Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30am Friday 18 May 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 2 March 2018 (circulated) submitted for approval as a correct record

4.2. Sub-Group Minutes

- 4.2.1 Audit and Risk Committee – Minute of 27 April 2018 (circulated) – submitted for noting
- 4.2.2 Performance and Quality Sub-Group – Minute of 7 March 2018 (circulated) – submitted for noting
- 4.2.3 Performance and Quality Sub-Group – Minute of 25 April 2018 (circulated) - submitted for noting
- 4.2.4 Strategic Planning Group – Minute of 9 March 2018 (circulated) – submitted for noting
- 4.2.5 Strategic Planning Group – Minute of 13 April 2018 (circulated) – submitted for noting

5. Reports

5.1. Rolling Actions Log – May (circulated)

5.2. Business Resilience Arrangements and Planning – Spring Update – report by the IJB Chief Officer (circulated)

5.3. Financial Outturn 2018/19 – report by the IJB Chief Officer (circulated)

5.4. 2018/19 Financial Plan – report by the IJB Chief Officer (circulated)

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

5.6. Plan for Immediate Pressures and Longer-Term Sustainability – report by the IJB Chief Officer (circulated)

5.7. Grants Review Interim Report – report by the IJB Chief Officer (circulated)

5.8. Royal Edinburgh Campus and St Stephen's Court – report by the IJB Chief Officer (circulated)

5.9. The Inclusive Homelessness Service at Panmure St Anne's – report by the IJB Chief Officer (circulated)

5.10. Appointments and Review of Sub-Groups – report by the IJB Chief Officer (circulated)

5.11. Calendar of Meetings – report by the IJB Chief Officer (circulated)

5.12. Standing Orders – Annual Review – report by the IJB Chief Officer (circulated)

5.13. Webcasting of Integration Joint Board Meetings – report by the IJB Chief Officer (circulated)

5.14. Head of Operations Recruitment – verbal update

5.15. Data Protection Officer – verbal update

6. Motions

6.1. Motion by Councillor Webber – NHS Attend Anywhere

"IJB notes:

1) The development of the national 'Attend Anywhere' programme as part of the Scottish Centre for Telehealth and Telecare's work around video-enabled health and social care.
2) The 'Attend Anywhere' platform allows health care providers the ability to offer patients a video consultation as an alternative to face-to-face appointments.
3) The 'Attend Anywhere' service is utilised by every Healthboard in Scotland at this present time except for NHS Lothian.
4) Further notes the potential for increased use of telecare to transform service delivery
5) Calls for a short report within 1 cycle on the timescales and feasibility of introducing this service, quantifying the risks of adoption and non-adoption, and the costs & benefits associated with implementation in collaboration with NHS Lothian to support IJB services and priorities including the transformation of primary care services."

Board Members

Voting

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice-Chair), Councillor Robert Aldridge, Michael Ash, Councillor Ian Campbell, Martin Hill, Alex Joyce, Councillor Melanie Main, Angus McCann and Councillor Susan Webber.

Non-Voting

Colin Beck, Carl Bickler, Sandra Blake, Andrew Coull, Lynne Douglas, Christine Farquhar, Helen Fitzgerald, Alistair Gaw, Kirsten Hey, Martin Hill, Ian McKay, Ella Simpson, Michelle Miller, Moira Pringle, Judith Proctor and Pat Wynne.

Item 4.1 Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 2 March 2018

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Michael Ash, Carl Bickler, Colin Briggs, Wanda Fairgrieve, Christine Farquhar, Councillor Derek Howie, Ian McKay, Michelle Miller, Moira Pringle, Councillor Alasdair Rankin, Ella Simpson, Councillor Susan Webber, Richard Williams and Pat Wynne.

Officers: Wendy Dale, Gavin King.

Apologies: Colin Beck, Sandra Blake, Andrew Coull, Alistair Gaw, Kirsten Hey and Councillor Melanie Main.

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 26 January 2018 as a correct record.

2. Sub-Group Minutes

Updates were given on Sub-Group and Committee activity.

Decision

1) To note the minute of meeting of the Audit and Risk Committee of 9 February 2018.

2) To note the minute of meeting of the Professional Advisory Group of 6 February 2018.

3) To note the minute of meeting of the Performance and Quality Sub-Group of 31 January 2018.

4) To note the minute of meeting of the Strategic Planning Group of 2 February 2018.

3. Rolling Actions Log

The Rolling Actions Log for 26 January 2018 was presented.

Decision

1) To agree to close Action 2 – Responsibilities for Data and Information.

2) To agree to close Action 5 – Older People's Inspection Update.

3) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log 2 March 2018, submitted)

4. Data Protection Reform

From 25 May 2018, the existing Data Protection Act 1998 would be replaced by new legislation in the form of the EU General Data Protection Regulation (GDPR) and a new Data Protection Act.

Information was provided on the key requirements of the legislation, its likely impact and the current approach being taken to ensure compliance.

Decision

1) To note legislative developments concerning the introduction of GDPR and a new Data Protection Act and their significance for integrated services and the Edinburgh Integration Joint Board (IJB).

2) To note a Memorandum of Understanding had been signed by NHS Lothian and the Council which provided a framework for promoting compliance with data protection legislation.

3) To note the statutory role of Data Protection Officer.

4) To delegate authority to the Interim Chief Officer to appoint a Data Protection Officer for the Joint Board.

5) To note that the Edinburgh Health and Social Care Partnership would maintain a register of all delegated function processing activities.

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

5. IJB Complaints Handling Procedure

A proposed complaints handling procedure for the Joint Board was submitted. The Procedure was compliant with the guidance issued to public authorities by the Scottish Public Services Ombudsman and was designed to promote a standardised approach to handling complaints across integration authorities.

As far as possible, the Procedure aligned with those of NHS Lothian and the City of Edinburgh Council to ensure a consistent approach to complaints handling across the Health and Social Care Partnership.

Decision

1) To note that the Scottish Public Services Ombudsman had confirmed that the proposed IJB Complaints Handling Procedure was fully compliant with the requirements of the Scottish Government and Associated Public Authorities Model.

2) To approve the Complaints Handling Procedure for immediate implementation to deal with complaints about the decisions and activities of the Integration Joint Board.

3) To agree that any minor changes may be incorporated into the procedure with the approval of the Chief Officer.

4) To agree that the approved procedure be published on the IJB website and that the information would make clear the distinction between the Partnership Complaints Handling Procedure and the IJB Complaints Handling Procedure and the IJB Complaints Handling Procedure.

5) To request that a customer facing leaflet was also produced on the website to supplement the procedure.

6) To delegate authority to the Interim Chief Officer to determine the appropriate language to use instead of “customers” in consultation with the Chair and Vice-Chair.

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

6. Mainstreaming the Equality Duty and Equality Outcomes Progress Report

In April 2016, the Joint Board approved and published its Mainstreaming Equality and Outcomes Report in accordance with the Equality Act 2010 and associated regulations. To continue to meet the obligations of the Act, the Joint Board was required to publish, by 30 April 2018, a report setting out the progress made in mainstreaming the equality duty and the progress achieved in meeting its equality outcomes.

A summary was provided of progress made in mainstreaming equality and achieving equality outcomes over the last 2 years.

Decision

1) To note the requirements of the Equality Act 2010 outlined in the report.

2) To approve the draft Mainstreaming the Equality Duty and Equality Outcomes Progress Report for publication.

3) To review the equality outcomes as part of the process of producing the Strategic Plan.

4) To amend the Equality and Mainstreaming Progress Report 2016-2018 outlining the specific responsibilities of the Joint Board.

5) To ensure that future update reports detail the financial implications of individual projects including examples of potential costs when the report was providing an overview.

(References – Edinburgh Integration Joint Board, 13 May 2016 (item 9); report by the IJB Interim Chief Officer, submitted)

7. Older People's Inspection Update

An update was provided on the Health and Social Care Partnership's progress against the action plan arising from the Older People's Inspection.

Specific information on progress made to date with each of the 17 Care Inspectorate recommendations and the next steps was presented.

Decision

1) To note the progress updates.

2) That future reports include dates and details of progress with implementation of the recommendations.

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

8. Outline Strategic Commissioning Plans

The draft Outline Strategic Commissioning Plans for physical disabilities and primary care 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.

The Strategic Planning Group had considered the draft plans at their meeting on 2 February 2018 and, whilst endorsing the content and direction of travel in the plans, requested an opportunity to bring all of the work back for the Joint Board to consider in the round. This would allow for outline financial frameworks to be developed in respect of each of the plans to highlight choices that needed to be made about the use of resources going forward.

Decision

1) To note that the draft outline strategic commissioning plans for physical disabilities and primary care were considered by the Strategic Planning Group on 2 February 2018.

2) To note that the Strategic Planning Group recognised the good progress that had been made in the development of the plans and was happy with the content of the plans, but believed further work was required before they were presented to the Joint Board and became public documents.

3) To approve the summaries of the outline strategic plans for physical disabilities and primary care attached as Appendices 1 and 2 as the means of communicating progress to date and action plans for the next 12 months.

4) To agree to use the IJB development session scheduled for 27 April 2018 to consider the draft final outline strategic plans in detail prior to approval at a formal meeting.

5) To note the timetable for the ongoing development of the strategic commissioning plans set out in paragraph 13 of the report by the IJB Interim Chief Officer.

(References – Edinburgh Integration Joint Board, 26 January 2018 (item 5); report by the IJB Interim Chief Officer, submitted)

9. Financial Performance and Outlook

An overview was provided of the financial position for the first nine months of 2017/18 and the forecast year end position. An update was also given on the ongoing discussions with NHS Lothian and the City of Edinburgh Council and the consequent impact on the 2018/19 Edinburgh Integration Joint Board financial plan.

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 – transformational change, mental health, primary care, social care and alcohol and drug partnerships.

Both organisations recognised the challenges faced by the Joint Board particularly in respect of delayed discharges and the size of waiting lists. Senior management teams were working on savings and recovery programmes to address the significant savings requirements.

Decision

1) To note that delegated services were reporting an overspend of £3.7m for the period to the end of December 2017, and that this was projected to rise to £5.8m by the end of the financial year.

2) To acknowledge that ongoing actions were being progressed to reduce the predicted in-year deficit to achieve a year end balanced position but that only limited assurance could be given of the achievement of break even at this time.

3) To note the progress made with discussions on the financial plan for 2018/19, including the planning assumption that both NHS Lothian and the Council were exploring options to increase the delegated budget to reflect demand led pressures.

4) To note that neither the Council nor NHS Lothian's financial planning processes had concluded in advance of the report by the IJB Interim Chief Finance Officer being prepared.

5) To agree to receive an update at the Joint Board meeting on 18 May 2018.

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

10. Carers (Scotland) Act 2016

The Joint Board's Strategic Planning Group had considered a report providing an update on the progress made in implementing the requirements of the Carers (Scotland) Act 2016 which would come into effect on 1 April 2018.

The following four workstreams had been established to take forward the implementation of the new legislation:

Workstream 1: Local eligibility criteria
Workstream 2: Adult carer assessment/support plans and young carers' statements
Workstream 3: Communication
Workstream 4: Finance

Work to refine the eligibility criteria was ongoing with carers' organisations. The Joint Board would be asked to approve the criteria once these had been finalised and the necessary changes made to the integration scheme to delegate this function.

The Strategic Planning Group had agreed:

1) To note the progress made in the implementation of the Carers (Scotland) Act 2016.

2) To endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan.

3) To request a further report in due course detailing the outcomes of the pilot in the North West locality.

4) To refer the report to the Joint Board with a recommendation to endorse the approach taken.

Decision

To endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan as the basis for finalising a set of eligibility criteria, which the Board would be asked to approve.

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

11. Whole System Delays – Recent Trends

An overview was provided of performance in managing hospital discharge against Scottish Government targets, trends across the wider system, identified pressures and challenges and improvement activities. It was acknowledged that performance and delays across the whole system continued to be extremely challenging.

Decision

1) To note the ongoing pressures and delays across the system, including delayed discharges and people waiting for a package of care.

2) To note 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 note the introduction of monthly performance scrutiny meetings in each locality.

(References – Edinburgh Integration Joint Board, 26 January 2018 (item 12); report by the IJB Interim Chief Officer, submitted)

12. Integration Joint Board Risk Register

An update was provided on the Joint Board risk register and the proposed framework to manage, mitigate and identify risk.

The risk register focused solely on risks related to strategy, scrutiny and performance. The extant risk register was used as the basis for this work and the initial output was discussed at the Audit and Risk Committee meeting on 2 February 2018. The Committee also discussed and supported the methodology to be used to assess risk and the underpinning framework for risk management and escalation.

Decision

1) To note the update from the Audit and Risk Committee and agree to receive the Joint Board risk register at its meeting in June 2018.

2) To circulate the current risk register to members.

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

13. Ministerial Strategic Group Indicators – Performance and Objectives Update

Performance against each of the six Ministerial Strategic Group indicators was reported together with details of the objectives set for each indicator for 2018/19 and the action plans associated with each target.

Decision

1) To agree the targets relating to the Ministerial Strategic Group indicators.

2) To agree the direction of travel of the associated action plan.

3) To note the progress update for the indicators.

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

14. The General Medical Services Contract in Scotland

A summary was provided of the 2018 General Medical Services contract proposals and timescales together with a proposal for implementation arrangements.

The contract was part of the Scottish Government's plans to transform primary care services in Scotland.

The key principles set out the proposals were as follows:

- A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises.
- A new workload formula for practice funding and income stabilisation for GPs.
- Reducing GP workload through Health and Social Care Partnerships employing additional staff to take on roles currently carried out by GPs.
- Reducing risk to GPs through these measures.

Decision

1) To note the key issues in the proposals for the new General Medical Services Contract in Scotland.

2) To note there were concerns over the implementation approach and roles and responsibilities and to request further discussions and information be provided before any action was taken forward.

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

15. Appointment of Chief Officer

On 13 October 2017, the Joint Board agreed arrangements for the recruitment and selection of a permanent Chief Officer of the IJB/Director of the Edinburgh Health and Social Care Partnership.

Decision

1) To note that in terms of the Public Bodies (Joint Working) (Scotland) Act 2014 – Section 10(6), the City of Edinburgh Council and NHS Lothian have been consulted and have confirmed that they support the appointment

2) To approve the appointment of Judith Proctor as the Chief Officer of the Edinburgh Integration Joint Board and Director of the Edinburgh Health and Social Care Partnership.

(References – Edinburgh Integration Joint Board, 13 October 2017 (item 1); report by the IJB Interim Chief Officer, submitted)

16. Appointment of Chief Finance Officer

On 17 July 2015, the Joint Board agreed to appoint an Interim Chief Finance Officer and delegated authority to make the appointment.

Decision

To approve the appointment of Moira Pringle as the Chief Finance Officer of the Edinburgh Integration Joint Board.

(References – Integration Joint Board 17 July 2015 (item 9); report by the IJB Interim Chief Officer, submitted)

Minutes

Audit and Risk Committee

1.30 pm, Friday 27 April 2018

Dunedin Room, City Chambers, Edinburgh

Present:

Mike Ash (Chair), Alex Joyce, Ella Simpson and Councillor Susan Webber.

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

Apologies: None.

1. Appointment of a Chair

Decision

- Mike Ash was appointed to Chair the meeting.
- To note the Committee's concern that the vacancy for a Chair had not yet been filled.

2. Minutes

Decision

To approve the minutes of 1 December 2017 and 9 February 2018 as correct records.

3. Outstanding Actions

Decision

- To update Action 1 – a recommendation would be included in the next Risk Register review on how to fill the role of Chief Risk Officer. The functions were currently being carried out by the Chief Finance Officer.
- To note the outstanding actions.

(Reference – Outstanding Actions, submitted.)

4. Work Programme

Decision

- To note the Work Programme and upcoming reports.
- To agree that the annual audit opinion report would be considered at the next meeting after June 2018, which had not yet been scheduled.
- That the Clerk would liaise with members about the schedule of meetings for 2018/19.

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

5. Internal Audit Update

Details were provided of the Internal Audit assurance activity on behalf of the Edinburgh Integration Joint Board (EIJB) by the Internal Audit functions of the EIJB's partners (City of Edinburgh Council & NHS Lothian) for the third quarter of the 2017/18 plan year (1 October to 31 December 2017).

Two of the three EIJB Internal Audits included in the rebased Internal Audit plan approved by the Committee in December 2017 had commenced. The third review was scheduled to start and would be completed in quarter four. It was expected that all three reviews would be completed by 30 April 2018, in sufficient time for preparation of the annual EIJB Internal Audit opinion.

There had been an increase in the total number of overdue Internal Audit recommendations across both the EIJB and the Health and Social Care Partnership.

Decision

1) To note progress with the three EIJB audits included in the rebased 2017/18 Internal Audit plan.

2) To note the status of overdue Internal Audit recommendations as at 31 January 2018.

3) To approve the enhanced Internal Audit assurance proposals included at sections 22 – 26.

4) To agree that Councillor Webber would highlight the concern of the Audit and Risk Committee to the May 2018 meeting of the Joint Board about

the number of overdue Internal Audit recommendations, particularly on the Council side of the Partnership.

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

6. Internal Audit Quarterly Update Report 1 Quarter 2 (1 July-30 September 2017)

The City of Edinburgh Council's Governance, Risk and Best Value Committee on 16 January 2018 considered a report which detailed the Internal Audit reviews completed in Quarter 2 and an update on progress with the overall delivery of the 2017/18 Internal Audit plan. The Starters audit report was referred to the IJB Audit and Risk Committee for consideration, as there were implications for services delivered by the Health and Social Care Partnership. The audit related to the design and operating effectiveness of the Council's controls relating to 'on boarding' and induction processes for new employees.

Decision

To note that the Audit and Risk Committee took assurance from the Chief Internal Auditor that the issues identified had been addressed.

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

7. External Audit Plan

The work plan for Scott-Moncrieff's 2016/17 external audit of the Edinburgh Integration Joint Board was submitted. During discussion the following issues were raised:

- Previous external audits had been "light touch" but we were moving towards a deeper audit due to the higher weight of expectations on IJBs. This would be welcomed by the Joint Board.
- The Joint Board, like the Council, had a duty of best value.
- Scott-Moncrieff worked in partnership with Audit Scotland but formed its own views.

Decision

To note the report.

(Reference – report by the Scott-Moncrieff, submitted.)

8. Urgent Business

Decision

1) To change the start time of the 1 June 2018 meeting to 1:00pm.

2) To agree that the Internal Audit Plan would come to the June meeting, but that an additional meeting would be arranged for July 2018 to consider the Internal Audit Annual Opinion.

3) To agree that diary invites for 2018/19 would be circulated.

Item 4.2.2

Note of Meeting
Performance and Quality Sub-Group
7 March 2018
SNP Group Room, City Chambers, Edinburgh
1:00pm

Present:

Key Stakeholders

Councillor Melanie Main (Chair and IJB Member), Ian Brooke (EVOC), Wendy Dale (Strategic Planning Manager, Service Re-Design and Innovation), Councillor Derek Howie (IJB Member), Alison Meiklejohn (Professional Advisory Group) and Moira Pringle (IJB Chief Finance Officer).

Apologies: Sandra Blake (Carer and IJB Member), Mike Ash (NHS Lothian and IJB Member), Colin Briggs (Interim IJB Chief Strategy and Performance Officer), Eleanor Cunningham (Strategy and Insight), Keith Dyer (Quality Assurance & Compliance), Jennifer Evans (Quality Assurance Manager), Rene Rigby (SPG Member – Independent Sector) and Rachel Hardie (invited speaker).

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
1.1	Welcome by Chair	Noted.		
2.1	Declarations of Interest	None.		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
3.1	Minute of 31 January 2018	To approve the minute as a correct record.	**Lesley Birrell**	
3.2	Rolling Actions Log	**Decision** 1) To note the following updates: Action 1 – Rubrics - report on rubrics in relation to long term conditions to be considered at the meeting of this Group in April 2018 Action 2 – Carers – noted there were two pieces of work ongoing that were also subject to IJB Directions. Implementation of the Carers Act and the new Carers Strategy were reported to the Strategic Planning Group on 2 February 2018 and thereafter referred to the Joint Board on 2 March 2018. Work was ongoing around performance indicators which would come back to a future meeting of this Group for consideration.	**Lesley Birrell**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		Action 3 – Service User Engagement and Feedback – workshop on overall governance of the IJB and its Sub-Groups arranged for 13 April 2018 Issues for this Group included: The Group agreed that keeping the current structure is not a concern, but scrutiny and monitoring of performance and quality of outcomes and as a result make recommendation and/or changes to directions was required • Frequency of meetings and 'over reporting': there is a need to allow staff time to take action and report outcomes in line with agreed delivery timescales • Overlap of remit with Strategic Planning Group regarding reviewing delivery and monitoring progress of the Strategic Plan • Clarification of what business is dealt with by each group to avoid duplication: is in depth scrutiny of performance and quality done elsewhere than P&Q?		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		• Monitoring performance against Directions –where does responsibility for taking action sit • Lack of information around quality of delivery and therefore of oversight • Workforce strategy – does the IJB have a responsibility in terms of measuring performance in respect of this or is that the role of the Health and Social Care Partnership • Workforce strategy – How is efficiency and inefficiency addressed, what are the resource implications that would lead to directions • Relationship between directions/ performance measures/assessment and reporting mechanisms to allow the IJB to ensure that it is getting the best value from resources • Where does the governance/scrutiny for the Performance board/Savings Governance Board lie • The 3rd Sector would like to be represented on the Savings Governance Board. • Where are hosted and specialist services scrutinised		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		2) To close Action 4 (Overview of New Planning and Performance Arrangements) and Action 5 (Performance Overview) 3) To update the rolling actions log and otherwise note the remaining outstanding actions.		
4.1	Developing the New Performance Framework - presentation	The core principles of the IJB performance framework was a set of national and local indictors which reflected performance the IJB was judged on nationally, issues that were key priorities for the IJB and issues that supported the operational management of performance. There was a piece of work being undertaken to set out clearly to the Partnership the expectations of the Joint Board in terms of meeting performance improvement targets and how the Partnership intended to deliver these with a view to setting more realistic targets going forward. Each Direction should have a performance measure against which delivery can be assessed with outcomes to be reported back to this Group. Rather than raw CEC and NHS data, good quality relevant data is required for scrutiny. Thereafter recommendations for adjustments could be made to targets if required.		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		Decision 1) To agree that measures for all directions would be reviewed on an annual basis by the Group. 2) To agree that it would be useful to have operational delivery leads at future meetings to explain in detail progress against targets. 3) To note that the Strategic Planning Group would be reviewing the Directions at their meeting on 9 March 2018. 4) To recommend to the SPG that they should focus on those Directions which did not have corresponding measures attached and review them in line with the IJB's strategic aims and vision set out in the Strategic Plan. 5) To request that a RAG status be added to each Direction. 6) To ask the reference boards for the outline strategic commissioning plans to examine the Directions and check that the measures were proportionate, appropriate and met quality assurance expectations.	**Colin Briggs** **Wendy Dale**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
4.2	Performance Overview – report by the IJB Interim Chief Officer	An overview of performance of the Edinburgh Health and Social Care Partnership was submitted. Proposed targets set against the Ministerial Strategic Group for Health and Community Care "big six" indicators were reported. Work was also underway to develop scrutiny of performance at locality level focusing on performance, finance and quality. **Decision** 1) To note the significant challenges reflected in performance against the targets set for the MSG indicators and that recommendations for targets for 2018-19 had been proposed with the aim of supporting improvement while being realistic. 2) To note the reductions in the number of people waiting for an assessment. 3) To note the continuing pressures on other parts of the care system. 4) To invite the relevant officer to the next meeting of this Group to talk about the specifics around the reduction in occupied bed days and explain the figures, what had changed, why and how it could be sustained going forward.	**Eleanor Cunningham**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
4.3	Evidencing Outcomes for Long Term Conditions	**Decision** To continue consideration of this item until the outcome of the workshop on governance on 13 April 2018 was known.	**Eleanor Cunningham**	
4.4	Proposed Workplan	**Decision** 1) To receive updates to the July meeting of this Group from relevant officers on the additional funding Directions 3i(i) to 3i(vi) with an interim update to the April meeting of this Group on the expected outcomes and planned actions to achieve these. 2) To ask for a report back to this Group on progress towards meeting the planned reduction target of £4.3m for prescribing. 3) To note the lack of directions 'tackling inequalities' and that additional indicators were needed. Agree that this would be added to the workplan. 4) To ask for further information and guidance around the major risks associated with the various performance targets.	**Wendy Dale**	
5	Date of Next Meeting	1) Wednesday 28 April 2018, 1pm to 3pm, SNP Group Room, City Chambers	**Lesley Birrell** **Wendy Dale**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		2) To note that the frequency and timing of future meetings of this Group would be looked at as part of the overall review of the Joint Board and other Sub-Group governance and meeting arrangements to be discussed at the session planned for 13 April 2018.	**Colin Briggs Chair of the Performance and Quality Sub-Group**	

Item 4.2.3

Note of Meeting
Performance and Quality Sub-Group
25 April 2018
SNP Group Room, City Chambers, Edinburgh
1:00pm

Present:

Key Stakeholders

Councillor Melanie Main (Chair and IJB Member), Sandra Blake (Carer and IJB Member), Eleanor Cunningham (Strategy & Insight), Wendy Dale (Strategic Planning Manager, Service Re-Design and Innovation), Alison Meiklejohn (Professional Advisory Group), Rene Rigby (SPG Member – Independent Sector) and Nickola Paul (Project Manager for the Interim IJB Chief Strategy & Performance Officer).

Apologies: Mike Ash (NHS Lothian and IJB Member), Colin Briggs (Interim IJB Chief Strategy and Performance Officer), Ian Brooke (EVOC), Rachel Hardie (invited speaker) and Moira Pringle (IJB Chief Finance Officer).

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
1	Welcome by Chair	Noted.		
2	Declarations of Interest	None.		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
3	Minute of 7 March 2018	To approve the minute as a correct record.	**Lesley Birrell**	
4	Rolling Actions Log	**Decision** 1) To note the following updates: Action 2 – Carers – noted there were two pieces of work ongoing that were also subject to IJB Directions. Implementation of the Carers Act and the new Carers Strategy were reported to the Strategic Planning Group on 2 February 2018 and thereafter referred to the Joint Board on 2 March 2018. Work was ongoing around performance indicators which would be brought back to a future meeting of the Strategic Planning Group around June/July 2018 for consideration. Action 3 – Service User Engagement and Feedback – Noted that a report on community engagement was considered by the SPG in March 2018 and that engagement around the Strategic Plan would be discussed at the Development Session on 27 April 2018.	**Lesley Birrell** **Wendy Dale**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		Action 4 – Joint Older People's Inspection – Agreed to check that Audit & Risk had considered using the risk register as an overall performance tool to measure performance against Directions and to note that this method of scrutiny would be used in standard reporting going forward. Action 6 – Performance Overview – Noted that information on indicators including quality outcomes for next year would be submitted to a future meeting of the Strategic Planning Group together with the request for further information and guidance around the major risks associated with the various performance targets. 2) To close Action 1 (Rubrics on Long Term Conditions), Action 5 (Performance Framework) and Action 8 (Developing a New Performance Framework - point 4 – RAG status). 3) To refer Actions 6 (Performance Overview), 7 (Annual Performance Report), 8 (Developing a New Performance Framework) and 10 (Proposed Workplan) to the Strategic Planning Group.		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		4) To update the rolling actions log and refer it to the next appropriate meeting of the Strategic Planning Group.		
5	Living with Long Term Conditions - presentation	Eleanor Cunningham, Strategy and Business Planning provided a presentation on Supporting People with Long Term Conditions (LTC). The presentation detailed • Engagement of staff to shift the provision of care and support to those with LTC to focus on supporting people to self – manage and taking a more holistic approach rather than condition centred • Development of the Rubrics alongside the 2014 National Health and Wellbeing Outcomes • The role of the EIJB influencing overall approach, vision and values. • The House of Care model representing the new way of thinking about the care and support provided. • Strategic context of LTC services in Edinburgh with data on now available by age group and number of conditions	**Eleanor Cunningham**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		• Current services and measurements in place for people with LTC recognising that these do not gauge impact on peoples lives. • Development of Rubrics to support people and evidence based components i.e. measurement criteria, the whole person approach and focus on collection of meaningful data. • Stakeholder engagement with all feedback taken into account and mapped into care measure. Lessons learned from Rubrics so far and the following next steps were detailed: • A phased approach – embed and learn then spread and sustain • Development of a consultation plan to reach more stakeholders, consult other services etc. • Be realistic in what can be measured		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		Decision 1) Noted there was a meeting planned between Dr Rachel Hardie (Consultant in Public Health Medicine, NHS Lothian), Eleanor Cunningham (Strategy & Business Planning), Laurence Rockey (Head of Strategy & Insight) and other senior managers in Strategy & Insight to discuss using this approach more broadly. 2) Noted that Dr Hardie would be joining the primary care commissioning plan reference group. 3) Noted the progress made. 4) Noted the support for the approach by practitioners and operational managers: - resource implications - benefits from reflective practice - framework for continuous improvement - permission to be person-centred		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		5) Supported this approach as a robust pragmatic framework for evidencing a person-centred approach particularly self-management and personal outcomes. 6) Supported the enhancement to existing measurement approaches and improvement and the potential to be a standard to be used across the Health and Social Care Partnership and agreed to review again in one year to see how that could be taken forward 7) Agreed to request an interim update in six months and thereafter a full progress report in one year to the Strategic Planning Group. 8) Agreed to consult with the new Chief Officer with a view to setting up a workshop session on the approach for IJB members.		
6	Update on Current Directions	The Strategic Planning Group, on 9 March 2018, considered a report on the review of the Directions policy agreed by the IJB in January 2016 and progress made in the delivery of the existing Directions.	**Wendy Dale**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		The Group agreed to endorse the recommendations for closure of six Directions and to agree the proposal that a full review of off outstanding Directions is undertaken in light of the development of the Outline Strategic Commissioning Plans to ensure that all outstanding Directions were fit for purpose and had appropriate performance measures in place. A report would be presented to the IJB in June 2018 which would include recommendations for the closure, amendment, review and withdrawal of individual Directions. An updated colour coded and categorised list was submitted detailing all current Directions, the performance measures identified, current status, comments and proposed actions. **Decision** 1) To note the recommendations made by the Strategic Planning Group. 2) To note there was now a set format for setting new Directions. 3) To note the progress and status of the current Directions.		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		4) To add an evidence column to detail evidence to support closure etc including cross referencing between Directions to indicate where performance was being addressed elsewhere in the Directions. This will ensure they were being monitored and continued operating effectively. Links to embedded documents should be included where these are used as evidence to support closure. 5) To agree that all Directions recommended to be withdrawn or closed should be evidenced and cross referenced setting out lessons learned and next steps.		
5	Transfer of Business to the Strategic Planning Group	The frequency and timing of future meetings of this Group had been looked at as part of the overall review of the Joint Board and other Sub-Group governance and meeting arrangements discussed at the session held on 13 April 2018.	**Lesley Birrell** **Wendy Dale**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		Decision 1) To note that the IJB, at its meeting on 18 May 2018, would be asked to approve the dissolution of the Performance and Quality Sub Group and agree that performance monitoring will be brought into the remit of the Strategic Planning Group. 2) To note that thereafter the business currently under the remit of this Group would be transferred to the Strategic Planning Group. 3) To thank all officers and members for their commitment and input to the work of this Group.		

Minutes

Edinburgh Integration Joint Board
Strategic Planning Group

10.00am Friday 9 March 2018
City Chambers, High Street, Edinburgh

Present:

Members: Councillor Ricky Henderson (Vice-Chair) (in the Chair), Colin Beck, Colin Briggs, Wendy Dale, Christine Farquhar, Belinda Hacking, Stephanie-Anne Harris, Angus McCann (substituting for Carolyn Hirst), Peter McCormick, Dona Milne (substituting for Dermot Gorman), Moira Pringle, Rene Rigby and Ella Simpson.

Apologies: Carolyn Hirst (Chair), Sandra Blake, Dermot Gorman, Graeme Henderson and Fanchea Kelly.

In Attendance: Nickola Paul (Programme Business Manager, NHS Lothian).

1. Minute

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 2 February 2018 as a correct record.

2. Rolling Actions Log

Updates on outstanding actions were presented as follows:

Action 1 – Transforming Services for People with Disabilities – update report to be submitted to the May meeting of this Group

Action 2 – 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.

Action 3 – Carer's Strategy – North West Pilot – update report to be submitted to a future meeting of the Committee

Decision

To update the rolling actions log and note the remaining outstanding actions.

(References – IJB Strategic Planning Group 2 February 2018 (item 2); Rolling Actions Log, submitted)

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

Updates were provided on 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.

The Interim IJB Chief Officer and Interim Chief Strategy and Performance Manager continued to meet on a monthly basis with the Care Inspectorate to reassure them about progress with the actions set out in the Improvement Plan.

All the outline commissioning plans would be discussed at the development session on 27 April 2018 to be chaired by Councillor Henderson as Chair of the IJB. Once the plans were agreed at the development session they would be used as the basis for taking forward those pieces of work.

During discussion the following issues were raised:

- this Group needed to have sight of the key themes being developed
- concerns there was no carer consultation in this process – carers were not represented on any of the reference boards
- concerns about mental health and learning disabilities sitting in their own silos
- current commissioning plans needed to be combined with the new future plans
- concerns about the lack of financial information in the plans
- helpful to have one format and one layout for all the plans for the development session
- noted that the timeline for the end of the calendar year for completion would ensure sufficient time to undertake robust pieces of work

Decision

1) To note that the updated IJB Strategic Plan would be submitted to the IJB in March 2019.

2) To note that a progress update on the outline commissioning plans would be submitted to the next meeting of this Group on 13 April 2018.

3) To request that the action notes from the reference boards be circulated to this Group for awareness.

4) To request that a progress summary of the action plans aligned to the outline commissioning plans be circulated to this Group for information.

5) To note that the draft plans would be circulated to this Group in the Autumn for final scrutiny prior to being submitted to the IJB in December.

(Reference – verbal updates by the Strategic Planning Manager, Service Redesign and Innovation and Interim Chief Strategy and Performance Manager)

4. Grants Review

Meetings with the strategic leads were planned for the following week to ensure they were linking in with strategic commissioning plans and the locality improvement plans. A wider event with the Third Sector was planned for the end of April.

The following issues were raised and discussed:

- alignment of grant funding
- community resilience and the challenge of change
- community led support should be explored
- long term approach – what needs funded and for how long
- locality model and growth in community link workers and community based services
- inequalities funding should be linked into the new community plan

Decision

1) To agree that the minute of the last meeting of the Grants Review Group be circulated to this Group for information.

2) To agree that information on the split of grant funding across localities, user groups and by theme be circulated to this Group for information.

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

5. Outline Strategic Commissioning Plans – Cross Cutting Themes

A summary was provided of cross cutting themes within the outline strategic commissioning plans together with an overview of good practice and gaps identified to date.

The Group were asked to review and consider the outcomes including whether the list of cross cutting themes were comprehensive. This would form the basis for additional pan-IJB work and as a brief for the four reference boards to ensure that their fuller strategic commissioning plans met a standard and incorporated appropriate consideration of these themes.

The following issues were raised and discussed:

- concerns about how we make sure there was equity and people were treated as whole people and not pigeon holed into one area. It was important to ensure there was overlap within all the plans for people with multi complex care needs
- transition was a key issue between children's and adult services relevant to all areas within the plans and it was important to have oversight of both
- whole life approach was taken in mental health services – children's services were getting ready for an inspection in quarter 3 and one of the themes would be how transition was managed –
- major cross cutting theme about access, in all its forms, was missing from the plans
- homelessness was not picked up in any of the plan and this needed to be taken account of – the reference boards needed to capture this – there were also links in mental health between both services – a new manager had been appointed to provide a service across homeless services across Edinburgh
- important that the reference boards make sure the cross cutting themes were taken forward in the plans – all these themes would be circulated to the reference boards for their first meetings – important to ensure any outcomes from the reference boards are fed back to the appropriate delivery groups

Decision

1) To endorse the cross cutting principles set out in Appendix 2 of the report subject to adding access, homelessness, transition between children's and adult services, substance misuse, equalities and inequalities.

2) To ensure that best use is made of Third Sector resources and partners in terms of the principles.

3) To ask the reference boards to note good practice and gaps and take steps to ensure that final strategic commissioning plans set out a comprehensive approach to the cross cutting themes.

4) To note that themes which had obligations associated with them (notably carers, capital investment and housing) would be taken forward by the appropriate officer to develop appropriate comprehensive plans to meet these obligations:

   - Chief Financial Officer – capital investment
   - Interim Chief Strategy and Performance Officer – housing and carers.

(References – Strategic Planning Group 2 February 2018 (item 6); report by the Interim Chief Strategy and Performance Officer, submitted)

6. Directions – Review of Policy and Update on Current Directions

On 26 January 2016, the Joint Board had approved a policy in relating to the issuing and monitoring of Directions.

An update on progress towards delivering the Directions issued since August 2017 was submitted.

Members were advised that the Scottish Government were currently undertaking a review of directions across Scotland and it was expected that good practice guidance would be forthcoming as an outcome of this review.

Decision

1) To endorse the recommendations to close the following six Directions:

   (a) EDI_2017/18_1a – Operationalise the Hubs and Cluster Teams within each Locality

   (b) EDI_2017/18_1b – Fully establish the Multi Agency Triage Team (MATT) function within each Hub focussing on avoiding unnecessary hospital admissions and reducing delays in discharge from hospital

   (c) EDI_2017/18_1f – Work with the wider Community Planning Partnership Locality Leadership Teams to publish Locality Improvement Plans to each Locality by October 2017

   (d) EDI_2017/18_6a – Expand the Acute Medical Unit at the Royal Infirmary of Edinburgh funded on an interim basis from winter monies

   (e) EDI_2017/18_7g – Implement the framework agreement for day support services from Autumn 2017

   (f) EDI_2017/18_13e – Open the planned additional beds at Royston Care Home to provide additional capacity for older people with mental health problems

2) To endorse the recommendations that a full review of all outstanding Directions was undertaken in light of the development of the Outline Strategic Commissioning Plans to ensure that all outstanding Directions were fit for purpose and had appropriate performance measures in place.

(References – minute of meeting of the Integration Joint Board 26 January 2018; report by the Strategic Planning Manager, Service Re-design and Innovation, submitted)

Declarations of Interest

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

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

7. Community Engagement Plan - Progress

An update on progress towards development of the Joint Board's Community Engagement Plan was submitted.

A Working Group comprising members of this Group had been established to develop the Plan. Activity was focused around identifying the principles, approach, opportunities and challenges forming the core contents for the Plan. These had been framed to support the achievement of the vision and values of the Joint Board and the Strategic Plan outcomes.

Decision

1) To note the progress made in developing the Community Engagement Plan.

2) To agree the core contents set out in the report as the basis of the draft Plan.

3) To agree the next steps and the short term actions set out in paragraphs 15 and 16 of the report.

4) To agree to receive a proposal for resourcing the Plan at the next meeting of this Group.

(Reference – joint report by the Community Engagement and Partnership Development Manager and the Strategic Planning Manager, Service Re-design and Innovation, submitted)

8. Any Other Business

Decision

To note there were no additional items of business raised.

