans.

Recommendations

2. The Integration Joint Board is asked to:
 - i. note that the draft outline strategic commissioning plans (OSCPs) for learning disabilities, mental health and older people were considered by the Strategic Planning Group (SPG) on 12 January 2018
 - ii. note that the SPG recognised that good progress had been made in the development of the plans and agreed that these could be used as working documents for sharing with stakeholders; (the SPC noted that the drafts were in different formats and that aligning these, along with the forthcoming OSCP for primary care and physical disabilities, as well as a consideration of the cross-cutting themes was required)
 - iii. approve the summaries of the outline strategic plans for learning disabilities, mental health and older people attached as Appendices 1, 2 and 3 as the means of communicating progress to date and action plans for the next 12 months
 - iv. agree to use the IJB development session scheduled for 27 April 2018 to provide members with the opportunity to consider the draft final outline strategic plans in detail prior to approval at a formal meeting

- v. agree to extend funding to EVOC and Scottish Care to support the development and implementation of the strategic commissioning plan for older people as set out in paragraph 13
- vi. note the timetable for the ongoing development of the strategic commissioning plans set out in paragraph 14.

Background

3. In November 2017, the senior management team of the Edinburgh Health and Social Care Partnership presented a Statement of Intent to the Integration Board. This set out actions to be taken in seven key areas, one of which was developing strategies, in recognition of external feedback that the IJB needed to have clearer, more robust plans. OSCP's were to be produced by Christmas 2017 in respect of four areas: disabilities, mental health, older people and primary care.
4. Following the production of the Statement of Intent, it became clear that the outline strategic commissioning plan for primary care should be delayed slightly, to take account of the details of the new GP contract; and that separate plans should be produced for learning and physical disabilities, rather than combining them into a single plan. Revised timescales were agreed for the outline strategic commissioning plans for physical disabilities and primary care to be produced for presentation to the SPG on 2 February 2018.
5. The draft outline strategic commissioning plans for learning disabilities, mental health and older people were circulated to members of the SPG prior to Christmas and discussed by the Group on 12 January 2018.

Main report

6. The SPG recognised that good progress had been made in respect of the content of the OSCP's for learning disabilities, mental health and older people. The Group noted that there needed to be consideration across all 5 OSCP's of cross-cutting issues such as housing, and that the formatting of the OSCP's varied. Whilst the Strategic Planning Group was happy to endorse the content and direction of travel set out in the plans, it requested an opportunity to bring all of the work back together for the IJB to consider "in the round". This would also provide the opportunity for outline financial frameworks to be developed in respect of each of the plans, which would begin to highlight choices that need to be made about the use of resources going forward.
7. Following the discussion at the SPG, officers agreed to produce two page summaries of each of the draft outline strategic commissioning plans, setting out

the context, current position, aspirations, priorities and an overview of the action plan for the next 12 months. The summaries are attached as Appendices 1 to 3.

8. Drafts of the outline strategic commissioning plans for physical disabilities and primary care will be presented to the SPG on 2 February 2018, as planned. It is proposed that discussion of the full, “in the round” picture, including cross-cutting themes, takes place at the Integration Joint Board development session on 27 April 2018, prior to presentation at a formal meeting of the Board for approval.
9. Chairs have now been identified for all four Reference Boards that will oversee the development of the outline strategic commissioning plans into full strategic commissioning plans. The first meeting of the Reference Boards for learning disabilities, mental health and older people will take place in February 2018, with the others commencing in March. The table below provides details of the chairs of the Reference Boards and the officers leading on the development of the strategic commissioning plans.

Strategic Commissioning Plan	Reference Board Chair	Lead Officers
Learning and physical disabilities	Angus McCann and Ella Simpson	Mark Grierson mark.grierson@edinburgh.gov.uk
Mental health	Mike Ash	Colin Beck Colin.beck@edinburgh.gov.uk Linda Irvine Linda.irvine@nhslothian.scot.nhs.uk
Older people	Derek Howie	Katie McWilliam Katie.mcwilliam@nhslothian.scot.nhs.uk
Primary care	Melanie Main	David White David.white@nhslothian.scot.nhs.uk

10. In parallel to the production of the final outline strategic commissioning plans for presentation to the Integration Joint Board, it is proposed that the existing draft plans will be shared informally with stakeholders. This will allow the draft documents to form the basis for work to continue on both the development of the final strategic commissioning plans and implementation of the action plans, as set out in the attached appendices.
11. EVOC on behalf of the Third Sector Strategy Group has proposed a set of principles that should underpin the development of the outline strategic commissioning plans. Other members of the Strategic Planning Group have

agreed to work with EVOC to develop a set of principles that are acceptable to all stakeholders. These will be presented to the Integration Joint Board for approval, along with the final drafts of the outline strategic commissioning plans.

12. Whilst there is absolute commitment that the final strategic commissioning plans should be produced with the full collaboration of stakeholders, the extent to which stakeholders have been involved in the production of the outline plans has varied across the three plans. This reflects the broader position in developing plans over the nearly 3 years of the IJB's existence.
13. The approach taken to the Outline Strategic Commissioning Plan for Older People has been to establish five workstreams (detailed in Appendix 3), some of which are being led or co-led by officers from EVOC and Scottish Care, funded through the Integrated Care Fund. This funding is intended to ensure that the third and independent sectors are directly involved in the governance, delivery and measurement of the integration outcomes. The current arrangements are due to be reviewed by the end of March 2018, although ongoing funding is available through the Integrated Care Fund. Given the importance of the third and independent sectors' contribution to the development and implementation of the strategic commissioning plans, it is proposed that funding for these posts and associated work should be extended for a further year at a total cost of £132k.
14. The table below sets out the next steps and timescales in respect of the five outline strategic commissioning plans.

Month	Milestones	Outcomes
February 2018	<p>2 February – OSCPs for Physical Disability and Primary Care presented to IJB Strategic Planning Group</p> <p>First meeting of Reference Boards for Mental Health, Older People, and Learning Disabilities (6-weekly thereafter)</p>	Approval to move onto next stage – presentation to IJB.
March 2018	<p>2 March progress report on outline strategic commissioning plans to IJB</p> <p>9 March – consideration of report on cross-cutting themes by Strategic Planning Group</p> <p>First meeting of Reference Boards for Physical Disabilities and Primary Care</p>	<p>Approval for proposed approach to develop draft final outline plans with outline financial frameworks</p> <p>Clarity regarding approach to cross cutting themes</p>

April 2018	<p>27 April</p> <ul style="list-style-type: none"> - discussion of draft final outline strategic commissioning plans for learning disabilities, mental health, older people, physical disabilities and primary care at IJB Development session - IJB approval of five outline strategic commissioning plans at formal meeting 	<p>Approval to move onto next stage – development of Strategic Commissioning Plans</p> <p>Draft Directions to NHS Lothian and City of Edinburgh Council</p>
November 2018	Informal circulation of Strategic Commissioning Plans	
December 2018	Presentation of Strategic Commissioning Plans for Older People, Mental Health, and Learning Disabilities to Strategic Planning Group	

Key risks

15. Failure to produce a strategic commissioning plan for older people would result in failure to address one of the recommendations from the Joint Inspection of Services for Older People.
16. The outline strategic commissioning plans need to provide a clear vision of the direction of travel and priorities of the Integration Joint Board in respect of major areas of health and social care services, with clear action plans for delivery. There is a risk that publishing a set of documents that do not have common look and feel will be perceived as indicating a lack of a coherent and joined up approach.
17. Lack of financial detail in previous plans has resulted in them being seen as not fit for purpose. Publishing documents without a level of financial detail will not meet the recommendations of the joint inspectorates.

Financial implications

18. The proposals contained in this report require the commitment of £132k from the Integrated Care Fund for a further year to 31 March 2019. Monies for this are available in the budget for 2018/19.

Implications for Directions

19. Whilst there are no Directions arising directly from this report, the action plans set out in Appendices 1 to 3 will help to deliver a number of existing Directions. Directions will be reviewed prior to the presentation of the draft final outline strategic commissioning plans to the Integration Joint Board to identify any Directions that have been completed or need to be withdrawn or amended. Any new Directions required in relation to the outline strategic commissioning plans will be presented to the Board in due course.

Equalities implications

20. There are no sustainability implications arising directly from this report. However, Integrated Impact Assessments will be undertaken on the proposals in the final outline strategic commissioning plans, where appropriate.

Sustainability implications

21. There are no sustainability implications arising directly from this report. However, Integrated Impact Assessments will be undertaken on the proposals within final outline strategic commissioning plans where appropriate.

Involving people

22. A number of stakeholders have been involved in the development of the draft outline strategic commissioning plans. Engagement with stakeholders and partners, including people who use health and social care services and unpaid carers has been part of the process of developing the outline plans into final strategic commissioning plans.

Impact on plans of other parties

23. There is no direct impact on the plans of other parties arising from this report. Any implications arising from the specific outline strategic commissioning plans will be discussed with the relevant partner organisations.

Background reading/references

[Report to Edinburgh Integration Joint Board – Statement of Intent – November 2017](#)

Report author

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Appendices

Appendix 1	Learning Disabilities Outline Strategic Commissioning Plan
Appendix 2	Mental Health Outline Strategic Commissioning Plan
Appendix 3	Older People Outline Strategic Commissioning Plan



Appendix 1 - Learning Disabilities

Outline Strategic Commissioning Plan

Context

People with a learning disability can be defined as individuals with a significant, lifelong condition that started before adulthood, which affects their development and which means they need help to: understand information; learn skills; cope independently.

The Edinburgh Health and Social Care Partnership knows of 8,584 people with a learning disability in the city, of whom 1,335 are in receipt of services from the Partnership. The national population of adults with a learning disability is predicted to increase by 2% each year. However, in Edinburgh, the number of young people over 16 years of age seeking day support is increasing by 5% per year. This could result in an additional 300 people needing services in five years' time, and 700 people in ten years.

Current Position

For support services, the main demand arises from children entering adult services, where an increase in people with extreme challenging behaviour and complex needs is being evidenced on a growing basis. The benefits of improved health services are that people with a

learning disability are living longer and require services for longer, including support for their elderly carers.

Turnover in services is relatively low, which means services are regularly at capacity and unable to expand without investment. This has been addressed by the Council and the Partnership over a ten-year period by investing new monies to provide some increase in service capacity. This investment has met the legal duty on the Partnership to provide day opportunities.

Aspirations

Housing is a key aspiration for everyone, however, providing accommodation for everyone known to the Partnership would present a challenge both financially and practically in terms of available appropriate housing models.

The Partnership knows of 76 people who are seeking to move to their own accommodation. The estimated cost of meeting this need, with associated support over a four-year period is £10.8m. To manage this demand, we will prioritise people who we assess as requiring accommodation; in particular we will focus on young adults, people living in hospital and those living with ageing carers.

Priorities for the future:

- The redesign of the Royal Edinburgh Hospital will require 19 community placements (18 already commissioned); in addition, 15 beds for assessment and treatment will be commissioned from NHS Lothian.
- Taking a whole life approach that improves earlier intervention in childhood for people with behaviours that are challenging, and the development of smoother transitions from children to adult services.
- Adopting an 'Ageing in Place' strategy, which will promote awareness of disability issues in older people's services and aging issues amongst learning disability services.
- Strengthening services that can support people with more complex behavioural or forensic needs in the community, which will lead to the development of four 'locality leadership groups'.
- Identification of a range of housing and support options for people with learning disabilities and people with complex needs with a focus on core and cluster services.
- Reducing the cost of night care by developing a night support service with the option of on-call responders.



- Creating a ‘framework’ or ‘alliance’ agreement for accommodation with support across current partners to improve the links between people and providers.

Key priorities for people with autism (who do not have a learning disability) include:

- Further development of the existing Edinburgh Autism Plan to reflect the emerging new priorities from the next and final stage of the Scottish Strategy for Autism.
- Ongoing advice and information for people with autism, including finding and maintaining housing and work in Partnership with key stakeholders.
- Continuing the Partnership’s approach to promoting autism awareness with staff and the general public.

Delivery timescale	Design	Implementation
Q1 (Jan – Mar’18)	<ul style="list-style-type: none"> • Develop and disburse community forensic services • Provide business case for disinvestment and provision of service from voluntary sector • Provide 21st homes a definitive number for properties 	<ul style="list-style-type: none"> • Convene the partnership meetings • Convene Reference Group – Chaired by IJB member • Convene Provider, CLDT, internal operational locality groups
Q2 (Apr – Jun’18)	<ul style="list-style-type: none"> • Work with finance/children and families/CAMHS to map out the resources available to improve children’s services • Commissioning Plan for people with a learning disability • Develop a procurement framework for housing with support • Refresh the Edinburgh Autism Plan to align with the Scottish Government priorities • Develop the overnight strategy • Develop options to ‘pool’ budgets for day support • Support the redesign of the Royal Edinburgh to move from hospital care to community care • Continue work on the 2019 Strategic Commissioning Plan 	<ul style="list-style-type: none"> • Build nine tenancies for complex care • Commission tenancies for forensic support
Q3 (Jul – Sept’18)	<ul style="list-style-type: none"> • Work with providers and third sector to deliver option 2 in new models of support • Build on the ‘Time Out’ pilot to develop a safe house model for intermediate support • Continue work on the 2019 Strategic Commissioning Plan 	
Q4 (Oct – Dec’18)	<ul style="list-style-type: none"> • Draft of Strategic Commissioning Plan presented at IJB 	<ul style="list-style-type: none"> • Draft of Strategic Commissioning Plan produced
Ongoing (throughout 2018 and further)	<ul style="list-style-type: none"> • Continue work on the 2019 Strategic Commissioning Plan 	<ul style="list-style-type: none"> • Carry forward above actions as required



Appendix 2 - Mental Health Outline Strategic Commissioning Plan

Context

The World Health Organisation defines mental health as “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

At any one time, around one in four people (over 120,000 people in Edinburgh) experience a mental health problem. Anxiety and depression are the most common mental health problems, but others include schizophrenia, personality disorders, eating disorders and dementia.

Current Position

The provider landscape is complex with multiple mental health and substance misuse teams, many independent and voluntary sector providers and a range of specialist mental health services provided from the Royal Edinburgh Hospital campus and the Royal Infirmary of Edinburgh. The commissioning landscape is fragmented, dedicated expertise and capacity are scarce, and it is therefore difficult to achieve focus, shared solutions and shared priorities. In addition, there is variability in service provision and recording of outcomes, an under-representation of social care and

housing, a lack of mental health expertise in GP surgeries and A&E, disconnects in out of hours services and inconsistent and misaligned services for young people.

Aspirations

We propose a whole system approach that includes involvement from the public, third and private sectors, to improve the mental health and wellbeing of individuals and their families, supported by resilient communities, inclusive employers, and services that maximise independence and choice.

Priorities for the future:

- **Prevention** – Place-based and person-centred life course approach improving outcomes, population health and health inequalities
- **Access** – Responsive and clear access arrangements connecting people to the support they need at the right time
- **Parity of esteem** between mental health and physical illness through collaborative and mature cross sector working across public sector bodies, third sector and private sector
- **Sustainability** – Ensure the best use of Edinburgh’s funding through improving financial and partnership sustainability by - place-based cohesive and collaborative

commissioning needs-based care pathways, pooled budgets and more community based models of support, linked to wider Edinburgh’s transformation activity; maximising digital health opportunities and investing in new workforce roles

- **Culture** – Mental health is ‘everyone’s business’, enabling local areas to make decisions for system wide outcomes supported by shared information. This includes mental health and social care, but more broadly, the opportunities to consider the best approach across public services and the third sector, with a focus on community, early intervention and resilience, building on 5 Ways to Well Being
- **Evidence and Research** – Learning from local, national and international evidence and research and driving transformational change across traditional silos and with a wide range of partners from public, voluntary and private sectors
- **Measurement** – Standardised outcomes framework with minimum standards, outcomes and access across all providers of health and social care and shared approaches to strengthening communities and voluntary sector effectiveness
- **Employers** – All employers promote good employment practice for mental health, building capacity for conversations to support suicide prevention

Action Plan



Delivery timescale	Design	Implementation
Q1 (Jan – Mar'18)	<ul style="list-style-type: none"> Fit for purpose governance arrangements through our Strategic Commissioning Plan Reference Board for Mental Health responsible for delivering the Edinburgh wide all-age mental health strategy Housing will be fully engaged in commissioning and delivery. Agreed business case for St Stephen's court – additional Grade 4 and Grade 5 provision (14 places) Consolidate partnership model for Firrhill Test of concept Agreed phase three bed numbers by February 2018 to inform the Outline Business Case for the REH. This comprises: <ul style="list-style-type: none"> 15 Low secure 18 rehabilitation 3 women with multiple / complex needs A single system, with clear leadership and partnership working across all public sector organisations. A clear vision and understanding of what services should be provided at Edinburgh and locality levels Agreed business case for increase of 7 Grade 5 places and 7 4 places at St Stephen's Court 	<ul style="list-style-type: none"> Work with Housing Providers to ensure that people with mental health problems have priority access to the new builds An increase in the Re:D Collaborative supported programmes including diversion programmes and support for those in prison by March 2018 Establish the GameChanger PSP Wellbeing Centre by March 2018 which will be a centre for the delivery of health and community interventions New management, new premises and now ways of working for Inclusive Edinburgh Homeless Projects from March 2018 Logic model and outcomes framework for Edinburgh Wellbeing Service by March 2018. Continuation priority gold status for patients leaving the REH.
Q2 (Apr – Jun'18)	<ul style="list-style-type: none"> Identified leaders and champions to delivery plans for each of the initiatives. Signed off business case for all Grade 6 inpatient care to be reprovided at the Royal Edinburgh Campus - patients will only be sent out of area for inpatient or outpatient services in exceptional specialist circumstances. Standardised outcomes framework with minimum standards, outcomes and access across all providers of health and social care and shared approaches to strengthening communities and public and 3rd sector effectiveness Standardised outcome framework by June 2018 Continue work on the 2019 Strategic Commissioning Plan 	<ul style="list-style-type: none"> Introduce structured planning with all residents in grade 4 provision, using the tool agreed by Wayfinder Model. Training for staff completed by April 2018. Use of community assets for open access to mental health services from April 2018 Interim 6 inpatient provision on the REH campus for women with multiple and complex needs and Grade 5 provisions by October 2018 Open access to mental health and substance misuse use services in each locality. Test of Concepts commence in April 2018
Q3 (Jul – Sept'18)	<ul style="list-style-type: none"> Continue work on the 2019 Strategic Commissioning Plan 	<ul style="list-style-type: none"> Increased number of staff who can deliver distress brief interventions in range of community and institutional settings - training commences January 2018 with 100 trained by June 2018. 90 % of people receiving access to matched care (intervention appropriate to assessed needs) evidence based therapies seen within 18 weeks by September 2018.
Q4 (Oct – Dec'18)	<ul style="list-style-type: none"> Draft of Strategic Commissioning Plan presented at IJB 	<ul style="list-style-type: none"> Draft Strategic Commissioning plan produced
Ongoing (throughout 2018 and further)	<ul style="list-style-type: none"> Continue work on the 2019 Strategic Commissioning Plan 	<ul style="list-style-type: none"> Integrated statutory and third sector mental health teams within each locality by April 2019.



Appendix 3 - Older People's Outline Strategic Commissioning Plan

Context

Over the next 20 years, the number of people aged 65 and over in Edinburgh will increase significantly. More people will be living with long-term conditions, disabilities and complex needs. The number of people aged over 85 is expected to almost double by 2032 to 19,294. It is anticipated that people who require intensive levels of support will increase by 60% over the next 20 years, due to demographic factors.

The number of people living with dementia is projected to increase by 25% over the next 10 years to 9,765, and in 20 years the number could rise by 65% to 12,944 people.

Current Position

Performance is sub-optimal, with a clear need for modernisation. We currently have approximately:

- 1000 citizens waiting in the community for an initial assessment
- 1000 citizens who have been assessed waiting for services
- 175 citizens whose discharge from hospital has been delayed, of whom an average of:

- 64 require care home placements; and
- 88 require packages of care

This leads to suboptimal care, and from a management perspective, a poor use of resources. Integration gives us access to a far greater span of resources, but we know from the modelling we have carried out that if we carry on as we are, it will cost at least an additional £50m over the next ten years across the health and social care system in Edinburgh.

Aspirations

This outline strategic commissioning plan provides a basis for a coalition of change, which in turn supports our city in moving to deliver a new model of 'Realistic Care', recognising the limitations not only of resources in the statutory sector, but the significant limitations of statutory approaches. We need to see our role as one of commissioning services, rather than as a provider of "one-size-fits-all" versions.

There are five work streams, which embody the priorities for the plan. The Older People's Working Group will oversee the actions relating to each work stream, supported by reference groups for each.

Priorities for the future:

- **Stream 1 – Health and Wellbeing** – We want to "take a big step back" by focusing on

providing alternative and additional services earlier in the pathway, and by ensuring that appropriate information and support are provided to citizens in making choices that reflect their needs more effectively

- **Stream 2 – Access and Assessment** – We have taken significant steps forward to meet challenges in accessing care, with the establishment of an assessment and review board, which has sponsored the production of a harmonised assessment process. This requires considerable additional work, but has great potential to reduce the size of queues, including investment in Telecare, self-directed support and changes to our support planning approach
- **Stream 3 – Short Term Care and Support** – We will work collaboratively with our primary care, third, independent and housing sector colleagues to identify different models of care and capacity available to ensure quick and timely discharges from acute services and short-term support required to prevent admission
- **Stream 4 – Long Term Care and Support** – In light of the significant challenges of acquiring adequate long-term care and support in the community, we will work with the independent, third and housing sectors to create a more coherent design



framework for contracting, with a view to increasing care in the community. We will review how our directly-provided services are run and make recommendations on the future model for improved sustainability and quality. In developing a 'Realistic Care' model, self-management and preventative use of equipment to strengthen earlier reablement activity. We will also be engaging with day care and lunch club providers to improve our wider integration. Our work with service users, carers, and the third sector has also identified that we must make more of the opportunities afforded us by self-directed support.

- **Stream 5 – Complex care, Accommodation, and Bed-based services** – The IJB has outlined its direction of travel for all services, which is to shift the balance of care from institutions to homely settings in the community. Our ambition is to ensure that people are as close to home as possible, which includes supporting care homes by increasing the number of places available and investing in downstream beds, which can facilitate earlier discharge from hospital.