9. Papers for Information

Decision

1) To note the report on the Mainstreaming Equality Duty and Equality Outcomes which had been approved by the Joint Board at their meeting on 2 March 2018.

2) To note the report on the Outline Commissioning Plans which had been approved by the Joint Board at their meeting on 2 March 2018.

3) To note the report on the Carers (Scotland) Act which had been approved by the Joint Board at their meeting on 2 March 2018.

10. Dates of Next Meetings

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

Item 4.2.5

Minutes

Edinburgh Integration Joint Board
Strategic Planning Group

10.00am Friday 13 April 2018
City Chambers, High Street, Edinburgh

Present:

Members: Carolyn Hirst (in the Chair), Councillor Ricky Henderson (Vice Chair), Councillor Ian Campbell, Sandra Blake, Colin Briggs, Wendy Dale, Christine Farquhar, Belinda Hacking, Graeme Henderson, Dermot Gorman, Fanchea Kelly, Ella Simpson and David White.

Apologies: Stephanie-Anne Harris, Michelle Miller, Michelle Mulvaney and Moira Pringle.

In Attendance: Nickola Paul (Programme Business Manager, NHS Lothian).

1. Minute

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 9 March 2018 as a correct record.

2. Rolling Actions Log

Updates on outstanding actions were presented as follows:

Action 2 – Economy Strategy – City Deal Workforce Development Steering Group – update report to be submitted to the June meeting of the Strategic Planning Group.

Action 3 – Carer's Strategy – North West Pilot – update report to be submitted to the June meeting of the Strategic Planning Group.

Decision

1) To agree to close Action 4 – Outline Commissioning Plans – Progress Update.

2) To update the rolling actions log and note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Progress update on recommendations from Joint Inspection of services for older people

Updates were provided on progress on the three recommendations from the Joint Inspection of Services for Older People for which this Group had oversight.

The five Outline Strategic Commissioning Plans (OSCPs) would be discussed at the development session on 27 April 2018 to be chaired by Councillor Henderson as Chair of the IJB. Work was underway to produce project plans for work associated with the OSCPs.

During discussion the following issues were raised:

- Work to produce the market facilitation strategy was progressing.
- The next update to the SPG would cover how engagement would be resourced.
- A fundamental discussion was required about how to do things differently – this was the purpose of the Commissioning Strategy Reference Boards. This would cause pain along the way, as it would mean not doing some things or doing them in way that not everyone was happy with.

Decision

To endorse the progress reports prior to them being submitted as part of the routine reporting process.

(Reference – report by the Strategic Planning Manager, Service Re-design and Innovation, submitted.)

4. Directions – verbal update

A brief update on Directions was provided – there had not been much progress since the last meeting due to other work being prioritised. Directions were being reviewed, with the potential that some would be removed or amended.

Decision

To complete the review of Directions and assign clear performance measures to each by June 2018.

(Reference – Strategic Planning Group 9 March 2018 (item 6))

5. Outline Strategic Commissioning Plans update

An update on the Outline Strategic Commissioning Plans (OSCPs) was provided. Details were given on the role of the Strategic Planning Group (SPG), the relationship between the IJB Strategic Plan and the OSCPs, the establishment of reference groups for each OSCP, and plans for engagement.

The Group raised and discussed the following issues:

- The Strategic Plan was due to be revised from 1 April 2019.
- The OSCPs would be considered in depth at the IJB Development Session on 27 April 2018.
- It was important that providers, carers and service users were given the opportunity to contribute to the OSCPs.
- The OSPCs did not take into account services hosted by other IJBs – this should be considered in future iterations.
- The SPG's role was primarily to oversee governance and reporting. The OSCP action plans would be monitored by the relevant reference groups, which would feed back to the SPG. The SPG does not have decision making powers but makes recommendations to the IJB.
- The Older People's reference group had a vacancy for Chair, since Councillor Derek Howie's departure from the IJB.
- There was no standard process for how membership of the reference boards was made up – it was up to chairs to ensure that the membership was suitable and had capacity to carry out the necessary work. Interviews had taken place for Third Sector representation on the Disabilities group. The Mental Health group had a well-established joint approach. For the Primary Care group, it was intended to link with community councils and the Patients Council to ensure a range of representation.
- City of Edinburgh Council and NHS partners would be involved at every stage, but the Strategic Plan was owned by the IJB.
- Inequalities/access issues would need to be considered – community link work was taking to place to ensure this.

Decision

1) That the membership of each reference group would be circulated, along with key definitions (e.g. Patients Council and which issues are defined as “cross cutting”)

2) To agree that the next SPG would review the vision, values and priorities – any recommended amendments would then be referred to the IJB.

3) That the slides for the IJB Development Session on 27 April 2018 would be circulated widely for information after the event.

(References – Strategic Planning Group 9 March 2018 (item 5); Outline Strategic Commissioning Plans Update, submitted.)

6. Grants review interim report

An update was provided on the progress made to date in respect of the grants review prior to presenting an interim report to the Integration Joint Board. The scope of the grants review agreed by the IJB is to focus on tackling inequalities, prevention and early intervention. The review steering group has identified a set of proposed priorities and principle to form the basis for engagement with the third sector. These took into account the priorities in the Strategic Plan, the outcomes from Locality Improvement Plans, and the emerging outcomes in relation to from the outline strategic commissioning plans. Current grants were committed to 31 March 2018 – new grants would be available from 1 April 2019.

Decision

1) To note the progress made in taking forward the grants review

2) To recognise the challenges and risks inherent in carrying out the review.

3) To endorse the approach being taken.

(References – Strategic Planning Group 9 March 2018 (item 4); report by the Strategic Planning, Service Re-design and Innovation Manager, submitted.)

7. Seek, Treat, Keep Framework– Scottish Government strategy for substance misuse

The Scottish Government had announced the intention to refresh the national drug strategy which would be complemented by a national substance misuse treatment strategy. Alongside the refresh of the strategy, which was expected to be completed in the first half of 2018, there would be additional funds of £20m available for substance misuse services across Scotland. The focus

would be on Seek, Keep, Treat services, as defined by the Scottish Government and there is a clear expectation that the additional funding will be allocated to new initiatives not business as usual. These services would be designed to connect with the “hardly reached” people, ensuring ongoing engagement with treatment and offering support which would reduce risks such as the growing number of drug related deaths.

Details were provided of the work being done locally in preparation for the invitation to bid for the new monies.

Decision

1) To endorse the 10 priority areas of local need based on the available evidence:

- Health Needs Assessment for Injecting drug users
- Edinburgh’s response to “Staying Alive in Scotland”
- The opiate replacement care report
- The Scottish Drugs Forum older drug users report
- The new Orange Book
- The minister’s speech describing “Seek, Keep and Treat”
- Priorities identified by Edinburgh Collaborative and hubs alliance
- Inclusive Edinburgh projects
- The Edinburgh Alcohol and Drug Partnership (EADP) treatment and recovery collaborative action plan
- Alcohol related deaths information, SHAPP guidance on best clinical practice for high risk drinkers

2) To support the establishment of short-life working groups to develop proposals, based on existing needs assessment and guidance, for change in each of the key settings.

(Reference – report by the Strategic Planning and Quality Manager Mental Health, submitted.)

8. Business case for the co-location of inclusive homelessness services

Details were provided of the Standard Business Case for the creation of a new operational base for the Inclusive Homelessness Service (IHS). The new setting would enable the co-location of NHS Lothian, the City of Edinburgh Council and third sector agencies working together to serve the target population.

Following the closure of the Access Practice in the Cowgate in 2017, it relocated, on a temporary basis, to accommodation on Spittal Street which was not appropriate for a fully integrated IHS service. After exploring several options for long-term accommodation, Panmure St Anne's School in the Cowgate was selected. The service aimed to relocate to Panmure St Anne's by March 2020.

Decision

1) To note that the Edinburgh Access Practice (EAP) had to vacate its main surgery in the Cowgate in January 2017 and as a result was compelled to take up poor quality and potentially unsafe accommodation in the basement of the Spittal Street clinic.

2) To note that Lothian Capital Investment group (LCIG) at its meeting in May 2016 agreed that Spittal Street did not offer an acceptable long-term solution for this service.

3) To note that in order to improve outcomes for service users, a new integrated model of complex needs provision in the shape of the IHS has already been approved by the Integrated Joint Board.

4) To endorse the selection of the Council owned property that previously served as the Panmure St Anne's school as the preferred operational base for the IHS.

5) To endorse the accompanying Business Case which sought capital funding of £2.98 million from NHS Lothian for the re-fit of Panmure St Anne's.

6) To endorse the estimated annual running costs of £106K arising from the occupancy of Panmure St Anne's of which NHS Lothian has agreed to provide £86K and Edinburgh Council the remaining £20K.

7) To recommend that the IJB ask the City of Edinburgh Council and NHS Lothian to develop a framework for the funding of capital projects which were developed in partnership.

8) To agree that the support of other IJBs would be sought, as the Access Practice was a hosted service.

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

9. Proposal for resourcing the community engagement plan

Deferred to the next meeting.

10. Agenda Forward Plan – 11 May 2018

The agenda forward plan was submitted, with proposals for agenda items for the May, June and July meetings. It was noted that there were no meeting dates confirmed beyond July.

Decision

To agree to defer “Planning for adapted services” to the June meeting, given the volume of items on the agenda for May.

(Reference – Agenda Forward Plan – 11 May 2018, submitted.)

11. Any Other Business

It was agreed to indicate whether each report on the SPG agenda could be shared.

Decision

To agree to note in future papers whether reports could be shared beyond the SPG, if known.

12. Papers for Information

Decision

To note the minutes of the Grants Review Steering Group meetings held on 5 February 2018 and 27 February 2018.

13. Dates of Next Meetings

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
Friday 20 July 2018	10am to 12pm	Dean of Guild Room, City Chambers

Rolling Actions Log
May 2018

Item 5.1

18 May 2018

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	**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	18 May 2018	**Recommended for closure** – Calendar of Meetings report on the agenda for 18 May 2018 – it is proposed that Development Sessions will be arranged as and when required.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
2	**Annual Accounts 2016-17**	22-09-17	To request further information on Workforce Planning once this was available.	Interim Chief Officer	Not specified	
3	**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 October 2017	 Covered at the October 2017 Development Session.
4	**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	1st quarter 2018	
5	**Locality Improvement Plans**	17-11-17	To agree that community planning would be covered at a future development session.	Interim Chief Officer	Not specified	
6	**Grants Review – Scope, Methodology and Timescales – referral report**	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	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	from the Strategic Planning Group					
7	**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	
8	**Business Resilience Arrangements and Planning**	15-12-17	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. 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.	Interim Chief Officer	18 May 2018	**Recommended for closure** – on the agenda for 18 May 2018.
9	**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	
10	**Joint Board Membership and Appointments to Committee and Sub-Groups**	15-12-17	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. 2) To delegate authority to the IJB Interim Chief Officer, in consultation with the Chair and Vice-	Interim Chief Officer	Not specified	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			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.			
11	**Outline Strategic Commissioning Plans for Learning Disability, Mental Health and Older People**	26-01-18	To 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.	Interim Chief Officer	April 2018	**Recommended for closure** – covered at Development Session of 27 April 2018.
12	**Edinburgh Alcohol and Drug Partnership Funding**	26-01-18	That a briefing note be sent to Joint Board members setting out the broader challenges and information on approaches taken by the other Lothian IJBs and the impact of service review, redesign and efficiencies in each area of change.	Interim Chief Officer	Not specified	
13	**Edinburgh Health and Social Care Partnership Communications Action Plan**	26-01-18	To note that a separate engagement/communication plan for the IJB will be presented for consideration and agreement within 6 months.	Interim Chief Officer	June 2018	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
14	**Whole System Delays – Recent Trends**	26-01-18	To note that a further report setting out the underlying longer term strategy, improvement plan, projects and actions would be submitted to a future meeting of the Joint Board.	Interim Chief Officer	Not specified	
15	**Financial Performance and Outlook**	02-03-18	To agree to receive an update at the Joint Board meeting on 18 May 2018.	Interim Chief Officer	May 2018	
16	**Carers (Scotland) Act 2016**	02-03-18	To request a further report in due course detailing the outcomes of the pilot in the North West locality.	Interim Chief Officer	Not specified	
17	**Integration Joint Board Risk Register**	02-03-18	1) To note the update from the Audit and Risk Committee and agree to receive the Joint Board risk register at its meeting in June 2018. 2) To circulate the current risk register to members	Interim Chief Officer	June 2018	

Item 5.2

Report

Business Resilience Arrangements and Planning – Spring Update

Edinburgh Integration Joint Board

18 May 2018

Executive Summary

1. This report includes an update on the Edinburgh Health and Social Care Partnership's integrated business resilience arrangements.
2. The draft overarching plan incorporates 'live case study' recommendations from Partnership Managers and staff, following this winter's weather response.
3. Although the Partnership's resilience management strategy provides a framework for the organisation to continue the delivery of services during an incident that could potentially have an impact on the loss of premises, ICT, staff or key suppliers, it is designed to be flexible. This will improve the Partnership's resilience against disruption and improve its ability to recover from any such disruption, whilst protecting the welfare and safety of both service users and staff.
4. This report also includes Edinburgh Integration Joint Board members' request at the meeting of 15 December 2017 to elaborate on business resilience considerations in respect of independent contractors and how these arrangements would link in with the localities.

Recommendation

5. The IJB is asked to note progress made on its integrated resilience management strategy.
6. The IJB is asked to consider and comment on the draft "Tactical Resilience Plan" attached at Appendix 1.

Background

7. At the IJB meeting of 15 December 2017, the Partnership detailed its intention to implement an integrated business resilience management system to ensure the continued delivery of safe and effective adult health and social care services.
8. The Partnership created an early overarching resilience plan in January/February 2018 by using both the Council and NHS Lothian's resilience plans as models. However, before it could be further developed

and shared with service areas for consultation, the short but eventful winter episode of severe snow and icy conditions later in the month created a unique opportunity to look at incident readiness and response through a live case.

9. Resulting debriefs were very well attended, with an unprecedented high level of engagement from various service managers and staff across the Partnership. As a result, the initial draft was amended to reflect staff feedback, based on the principles of 'what had gone well' and 'what needed improvement'. A 'Tactical Resilience Plan' was agreed as a more practical and operational approach.

Main report

10. The Partnership's Tactical Resilience Plan is part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity.
11. All staff are expected to support and adhere to the plan and ensure that it becomes part of the way the Partnership achieves its resilience goals and priorities.
12. The plan's framework is designed to be flexible so that it can address risks and safety issues while promoting multi-agency cooperation, which is a vital but difficult management challenge.
13. In the coming months, a series of resilience workshops will take place to develop service areas' individual operational resilience plans that will be modelled on the Tactical Resilience Plan.

Independent contractors and resilience arrangements in Localities

14. During the procurement process, various aspects of potential suppliers' strength and robustness are assessed, e.g. their technical capability and capacity to undertake the work, their financial strength, health and safety measures and business continuity processes.
15. As part of the procurement planning, a 'Business Continuity Assessment in Procurement Procedure' is the assessment tool used by service areas and procurement to determine whether a contract falls under the definition of an 'essential activity' and falls under the category of high risk. The document provides business continuity management specification wording and details of the assessment that will be undertaken. The Council's Resilience Team maintains a list of all suppliers that are deemed to provide essential activities.
16. In the event of an incident, the Tactical Resilience Plan contains a 'Checklist for Managing the Loss of Key Suppliers'. It includes consulting independent contractors' business continuity/resilience plans for pre-arranged alternative arrangements.

Next Steps

17. Overall, this year's severe winter weather increased staff awareness, and managers are gaining a stronger understanding of where risks lie and where resilience management is key.
18. This positive trend will be enhanced when the new Head of Operations is in post (4 June) as this post will provide tighter oversight of the five service areas operational resilience plans.

Measures of Success

19. There is improved transparency and consistency of resilience plans throughout the Partnership.
20. Finalised call-out lists are updated and tested regularly.
21. Training workshops are completed by the end of 2018.
22. Business impact analysis are completed by the end of 2018.
23. Staff feel engaged and aware of the Partnership's resilience arrangements.

Key risks

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

Financial implications

25. There are no direct costs associated with the plan.

Implications for Directions

26. Integrated business resilience arrangements will link with Direction 1 – Locality working (ref: EDI_2017/18_1).

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

Equalities implications

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

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

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

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

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

31. An integrated business resilience plan should remove any disproportionate impact on staff and service users on the grounds of race, sex, disability, age, sexual orientation or religious belief.

Sustainability implications

N/A.

Involving people

32. Staff often have the knowledge and experience required to establish strategies that will work and they will be called to implement the framework of plans and checklists when an incident occurs.

33. Individuals in key positions need to understand their roles and responsibilities. People need to be aware of what is expected of them, so that the remainder of the organisation needs to be aware of the protocols that are to be implemented and why.

34. To be effective and gain support, the Partnership Resilience Group will engage with staff by providing regular email updates, organising workshops and carrying-out test exercises.

Impact on plans of other parties

N/A.

Background reading/references

N/A.

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Appendices

Appendix 1	Partnership Tactical Resilience Plan (Draft)

Tactical Resilience Plan

Edinburgh Health and Social Care Partnership
Draft v 1.5

April 2018

NHS Lothian · EDINBVRGH · THE CITY OF EDINBURGH COUNCIL

Working together for a caring, healthier, safer Edinburgh

1. Table of Content

1. Purpose of the Tactical Resilience Plan

The Edinburgh Health and Social Care Partnership's vision is:
"People and organisations working together for a caring, healthier, safer Edinburgh."

The Edinburgh Health and Social Care Partnership (the Partnership) policy is to develop, implement and maintain a resilience management strategy that ensures essential health and social care functions are available and that the Partnership can maintain acceptable levels of service and consistency in support of its vision. The Partnership will take all reasonable steps to ensure the organisation can respond appropriately and continue to deliver key processes in the event of a disruption.

The Tactical Resilience Plan (TRP) describes the necessary steps towards a tactical response for maintaining essential services/functions during an incident (disruption to service, unusually complex situation or high levels of demand).

The TRP will extend across the whole organisation and cover all its teams. All staff are expected to support and adhere to the TRP and ensure that it becomes part of the way the Partnership achieves its goals and priorities.

The Partnership will work with its Council and NHS Lothian partners to ensure that resilience related policies, strategies and plans are updated on a regular basis, or when there are significant changes to the way the Partnership meets its goals, or because of business continuity actions arising from a disruption.

1.1. Aim

The plan defines the strategic and tactical capabilities for the Partnership to plan for and respond to major business interruptions. The plan will enable the Partnership to continue its business prioritised activities at an acceptable predefined and agreed level. To achieve this aim, the Partnership will adopt a system of Resilience Management.

Resilience Management – The process by which the Partnership will maintain and recover its business and operational effectiveness against risks and threats that may materialise as serious emergency incidents.

The Partnership will:

a. respond to disruptive incident (incident management)
b. maintain delivery of essential activities/services during an incident (business continuity); and
c. return to 'business as usual' (recovery).

1.2. Plan Scope

The plan covers the following Partnership service teams:

- North East Locality
- North West Locality
- South East Locality
- South West Locality
- Hospital and Hosted Services

1.3. Plan Review and Monitoring

The plan will be reviewed annually by the Partnership's Senior Management Team or in the event of a major change to the Partnership's structure, objective or activities. Monitoring and managing amendments of the plan will be the responsibility of the Partnership's Resilience Team.

Individual service teams' operational resilience plans will be completed by their respective management team with the guidance and support of the Partnership's Resilience Team. The plans will be signed off by a Head of Service or Senior Manager at least annually or whenever a variation is required.

2. Activation and Escalation

An incident can be detected several ways, including via staff at the affected premises, Customer Hub, the media, notification from Council or NHS Lothian response teams, partner agencies or other networks.

This plan covers the alerting process, activation mechanism, roles and responsibilities of the incident Manager, Incident Management Team, guidance relating to command, control and recovery.

This plan is flexible and meant to be used as generic guidance in response to an emergency incident or business interruption.

2.1. Specific Potential Risks

The response to an emergency incident does not necessarily or automatically translate into the activation of the TRP. Incidents may cause temporary or partial interruption of activities with limited long-term impact.

Below are the potential risks to the Partnership could face.

- Loss of staff
- Loss of information technology and telecoms
- Loss of facilities/utilities and buildings
- Loss of third party providers (independent contractors)
- Severe weather
- Infectious diseases (e.g. Pandemic Flu)
- Terrorist related event

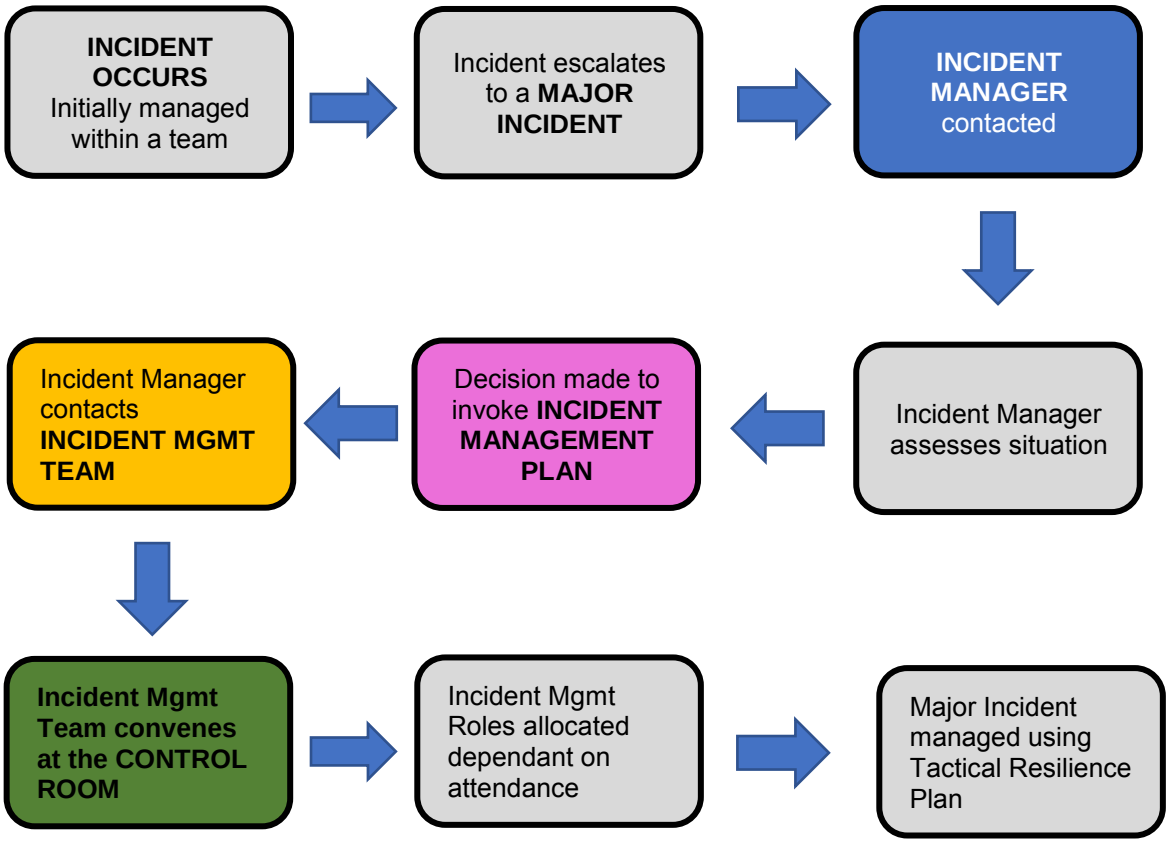
Four checklists (see Appendix 1) have been developed based on four key scenarios below.

1. Premises (or alternative working arrangements)
The provision of a safe and secure working environment is a critical factor in ensuring services are delivered effectively. Any disruptive incident that threatens the integrity of a building or working premises, e.g. fire, flood or structural stability must be dealt with rapidly to restore normality.
2. Staff Absence/Welfare
Ensuring that staff are considered and kept informed during an incident is of primary importance. This could include dealing with staffing issues and concerns, transportation, counselling or liaison regarding bereavement matters. There is also the need to establish skills where it is necessary to ask staff to work flexibly from non-essential activities to maintain the agreed essential activities in the service.
3. ICT and Telephony Issues
This focuses on issues relating to either re-establishing IT systems or setting them up at a recovery site. This would include ensuring that all work stations are set-up correctly, with critical phone numbers, that applications are available, and liaising with facilities colleagues.
4. Key Suppliers
This team focuses on issues related to the Partnership's supply chain and the arrangement of alternative suppliers.

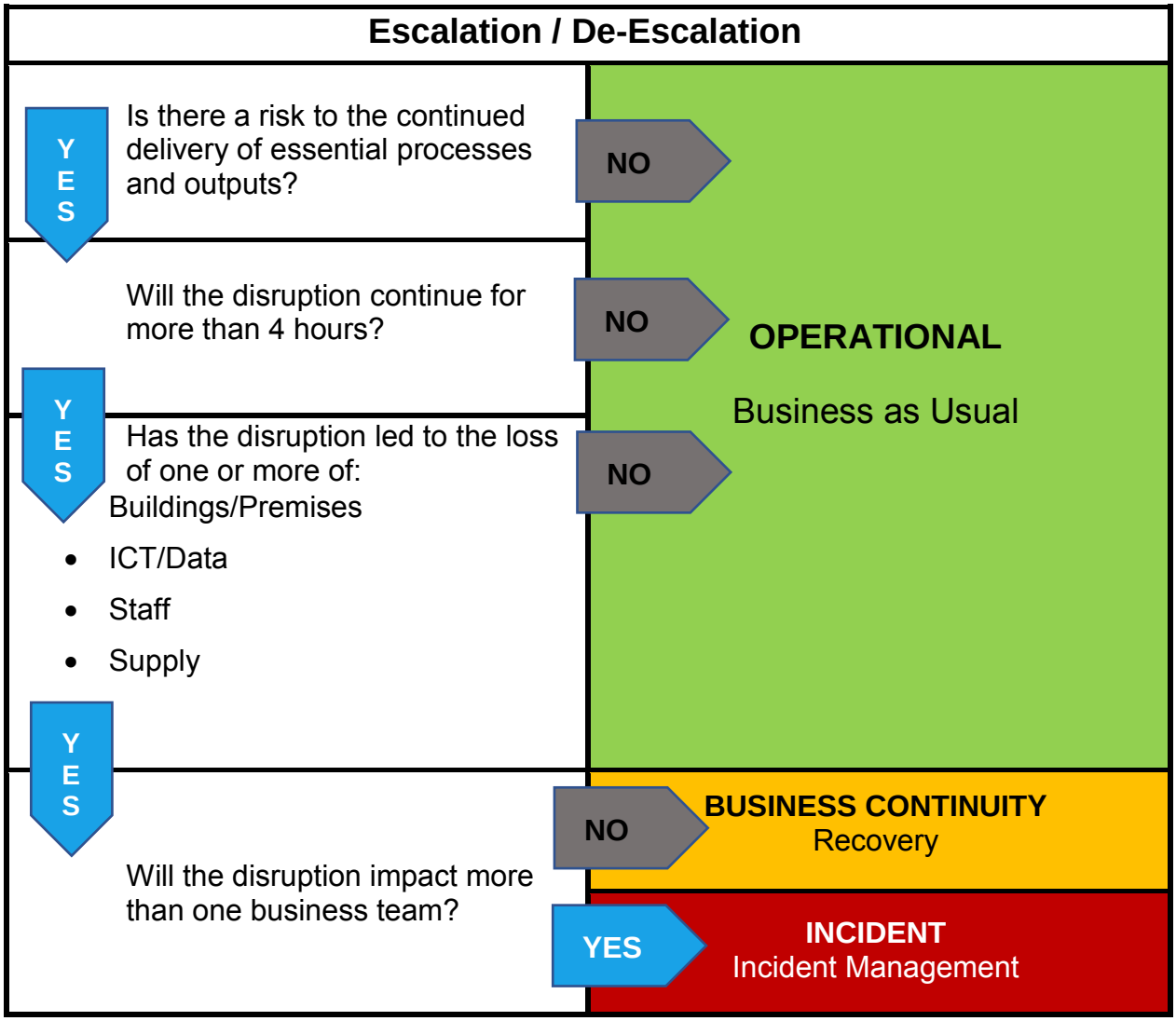
Action cards for each of these potential risks are set out in Appendix 1

In the event of a business continuity incident, the Partnership's Chief Officer has ultimate responsibility for either authorising staff to be sent home or to another location. In the absence of the Chief Officer, the Chief Nurse or Head of Operations can make these decisions.

The process for activation is:



The Incident Manager determines the level of response using the decision tree tool below:



In all major/serious incidents, appropriate colleagues must be notified of an incident. Contacts are listed in the Partnership's Incident Contact Directory and are also available as Call Lists from both the Council's and NHS Lothian's respective emergency resilience contact lists.

2.2. Incident Control Room Options

- Astley Ainsley Hospital – Canaan Park – Meeting Room
- Waverley Court room 1.10 (April 2018 – in development)
- Council Incident Control Room – City Chambers – level 2.1
- Waverley Gate – Level 5

2.3. Alerting Process for Staff and External Agencies

If a member of staff becomes aware of a situation that may have a significant impact on the delivery of services, i.e. greater than the normal challenges of daily business, they should notify their line manager, team leader or senior manager.

If the incident cannot be managed locally or at operational level, the most senior manager should escalate to the Incident Manager.

The Incident Manager will escalate any incident to the Chief Officer or deputy (see page 6) who will then decide whether to activate the plan and the Incident Management Team. The composition of this team will depend on the type and scale of the incident and its potential impact on the organisation.

Staff

Operational Managers will communicate to their staff by the following methods:

Business hours – 8.30am to 5.00pm

Managers will verbally or via email communicate information to staff on site or by telephone/mobile to those away from the office. Both methods will result in a follow up communication via email.

Out-of-Hours

The Incident Manager or their deputy will contact the Senior Management Team and they will then be responsible for their team members and communicate information relating to the incident/business interruption. This should be followed up by an email. Should a senior manager be on leave, the deputy will need to be contacted.

External Agencies/Business Partners

On being alerted, the Incident Manager should liaise with appropriate external agencies as listed below:

- The Council's Resilience Unit Team
- NHS Lothian's Emergency Planning Team

Full contact details for key staff and external agencies are available in Appendix 3.

If the incident is of sufficient impact, it is important that the Incident Management Team is convened as soon as possible, whether this is at the Incident Control Centre or a virtual meeting via teleconferencing. Details of how to initiate a telephone conference is attached in Appendix 4.

2.4. Objectives

To ensure the delivery of prioritised activities during a business continuity or emergency incident, all activities identified under this category require immediate recovery.

(currently in development – to be composed through service areas business impact assessments)

Essential Service Activities	Staff Groups Covered	Team	Locations

3. Command and Control

3.1. Incident Management Team

The suggested membership of the Incident Management Team is:

- Chief Nurse (Resilience Lead)
- Operations Manager (Resilience Co-ordinator)
- Head of Operations
- Partnership Communications Officer
- Council Resilience Officer
- NHS Lothian Business Continuity Officer
- Business Support (Loggist)
- Emergency Social Care- Social Direct representative

3.2. Roles and Responsibilities

The roles and responsibility action cards are available at Appendix 5.

The Incident Management Team (IMT) is to:

- evaluate the extent of the situation and the potential consequence to business continuity
- provide the Partnership Chief Officer and stakeholders with reports of the scale of impact on normal services the incident has had
- consider the frequency, location and membership of IMT meetings
- maintain a decision log based on the response to the incident
- authorise the recovery procedure in order to maintain strategy prioritised activities
- liaise with users and stakeholders who may be involved with the incident

- order or obtain new or replacement equipment to deliver essential services if required
- maintain a log of costs incurred to maintain the services
- establish the return to normal working

The role of the loggist:

A debrief, inquiry or legal proceedings may occur after any incident and the recording of data and collection of information should be designed to assist in preparing the subsequent report on the actions taken by the Partnership. The Partnership needs to ensure all decisions taken by the Incident Management Team are accurately recorded by a loggist.

For this reason, the Incident Management Team should ensure:

- their decision/actions are recorded/logged by the loggist at each of the team's meetings
- when mobile phones are used and decision are not recorded, the content of the conversations should be written in the decision log where possible or alternative means of communication used to ensure these can be recorded
- the completed log sheets and any original documentation should be kept securely as it may be required in any subsequent debrief or inquiry; these log books need to be retained for XX years and then may be destroyed
- all notes of meetings held by the IMT should be recorded/logged as they are being made to ensure their accuracy.

Template action logs and agendas are available at Appendix 3.

3.3. Emergency Pack

There are two emergency packs. Once based at Astley Ainsley Hospital and one at Waverley Court. Each pack contains:

To be included

3.4. Communications Plan

During a prolonged period of business disruption, the Incident Manager in collaboration with the Council's Communication Officer (Health and Social Care liaison) will communicate with and update external partner organisations through various appropriate methods, depending on the situation.

The Partnership recognises that staff may receive the same information twice from different sources (Council and/or NHS Lothian). As such, the Partnership will make every effort to align/coordinate communications with its business partners to ensure consistency and avoid confusion.

4. Response and Recovery

Once a business continuity or emergency incident has been declared, the Incident Management Team must devise a recovery response to cover the following timescales:

- 4 Hours
- 24 Hours
- 48 Hours
- 7 Days

Following an incident, the Partnership may need to undertake several organisational recovery activities, which may include (but may not be limited to) some or all of the following.

- Identifying appropriate support mechanisms, which can be made available to staff and their families, recognising that staff may be affected directly by the incident through death, illness or disability
- Staffing and resources to address the new environment
- Physical reconstruction of facilities
- Reviewing key priorities for service provision and restoration
- Financial implications, remunerations and commissioning agreements
- Routine annual performance targets
- Equipment or restocking of supplies

4.1. Recovery from Incidents

Recovery should be considered from the beginning and not left until the Response phase is over. For example, as people plan to run down or cease services to create capacity to deal with the emergency, it makes sense that they should also plan how to start them up again.

Recovery planning may be affected by the circumstances at the end of the emergency e.g. premises may be damaged, utilities may not function normally immediately, staff may not be able to work normally. The aftermath of the incident may also increase workload e.g. the need to monitor affected people or provide psychological support and there is likely to be a backlog of work resulting from the postponement of non-essential work.

4.2. Recovery Process

The process covers the following:

- Preventing the escalation of the impact of the emergency, i.e. restoring services as quickly as possible, prioritising those that are most important to the organisation.
- Restoring the well-being of individuals, infrastructure, etc.
- Restoring targets, governance arrangements, financial management.
- Considering opportunities created by the emergency, e.g. for identifying and implementing improvements.
- Recording information to ensure lessons learned and experiences are available for the future. The process will need to be phased in a sustainable way taking account of the needs of the workforce, who themselves may need to recover from the incident.
- Numbers of members of staff available to return to work at any time.
- A phasing period to allow the resumption of normal services, depending on the residual skills and resources available.
- Provision of psychological support to staff.
- Recruitment at a potentially difficult time.
- Ensuring all buildings are adequately cleaned, sanitised and otherwise made ready for the resumption of services.
- Dealing with depleted supplies and necessary maintenance or replacement of facilities/equipment.

A Director of Communications and Patient Insight will communicate with and update external partner organisations through various different appropriate methods depending on the situation. The Communications Team will lead on the Communications Plan and Process.

4.3. Leading and managing the recovery process – Partnership Arrangements

Recovery will be included on the agenda of the Partnership's Incident Management Team. The guiding principle will be to prioritise the re-introduction of services, depending on the impact on the organisation. The re-introduction of performance targets must recognise that there may be a loss of skilled staff and their experience. Also, people who have been working under acute pressure for prolonged periods are likely to require rest and continuing support.

Examples of additional issues that may need to be managed as part of the recovery process.

- High levels of staff absence – potential bereavement or exhaustion
- Staff anxious, confused and worried (psychological impact)
- Consequences of risks being taken
- Consequences of civil disorder, e.g. vandalism to premises
- Consequences of disruption to daily life in some incidents – education, transport, utilities, etc., as other organisation try to restore normality

- Financial consequences of pandemic
- Disruption of internal infrastructure, IT, facilities, cleaning

4.4. Activation of the Recovery Arrangements

The Incident Management Team will determine the time for the decision of the Partnership's "stand down" from emergency procedures. This decision will not necessarily coincide with receipt of notification of stand down by other agencies, including the Council or NHS Lothian if the incident is more widespread.

The following should be considered:

- All staff who have been asked to stand by awaiting further instructions should be informed that the incident is over
- Before stand-down, the Incident Manager will nominate an individual to continue to monitor any ongoing issues following the incident
- Following stand-down, the Incident Manager will arrange debriefing sessions and support for staff involved in the incident where needed. The content of the debrief will be set by the Incident Manager and the session will be facilitated by the Partnership's Resilience Co-ordinator/ Lead.
- The Incident Manager will ensure that counselling support is available for staff throughout the incident (where possible) and afterwards.

Following an incident, the Partnership management will meet to discuss how to deal with the backlog created by the incident, reviewing recovery arrangements outlined in the Partnership's TRP, and any service suspension that may affect the Partnership's ability to operate and continue to meet targets.

Additional staffing may be required to cover the backlog whilst operating a normal service to current service users.

4.5. Handover Procedures

In a prolonged incident, it may be necessary for additional members to be brought in to cover the roles of the Incident Management Team. These are identified as deputies, and if unavailable, additional senior management can be called from the Incident Management support list. Adequate time must be given to the handover to ensure all actions completed thus far are communicated to the covering team. This should be provided in the form of a briefing, which includes the key issues and actions covered until this point.

4.6. Stand Down Procedure

The Incident Manager in agreement with the other members of the Incident Management Team and appropriate operational managers and staff will decide when to stand down.

After ensuring that the business continuity or emergency incident has been resolved, the Incident Manager will be responsible for activating the cascade of the stand down message to all staff and agencies, using communication cascade call trees. Prior to the stand down being agreed, it is essential that all recovery issues and actions are agreed and
activated to assist in the return to normal working arrangements.

4.7. Post Business Continuity or Emergency Incident Actions

1) Ensure internal debriefs are conducted as soon as possible after the incident led by the Resilience Lead or Co-ordinator.
2) Contribute and participate in any NHS Lothian or Council de-briefs if required to do so. (Take the decisions and actions log to confirm accuracy of reported actions.)
3) Reports
    a. Obtain relevant logs/reports from staff
    b. Complete and submit de-brief forms
    c. Write a short incident report include learning points and recommendations
    d. Circulate lessons learned to Incident Management Team for assimilation into the revised Partnership TRP.
4) Implement Recovery Plans for areas where non-essential work was suspended to redeploy staff into essential services where necessary. Operate a system to deliver the backlog of work along with current workload issues to assist in the return to normal working.

Contact

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5. Appendices

Appendix 1	Checklist Cards – ICT, Staff and Premises
Appendix 2	Incident Management Team Meeting – Action Cards
Appendix 3	Initial Meeting of Incident Management Team – Agenda
Appendix 4	Teleconference Instructions
Appendix 5	Contact List

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Appendix 1 – Checklists

Checklist
Managing the Loss of ICT
(e.g. email, telephony, etc.)

Having been alerted, you need to consider what actions need to be taken. Use this card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	On being alerted, confirm current situation with the caller and take note of CGI Helpdesk reference number (Council system) or NHS Lothian IT Helpdesk reference number.
2	Incident Manager/Loggist: • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Review key functions at regular intervals as listed in the department/service BIA, to ensure all essential services are continuing • Where there is disruption to service delivery/functions, inform the appropriate Senior Manager
3	Incident Manager: • Assess key risks and the likely duration of the incident • Assess damage to actual Partnership assets and inform Resilience Business Partners (Council or NHS Lothian) (dependent on fault) • Identify what mitigating actions are currently in place • Work with respective ICT CFOs (Council or NHS Lothian) • Agree alternative work arrangements/arrange for non-essential staff to support the prioritised activities or agree with management/HR what action to take (e.g. take annual leave, paper based activities) • Inform all staff – initiate call cascades • Liaise with Communications Team to alert key stakeholders and other interested parties
4	Resources • Incident Manager to liaise with Chief Officer regarding extra resources required (e.g. staff/equipment) • Incident Manager to assess damage to Partnership assets and inform Chief Officer
5	Health and Safety / Risks • Ensure the health and safety of all staff is always upheld • Implement action plan to address arising health and safety risks
6	Recovering considerations and actions • Consider restoration timescales for suspended activities • Post Incident Debrief • Prepare post incident report and document lessons learnt and policy review • Communication with interested parties on ‘return to normal’
7	At the end of the incident • Document all the discussions and actions and file according to records retention policy

Checklist
Managing the Loss of Staff

Having been alerted, you need to consider what actions need to be taken. Use this card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	On being alerted, confirm current situation with the caller.
2	Incident Manager/Loggist • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Ascertain current staffing levels and identify staff available • Assess current risks and actions being taken to mitigate these
3	Line Managers • Ascertain current staffing levels and identify staff available • Assess current risks and actions being taken to mitigate these

4	Incident Manager
	• Identify each service area's time sensitive activities at that moment
	• Get authorisation from Chief Officer/Senior Manager for staff to work at home or at an alternative location
	• Receive clarification from Chief Officer/Senior Manager/HR on:
	  ○ Part-time staff to work additional hours/accrue time in lieu as required
	  ○ use of annual leave if/as required use of overtime if/as required
	  ○ use of interim staff
	• In all above, liaise with the finance department and Chief Finance Officer

5	Health and Safety • Incident Manager to assess the potential duration of the incident and arrange for alternate staff to take over at an agreed time if incident is prolonged
6	Recovering considerations and actions • Consider interim staff use until situation stabilises • Consider overtime until all non-essential/suspended activities have been fully restored
7	At the end of the incident • Deliver hot debrief for the staff involved • Prepare post incident report • Consider if situation is short or long term, if long term, consider contract reviews, and recruitment

Checklist
Managing the Loss of Premise

1	On being alerted, confirm current situation with the caller.
2	Incident Manager/Loggist: • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Review key functions at regular intervals as listed in the service BIA, to ensure all essential services are continuing • Where there is disruption to service delivery/ functions, inform the appropriate Senior Manager/Head of Service
3	Incident Manager • Assess key risks and the likely duration of the incident • Assess damage to actual Partnership assets and inform Chief Officer • Identify what mitigating actions are currently in place • Inform the Chief Officer or Deputy on call • Inform Council and/or NHS Lothian resilience teams. • Agree alternative work arrangements/arrange for non-prioritised staff to support the prioritised activities or take annual leave • Inform all staff – initiate call cascades • Liaise with Communications Team to alert key stakeholders and other interested parties
4	Resources • Incident Manager to liaise with Chief Officer/Chief Finance Officer regarding extra resources required; i.e. staff/equipment • Incident Manager to assess damage to actual Partnership assets and inform Chief Offer/Chief Finance Officer
5	Health & Safety / Risks • Ensure the health and safety of all staff is always upheld • Implement action plan to address issues arising
6	Recovering considerations and actions • Consider restoration timescales for suspended activities • Post Incident Debrief • Prepare post incident report and document lessons learnt and policy review • Communication with interested parties on ‘return to normal’
7	At the end of the incident • Document all the discussions and actions and file according to Records Retention Policy

Checklist
Managing the Loss of Key Supplier

1	On being alerted, confirm current situation with the caller.
2	Incident Manager/Loggist: • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Review key functions at regular intervals as listed in the department/ service BIA, to ensure all essential services are continuing • Where there is disruption to service delivery/functions, inform the appropriate Senior Manager
3	Incident Manager: • Assess key risks and the likely duration of the incident • Assess damage to actual Partnership assets and inform Resilience Business Partners (Council or NHS Lothian) (dependent on fault) • Identify what mitigating actions are currently in place (check contract's business continuity plan) • Agree alternative supplier arrangements/ arrange for non-essential staff to support the prioritised activities or agree with management what action to take • Inform all staff – initiate call cascades • Liaise with Communications Team to alert key stakeholders and other interested parties
4	Resources • Incident Manager to liaise with Chief Officer regarding extra resources required (e.g. staff/equipment) • Incident Manager to assess damage to actual Partnership assets and inform Chief Officer
5	Health and Safety / Risks • Ensure the health and safety of all staff is always upheld • Implement action plan to address arising health and safety risks
6	Recovering considerations and actions • Consider restoration timescales for suspended activities • Post Incident Debrief • Prepare post incident report and document lessons learnt and policy review • Communication with interested parties on 'return to normal'
7	At the end of the incident • Document all the discussions and actions and file according to records retention policy

Appendix 2 – Action Cards

ACTION CARD 1
INCIDENT MANAGER

NOMINATED PERSONS	ROLES
	To receive calls from Partnership Senior Management Team regarding any incident
	To conduct a further risk assessment if required
	To escalate the incident as appropriate
	Undertake the role of Resilience Response Lead
	To act as a spokesperson for the service at strategic meetings (on request by the Chief Officer)

1	On being alerted to an incident, confirm details of current situation with the notifying manager.
2	Obtain further information • Ascertain steps being taken to mitigate impact • Liaise with notifying manager on how best to resolve the situation • Put in place plans to receive updates until incident resolves • Close the log once management of the incident has been completed
3	Declare Business Continuity/Emergency Incident if necessary • Business Continuity/Emergency Incident declared • Business Continuity/Emergency Incident (Standby)
4	Undertake role of Incident Manager • Commence Incident Log to record all information relating to this incident
5	Alerting others – request activation of call out cascade
6	Request activation of Incident Management Team • Utilise Tactical Resilience Plan for generic response • Prepare first agenda for the Incident Management Team
7	Chair initial meeting of Incident Response Team • Appoint Loggist/Business Support • Ensure an accurate decisions and Actions Log is kept of meetings
8	Inform key stakeholders as appropriate
9	Health and Safety • Assess the potential duration of the incident and the requirement for another deputy to take over responsibilities at an agreed time
10	At the end of the incident • Stand Down instructions • Liaise with appropriate stakeholders • Inform staff / take advice from Communication Team.

	• Hot debrief Hand the log book to the Resilience Lead once the incident has closed and you are no longer the manager if this is a prolonged incident • Recovery Process

ACTION CARD 2
INCIDENT MANAGEMENT TEAM

Having been altered, you now need to consider what actions need to be taken. Use this action card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	On being alerted to an incident, confirm details of current situation with incident manager • Obtain services Operational Resilience Plans • Commence Incident Log and update throughout incident
2	Communicate the details of your incident to your service/ department staff • Inform staff to obtain staff Action Card • Provide regular information to staff and ensure staff provide regular update to you
3	Impact assess the incident on the essential functions of your service or department • Collate information with staff with regards to your department • Identify steps being taken to mitigate the effects
4	Prioritise essential functions within your department • Review key functions at regular intervals as listed in the department/ service BIA, to ensure all essential services are still running • Where there is a disruption to service/functions being delivered, inform Service Resilience Officers
5	Communication • Communicate with Service Resilience Officers as requested to keep them updated of how the incident develops • Inform Incident Manager of any resource requirements, e.g. staff or equipment
6	Health and Safety • Assess the potential duration of the incident and the requirement for another person to take over the responsibilities at an agreed time
7	At the end of the incident • Hand the log book to the Resilience Lead once the incident has closed and you are no longer the manager if this is a prolonged incident • Liaise with the Resilience Lead re: attending a debriefing of incident • Consider Hot debrief for your staff

ACTION CARD 3
STAFF

Having been altered, you now need to consider what actions need to be taken. Use this action card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	On being alerted to an incident, confirm details of current situation with incident manager • Obtain service Operation Resilience Plan if required to do so by your line manager
2	Impact assess the incident on essential functions you perform • Collate information as requested by or with your manager relating to your service or department • Identify any disruption that is likely to your key functions • Identify steps that are being taken to mitigate the effects
3	Prioritise essential functions within your department • Review and prioritise key functions to be carried out at regular intervals with agreement of your manager as listed in the service/locality Business Impact Assessment, to ensure all essential services continue. • Where there is a disruption to service delivery/functions, inform the service lead and Resilience Officer/Co-ordinator as directed
4	Communication • Communicate with your manager regularly or as requested and keep them updated on how the incident is affecting your key function
5	Resources • Inform your manager of any additional resource requirements, e.g. staff or equipment
6	Record Keeping • If requested to do so, obtain a log book from the Resilience Plan and complete as necessary • Hand the log to your service Resilience Officer/ Incident Manager once the incident has closed or you are no longer working
7	Health and Safety • Assess the potential duration of the incident and the requirement for another person to take over the responsibilities at an agreed time
8	At the end of the incident • Liaise with the service Resilience Officer re attending a debriefing of incident

ACTION CARD 4
BUSINESS SUPPORT/LOGGIST

NOMINATED PERSONS	ROLES
	To maintain an accurate combined log of messages received by incident managers
	To maintain an accurate combined log of decisions and actions taken by incident managers

1	Agree roles and immediate action with Incident Manager
2	Ensure that all managers are keeping accurate individual logs
3	Compile a combined log of messages sent and received
4	Compile a combined log of decision and actions agree by the Incident Management Team
5	Ensure all complete logs are signed and date and that pages are numbered
6	Health and Safety • In agreement with the Incident Team Manager, assess the duration of the incident and the requirement of another loggist to take over responsibilities at an agreed time, a new loggist should sign and date a new log sheet
7	At the end of the incident • Hand the log book to the Resilience Lead/Incident Manager once the incident has closed or you are no longer acting as a loggist • Liaise with the Resilience Lead/Incident Manager re attending a debrief of the incident

Appendix 3 - Initial Meeting of the Incident Management Team

Agenda

Incident	
Venue/Time	

1. Confirm the chair and identify who will log issues and agreed actions for the meeting.
2. Create a common understanding of the emergency and the impact on the Partnership
3. Agree and prioritise the matters for urgent decisions
4. Agree tasks and who will lead on them
5. Establish communication and information links with other command levels
6. Consider the media strategy and messages to staff and other stakeholders
7. Identify and prioritise the strategic/tactical risks
8. Consider longer term operational issues
9. Agree frequency of meetings if future meetings necessary
10. Agree authorisation of expenditure
11. Any Other Business.
12. Date and Time of Next Meeting

Key Objectives:

- **Coordinate the response (to mitigate impacts and prevent escalation)**
- **Support the emergency and health services**
- **Ensure staff welfare**
- **Warn, inform and reassure (staff and the public)**
- **Coordinate the return to normality**

INTIAL MEETING OF THE INCIDENT MANAGEMENT TEAM

Agenda

Date	Time	Decision/Action Taken	Owner	Update

Appendix 4 – Teleconference Instructions

Not for Publication

Appendix 5 – Contact List

Not for Publication

Item 5.3

Report

Financial Outturn 2017/18

Edinburgh Integration Joint Board

18th May 2018

Executive Summary

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the financial position for 2017/18 and to summarise the reserves carried into 2018/19.

Recommendations

2. Members are asked to note that:

- The City of Edinburgh Council (the Council) and NHS Lothian have increased their budgets delegated to the Integration Joint Board by £7.5m and £4.9m respectively;
- As a result, subject to external audit review, the Integration Joint Board has achieved a breakeven position for 2017/18; and
- The IJB will carry reserves totalling £8.4m, of which £6.5m are committed into 2018/19

Background

3. At its meeting in March the IJB received limited assurance that a break even position could be delivered for 2017/18. At this point the Council had committed to meet the anticipated shortfall of £7.1m on a non recurring basis. NHS Lothian, whilst forecasting an overall balanced position had not concluded their discussions on the implications for the 4 Lothian IJBs.

4. The draft outturn positions (subject to audit) have now been received from both partner bodies and the resultant financial position for the IJB is discussed in paragraphs 5 to 12 below.

Main report

5. At the end of the financial year the Council and NHS Lothian overspent against the budgets delegated by the IJB by £12.3m. To mitigate this, additional one off contributions have been agreed (£7.4m and £4.9m respectively), allowing the IJB to break even in 2017/18.

6. This position is summarised in table 1 below with further detail included in appendices 1 (NHS Lothian) and 2 (the Council).

	Budget £k	Actual £k	Variance £k
NHS services			
Core	271,360	274,974	(3,615)
Hosted	88,497	87,327	1,170
Set aside	96,975	99,411	(2,436)
Non cash limited	49,623	49,623	0
Sub total NHS services	**506,455**	**511,336**	**(4,880)**
CEC services	**185,809**	**193,273**	**(7,464)**
Gross position	**692,264**	**704,609**	**(12,344)**
Non recurring contributions			
City of Edinburgh Council	7,464		7,464
NHS Lothian	4,881		4,881
Net position	**704,609**	**704,609**	**0**

Table 1: summary IJB financial position for 2017/18

7. Services provided by NHS Lothian overspend by £4.9m against the delegated budget. In the context of an overall breakeven position across the organisation, NHS Lothian has agreed to provide an additional one off contribution to the IJB.

8. The Council had previously agreed an additional contribution of up to £7.1m to the IJB in 2017/18 funded through additional savings in corporate budgets and across other Council services. At £7.5m the final outturn position is slightly worse than anticipated and the Council's Head of Finance has indicated his intention to recommend an additional non recurring contribution of £0.4m to address this.

9. These non recurring contributions, totalling £12.3m, will allow the IJB to break even in 2017/18.

10. The key financial issues underpinning the position to the end of March are consistent with those reported throughout the financial year, namely:

- As reflected in the third party payments overspend of £7m, **care at home** continues to be the single most significant financial challenge facing the IJB. Demographic factors continue to drive demand for care at home services, as well as direct payments and individual service funds. This level of overspend is in line with financial projections reported throughout the year and has been factored into the baseline position for budget planning for the next financial year. However, as was the case in 17/18, the 18/19 financial plan is predicated on this growth being offset, at least to some extent, by delivery of savings. Whilst the savings programme is continuing to build momentum, achievement in 17/18 fell well short of target and, as such, a focus on delivery forms a key cornerstone of the financial strategy for 18/19;

- **Prescribing** continues to be an ongoing pressure across all 4 IJBs in Lothian, with short supply and high value drugs continuing to offset lower than anticipated growth in volumes. The overspend of £2.1m for the year is in line with the year end projection. For 18/19 NHS Lothian has targeted additional investment through the financial plan to reset the prescribing baseline to reflect the outturn for 17/18. Any further growth in either prices or volumes in 17/18 will therefore result in an overspend. To mitigate this a £2m pan Lothian fund has been established to support efficient prescribing, the IJB's share of which is c£1.1m;

- Delivery of **savings and recovery plans,** as referenced above, only a marginal contribution was made towards the Council's transformational savings in 2017/18. Equally, NHS service budgets include elements of unachieved savings carried forward from previous years and not delivered in year. Further information on the impact on the 2018/19 financial plan is given in the separate paper to this meeting; and

- NHS Lothian **set aside** budgets overspent by £2.4m in the year. Junior doctors is the most significant contributory factor where non compliant rotas are driving costs upwards. Overall set aside now equates to approximately 50% of the overall NHS position and is clearly an issue which requires to be addressed in partnership with NHS Lothian in 2018/19.

11. As well as the financial position outlined above, the IJB will carry reserves of £8.4m into 2018/19. The majority of these reserves, £6.5m are "ringfenced" (ie set aside for specific purposes), including supporting the short term improvement measures agreed by the IJB in November 2017 and set out in the "Plan for Immediate Pressures and Longer-Term Sustainability" included elsewhere on this agenda.

	£k
Ringfenced	6,522
Unallocated	1,830
Total	**8,352**

Table 2: IJB reserves carried into 2018/19

12. Again, this position is subject to audit and further details of these balances are included as appendix 3.

Key risks

13. The key financial risks facing the IJB in 2018/19 are set out in the financial plan paper presented separately to this meeting.

Financial implications

14. Outlined elsewhere in this report.

Implications for directions

15. None.

Equalities implications

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

Sustainability implications

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

Involving people

18. As above.

Impact on plans of other parties

19. As above.

Background reading/references

20. None.

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Links to priorities in strategic plan

Managing our resources effectively

Appendices

Appendix 1	Financial position of delegated services provided by NHS Lothian 2017/18
Appendix 2	Financial position of delegated services provided by City of Edinburgh Council 2017/18
Appendix 3	Edinburgh Integration Joint Board reserves carried into 2018/19

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

	Budget £k	Actual £k	Variance £k
Core services			
Community AHPs	7,831	7,492	339
Community Hospitals	11,259	11,303	(45)
District Nursing	10,617	10,666	(49)
GMS	74,579	75,269	(689)
Mental Health	10,248	10,020	229
Other	52,645	53,948	(1,303)
Prescribing	80,072	82,172	(2,100)
Resource Transfer	24,109	24,105	4
Sub total core	**271,360**	**274,974**	**(3,615)**
Hosted services			
AHPs	6,574	6,438	136
Complex Care	2,379	2,419	(40)
GMS	5,588	5,780	(192)
Learning Disabilities	8,569	9,161	(592)
Lothian Unscheduled Care	5,765	5,765	0
Mental Health	25,793	25,362	432
Oral Health Services	9,218	8,898	320
Other	798	509	289
Palliative Care	2,330	2,337	(7)
Psychology Service	4,280	4,194	86
Rehabilitation Medicine	3,336	3,005	331
Sexual Health	3,147	3,140	7
Substance Misuse	7,079	7,212	(133)
UNPAC	3,640	3,107	532
Sub total hosted	**88,497**	**87,327**	**1,170**
Set aside services			
A & E	6,341	6,509	(169)
Cardiology	11,214	11,163	51
Diabetes	1,204	1,262	(58)
Gastroenterology	3,288	4,041	(753)
General medicine	24,559	24,972	(413)
Geriatric medicine	13,286	13,100	186
Infectious disease	7,135	6,792	342
Junior medical	12,543	13,757	(1,215)
Management	1,743	1,938	(196)
Other	7,100	7,248	(148)
Rehabilitation medicine	2,040	2,180	(141)
Therapies	6,523	6,447	76
Sub total set aside	**96,975**	**99,411**	**(2,436)**

	Budget £k	Actual £k	Variance £k
Non cash limited			
Dental	26,684	26,684	0
Ophthalmology	9,253	9,253	0
Pharmacy	13,685	13,685	0
Sub total non cash limited	**49,623**	**49,623**	**0**
Total	**506,455**	**511,336**	**(4,880)**
Non recurring NHS contribution	**4,881**		**4,881**
Net position	**511,336**	**511,336**	**0**

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

	Budget £k	Actual £k	Variance £k
Employee costs			
Council Paid Employees	**86,963**	**85,796**	**1,167**
Non pay costs			
Premises	1,173	1,290	(117)
Third Party Payments	176,446	183,484	(7,038)
Supplies & Services	6,403	7,129	(726)
Transfer Payments	930	993	(63)
Transport	1,989	2,455	(466)
Sub total	**186,941**	**195,351**	**(8,410)**
Gross expenditure	**273,904**	**281,147**	**(7,243)**
Income	**(88,095)**	**(87,874)**	**(221)**
Balance	**185,809**	**193,273**	**(7,464)**
Non recurring CEC contribution	**7,464**		**7,464**
Net position	**193,273**	**193,273**	**0**

EDINBURGH INTEGRATION JOINT BOARD
RESERVES CARRIED INTO 2018/19

	Ringfenced £k	Unallocated £k	Total £k
Integrated care fund			
Grants programme	449	0	449
Engagement	114	0	114
Assessment and backlog review	1,851	0	1,851
Other	49	55	104
	2,464	**55**	**2,519**
Social care fund			
Assessment and backlog review	2,517	0	2,517
Disabilities	0	481	481
Telecare	588	172	760
Capacity and unmet demand	0	190	190
Carers Act	163	0	163
District nursing	200	0	200
Other	87	90	177
	3,555	**933**	**4,488**
Brought forward on Council balance sheet			
Integrated care fund	0	615	615
Integration of H&SC	260	226	486
Sensory impairment	114	0	114
Other	130	0	130
	504	**842**	**1,345**
Grand total	**6,522**	**1,830**	**8,352**

Item 5.4

Report

2018/19 Financial Plan

Edinburgh Integration Joint Board

18th May 2018

Executive Summary

1. The purpose of this report is to present the 2018/19 IJB financial plan and to highlight the one material outstanding issue.

Recommendations

2. The Integration Joint Board is asked to:

   a) note the offers received from the City of Edinburgh Council and NHS Lothian;

   b) note that, whilst the process of due diligence on these offers has concluded, that one issue remains outstanding (the £4m contribution from NHS Lothian);

   c) remit the Chief Officer to continue the positive dialogue with NHS Lothian and the Council to secure this funding;

   d) note the resultant financial plan based on the budget offers;

   e) agree the draft savings and recovery programme for 2018/19 as outlined in appendix 3 and consider whether any additional scrutiny of delivery of this programme is required; and

   f) remit the Chief Officer to carry out a review of committed reserve funding with a view to reallocating if appropriate.

Background

3. At its meeting in March 2018, the IJB received an update on progress with the 2018/19 financial plan. It noted that, both NHS Lothian and the City of Edinburgh Council (the Council) recognised that the underlying pressures in health and social care needed addressing on a sustainable basis to ensure a stable longer term financial position. To this end, both partners and were exploring options to increase the delegated budget by £4m to reflect demand led pressures (ie a total increase to the IJB's budget of £8m). The impact of this investment is set out in

the separate paper on the "Plan for Immediate Pressures and Longer-Term Sustainability" being presented to this meeting.

4. NHS Lothian and the Council have now finalised their financial plans for 2018/19, following which they have made formal offers to the IJB and these are attached as appendices 1 and 2 respectively.

5. It is clear that, like many other public sector bodies, the IJB faces significant financial challenges for the foreseeable future. The system is some way from recurring financial balance and the budgets delegated by Council and NHS Lothian will not be sufficient to deliver services without the requirement to make further savings.

Main report

Delegated resources 2018/19

6. The full council agreed the budget at a special meeting on 22nd February 2018, and subsequently the letter attached as appendix 1 was issued to the IJB. This proposes an in year delegated budget allocation of £197.6m, an increase of £13.0m (7%) over the 17/18 level. A breakdown of the movement is given in table 1 below:

	£k
17/18 delegated budget	184,650
Contribution to baseline overspend	3,000
Uplift for additional capacity	4,000
Local Government settlement	5,537
Other	369
Total delegated resources	**197,556**

Table 1: proposed Council delegated budget 2018/19

7. Included in this offer are:

- A £3m contribution to the assumed £7.1m baseline overspend, with the balance of £4.1m to be delivered through savings;
- Provision of £4m to reflect the demand led pressures in care at home services, predominantly for older people, referenced at paragraph 3 above; and
- The Council's full share of the £66m (£5.6m) provided nationally to recognise a range of pressures including implementation of the Carers (Scotland) Act 2016, continued payment of the living wage and increases in personal and nursing care payments.

8. The NHS Lothian board approved the 2018/19 financial plan on April 4th 2018. As in previous years, this plan was unbalanced with a gap of c£21m projected for the year. As such, the Director of Finance was only able to provide the board with limited assurance that a balanced outturn would be achieved in 18/19. The resultant letter issued to the IJB (attached as appendix 2) sets out a proposed delegated budget of £435.6m of which £3.3m is non recurring.

	Recurring £k	Non recurring £k	Total £k
17/18 delegated budget	424,395	(242)	424,153
Uplift for pay awards	4,733	0	4,733
Contribution to baseline overspend	2,098	2,837	4,935
Investment in primary care	1,140	0	1,140
Other	(11)	686	675
Total delegated resources	**432,355**	**3,281**	**435,636**

Table 2: proposed NHS Lothian delegated budget 2018/19

9. This offer incorporates:

- Provision to fully fund public sector pay policy;
- Funding for prescribing costs to the level of 17/18 outturn, meaning any in year growth in prescribing either has to be offset by prescribing savings or savings elsewhere in the IJB's portfolio of services. However it should be noted that NHS Lothian is only in a position to provide £2.1m of the full uplift of £4.9m on a recurring basis; and
- The Edinburgh share of the £2m fund (£1.1m) established by NHS Lothian to support primary care sustainability. This money will supplement funding available nationally through the primary care improvement fund.

10. However, the proposed £4m contribution to the address the waiting list for care at home services (referred to in paragraph 3 above) is not yet included in the formal offer, pending agreement on the trajectories associated with the planned improvements. This is a key short term focus of the Chief Officer and her senior team who are working closely with colleagues in both the Council and NHS Lothian to fully develop the underpinning the plans to deliver capacity. As well as addressing the immediate issues of operational efficiency and productivity (short term) these plans will also address medium term capacity issues and the longer term transformation and reshaping required.

11. The combination of the funding discussed in paragraphs 6 to 9 would give an opening IJB delegated budget of £633.2m for 2018/19, as demonstrated in table 3 below:

	Recurring £k	Non recurring £k	Total £k
City of Edinburgh Council	197,556		197,556
NHS Lothian	432,355	3,281	435,636
Total delegated resources	**629,911**	**3,281**	**633,192**

Table 3: projected IJB delegated budget 2018/19

Expenditure on delegated services 2018/19

12. Working with colleagues in the Council and NHS Lothian the costs associated with the delegated services for 2018/19 have been modelled. To support this exercise the following assumptions were used:

- pay costs will rise in line with Scottish Government public sector pay policy;
- contract inflation has been calculated on a service by service basis to allow payment of the Scottish living wage from 1st April 2018, this includes the national care home contract rate rising by 3.39%;
- the one exception to this is that sleepovers will be paid at the national living wage with the Scottish living wage taking effect from 1st April 2019;
- prescribing costs will increase by an average of 3.2%, in line with the estimates provided corporately by NHS Lothian;
- NHS non pay costs will increase by 2%;
- the full year impact of 2017/18 purchasing growth will be £2m;
- demographic growth in older people and learning disabilities services will increase costs by a further £4.5m in 2018/19;
- a £6.5m provision for unmet need has been factored in to the plan, any costs in excess of this will be met within existing financial constraints by changing models of service provision (ie the requirements for savings will increase); and
- the implications of Scottish Government policies, including the Carers' Act, the living wage, the new GP contract and free personal care are deliverable within the funding available.

13. Based on these assumptions (the financial implications of which are captured in table 4), the costs projected to be incurred by the delegated services total £659.8m:

	£k
Opening cost base	625,159
Projected increase in costs	
FYE of 17/18	2,000
Pay awards	6,947
Contract inflation	4,100
Prescribing	5,783
Drugs	631
Non pay	1,357
Other	2,073
Demographic growth	4,000
Increase in capacity	6,300
Free personal care	200
Carers Act	1,200
Total projected costs	**659,751**

Table 4: projected increase in delegated expenditure 2018/19

Savings and recovery programmes

14. In common with many public sector organisations, and as can be seen from the discussion above, the IJB faces a mismatch between the level of funding available and the projected costs. Accordingly officers from the Council and NHS Lothian have been working to identify a savings and recovery programme to bridge this gap. To date, proposals totalling £14.9m have been put forward and these are summarised in appendix 3.

15. These schemes are a combination of "cash releasing" (where costs will reduce as a result of implementation) and "productivity gains" (where additional capacity will be available for the same amount of money). The classification for each scheme is included in the appendix and the impact on capacity is further explored in the paper "Plan for Immediate Pressures and Longer-Term Sustainability" which is being discussed separately at this meeting.

16. Given the historic failure to achieve target levels of savings, IJB members are asked to consider what assurance of progress would be helpful and whether additional scrutiny is required.

IJB reserves

17. In addition to funding from the Council and NHS Lothian, the IJB holds recurring and non recurring reserves. Whilst the majority of the integrated and social care funds has been allocated to base budgets on a recurring basis, a balance of £4.9m remains uncommitted. Taken together with the £8.4m carried forward from 2017/18 this gives a total contribution of £13.3m to the IJB financial plan for

2018/19. An analysis of the £8.4m of non recurring reserves brought forward is included in the separate paper on the financial outturn for 2017/18.

18. Of the total reserves available, £9.1m (as summarised in table 5) have assumed commitments against them. Given the overall financial position it is recommended that these are reviewed by the Chief Officer to ensure they still align with the IJB's strategic priorities and, where this is not the case, to agree alternative investments.

	£k
Short term improvement activity	4,368
OSCP - mental health	1,050
OSCP - older people	1,500
Telecare expansion	588
Grants review	449
District nursing technology	200
Implementation of the carers act	163
Specific provisions	754
Total delegated resources	**9,072**

Table 5: Edinburgh IJB reserves 2018/19

19. It is recommended that the unallocated balance of £4.2m is distributed in line with the proposals set out in the Plan for Immediate Pressures and Longer-Term Sustainability, ie:

- the £2.3m innovation fund be used to underpin the proposed "community-led support" concept,; and
- the remaining £1.8m be directed to the Council to support increasing care at home capacity.

Achieving financial balance

20. Taking the actions outlined in paragraphs x to x above, gives a net position is a gross shortfall of £9.8m as shown in table 6 below:

	£k
Opening cost base	625,159
Projected increase in costs	34,591
Total projected costs	**659,751**
Projected income	**633,192**
Projected shortfall	**(26,559)**
Savings and recovery programme	14,949
Additional contribution from reserves	1,800
Balance	**(9,809)**

Table 6: net position 2018/19

21. There are 3 components to this remaining balance: a share of the NHS Lothian financial plan deficit (£5.3m); the provisional NHS Lothian contribution of £4m;

and a shortfall in the funding contribution assumed by CEC to offset the costs of additional community capacity (£0.5m).

Key risks

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

Financial implications

23. Outlined elsewhere in this report.

Implications for directions

24. Following formal acceptance of the budget allocations from the Council and NHS Lothian the figures in the associated financial plan will inform the funds delegated by the IJB back to the partner bodies.

Equalities implications

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

Sustainability implications

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

Involving people

27. As above.

Impact on plans of other parties

28. As above.

Report author

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Appendices

Appendix 1	Allocation letter from the City of Edinburgh Council
Appendix 2	Allocation letter from NHS Lothian
Appendix 3	Edinburgh Integration Joint Board savings and recovery programme 2018/19

·EDINBVRGH·
THE CITY OF EDINBURGH COUNCIL

Ms Michelle Miller
Interim Chief Officer
Edinburgh Health and Social Care Partnership

Date 19 March 2018

Your ref

Our ref

Dear Michelle

2018/19 IJB Allocation

I can now confirm that, following the Council budget meeting on 22nd February, the Council's approved provisional allocation to the Edinburgh IJB for 2018/19 is £197.56m, representing an increase of £12.54m (6.8%) relative to the approved offer for the current financial year.

The provisional offer is based on the Health and Social Care Partnership Management Team's proposed budget for 2018/19 (copy attached at Appendix 1) and the increase of £12.54m includes the following elements:

- The Council's financial strategy for 2018/19 seeks to address underlying pressures of £7.1m. Specific detailed savings proposals totalling £4.1m have been identified. Further, the Council has approved an uplift of **£3m** in the baseline offer to the EIJB for 2018/19.

- The Council's approved revenue budget includes an additional **£4m** for Health and Social Care, alongside a corresponding assumed contribution of £4m from NHS Lothian. This is intended to facilitate the provision of care packages to individuals currently waiting for domiciliary care, together with provisions for new demographic demand and the part-year care requirement for some of those individuals currently awaiting a care assessment.

- The Local Government Finance Settlement includes £66m of additional revenue funding to support implementation of the Carers (Scotland) Act 2016, continued payment of the Living Wage, increases in personal and nursing care payments and the full application of the Living Wage to sleepover services. £5.6m of this additional funding has been allocated to Edinburgh and **£5.2m is** included in the provisional offer at this stage. Pending confirmation of the detailed investment plans for the Carers (Scotland) Act, a provisional sum of £0.4m is being retained by CEC.

- An uplift of **£0.3m** has been approved in respect of anticipated increases in Employer pension contributions.

Hugh Dunn, Head of Finance

Waverley Court, 4 East Market Street, Edinburgh EH8 8BG Tel 0131 469 3150 Fax 0131 529 6225
hugh.dunn@edinburgh.gov.uk

As set out in the Partnership Management Team's proposed budget for 2018/19 (appendix 1), the Council's provisional offer assumes a contribution of £4m from NHSL towards delivery of additional social care capacity and a separate contribution of £2.8m by the EIJB towards the delegated Council budget for 2018/19. While the Council believes that provision of additional social care packages will contribute significantly towards the shared priority of reducing delayed discharge, it is not possible to guarantee that this additional investment in social care capacity will lead to achievement of delayed discharge targets. The Council will require certainty regarding the receipt of additional funding from NHSL and EIJB and I will not be able to recommend to Council acceptance of any directions where provision of funding is linked solely to achievement of delayed discharge targets.

The Council's provisional allocation assumes full implementation of £3m of savings through a programme of reviews through the Telecare and Support Planning and Brokerage projects. At this stage it is assessed that there is a high risk that these savings will not be achieved in 2018/19 with around 40 reviews completed to date compared to the business case target of c. 1,100. I would recommend that strengthened governance arrangements are implemented across these programmes as an urgent priority.

The mechanisms for addressing any overspend by the IJB remain to be clearly defined. I would be grateful if you could set out your proposals in this regard to ensure that proposed arrangements are clearly defined, bearing in mind the overall financial constraints currently facing councils.

I would be grateful if you could confirm the proposed delegated budget to the Council for 2018/19 together with the related directions at the earliest opportunity. If you require any additional information, please let me know.

Yours sincerely,

Hugh Dunn
Head of Finance

cc: Moira Pringle, Chief Finance Officer, EIJB
Karen Dallas, Principal Accountant (Health and Social Care)

Appendix 1

Senior Management Team Approved Budget	**2018-19 £000**	**Responsible Officer**
IJB Allocation 2017/18	**185,019**	
Investment and Expenditure Pressures		
Baseline uplift – Underlying Deficit 17/18	7,100	n/a
Pay Award and Superannuation uplift	1,907[1]	n/a
Sensory Impairment - Finance Circular 5/2017	30	n/a
Sleepover Scottish Living Wage	800	Moira Pringle
Free Personal Nursing Care	200	Moira Pringle
Inflation - Other contracts -Scottish Living Wage	2,200	Moira Pringle
Care Home Fee uplift National Care Home Contract	1,100	Moira Pringle
Demography - Older People – FYE of 17/18 Uplift	2,000	n/a
Demography - Older People	2,500	Moira Pringle
Demography - Disabilities	2,000	Mark Grierson
Additional Packages of care - Waiting List Backlog	4,300	Moira Pringle
Additional Packages of Care - Assessment Backlog	2,000	Sylvia Latona
Carers (Scotland) Act	1,200[2]	Wendy Dale
Staff Savings Deferred 2017/18	1,100	Moira Pringle
Savings and Funding		
Disability Services Review - Phase II	-700	Mark Grierson
Disability Services Review - Phase III	-500	Mark Grierson
Disability Services Social Care Fund	-500	Moira Pringle
Legal Services	-200	Colin Beck
Discretionary Spend	-200	Pat Wynne
Sleepover / Night-Time Services	-400	Mark Grierson
Transport	-200	Sylvia Latona
Charges - Domiciliary care and Care Homes	-400	Wendy Dale
Grants Review	-400	Wendy Dale
Workforce Management	-1,100	Pat Wynne
Service Transformation (Self Directed Support)	-1,000	Michelle Miller
Telecare / Support Planning and Brokerage	-3,000	Michelle Miller
Homecare and Reablement	-1,000	Mike Massaro-Malinson
NHSL – Additional Contribution	-4,000	Michelle Miller
EIJB – Additional Contribution	-2,300	Moira Pringle
IJB Provisional Allocation 2018/2019	**197,556[3]**	

[1] Includes £0.307m in respect of additional pension contributions
[2] £0.4m held by CEC pending confirmation of investment plan
[3] The plan assumes £4m of estimated investment and savings are "non- cash" and are achieved through Telecare, Support Planning & Brokerage and Homecare / Reablement

Lothian NHS Board

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To Chair and Chief Officer of IJB

Date 26 April 2018
Your Ref

Our Ref SG/AMcC/AWW
Enquiries to Susan Goldsmith
Extension 35810
Direct Line 0131 465 5810
Email - Susan.Goldsmith@nhslothian.scot.nhs.uk

Dear Colleagues

Budget Agreement 2018/19 – Edinburgh Integration Joint Board

The NHS Lothian 2018/19 Financial Plan was approved by the Board of NHS Lothian on April 4th. The Plan presents a projected financial gap of circa £21m and provides limited assurance on the achievement of a balanced outturn next year.

The Plan includes details on the planned receipt and allocation of resources for 2018/19. NHS Lothian is assuming the following additional funding streams (equating to a total uplift against the baseline allocation of 3.08%):

- £20.3m of uplift (1.5% on the baseline);
- £8.7m of an NRAC parity adjustment (bringing NHS Lothian to within 0.8% of parity, in line with all other underfunded Boards).
- £12.7m of Scottish Government funding to meet the additional cost of the enhanced pay awards for staff on Agenda for Change pay scales.

In distributing additional resources, a number of principles are recognised:

- The importance of maintaining integrity of pay budgets through an equitable application of budget uplift to meet pay awards;
- A need to use recurrent resources against recurrent costs as far as possible, particularly in relation to the baseline recurrent gap;
- A recognition that there will be certain national costs which are inevitable;
- Under the arrangements for financial planning there is an expectation that all Business Units will plan to deliver financial balance against their budgets and therefore there needs to be recognition of the relative efficiency challenge across operational units;
- A reasonable balance of risk for NHS Lothian in the context of its breakeven target.

Recognising these key principles, additional recurrent uplift has been prioritised against the following key areas:

- £24.7m to fully fund pay awards, including Agenda for Change;
- £8.6m to provide a recurrent funding solution to the uplift to prescribing for 2017/18, previously funded through non recurring sources:
- £5.4m to fund the additional costs in the new RHSC Hospital.

GP Prescribing has been a key financial challenge for both the IJB and NHS Lothian in recent years, and I am committed to ensuring the recent improvement in the Prescribing financial position can be sustained. To this end the following adjustments will be made to support Prescribing, in addition to the allocation of the £8.6m recurrent solution identified above:

- An estimated £2.5m of additional funding from non-recurrent sources will be allocated across IJBs to ensure that the total prescribing budget available in 2018/19 will be consistent with the prescribing outturn spend for each IJB in 2017/18. This principle is the same as 2017/18 arrangements;
- A further £2m of non recurrent support has been allocated to support delivery of Lothian-wide Prescribing efficiency initiatives, with £1.3m being allocated on an NRAC basis across the four IJBs, and the balance of £0.7m utilised against specific initiatives and infrastructure support (pending final agreement on its allocation and therefore not forming part of the budget allocation at this stage).