Action Plan

Delivery timescale	Design	Implementation
Q1 (Jan – Mar'18)	<ul style="list-style-type: none"> • Explore further emerging technologies • Develop case for expansion of falls services (implementation after Q1) • Initial exploration of day services • Develop a prototype 'Care Control centre' and test concept • Create a directory and functional ability of all short term services available • Identify capital investment for Jardine Clinic to vacate Liberton site • Confirm the status of Gylemuir House with Care Inspectorate 	<ul style="list-style-type: none"> • Implement next phase of telecare expansion project • Capacity optimisation of Reablement service and home care services • Replace current capacity provided in Oakland Care Home.
Q2 (Apr – Jun'18)	<ul style="list-style-type: none"> • Map availability of and capacity of preventative services • Plan to develop 'new types' of befriending • Trial 'Discharge to assess' approaches in one of four locality • Proposal to IJB for new models of delivery for short term services. • Proposal to address front line staff sickness levels • Review directly-provided long term care services and recommend future model for improved sustainability • Review of Day care delivery models and modernisation plan • Review alternative delivery models and capacity review of Care homes. • Identify and commission new care homes 	<ul style="list-style-type: none"> • Implementation of Care control centre for the • Partnership • Transfer or move of all bed based services from Liberton site
Q3 (Jul – Sept'18)	<ul style="list-style-type: none"> • Strategy formulation for health & wellbeing for older people by third sector strategy group • Proposal to IJB on harmonisation of assessments to match capacity • Review current sector design for long term support including contracting mechanism 	<ul style="list-style-type: none"> • Implementation of recommendations from staff sickness proposal
Q4 (Oct – Dec'18)	<ul style="list-style-type: none"> • Confirm our approach to intermediate care facilities and developed initial agreement with 2 such facilities. • Estimate acute capacity required to be commissioned for older people 	<ul style="list-style-type: none"> • Roll out 'Discharge to assess' across all four localities • Improve efficiency of our current CEC care Homes.
Ongoing (throughout 2018 and further)	<ul style="list-style-type: none"> • Work with independent sector to understand mixed provision of care sector beds and provide additional 240 beds in 2019 	<ul style="list-style-type: none"> • Roll out plan for Self Directed Support including trialling and feedback mechanism

Report

Primary Care South East Edinburgh (Outer Area) Strategic Assessment

Edinburgh Integration Joint Board

26 January 2017



Executive Summary

1. The purpose of this report is to request that the Integration Joint Board supports the submission of the Strategic Assessment for South East Edinburgh (Outer Area) to NHS Lothian Capital Investment Group.
2. The Strategic Planning Group considered the strategic assessment when it met in November 2017 and agreed 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.

Recommendations

3. The Integration Joint Board is asked to:
 - i. note that the South East is identified as a priority area for investment in the Population Growth and Primary Care Premises Assessment 2016-2026, which was supported by the Integration Joint Board on 22 September 2017.
 - ii. note that a strategic assessment is the first part of the Scottish Capital Investment Manual (SCIM) guidelines with which health boards must comply to inform the Scottish Government of an intended investment proposal.
 - iii. note the South East Edinburgh (Outer Area) Strategic Assessment, attached as Appendix 1, has been produced following a workshop with relevant stakeholders.
 - iv. accept the recommendation of the Strategic Planning Group that the Integration Joint Board (IJB) submits the South East Edinburgh (Outer

Area) Strategic Assessment to the NHS Lothian Capital Investment Group (LCIG) for consideration as part of the NHS Lothian prioritisation process for capital allocations.

Background /Main report

4. The Population Growth and Primary Care Premises Assessment 2016-2026 is 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 (LDP). The report was presented to and supported by the Integration Joint Board on 22 September 2017.
5. Current primary care provision, existing premises constraints, prevailing and future population growth are all considered for each locality in the report, and with reference to the timing of the planned new housing, have generated a priority list of actions to address primary care needs.
6. The list of actions requiring capital investment has to be prioritised by the Partnership and as part of the NHS Lothian process. NHS Lothian requires Health and Social Care partnerships to work together to produce a single list of primary care priorities across Lothian for inclusion in the NHS Lothian Capital Plan. Although the work to develop that list is in the early stages, each priority from a partnership has to be supported with a strategic assessment in the first instance.
7. A strategic assessment is the preliminary stage of the Scottish Capital Investment Manual (SCIM) guidelines, which health boards must follow to inform the Scottish Government of any proposed investment. Subsequent stages include Initial Agreement, when options for delivering the solution are considered, and Business Case – Standard, or Outline and Full, depending on the level of proposed investment with regard to the health board's delegated limits.
8. Strategic assessments in respect of other localities will be completed in due course.

Main report

9. The South East wedge of the city is an area of extensive planned development, already giving cause for concern for the current and future delivery of primary care services.
10. More than 2,600 housing units are programmed in the area over the life of the LDP, adding at least another 5,500 patients to the area, with building underway at many sites and first completions due in 2017/18. This is in addition to several

sites in the area that are already completed. Further growth is also expected when the Liberton Hospital site is developed, following disposal by NHS Lothian.

11. The impact of this growth, together with the constraints of existing provision and premises, predominantly affects five GP practices in the outer area of the South East Locality, namely Ferniehill, Southern, Inchpark, Gracemount and Liberton. All these practices are currently restricting their lists, and have been for some considerable time.
12. The strategic assessment, attached as Appendix 1, was produced following a workshop to consider the drivers for change, scope of services and possible solutions held with stakeholders, including; South East Locality Manager, Clinical Lead, and a Cluster Manager; Strategic Lead Primary Care and Quality; Strategic Programme Manager NHS Lothian; Senior Project Manager NHS Lothian Capital Planning; NHS Lothian Head of Capital Finance; Partnership Development Manager; Project Manager Primary Care.
13. The submission of the strategic assessment to NHS Lothian Capital Investment Group will enable access to the capital planning process, and if supported, the subsequent opportunity to develop the more detailed options appraisal, which forms part of the Initial Agreement to identify a solution for this area of need.

Key risks

14. There are no risks associated with the submission of this paper.

Financial implications

15. There are no financial implications associated with the submission of this paper.

Implications for Directions

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

4 c) produce business cases to support priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality as identified in the 'Population and GP Premises Assessment Edinburgh';

Equalities implications

17. The strategic assessment takes account of the need to ensure that all citizens living in south east Edinburgh have access to the primary care services they need look after their health and wellbeing.

Sustainability implications

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

Involving people

19. The preparation of the strategic assessment involved key stakeholders as noted above. The fuller options appraisal at Initial Agreement stage will broaden the consultation process and engage more widely with users and providers of primary care services.

Impact on plans of other parties

20. Partnership prioritisation of primary care premises will be subsumed into a single list with other health and social care partnerships for the purposes of prioritisation by NHS Lothian.
21. Each priority from the Edinburgh Health and Social Care Partnership requires a strategic assessment for consideration.

Background reading/references

[Population Growth and Primary Care Premises Assessment: Edinburgh 2016 – 2026](#)

[Scottish Capital Investment Manual](#)

Report author

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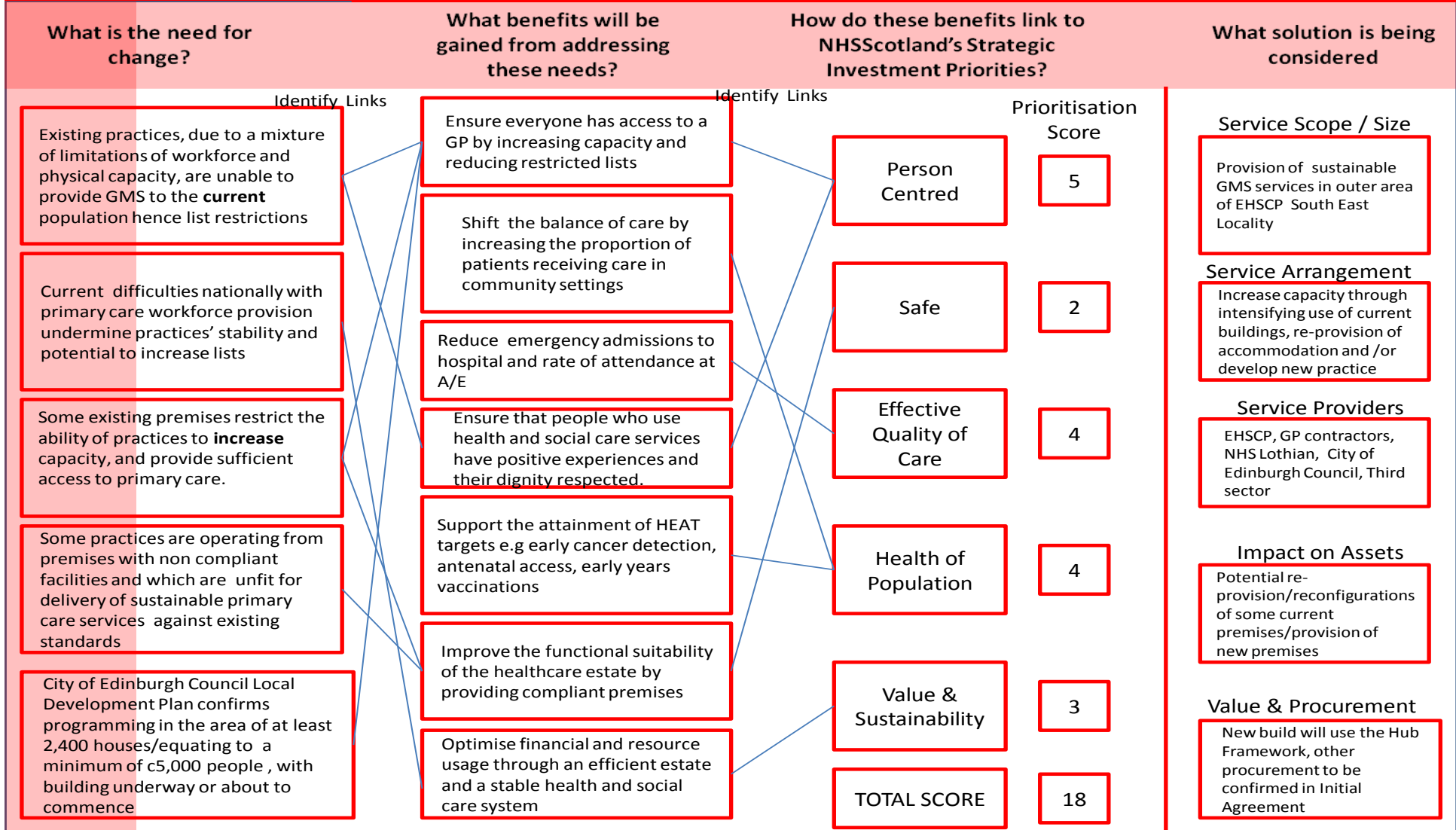
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Appendices

PROJECT: GP Capacity in South East Outer Area

What are the Current Arrangements: GP services in SE outer area provided by Ferniehill, Southern, Inchpark, Gracemount, and Liberton practices. A considerable number of housing developments are programmed in the South East wedge up to and beyond 2026, requiring additional GP provision for the planned population growth. Current practices are all restricted and several are in accommodation which is not fit for purpose with little or no ability to increase capacity.



Report

Outstanding Directions

Edinburgh Integration Joint Board

26 January 2018



Executive Summary

1. This report seeks the approval of the Edinburgh Integration Joint Board for specific Directions to be issued to the City of Edinburgh Council and NHS Lothian. These Directions have been drafted to give effect to decisions made by the Board in respect of the following reports:
 - i. [Review of Grant Programmes – September 2017](#)
 - ii. [Health and Social Care Improvement Plan and Short-term Resource Implications – December 2017](#)

Recommendations

2. The Integration Joint Board is asked to approve the Directions as set out in Appendices 1 and 2 to be issued to the City of Edinburgh Council and NHS Lothian.

Background

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to issue Directions to NHS Lothian and/or the City of Edinburgh Council to give effect to the actions in the Strategic Plan and decisions of the Board in respect of delegated services.
4. The Directions policy adopted by the Integration Joint Board in January 2016 requires all Directions to be approved by the Integration Joint Board before they are issued.

Main report

5. On 22 September 2017, the Edinburgh Integration Joint Board approved a request to ask the Council to roll forward a number of grants due to expire on

31 March 2018 for a further year to 31 March 2019. These grants were inherited from the City of Edinburgh Council and NHS Lothian, and are funded through the Health and Social Care Main Grant Programme, the Health Inequalities Grant Programme, the element of the Social Justice Fund delegated to the Integration Joint Board and the Integrated Care/Social Justice Fund. The reason for the extension for a further year was to allow time for the various grant programmes to be reviewed in collaboration with stakeholders. Whilst the existing Directions include the “collaboration with partners to review existing grants” (*Direction EDI_2017/18_16c (Prevention and Early Intervention)*), there is no mention of rolling forward existing grant awards. This omission will be addressed by issuing Direction EDI_2017/18_16e, as set out in Appendix 1.

6. As part of the same report, the Board also agreed to ask the Council to extend the contract with EVOG to provide infrastructure support to the third sector for a further year from 31 March 2018 to 31 March 2019. This will allow EVOG to support and facilitate collaboration on the review of grants across the third sector and the development of the market shaping strategy. It is proposed that Direction EDI_2017/18_16f, as set out in Appendix 1 should be issued directing the Council to extend the contract with EVOG.
7. On 15 December 2017, the Integration Joint Board considered a report from the Interim Chief Officer, detailing a comprehensive improvement programme for the Health and Social Care Partnership, and approved the request for a short-term injection of up to £4.5m one-off additional funding to address the following three urgent priorities:
 - i. reducing the backlog of assessment and reviews
 - ii. reducing the number of people whose discharge from hospital is delayed
 - iii. establishing efficient and consistent business processes in the newly formed localities.

The Board noted that “a Direction will be drafted in relation to re-prioritisation of resource allocation to allow implementation of the short-term actions”. The proposed Direction is detailed in Appendix 2.

Key risks

8. There are no specific risks arising from the proposals detailed in this report.

Financial implications

9. This report recommends that the Integration Joint Board issue Directions with an associated budgetary value of £9.1m.

Implications for Directions

10. This report recommends that the Integration Joint Board issue three new Directions.

Equalities implications

11. There are no equalities implications arising from the proposals detailed in this report.

Sustainability implications

12. There are no sustainability implications arising from the proposals in this report.

Involving people

13. The Directions relating to the rolling forward of grants and extension of the contract with EVOC for a further 12 months, will allow time and provide support for the review of grant funding to be undertaken in collaboration with partners in the third sector.

Impact on plans of other parties

14. The proposals contained within this report have no implications for the plans of other parties.

Background reading/references

[Report to Edinburgh IJB - Review of Grant Programmes – September 2017](#)

[Report to Edinburgh IJB - Health and Social Care Improvement Plan and Short-term Resource Implications – December 2017](#)

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Appendices

Appendix 1	Proposed new Direction relating to grant programmes
Appendix 2	Proposed new Direction relating to the use of short-term resources to support the Health and Social Care Improvement Plan

Appendix 1

Proposed new Direction relating to grant programmes

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

Purpose	Direction/what needs to be done	Performance
To: <ul style="list-style-type: none"> Provide the necessary stability and support for third sector partners to allow the review of grant programmes inherited from the Council and NHS 	The City of Edinburgh Council and NHS Lothian are directed to: <ol style="list-style-type: none"> i. extend the grant awards detailed in the attached table, with a total annual value of £4,390,724 	All grant recipients will be notified of the extension of their grant for a further year and payment arrangements will be put in place from 1 April 2018.

Purpose	Direction/what needs to be done	Performance
<p>Lothian to be carried out collaboratively</p>	<ul style="list-style-type: none"> <li data-bbox="757 277 1402 395">j. , from 1 April 2018 until 31 March 2019, subject to the completion of the appropriate scrutiny and diligence checks <li data-bbox="757 421 1402 624">k. extend the contract with EVOC for infrastructure support to the third sector (annual value £150, 682) from 1 April 2018 to 31 March 2019, subject to the completion of the appropriate scrutiny and diligence checks 	<p>EVOC will be notified of the extension of the contract and arrangements be put in place for payment by 1 April 2018.</p> <p>Performance of grant recipients and EVOC in delivering the services that they are funded to provide will be monitored through the normal grant and contract monitoring arrangements.</p>

Grant awards to be extended from 1 April 2018 to 31 March 2019

Health and Social Care Main Grant Programme 2017/18 awards			
Organisation	Project	Client Group	2017/18 Grant Awards
ACE IT	Older people's computer training project	Older People	£63,954
Almond Mains Initiative	Older people's day service	Older People	£37,532
Broomhouse Centre	Lunch club/befriending/advice	Older People	£45,200
Calton Welfare Services Project	Older people's day service	Older People	£13,763
Caring in Craigmillar	Older people's phonelink	Older People	£59,135
Currie Day Centre	Older people's day service	Older People	£8,595
Dove Centre (The)	Older people's day service	Older People	£79,135
Forever Young Club	Older people's day service	Older People	£26,120
Harlaw Monday Group	Older people's day service	Older People	£5,353
Inch Golden Years	Older people's day service	Older People	£508
Libertus Services	Older people's support service	Older People	£25,684
Murrayfield Dementia Project	Older people's day service	Older People	£54,815
Northfield & Willowbrae Community Services Group	Older people's day service	Older People	£14,300
Pakistan Society Advice and Information Service	Older people's day & information service (BME)	Older People	£34,200
Pilmenny Development Project	Day Services	Older People	£50,829
Pilmenny Development Project	NEECAG Leith Older Men's Project	Older People	£8,200
Pilton Equalities Project	Day Services	Older People	£83,859
Pilton Equalities Project	Neighbourhood Group	Older People	£74,898
Pilton Equalities Project	Preventative Services	Older People	£75,901
Portobello Monday Centre	Older people's day service	Older People	£2,090
Portobello Older People's Project	Older people's day service	Older People	£13,952
Ripple Project (The)	Various services for older people	Older People	£39,269
Waverley Care	Community Outreach	Blood Borne Viruses	£220,228

Health and Social Care Main Grant Programme 2017/18 awards			
Organisation	Project	Client Group	2017/18 Grant Awards
Positive Help	Support Service	Blood Borne Viruses	£32,615
Care for Carers	Dementia Project	Carers	£9,278
Care for Carers	Stepping Out Programme	Carers	£24,981
Edinburgh Headway Group	Brain Injury Carers' Support Project	Carers	£24,998
Edinburgh Young Carers Project	Young Adult Carers Service	Carers	£23,024
Eric Liddell Centre	Short Breaks/Day Trips/Information and Advice	Carers	£23,744
MECOPP	Asian Carer Support	Carers	£20,722
North West Carers Centre	Alternatives to Day Care	Carers	£25,000
PASDA	Carer Communication Worker	Carers	£24,857
Support in Mind	Stafford Centre Carers Project	Carers	£21,971
VOCAL	Carers Support Project South Edinburgh	Carers	£24,994
The Action Group	Advice Service	Disabilities	£15,000
Epilepsy Scotland	Support Service to individuals & families affected by Epilepsy	Disabilities	£7,357
Edinburgh Development Group	Support Service	Disabilities	£50,000
FAIR	Training advice and Advocacy	Disabilities	£85,200
Scottish Huntington's Association	Support Service to individuals and families	Disabilities	£26,258
Alma Project (The)	Arts Project for people with mental health issues	Mental Health/ Addictions	£28,800
Junction (The)	Drug Education Initiative - Young People's Worker	Mental Health/ Addictions	£22,175
Edinburgh Rape Crisis Centre	Counselling and Information Service	Mental Health/ Addictions	£38,395
Samaritans	Telephone Counselling Service	Mental Health/ Addictions	£3,023
Edinburgh Chinese Elderly Association	Various Services	Older People (BME)	£77,814
NKS	Information and Community Connection	Older People (BME)	£14,315
Sikh Sanjog	Healthy Activities/Socially Inclusive Events/Educational Support	Older People (BME)	£22,000
LOOPs	Awareness raising, facilitation of closer working between	Older people	£196,144

Health and Social Care Main Grant Programme 2017/18 awards			
Organisation	Project	Client Group	2017/18 Grant Awards
	organisations supporting older people at a local level and strengthening the voice of older people within the four localities		
Totals			£1,880,186

Health Inequalities Grant Programme Awards for 2017/18			
	Organisation	Project	2017-18 Grant award
Former CEC Health Inequality Projects	Bingham 50+	Activities for older people	£9,116
	Broomhouse Strategy Group	Health project	£23,515
	Carr Gomm	Social prescribing	£27,733
	CHAI	Advice service	£139,476
	Community Ability Network (CAN)	Advice service	£92,765
	Community Onestop Shop	Foodbank	£6,366
	COSS Chai Application		£16,348
	Corstorphine Youth and Community Centre	Activities for older people	£6,711
	Crossreach - Post Natal Depression Project	Post-natal depression	£9,094
	Drylaw Neighbourhood Centre	Community activities	£43,746
	Edinburgh Community Food	Healthy Eating Project	£137,508
	Feniks	Community activities - Polish community	£8,999
	Freshstart	Homelessness	£35,912
	Gorgie City Farm	Healthy Eating Project	£17,186
	GP Welfare Rights and Health	Advice service	£52,142
	Granton Information Centre	Advice service	£132,156
	Greening for Health - ELGT		£67,308
	Health All Round (HAR)	Health Project	£55,584

Health Inequalities Grant Programme Awards for 2017/18			
	Organisation	Project	2017-18 Grant award
Former CEC HI Projects	LGBT Centre: Community health	Community Activities for LGBT community	£41,514
	Link up	Mental health	£14,162
	MECOPP	Activities for BME community	£21,510
	Muirhouse Millennium Centre	Community Activities	£47,474
	Pilton Community Health Project	Health Project	£71,452
	South Edinburgh Amenities Group SEAG	Community Transport	£70,902
	South Edinburgh New CHI Project	Health Project	£40,926
	The Ripple	Community Activities	£34,504
	Volunteer Centre Edinburgh	Timebank	£25,715
	Welcoming Association	Community activities for migrants	£9,168
	Wester Hailes Health Agency (WHHA)	Health Project	£54,617
	WHALE	Art and health project	£39,537
	CEC Total		£1,353,148

Health Inequalities Grant Programme Awards for 2017/18			
	Organisation	Project	2017-18 Grant award
Former ECHP Health Inequality Projects	Pilton CHP	Health Project	£112,927
	Health All Round	Health Project	£31,684
	Wester Hailes Health Agency (WHHA)	Health Project	£82,229
	Broomhouse Strategy Group	Health Project	£21,951
	Community Renewal	Employment Project	£40,000
	Health In Mind	Mental Health	£10,000
	NKS	BME women	£23,891
	LCHIF	Health Project	£28,235
	Link Up	Mental Health	£6,959
	GP Welfare Advice (CAE)	Advice services	£23,551
	LCHIF	Health Project	£20,000
ECHP Total		£ 401,427	

Social Justice Fund Grants awarded in 2017/18		
Project	Description	Annual value
Health Inequalities Communication	Co-production and dissemination work to ensure practical actions go ahead	£1,113
Get Up and Go	provides clear, accessible information for inclusive activities for older people in both printed and on-line formats	£27,160
Total		£28,273

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

Programme	Value
Health and Social Care main programme	£1,880,186
Health Inequalities Programme CEC	£1,353,148
Health Inequalities Programme CEC	£401,427
Social Justice Fund	£28,273
Integrated Care/Social Care Fund	£727,690
Total	£4,390,724