The IJB's share of the £2m Primary Care Investment monies (the second tranche) is also included in IJB budgets for the coming year. The revised baseline budget does not currently include additional expected allocations from the Scottish Government (eg Alcohol & Drug Funding). These balances will be allocated across IJBs once confirmation is received from the Scottish Government.

Table 1 below summarises the impact of these additions on your IJB. Note that the percentage uplift values against your baseline have been included. At this stage GMS has been excluded from this calculation on the basis it will receive additional uplift during the year. In addition, non-cash limited expenditure and budget is also excluded.

Table 1 – Budget adjustments for Edinburgh IJB, 2018/19

	Recurrency of Budget	Status	Allocation	Edinburgh IJB £'000	% uplift on base net of GMS
Baseline Budget 18/19	R	Delegated	Core	195,261	
			Corporate	1,207	
			Hosted	70,940	
	R	Set Aside		86,417	
	NR	Set Aside		(242)	
				353,583	
	R	GMS		70,570	
Total				**424,153**	
Additional Budget 18/19					
Pay Uplift	R			4,733	*1.34%*
Investment in Prescribing	R	Recurrency of 16/17		2,098	*0.59%*
	NR	2017/18 Outturn		2,085	*0.59%*
	NR	Efficiency initiative funding		752	*0.21%*
PC Investment share of £2m	R			1,140	*0.32%*
Other	NR			675	*0.19%*
				11,483	***3.25%***
Total Budget				**435,636**	

The baseline budget includes the 16/17 and 17/18 Social Care Fund; Drugs and Alcohol Partnership Funding; and adjustments during 17/18 in relation to Liberton Hospital.

Edinburgh IJB 2018/19 – 2022/23 Budget

At this stage the Scottish Government has confirmed arrangements to allow for a one-year Plan only. However, assumptions have been made in order to forecast forward into future years and the implications of assumed additional funding streams and their agreed application for Edinburgh IJB are shown below. The element of projected uplift is based on the assumption that future years' uplift will cover the cost of pay awards, with the value of pay award consistent with that for

2018/19: this remains subject to confirmation. At this stage, no further assumptions have been made around other uplift values. Table 2 shows the budget values to 2022/23.

Table 2 – Edinburgh estimated budget baselines to 2022/23.

		19/20 £'000	20/21 £'000	21/22 £'000	22/23 £'000
Baseline Budget	R	432,367	436,851	441,846	446,978
Additional Budget	R	4,862	4,995	5,132	5,272
Additional Budget	NR	78	0	0	0
Estimated Total Budget:		**437,307**	**441,846**	**446,978**	**452,250**

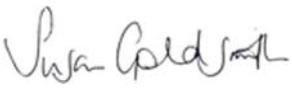
A more detailed breakdown of these constituent balances is presented in **Appendix 1**.

In addition, there are a number of additional funds which have been included in the Financial Plan for set aside functions, but which have not been included in the future years IJB allocations above as we do not yet have confirmation on how these resources will be allocated across each IJB (eg funding for new medicines). Once agreed, these allocations will further increase the total resources delegated to the IJB.

Finally, I can confirm that support services to the IJB, including Finance, will be provided on the same basis as previously. These resources are not included in the budgets set out above.

You will be aware that we have been working with CFOs to develop a revised cost and budget allocation model. This requires further work and agreement with both NHS Lothian and each of the IJBs, but I look forward to working with you on this important programme as we continue to collectively identify and action opportunities to develop health service delivery within available resources across your IJB.

Yours sincerely



Susan Goldsmith
Director of Finance
cc Chief Finance Officer
Enc

NHS Lothian

APPENDIX 1

IJB Budgets - 2018/19 to 2022/23

	Recurrency of Budget	Status	Allocation	18/19 Edinburgh IJB £'000	19/20 Edinburgh IJB £'000	20/21 Edinburgh IJB £'000	21/22 Edinburgh IJB £'000	22/23 Edinburgh IJB £'000
Baseline Budget	R	Delegated	Core	265,831	270,400	271,768	273,175	274,621
			Corporate	1,207	1,226	1,245	1,265	1,286
			Hosted	70,940	72,450	73,622	75,216	76,853
	R	Set Aside		86,417	88,291	90,215	92,190	94,218
	NR	Set Aside		(242)	0	0	0	0
Total				**424,153**	**432,367**	**436,851**	**441,846**	**446,978**

The baseline budget includes the 16/17 and 17/18 Social Care Fund; Drugs and Alcohol Partnership Funding; and adjustments during 17/18 in relation to Liberton Hospital

Additional Budget

Pay Uplift	R			4,733	4,862	4,995	5,132	5,272
Investment in Prescribing	R			2,098	0	0	0	0
Investment in Prescribing	NR			2,837	0	0	0	0
PC Investment share of £2m	R			1,140	0	0	0	0
Other	R			0	0	0	0	0
Other	NR			675	78	0	0	0
				11,483	**4,940**	**4,995**	**5,132**	**5,272**
Total Budget				**435,636**	**437,307**	**441,846**	**446,978**	**452,250**

APPENDIX 3

EDINBURGH INTEGRATION JOINT BOARD SAVINGS AND RECOVERY PROGRAMME 2018/19

	£k	Cash releasing	Accountable Officer
Telecare and support planning/brokerage	4,000		Angela Lindsay
Disability services (interim review)	1,200	Y	Mark Grierson
Legal services	200	Y	Colin Beck
Discretionary spend	200	Y	Pat Wynne
Review of sleepover and night-time services	400	Y	Mark Grierson
Review of transport	200	Y	Sylvia Latona
Review of charges	400	Y	Moira Pringle
Review of grants	400	Y	Moira Pringle
Workforce management (including agency costs)	1,900	Y	Pat Wynne
Homecare and reablement	1,000		Mike Massaro-Mallinson
Prescribing (locality quality initiatives)	3,226	Y	Locality Managers
Other schemes (including hosted and set aside)	1,823	Y	Various
Total	**14,949**		

Item 5.5

Report

Whole System Delays – Recent Trends

Edinburgh Integration Joint Board

18 May 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 has increased and continues to exceed target levels.
   - The main reasons continue to be waiting for packages of care (59% of the reportable total), followed by care home places (24%).
   - Continued pressures are also evident in the community, with the number of people waiting for a package of care increasing.
   - The number of people waiting longer than the standard timescales for assessment has decreased.
   - The number of people waiting for an assessment has been stable for the last three months and is reduced on the number waiting last autumn.
   - 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 with concern:

   i. the ongoing pressures and delays across the system, including delayed discharges 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.

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 April 2016 and March 2018, 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

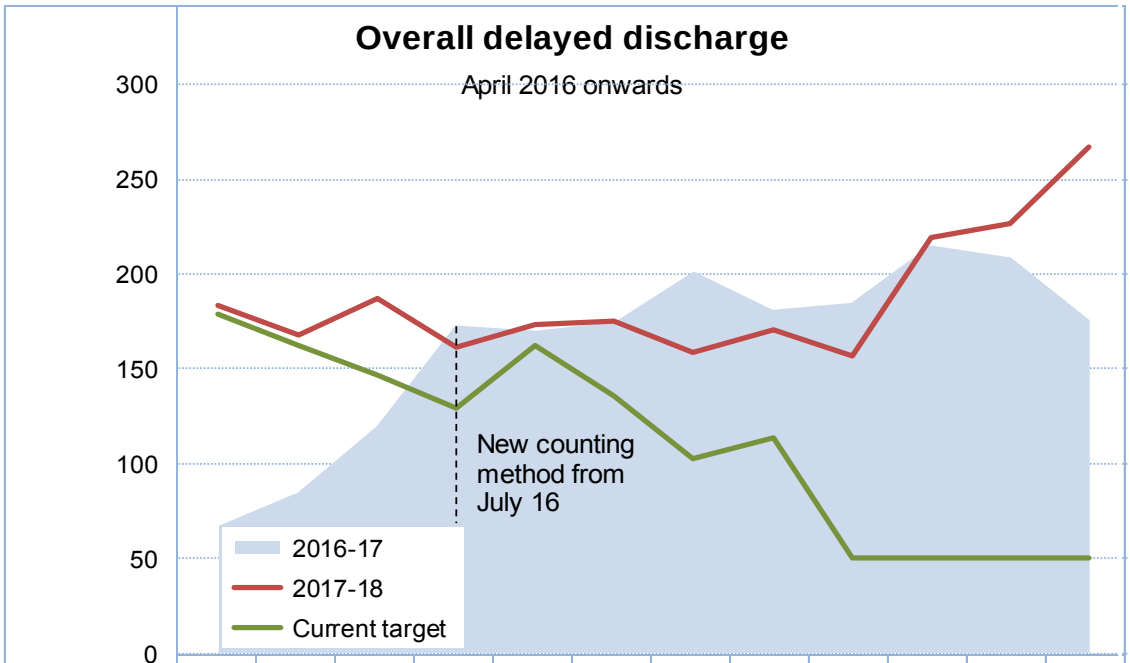
c) Table 2: the reasons for discharge from hospital being delayed

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 12 weeks to 16 April 2018; 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 April 2016 to March 2018 excluding complex cases – source monthly data reported to ISD



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016-17	67	85	120	173	170	175	201	181	185	215	209	176
2017-18	183	168	187	161	173	175	159	171	157	219	227	267
Current target	179	162	147	129	162	136	103	114	50	50	50	50

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

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Reportable Total	183	168	187	161	173	175	159	171	157	219	227	267
% in acute	83%	79%	79%	86%	86%	88%	77%	78%	78%	79%	79%	84%
Excluded cases (complex)	32	34	24	25	26	25	19	17	15	15	18	19
Of which, Guardianship	18	19	12	14	13	16	13	11	10	10	14	16
Grand Total	215	202	211	186	199	200	178	188	172	234	245	286

Table 2. Reasons for delay

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Assessment	30	28	29	13	13	15	9	21	27	39	33	42
Care Home	53	72	74	57	64	61	69	76	47	59	72	63
Domiciliary Care	97	65	81	85	92	94	76	71	79	119	119	157
Legal and Financial	1	1	1	2	0	0	1	1	1	1	1	1
Other	2	2	2	4	4	5	4	2	3	1	2	4
Total	183	168	187	161	173	175	159	171	157	219	227	267
% Domiciliary Care	53%	39%	43%	53%	53%	54%	48%	42%	50%	54%	52%	59%

Table 3 The number of occupied bed days for people aged 18 years and over who were delayed in hospital (April 2017 to February 2018 – latest available published data).

It should be noted that figures for Edinburgh, and other partners of NHS Lothian, have been revised following the identification of errors in reporting. These revised figures are shown in red.

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Bed days occupied	All delays	6,149	6,153	6,105	5,897	5,963	6,219	6,270	5,838	6,140	6,956	7,025
	Average number of beds per day	205	198	204	190	192	207	202	195	198	224	251
Type of delay	All delays excluding code 9	5,179	5,098	5,262	5,159	5,156	5,431	5,639	5,239	5,561	6,435	6,480
	Health and social care reasons	5,108	5,056	5,197	5,065	5,026	5,286	5,476	5,143	5,411	6,323	6,379
	Patient and family related reasons	71	42	65	94	130	145	163	96	150	112	101
	Code 9 reasons	970	1,055	843	738	807	788	631	599	579	521	545

Source: ISD Scotland

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

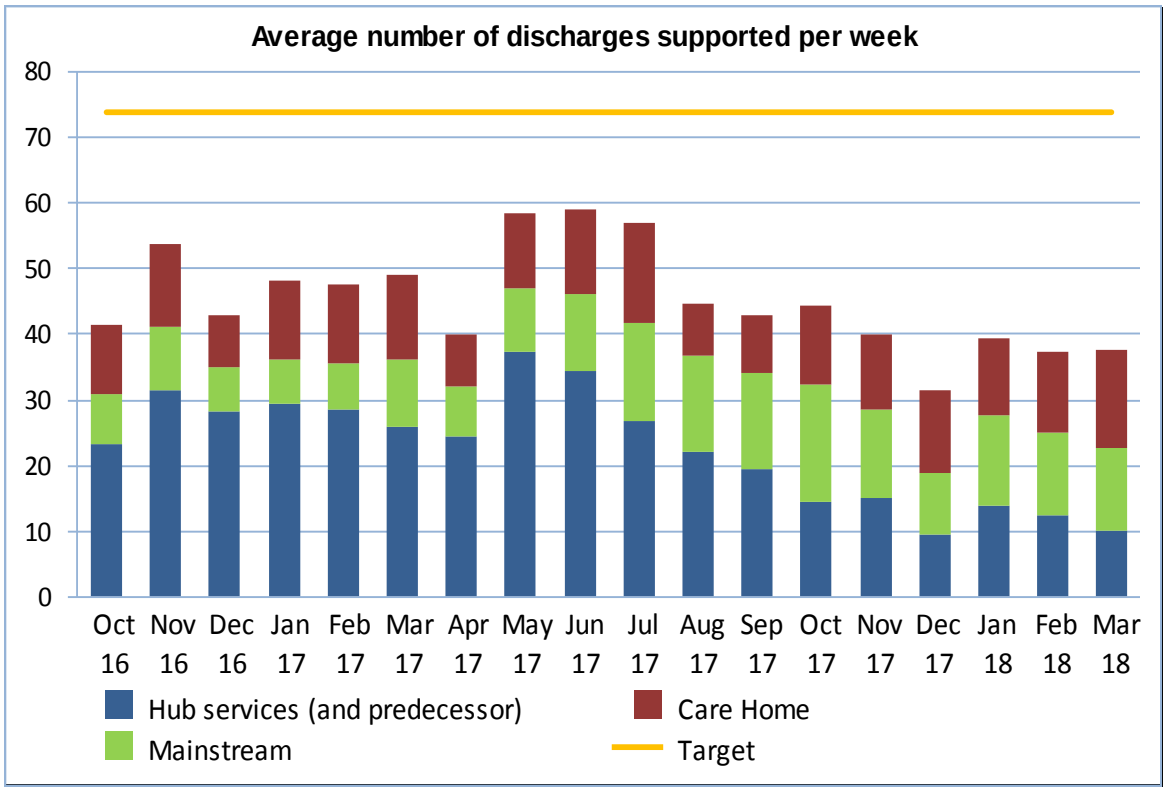


Table 4: Summary of delayed discharge flow (average over the last 12 weeks to 16 April 2018)

	Total
Average new delays per week	48
Average delays ended per week	46

Changes in performance

What has changed in the period and why?

- The total number of people whose discharge from hospital is delayed had remained fairly stable towards the end of 2017, but increased sharply in the first three months of 2018 due to the shortfall in care at home and care home capacity.

- Additional capacity was made available in Hospital at Home, community respiratory teams, the provision of weekend hub services and a GP practice operating on certain public holidays around Christmas and New

Year, however, acutely unwell people, particularly with flu and respiratory problems, still required hospital admission.

- The number of people whose discharge from hospital is delayed because they are waiting for an assessment is the highest in the last twelve months; the assessment process had started for the majority (38) of those 42 individuals.

- The number of people waiting in hospital for domiciliary care and other arrangements for support at home is very high at 157.

- The number of bed days occupied by people while they are delayed has been increasing for the last four months.

- The number of people becoming delayed each week has been slightly higher than the number ceasing to be delayed in seven of the last twelve weeks.

- 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, and the target that has remained thereafter.

The main ongoing challenges associated with addressing the number and length of delayed discharges are set out below.

- Two of the seven care at home partner providers have been suspended from taking on new support packages on the grounds of Care Inspectorate grades.

- The low level of uptake by providers of packages of care for people moving on from reablement is leading to reablement having reduced capacity for new people.

- Recruitment and retention of care staff – the local contracted providers have reported high turnover rates of staff in the region of 30-50%.

- Despite additional care home capacity coming on stream towards the end of March, there is a lack 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).

- An unwillingness of care homes to admit people with challenging behaviour and specifically an ongoing lack of specialist dementia beds.

Actions being taken

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

- 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:
    - detailed scrutiny of a sample of cases of individuals who are waiting for a domiciliary care
    - 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

Other activity across the localities.

- Weekly delayed discharge meetings in the localities to monitor and progress-chase.
- The block purchase of care home beds in a new care home, which although too late to impact fully on the March census, has contributed to a decrease in the number of people awaiting a care home place in the March census compared with the February census.
- Daily locality MATTs (Multi Agency Triage Teams) 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

People Waiting	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18
With HSC activity in the year	667	645	672	663	690	792	811	793	746	689	666	626
Without HSC activity in the year	813	847	856	889	882	1,044	1,167	1,171	1,045	903	898	956
Total waiting for Assessment	1,480	1,492	1,528	1,552	1,572	1,836	1,978	1,964	1,791	1,592	1,564	1,582

Chart 4. The percentage of people waiting for an assessment beyond the standard response time (urgent: within 24 hours; category A: 14 days; category B: 28 days)

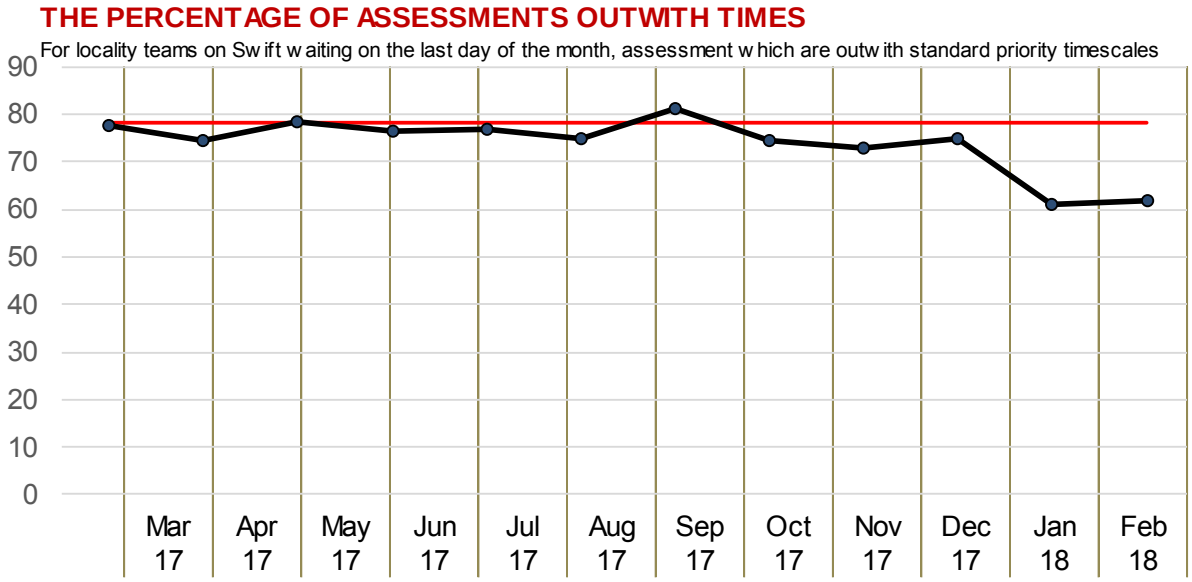


Table 6. Number of people waiting for domiciliary care by location and the number of hours of support required

	Total number of people waiting					Number of hours required
	With no service		Total	Reable-Intermed	Total	Grand Total
	Community	In hospital	waiting		waiting	
26/03/18	837	127	**964**	179	**1,143**	**9,534**
26/02/18	791	134	**925**	178	**1,103**	**9,104**
29/01/18	766	106	**872**	174	**1,046**	**8,699**
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**

Changes in performance

What has changed in the period and why?

- Locality working launched in the autumn of 2017 and as teams became more established, the assessment waiting list decreased from 1,791 at the end of November 2017 to 1,582 at the end of February 2018. However, of those waiting, 956 (60%) have not been assessed in the past year, and so are of more concern.
- The proportion of people waiting longer than the target times for assessment has decreased in January and February 2018 to just over 60%. 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 ten months; the number of hours required had been increasing also, apart from a slight reduction in November.

Actions being taken

What action are we taking in response to the data?

- As agreed by the Integration Joint Board as part of the short-term measures to address immediate pressures:
    - additional staff have been recruited on a temporary basis 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 future 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 contents of public information leaflets and 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 Chief Officer through the Integration Joint Board Chief Officers Acute Interface Group.

Background reading/references

21. None.

Report author

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Appendices

None.

Item 5.6

Report

Plan for Immediate Pressures and Longer-Term Sustainability
Edinburgh Integration Joint Board

18 May 2018

Executive Summary

1. This report sets out short-term actions that are underway, together with longer-term intentions, for the alleviation of pressures on services and budgets, and the service design changes necessary to support sustainability of health and social care in Edinburgh. The draft plan is attached as Appendix 1.

Recommendations

2. The Integration Joint Board is asked to:

   i. note the actions underway set out in the draft plan; and

   ii. endorse the medium and longer-term actions proposed.

Background

3. Over the past two years, the Health and Social Care Partnership in Edinburgh has struggled with a range of pressures that have impeded the progress aspired to by the Integration Joint Board, the City of Edinburgh Council and NHS Lothian. These challenges relate to resources, performance and the requirement for organisational integration of staff groups from two separate organisations. Many of the challenges are articulated in the Care Inspectorate/Healthcare Improvement Scotland report of the inspection of older people's services, published in May 2017.

4. Much work is being done to address the specific recommendations in the inspection report, which is subject to a comprehensive programme management approach, and reported regularly to the IJB and the inspectors.

5. In addition, the Partnership, in collaboration with Council and NHS Lothian colleagues, has developed a plan to both alleviate short-term pressures and create the environment that will allow longer term, sustainable change.

Main report

6. The draft plan at Appendix 1 is structured to set out first the key areas of development and change required. These cover: prevention; culture; demand management; service redesign; workforce development; business and IT support; and professional/clinical governance issues. The next section of the draft plan sets out short-term actions underway, which should be achieved in 2018/19, followed by the medium-term actions underway or planned for 2019/20; and finally, the longer-term changes necessary, which we should aim to achieve by 2012.

7. There are 3 annexes. The first sets out the current position regarding people delayed in hospital; the second shows the governance arrangements established to monitor progress against the improvements agreed; and the third provides the financial context for the work.

Key risks

8. There is a danger that a singular and exclusive focus on addressing immediate, short-term pressures will not create the conditions necessary for long-term, sustainable change. Achieving this change successfully is the only way to avoid repeated financial crises, year on year.

9. Conversely, energy and attention focused solely on the longer-term changes require will leave people at risk now. The Partnership, IJB, Council and NHS Lothian must manage improvements across both these dimensions.

Financial implications

10. The precise financial requirements to deliver sufficient services to meet the long-term needs of the people of Edinburgh to an acceptable standard are difficult to determine when performance and capacity are not in balance. In the short-term, additional resources have been specified to assist in getting the Partnership into a steadier state (see Annex 3 of the plan). Thereafter, the long-term financial commitment required will be determined and reported to the IJB.

Implications for Directions

11. Any directions required to support the delivery of the plan will be brought to the IJB as part of the decision-making for each individual project or programme.

Equalities implications

12. An Integrated Impact Assessment would be undertaken in respect any proposed changes that require it.

Sustainability implications

13. As for equalities implications.

Involving people

14. A draft of the plan has been commented on by several Partnership and IJB stakeholders, including the Council and NHS Lothian. Engagement and consultation will be a key characteristic of any service or policy changes that might be proposed as part of the implementation of the plan.

Impact on plans of other parties

15. As above.

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Appendices

Appendix 1	Edinburgh Health and Social Care Partnership – Plan to alleviate immediate pressures and establish the environment for longer term sustainability

Edinburgh Health and Social Care Partnership – Plan to alleviate immediate pressures and establish the environment for longer term sustainability

Introduction

The Edinburgh Health and Social Care Partnership (the Partnership) is subject to significant pressures across many dimensions, including: operational delivery; performance against targets, standards and quality; strategic planning; financial constraints; market shaping and capacity. In addition, the Partnership needs organisational development support to assist in the cultural changes required in bringing two historic agencies together, and business support to assist in the establishment of robust operational processes to ensure effective service delivery.

The Statement of Intent and Improvement Plan produced by the Partnership in the autumn of 2017 categorise the individual actions required to address a range of improvements across these dimensions. This document sets these actions in a wider context of the transformation necessary to get the Partnership from its current crisis position to a steady state, with resources and performance in balance, and with the capacity to meet the needs of adults for health and social care in ways that reflect their wishes; that are sustainable in the face of long-term demographics and budget constraints; and to a standard that meets the expectations of the city and the regulatory bodies.

The Edinburgh Integration Joint Board (IJB) was legally established in June 2015. It agreed its first Strategic Plan in March 2016 and took on full responsibilities and powers in April 2016.

Following the formal establishment of the IJB, attention focused on the integration of staff groups from the two partner organisations (the City of Edinburgh Council and NHS Lothian), and the associated restructuring, organisational review and meeting of agreed savings targets. Although this activity was necessary and legitimate, it detracted from the operational delivery improvements that were required.

Although the range of IJB and Partnership responsibilities is extensive, much of the attention to date has focused on the critical, but relatively narrow area of people in acute hospitals whose discharge home or to more appropriate settings is delayed. The disproportionate negative impact on people's health and well-being of remaining in hospital when there is no clinical need to be there, coupled with the high cost of this inappropriate care and the damaging impact on other parts of the health and care system, is the reason for this understandable attention. Addressing it effectively will have much wider positive outcomes for the whole system, creating as it should the capacity and resources to support a higher volume of people in need.

Despite the inevitable emphasis on people delayed in hospital, the Partnership and IJB are aware of the needs of a much higher number of people living at home who also depend heavily on support. The improvements set out in this paper are intended to benefit *all* the citizens of Edinburgh who need health and social care services, support and protection.

The extreme pressures on the whole system and the urgency with which these need to be tackled led to two positive decisions. First, the acknowledgement from the IJB, the Council and NHS Lothian that additional financial resources are required; and second, that concerted, shared effort and non-financial resources are also needed over the short- to medium-term. These resources and commitment must be coordinated and targeted effectively if they are to have a lasting, positive impact. Whilst an immediate relief of the pressure on the system is required, more sustainable, long-term relief depends on a different use of resources, and the former should not jeopardise the latter if we are to avoid a vicious cycle of recurring crises.

The IJB has agreed outline strategic commissioning plans for: older people; mental health; primary care; and disabilities. During 2018, these will be developed into full strategic commissioning plans, which will provide the detail and the financial implications of many of the issues set out in this paper.

Set out below are **eight** key categories across each of which sustained change is required to achieve the ambitions of the IJB and the Partnership. Each section includes a brief explanation of the key issues. This is followed by proposals for the use of additional resources in support of the short-term **(2018)** relief of immediate pressures, and the medium-term **(2019)** actions required to ensure the right context for the change the partners are seeking. It then sets out the Partnership's long-term vision **(2021)**, and the activity that depends on a sustained commitment to ensure these changes make a permanent difference, given the known demographics of need and likely future resource constraints.

1. **Prevention** – we need a sustained and meaningful shift of attention and resources towards preventative and early intervention activity that will reduce dependency on acute services and crisis support. This activity must range from universal/life-style support in early years, to secondary and tertiary prevention at each life-stage and dependency state. At the secondary/tertiary end of this spectrum, there needs to be an expansion of our support to carers, respite, etc., which will lead to a reduction in presentations and admissions to hospital, as well as improvements in general well-being and independence. Without such a shift, the care and support system as we know it will be unsustainable in the near future, overwhelmed by higher and higher levels of acute need.

2. **Wider cultural change** – our traditional model of health and social care support is based on expectations that formal care will be provided largely by public services, as part of a long-standing social contract, based on taxation contributions in exchange for universal benefits. Whereas the public funding envelope has reduced significantly in recent years, public expectations regarding the level and standard of provision have not reduced to the same extent. We need to begin a 'big conversation' with stakeholders about what it is realistic to expect in terms of public service support, and what might be a reasonable contribution to people's care from individuals, their relatives, their neighbours and their communities. Self-directed support is intended to assist in this cultural shift. It seeks to replace our current model of **deficit-based** assessment ('what is wrong and what can public services offer to fix the problem'), with a **strength-based** approach ('what are all the things you can do, either independently or with informal family/community supports, and what is the residual gap, if any, for which public services are required'). There is evidence that formal care is over-prescribed in Edinburgh, and that the tolerance to risk is lower than in other areas. For example, at 16.58 hours per person, Edinburgh has the third highest average hours per person in Scotland. In comparison, Aberdeen provides an average of 12.70 hours per person and Glasgow 9.30 hours per person.[1] These characteristics are impacting on the Partnership's capacity to meet expectations. There is a difficult balance to achieve here. It will require open and honest debate regarding the relative risks to people waiting without support for services they may never receive, against changing expectations to assume more personal/family/community contribution to self-care and support.

   Full and effective integration also requires significant cultural change for staff. The organisational development work on which this depends needs to be formalised and resourced.

[1] http://www.gov.scot/Publications/2017/12/3849

3. A **Reduction** is required in the volume of demand and expectation that is generated from initial requests for assistance. At present, all requests for health and social care are screened, however, most still progress to a waiting list for an assessment. Following assessment, most then result in a wait for allocation of a formal service. This results in long waits at each stage; unmanageable pressure on capacity; high levels of dissatisfaction; and often unnecessary expenditure. We need to redesign the system to create opportunities at each stage in the process for people to receive the right information or support at the right time. A new system would need to include:

    i. accurate web- and telephone-based information about: eligibility levels for formal services and realistic waiting times, alternative community supports, information about self-care/self-help and private providers of domestic services and care and support, benefits advice, charging, etc.
    ii. opportunities for self-assessment and direct access to equipment

4. This will reduce the volume of people waiting for an assessment; it will increase satisfaction rates because people will be able to access relevant and appropriate help either directly or much faster. It will speed up our response times, reduce 'false positives' and align the need for formal care more closely with its availability. This will leave **a smaller volume of higher level need** for formal care at home, residential and nursing provision, or other specialist care. This smaller volume will allow the Partnership to commission higher quality care at a market rate that ensures both capacity and sustainability.

5. This change of landscape must be complemented by a **redesign** of some of the Partnership's internal, high cost, direct care services. These include **Hospital at Home, Reablement, Intermediate Care, and other similar intensive support**, including emergency responses. At the time of the Partnership's organisational review, these relatively small individual services were disaggregated to the localities. It is not clear whether this was the best option, and the Partnership, together with NHS Lothian and the Scottish Government, is exploring options for redesigning a more substantive, specialist service, focused on alternatives to admission to hospital and facilitating early discharge. This will need to complement an **increase in effective, bed-based intermediate care**. Effective intermediate care can reduce dependency by up to 35%[2], and the Partnership must develop this form of care as a major contributor to prevention and demand management. This redesign must include faster and more effective matching of provision to individual need.

6. **Workforce development**: effective integration requires a focus on organisational development, leadership and support for staff groups who are being asked to work in a new environment. The factors driving the choices we need to make to deliver sustainable services cannot be limited to counterbalancing the impact of demand growth and budget reductions through prevention and a shift in the balance of care and/or a reduction in overall entitlement. In addition, the Partnership needs to consider the shape, size and skill mix of the workforce it will require to operate effectively in the landscape we are trying to mould. The Partnership must also shape a 'market' that will provide a skilled and sustainable workforce, from which we can commission the services described in our strategic plans. We need to consider how we support the costs of the Fair Work Convention and the Living Wage; and how the policy intentions of self-directed support,

[2] National Audit of Intermediate Care – Summary Report England, November 2017, NHS Benchmarking Network Document Reference NAIC2017

integration, prevention and self-care are accommodated. Health and social care job demand is projected to rise; however, similar growth is forecast in the retail and hospitality sectors, and competition for the low paid workforce between sectors is likely to become fiercer. Edinburgh is already carrying significant recruitment and retention challenges in respect of adult social care. Alongside this, the necessity to invest in and grow the low paid/low skilled early years workforce to deliver on the Scottish Government's commitment over the next 18 months will undoubtedly be to the detriment of the local adult social care workforce, and will add to the pressures to meet demand through the current models of care.

This added depth to the picture gives us an imperative for change. Without radical renegotiation and redesign, we will not have the people to deliver the type and level of care that citizens expect. The fact that the status quo is unsustainable on this very tangible level is an opportunity to unite and increase our risk appetite for: investing in prevention; a radically different model of care at home; increased volunteering; and support for carers. It also points to a need for a more proactive approach to empowering and supporting self-management, realistic care and a continued move towards self-directed support and active demand management.

7. The Partnership's ability to focus on these critical and transformational priorities is dependent not only on financial resources and a timetabled, monitored action plan, but also requires **adequate business support, processes and IT infrastructure**. The organisational review, which began integration and structural change in 2016, was not completed, and was not supported by sufficient consideration of the need for organisational development, information technology, business processes and communication. The move to localities requires further work and support if the anticipated benefits are to be realised in full. The effective implementation of improvement plans needs to be adequately resourced with project management, organisational development and business support. In addition, further, smaller scale service reviews remain outstanding, leaving staff uncertain, improvements at risk, and savings/efficiency targets unmet. Examples of required reviews include strategic planning, commissioning and contracting; primary care support; service access (Social Care Direct); telecare/ community equipment services; and intermediate care/reablement/Hospital at Home.

8. **Professional/clinical governance and quality** – the integration of staff groups with different employers, terms and conditions and professional backgrounds, requires careful consideration of a range of HR issues and governance arrangements. Each professional group is subject to the registration requirements of a different governing body and to that body's code of conduct. Notwithstanding these different expectations, the principles of integration require the seamless delivery of coherent, coordinated services. The Partnership is seeking to integrate the management of services and governance and quality assurance systems, whilst maintaining clarity regarding different lines of professional and clinical accountability. Further work is required in this area to provide all stakeholders with the necessary assurances.

ACTION

Short Term – 2018

Addressing the critical pressures on the system caused by people delayed in hospital and people awaiting assessment in the community is the immediate priority for the Partnership. Improvements achieved in learning disabilities and mental health services provide an example of how a strategic approach to transformation and capacity-building should support the changes needed in older people's services. **Annex 1** sets out the current position regarding

delays in hospital, together with the key contributory factors. Short-term improvement actions centre on addressing these factors and are summarised below.

- A project has been established to clear the waiting list for assessments. Funded on a temporary basis, a team of assessors has been appointed and trained. The project aims to clear all assessment waits by the end of July 2018. The project manager is seconded from one of the localities, and will now also manage the agreed review of high cost transport for people with learning disabilities, which aims to align the meeting of assessed need with the promotion of independence and a reduction in costs. **Underway**

- The implementation of self-directed support is being refreshed to ensure a meaningful shift to this new way of assessing need and brokering appropriate levels and type of support. The intention is to meet people's expectations quicker and more effectively, and make better use of individual strengths and family/community resources and assets, both maximising and prolonging independence. A Support Planning and Brokerage pilot in North East is progressing this work. The project is seeking to effect major culture change, providing flexible and safe support, focused on "good conversations" about what is important to people. The project will involve widescale reviews of existing packages of care, identifying creative and more cost-effective alternatives to traditional services wherever possible. Rather than await its conclusion, this will now be accelerated to allow the anticipated benefits to apply across the city at a faster pace. The staff training schedule has been extended between April and December 2018, so that a cohort of staff from all localities and some hospital staff will be able to adopt the new approach. The training programme includes provision for 'training the trainers', which will allow Partnership staff to deliver the training on an ongoing, sustainable basis. **Underway**

- This training will support the related action to redesign the assessment process, which will apply a strength-based approach and emphasise self-directed support. The underlying principles are that informal supports should be explored to support individual strengths, and formal care will only be required where residual needs cannot be met in this way. This will begin to change the culture of assumed dependency, and free up capacity. The new assessment will be closely aligned to the redesigned carers' assessment, which has been co-produced with carers, in readiness for the introduction on 1 April 2018 of the new carers' legislation. **Underway**

- A programme to design the optimal model for the provision of community-based services to support people to live at home in Edinburgh is underway. This will consider the sustainability and affordability of meeting the current and future demand. The programme is aligned to the Edinburgh Health and Social Care Partnership's early intervention and prevention activity to manage demand and build individual and community capacity and resilience. The programme will take account of the changing nature of care and support needs, including increasing people's choice and control through self-directed support. The work will consider options to develop a market fit to meet future needs in collaboration with providers, service users, carers, care workers, representative bodies and trade unions to coproduce the new specification. This will include plans for the commissioning and re-procurement of the Care at Home contract to replace the current contract due to expire in 2019. The programme will also address the longer-term focus for internally delivered services within the overall strategy to meet the demand for both mainstream and specialist support. This dedicated programme of work is being established to respond to current capacity challenges and to design the future model. The key elements are set out below.

- Opportunities to manage demand more effectively and reduce costs based on analysis of the capacity required. This will take account of the shift to a more asset-based approach, drawing upon individuals' and community resources and strengths. The Support Planning and Brokerage approach encourages innovation in service development by empowering people to transition from being passive recipients of limited services to active, self-directing consumers of a full spectrum of local support and care solutions.
- Opportunities to improve or change the current Care at Home contract to increase capacity and make more effective use of external provision for delivery of mainstream care.
- Redesign of internally delivered Reablement, Intermediate Care and Homecare to optimise value for money and effectiveness will be within the scope of this work.
- Identifying preferred option/s for an alternative delivery model to blend external and internal delivery of mainstream and specialist services. **Underway**

- Purchase of additional care home beds has been under negotiation between the Partnership and the independent sector since the proposal was approved by the IJB in December 2017. This capacity will begin to come on stream at the beginning of April 2018. In addition to relieving some delayed discharge pressure, it will also allow for consideration of the shape and type of residential, respite, nursing and intermediate care beds required in the longer-term. This intention is reflection in the outline strategic commissioning plan for older people, and will developed in detail in the full strategic commissioning plan for older people, which will be produced by December 2018. **Underway**

- The process of matching assessed need to supply of formal care must be accelerated. A pilot has been agreed with a private company specialising in matching. The pilot is at no cost to the Partnership. The model mirrors that used by online companies for hotel or travel bookings. The pilot will run for 6 months and then be reviewed by the Partnership. If successful, it will contribute to reduced delays and improved satisfaction rates. It will also free up current Partnership matching resources to be applied in support of other improvement projects. **Underway**

- Hospital at Home is operating in the South-West and South-East localities, and was funded through additional Scottish Government resources for winter planning to operate in the North-East until the end of March 2018. There is no provision in the North-West. This service has the potential to make a far more significant contribution to reducing admissions to hospital, shortening length of stay and accelerating discharges. Formal evaluation of the cost benefits is required, together with consideration of how other specialist in-house domiciliary services could be reorganised to complement Hospital at Home. This would include reablement, intermediate care and rapid response services. The 2016 organisational review disaggregated these services across the four localities. A review is required to confirm whether this is the correct deployment of these resources or whether an alternative might improve responsiveness, coordination and access. A workshop for Partnership, NHS Lothian, Council and Scottish Government colleagues took place on 1 May and began to scope the options to deploy these resources more effectively. This is a significant opportunity to help reduce admissions to hospital, shorten stays, and accelerate discharge, whilst also making much better use of the Partnership's highest cost domiciliary services. **Planned (requires project management capacity)**

- A data cleansing and business process improvement project was agreed to assist with finalisation of the move to localities, which had not been achieved within the original planned timescale. This is timetabled to conclude by the end of March 2019.