Appendix 2

Proposed new Direction relating to the use of short-term resources to support the Health and Social Care Improvement Plan

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

Purpose	Direction/what needs to be done	Performance
<p>To provide a one-off injection of resources that will allow a temporary increase in resources to reduce the number of people waiting for assessments and reviews reduce the number of people delayed in hospital and streamline processes and procedures for the delivery of locality based health and social care services all of which will improve outcomes for the citizens of Edinburgh</p>	<p>The City of Edinburgh Council and NHS Lothian are directed to:</p> <ul style="list-style-type: none"> i. Establish additional short-term capacity to: <ul style="list-style-type: none"> 1. reduce the number of people waiting for a first assessment out with the target waiting times 2. reduce the number of people waiting for a review or reassessment out with the target waiting times 3. 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. 	<p>Progress will be measured against the following:</p> <p>Baseline for number of people waiting for first assessment outside target waiting times of 24 hours for urgent cases, 14 days for Priority A cases and 28 days for Priority B cases is 894 at November 2017. The total number of people waiting for an assessment out with timescales is 1,193.</p> <p>Target waiting times for reviews and reassessments are for all active cases to be reviewed every 12 months and for reassessments to take place within 24 hours for urgent cases, 14 days for Priority A cases and 28 days for Priority B cases. Baseline for reviews and reassessments outside these target times are: 5,534 at November 2017.</p> <p>Baseline for people delayed in hospital pending applications for Guardianship is 13 at November 2017.</p>

Purpose	Direction/what needs to be done	Performance
	<p>j. negotiate with home providers to explore the opportunities to access additional capacity on a one-off basis to reduce the number of people delayed in hospital waiting for a care home place.</p> <p>k. Produce, roll out and ensure compliance with a set of end-to-end business processes and single operating procedure for the delivery of health and social care services within localities. The setup of the SWIFT computer system will be reconfigured to reflect the revised business processes and operating procedure, enforce adherence to the process and procedure as far as possible, and allow effective monitoring and management of compliance.</p> <p>l. Undertake a review of data quality within the SWIFT computer system, address any issues of poor data quality on a one-off basis and devise and implement mechanisms that support the maintenance of good quality data.</p> <p>The resources associated with this direction are £4.5m.</p>	<p>Baseline number of people waiting in hospital for a care home place is 70 at November 2017.</p> <p>Performance in respect of the production and implementation of the processes will be monitored against the project plan. Performance in terms of the effectiveness of the processes will be monitored and managed through the use of audit tools.</p> <p>Targets in respect of data quality will be established and monitored once the review is complete.</p>

Report

Edinburgh Alcohol and Drug Partnership Funding – review of service changes impact Edinburgh Integration Joint Board

26 January 2018



Executive Summary

1. This report updates the Integration Joint Board (IJB) on the savings plan agreed on 28 April 2017 ('Funding for drug and alcohol services 2017-18'). The report provides a summary of the progress made in implementing the savings plan and outlines the impact in each area of change.

Recommendations

2. The Integration Joint Board is asked to note the progress against each action in the savings plan.

Background

3. In 2016/17, the Scottish Government reduced the allocation to all Alcohol and Drug Partnerships' budgets by 23%. This resulted in a £1,550,000 reduction in Edinburgh.
4. In December 2016, the Edinburgh Alcohol and Drug Partnership (EADP) established a process for making savings through its local Treatment and Recovery Collaborative. This included service redesign, service review and efficiencies.
5. In 2016/17, revenue savings of £453,000 were identified. The remaining shortfall was made up through carry forward and a financial contribution from the Integration Joint Board (IJB).
6. On 24 March 2017, the IJB considered a report setting out recommendations to make further savings of £702,000 in 2017/18, and to provide financial support of £395,000 on a recurring basis. The IJB chose not to agree the recommendations at the time, and agreed the actions set out below.

- a) To continue the report to a special meeting of the IJB on 28 April 2017, where revised proposals included detailed risk and impact assessment and alternative funding.
 - b) That the membership of the Professional Advisory Group be consulted on proposals in advance of consideration by the IJB. The Professional Advisory Group considered the contents of the report before it was re-presented in 28 April. In addition the Professional Advisory Group In October 2017 reviewed the paper outlining the redesigned service at the Ritson Clinic.
7. These meetings resulted in a plan of savings and an agreed recommendation that the IJB keep under review the implementation of these service changes and monitor the impact.

Main report

8. The savings plan required changes in the funding and delivery of five areas of service delivery:

Development area	Investment	Proposed saving	% Saving
Reduce out of area drug/alcohol rehabilitation placements and enhance local abstinence based provision to meet this demand	£1,152k	£250k	22%
<p>UPDATE: The work included: integrating social work, psychiatry and clinical psychology to manage jointly the pathway for people going into the LEAP programme; developing a single point of referral and assessment; and reducing the numbers going to out of area without reducing the number of people able to access rehabilitation.</p> <p>This system change is progressing well. It is driving improved joint working and has identified deficiencies. There were no reductions in staffing. The risk was loss of patient choice and exclusion of people whose needs could not be met locally. Both these risks are being mitigated effectively.</p>			
Reduce inpatient detoxification and identify community based models as an alternative	£480k	£55k	11%
<p>UPDATE: The proposed change involved offering fewer in-patient beds, and starting to offer out-patient treatment in the ward/.</p> <p>Most staffing changes have been put in place, but a small amount of redeployment remains to be done between now and April 2018.</p> <p>The reduction in beds has been achieved. The ward is continuing to meet demand. Day placements are available, and the ward is working with community teams to clarify their place in the continuum of care.</p>			
Review the pathway (assessment, key working and prescribing arrangements) for drug treatment, including opiate replacement therapy (methadone	£410k	£70k	17%

and similar medications)			
<p>UPDATE: The saving proposed introducing a pharmacist as a non-medical prescriber who would hold a caseload and reduce the need for GP and other clinical time. This has not been achieved: a prescriber is available, but the number of patients from the team's caseload identified as suitable for this level of care has not been high, and no savings have been released.</p> <p>The required savings were added to other pressures and an overall plan was made in and around the affected clinical teams. This plan made some efficiency savings in non-patient facing roles, identified alternative savings to meet some of the shortfall (in related teams or elsewhere in services), but also made some small reductions in frontline nursing capacity.</p> <p>The risk here is the loss of nursing capacity leading to reduced overall caseload. Work is ongoing to identify ways in which we can expand the treatment caseload, but this is challenging, and nursing capacity remains the most significant limiting factor to the total number of people who can be treated. This in turn has significant patient and public health implications. The risks arising from loss of this funding have been minimised, but wholesale systems change has not been possible, and the reduced funding has exacerbated the challenge of meeting a key strategic need.</p>			
Efficiency reductions	£3,800k	£225k	6%
<p>UPDATE: These were varied and the risk assessments relating to them were described in the previous paper. All have been enacted, but information on the impact of individual changes is not available, however, no new risks have been highlighted to the EADP.</p>			
Ceasing ADP funding for RIDU and Sexual health	£102k	£102k	6%
<p>UPDATE: The action proposed was to terminate this funding from the EADP, and for the IJB to extend the funding for these services until 30 June 2017 from the Social Care Fund at a cost of £25,000. This would enable a review to be completed led by the Chief Nurse.</p>			

Key risks

- Altering the pathway for drugs treatment and reducing funding for the locality clinical teams is the only area where there is current evidence of risk; the contribution of the specific reduction described here is relatively low, but it contributes to a cumulative risk of poor or delayed care for a high-risk group. It is hoped that this will be addressed by ongoing work on and/or increased investment in the system of community treatment.

Financial implications

- The agreed savings are being implemented.

Implications for Directions

- There are no changes to current Directions. The actions detailed in this report will deliver Direction EDI_2017/18_14 (Substance Misuse Services) "redesign

inpatient and community detoxification services to reduce the use of pan Lothian bed-based detoxification in the Ritson Clinic and strengthen the community capacity, increasing options for people to safely detox in the community”.

Equalities implications

12. The savings plan was subject to an Equalities Impact Assessment.

Sustainability implications

13. There are no sustainability impacts arising directly from this report.

Involving people

14. The Edinburgh Alcohol and Drug Partnership and its sub groups use a coproduction approach to service design and development.

Impact on plans of other parties

15. The impact these service changes have on community services is being monitored closely.

Background reading/references

Report author

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Appendices

Appendix 1

Report

Recruitment of service user members to the Edinburgh Integration Joint Board

Edinburgh Integration Joint Board

26 January 2018



Executive Summary

1. The Edinburgh Integration Joint Board has two vacancies for citizen members with lived experience of using adult health and social care services. When it met on 15 December 2017, the Board agreed to establish a small working group to review the role description and specification for the service user members, along with the advertisement and recruitment pack and report back to the next meeting.
2. The working group has met and this report seeks the approval of the Board for the revised documentation and proposals relating to the recruitment process.

Recommendations

3. The Integration Joint Board is asked to agree:
 - i. the proposed role description for service user members of the Board set out on pages 3 to 5 of Appendix 1
 - ii. the recruitment pack attached as Appendix 1 for use in the recruitment process
 - iii. the proposal that the vacancies should be advertised for a period of six weeks as set out in paragraph 8 of the report
 - iv. the proposed make up of the interview panel as set out in paragraph 9.

Background

4. At the first formal meeting of the Edinburgh Integration Joint Board on 17 July 2015, it was agreed to appoint two citizens with lived experience of using adult health and social care services as non-voting members of the Board. As both the service users appointed have now left the Board, it is necessary to recruit two new members.

5. The previous service user members of the Integration Joint Board were appointed under arrangements put in place by the Shadow Health and Social Care Partnership, and the opportunity has now been taken to review the role description, the recruitment documentation and the process. When it met in December 2017, the Board agreed to establish a working group to undertake this task. The working group was chaired by the Vice-chair of the Board and included the two current citizen members who sit on the Board as unpaid carers and one of the previous service user members. The Strategic Planning Manager provided support to the working group.

Main report

6. The members of the working group were provided with copies of the previous recruitment documentation and examples of documentation from other Integration Joint Boards before Christmas. The group met once in early January to focus on revising the role description and the support that it would be reasonable for citizen members to receive in carrying out the role. There was also discussion as to whether two people can be expected to represent the views of all citizens who use adult health and social care services. This had also been a subject of debate when the original citizen members were recruited, and the working group was clear that citizen members of the Board could only be expected to provide a service user perspective. Both these issues have been considered in the redrafting of the role description.
7. A revised role description for the service user members of the Integration Joint Board was produced and circulated for comment. All comments received have been considered in the role description in the recruitment pack attached as Appendix 1. Members of the working group have also had a brief opportunity to comment on other elements of the recruitment pack.
8. Subject to the approval of the documentation at Appendix 1 by the Integration Joint Board, the working group recommends that expressions of interest in the two vacant service user seats on the Board are advertised for a period of six weeks through the following channels:
 - Council and NHS Lothian websites
 - Third Force news and Good Moves
 - Established email networks, including Health and Social Care managers and staff, third sector, independent sector and housing partners
 - EVOC noticeboard and newsletter
 - Edinburgh Equality and Rights Network (EaRN)
 - Posters in GP surgeries, Health and Social Care Partnership offices and libraries

9. At the end of the six-week period, it is proposed that a recruitment panel should be established to assess any expressions of interest received, draw up a shortlist and interview the shortlisted candidates. It is proposed that the panel be chaired by the Vice-chair of the Integration Joint Board and include a non-voting member of the Board and two officers from the Health and Social Care Partnership.