Underway

Medium Term – 2019

Increased support to carers will contribute significantly to reducing the need for formal care, and to the avoidance of admissions to hospital. Preparation for the new carers' legislation is on track, and the intention to increase the availability of respite beds, as part of the older people's strategic commissioning plan, will supplement this.

In addition, the Partnership supports voluntary organisations in Edinburgh through grant funding of approximately c£4.5m. A review of how these resources are targeted to drive forward our agreed priorities of tackling inequalities, and enhancing prevention and early intervention has begun. As with support for carers, the intention is to help reduce the demand for formal care. **Underway**

Benchmarking data (see footnote 3 above) suggests that there is an over prescription of formal care in Edinburgh, and figures indicate that the average support allocation for higher dependency is some 5 hours per week above the national average. The Partnership's performance for reviews is poor, with over 5000 reviews outstanding. A programme of prioritisation has been developed, focusing on the highest cost packages and those where it is considered that appropriate reductions could be made, freeing up capacity to meet the needs of people waiting for a service. **Planned**

Making significant inroads in this area will require changes on different levels, from the new assessment/review procedure to a change in culture of expectation, and tackling a long-standing, if anecdotal, history in the city of risk aversion. Developing a culture of realistic care, akin to the Scottish Government's realistic medicine initiative, will require engagement of all Partnership staff, acute clinical/nursing colleagues, local and national politicians, regulatory bodies, partner organisations and most importantly, service users and their families/carers. The principle that should underpin our approach to assessment is that an acute setting is the wrong place to consider a person's short- or long-term support needs. The assumption should be that a person who does not need to acute medical care should return home or be discharged to an intermediate care service for their needs to be assessed. **To be planned (requires project management capacity)**

The move to localities reflects the intention to bring service planning, performance and quality closer to local communities. In the implementation of this new model, consideration needs to be given to whether the current single point of access to services for the whole city remains the most effective process, or whether it creates duplication, delays and the danger of risks and vulnerabilities being missed. An options appraisal for access is under development and will be considered by the Partnership in May, followed by a report to the IJB, for an anticipated implementation during 2018/19. Irrespective of the outcome of this options appraisal, there is a need to consider the business support requirements for the localities to function as envisaged. These requirements will be reviewed as part of this work stream. **Planned**

At present, a significant proportion of requests for support are routed to the Partnership and join a queue for an assessment. This creates pressure on the system, delays in response times, and potentially increases risk and vulnerability. We need to develop a service offer that includes the opportunity for self-assessment and signposting for direct access to equipment and informal supports; and clearer communication regarding eligibility. Directing people to more appropriate assistance or resources at their first point of contact controls expectations and reduces demand on formal services. This would bring into better balance the demand for professional assessment and the staffing resources to complete these within our agreed standards. A more varied and responsive community-based landscape of informal supports is

consistent with our ambitions to prolong independence. **To be planned (requires project management capacity)**

Longer Term (2021)

Without undermining or underestimating the critical priority to address the immediate pressures facing the Partnership, the deployment of resources and energy needs to support the achievement of the IJB's longer-term vision, the main characteristics of which are summarised below.

- A profound shift in whole system culture will have been achieved in three years, with a clearly understood emphasis on supporting higher numbers of older people, people with disabilities and people with mental health problems to live in the community for as long as possible. The profile, particularly of older people living the community, will have changed markedly. They will be frailer and with higher levels of need than at present.

- Significantly more efficient use will be being made of the acute system. The Partnership's anticipatory care activity will reduce the need for attendance at hospital, and only those people with genuinely acute medical needs will be occupying hospital beds.

- Where people are being supported in the community by formal services, they will experience a more joined up and coordinated input from Partnership staff, irrespective of professional role. These formal services will complement a wide and varied range of community supports, which will form the mainstay of a preventative and person-centred approach to health and social care in the city.

- There will be more effective co-ordination between Partnership and acute staff and systems. The Partnership will be operating in a steady state regarding delays. The focus will have turned to the front door of hospitals and the joint activity needed in relation to unscheduled care. This will bring significant changes in pathways, processes, staff and clinical roles and responsibilities, and how resources are deployed across the whole system.

- Fewer older people with non-medical needs, such as loneliness, will present to their GP, but will instead be more connected to the community supports we will have helped to build across the city. This will assist us to make the best possible use of GP time and resource, particularly as clinical activity is shifted away from the acute system.

- There will be an even greater emphasis on family and carer support, building on the significant progress made in preparing for the requirements of the new carers' legislation. Families generally want to maintain their caring role in the community for as long as possible. The Partnership will help many more families achieve this, reducing demand for paid support.

- There will be a greater and more effective application of technology to help sustain both the carers' role and community living. This will combine the use of technology-enabled care for people with higher level needs who require support from the Partnership, with generally available technology that individuals and their families may choose to purchase from the open market to provide reassurance at the early stages of frailty.

- There will be closer and more effective partnership working with the housing sector in the city to help maintain tenants in their home for longer.

- The care home sector will look different. The resident population will have much higher levels of dependency and the average length of stay will be shorter, as people are supported for longer in their own home. This will present challenges to both the independent sector and the Partnership's own provision, in terms of staff skills mix and specialist clinical support for GPs, if we are to avoid revolving door admissions to hospital.

- The Partnership's collaboration with the third sector in the city will have matured further, building on the activity of recent years. The third sector has a key role in supporting and enabling the city's residents and mitigating against their premature presentation to the health and social care system.

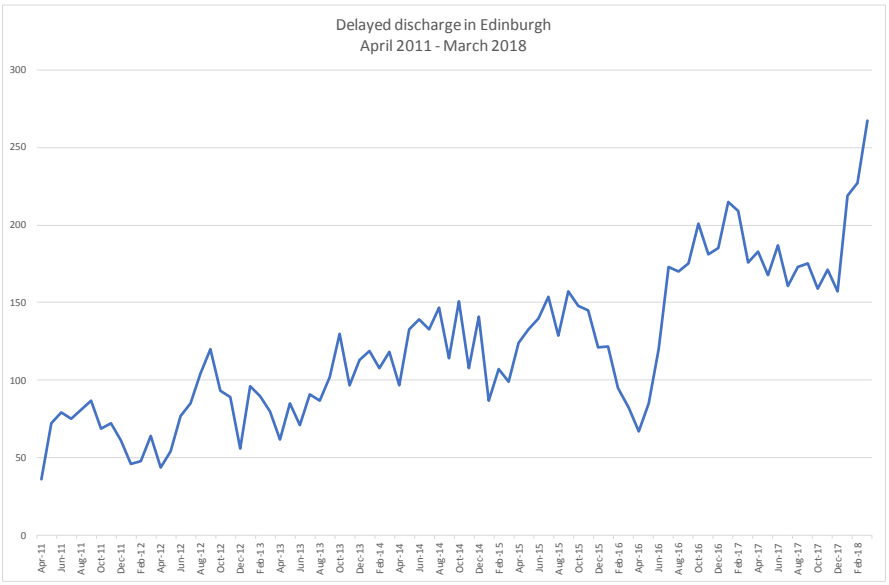
Annex 2 sets out the current arrangements for the governance of the plans set out here.
Annex 3 sets out the financial planning for achieving the actions articulated above (investment and disinvestment); and shows the planned trajectory for the impact of increased capacity.

Michelle Miller
May 2018

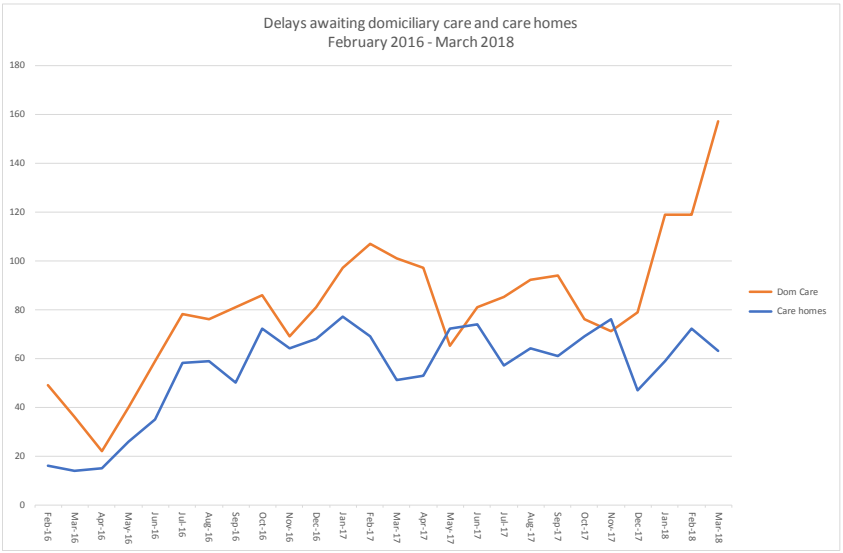
Annex 1

Delayed Discharges from Acute Hospital

1. Delays have been rising since April 2016. Any slight downward trend during 2017 was not sustained, and in March 2018 these remain critically high.



2. The main reason for delay generally continues to be people waiting to go home. This has increased noticeably in recent months. The graph below shows the number of people waiting for a care home place and those waiting for a package of care for the last two years. Prior to April 2015, the reason for delay was generally waiting for a care home place.



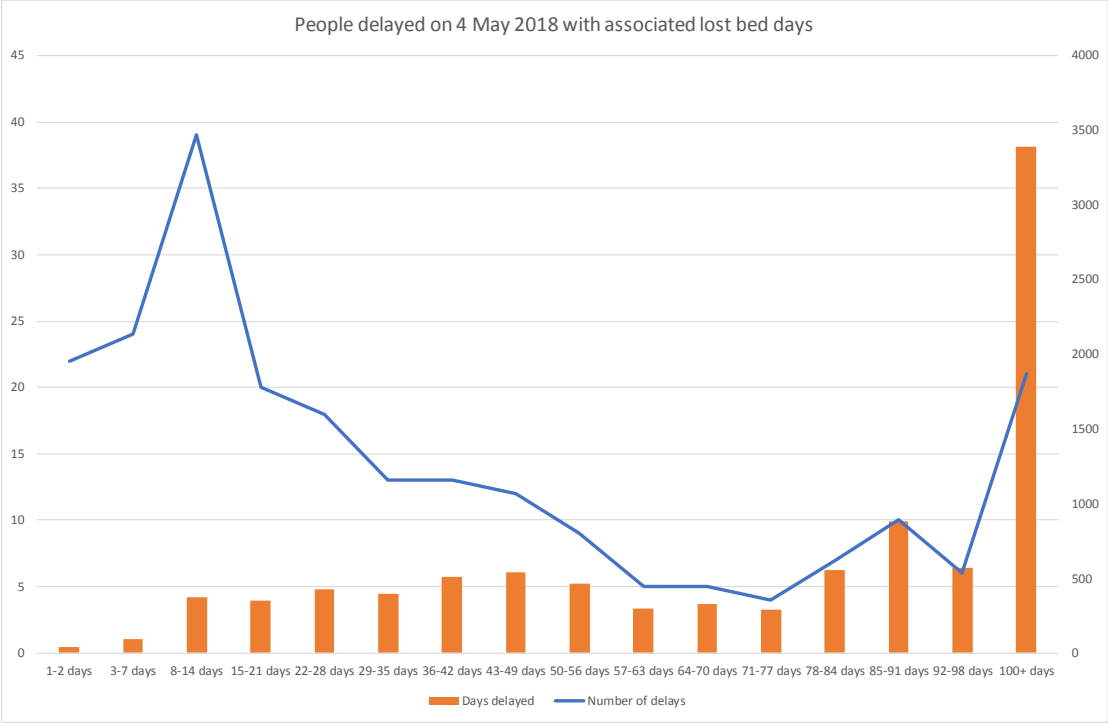
3. At the February 2018 census, there were 7,025 bed days lost associated with delays for Edinburgh residents (compared with 8,525 in May 2015). Although this is an improvement, Edinburgh compares poorly to other partnerships across Scotland. In addition, in January 2018, Edinburgh had

the third highest number of delays due to people with incapacity for whom court processes are required to allow decisions to be made on their behalf.

4. Overall, delays are spread almost equally throughout the city, slightly fewer in North East, explained by the lower older population in that locality and South East, however complex delays are concentrated in South East. The number of complex delays in South East, has been reducing in recent weeks. The two western localities are both similar in terms of reportable, complex and overall delays. The early-May figures indicate the following number of delays by locality:

	Reportable	Complex	Total
North East	49	1	50
North West	72	2	74
South East	41	8	49
South West	60	0	60

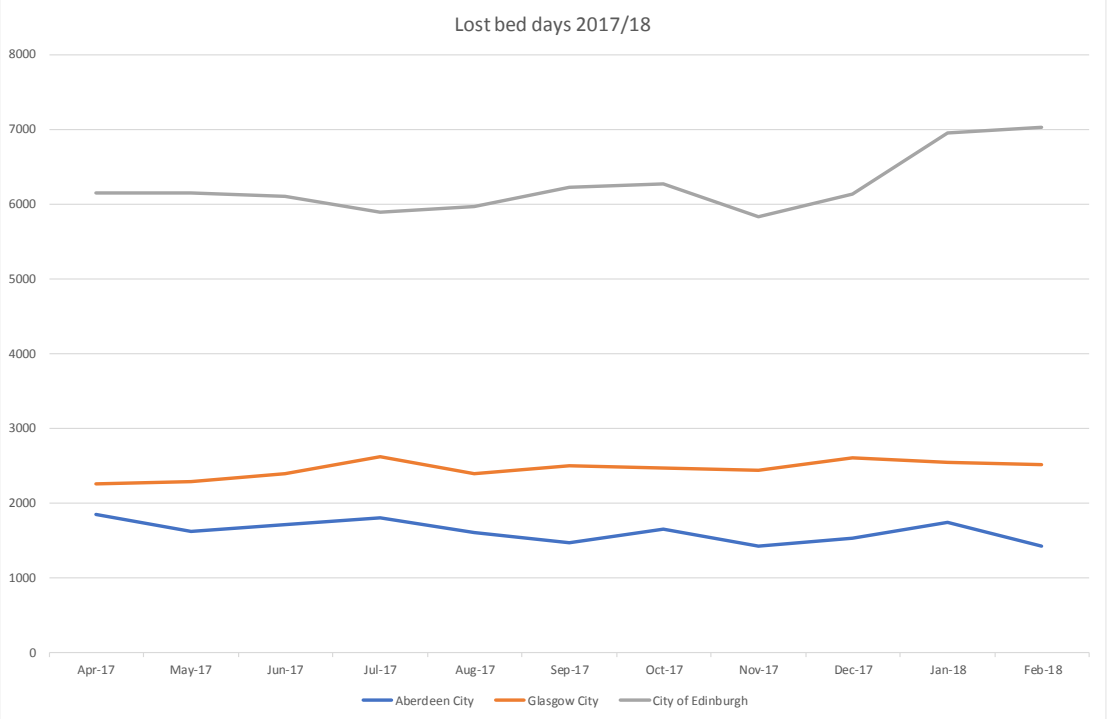
5. The number of people delayed for reportable reasons by delay length, and the associated lost bed days, are shown in the graph below. Over half the people delayed are delayed for less than one month with a fifth delayed for less than a week. There is a spike in people delayed for 13 weeks and for 15 weeks or more.



6. Although the number of lost bed days was relatively stable in Edinburgh during 2017, the number of lost bed days has increased since November. The number of lost bed days in Glasgow were substantially lower and more comparable with Aberdeen, despite the difference in population size. One reason for lost bed days being lower in Glasgow is the 90

Intermediate Care beds available as step-down and step-up. Glasgow commissioned these beds to reduce delayed discharges by providing a more appropriate setting for assessment, matching and rehabilitation.

7. Note that the lost bed day figures for Edinburgh, and other authorities where the delayed patient was in an NHS Lothian hospital, have recently been revised for the five months from September 2017 to January 2018. This is due to a coding error that has been identified for patients whose delay ended between census date and the day that the file was submitted to ISD.



8. Set out below are some of the key factors contributing to this performance.

    a. Too many older people are admitted to hospital when there could/should be safe and effective alternatives; and too many people remain in hospital because there is a perceived risk in discharging them. This risk averse culture does not take account of the risk to people of remaining in hospital when they no longer need to be there.

    b. There is a lack of intermediate care provision, either home- or bed-based. Intermediate care provides a far more appropriate setting in which people's needs can be assessed accurately. In addition, research shows that effective intermediate care can reduce dependency by up to 35%, impacting positively not only on outcomes for people, but on cost and system capacity. Sufficient volume of intermediate care will be a core contributor to significant

reductions in people delayed in acute settings.

c. The Partnership's specialist 'in-house' provision is piecemeal, high-cost and not coordinated effectively. This constrains capacity and efficiency, producing both gaps and duplication.

d. Assessment and authorisation processes are cumbersome and bureaucratic, as is service matching, and there is a culture of assumption that all need must be met by formal services.

e. There is a shortage of care home capacity at the National Care Home Contract rate; and a shortage of care at home capacity at the current contract price or at the standard required by the contract.

f. This lack of capacity is compounded by a tendency to over-prescribe care (as compared with other partnership areas), and by poor performance in reviewing provision.

9. The actions set out in the main document, in the Statement of Intent and in the Improvement plan are all intended to address these issues.

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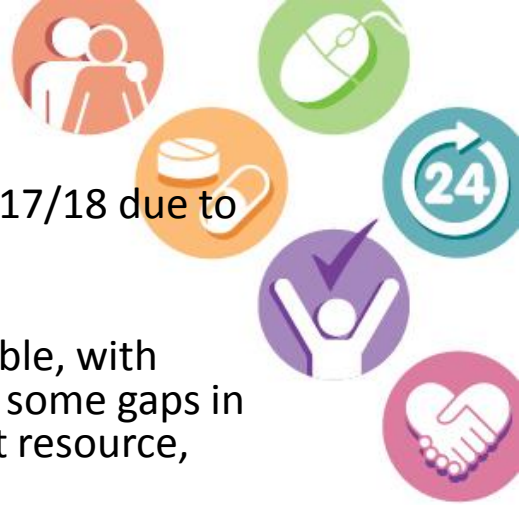
Annex 2

Edinburgh Health and Social Care Improvement Programme 2018/19

Delivery Approach and Resourcing

March 2018

Summary



- Key workstreams failed to deliver all the anticipated benefits in 2017/18 due to a lack of dedicated resource to drive progress.

- The scope of the 2018/19 programme needs to be more manageable, with appropriate resources allocated to support delivery. There are still some gaps in terms of both Senior Responsible Officer and project management resource, and these need to be resolved as a matter of urgency.

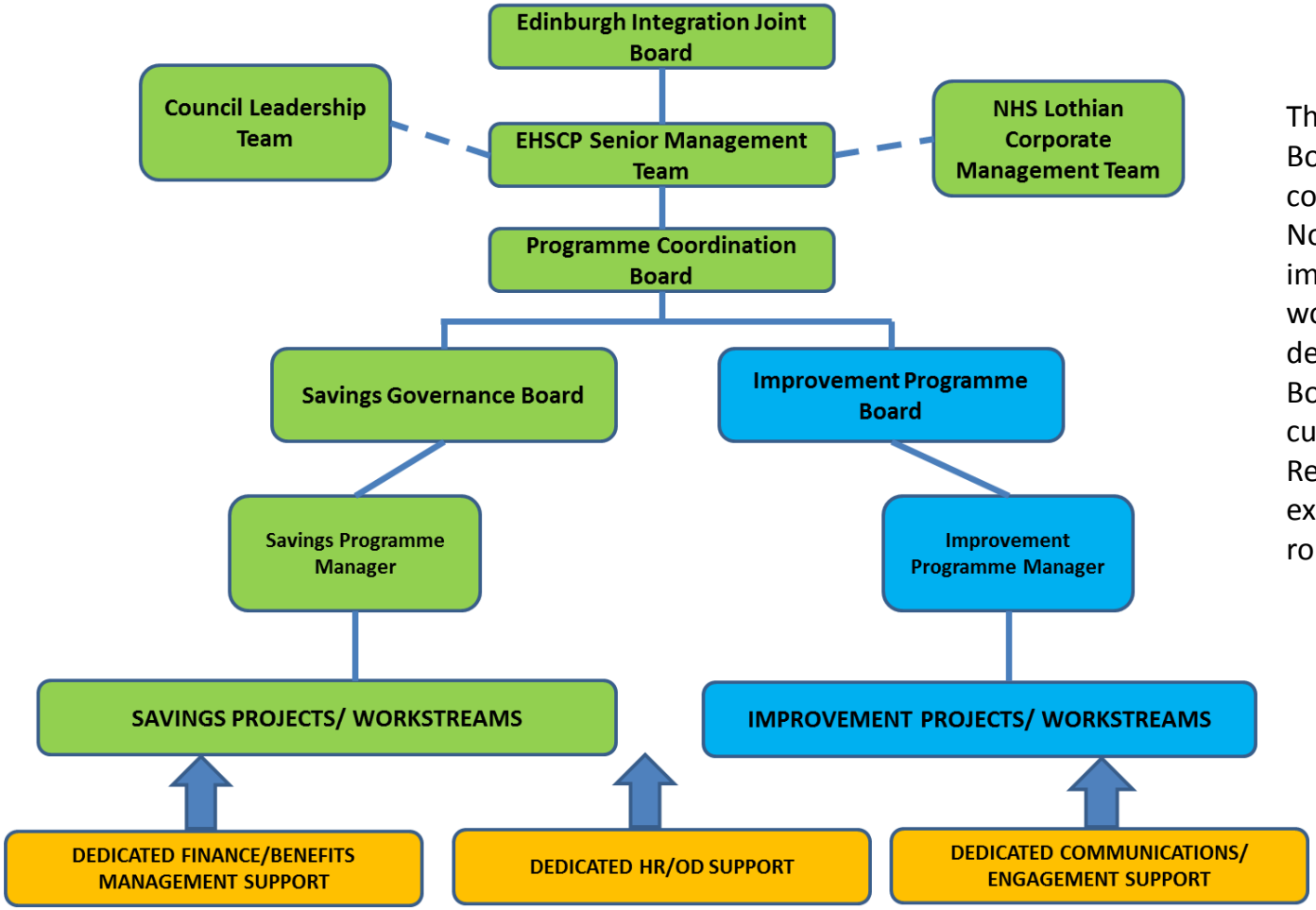
- There will be 2 distinct programmes, with clear lines of governance – one to oversee the Savings Programme and one to oversee the Improvement Programme. Regular reporting to the Council's Corporate Leadership Team and Change Board and to the Integration Joint Board will form part of the governance arrangements.

- Smaller or less complex "business as usual" savings do not need to be subject to the same programme rigour and governance. These should be removed from the formal savings programme and delivered as business as usual, with delivery monitored by Finance and through normal line management arrangements.

- There is confusion and duplication between work streams involved in reviewing packages of care. The telecare expansion programme will be subsumed into the Support Planning and Brokerage programme, with one single implementation plan developed to drive delivery.

Revised Programme Governance Structure

The scale of the overall Improvement Programme for the Partnership is significant. There is a gap in programme and project management resource to drive day-to-day delivery on the ground. Two separate, but linked programmes have been created – one to manage those work streams delivering financial savings and one to manage improvement work streams. This governance structure will establish separate programme managers and programme boards to drive delivery. Additional delivery resource will also be provided by Ernst & Young to supplement the in-house resources in the savings programme. .



The Savings Governance Board as currently constituted will continue. Non-savings related improvement programme work will be overseen by a dedicated Improvement Board. The remit of the current Assessment and Review Board will be expanded to take on this role.

Council Delegated Services – Financial Plan 2018-19

The table below sets out the proposed details of the savings plan for Council delegated services for 2018/19. This plan will form the basis of the agreed savings governance programme for the coming financial year. The smaller savings are not included in the formal programme, but dealt with as part of business as usual. Details of the proposed formal savings governance programme are outlined in the next slide.

Savings Initiative / Additional Funding	£m	Accountable Officer
Disability Services (Interim Review)	£0.7m	Mark Grierson
Legal Services	£0.2m	Colin Beck
Discretionary Spend	£0.2m	Pat Wynne
Disability Services Review	£0.5m	Mark Grierson
Review of Sleepover / Night-time Services	£0.4m	Mark Grierson
Review of Transport	£0.2m	Sylvia Latona
Review of Charges	£0.4m	Wendy Dale
Review of Grants	£0.4m	Wendy Dale
Transformation - Telecare and Support Planning / Brokerage	£3.0m *	Katie McWilliam / Angela Lindsay
Workforce Management (including Agency Expenditure)	£1.1m	Pat Wynne
Service Transformation (Self Directed Support)	£1.0m	Michelle Miller
Homecare and Reablement – Efficiency and Productivity Improvement	£1.0m *	Mike Massaro-Malinson
	£9.1m	

* Assumes £4m estimated savings are "non-cash" and are achieved through release of capacity through Telecare, Support Planning and Brokerage and Homecare / Reablement productivity initiatives.

NHS Lothian Delegated Services – Pressures and Savings/ Additional Funding 2018/19

Pressures 2018/2019	£m	Accountable Officer
Baseline Overspend - Prescribing	£3.5m	Locality Managers
Baseline Overspend - Services	£2.3m	CMT
Pay Awards	£1.9m	N/A
Non Pay	£1.1m	Locality Managers
Service Pressures – Community Equipment Store	£0.2m	Locality Managers
Hospital Drugs	£0.2m	Sheena Muir
Prescribing Growth	£3.8m	Locality Managers
Strategic Investment – agreed Business Cases	£0.2m	
	£13.2m	

Savings Initiative / Additional Funding	£m	Accountable Officer
Baseline Uplift - Pay	£1.9m	
Non Recurring Resources - Prescribing	£4.4m	
Efficiencies – Clinical Productivity	£0.1m	Sheena Muir
Efficiencies – Prescribing Quality Initiatives	£0.2m	Locality Managers
Efficiencies - Workforce	£0.6m	Pat Wynne
Total Savings / Funding	**£7.2m**	
Residual Financial Gap	**£6.0m**	

NHS Delegated Services – SMT Financial Plan 2018-19 – Potential Savings

Savings Initiative / Additional Funding	£m	Accountable Officer
Efficiencies – Clinical Productivity	£0.5m	Moira Pringle
Efficiencies – Prescribing Quality Initiatives FYE / Roll Out	£0.4m	Locality Managers
Efficiencies - Workforce	£0.2m	Pat Wynne
Locality Prescribing Efficiencies	£2.3m	Locality Managers
Locality Service Efficiencies	£1.4m	Locality Managers
Hospital and Hosted Efficiencies	£0.4m	Sheena Muir
Strategic / Corporate Efficiencies	£0.2m	tbc
GMS Efficiencies	£0.6m	David White
	£6.0m	

Scope of Savings Programme

PROPOSED PROGRAMME WORK STREAMS

Review of High Cost Transport Packages	Support Planning and Brokerage (including Telecare Expansion)	Home Care and Reablement Optimisation	Workforce Management and Agency Control	Night time/Sleepover Review
Service Transformation – Self Directed Support	Council Disability Services Review	* Assessment Backlog	NHS Lothian Efficiency Workforce	NHS Lothian Efficiency Prescribing Efficiencies

Assessment Backlog project does not deliver savings, but will be managed as part of this programme due to the synergies with the Support Planning work stream.

PROPOSED BUSINESS AS USUAL WORK STREAMS

Council Grants Review	Council Discretionary Spend	Council Legal Services Saving	Council Charging Review	
NHS Lothian BAU efficiency - Localities	NHS Lothian BAU efficiency – Hospital & Hosted	NHS Lothian BAU efficiency – Central Services	NHS Lothian BAU efficiency – Strategic Services	NHS Lothian BAU efficiency - GMS

Approach to Delivery

CO-ORDINATION OF REVIEWING ACTIVITY

Telecare Expansion, Support Planning and Brokerage and the Transport Review savings all require a coordinated approach to the review of packages of care. There is a risk of duplication of effort. Progress has been hampered by resourcing issues (both project management resource and practitioner resource in locality teams) and problems with data quality.

Reviewing/reducing traditional packages of care through the use of asset-based approaches is key to releasing additional capacity to deal with unmet demand. Greater focus and discipline are needed to drive delivery. There is a need for better coordination of reviewing activity and this needs to be closely aligned with the data cleansing work to ensure practitioners have access to up-to-date records on existing service users.

The following action has been agreed:

- Establish one single work stream for reviewing activity, with one overall implementation plan driving the completion of reviews by locality teams.
- Central programme management to oversee the scheduling and tracking of activity and work closely with locality teams to drive the pace of delivery. Current programme manager to take a more hands on role in this.
- Telecare expansion reviewing becomes subsumed in the Support Planning and Brokerage implementation plan. Holistic reviews will be completed, with the potential for telecare solutions being considered as part of a broader, asset-based approach.
- This requires a resetting of the implementation plan, but NOT a departure from the agreed, approved business case assumptions.

Approach to Delivery

CO-ORDINATION OF ASSESSMENT ACTIVITY, DATA CLEANSING AND COMPLIANCE

In addition to the reviewing based work streams, a temporary project has been established to address the backlog of assessments. This project will not release savings, however, due to the synergies with the reviewing work streams, this work is also aligned as part of this programme and subject to the same programme management arrangements.

The temporary data compliance team is a key enabler of the assessment and reviewing work streams. Better forward planning of review activity will allow data cleansing work to be completed in advance, significantly improving the both the quality of data available and the timescales within which reviews/assessments can be completed.

The data compliance team reports through the Assessment and Review Board, but links with the savings work streams will be strengthened, and a representative from the team will attend Savings Governance meetings going forward.

BUSINESS AS USUAL SAVINGS

Some savings are required as part of the financial plan, which can be dealt with as business as usual, and which do not require a project/programme approach, due to their size and relative lack of complexity. These will be removed from the formal programme to ensure resources are targeted on the most significant work streams. Delivery of non-programme savings will be monitored by Finance and through normal line management arrangements.

PROGRAMME RESOURCING GAPS

PROJECT/ WORK STREAM	SRO	RESOURCE CURRENTLY IN PLACE	RESOURCE GAP	COMMENTS
CEC Savings programme manager	**MOIA PRINGLE**	**Jessica Brown**	N/A	The Partnership may wish to consider recruitment of second PM to manage NHS Lothian side of savings programme.
CEC Improvement programme manager	**MICHELLE MILLER**	**PROG MANAGER VACANT**	1 FTE programme manager	Additional resource required to manage non-savings related elements of improvement programme. Full programme for 2018/19 needs to be scoped.
Support Planning and Brokerage	**ANGELA LINDSAY**	**PROJECT MANAGER VACANT**	1 FTE project manager	Additional dedicated delivery resource to be provided by EY.
Telecare Expansion	**KATIE MCWILLIAM**	**PROJECT MANAGER VACANT**	N/A	Assuming telecare and Support Planning and Brokerage work streams are combined, PM role could be merged.
Assessment backlog	**MICHELLE MILLER**	**PROJECT MANAGER - Sylvia Latona**	N/A	Temporary team now largely in place.
Home Care and Reablement Efficiency	**MIKE MASSARO-MALLINSON**	**PROJECT MANAGER - Julie McNairn**	N/A	Locality engagement needed to support implementation of efficiencies.
Workforce Management	**PAT WYNNE**	**PROJECT MANAGER – VACANT**	1 FTE project manager	SMT approved recruitment of temporary PM for 12 months. Recruitment underway.
Night time/sleepover review	**MARK GRIERSON**	**PROJECT MANAGER – VACANT**	1.0 FTE project manager	PM required to work with SRO over 12 month period to ensure delivery of savings. Could also support disability service review if board decides that additional PM rigour required.
Disability Services Review	**MARK GRIERSON**	**N/A**	N/A	SRO advises no need for additional PM resource – managers in the service will lead the review.
Service Transformation – self directed support	**VACANT**	**PROJECT MANAGER -**	**TBC**	Work stream urgently needs to be scoped and appropriate resource identified.

Annex 3

Investment and Disinvestment

There are 4 separate, but linked, elements to the investment plan:

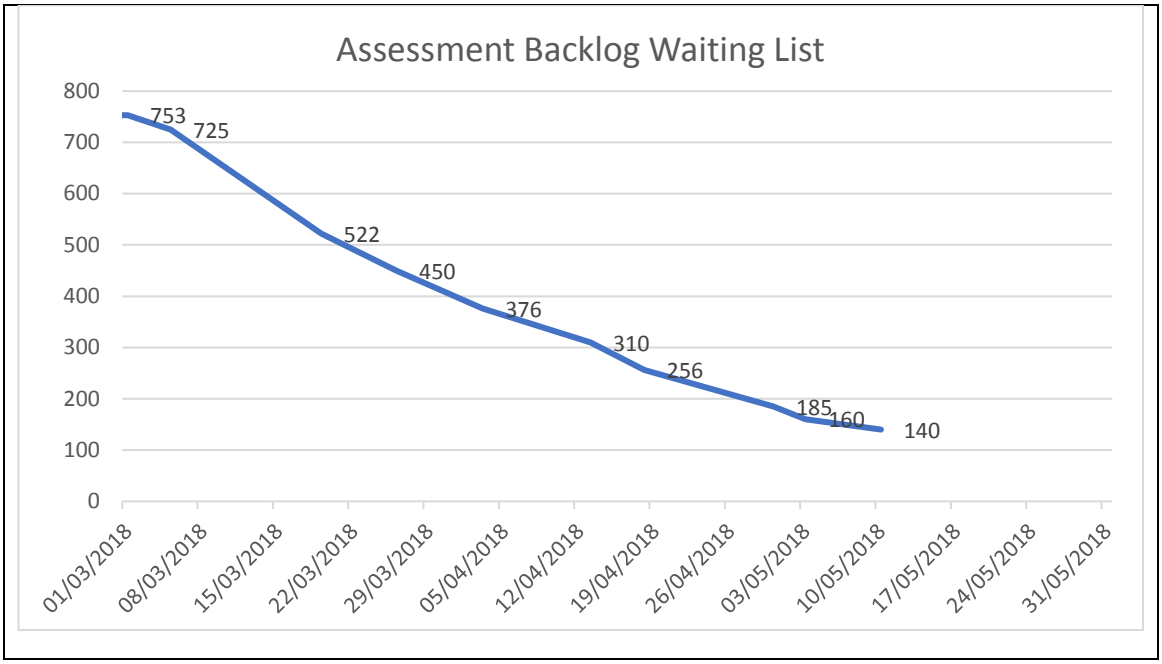
Short-term improvement funding	Financial plan investment	IJB provisions	Existing bed-based investments
•£4.5m	•£4.8m	•£2.3m innovation funding •£1.5m for older people	•£23.6m

These are discussed in turn in the sections below.

a. Short-term improvement funding

In December 2017, the IJB agreed a range of short-term measures to facilitate a minimum level of recovery from the current position. This required an injection of one-off additional resource to relieve the most urgent pressures focused on the following 3 priorities:

Priority 1 – reducing the backlog of assessment and reviews
Assessments to ensure adequate consideration of risk to vulnerable people who are not known to services, but who have expressed a need for support; and reviews to ensure appropriate levels of service continue to be provided, with potential identification of opportunities for increasing capacity or reducing costs. In November 2017, 1,913 people were waiting for an assessment. On 3 May 2018, this number had reduced to 1486; over the same period, the number of people waiting for an assessment reduced from 5,534 to 4809. To complete the backlog assessments over a 7-month period, whilst continuing to address new workload as this arises, was anticipated to cost in the region of £498k. This investment will support the assessments/reviews to take place; but did not cover the provision of a service, if required.
Progress
The team became operational on 7 March, although it is not yet up to full establishment. The immediate focus is on those assessments with the longest waits, and reviewing service users with packages of care with a high transport component. 725 outstanding assessments have been transferred to the team in the first instance, and this has reduced steadily, as shown in the table below. The team has a target date of 30 June to complete the full complement of assessments. Data is being collated on the outcome of the assessments.



Priority 2 – reducing the number of people whose discharge from hospital is delayed
To take immediate, one-off action to alleviate urgent pressures on acute health services and allow longer term work in support of a sustainable strategic shift, £3m was earmarked to purchase capacity in care homes above National Care Home Contract rates on a strictly one-off basis. This would also respond to the highest levels of need waiting in the community
Progress
Following an invitation to all providers to submit proposals, agreements are being concluded that will deliver an additional 67 beds across the city. 26 of these are already in place, with the others coming on-stream in the coming months. The use of these beds is discussed in more detail in **section d** of this annex.

Priority 3 – establishing efficient and consistent business processes

To be realised effectively, the vision to operate a model that brings service delivery and accountability closer to local communities needs to be supported by efficient and robust operating procedures. This requirement was not fully implemented as part of Health and Social Care's transformation programme during 2016/2017, and this is hampering progress in terms of both performance and budgetary control. A short-life team will facilitate effective and accountable budget monitoring; streamlined work flow; speedier response times; and meaningful data management. A temporary project team to address this weakness will cost £313k over a period of 16 months.

Progress

The team has been established and work is progressing.

- The business support administrators are focusing on the out-of-date reviews. 1,200 records cleansed to date. Problems identified are primarily inaccurate details recorded on SWIFT. This data cleanse is almost complete. The next stage is to work with locality teams to re-schedule out of date reviews. Liaison with EY to coordinate. 4,700 out of date review on SWIFT.
- The system and process management meetings are underway. These are chaired independently by the Council's Strategy and Insight service.
- Working closely with assessment and review project to assist with updating records accurately. Agreed process in place.
- Detailed progress reports prepared fortnightly for Senior Management Team.

Contingency

Although not explicit in the IJB paper, this left a contingency of £689k out of the total funding set aside of £4,500k.

Progress

A dedicated programme of work is being established to design the optimal model for the provision of community-based services to support people to live at home in Edinburgh. This will consider the sustainability and affordability of meeting the current and future demand.

EY will be commissioned to deliver this programme, which will align to the Partnership's earlier intervention and prevention strategy to manage demand and build individual and community capacity and resilience. Specifically, it will take account of the changing nature of care and support needs, including increasing service user choice and control through self-directed support. The

work will consider options to develop a 'market' (both internal and external) fit to meet future needs in collaboration with providers, service users, carers, care workers, representative bodies and trade unions to coproduce the new specification. This will include plans for the commissioning and re-procurement of the care at home contract to replace the current contract due to expire in 2019. The programme will also address the longer-term focus for internally delivered services within the overall strategy to meet the demand for both mainstream and specialist support.

The cost of this work will be funded from the contingency with the balance used to resource the Partnership's challenging improvement programme.

b. Financial plan investment

The 3 partner bodies (the Council, IJB and NHS Lothian) share the common goal of reducing the number of people waiting either at home or in hospital for assessment and services. They are working closely to identify and implement a range of solutions to address both the short- and longer-term impacts, as set out elsewhere in this paper. To this end, the partners have recognised the associated financial impact through their respective financial planning processes.

The Council's element of the Partnership's financial plan is summarised in the table below and incorporates the following investments:

- the full-year impact of current expenditure trends, including deferred staff savings
- anticipated inflationary pressures (pay awards and contract inflation)
- implementation of government policy and legislation (Carers Act)
- projected demographic pressures (in Learning Disability services and the continuing growth in care at home for older people); and
- provision to increase care at home capacity to address the long-standing delays for service (see further details below).