Key risks

10. Failure to recruit new service user members to the Integration Joint Board will mean that the Board is not meeting its legal duties as set out in the Public Bodies (Joint Working) (Scotland) Act 2014.
11. The response to the advertisement inviting expressions of interest in being a service user member of the Integration Joint Board may be low, making it difficult to recruit suitable candidates. It is proposed to advertise through a wide range of channels to minimise this risk.

Financial implications

12. The only financial implication arising from this report is the requirement for a small budget to cover advertising costs, estimates for these are being obtained.

Implications for Directions

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

Equalities implications

14. The proposals set out in this report are intended to ensure the perspective of people who use adult health and social care services is heard in the deliberations of the Integration Joint Board.

Sustainability implications

15. Wherever possible, the recruitment process will be carried out using electronic communication mechanisms.

Involving people

16. The proposals set out in this report will ensure that people who use services are involved in the decision-making of the Integration Joint Board.

Impact on plans of other parties

17. There is no impact on the plans of other parties arising from this report.

Background reading/references

[Report to the Integration on the recruitment of citizen members – December 2017](#)

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Appendices

Appendix 1

Service user member recruitment pack

Edinburgh Integration Joint Board

Service user member recruitment pack

The Edinburgh Integration Joint Board (IJB) is seeking to recruit two citizens with experience of using community health and/or social care services to join the Board. The role of these members is to bring a service user perspective to the work of the IJB in planning the future of health and social care services in Edinburgh.

As a service user member, you will have experience of using the health and/or social care services for which the IJB has responsibility. We need to recruit one person who has experience of using health services and one who has experience of using social care services, although we recognise that some people will have experience of using both.

Service user members will:

- live in Edinburgh
- have a knowledge and understanding of the issues affecting users of health and social care services
- be interested in the decision-making process around the planning of these services; and
- be able to communicate a service user perspective effectively at meetings of the Edinburgh Integration Joint Board

What is the Edinburgh Integration Joint Board?

The Edinburgh Integration Joint Board was established in April 2016 in response to changes in the way in which health and social care services are planned and delivered, as set out in the Public Bodies (Joint Working) (Scotland) Act 2014. In Edinburgh, these changes have meant that:

- health and social care services are delivered by the Edinburgh Health and Social Care Partnership (HSCP) which is a partnership of the City of Edinburgh Council and NHS Lothian; and
- the Edinburgh Integration Joint Board (IJB) is responsible for the governance of the partnership and the strategic planning of health and social services.

The services for which the IJB and HSCP are responsible include:

- social work assessment
- social care services for people with disabilities, mental health, older people, sensory impairment, substance misuse
- support for carers
- primary care services, including GPs and community nursing
- allied health professionals, such as occupational therapists, psychologists and physiotherapists
- community dental, ophthalmic and pharmaceutical services

- continence services
- unplanned admissions to hospital

The arrangements are set out in the [Integration Scheme](#), which was agreed between the Council and NHS Lothian and approved by the Scottish Government. The IJB published a [strategic plan](#) in April 2016, setting out how the services for which it is responsible should be delivered. Paper copies of these documents can be supplied if required.

Who sits on the Integration Joint Board?

The Public Bodies (Joint Working) (Scotland) Act 2014 specifies minimum membership criteria that all Integration Joint Boards must adhere to. In Edinburgh, there are 10 voting members of the Board, five of whom are non-executive board members of NHS Lothian and five of whom are elected members of the City of Edinburgh Council.

There are also several non-voting members. These include officers of the Council and NHS Lothian, such as the Chief Officer and Chief Finance Officer, the Chief Nurse and Medical Director, the Council's Chief Social Work Officer, representatives of the third sector, trades unions and professional staff groups and four citizen members, two of whom are unpaid carers and two are service users.

To date, the practice has been for decisions of the IJB to be made by consensus of the full membership, rather than the use of voting.

Further information about integration in Edinburgh can be found [here](#).

Integration Joint Board papers can be found [here](#) by selecting Edinburgh Integration Joint Board from the list of Committees.

How to apply

If you are interested in becoming a service user member of Edinburgh's, IJB please complete the expression of interest form and return it by *insert date*:

By email to: healthsocialcareintegration@edinburgh.gov.uk

By post to: Wendy Dale, Strategic Planning Manager, Edinburgh Health and Social Care Partnership, Level 1/8 Waverley Court, 4, East Market Street, Edinburgh, EH8 8BG

For informal discussions, contact: Wendy Dale on 0131 553 8322

Role of service user members of the Edinburgh Integration Joint Board

The role of the service user members of the IJB is to make sure that the perspective of people with lived experience of using health and social care services is heard in all aspects of the business of the Board. We recognise that it is impossible for one

person to represent the views of everyone who uses health and social care services in the city. The role of the service user member on the IJB is therefore to provide a service user *perspective*. However, there will be occasions where we ask you to take part in events intended to gather views from a wider group of service users.

Service user members will:

- live in Edinburgh and be able to prepare for, travel and contribute to regular meetings
- provide the perspective of people who use the health and social care services for which the IJB is responsible.

Tasks you will be expected to do

As a service user member, you will be expected to:

- attend the monthly meetings of the IJB; these are usually held in central Edinburgh on Friday mornings between 09.30 and 12.30
- attend monthly meetings of the IJB Strategic Planning Group, which are usually held in central Edinburgh on Friday mornings between 10.00 and 12.00
- read the papers circulated before each meeting and come to the meeting prepared to take part in the discussions from the perspective of people who use the services for which the IJB is responsible
- make contact and engage with other service users and represent their views in a balanced and objective way
- take part in the planning and monitoring of the IJB strategic plan, priorities and budgets

Skills and qualities you need

- no formal qualifications are required
- ability to facilitate and encourage active engagement
- ability to listen to, and represent the views of, other service users (even if they are different from your own)
- ability to read and absorb detailed reports that are sometimes complex, identify the implications for service users and articulate these succinctly at formal meetings
- excellent communication and interpersonal skills
- confidence in public speaking
- understanding of the reasons for integrating health and social care

- understanding of the health and social care systems in Edinburgh

The sort of person we are looking for is someone who:

- has an active interest in health and social care
- is able to work in a team and with working groups
- is able to look at things with an open mind
- is able to listen to and take on board other people's points of view or experiences

We will expect you to

- use your experience to give the perspective of users of the health and social care services for which the IJB has a responsibility
- be willing to suggest and influence changes to services or plans
- take an active role in groups or projects, with our support
- follow relevant policies and procedures (e.g. expenses policy for IJB members, no smoking policy, equal opportunities, health and safety); we will make sure you have access to these
- follow rules of confidentiality and not discuss personal or sensitive information outside of meetings; we will ask you to sign a confidentiality agreement
- take part in an initial induction training session and any other briefings or training sessions as required
- read papers for meetings before you attend, and if unable to attend, give your apologies in good time if possible
- remember that any contact with the media (newspapers, television, radio) or through social networking will be handled by Edinburgh Council's Corporate Communications Team
- give references or complete Scottish Disclosure/PVG Scheme membership documents if we need you to; we will guide you through this process
- declare any interests, employment or otherwise, which may conflict with your involvement with IJB; this will not necessarily stop you joining the Board
- raise any concerns or difficulties with your contact person
- tell your contact person if you no longer wish to be a service user member of the IJB

Your name will appear on minutes of IJB meetings, which are available to the public.

What you can expect from us

- support or training and any information you need, free of jargon (or jargon explained), in a format that suits you
- a named contact person who will give you support and guidance
- a clear description of your responsibilities, including the length of time you are expected to be involved
- to be introduced to other Board members with their jobs and roles explained to you
- to be treated as an equal partner, with your views taken seriously
- to be sent meeting papers in your preferred format, at least one week before the meeting
- to be told what has happened as a result of your involvement
- to be consulted about decisions that affect you
- to be able to opt out of anything you don't feel comfortable with or find stressful
- to be reimbursed for necessary travel and other agreed expenses arising from your membership of IJB
- that your involvement will not impact on your care, treatment or services
- to be able to step down at any time, knowing that it will not affect any future care, treatment or services
- your personal information to be kept confidential

Length of appointment

The Public Bodies (Joint Working) (Scotland) Act 2014 limits the length of appointment of non-voting members to three years.

Edinburgh Integration Joint Board

Expression of interest in being a service user member of the Edinburgh Integration Joint Board

About you			
Name:			
Address:			
Postcode:			
Phone No:		Email:	

Please tell us why you are interested in this role

--

Please tell us about the type of health and social care services you have direct experience of using

--

Having read the accompanying information pack, please tell us about the skills and qualities you feel you could bring to this role

--

Any other information that you feel is relevant to your application

--

Please provide details of two referees who could support your application for this role

	Referee 1	Referee 2
Name		
Contact address/phone number/email		
Relationship to you		

I confirm that the information I have provided is accurate and completed to the best of my ability.

Signature

Date

Please return the completed form by *insert date* to Wendy Dale, Strategic Planning Manager, Edinburgh Health and Social Care Partnership, Level 1/8 Waverley Court, 4, East Market Street, Edinburgh, EH8 8BG. Email: healthsocialcareintegration@edinburgh.gov.uk



Report

Health and Social Care Partnership Communications Action Plan Edinburgh Integration Joint Board

26 January 2018

1. Executive Summary

- 1.1 The Edinburgh Health and Social Care Partnership Communications and Engagement Plan 2016-19 was approved by the Integration Joint Board (IJB) at its April 2016 meeting. The Strategy set out the principles and protocols for communication and stakeholder engagement activity.
- 1.2 An action plan for the Health and Social Care Partnership has been developed in response to the priorities for the next 12 months, including:
- leadership visibility
 - communicating and engaging with staff
 - engaging the public in key decisions/service development
 - engaging key stakeholders and service providers in key decisions/service development.
- 1.3 An engagement/communication plan for the IJB will be developed separately, given the different role and function of the two bodies. When agreed, the two action plans will be brought together as separate sections of a single document.

2. Recommendation

- 2.1 The IJB is recommended to:
- 2.1.1 consider and comment on the Partnership's communications approach and action plan for the forthcoming year; and
- 2.1.2 note that a separate engagement/communication plan for the IJB will be presented for consideration and agreement within 6 months.

3. Background

- 3.1 Communication in its many forms was criticised in the joint inspection report of older people's services. The main areas for improvement are set out in paragraph 1.2 above.
- 3.2 The Partnership workforce is going through an extended period of change. This includes the way in which the Partnership works with stakeholders to deliver services. With any change, communication is key to success, and this report outlines the activity planned by the Council's Communications Team to support the Partnership to engage with and involve key stakeholders.

4. Main report

- 4.1 Integration of health and social care services has brought about many changes for staff from two separate organisations who will now work together in integrated teams, with revised management and reporting. Localities are well on their way to being set up, with multi-agency triage teams (MATTs) in operation and the workforce moving to new geographic boundaries. These changes affect everyone who interacts with the Partnership – staff, partners and the full range of stakeholders, and it is essential that all are involved in decisions affecting the services to be delivered in Edinburgh.
- 4.2 The focus will be on the following forms of communication:
- leadership visibility and accessibility
 - engaging staff to ensure they fully understand the Partnership's vision and their role in its success
 - involving our key stakeholders and delivery partners
 - involving the communities and people we serve.