These investments are offset by funding sources, including additional Council funding, the full share of the £66m included in the local government settlement and delivery of savings.

Despite this, the plan remains out of balance by £10,300k. To address this:

- the Council has provided £4,000k in its budget agreed in February 2018
- NHS Lothian has indicated its intention to make provision in its financial plan to set aside an additional equivalent sum for the IJB during 2018/19; release of the funding will follow agreement of the associated trajectories for improvement; and
- the IJB is considering a proposal to allocate £1,800k on a non-recurring basis against the £2,300k and is committed to identifying the balance of £500k.

The recurrence of the NHS Lothian and IJB contributions will be reviewed during 2018/19.

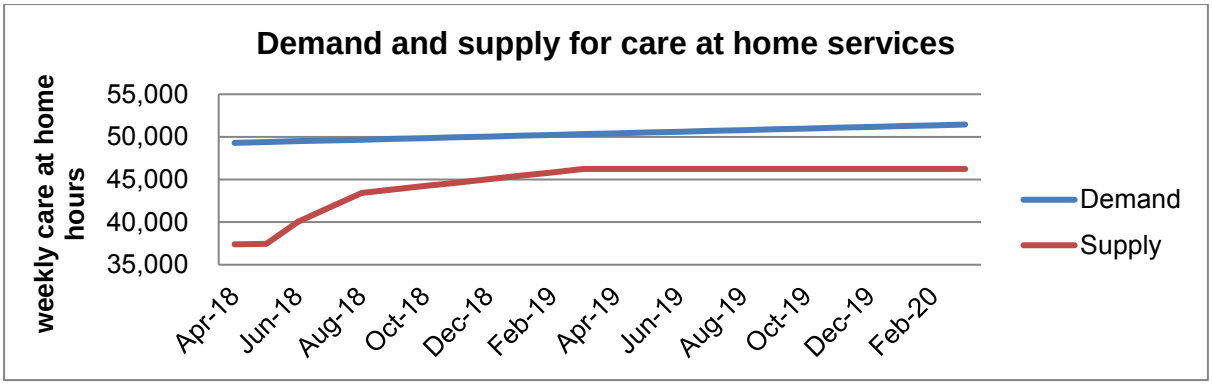
	Cash £k	Non- cash £k
Investments		
Baseline overspend	7,100	
FYE of 17/18 growth	2,000	
Deferral of staff savings	1,100	
Pay awards and inflation	6,007	
Carers (Scotland) Act 2016	1,200	
Demography – disabilities	2,000	
Increase in care at home capacity	4,800	4,000
Other	230	
Increase in costs	**24,437**	**4,000**
Funded by		
Savings	5,100	4,000
Baseline uplift in Council offer	3,000	
Local government finance settlement (share of £66m)	5,537	
Social care fund (disabilities)	500	
	14,137	**4,000**

As can be seen in the table, incorporated in the plan is provision to increase care at home capacity to the value of £8,800k. This increase in capacity will be partly generated internally by reducing average package sizes through: the use of support planning techniques; by substituting technological solutions for traditional care provision; and by increasing the productivity of the in-house home care and reablement teams. These initiatives are targeting a reduction in cost of £4,000k, releasing nearly 3,700 hours and supporting service delivery to an estimated 300 people annually. This in turn leaves an additional £4,800k of “cash” investment.

At the average package size of 12.2 hours and average hourly rate of £17.92 for purchased services, this would provide services for an additional 422 people a year, giving a total reduction of 724 people who are currently waiting for a service.

In addition, we know that demand for services is growing at around 3% each year, in line with demographic changes in the population.

Modelling has been undertaken based on these 2 factors (the existing waiting list and the impact of demographic growth). This demonstrates that whilst the investment initially addresses the gap between “demand for” and “supply of” of services, the impact of growth means that this position is not sustainable. Even with this level of investment, the number of people waiting never reduces to zero over the next 2 years. The lowest point is at March 2019, where 553 people would be waiting and the impact of growth increases this to 705 by the end of March 2020. This is demonstrated in the graph below:



These numbers are estimates, and being based on a range of assumptions, will not mirror the actual position precisely. However, they do illustrate that without further action, even with additional investment, the system will remain "out of balance".

The "Sustainable Community Support" work stream will address this, both in the short- and longer-term. Part of the work will explore sustainable models for the service, as well as a range of short-term initiatives to increase available capacity across both the internally provided and externally purchased services. This work will be co-produced with a range of stakeholders.

c. IJB provisions

Innovation funding

Edinburgh's share of the Integrated Care Fund was £8,900k, around 50% of which was used to underpin core services. Following a review in January 2017, the IJB agreed to ring-fence £2,300k as a fund to support innovation. Detailed plans have not yet been developed and in 2017/18, this money was used as a contribution to the £4,500k discussed above.

Colleagues from Healthcare Improvement Scotland (HIS) have introduced us to the concept of "community-led support", based on work undertaken elsewhere to expand community capacity and reduce demand for formal services. This approach, aligned with the ongoing grants review focused on primary prevention, will form a key plank of our strategy to improve health and wellbeing and manage future demand.

The grants review is due to report to the IJB in May 2018 and the next step in terms of community-led support is to bring together colleagues from HIS, the national development team for inclusion (who are sponsoring community-led support) and key Partnership officers to develop an outline proposal by the end of June 2018.

Investment in older people's services

The Scottish Government established the Social Care Fund in 2016/17 to support the sustainability of social care services and to provide funding to implement a range of government policies. The IJB, cognisant of the pressures facing services for older people, agreed to invest £1,500k in this area, pending the development of detailed plans.

In early 2018, the IJB published 5 outline strategic commissioning plans, one of which was for older people. This plan sits alongside the initiatives set out in this paper.

d. Existing bed based investments

The outline strategic commissioning plan for older people sets out the vision for the development of services in Edinburgh. It highlights that significant resources are tied up in

inappropriate bed-based facilities in the city and states the IJB's medium-term intention to invest this money differently. A high-level estimate assesses these costs at £24,607k, broken down as follows:

	£k
Oaklands Care Home	1,499
Interim facilities (Gylemuir House/Liberton Hospital)	6,397
Hospital-based complex clinical care (HBCCC)	9,900
Acute beds	6,811
Total	**24,607**

Whilst work to develop the proposals set out in the outline plan and to produce the associated business cases is ongoing, the current assumption is that these monies would be supplemented by the £1,500k IJB provision discussed above. This investment would be applied over a 5-year period to deliver a net, additional 100 beds across the city, in a combination of care homes and alternative care settings. The £3,000k short-term improvement money will be used to buy places on an interim basis until the longer-term plans are in place.

Over the 5-year period, the outline plan is not balanced, with a current shortfall of £3,087k. This will be refined as the programme is developed further, and will ultimately have to be reduced to zero by the end of the 5-year period. A summary is included in the table below:

	# beds	£k
Care homes	61	2,795
Care villages	480	26,400
Total cost	**541**	**29,195**
Funding released	442	24,607
IJB investment		1,500
Difference	**99**	**3,087**

Bed provision would change over the 5-year period as follows:

	18/19	19/20	20/21	21/22	22/23
Care homes	72	102	76	61	61
Jardine	57	57	57	57	0
Care village	0	0	0	240	480
Oaklands	(29)	(29)	(29)	(29)	(29)
Liberton	(62)	(62)	(62)	(62)	(62)
Gylemuir	0	0	0	(36)	(36)
HBCCC	0	0	0	(60)	(180)
Acute	0	(15)	(15)	(105)	(135)
Net bed changes	**38**	**53**	**27**	**66**	**99**

With the associated financial implications:

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	18/19 £k	19/20 £k	20/21 £k	21/22 £k	22/23 £k
Care homes	2,860	4,733	2,990	2,795	2,795
Jardine	1,665	3,329	3,329	3,329	0
Care village	0	0	0	13,200	26,400
Oaklands	(749)	(1,499)	(1,499)	(1,499)	(1,499)
Liberton	(1,415)	(2,829)	(2,829)	(2,829)	(2,829)
Gylemuir	(1,000)	(1,000)	(1,000)	(3,569)	(3,569)
HBCCC	0	0	0	(3,300)	(9,900)
Acute	0	(757)	(757)	(5,297)	(6,811)
Net cost	**1,361**	**1,977**	**234**	**2,830**	**4,587**
Funded by					
Improvement funding	1,200	1,800			
IJB provision				1,500	1,500
Net cost	**161**	**177**	**234**	**1,330**	**3,087**

Item 5.7

Report

Grants Review Interim Report

Edinburgh Integration Joint Board

18 May 2018

Executive Summary

1. The purpose of this report is to provide the Integration Joint Board with an update on the progress made to date in respect of the review of health and social care grant programmes. An earlier version of this report was presented to the Strategic Planning Group on 13 April 2017, where the recommendations were endorsed.

Recommendations

2. The Integration Joint Board is asked to:

   i. note the progress made in taking forward the grants review

   ii. note how the grants review dovetails with the outline strategic commissioning plans, the development of the strategic commissioning plans, and ultimately, the revised strategic plan

   iii. recognise the challenges and risks inherent in carrying out the review

   iv. endorse the approach taken.

Background

3. In November 2017, the Edinburgh Integration Joint Board agreed the scope, methodology and timescale for the review of health and social care grant programmes, based upon recommendations from the Strategic Planning Group. The Grants Review Steering Group was established as agreed by the Integration Joint Board and has been meeting regularly since December 2017.

4. The Strategic Planning Service Redesign and Innovation Manager chairs the Steering Group; membership includes the three third sector representatives from the Strategic Planning Group, a representative from the Edinburgh Affordable

Housing Partnership, the Health Promotion Manager from NHS Lothian, the Chief Finance Officer, a Locality Manager, representatives from the Council's Procurement and Communications Teams and the Health and Social Care Partnership Strategic Planning and Contracts Teams.

5. To date, the work of the Steering Group has focused on four main areas:

- analysis of current usage of grants
- identification of priorities for future funding
- principles to underpin the operation of future grants programmes
- engagement with stakeholders

Main report

Analysis of current use of grants

6. Most of the grants within scope of the review are in two main programmes:

- the Health and Social Care main grant programme (£1,880,186) supports projects providing services to specific service user groups, i.e. older people, carers, people with disabilities, mental health issues, and/or addictions and people with blood borne viruses.
- the Health Inequalities Grant Programme (£1,754,573) supports a number projects delivering activities against four strategic objectives:
    - enabling all adults to maximise their capabilities and have control over their lives
    - creating and developing healthy and sustainable places and communities
    - strengthening the role and impact of ill-health prevention by increasing preventative Interventions and improving take-up of treatment services
    - ensuring a healthy standard of living for all

7. Four grants for specific purposes (£755,963) are funded through a combination of Social Justice Fund/Integrated Care Fund and Social Care Fund:

- Health inequalities communication
- Get up and Go
- LOOPS Hospital Discharge Project

- Third sector prevention investment fund

8. The tables below provide breakdown of the current allocation of grants and an analysis of how they split across the four localities:

Current Health and Social Care Grant spend current allocation
• Addictions - £97,073 • Blood borne viruses - £252,843 • Disabilities - £183,815 • Mental health - £70,218 • Older people - £1,709,617 • Unpaid carers - £223,569 • Health improvement - £97,901 • Health inequalities - £1,755,686 **Total £4,390,722**

Current Health and Social Care Grant spend – locality and citywide	
North West	**North East**
• Health Inequalities - £520,082 • Older People - £264,867 • Carers - £25,000 **Total £809,949**	• Health Inequalities - £234,238 • Older People - £187,775 • Mental Health £38,800 • Addictions £22,175 **Total £482,988**
South West	**South East**
• Health Inequalities - £495,198 • Older People - £164,403 **Total £659,601**	• Health Inequalities - £111,828 • Older People - £26,192 • Carers - £48,738 • Mental Health - £9,094 **Total £195,852**
City Wide	
• Health Inequalities - £447,145 • Older People - £1,014,949 • Carers - £199,833 **Total £2,242,332**	• Mental Health - £41,418 • Additions - £256,843 • Disabilities - £133,815 • Ethnic Minority - £148,329

Identification of priorities for future funding

9. The Grants Review Steering Group has taken as a starting point the “focus on driving forward and contributing to whole systems change to deliver on the

priorities in the strategic plan of tackling inequalities and prevention and early intervention", as set out in the scope of the review. The priorities from the Strategic Plan 2016-19 are detailed in Appendix 1 to this report. The group has also identified other work taking place that will either impact on or be impacted by the review, including:

- the outcomes identified in respect of health and wellbeing/social care in the Locality Improvement Plans
- the development of the five outline strategic commissioning plans
- the development of a new carers strategy during 2018/19
- the expansion in social prescribing (in a variety of forms including community link working), which will generate increased demand for services and activities that people can be referred on to
- other initiatives taking place through community planning or within the wider Council in relation to grant funding

10. Members of the Grants Review Group have met with some of the Locality Managers and with the strategic leads charged with taking forward the outline strategic commissioning plans. The purpose of these meetings was to discuss the possible future use of grants to progress the objectives emerging from the work on implementing the Locality Improvement Plans and outline strategic commissioning plans. The Steering Group has also been trying to identify whether there are core services that should be available in all localities that would be effective in tackling inequality and preventing poor outcomes in terms of health and wellbeing.

11. One key theme emerging from these discussions is that most health and social care expenditure is focused on people assessed as having 'critical and substantial' needs and the delivery of acute services. This often means that people with low or moderate needs cannot access support until their situation deteriorates and they meet the 'critical and substantial' criteria. There is therefore an emerging view that future grant funding should be focused on primary and secondary prevention to support needs that are not categorised as 'critical or substantial'.

12. The tables in Appendix 2 summarise the relevant actions in the current Strategic Plan, the outcomes identified in the four locality plans and the emerging priorities from outline strategic commissioning plans. The Steering Group has used these documents to develop the following draft set of priorities as the basis for initial engagement with key stakeholders.

    i. Reducing social isolation

    ii. Promoting healthy lifestyles, including physical activity and healthy eating

iii. Mental wellbeing

iv. Supported self-management of long-term conditions

v. Information and advice – income maximisation – aligned with the overall development of advice services in Edinburgh

vi. Reducing digital exclusion

vii. Building strong, inclusive and resilient communities

The timing of the review is a potential challenge, as any new grants programme to commence from 1 April 2019 will need to be finalised so that applications can be made in September 2018. This is necessary to allow time for decisions to be made by the end of December 2018, in order that any current grant recipients who are not successful in their bids can meet the legal requirements in relation to the issuing of redundancy notices.

13. The locality improvement plans were published by the City of Edinburgh Council in December 2017, and these give some clarity regarding the priorities of local communities for services under the remit of the IJB, but for CEC-provided and managed services generally.

14. The extant EIJB Strategic Plan covers, as noted above, the 2016-19 period, and is due to be refreshed for April 2019. While the current plan is a comprehensive and coherent document, it does not provide implementation detail, nor was it intended to. This detail is crucial to ensure that the services the IJB commissions and influences are clear on what actions the IJB will take, and how it seeks to shape the various markets it engages with.

15. The Outline Strategic Commissioning Plans (OSCPs), agreed by the IJB in January and February 2018, give a clearer, more detailed starting point for this commissioning and influencing. These OSCPs are useful reference points for the shaping of the grants programme going forward, and indeed the establishment of the reference boards to drive the next evolution of these plans, into full Strategic Commissioning Plans (SCPs) by December 2018, will provide the next level of detail and in turn will form the basis for an estimated 75-80% of the revised Strategic Plan.

16. The timescales noted in paragraph 12, above, do present a risk of poor alignment between the SCPs and the grants programme, but this is mitigated by the presence of the Reference Boards, and indeed that the detail of the SCPs should be clear, albeit not finalised, by the time final decisions on the grants programme need to be taken by the IJB.

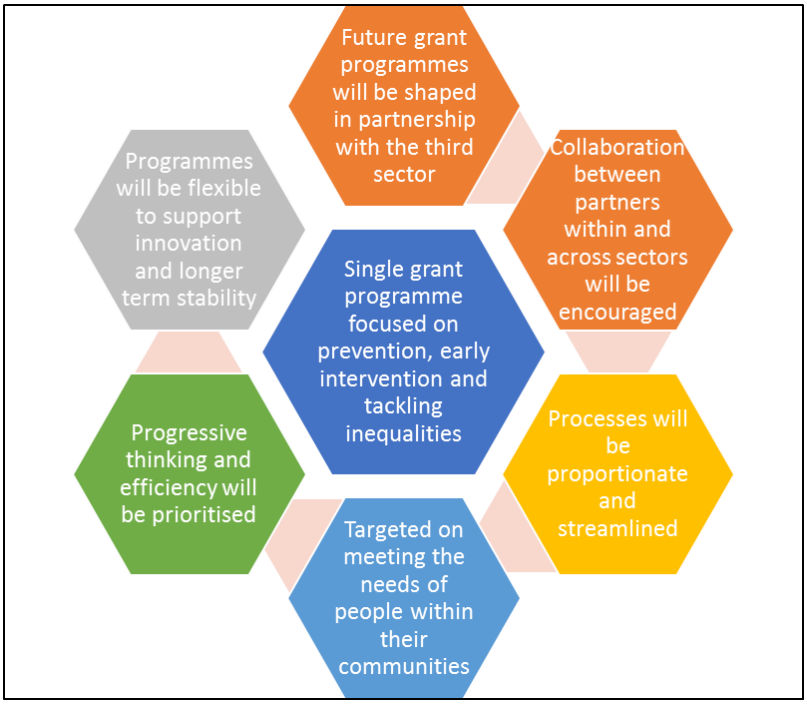
Operation of future grant programmes

17. A sub-group of the Grants Review Steering Group led by the Chief Finance Officer has been considering how any future grants programme should operate to:

- streamline processes around application, award and evaluation of grants to ensure that these are proportionate
- allow flexibility over the length of grant awards to allow both short-term funding for tests of change and longer-term funding for core services
- prioritise both innovation and efficiency and encourage collaboration both within and across sectors

18. The Steering Group is keen to hear from current and potential grant recipients about the things they have found challenging in the way that the grants programmes operate currently and get their input in terms of how things could work better.

19. The diagram below illustrates the set of principles that the Steering Group has developed to form the basis of initial engagement with key stakeholders.



Engagement with stakeholders

20. Two engagement sessions for current and potential grant recipients took place on 26 April 2018 at Easter Road Stadium. The sessions ran for 2-2.5 hours each

and included both formal presentations and round table discussions. The purpose of the sessions was to:

- share information on the context in which the grants review is taking place, the overall vision in terms of the IJB priorities, draft priorities for future programmes and the areas for consideration in terms of the operation of future programmes
- gain the views and ideas of the participants on the information shared, the challenges and opportunities the review presents for the third sector, opportunities for improved joint working and options for delivering the 10% efficiency target.

21. To make the best possible use of the two sessions, a briefing pack was sent out to all registered participants ahead of the day to allow them to consider the proposals and how they may want to contribute to the session they attend. A copy of the pack is attached as Appendix 3.

22. In total 120 people attended the two sessions representing a range of organisations. Those attending the sessions were asked to provide feedback via a Survey Monkey questionnaire. Feedback received to date suggests that the sessions were well received, with participants indicating that they were well organised, offered transparent dialogue and were felt to be engaging and inclusive. 80% of those responding said the pre-event briefing and presentation on the day provided good information about the grant review process, 84% felt the engagement sessions helped participants to understand current thinking around the future grant programme, and almost three quarters agreed that they felt able to tell us everything we needed to know at the event.

23. Overall feedback from the sessions suggests that participants understood and saw an opportunity to change the landscape in a positive manner. There was interest in doing things differently although additional support was needed in understanding and identifying what opportunities really existed for the third sector and projects were realistic and queried whether there would be a transition period so organisations could develop realistic exit strategies.

24. Participants were invited to take part in round table discussions focused on the following issues:

- what, if anything, missing from the information presented to them
- what opportunities the review presented to their organisation
- how we could work together on whole system change to deliver efficient and effective outcomes.

25. In general participants were supportive of the overall direction of the proposed changes to the Health and Social Care Grant Programme, although concerns

still remained around a number of issues including security of current funding, whether the timescale for the review allowed sufficient time for full engagement and the development of appropriate exit strategies, clarity around opportunities for 'real' collaborative working, the treatment of core costs in a new grants programme and the impact this may have on sustainability, stability and leverage.

26. In terms of opportunities, organisations expressed interest in developing genuine collaborative working and designing a grants programme that offered longer term funding; which would bring with it the benefits of sustainability, better quality services and greater leverage in terms of external funding. Finally, in respect of working together on whole system change; better communication developed with trust, openness, and honesty was cited most frequently. There was also a recognition of the need to develop performance indicators around savings outcomes, to demonstrate the value of third sector services to the Integration Joint Board in reducing for statutory services.

27. A follow up session is being arranged for 7 June 2018 to respond to the feedback received through the earlier engagement sessions.

Next steps

28. The table below summarises the next steps in the delivery of the grants review.

Engagement events with partners	26 April 2018
Interim report to the Integration Joint Board	18 May 2018
Follow up engagement event	7 June 2018
Development of detailed proposals for new grants programme	June/July 2018
Second report to Integration Joint Board	August 2018

Key risks

29. There is a risk that coherence between the grants programme and the broader strategic direction of the IJB, represented in OSCPs, SCPs, and the revised strategic plan, is not all that it could be. Paragraphs 13-16, above, describe the risk mitigation strategy in place.

30. An inevitable consequence of reshaping any grants programme is that some existing recipients of grants will not be successful in their bids for future funding or will not receive the level of funding they require. A robust risk assessment will be undertaken, including an analysis of the impact on current grant recipients.

Financial implications

31. Whilst this report details the progress in delivering the review of the existing health and social care grant programmes with a value of £4.4m, there are no direct financial implications arising from the report.

Implications for Directions

32. The proposals in this report will contribute to the delivery of Direction EDI_2017/18_16 c), which directs the City of Edinburgh Council and NHS Lothian to "collaborate with partners to review existing grant programmes".

Equalities implications

33. An Integrated Impact Assessment will be undertaken in respect of the grants review, which will identify any equalities implications.

Sustainability implications

34. An Integrated Impact Assessment will be undertaken in respect of the grants review, which will identify any sustainability implications.

Involving people

35. Engagement with citizens has taken place in respect of the priorities set out in the Strategic Plan around tackling inequalities, prevention and early intervention. Citizens have also been engaged in the development of the Locality Improvement Plans. Plans for further citizen engagement in respect of the grants review will be developed once proposals have been drawn up.

Impact on plans of other parties

36. The outcome of the grants review is likely to impact on the plans of third sector organisations and potentially other funders. Engagement with third sector organisations has begun and discussions will take place with other funding organisations, so that they are aware that a review of health and social care grants is taking place.

Background reading/references

37. Review of grant programmes – report to the EIJB September 2017

38. Grants review, scope, methodology and timescales – report to the EIJB November 2017

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

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Appendices

Appendix 1	Priorities in respect of tackling inequalities and prevention and early intervention
Appendix 2	Summary of priorities from other sources
Appendix 3	Briefing pack for engagement events held on 26 April 2018

Appendix 1
Related priorities from the Strategic Plan

Tackling inequalities
Tackling inequalities by working with our partners to address the root causes, as well as supporting those groups whose health is at greatest risk from current levels of inequality:

- supporting individuals to maximise their capabilities and have control over their lives
- creating healthy and sustainable communities that can resist the effects of inequality on health and wellbeing
- ensuring that core health and social care services are delivered in such a way as to reduce and not exacerbate health inequality
- recognising that some sections of the population need targeted support in order to address the cause and effect of inequalities

Prevention and early intervention
Preventing poor health and wellbeing outcomes by supporting and encouraging people to:

- achieve their full potential, stay resilient and take more responsibility for their own health and wellbeing;
- make choices that increase their chances of staying healthy for as long as possible
- utilising recovery and self-management approaches if they do experience ill health

Appendix 2
Summary of relevant priorities from other sources

Actions to deliver on the key priorities of tackling inequalities and prevention an early intervention set out in the Strategic Plan	
Action	
11c	Engaging with a wide range of community based organisations at the locality level in a preventative approach which recognises and works alongside community assets.
13d	▪ Identify local needs, gaps in services and develop co-produced and innovative solutions which build community capacity. Priority areas include (Action): • Reducing social isolation • Promoting healthy lifestyles including physical activity • Falls prevention • Supported self-management of long-term conditions • Support for unpaid carers • Technology enabled care and supporting older people to use technology • Transport options

Localities Improvement Plan Outcomes (Items in lighter font relate to core health and social care services)	
North West	**North East**
LIP Priorities outcomes: *Improved access to GP and Support services* *Better equipped services to support independent living* Key community facilities more accessible/affordable/welcoming Mental health /social isolation are reduced through provision of social engagement and support measures addressing mental health	LIP Priorities outcomes: Physical activity will increase – focus on physical activity levels and access for vulnerable groups *Access to health and support will be improved - identify barriers/provide solutions* Loneliness and social isolation will be reduced – identifying people at risk/facilitating access/ providing community based opportunities
South West	**South East**
LIP Priorities outcomes: *Improved access to GP and Support services* Promoting Healthy living – coordinating preventative work Supporting mental health and substance misuse services for vulnerable groups Reducing isolation by connecting to local activities and support *Supporting older people/those with dementia through accessible and affordable housing*	LIP Priorities outcomes: People lead healthier lifestyles both physically and mentally, identify low physical activity levels & promote affordable physical activity activities such as walking/cycling, provide healthy living programmes for vulnerable groups (substance misuse), promote health eating and food growing initiatives *Improved access to Health and Social Care services, provide clear contact points, improve collaboration between GPs/ Health and Social Care services and third sector* Services support independent living, maximise use of community transport, support befriending/volunteer networks, improve older peoples use of IT

Emerging priorities from the outline strategic commissioning plans (OSCPs) in respect of tackling inequalities and prevention and early intervention	
OSCP	**Priorities**
Learning Disabilities	Continuing partnership approach to raising awareness of Autism
Mental Health	Place based and person-centred life course approach, improving outcomes, population health and health inequalities
Older People	Map key preventive services Expansion of falls service Develop new types of befriending services and make best use of current resources
Physical Disabilities	Increased opportunities for community involvement
Primary Care	Support for link working

Edinburgh Integration Joint Board

Review of Health and Social Care Grants from 1 April 2019 onwards

Briefing paper for the engagement event to be held on 26 April 2018

1. Purpose of the event

1.1 The event taking place on 26 April 2018 will provide an opportunity to explore, discuss and challenge current thinking around future health and social care grant programmes in Edinburgh. We hope that you will come along willing to share your views and help shape the proposals being developed. This pre-event briefing note is intended to provide background information so that you can come along prepared and we can make the best possible use of the time available on the day.

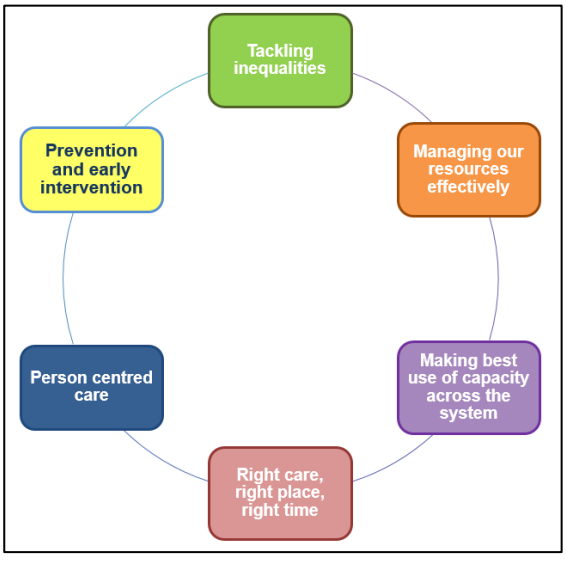
2. Background

2.1 When it came into operation on 1 April 2016, the Edinburgh Integration Joint Board inherited two grant programmes that had previously been operated by the City of Edinburgh Council and NHS Lothian along with a small number of other grants; all of which were due to expire in March 2018. The Board was keen that any new grants programmes put in place (along with all other expenditure) should reflect the priorities set out within its Strategic Plan 2016-19, emerging priorities for the new Strategic Plan 2019-22 and the new emphasis on locality working.

2.2 Recognising that any review of the current grant programmes would need to take place in collaboration with third sector colleagues, the Board agreed that the current grants should be extended for a further year to March 2019 to allow a full review of grant funding to take place.

3 Priorities within the Strategic Plan

3.1 There are six linked key priorities set out within the Edinburgh Integration Joint Board's Strategic Plan 2016-19 that reflect the dual role of the Board to meet current need whilst managing future demand.



3.2 The scope of the grants review agreed by the Integration Joint Board is to focus on two of the six priorities:

i. **Tackling inequalities** by working with our partners to address the root causes, as well as supporting those groups whose health is at greatest risk from current levels of inequality:
- supporting individuals to maximise their capabilities and have control over their lives
- creating healthy and sustainable communities that can resist the effects of inequality on health and wellbeing
- ensuring that core health and social care services are delivered in such a way as to reduce and not exacerbate health inequality
- recognising that some sections of the population need targeted support in order to address the cause and effect of inequalities

ii. **Preventing poor health and wellbeing outcomes** by supporting and encouraging people to:
- achieve their full potential, stay resilient and take more responsibility for their own health and wellbeing;
- make choices that increase their chances of staying healthy for as long as possible
- utilise recovery and self-management approaches if they do experience ill health

4 Current challenges

4.1 The biggest single challenge for the Edinburgh Integration Joint Board is the significant increase in demand for services alongside unprecedented financial pressures. Even if budgets were not seriously stretched, there is a substantial gap between the capacity of the health and social care workforce and the volume of service required to support growing numbers of people with health and social care needs to live as independently as possible in the community.

4.2 The current models of health and social care services are not sustainable. If we are to support all citizens to live as independently as possible for as long as possible a new emphasis is required focused on prevention, early intervention and tackling inequalities, to improve levels of health and wellbeing within our communities.

5 Scope of the review

5.1 The scope of the review as agreed by the Integration Joint Board is to have a focus on driving forward and contributing to whole systems change to deliver on the priorities within the strategic plan of tackling inequalities and prevention and early intervention. This will help to reduce the dependency on acute

services and crisis support. Without this shift the care and support system will become unsustainable in the near future.

5.2 Consideration is also to be given to:

- the purpose of grants and when they should be used as opposed to other forms of procurement/ funding mechanisms
- the need to support communities of both place and interest
- the outcomes relating to health and wellbeing/social care set out in the Locality Improvement Plans
- the priorities within the Outline Strategic Commissioning Plans currently being developed for learning disabilities, mental health, older people, physical disabilities and primary care
- the priorities within the new carers strategy that will be developed during 2018/19
- options for delivering efficiencies equivalent to 10% of the value of the grants in the scope of the review
- the growth in 'social prescribing' in various forms and the need for services to be available to 'link' people to

6 Current use of grants

6.1 The existing grants programmes that are part of this review are:

- the main health and social care grant programme previously funded by the City of Edinburgh Council, which includes grants to organisations providing services for older people, unpaid carers, people with disabilities, mental health issues and/or addictions and people with Blood Borne Viruses (Total value £1,880,186)
- the health inequalities grant programme, previously funded by both the Council and NHS Lothian (Total value £1,754,575)
- a small number of grants previously funded through the Council's Social Justice Fund (Total value £28,273); and
- grants funded through the Integrated Care Fund and Social Care Fund (Total value £727,690).

The total value of these grants is £4,390,724.

6.2 The move to locality working and development of the Locality Improvement Plans has led us to look at the current spread of grants across the localities

where possible, given that some grants fund citywide services. This is something that has not been done previously. Further work is being undertaken to allocate citywide services across localities in this analysis where it makes sense to do so, in order to better understand the current profile of grant allocation across the city.

6.3 The table below shows the breakdown of the grants in scope by service user group and priority within localities where possible and where not on a citywide basis.

<table>
<tr><th colspan="2">Current Health and Social Care Grant spend split by localities and city wide</th></tr>
<tr><th>North West</th><th>North East</th></tr>
<tr><td>• Health Inequalities - £520,082
• Older People - £264,867
• Carers - £25,000

Total £809,949</td><td>• Health Inequalities - £234,238
• Older People - £187,775
• Mental Health £38,800
• Addictions £22,175

Total £482,988</td></tr>
<tr><th>South West</th><th>South East</th></tr>
<tr><td>• Health Inequalities - £495,198
• Older People - £164,403

Total £659,601</td><td>• Health Inequalities - £111,828
• Older People - £26,192
• Carers - £48,738
• Mental Health - £9,094

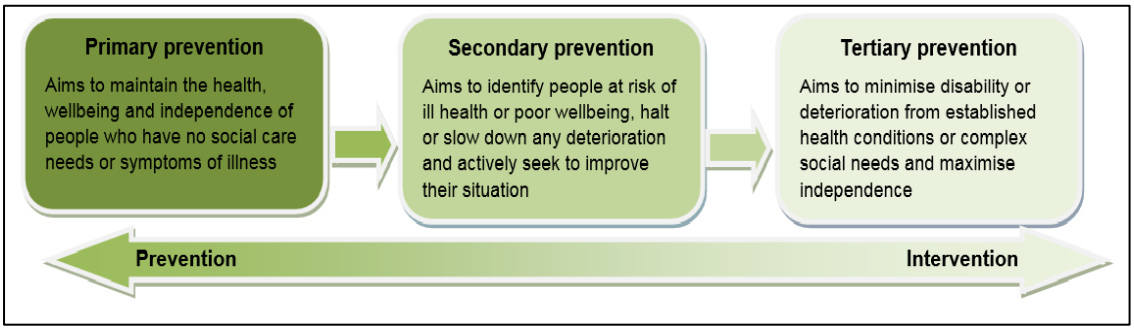
Total £195,852</td></tr>
<tr><th colspan="2">Citywide</th></tr>
<tr><td colspan="2">• Health Inequalities - £447,145
• Older People - £1,014,949
• Carers - £199,833

Total £2,242,332

• Mental Health - £41,418
• Additions - £256,843
• Disabilities - £133,815
• Ethnic Minority - £148,329</td></tr>
<tr><td colspan="2">Total value: £4,390,724</td></tr>
</table>

7 Future priorities for grants

7.1 The Strategic Plan recognises a continuum of prevention as illustrated in the diagram below:



7.2 Most of the overall health and social care budget is currently spent at the 'intervention' end of this spectrum supporting people who have 'critical and substantial needs'. The current pressures on the public purse have made it very difficult to divert funding to initiatives intended to prevent people getting to the point where they have a 'critical or substantial need'. ***It is proposed that any future grants programme funded by the Integration Joint Board should be focused on primary and secondary prevention to support needs that are not 'critical or substantial'. Although people who have critical and substantial needs may access grant funded services.***

7.3 The current Health and Social Care main grants programme is focused on meeting the needs of people in defined service user groups e.g. older people, carers, people with disabilities. ***It is proposed that any future programme should focus on meeting the needs of people within their communities of place or interest.*** This will allow grants programmes to support the delivery of priorities identified within the Locality Improvement Plans and to meet the needs of the whole range of service user groups.

7.4 Possible priorities for the award of grants based upon priorities within the Strategic Plan 2016-19, the Locality Improvement Plans and emerging priorities from the outline strategic commissioning plans being produced in respect of learning disabilities, mental health, older people, physical disabilities and primary care, include:

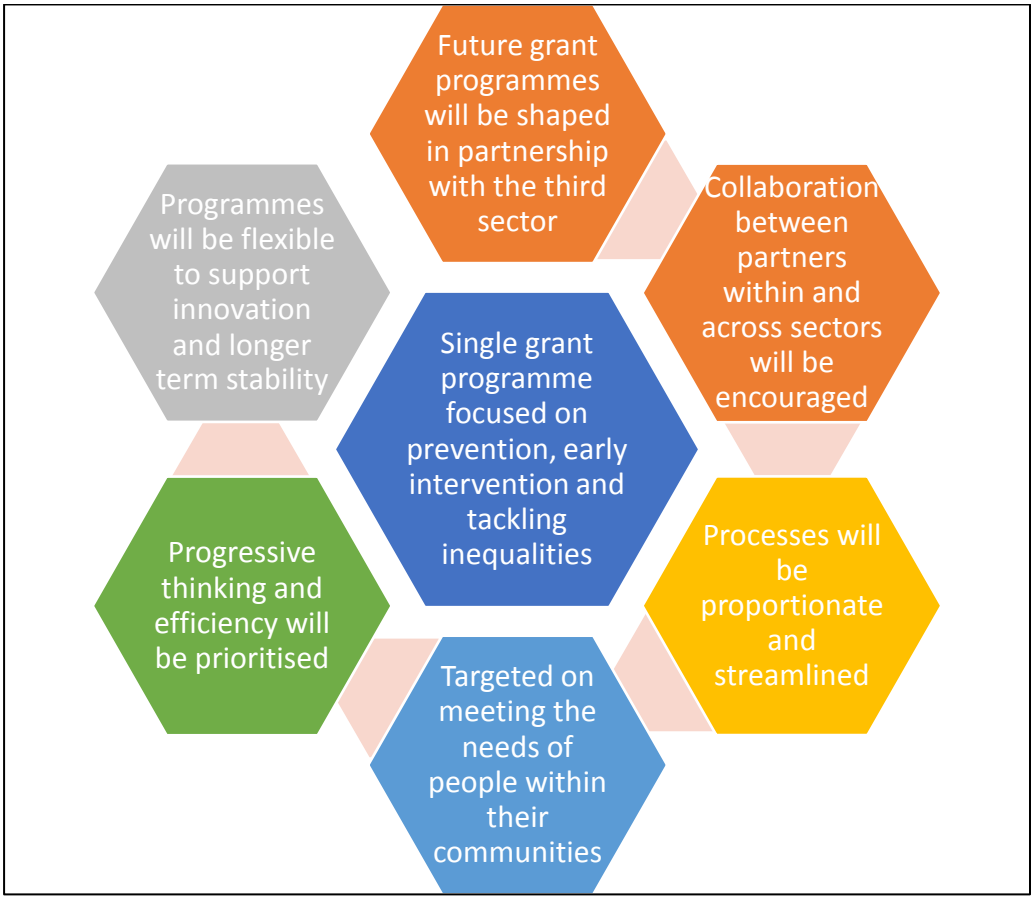
i. Reducing social isolation
ii. Promoting healthy lifestyles, including physical activity and healthy eating
iii. Mental wellbeing
iv. Supported self-management of long-term conditions
v. Information and advice – income maximisation – aligned with the overall development of advice services in Edinburgh
vi. Reducing digital exclusion

vii. Building strong, inclusive and resilient communities

7.5 Given the importance of developing new and different approaches to supporting people to live independently within their communities, ***it is also proposed to establish an Innovation Fund to provide short-term funding for tests of change***. This Fund will be set up in such a way that there is access to ongoing funding for those tests of change that evidence the benefits of ongoing investment.

8 Principles that will underpin any future grants programme

8.1 The diagram below sets out the principles that will underpin any future grant programmes:



9 Options for the delivery of efficiencies

9.1 The current financial pressures being experienced by the Integration Joint Board, City of Edinburgh Council and NHS Lothian will continue for the foreseeable future. By 2023 the projected shortfall in the Integration Joint Board's budget will be in excess of £100 million. In this context it is vital that we make every penny count and make best use of capacity across the whole system to operate as efficiently as possible.

9.2 The Integration Joint Board has stipulated that the review of the existing grants programmes should deliver efficiencies equivalent to 10% of the value

of the grants in scope from 1 April 2019. This equates to £439,000. A real opportunity exists to deliver this 'efficiency' by doing things differently through whole system change rather than taking a 'salami slicing' approach to deliver savings. We could deliver more for the same amount of money or develop proposals that allow savings to be made elsewhere in the system.

10 The role of the Integration Joint Board in respect of grants

10.1 The role of the Integration Joint Board is to produce a strategic plan setting out how health and social care services should be delivered in Edinburgh and to oversee the implementation of that plan. The Council and NHS Lothian are jointly responsible for the delivery of health and social care services through the Edinburgh Health and Social Care Partnership under the direction of the Integration Joint Board.

10.2 The review is being led by a steering group, membership of which includes the three representatives of the third sector who sit on the Integration Joint Boards' Strategic Planning Group and a representative of Edinburgh Affordable Housing Partnership.

11 Next steps

Engagement events with partners	26 April 2018
Interim report to the Integration Joint Board	18 May 2018
Follow up engagement event	7 June 2018
Development of detailed proposals for new grants programme	June/July 2018
Second report to Integration Joint Board	August 2018

Wendy Dale
Strategic Planning, Service Re-design and Innovation Manager
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23 April 2017

Item 5.8

Report

Royal Edinburgh Campus and St Stephen's Court
Edinburgh Integration Joint Board

18 May 2018

Executive Summary

1. This paper describes the current position with regard to the development of the business case for the Royal Edinburgh Campus, and the related commissioning of capacity at St Stephen's Court. Both items have been discussed by the Mental Health Reference Group.

Recommendations

2. The Integration Joint Board is asked to:

   i. note the progress made in developing the case for the Royal Edinburgh Campus

   ii. agree that NHS Lothian can progress to the next stage of development of the case

   iii. mandate the IJB chair to write to the chair of NHS Lothian's Finance and Resources Committee noting the IJB's approval, with an expectation that outstanding issues are resolved and returned to the IJB before final design and financial agreement

   iv. approve the commissioning of 16 places in the St Stephen's Court development.

Background

3. The Edinburgh IJB has delegated responsibility for the planning and commissioning of the majority of specialist mental health services provided to the adult population of Edinburgh. The IJB also has responsibility for the planning and commissioning of physical rehabilitation services for the adult population of the city. The Edinburgh Health and Social Care Partnership provides most of these services, with some provided on a hosted basis for the 4 Lothian IJBs.

4. NHS Lothian has for some time been developing the Royal Edinburgh Hospital campus (REC) to replace older buildings on the site that no longer meet modern standards of care. This development will also see the services provided on the Astley Ainslie Hospital site re-provided in purpose-built modern accommodation on the REC site.

5. The first tranche of new buildings was provided with phase 1 of the programme in 2017, which saw acute mental health services, older people's mental health services, and specialist neuropsychiatric rehabilitation services in the Robert Ferguson Unit move in spring and summer of the year.

6. The Outline Strategic Commissioning Plans for Mental Health, for Learning Disabilities and for Physical Disabilities are the primary vehicles for progressing these developments.

Main report

7. Facilities for inpatient care in the Royal Edinburgh Hospital have long been recognised as not ideal for modern care.

8. Long stays within the walls of an institution are not consistent with best treatment or indeed with basic citizens' rights. The move of long-stay patients with learning disabilities from institutional/hospital care to greater independence in the community is testament to the success of this programme, which now needs to extend to more hospital-based patients.

9. The outline commissioning plans set out the next steps in this work for Edinburgh. These note not only the desire to minimise institutionalisation and maximise community provision, but also the strategic direction to reduce the number of citizens who have their care provided in other parts of Scotland and indeed the UK, in a mix of statutory, independent, and private provision. In several cases, this is due to the lack of appropriate physical environment and capacity in Edinburgh and nearby.

10. This external provision is funded from "UNPACS" (Unplanned Activity) budgets held by NHS Lothian and local authority resources. Such placements range in cost from £180k to £380k per annum, but also detach citizens from their home communities.

11. Other elements included phase 2 of the REC programme are the Ritson Clinic (for alcohol and drug detoxification) and site infrastructure costs.

12. Phase 3 will focus on the integrated rehabilitation services currently provided on the Astley Ainslie Hospital site. It is expected that a bed model and outline business case for this will be brought to the IJBs towards the end of the calendar

year, which will dovetail with the finalisation of the Strategic Commissioning Plan for Physical Disabilities.

13. The bed model for phase 2 has been developed between the Health and Social Care Partnership planning teams and the Royal Edinburgh Hospital clinical and management teams. This has brought the process to a point of agreeing an "ideal" bed number, as shown in table 1, below.

Table 1 – showing "ideal" bed numbers in REC Phase 2

Service	**"Ideal" bed number**
Learning disabilities	15
Mental Health Rehabilitation (including women with complex needs)	18
Forensic Low Secure	15

14. The business case includes a total of 8 additional beds for mental health, which would provide "flexibility". This needs to be fully explored in terms of the attendant costs. As it stands, the presumption is that these beds would be provided without additional costs to IJBs, but this has to be fully tested.

15. NHS Lothian has undertaken not to progress with this case unless it has full approval from the 4 Edinburgh and Lothian IJBs, and the approval or otherwise will be taken to NHS Lothian's Finance and Resources Committee on 23 May. It is therefore recommended that this approval be given and that the chair of the IJB write to the chair of NHS Lothian's Finance and Resources Committee noting the additional work required on the bed numbers; that in Edinburgh this will be part of the work associated with developing the strategic commissioning plans, and that final approval, including costs, will need to be sought from the IJB before progressing to the next stage of business case development. A similar approach will need to be taken with the Astley Ainslie Hospital bed model.

16. Associated with the development of improved acute inpatient services is the need to improve community assets and placements. Edinburgh has approximately 214 places and as part of the development of phase 1, the IJB had given approval for a financial contingency allocation, which would be used to fund a development at St Stephen's Court, in the West of the city. This will provide 16 additional community placements at a recurring cost of £902k, which would be funded from the £1.19m contingency set aside for this purpose.

Key risks

17. There are financial risks associated with the costs of the new facilities and in ensuring that there are appropriate community placements to support these.

Financial implications

18. The net impact of the St Stephen's Court development is £902k, funded from the contingency set aside for phase 1 of the Royal Edinburgh Campus.

Implications for Directions

19. A Direction should be issued by the IJB regarding both the further development of the REC business case and the St Stephen's Court development. These will be brought to the next IJB.

Equalities implications

20. An Integrated Impact Assessment will be undertaken in further iterations of the REC business case.

Sustainability implications

21. These are built into the development of the REC business case.

Involving people

22. The Reference Boards for Mental Health, Learning Disabilities, and Physical Disabilities are designed to provide significant opportunities for broader engagement with communities.

Impact on plans of other parties

23. These proposals impact on the capital plan for NHS Lothian and on the strategic plans for all 4 Edinburgh and Lothian IJBs.

Background reading/references

24. Outline Strategic Commissioning Plans for Mental Health and Learning Disabilities – report to January 2018 IJB meeting.

25. Outline Strategic Commissioning Plan for Physical Disabilities – report to February 2018 IJB meeting.

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Item 5.9

Report

The Inclusive Homelessness Service at Panmure St Ann's

Edinburgh Integration Joint Board
18 May 2018

Executive Summary

1. The purpose of this report is to present the Standard Business Case for the creation of a new operational base for the Inclusive Homelessness Service (IHS) in a setting that will enable the co-location of NHS Lothian, City of Edinburgh Council and third sector agencies working together to serve the target population.

2. The proposal seeks capital funding from NHS Lothian and therefore the Business Case has been prepared in line with the guidance contained in the Scottish Capital Investment Manual.

3. On 13 April 2018, the Strategic Planning Group considered a version of this paper and endorsed the recommendations.

Recommendations

4. The Integration Joint Board is asked to:

   i. note that the Edinburgh Access Practice had to vacate its main surgery in the Cowgate in January 2017, and as a result, was compelled to take up sub-optimal accommodation in the basement of the Spittal St clinic

   ii. note that the Lothian Capital Investment Group (LCIG) agreed in May 2016 that Spittal St did not offer an acceptable long-term solution for this service

   iii. note that to improve outcomes for service users, a new integrated model of complex needs provision in the shape of the IHS has already been approved by the Integration Joint Board

   iv. endorse the selection of the Council-owned property that previously served as the Panmure St Ann's School as the preferred operational base for the HIS

v. endorse the accompanying Business Case, which seeks capital funding of £2.98 million from NHS Lothian for the re-fit of Panmure St Ann's

vi. endorse the estimated annual running costs of £106k arising from the occupancy of Panmure St Ann's, of which NHS Lothian has agreed to provide £86K and the Council the remaining £20k

vii. ask the Council and NHS Lothian to develop a framework for the funding of capital projects that are developed in partnership.

Background /Main report

5. The project seeks to improve the life chances, health and wellbeing of the most vulnerable, disenfranchised and disengaged citizens who exhibit a range of profound and complex needs and who place significant demands on services, but for whom, despite significant resource allocation, outcomes are often poor.

6. In 2016, the Complex Needs Review Group reported to the Integration Joint Board on how service delivery to this population could be enhanced to improve outcomes. Co-location, single management, shared priorities and culture shift were identified as prerequisites for successful transformation. The task of implementing this change has been taken on by the Inclusive Edinburgh Implementation Board (IEIB).

7. The service structure is fragmented and piecemeal. The Edinburgh Access Practice provides general practitioner services to over 600 people, many of whom also benefit from the mental health and substance misuse staff who are attached to the practice. In January 2017, the Access Practice had to move from its Cowgate premises and since then its main clinical base has been in the lower ground and basement floors of the Spittal St Clinic.

8. Council services delivered through the IHS, consist of housing support, social work and criminal justice. These are situated for the most part in the Access Point in Leith St, which also offers a very limited clinical space for an Access Practice satellite surgery. The Access Point's housing support service has a caseload of over 500, of whom roughly half are registered with the Access Practice.

9. Third sector partners, such as Streetwork and Cyrenians, also perform a vital role in supporting the target population and acting as a bridge between the service users and the public sector agencies. The IHS seeks to gain increased benefit from this activity by providing touchdown accommodation for voluntary sector staff in the new operational base.

10. Neither the Spittal St nor the Access Point premises provide a suitable location for a fully integrated IHS service. Both are too small and do not provide an

environment that is safe, capable of promoting wellbeing and “psychologically informed”.

Main report

11. The Inclusive Edinburgh Board has identified that the service solution must entail a multi-agency approach, with a recovery focus, working in a co-located setting in the city centre. The project brief consists of the provision of accommodation for up to 50 staff, composed of a roughly equal number of NHS Lothian and Council employees.

12. In 2016, the Council indicated that the Panmure St Ann’s School in the Cowgate would close in 2017, following a period of statutory consultation. This along with an option to locate the IHS in Waverley Court was the subject of a feasibility study conducted by Hub South East Scotland in 2016. Although the capital costs per square metre were roughly comparable, Panmure was very much preferred as the best option for benefits realisation.

13. The Panmure project will consist of four consulting/treatment rooms, eight interview rooms and an OT assessment room on the ground floor, with staff office workstations on the first floor. The total gross internal area of the building is 808 square metres and the occupancy breakdown reveals a split of 64.2% for the NHS component of the service and 35.8% for the Council’s component.

14. The Council has issued draft heads of terms to NHS Lothian, which stipulate that a peppercorn rent of £1 per annum will be charged for the property on the basis that NHS Lothian will fund the entire capital works programme. The lease will be for a duration of 20 years, with an option for a further of 10 years and NHS Lothian will assume responsibility for repairs and insurance.

15. The running costs, inclusive of rates, energy and cleaning, amount to £106k per annum, based on benchmarks for similar properties elsewhere. NHS Lothian has offered to contribute £86k, which was the GMS budget allocation for the Access Practice occupancy of the Cowgate, leaving the remainder to be funded by the Council.

16. Spittal St will remain as an operational base for the NHS Lothian Harm Reduction team, which is managed by Royal Edinburgh and Associated Services, whilst the Council-owned Leith St premises will become surplus to requirements if this project goes ahead.

17. Panmure represents one of the first major capital projects undertaken on behalf of the IJB, which has depended on the Council agreeing to forfeit a commercial rent or capital receipts from the sale of a surplus property. As a result, there has been some delay before agreement could be reached on the nature of the

property transaction between the two corporate bodies. The arrangements that have been devised for the occupancy of Panmure should not be viewed as a precedent for future Health and Social Care Partnership services that are hosted in NHS Lothian or City of Edinburgh Council properties.

Key risks

18. Failure to provide suitable premises for the IHS will impede service integration and impair outcomes for service users, resulting in an adverse impact on inequalities in the city.

Financial implications

19. The project will require a capital investment of £2.98 million, including VAT, which will be met by NHS Lothian.

20. If this capital funding is forthcoming, the Council is prepared to offer the Panmure St Ann's property to NHS Lothian for a peppercorn rent. The remaining property costs amount to £106k per annum, of which £86k will be met by NHS Lothian and £20k by the Council.

Implications for Directions

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

    4 c) co-location of the Access Practice with a range of other services to support homeless people with complex needs to deliver new integrated ways of working.

Equalities implications

22. An Integrated Impact Assessment has been held, which explored the potential impacts arising from the project and concluded that several issues should be considered during the detailed design stage to ensure that the needs of the target populations were fully met.

Sustainability implications

23. The re-location to a newly refurbished service base will be more energy efficient and will replace existing accommodation in Spittal St and Leith St.

Involving people

24. The Complex Needs Working Group conducted a series of workshops for service users, which identified the advantages of an integrated service working from a single location that met the design criteria of a “psychologically informed environment”.

Impact on plans of other parties

25. The project will have a significant impact on the work carried out by third sector organisations, such as Streetwork and Cyrenians who are commissioned by the Health and Social Care Partnership to support the role of the IHS.

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Appendices

Appendix 1	Inclusive Homelessness Service: Standard Business Case

STANDARD BUSINESS CASE

1 Executive Summary

At any time there are a number of inhabitants of Edinburgh who are described as homeless; a more accurate definition might be vulnerable, disenfranchised and disengaged citizens who place significant demands on services, and for whom, despite substantial resource allocation, outcomes are mostly poor. The evidence indicates that the number of people in Edinburgh that fall into this category is growing year by year.

Edinburgh Access Practice

The main provider of health care to this population for the last 20 years has been the Edinburgh Access Practice (EAP). The Practice serves a transient population of up to 700 patients, with a relatively high level of turnover, many of whom present multiple and complex problems that demand a range of interventions from both the NHS and other services.

In 2017 the Practice vacated its main surgery in the Cowgate in order to make way for a planned hotel development and since then has taken up accommodation in basement of the Spittal St Clinic.

Review of Homeless Service Provision in Edinburgh

In view of the evidence of unsatisfactory outcomes experienced by the homeless population a Review led by the Edinburgh Integrated Joint Board (IJB), has developed a set of proposals to improve service delivery. The key recommendations are that a new Inclusive Homelessness Service (IHS) should be more focussed on those in greatest need, be delivered by an integrated team with an overall manager and be based in a single city centre location in a co-located setting.

As a consequence of the Review the brief for the re-provision of EAP was extended to include accommodation for Housing and Social Work staff working within the IHS as well as some space for voluntary sector partners. Council employees attached to the IHS are currently based in the TAP office at Leith St. and will move to the new premises when they become available. Altogether the new remodelled service consists of 40 staff, equally split between NHSL and the Council.

Panmure St Anne's

A number of accommodation options for the IHS have been investigated and the preferred solution is that the Panmure St Ann's school in the Cowgate is used for this purpose.

The case for the Panmure option has been substantiated by a Strategic Support Services report conducted by Hub South East (HubSE) which has developed a design solution that can accommodate the full range of IHS provision and also potentially offer some surplus space for collaborative ventures with academic and research bodies working in the field of homelessness.

The project steering group has expressed a strong preference for this option in terms of its location, its accessibility and its potential to create a psychologically informed environment which can improve clinical outcomes. This is reflected in the non financial benefits analysis that is included in the business case.

Finance

The HubSE report identified estimated capital costs of £2,980 millions, inclusive of VAT, that are necessary for the conversion and fit out of the property.

The revenue consequences of the project is underpinned by the transfer of property budgets from the previous EAP premises in the Cowgate and the Council owned TAP building in Leith St.

Edinburgh Council owns the Panmure St Anne's property and is prepared to offer a lease to NHS Lothian. Since the Edinburgh Integrated Joint Board (IJB) has assumed responsibility for the delivery of services to the homeless population through the IHS, its consent to this business case is also required.

Project Plan

HubSE will be appointed by NHSL to carry out the refurbishment of the Panmure site with Grahams acting as the tier one contractor. The initial draft programme indicates that the project can be completed by March 2020 if NHSL is able to approve the business case and subsequently issue a New Project Request to HubSE during July 2018.

Contents

Section

Appendices available on request

2 The Strategic Case

2.1 Strategic Context

2.1.1 NHSL has 4 overarching objectives which are to:

- Protect and improve the health of the population
- Improve the quality and safety of health care
- Secure value and financial sustainability
- Deliver actions to enable change

2.1.2 The newly established Integration Joint Board (IJB) of the Edinburgh Health & Social Care Partnership (EHSCP) is the vehicle by which NHSL and Edinburgh Council together with local communities will plan, organise and deliver services in Edinburgh. As such it will seek it will seek to:

- Deliver services more innovatively and effectively by bringing together those who provide community based health and social care;
- Shape services to meet local needs by directly influencing Health Board planning, priority setting and resource allocation;
- Integrate health services, both within the community and with specialist services, underpinned by service redesign, clinical networks and by appropriate contractual, financial and planning arrangements;
- Improve the health of local communities, tackle inequalities and promote policies that address poverty and deprivation by working within community planning frameworks;
- Ensure more people receive clinical care closer to their homes and in community settings

2.1.3 Edinburgh IJB is responsible for the following strategic priority within the Edinburgh Community Plan:

> *"Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health focusing particularly on shifting the balance of care, reducing alcohol and drug misuse and reducing health inequalities."*

2.1.4 One of the key priorities of EHSCP is to combat inequalities. Action to tackle the problem requires a joined up approach with other service providers as clinical interventions on their own may have little impact in mitigating the incidence and effect of inequalities. EHSCP recognises the importance of specialist services that target the most disenfranchised groups.

2.1.5 The IJB will continue to support Inclusive Edinburgh, a major multi-agency initiative formed in 2014 which aims to engage all service providers to improve access to services, to provide psychologically informed services and to maintain an integrated response to people no matter the level of need, risk or complexity they present.

2.1.6 The IJB also has taken on responsibility for the delivery of mental health and substance misuse services within Edinburgh.

2.1.8 NHS Boards in Scotland have a responsibility to have plans in place to address the specific health problems that are encountered in the homeless population. In 2005, the then Scottish Executive produced a set of standards that should inform that strategy as detailed below:-

Standard 1
The Board's governance systems provide a framework in which improved health outcomes for homeless people are planned, delivered and sustained.

Standard 2
The Board takes an active role, in partnership with relevant agencies, to prevent and alleviate homelessness.

Standard 3
The Board demonstrates an understanding of the profile and health needs of homeless people across the area.

Standard 4
The Board takes action to ensure homeless people have equitable access to the full range of health services.

Standard 5 The Board's services respond positively to the health needs of homeless people.

Standard 6 The Board is effectively implementing the health and homelessness action plan.

2.1.10 In terms of services delivered to the homeless persons, or those at risk of homelessness there is widespread recognition that much more could be done in order to improve outcomes for service users. This led to both NHS Lothian and Edinburgh Council agreeing to the commissioning of the Complex Needs/ Homelessness Review under the auspices of Inclusive Edinburgh. The Review sought to ensure that homeless people with complex and multiple needs experience are better able to life safer lives through effective risk management and evidence based interventions

2.1.11 The Review set out a list of recommendations in its final report to the IJB in March 2016. It identified that a full business case for the funding, location and integration of a Complex Care Homelessness Service would be brought back for approval once proposals for a city centre location are agreed by NHS Lothian and Edinburgh Council. That agreement has now been reached and this business case is now ready for approval.

2.2 Investment objectives

The investment objectives the project seeks to achieve are presented below:

- To continue to provide General Medical Services to patients who are homeless, or at risk of homelessness
- To develop an integrated service model that maximises the scope for joint working and multi-agency interventions
- To reduce the incidence of health inequalities in Edinburgh
- To improve the healthcare environment so that services are delivered more safely, and effectively.
- To deliver high quality health care services more efficiently to the complex needs population

2.3 Existing Arrangements

2.3.1 There is a recognisable group of people living in Edinburgh who are often described as having “complex needs”, who struggle with homelessness, and often unemployment, drug and alcohol problems, mental or physical ill health, and who may be victims of violence. At any one time the number of homelessness cases dealt with by Edinburgh Council housing services averages around 450, with a similar number of new cases presenting each year. This figure does not take into account of 100 or so homeless people who choose not to engage with Edinburgh Council Homelessness Services but do occasionally use night care shelters run by the Bethany Trust.

2.3.2 Available data on the homeless population reveals that they experience poorer physical and mental health than the general population. A 2014 health audit of over 2500 homeless people in England found much higher prevalence of physical, mental and substance misuse issues in the homeless population compared to the general population (see Table 1)

Table 1

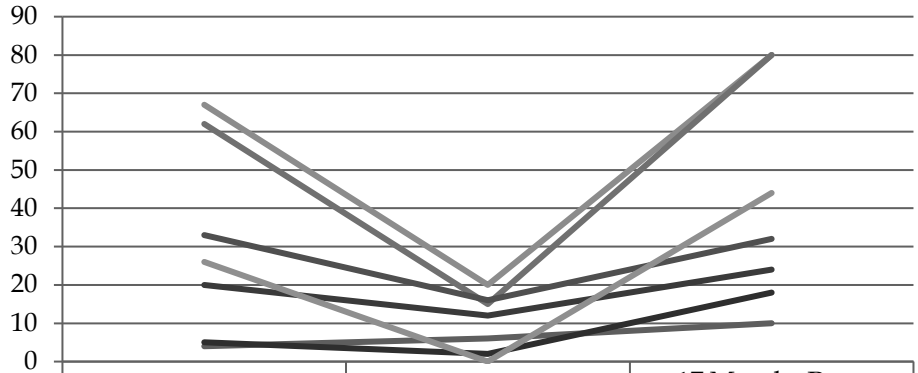
Health Issue	Homeless Population	General Population
Long term physical health problems	41%	28%
Diagnosed mental health problems	45%	25%
Taken drugs in the past month	36%	5%

2.3.3 Homeless people have a much higher risk of death from a range of causes than the general population. A retrospective five year study in Glasgow found that being homeless increases the risk of death from drugs by seven times, trebles the risk from chest conditions and doubles risk from circulatory conditions. Many of the health conditions that homeless people develop in their 40s and 50s are more commonly seen in people decades older. The average age of death for a homeless male person is 47 compared to 77 in the general population. In 2013-14, the average age of death for a Crisis Centre user in Edinburgh was 36 years.

2.3.4 The most common health needs of homeless people relate to mental ill-health, alcohol abuse and illicit drug use and dual diagnosis is frequent. Injuries arising from violence and aggressions are a common threat to the physical and psychological health of homeless people. Depression and suicides are higher among homeless people compared to the general population. Mental ill health is both a cause and a consequence of homelessness as are alcohol and drug abuse. There is also a complex relationship between homelessness and offending with an increase in the risk of homelessness for those who have spent time in prison and a lack of stable accommodation increasing the risk of re-offending.

2.3.5 The provision of health care on its own to this population is often ineffective as lifestyle patterns of behaviour is likely to persist unless there is access to adequate housing and social support services. Equally providing standard rented accommodation to this group may be futile if the recipient is unable to sustain an independent tenancy. For many members of the complex needs group, access to supported accommodation makes the most positive impact. Table 2 below represents the service engagement made by a single EAP patient over an 85 month period divided into three periods – before supported accommodation (PIE Temp), during supported accommodation and following leaving the supported accommodation.

Table 2



	34 Months Pre-admission	34 Months Admission to PIE Temp	17 Months Post-Leaving *(figs doubled for data comparison)
A& E Admission	67	20	80
Ambulance Calls	62	15	80
Hospital Admissions	4	6	10
GP	33	16	32
Practice Nurse	20	12	24
Mental Health Nurse	5	2	18
Rough Sleeping	26	0	44

2.3.6 Table 2 above also reveals the scale of demand that one person with complex needs can place on scarce public sector services. Over the space of the 85 month period, the patient attended A&E on 167 occasions, was the subject 157 ambulance calls and experienced 20 hospital admissions with the great majority of contacts taking place when the individual was not in secure supported accommodation.

2.3.7 The most vulnerable group within the population termed as homeless are the “rough sleepers” who present most severe cases of multiple exclusion. Estimates for the number of people sleeping rough on a typical evening in Scotland is over 650 whilst the

number of unique user of winter shelters In Edinburgh during the 2016-17 season was 702. Significantly recently evidence from England indicates that the number of rough sleepers has grown by 30% over the last 12 months.

Edinburgh Access Practice

2.3.7 The Access Practice (EAP) performs the lead role in providing health care services to the homeless population in Edinburgh. It is established as a 2c "salaried" Practice, directly managed by NHSL, which provides General Medical Services to a fluctuating patient list of between 500-700 patients. The annual budget consists of £912K for staffing costs and a further £86K for premises.

2.3.8 As described earlier the target population presents a range of needs requiring specific interventions. Therefore the Practice team consists of specialist mental health, occupational therapy, substance misuse practitioners as well as GP's, practice nurses and administrative staff. At the present time over 250 of EAP's patient list are on the caseload of the Practice's mental health team.

2.3.9 In January 2017 EAP was compelled to vacate its primary base in the Cowgate owing to the termination of the lease. Since then EAP has delivered its main surgery from the NHSL property in Spittal St which it shares with the city wide Substance Misuse Harm Reduction team.

The Access Point (TAP)

2.3.10 A total of 30 Housing, Social Work and Criminal Justice staff managed by the IHS are based at the TAP office in Leith St. This property also offers a very small satellite surgery for EAP which is accessed through a separate entrance.

2.4 Business Needs

2.4.1 This section covers the challenges encountered by the EAP, Housing and Social Work services that are part of the IHS and which are working together to improve outcomes for the homeless and complex needs population in Edinburgh.

2.4.2 In May 2015, a Review of Homelessness Services in the city was agreed by the Corporate Management Teams of both NHS Lothian and Edinburgh Council. The Review was conducted under the leadership of Inclusive Edinburgh.

2.4.3 The Review engaged as full partners a number of voluntary sector agencies, such as Streetwork and Edinburgh Cyrenians, who work with the homeless population. It has also consulted a significant number of service users and the results of this engagement were contained in the report of the Service User Work Stream that informed the Review's plans for future service re-design.

2.4.4 In order to fulfil its remit the Review scoped out the activities delivered by all homelessness service providers through analysing workloads, service user pathways and resourcing levels. The key recommendations of the Review were reported to and approved by the IJB in March 2016 and led to the creation of the IHS.

2.4.5 The Review found that service provision was fragmented and delivered in settings that were oppressive and potentially unsafe. As such one of its early recommendations was the need to develop a single service base in the city centre which could offer a safe and accessible facility to replace the Cowgate and Leith St premises.

2.4.6 A new post of Inclusive Homelessness Service Manager has been created to take responsibility for managing the delivery of all homelessness services that are the

responsibility of Edinburgh IJB and co-ordinate the full range of service delivery with voluntary sector partners. The post has been job evaluated by both Council and NHS Lothian and the post was eventually recruited in February 2018.

2.4.6 Since the report recommending the formation of the IHS was approved further measures to improve delivery have been introduced by the New Ways of Working Group in order to create a service model that will have a sharper focus on people who are homeless or at risk of homelessness but overall impacts remain constrained by the fragmentation of services between Spittal St and TAP.

2.4.7 Following on from this Table 3 below demonstrates what business needs should be addressed in order to accomplish the investment objectives.

Table 3: Business Needs

Investment objectives	Business needs
To continue to provide general medical and community health services to patients who are homeless, or at risk of homelessness	EAP needs to be re-provided in a central Edinburgh location. Suitable mix of services should be located on site in order to encourage attendance and facilitate treatment.
To develop an integrated service model that maximises the scope for joint working and multi-agency interventions	Co-location and unitary management arrangements are desired. Services should share eligibility criteria. Resources need to be pooled with integrated business support across the partner agencies Review of skills mix within current staff group
To reduce the incidence of health inequalities	Provide better, more targeted interventions Greater focus on patient and client outcomes Initiatives to support harm reduction and promote healthier lifestyles are actively pursued.
To improve the healthcare environment so that services are delivered more safely, and effectively.	Replace existing properties that are not categorised as functionally suitable. Ensure that premises are H&S and DDA compliant. Service users should have positive experiences of care.
To deliver high quality health care services more efficiently to the complex needs population	Encourage self management of health conditions Foster relationship building with service users as a bridge to more effective engagement Consolidate linked services in one location.

2.5. Potential Business Scope and Service Requirements

2.5.1 The re-provision of accommodation for the EAP formed the original scope of this project. This consisted of capital fit out to meet clinical requirements and equipment costs together with future revenue expenditure on the selected property. This will require a city centre location providing around 350 sq m of accommodation in terms of consulting, treatment and office space.

2.5.2 Further to the above the project should provide accommodation for around 25 Housing Support, Social Work and Criminal Justice staff employed by Edinburgh Council in line with the integrated service model recommended by the Homelessness Review to promote co-location with other services.

2.5.3 The new IHS model will also involve the active participation of voluntary sector partners to provide triage and ongoing support to service users and so both Cyrenians and Streetwork will require access to touchdown facilities. The full accommodation schedule for the redesigned IHS is presented in Appendix II.

2.5.3 The Business Case does not include any detailed assessment of the scope for potential savings on EAP employee costs arising from the introduction of the remodelled IHS and the opportunities to generate efficiencies from co-location. It is assumed that the consolidation of three separate receptions (one currently in Spittal St and two in TAP) into one will enable some reductions in staff levels. In anticipation of this in the past year EAP has recruited all new staff on temporary contracts.

2.5.4 The design brief for the new premises should enable the co-located services to share a single reception and all patient facing facilities. Occupants will operate the same protocols to ensure staff and patient safety. The site will offer a secure entry to the shared reception and waiting area but also offer capability for separate access for patients who may need to be segregated from other service users. This feature is especially useful to regulate the patient mix and prevent potential adverse interactions between some service users.

2.5.5 Furthermore the Review identified the importance of creating a “Psychologically Informed Environment” (PIE)[1] in the new facility. This will result in a non-institutional, safe and welcoming space which offers a sense of physical and emotional security for clients and staff.

2.5.6 Following discussion with the Salaried Primary Care Dental Service it has been agreed that any re-provision should include space that meets the minimal standard necessary for the assessment of patients with the intention being that subsequent treatment is delivered at Chalmers.

2.5.7 In summary the minimum service requirements to be met by this project can be summarised as follows:

- Identify and secure new premises for EAP in order to maintain business continuity
- At the same time provide accommodation which allows co-location with other public and voluntary sector services that will combine to form a new Edinburgh Inclusive Homelessness Service working with the complex needs population in
- Ensure that the new facility for the integrated service embraces the design principles of a “psychologically informed environment”.

[1] S.Boex and W. Boex “Well-being through design; transferability of design concepts for healthcare environments to ordinary community settings”

2.6 Potential Benefits

2.6.1 Benefits arising from addressing the business needs can be expressed in a number of ways. The table below presents a list of benefits which are based on the measurable indicators identified in the strategic assessment guidance which forms part of the NHS Scotland Capital Investment Manual.

Table 4 Project Benefits

Investment objectives	Benefits	Measurement
To continue to provide general medical services to patients who are homeless, or at risk of homelessness	Reduces the rate of attendance at A&E Avoids placing additional workload on other General Practices	PACT data PCCO
To develop an integrated service model that maximises the scope for joint working and multi-agency interventions	Supports people looking after their own health and well being. Closer working relationships with other service providers Shared eligibility criteria between service providers	Inclusive Edinburgh Inclusive Edinburgh Inclusive Edinburgh
To reduce the level of health inequalities	Supporting a reduction in premature mortality Supporting early cancer detection Supporting suicide reduction initiatives	QOIS HEAT HEAT
To improve the healthcare environment so that services are delivered more safely, and effectively.	Improves the physical condition and quality of the healthcare estate Reduces the age of the healthcare estate Reduces incidence of violence and aggression	SAFR SAFR DATIX recording
To deliver high quality health care services more efficiently to the complex needs population	Reduces the demand for backlog maintenance Contributes to a reduction in energy consumption/carbon emissions Optimises resource usage Improves space utilisation Optimises running costs of buildings	NHSL Financial Plan SAFR QOIS SAFR SAFR

2.6.2 In addition to this approach the Review of Homelessness Services also produced a Benefits Case that considered the advantages resulting from the broader aspects of service integration and the introduction of new ways of working. This informed the final report of the Review and is presented in Appendix I of this Business Case.

2.6.3 In terms of directly identifiable consequences, an optimised, adequately funded IHS was perceived to result in the following benefits:-

- Improved psychological and emotional wellbeing for each individual and significantly raised percentage chances of break cycles of harm and the individual progressing towards citizenship.

- Visible impact on the streets of Edinburgh (fewer sleeping bags). It is impossible at this stage to quantify the number of individuals

- Individuals presenting less often at statutory services (A&E etc) and as a consequence the release of statutory capacity (NHS/Police/Criminal Justice/CEC)

- An exemplar of Health and Social Care integration that demonstrates the efficacy and improvement inherent in service redesign, single unified culture and management.

2.6.4 Following on from this, the new integrated service model should be viewed as only one part of the wider, local and national homelessness effort. So there are benefits that the service may contribute to but where impacts should not be attributed solely to the activity of the service. In this category the following benefits are highlighted:-

- Economic: Contribute towards a reduction of the £20k to £40k per person per year net additional spend by the state.

- Public Sector Reform: Contribute towards a change in approach and attitude across all statutory services in Edinburgh/Scotland towards complex needs individuals

- Health & Social Care Integration: Provide a successful model of service reform within the national health and social care agenda.

2.7 Strategic Risks

2.7.1 Failure to ensure positive outcomes for the homeless population remains the most critical risk encountered by NHSL if this project does not go ahead.

2.7.2 Construction and design risks are detailed in Appendix VI which is the risk register compiled by NHS Lothian's chosen development partner, Hub South East Scotland (HUBse)

2.7.3 In addition to the risks arising from the development process there are a number of strategic risks which have been addressed in the lead up to this Business Case.

Table 5 High Level Risks

Risk categories	Identified risks	Proposed actions
Business Risks	Capital cost overruns Lease arrangements not acceptable	Agree affordability cap with HubSE Negotiations on heads of terms have been concluded.
Service Risks	Integrated service model not fully tested Stakeholder expectations of redesigned service exceed affordability	Ensure that potential impacts are understood and plans are in place to mitigate negative consequences through an Integrated Impact Assessment Work with stakeholders to ensure expectations are realistic
External Risks	Delay in securing Edinburgh Council's commitment to the project. Planning risks	Ensure that capital and revenue funding proposals are submitted promptly to Council governance Initial exploration with Planning department undertaken by Hubco

2.8 Constraints

2.8.1 Any re-provision of the IHS will require investment to fit out clinical space and there is no guarantee that NHSL capital funding will be available for this purpose.

2.8.2 There is an overwhelming consensus that in order to be effective, IHS provision to the complex needs population must be delivered in a city centre setting. The number of available city centre sites is limited and none suitable have been identified that are currently owned or controlled by NHSL.

2.9 Dependencies

2.9.1 The successful delivery of this project depends upon on all partners agreeing to the organisational proposals made by the Review. In addition the terms for any Council owned property required by the IHS will need to be approved by a meeting of Edinburgh Council Finance and Resources Committee.

3 The Economic Case

3.1 Overview

3.1.1 The critical success factors form the essential pre-requisites that must be in place in order for the project to be delivered. The Scottish Capital Investment Manual (SCIM) sets out the key criteria that must be fulfilled before the project can go ahead, as follows:-

- The project needs to reflect the strategic goals of both NHSL and Edinburgh Council and deliver the investment objectives set out in section 2.2
- Benefits optimisation: the option should maximise the return on investment providing a solution which offers long term sustainability. The main benefits and the data sources used to measure them are presented in section 2.7
- Supply side capacity and capability: the option must optimise service delivery and provide sufficient capacity for the desired service configuration, and EHSCP must be able provide this level of service. This capacity is presently in place, and will be confirmed in the Strategic Plan of EHSCP.
- Potential affordability: the project must be affordable and this is addressed in the Financial Case outlined in Section 4.

3.1.2 The Scottish Government has introduced a set of Strategic Priorities with links to measurable indices which form the basis for assessing the benefits of capital projects throughout Scotland. These Strategic Priorities will be used as the key measures to assess the available options for this project.

3.2 The Options Shortlist

3.2.1 A shortlist of options was presented in 2015 in the Initial Agreement for this project. It revealed a consensus that whichever option was chosen, the service solution must entail a multi-agency approach, with a recovery focus, working in a co-located setting in a refurbished city centre location.

3.2.2 The range of options available is limited. Land values in the city centre are high and there is little or no prospect of re-providing EAP and the wider IHS in a new build development. The most realistic solution will require a lease of an existing property which will demand a level of refurbishment so that it is compliant with HTM standards.

Closure of Access Practice

3.2.3 The Initial Agreement was focused on the need to identify alternative premises for EAP in view of the then impending loss of its Cowgate base. As such the complete closure of the practice was considered. Patients served by EAP could be transferred to another practice but this would require the consent of the General Practices concerned. Most Practices located near to Edinburgh city centre are under intense pressure from increasing patient list sizes, would be wary of the potential disruption caused by this transfer and are in any case not in a position to offer the specialised patient centred services provided by EAP. In addition the EAP clinical team would not be easily re-deployed to a more conventional General Practice setting.

3.2.4 Even if a transfer of patients was accomplished, there is a reasonable expectation that it would inhibit access by the complex needs population who are often reluctant to engage with mainstream health care services. In summary the human cost arising from the closure of EAP is likely to be severe and for Edinburgh HSCP lead to a significant negative impact on its efforts to reduce health inequalities.

Original Options Shortlist

3.2.5 Before examining the substantive options in detail it should be noted that the when the Initial Agreement was submitted to LCIG in July 2015 it contained two leased property solutions which have subsequently been discounted. The two options were:-

- Johnstone Terrace Annex, Argyle House
- 32-34 Market St. (the vacated office of Edinburgh Royal Military Tattoo)

3.2.6 In September 2015 NHSL discovered that the Johnstone Terrace option was no longer unavailable following the decision of the property owner to let the space to Edinburgh University since NHSL could not make a firm commitment on its future occupancy at that time.

3.2.7 The Tattoo Office was the subject of a feasibility study conducted by Hub South East Scotland (HubSE) in February – March 2016. The final report concluded that this option did not represent value for money in terms of the level of investment required and the outstanding risks involved in undertaking the re-fit of the property.