Leadership visibility and accessibility

- 4.3 This will be achieved by:
- a mix of quarterly 'town hall' and geographic two-way engagement events, focusing on introducing the Partnership's senior leadership team, explaining the vision and strategy, and giving the workforce regular access to senior managers
 - developing a schedule of monthly visits to all service areas in the Partnership, listening to frontline workers on how we can make improvements

- regular and consistent communication from the Chief Officer in the form of e-newsletters, providing information from around the Partnership, celebrating success, highlighting service developments, etc.
- localities running engagement events for the partners in their area, and setting up local networks of partner agencies and providers; this locality-based engagement will support implementation of local improvement plans
- developing regular locality bulletins

Engaging staff

4.4 The town hall and smaller events led by the Partnership's senior leadership team will be a significant factor in engaging staff. In addition, the following will be developed:

- a monthly newsletter for managers to use in team meetings, combining NHS Lothian and Council topics that need to be cascaded
- an annual employee survey for Partnership staff (using iMatter); this year's survey has been undertaken and will be followed up with results and action plans at team level
- locality-based whole-team Hub and Cluster meetings; electronic suggestion boxes and news bulletins
- locality staff development sessions

Involving key stakeholders and delivery partners

4.5 It is important that stakeholders feel involved, empowered and passionate about the success of the Partnership in delivering optimum results for Edinburgh's citizens.

4.6 The locality model will require an increased emphasis on developing relationships at this level, in addition to those at a city-wide level.

4.7 Stakeholders will be involved in a range of ways, through:

- regular engagement sessions throughout the year in both localities and at a Partnership level; these will focus on building relationships, understanding each other's objectives and exploring how we can work better together
- regular (bi-monthly or quarterly) newsletters at both locality and Partnership level, highlighting integration progress, IJB decisions, opportunities to

becoming involved in service development and changes, etc; these will be customised for the various stakeholder groups and topics

- in-depth involvement in consultations and service delivery discussions
- media management and media engagement
- a range of locality-based meetings, focused on improvement plan implementation, with an emphasis on:
 - ✓ improving access to services
 - ✓ tackling social isolation
 - ✓ healthier lifestyles
 - ✓ improved mental health

Involving the communities and people we serve

4.8 The Partnership will continue to engage communities and the people we serve:

- in shaping our service delivery; an example of this is the range of engagement currently taking place across the city around introduction of the Carers Act in 2018
- by holding awareness events, such as the dementia café events to highlight World Alzheimer's Day in September 2017
- through media and social media engagement, highlighting prevention and early intervention topics, for example the Learning Disability Festival in August 2017
- by awareness and behaviour changing campaigns, for example highlighting the changes to services over the winter period and top tips for how residents can stay healthy
- throughout the localities by a range of service development groups.

5. Key risks

5.1 There is little risk in fully engaging stakeholders. There is, however, a high risk of failure to achieve our objectives if we do not engage our wide stakeholder audience, which includes employees, service users, delivery partners and many other groups.

6. Financial implications

- 6.1 Most communications activity has limited financial impact other than large workforce town hall events. The impact is the investment of staff time to conduct and manage the engagement activity.

7. Involving people

- 7.1 Involving people is a key objective of the communications plan, which sets out the activities planned to engage and involve.

8. Impact on plans of other parties

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

Background reading/references

Edinburgh Health and Social Care Partnership Communications and Engagement Plan 2016-19.

Report Author

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Report

Whole System Delays – Recent Trends

Edinburgh Integration Joint Board

26 January 2018



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 (50% of the reportable total) followed by care home places (30%).
 - Continued pressures are also evident in the community, with the number of people waiting for a package of care 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.
3. 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

4. The Integration Joint Board is asked to note:

- i. the ongoing pressures and delays across the system, including delayed discharge and people waiting for a package of care
- ii. 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. the introduction of monthly performance scrutiny meetings in each locality.

Background

5. Edinburgh's level of delayed discharge is a long-standing area of concern for the Integration Joint Board and the Partnership. 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.
6. These issues are also reflected in the report of the Care Inspectorate/Health Improvement Scotland's inspection of Edinburgh's services for older people.
7. 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

8. 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.
9. This report provides:
 - a) Chart 1: an overview of the number of people whose discharge from hospital has been delayed between January 2016 and December 2017, using the data supplied to ISD monthly; this excludes complex delays
 - b) Table 1: an overview of all delays, both complex and non-complex and the proportion of delays in acute beds
 - c) Table 2: the reasons for discharge from hospital being delayed
 - d) Table 3: the number of occupied bed days for people who are delayed

- e) Chart 3: the average number of people supported to leave hospital each month and the way in which they were supported
- f) Table 4: the average net change in the number of people whose discharge from hospital is delayed for the 10 weeks to 25 December 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 January 2016 to December 2017 excluding complex cases – source monthly data reported to ISD

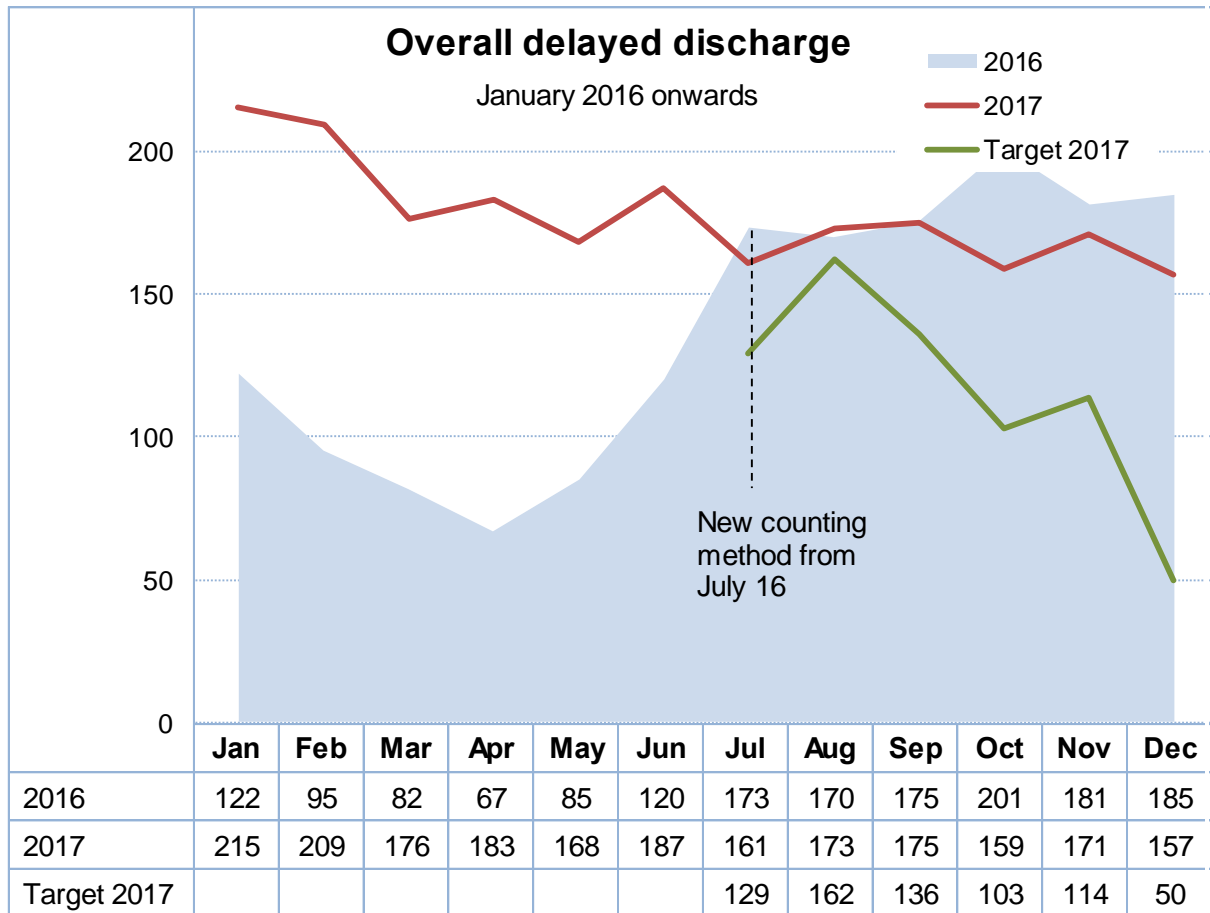


Table 1. Overview of delays: reportable, proportion in acute, complex and total

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Reportable Total	215	209	176	183	168	187	161	173	175	159	171	157
% in acute	73%	79%	80%	83%	79%	79%	86%	86%	88%	77%	78%	78%
Excluded cases (complex)	12	13	16	32	34	24	25	26	25	19	17	15
Of which, Guardianship	11	12	14	18	19	12	14	13	16	13	11	10
Grand Total	227	222	192	215	202	211	186	199	200	178	188	172

Table 2. Reasons for delay

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Assessment	37	30	20	30	28	29	13	13	15	9	21	27
Care Home	77	69	51	53	72	74	57	64	61	69	76	47
Domiciliary Care	97	107	101	97	65	81	85	92	94	76	71	79
Legal and Financial	2	0	2	1	1	1	2	0	0	1	1	1
Other	2	3	2	2	2	2	4	4	5	4	2	3
Total	215	209	176	183	168	187	161	173	175	159	171	157
% Domiciliary Care	45%	51%	57%	53%	39%	43%	53%	53%	54%	48%	42%	50%

Table 3 The number of occupied bed days for people aged 18 years and over who were delayed in hospital (April to October 2017 – latest available published data)

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Bed days occupied	All delays	6,149	6,153	6,105	5,897	5,963	5,970	5,591
	Average number of beds per day ⁵	205	198	204	190	192	199	180
Type of delay	All delays excluding code 9	5,179	5,098	5,262	5,159	5,156	5,182	5,015
	Health and social care reasons	5,108	5,056	5,197	5,065	5,026	5,037	4,852
	Patient and family related reasons	71	42	65	94	130	145	163
	Code 9	970	1,055	843	738	807	788	576

Source: ISD Scotland

Chart 3. Number of people supported to leave hospital each month by support type

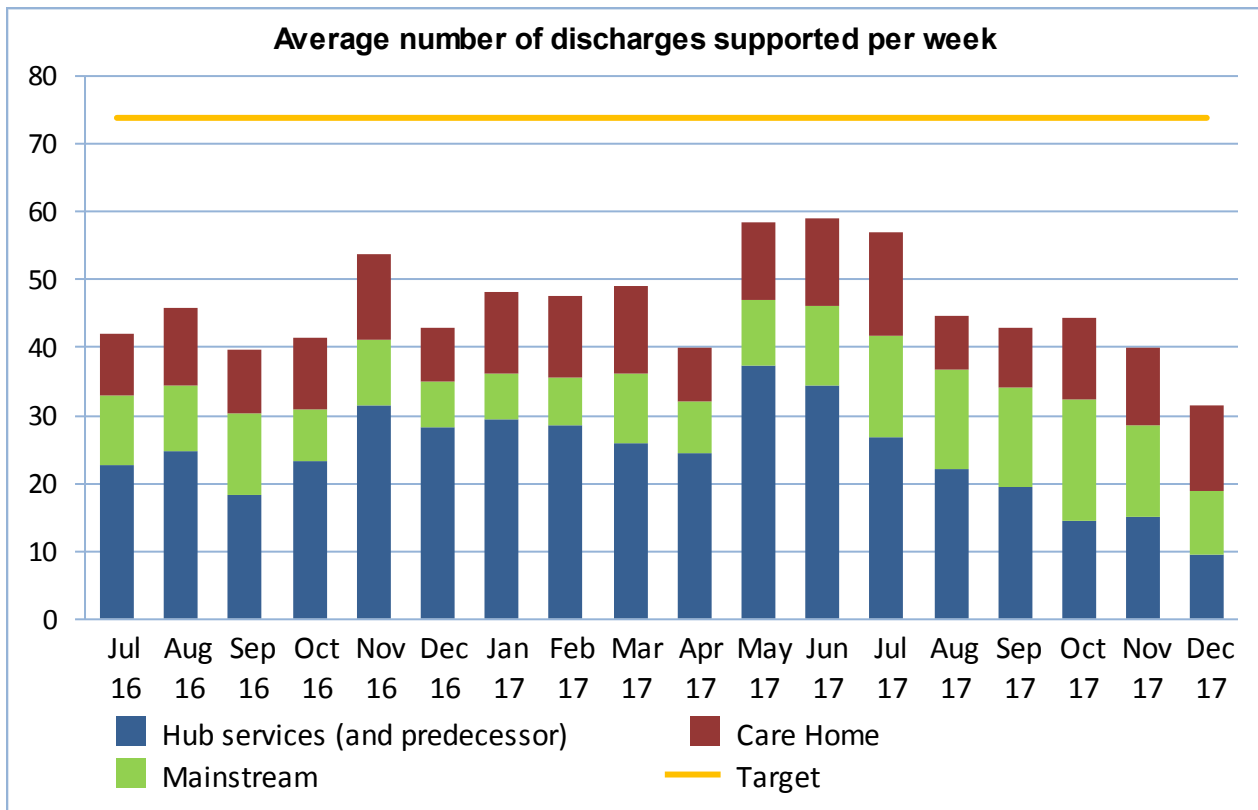


Table 4: Summary of delayed discharge flow (average over the 10 weeks to 25 December)

	Total
Average new delays per week	39
Average delays ended per week	41

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

Changes in performance
<p>What has changed in the period and why?</p> <ul style="list-style-type: none"> The total number of people whose discharge from hospital is delayed has remained fairly stable in recent months and continues to exceed the target level The number of complex cases delayed in hospital has reduced slightly, 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 increased; the assessment process had started for the majority (21) of those individuals
- The number of people waiting in hospital for domiciliary care to be provided remains *comparatively* low at 79
- The number of bed days occupied by people while they are delayed reduced in October (the latest available data)
- The average number of people becoming delayed each week is 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

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

- Two of the seven care at home partner providers have been suspended from taking on new support packages on the grounds of Care Inspectorate gradings; a further provider has stated that they are not able to take any new support packages at present
- The low level of uptake by providers of packages of care for people moving on from reablement leading to reablement having reduced capacity for new clients
- Recruitment and retention of care staff – the local contracted providers have reported high turnover rates of staff in the region of 30 – 50%
- The suspension of admissions to some care homes on the grounds of Care Inspectorate gradings
- A reluctance by care homes to take interim placements and high administration charges by some care home associated with admissions
- Infection preventing admissions to certain care homes
- 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)

<ul style="list-style-type: none"> • An ongoing lack of specialist dementia beds.
<p>Actions being taken</p> <p>What action are we taking in response to what the data are telling us?</p> <ul style="list-style-type: none"> • Many of the actions listed below have been described in earlier reports and are ongoing. • Management of delayed discharge at locality level is proving to be an effective way of managers understanding the pressures and challenges as they arise at individual level • Weekly delayed discharge scrutiny meetings continue to be held with locality and hospital managers, and key support staff. These meetings continue to provide the opportunity to focus on operational and strategic issues which create delay. Examples include: <ul style="list-style-type: none"> • Detailed scrutiny of a sample of cases of individuals who are waiting for a care home place • Identification of the potential to improve processes and practice which could reduce the length of the delay at the point a resource is identified by injecting pace and increasing buy-in from staff across the system <p>Other activity across the localities includes:</p> <ul style="list-style-type: none"> • Weekly delayed discharge meetings in the localities to monitor and progress-chase • Daily locality MATTs (Multi Agency Triage Team) to maximise hospital discharge matches • Ongoing close working with partner providers of care at home to problem solve and strengthen relationships; steps include embedding of service matching staff in localities • Monthly senior level meetings with partner providers to focus on performance, recruitment and retention strategies.

Overview of performance: Delays in the community

10. 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.

11. Data provided:

- Table 5 shows the number of people waiting for an assessment
- Chart 4 shows the proportion of people waiting longer than the standard timescales
- Table 6 shows the number of people waiting for domiciliary care and the number of support hours required but not available

Table 5. Number of people waiting for an assessment

	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
With HSC activity in the year	679	666	687	667	645	672	663	690	792	811	793	746
Without HSC activity in the year	897	831	829	813	847	856	889	882	1,044	1,167	1,171	1,045
Total waiting for Assessment	1,576	1,497	1,516	1,480	1,492	1,528	1,552	1,572	1,836	1,978	1,964	1,791

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)

THE PERCENTAGE OF ASSESSMENTS OUTWITH STANDARD TIMES

For sector practice teams on Swift waiting on the last day of the month which are outwith standard priority timescales

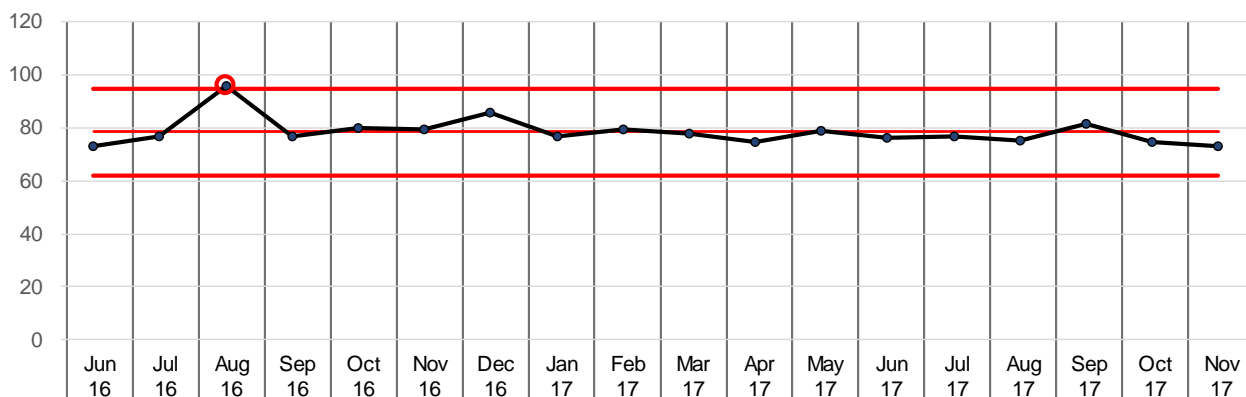


Table 6. Number of people waiting for domiciliary care by location and the number of hours of support required

	Total number of people waiting					Number of hours required Grand Total
	Com-munity	In Hospital	Total Waiting	Reable-Intermed	Grand Total	
27/12/17	717	77	794	187	981	8,576
27/11/17	630	68	698	171	869	7,082
30/10/17	599	83	682	167	849	7,175
25/09/17	552	91	643	176	819	6,898
28/08/17	519	88	607	173	780	6,635
31/07/17	471	66	537	164	701	5,966
26/06/17	442	70	512	139	651	5,495
29/05/17	414	50	464	154	618	5,534

<p>Changes in performance</p> <p>What has changed in the period and why?</p> <ul style="list-style-type: none"> • The assessment waiting list has increased slightly from 1,964 at the end of October 2017 to 1,791 at the end of November. Of those waiting, 1,045 (58%) 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 reduced to just under 73%. All assessments categorised as needing an urgent assessment were assessed within the target time of 24 hours. • The number of people waiting for domiciliary care shows a steady increase over the past seven months; the number of hours required had been increasing until the most recent period shown above, when there was a slight reduction
<p>Actions being taken</p> <p>What action are we taking in response to what the data is telling us?</p> <ul style="list-style-type: none"> • Additional staff are being recruited in the short term to address the backlog in assessments and reviews • Additional care home capacity is being sought through securing places in the short term to reduce the backlog of people waiting • Capacity planning is ongoing to determine resource requirements • The care at home contract will be reviewed during the early part of 2018.

Addressing performance at locality level

12. Monthly performance scrutiny meetings are being introduced in each locality, to facilitate senior management scrutiny of key performance, finance and quality issues.

Key risks

13. 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

14. 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

15. Directions 1 (locality working), 3 (key processes), 5 (older people) and 18 (engagement with key stakeholders) are of 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

16. None.

Sustainability implications

17. None.

Involving people

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

19. 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

20. 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

21. None.

Report author

Michelle Miller

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Appendices

None.

Report

Review of professional and clinical governance in the Health and Social Care Partnership and membership of the Integration Joint Board

Edinburgh Integration Joint Board

26 January 2017



Executive Summary

1. This report informs the Edinburgh Integration Joint Board (IJB) of the Health and Social Care Partnership's plan to review the locality structure implemented during 2017 to test whether arrangements for effective professional and clinical governance are sufficient and fit for purpose.
2. The report also recommends that the officer appointed to act as lead allied health professional for the Partnership is invited to become a non-voting member of the Integration Joint Board.

Recommendations

3. The Integration Joint Board is asked to:
 - i. note the Partnership's intention to carry out a review of the current management structure, limited in scope to testing whether professional assurance and clinical oversight of service delivery are sufficiently robust
 - ii. agree to the allied health professional lead for the Partnership being invited to sit as a non-voting member of the IJB.

Background

4. The main restructuring exercise, which brought the City of Edinburgh Council and NHS Lothian's staff together into an integrated Partnership was largely concluded during 2017. Integrated staff teams were established, led by general managers, with provision for a professional matrix governance arrangement for

the key service areas of: social work, medicine, nursing, and allied health professionals (e.g. physiotherapists, occupational therapists, etc.).

5. Feedback from staff indicates that there are variances in the capacity of these matrix governance arrangements, and the time is right to review these to ensure they are fit for purpose.
6. Section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the mandatory membership of the IJB. This includes the requirement for the local authority's Chief Social Work Officer, and the NHS board's registered medical practitioners and a registered nurse practitioner to be non-voting members. At Section 4, the order confirms that the IJB may appoint other non-voting members as it sees fit.
7. The Health and Social Care Partnership recognises the importance of a lead allied health professional role and included this in its structure to ensure effective governance. This position is, however, not mirrored in the membership of the IJB, which currently excludes representation from NHS Lothian's lead for allied health professionals.

Main report

8. The proposed review will be light touch, and is not intended to be a comprehensive, formal organisational review. The structure has not been in place long enough to bed down, and any large-scale review would be premature. However, it is appropriate, following discussion with professionals and trades unions that the Partnership ensures the correct level of clinical and professional supervision is available to staff.
9. The intention is to conclude this work by the end of March 2018 and for the Partnership to consider any recommendations for adjustments that may arise.
10. In advance of any conclusions being drawn from this review, there is one outstanding issue, which can be addressed by a decision of the IJB. The non-voting membership could be extended to include the Partnership's lead for allied health professionals. This would provide the IJB with a comprehensive range of professional advice and bridge the gap that exists currently.

Key risks

11. Insufficient professional and clinical governance (e.g. supervision) is a risk to service users, to the Partnership and to the IJB. It is also a potential risk to the successful implementation of integration, should confidence be lost in the process.

12. There is a risk to the IJB of the current gap in professional advice available, with one section of service delivery being inadequately represented on the Board.

Financial implications

13. Any required changes arising from the review will need to be addressed within existing resources.
14. There are no financial implications arising from extending IJB membership to the allied health professional lead.

Implications for Directions

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

Equalities implications

16. There are no equalities implications arising from this report.

Sustainability implications

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

Involving people

18. The light-touch review of the professional and clinical governance arrangements will involve discussion with all affected staff groups and trades union representatives.

Impact on plans of other parties

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

Background reading/references

None

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