3.3 Option Appraisal 2016

3.3.1 As a result of the closing down of the previously presented options, the Business Case has concentrated on three property solutions which are detailed below.

Option 1 Do Nothing – Services Remain in Spittal St and Leith St

3.3.2 As per the SCIM guidance a “do nothing or minimum” option should also be considered for comparative purposes. In effect a “do minimum” option has already been pursued with the re-location of EAP to Spittal St Clinic in January 2017. This represented the only achievable option for the re-provision of EAP in a city centre property that was available at short notice to NHS Lothian.

3.3.3 From the outset it has been quite apparent that the Spittal St building does not offer acceptable accommodation for the EAP and is too restricted in size to accommodate the expanded IHS team.

3.3.4 The property is shared with the Harm Reduction team of the NHSL Substance Misuse Directorate (which is managed by REAS) and as a result the area occupied by the EAP for patient facing activities has had to be situated in the lower ground floor and basement areas. This zone can be accessed through a separate narrow side entrance but suffers from extremely poor levels of natural light.

3.3.5 The space within Spittal St that was available for EAP is not large enough to accommodate the expanded IHS staff team unless the Harm Reduction team and needle exchange is moved elsewhere.

3.3.6 Since the enforced move to Spittal St, EAP’s ability to deliver services safely and effectively has been challenged. The number of DATIX recorded incidents has increased, there is no compliant disabled access to the EAP clinical area and staff who may have to respond to incidents of violence and aggression are often situated two floors above the clinical space.

3.3.7 During this time EAP has continued to make use of the very restricted clinical facilities in TAP but this space only has the capacity to serve a small number of patients. The the ground floor public facing space within TAP is divided by a residential stairway which limits the scope for any significant re-development.

3.3.8 Although the refurbishment of Spittal St was not included as an option in the course of the HubSE feasibility study, work carried out previously gives an indication of the costs to make the entire property fully compliant with fire safety and disabled access requirements. In 2014 Edinburgh CHP investigated an alternative scheme to upgrade the Spittal St property to allow South West Edinburgh Community Mental Health Team move from its Cambridge St. base. The estimated costs of the layout changes necessary to accomplish this were priced in excess £875K. This information is used in the Business Case for comparative purposes.

3.3.9 As a matter of record the option of permanently re-locating the EAP service to the Spittal St Clinic was not viewed favourably as a long term solution when this was considered at the Lothian Capital Investment Group meeting in May 2016. In view of the lack of alternatives available to NHSL a request was submitted to Edinburgh Council and the local authority responded by identifying two city centre properties that were expected to become available during 2017. The two sites identified by the Council were:
- Council Headquarters, Waverley Court, Edinburgh EH8 8BG
- Panmure St Anne's School, Cowgate, Edinburgh EH1 1TQ

These two newly introduced options were the subject of a feasibility study conducted by HubSE during July-September 2016 which is presented in Appendix V.

Option 2 - Waverley Court

3.3.10 Edinburgh Council is in the midst of a major programme of service re-design which will result in the rationalisation of its property estate. Part of this exercise has required staff based in the Council HQ building at Waverley Court to move to locality offices and in doing so create space for other services which need a city centre location.

3.3.11 Waverley Court consists of 18,000 sq m of accommodation of primarily open plan office with some ancillary space. The building has been designed for single occupancy with very limited provision for public access and as a result the internal layout cannot easily be converted into the cellular accommodation that would be required for the public facing activities conducted by the IHS. The ventilation, heating and cooling systems within the building are similarly difficult to disconnect and modify to cater for the differing needs of multiple occupants.

3.3.12 Despite the constraints of the property, the HubSE feasibility study has identified a single area of 614 sq m within the building as having the potential to satisfy the accommodation brief and provide an operational base for the IHS. The area identified is in the ground floor western extension of Waverley Court which allows for the necessary creation of a separate external access for patients and adequate levels of natural light for the majority of the clinical rooms.

3.3.13 The designated area forms a discrete zone within Waverley Court but the space is defined by the building shape and layout so that only 25 workstations can be situated within it. There is scope for the remaining staff attached to the IHS to use workstations elsewhere in Waverley Court and all staff can take advantage of the ancillary facilities within the main building.

3.3.14 Capital costs of this option advised by the HubSE study were £2.471 millions in 2016. The major part of this sum results from the need to strip out existing mechanical and

electrical services in the selected area and re-install new plant and a specific risk element covering services has been added to the overall sum. There remains a level of uncertainty that the installation of new services could be disruptive and impact adversely on M&E services within the remainder of the Waverley Court.

Option 3 - Panmure St Ann's School

3.3.15 The second property offered by the Council is a mid Victorian era school, built in 1879, situated in the Cowgate. It is a C listed building in the UNESCO world heritage site of Edinburgh old town. The entire property, with an internal area of 808 sq m over two floors, and has some dedicated car parking capacity to the rear of the building. In recent years the school has served a diminishing number of pupils with behavioural issues, and following statutory consultation it closed at the in summer term 2017.

3.3.16 In the course of the HubSE study a design solution was developed that met the requirements of the staff and service users. Service users would access the building from the Cowgate and all clinical and interview rooms would be situated at the ground floor level.

3.3.17 The first floor would accommodate a sufficient number staff workstations to enable increased collaborative working opportunities with voluntary and academic sector partners. However it should be noted that the study concluded that the space available in Panmure is not sufficient to accommodate the NHSL Harm Reduction team that currently shares accommodation in Spittal St with EAP.

3.3.18 The capital cost of this option is estimated in HubSE study to be £2.516 millions. Further surveys will be required to investigate the structural condition and services performance of the property and this is reflected in the risk allowance contained in the overall capital cost.

3.3.19 A summary of the proposed lease terms for the property is presented in Section 4 of this document.

3.4 Non Financial Benefits Analysis

3.4.1 In order to assess the merits of the three options, the project team held a workshop in October 2016 which examined how each one would contribute towards the five strategic priorities identified in the Scottish Capital Investment Manual.

3.4.2 The results of this exercise revealed that Panmure St Anne's was clearly favoured as the best option for the IHS service base. It is in the best location for service users, and enjoys the optimum internal area to accommodate all IHS staff and will allow for increased joint working opportunities with partner agencies. It is viewed as being much more conducive to the creation of a psychologically informed environment than the other option.

3.4.3 In comparison Waverley Court was assessed as more restrictive in terms of public access and likely to inhibit some potential attendees whilst the area available within it would not maximise the scope for joint working with other agencies.

3.4.4 The scoring grid for the non financial benefits analysis is presented in Appendix III.

3.5 Indicative Costs for the shortlisted options

The indicative capital costs for each of the short-listed options are shown below. A more detailed breakdown of costs is given in Appendix VII

Table 6 – Indicative costs for each of the shortlisted options

Costs In £ Millions	Do Minimum (£m)	Panmure St Anne's (£m)
Work required at Spittal Street	0.42	-
Panmure St Anne's Construction Cost	-	2.98
Whole of life Capital Costs	0.89	3.49
Whole of life Operating Costs	25.33	26.24
Total Cost Over Lifecycle (20 Years)	**26.22**	**29.73**
Estimated Net Present Value of Costs	**18.75**	**21.78**
Non Financial Benefit Score	24.5	92
Net present cost per benefit point	**0.77**	**0.24**
Rank	**2**	**1**

3.5.1. Key assumptions:

- The work required at Spittal street is to ensure the building is compliant with health and safety regulations
- Cost estimates for Panmure St Anne's are provided by hub
- The clinical pay and non pay costs are the same for both options
- The homeless service currently occupies 40% of Spittal Street.

3.6 Preferred Option

3.6.1 Panmure St Anne's school is the preferred option for this project. The building will require a number of adaptations but the extent of internal re-design has been kept at a relatively low level.

3.6.2 The existing classrooms on the ground floor would be reconfigured to provide a single reception with spacious waiting area, four clinical rooms and eight interview rooms, one of which would have double door entry for enhanced safety. There would be a single OT Assessment room used to support service users in progressing towards independent living and this room also offer space for group work activities.

3.6.3 A new public entrance from the Cowgate would need to be created giving access to a reception and waiting area, with a new central corridor leading to clinical and interview rooms with good levels of natural daylight. An existing secondary entrance would allow wheel chair access and could also be used to provide a secure exit for those patients who wish to use it.

3.6.4 Staff accommodation situated on the first floor would consist of a maximum of 40 workstations of which a number would be available for staff from third sector partner organisations such as Cyrenians and Streetwork. A platform list will be installed giving disabled access between floors.

3.6.5 At the rear of the building there is a small raised area that previously served as a play ground. The IHS is keen to explore the use of this plot by service users for horticultural purposes.

3.6.6 Naturally the use of shared space within the building has been maximised. On the basis of staff numbers and the use of dedicated space by the two public sector partners the occupancy split is calculated as 64.2% NHSL and 35.8% Edinburgh Council.

4. Commercial Case

4.1 Procurement

4.1.1 As this is a business case with a value less than £5m, it is within NHS Lothian's delegated limit and will not require to be submitted to the SGHD for approval.

4.1.2 The property is situated at 6 South Grey's Close, Cowgate, Edinburgh, and is owned by the Edinburgh Council. The local authority has informed NHS Lothian that it wishes to offer a single lease for the entire property to an incoming tenant. The Council has also stipulated that NHS Lothian would be responsible for fitting out the property to meet the operational requirements of the occupants.

4.1.3 The hub initiative provides the assumed default route for the development of community based NHS facilities in Scotland. The hub procurement route provides guarantees the delivery of the project will be achieved within a set affordability cap.

4.1.4 HubSE has to date supplied the initial designs and costings which are presented in this Business Case. Once the Business Case is approved HubSE will be issued with a new project request to deliver the project on behalf of NHS Lothian, in accordance with the requirements of the Edinburgh Health & Social Care Partnership.

4.1.5 Grahams Construction has to date been appointed by HubSE as the tier one contractor for the project and will be responsible for the appointment of the design team and other appropriate technical advisers.

4.1.6 Any agreements between NHS Lothian, City of Edinburgh Council and HubSE will be scrutinised by NHS Lothian's legal advisers.

4.2 Lease Arrangements

4.2.1 The draft lease arrangement stipulates that the Council is willing to provide the property for the project on a rent free basis for a period of 20 years with an option to extend for a further 10 years.

4.2.2 The tenant will have full repairing and insuring responsibilities for the property for the duration of the lease. A conditions survey for building is presented in Appendix VII.

4.2.3 The IJB has relied upon NHS Lothian and Edinburgh Council to arrive at an agreement on how the ongoing facilities costs should be divided between the two public sector partners, especially in view of the initial capital expenditure that is requested from NHS Lothian. In the absence of any comprehensive agreement on how the property costs for services delivered by the Edinburgh HSCP in Council or NHS Lothian properties should be funded, in this particular case it has been agreed that the facilities costs will be met by NHS Lothian which will receive a subsidy of £20K per annum from Edinburgh Council.

4.2.4 The District Valuer has reviewed the heads of terms on offer and advised NHS Lothian that, in view of the initial capital outlay required, the terms are acceptable.

5. Financial Case

5.1 Introduction

5.1.1 The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on NHS Lothian's finances. In order to make this assessment an overall financial model has been developed covering all aspects of projected costs, including estimates for:

- Capital costs for options considered (including construction and equipment);
- Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs

5.1.2 Taking the above into account, the summary position is as shown below:

Table 7: Summary of Capital Costs

Project Costs	Do Minimum (£m)	Panmure St Anne's (£m)
Capital Costs	0.42	2.98
Total Capital Costs	**0.42**	**2.98**

Table 8: Summary of Recurring Revenue Costs

	Do Minimum (£m)	Panmure St Anne's (£m)
Pays	1.19	1.19
Non Pays	0.05	0.05
Total Clinical Costs	**1.24**	**1.24**
Property Costs	0.14	0.11
Total Non Clinical Costs	**0.14**	**0.11**
Total Revenue Costs	**1.38**	**1.35**
Total Budget Available (NHSL)	1.40	1.33
NHSL Revenue (Shortfall)/Surplus	**0.02**	**(0.02)**
Contribution from City of Edinburgh Council	0	0.02
Total Revenue (Shortfall)/Surplus	**0.02**	**0.00**

5.2.1 Capital Costs

5.2.1 Capital Cost Components
The total capital cost comprises the construction costs provided by hub plus all other costs directly related to the development (mainly relating to equipment and fees).

5.2.2 Assumptions

A number of assumptions have been made in relation to the capital costs. These are set out below:

Cost	Assumption
Funding	Funding assumed to be traditional capital funding, through the Capital Resource Limit, therefore no borrowing costs included.
VAT	VAT on construction costs is assumed to be irrecoverable, with the exception of professional fees. Estimates of VAT recoverability on other costs will be reviewed by VAT advisors
Equipment	Equipment costs are based on a benchmark of £96 per m2.A full equipment list will be developed with the service.
Risk	A contingency for risk has been calculated at 10% of construction costs
Building Regulations	Construction costs are based on 2018 Building Regulations

5.2.3 Total Capital Costs

The overall capital cost for the preferred option amounts to £2.98m. These costs are detailed below:

Table 9 Capital Costs

Project Costs	Panmure St Anne's (£m)
Construction	1.94
Strategic Support Service Fee	0.03
Hub Stage 1 Fee	0.08
Hub Stage 2 Fee	0.12
Professional Fees	0.01
Equipment	0.08
Contingency	0.23
VAT	0.50
Total Capital Costs	**2.98**

5.2.4 The capital costs are relatively high as they are based on a m2 rate and incorporate the pricing of risk for uncertainty in an old property.

5.2.5 Capital costs in the table above are based on the project cost update report compiled by hub as part of their strategic support services. £30k of costs have been incurred to date, expenditure which was previously agreed by LCIG. Approval of this business case will result in issue of a New Project Request (NPR) and subsequently Stage 1 design. Following conclusion of this Stage, approval of the Stage 1 Report will be sought from LCIG before the project can proceed to Stage 2. Stage 2 includes market testing, which will provide cost certainty on the project. The Stage 2 Report will also need to be approved by LCIG before construction can commence – there is therefore an opportunity to reconfirm Value for Money as more certainty is provided at each stage.

5.3 Revenue Costs

5.3.1 In order to confirm the revenue implications of the project, it is necessary to establish the baseline costs of the current service, particularly the property costs. The baseline costs are then compared to the estimated costs of the new development to assess the financial implications.

5.3.2 To support this process, a number of assumptions have been agreed in relation to the different cost categories.

Cost	Assumption
Pays	The current service model will not change
Non Pays	There will be no increase in non-pay costs
Property Costs	Property costs are based on benchmark figures from similar developments
Council Contribution	The council have agreed to contribute to the running costs of Panmure St Anne's. This will be confirmed at the CEC Finance and Resource meeting in June.
Available Budgets	The budget for Spittal Street isn't available to offset the running costs of Panmure St Anne's, however the existing EAP Cowgate budget can be used.

5.4 Accounting treatment

5.4.1 As the asset is owned by a third party, construction costs will be treated as a capital grant and written off to the Statement of Comprehensive Net Expenditure (SOCNE). There is therefore no depreciation on the construction costs.

5.4.2 Other costs incurred by NHS Lothian directly (e.g fees, equipment) will be assessed individually and capitalisation treatment undertaken accordingly.

5.5 Statement of affordability

5.5.1 Revenue affordability is confirmed against current budgets, assuming CEC contribution is approved.

5.5.2 Capital affordability cannot be confirmed at this stage given lack of cost certainty. £0.2m is affordable within the current Property and Asset Management Investment Programme to conclude Stage 1 and Stage 2 and achieve necessary cost certainty to assess overall capital affordability.

17 Management Case

17.1 Up to the present time, the development of this project has been undertaken on an ad hoc basis by a work stream of the Complex Needs/Homelessness Review and then more latterly by the Inclusive Edinburgh Implementation Board . In order to deliver the project to completion, a Project Board will be established consisting of the following personnel:-

Primary Care Strategic Lead, (Edinburgh H&SC) (Chair)
Project Manager, NHS Lothian Capital Planning
Accountant, NHS Lothian Finance
Partnership Development Manager Edinburgh HSCP
Manager, Edinburgh IHS
Practice Manager, EAP
Inclusive Homelessness Manager, Edinburgh HSCP
Edinburgh Cyrenians/Streetwork representation

17.2 The Project Board will receive monthly progress reports from HubSE during the duration of the construction project.

17.3 The Project Board will continue to review the risk register contained in the Strategic Services Report contained in Appendix I and take measures to mitigate the risks owned by NHSL.

17.4 Outline Project Timetable

The Strategic Services Report includes a draft project programme based on the assumption that a new project request would be issued to HubSE in January 2017. This has now been updated to take into account the subsequent delay in approvals. There is some potential scope for expediting elements of the Hubco design and development process through stage combination. A summary of the programme including necessary governance approvals and key milestones is contained in the table below.

Action	Commence	Complete
SBC Submitted to IJB Strategic Planning	April 2018	
SBS Submitted to IJB	May 2018	
SBC Submitted NHSL LCIG	May 2018	
Lease Approved by Council F&R	May 2018	
SBC Submitted to NHSL F&R	July 2018	
NPR issued by NHSL	July 2018	
Hub Stage 1	July 2018	November 2018
Planning Consent	November 2018	March 2019
Hub Stage 2	September 2018	April 2019
Building Warrant	December 2018	May 2019
Contract Execution	May 2019	
Construction	June 2019	March 2020

Report

Appointments and Review of Sub-Groups Edinburgh Integration Joint Board

18 May 2018

Executive Summary

1. This report notifies the Joint Board of recent changes to the City of Edinburgh Council membership of the Joint Board, and the reappointment of an NHS Lothian member.

2. Approval is sought to appoint a replacement NHS Lothian staff representative on the Joint Board and a City of Edinburgh Council voting member to the Audit and Risk Committee.

3. Approval is also sought to reappoint non-voting members of the Joint Board whose terms of office are due to expire.

4. The report also seeks approval to temporarily suspend the Performance and Quality Sub-Group.

5. An update on the appointment of citizen representatives to the Joint Board is provided.

Recommendations

6. The Integration Joint Board is asked to:

   i. Note that the City of Edinburgh Council, at its meeting of 15 March 2018, appointed Councillors Robert Aldridge and Ian Campbell to replace Councillors Alasdair Rankin and Derek Howie as voting members of the Joint Board.

   ii. Note the reappointment of Alex Joyce by NHS Lothian as a voting member of the Joint Board.

   iii. Approve the reappointment of non-voting members whose term of office was due to expire.

iv. Approve the appointment of Helen FitzGerald to replace Wanda Fairgrieve as the non-voting NHS Lothian staff representative on the Joint Board.

v. Approve the temporary suspension of the Performance and Quality Sub-Group for a period of six months and to agree that performance monitoring would be brought into the remit of the Strategic Planning Group during this time.

vi. To instruct the Chief Officer to bring a paper to a future Joint Board meeting on the wider Board assurance processes and structures.

vii. Approve the appointment of a City of Edinburgh Council voting member to fill the vacancy on the IJB Audit and Risk Committee, following Councillor Alasdair Rankin's departure.

viii. Note that the new Chief Officer will hold early discussions about the appointment of a Chair for the Audit and Risk Committee before making a recommendation to the Joint Board.

ix. Note the progress made in recruiting two service user members.

Background

7. The Joint Board is responsible, in line with section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), for appointing non-voting members to the Board. The City of Edinburgh Council and NHS Lothian are responsible, under the same Order, for appointing their own members to the Joint Board.

8. In line with section 7 of the Order, the term of office of a member of the Joint Board is not to exceed three years, but members can be reappointed for a further term of office.

9. The Joint Board is responsible under section 15 of its Standing Orders for appointing committees and is therefore responsible for appointing to the vacancies on the Audit and Risk Committee.

Main report

Appointments to the Joint Board

10. The City of Edinburgh Council, at its meeting of 15 March 2018, appointed Councillors Robert Aldridge and Ian Campbell to replace Councillors Alasdair Rankin and Derek Howie as voting members of the Joint Board.

11. NHS Lothian has confirmed the reappointment of Alex Joyce as a voting member of the Joint Board.

12. The term of office for the following non-voting members of the Joint Board is due to expire – this report seeks approval to reappoint these members from July 2018:

- Dr Carl Bickler – Co-Chair of the Professional Advisory Group
- Sandra Blake – Citizen Member
- Dr Andrew Coull – NHS Lothian Associate Medical Director for Older People and Stroke Services
- Christine Farquhar – Citizen Member
- Kirsten Hey – City of Edinburgh Council union representative
- Ian McKay – Clinical Director
- Ella Simpson – Third Sector representative

13. Wanda Fairgrieve has stepped down from her role as lead staff representative for NHS Lothian and has been replaced by Helen FitzGerald. This report seeks approval to appoint Helen FitzGerald as a non-voting member of the Joint Board.

14. Following approval of the proposed approach to the recruitment of two service user members by the Joint Board on 26 January 2018, a recruitment process was launched on 29 January 2018 and ran until 26 March 2018. Nine applications were received and four people have been shortlisted for interview. The date for the interviews to take place is currently being finalised. Those applicants who were unsuccessful have been thanked for their interest and asked to indicate if they would be happy to be involved in the work of the Joint Board in other ways if the opportunity arose.

Appointments to Committees and Sub-Groups

15. Councillor Rankin's departure from the Joint Board leaves a vacancy for a voting member of the Audit and Risk Committee. Responsibility falls to the Joint Board to appoint to this position under Standing Order 15.3.

16. Under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and Standing Order 15.2 the Committee must include an equal number of voting members appointed by NHS Lothian and the Council. The Joint Board is therefore required to appoint an individual from its City of Edinburgh Council voting membership.

17. The Audit and Risk Committee currently has a vacancy for a Chair. It is proposed that the new Chief Officer will hold early discussions about this before making a recommendation to the Joint Board.

Review of IJB Sub-Groups

18. Following a review of the IJB sub-group structure in April 2018 and discussion between the new Chief Officer and the Chair and Vice Chair of the Joint Board, it is recommended that the Performance and Quality Sub-Group be temporarily suspended for a period of six months. The Strategic Planning Group would take over responsibility for monitoring performance during this time. A further report to the Joint Board will outline proposals for wider Board assurance processes and structures.

Key risks

19. Failure to appoint service user representatives and failure to reappoint non-voting members would result in the Joint Board failing to meet the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

20. Failure to appoint individuals to the Audit and Risk Committee would reduce the effectiveness of that Committee resulting in the Joint Board having a less robust scrutiny and governance structure.

Financial implications

21. None.

Implications for Directions

22. None.

Equalities implications

23. None.

Sustainability implications

24. None.

Involving people

25. Consultation on the review of sub-groups took place at a workshop which included representatives from each sub-group, the Chair and Vice-Chair of the Joint Board and the Interim Chief Officer.

26. All relevant members have confirmed that they wish to be reappointed.

Impact on plans of other parties

27. None.

Background reading/references

28. Minute of the City of Edinburgh Council, 15 March 2018

29. Public Bodies (Joint Working) (Scotland) Act 2014

30. Edinburgh Integration Joint Board – Standing Orders

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Item 5.11

Report

Calendar of Meetings

Edinburgh Integration Joint Board

18 May 2018

Executive Summary

1. Standing Orders require the Joint Board to agree its calendar of meetings. The current schedule runs until the August 2018. This report proposes dates for meetings until August 2019.

Recommendations

2. The Integration Joint Board is asked to agree the proposed schedule of meetings until August 2019.

Background

3. The current schedule of meetings to August 2018 was agreed by the Joint Board at its meeting of 14 July 2017.

4. A draft list of Joint Board meetings was developed in consultation with the Chair, Vice Chair and Interim Chief Officer. Proposals reflect the outcome of an April 2018 workshop, at which it was proposed to reduce the frequency of Joint Board from seven to six annually. No adverse comments have been received on the proposals.

Main report

5. The recommended schedule (all starting at 9.30am) is as follows:-

- Friday 28 September 2018
- Friday 14 December 2018
- Friday 8 February 2019
- Friday 29 March 2019

- Friday 21 June 2019
- Friday 16 August 2019

6. There is scope to call Special Meetings where business requires. The dates take account of Council recess periods. It is proposed that Development Sessions will be arranged as and when required.

Key risks

7. The reduction in the frequency of meetings may increase the need to use the urgency provisions within the Joint Board's Standing Orders or to call additional meetings.

Financial implications

8. None.

Implications for Directions

9. None.

Equalities implications

10. None.

Sustainability implications

11. None.

Involving people

12. The proposal to reduce the number of Joint Board meetings to six per year was discussed at a workshop in April 2018, which included the Chair and Vice Chair, representatives from each of the Joint Board's sub-groups and officers from the Edinburgh Health and Social Partnership and Governance/Committee Services.

Impact on plans of other parties

13. None.

Background reading/references

14. Public Bodies (Joint Working) (Scotland) Act 2014

15. Edinburgh Integration Joint Board – Standing Orders

16. Minute of the Edinburgh Integration Joint Board, 14 July 2017

Report author

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Item 5.12

Report

Standing Orders – Annual Review

Edinburgh Integration Joint Board

18 May 2018

Executive Summary

1. The current version of the Integration Joint Board's Standing Orders was approved in July 2015, with further amendments approved by the Joint Board to reflect Scottish Ministers' guidance in January 2016, May 2016 and January 2017.

2. In January 2017, the Joint Board established an annual review process for Standing Orders.

3. It is recommended that no changes are made to the existing Standing Orders.

Recommendations

4. To note that the Standing Orders of the Integration Joint Board remain fit for purpose and to agree that no changes are made.

5. To note that the next annual review of Standing Orders will be presented to the IJB in June 2019.

Background

6. Standing Orders are required by the Integration Joint Board under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) ("the Order").

7. Existing Standing Orders were jointly produced between NHS Lothian and the City of Edinburgh Council with consultation taking place with the other Lothian Councils. Further amendments have been made to reflect Scottish Ministers' guidance.

Main report

8. The Standing Orders encourage transparent and accountable decision making with sufficient provisions in place to ensure the smooth running of the Joint Board, including arrangements for such matters as the chairing of the meetings, the notice for the meetings and how voting will be carried out.

Key risks

9. Standing Orders are essential to the efficient running of the Board's meetings and are a key component of ensuring good governance controls are in place.

Financial implications

10. None.

Implications for Directions

11. None.

Equalities implications

12. None.

Sustainability implications

13. None.

Involving people

14. N/A

Impact on plans of other parties

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

Background reading/references

16. Public Bodies (Joint Working) (Scotland) Act 2014

17. Edinburgh Integration Joint Board – Standing Orders

18. Minute of the Edinburgh Integration Joint Board, 20 January 2017

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Appendices

Appendix 1	Standing Orders for the Proceedings and Business of the Integration Joint Board

Appendix 1

STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF THE INTEGRATION JOINT BOARD

1 General

1.1 These Standing Orders regulate the conduct and proceedings of the Edinburgh Integration Joint Board and its committees and sub-committees. The Integration Joint Board is the governing body for what is commonly referred to as the Health & Social Care Partnership. These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) ("the Order"). The Integration Joint Board approved these Standing Orders on 18 May 2019 to take effect from 19 May 2018.

Membership of the Integration Joint Board

1.2 The Integration Joint Board shall have two categories of members:

(i) Voting Members; and
(ii) Non-Voting Members

1.3 The City of Edinburgh Council and Lothian NHS Board have elected to nominate 5 members each to the Integration Joint Board, who shall be the voting members.

1.4 The Order prescribes a list of non-voting members who are to be included in the membership, and these members shall be appointed as described by the Order. The Integration Joint Board may appoint additional non-voting members as it sees fit.

1.5 The City of Edinburgh Council and the Lothian NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Order. If and when a voting member ceases to be a councillor or a member of the NHS Board for any reason, either on a permanent or temporary basis, then that individual ceases to be a member of the Integration Joint Board.

1.6 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute , who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting. If a non-voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced substitute to attend the meeting.

2 Varying, Revoking or Suspending Standing Orders

2.1 Any statutory provision, regulation or direction by Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

2.2 Any one or more of these Standing Orders may be varied, suspended or revoked at a meeting of the Integration Joint Board following a motion moved and seconded and with the consent of the majority of voting members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly indicates that there is a proposal to amend the standing orders, and the proposal itself does not result in the Integration Joint Board not complying with any statutory provision or regulation.

3 Chair

3.1 The Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order. The Chair will preside at every meeting of the Integration Joint Board that he or she attends.

3.2 If both the Chair and Vice Chair are absent, the voting members present at the meeting shall choose a voting Integration Joint Board member to preside.

4 Vice-Chair

4.1 The Vice-Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order.

4.2 In the absence of the Chair the Vice-Chair shall preside at the meeting of the Integration Joint Board.

5 Calling and Notice of Integration Joint Board Meetings

5.1 The first meeting of an Integration Joint Board is to be convened at a time and place determined by the Chair.

5.2 The Chair may call a meeting of the Integration Joint Board at any time. The Integration Joint Board shall meet at least 4 times in the year and will annually approve a forward schedule of meeting dates.

5.3 A request for an Integration Joint Board meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of voting members, and presented to the chair. If the Chair refuses to call a meeting, or does not do so within 7 days of receiving the requisition, the members who signed the requisition may call a meeting. They must also sign the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.

5.4 Before each meeting of the Integration Joint Board, a notice of the meeting (in the form of an agenda), specifying the date, time, place and business to be transacted and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered electronically to every member (e.g. sent by email) or sent by post to the members' usual place of residence so as to be available to them at least five clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

5.5 With regard to calculating clear days for the purpose of notice:

Delivery of the Notice	Days excluded from the calculation of clear days: ✓ The day the notice is sent ✓ The day of the meeting ✓ Weekends ✓ Public holidays Example: If a meeting is to be held on a Tuesday, the notice must be sent on the preceding Monday. The clear days will be Tuesday, Wednesday, Thursday, Friday, and Monday. If the notice is sent by post it must be sent out a day earlier.

5.6 Lack of service of the notice on any member shall not affect the validity of a meeting.

5.7 Integration Joint Board meetings shall be held in public. The Clerk shall place a public notice of the time and place of the meeting at the designated office of the Integration Joint Board at least five clear days before the meeting is held.

5.8 While the meeting is in public the Integration Joint Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

5.9 The Integration Joint Board may pass a resolution to meet in private in order to consider certain items of business, and may decide to do so for the following reasons:

5.9.1 The Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

5.9.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process

or contract negotiation.

5.9.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.

5.9.4 The business necessarily involves reference to exempt information, as determined by Schedule 7A of the Local Government (Scotland) Act 1973.

5.9.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.10 The minutes of the meeting will reflect the reason(s) why the Integration Joint Board resolved to meet in private.

5.11 A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

6 Quorum

6.1 No business shall be transacted at a meeting of the Integration Joint Board unless there are present at least one half of the voting members of the Integration Joint Board.

6.2 If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.

7 Authority of the Chair at meetings of the IJB and its Committees

7.1 The duty of the person presiding is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

7.2 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

7.3 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.

7.4 No business shall be transacted at any meeting of the Integration Joint Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be made to the Chair at the start of the meeting and the majority of voting members present must agree to the item being included on the agenda.

8 Deputations

8.1 Deputation requests must be submitted to the clerk by 5pm two days before the meeting takes place.

8.2 Deputations should only be accepted from an office bearer or spokesperson of an organisation or group.

8.3 The Chair has the discretion to waive the requirements in paragraphs 8.1 and 8.2 if they feel it is appropriate.

8.4 Deputations must relate to an agenda item being considered at that meeting.

8.5 The Integration Joint Board or committee will be asked whether they wish to hear the deputation but must not discuss the merits of the case itself. If necessary a vote will be taken without discussion on whether to hear the deputation or not.

8.6 Deputations should be allowed 10 minutes to present their case, although this can be reduced by the chair, if there is more than one deputation on the same subject. Following their deputation, questions are permitted from members.

8.7 Following questions the deputation will be asked to retire to the public seating area to watch the debate and decision on the matter. The deputation should not take any part in the debate or the discussion of the relevant item.

9 Adjournment

9.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion.

10 Voting and Debate

10.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 10.2-10.10 would not need to be used.

10.2 Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.

10.3 Any voting member may move a motion or an amendment to a motion and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the motion to be in writing and that the mover states the terms of the motion. Every motion or amendment is required to be moved and seconded.

10.4 Any voting member may second the motion and may reserve his/her speech for a later period of the debate.

10.5 Once a motion has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board.

10.6 Where a vote is being taken, except for the mover of the original motion, no other speaker may speak more than once in the same discussion.

10.7 After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations and, immediately after his/her reply, the question shall be put by the Chair without further debate.

10.8 A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

10.9 Where there has been an equality of votes, the Chair of the Integration Joint Board on reflection of the discussion, will bring consideration of the matter to a close for that meeting, and give direction to the Chief Officer on how the matter should be taken forward. The Chief Officer will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon in line with Standing Order 10.

10.10 Where the matter remains unresolved, and the Chair concludes that the equality of votes is effectively a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a

representation of a dispute between the two constituent parties, then the Chair and the Chief Officer must work together to arrive at an acceptable position for the integration joint board.

11 Changing a Decision

11.1 A decision of the Integration Joint Board can not be changed by the Integration Joint Board within six months unless notice has been given in the notice of meeting and:

11.1.1 The Chair rules there has been a material change of circumstance: or

11.1.2 The Integration Joint Board agrees the decision was based on incorrect or incomplete information.

12 Minutes

12.1 The names of members present at a meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, shall be recorded. The names of any officers in attendance shall also be recorded.

12.2 The Clerk (or his/her authorised nominee) shall prepare the minutes of meetings of the Integration Joint Board and its committees. The Integration Joint Board or the committee shall receive and review its minutes for agreement at its following meeting.

13 Matters Reserved for the Integration Joint Board

Standing Orders

13.1 The Integration Joint Board shall approve its Standing Orders.

Committees

13.2 The Integration Joint Board shall approve the establishment of, and terms of reference of all of its committees.

13.3 The Integration Joint Board shall appoint all committee members, as well as the chair of any committees.

Values

13.4 The Integration Joint Board shall approve organisational values, should it elect to formally define these.

Strategic Planning

13.5 The Integration Joint Board shall establish a Strategic Planning Group (Section 32 of Public Bodies (Joint Working) Scotland Act 2014), and appoint its membership (except for the members nominated by each constituent party).

13.6 The Integration Joint Board shall approve its Strategic Plan (Section 33) and any other strategies that it may need to develop for all the functions which have been delegated to it. The Integration Joint Board will also review the effectiveness of its Strategic Plan (Section 37).

13.7 The Integration Joint Board shall review and approve its contribution to the Community Planning Partnership for the local authority area. The Integration Joint Board shall also appoint its representative(s) at Community Planning Partnership meetings.

Risk Management

13.8 The Integration Joint Board shall approve its Risk Management Policy.

13.9 The Integration Joint Board shall define its risk appetite and associated risk tolerance levels.

Health & Safety

13.10 In the event that the Integration Joint Board employs five or more people, it shall approve its Health & Safety Policy.

Finance

13.11 The Integration Joint Board shall approve its annual financial statement (Section 39).

13.12 The Integration Joint Board shall approve Standing Financial Instructions and a Scheme of Delegation.

13.13 The Integration Joint Board shall approve its annual accounts.

13.14 The Integration Joint Board shall approve the total payments to the constituent bodies on an annual basis, to implement its agreed Strategic Plan.

Performance Management

13.15 The Integration Joint Board shall approve the content, format, and frequency of performance reporting.

13.16 The Integration Joint Board shall approve its performance report (Section 43) for the reporting year.

14 Integration Joint Board Members – Ethical Conduct

14.1 Voting and non-voting members of the Integration Joint Board are required to subscribe to and comply with the Code of Conduct which is made under the Ethical Standards in Public Life etc (Scotland) Act 2000. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Clerk shall maintain the Integration Joint Board's Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the Clerk of the need to change the entry within one month after the date the matter required to be registered.

14.2 Substitutes, of both voting and non-voting members, should be aware of the Integration Joint Board's Code of Conduct and should ensure that they comply with its requirements and the duties it places on members.

14.3 The Clerk shall ensure the Register is available for public inspection at the principal offices of the Integration Joint Board at all reasonable times.

14.4 Members and substitutes must always consider the relevance of any interests they may have to any business presented to the Integration Joint Board or one of its committees and disclose any direct or indirect pecuniary and non-pecuniary interests in relation to such business, before determining whether to take part in any discussion or decision on the matter.

14.5 Members shall make a declaration of any gifts or hospitality received in their capacity as an Integration Joint Board member. Such declarations shall be made to the Clerk who shall make them available for public inspection at all reasonable times at the principal offices of the Integration Joint Board.

15 Committees and Working Groups

15.1 The Integration Joint Board shall appoint such committees, and working groups as it thinks fit. The Integration Joint Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required.

15.2 The committee must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.

15.3 The Integration Joint Board shall appoint committee members to fill any vacancy in the membership as and when required.

15.4 Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.

15.5 The Integration Joint Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Integration Joint Board.

15.6 The Integration Joint Board may authorise committees to co-opt members for a period up to one year. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of the Integration Joint Board, cannot vote and is not to be counted when determining the committee's quorum.

15.7 A member may be regarded as being present at a meeting of a committee if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

16 Urgent Decisions

16.1 If a decision which would normally be made by the Integration Joint Board or one of its committees, requires to be made urgently between meetings of the Integration Joint Board or committee, the Chief Officer, in consultation with the Chair and Vice-Chair, may take action, subject to the matter being reported to the next meeting of the Integration Joint Board or committee.

Item 5.13

Report

Webcasting of Integration Joint Board Meetings

Edinburgh Integration Joint Board

18 May 2018

Executive Summary

1. The City of Edinburgh Council has considered a report on the possibility of extending webcasting to a range of public meetings, including the Integration Joint Board.

2. The Integration Joint Board decides all its meeting arrangements, including schedules, accommodation etc.

3. The Integration Joint Board is therefore invited to consider the offer of webcasting facilities for its meetings in future.

Recommendations

4. The Integration Joint Board is asked to decide whether it wishes future meetings to be webcast live, and archived.

5. If agreed, this could be on a pilot basis for a period of up to one year, subject to review.

Background

6. The City of Edinburgh Council currently webcasts around 220 hours of meetings per annum.

7. Significant benefits have been realised in terms of accountability, transparency and public access. Viewing figures though are mixed, depending on the topic. High profile meetings can attract over 1000 live viewers, while the average is 50 – 100 live viewings. However, there is considerable take-up of archived recordings, often months after meetings.

8. Following a motion by Councillor Miller agreed at the March 2018 meeting, the Council has now agreed to offer the use of webcasting facilities to a number of meetings, including the Integration Joint Board.

Main report

9. Webcasting facilities exist in two rooms in the City Chambers, the main Council Chamber and the Dean of Guild Court Room. The latter is currently used as the meeting room for the Integration Joint Board.

10. Should the Integration Joint Board agree, it would be possible for future Joint Board meetings to be webcast live, and recorded. This could be done on a pilot basis, subject to review after a year. As with Council meetings, webcasting would be limited to items considered in public.

11. Webcasting services could be accommodated within the Council's webcasting contract, and Council officers could provide the necessary support for live webcasting.

12. Appropriate guidance would be offered to Joint Board members, should the pilot be agreed.

Key risks

13. It is possible live webcasting might inhibit members' contributions at meetings. This has not been the Council's experience, but there is a risk, especially for non-voting members.

Financial implications

14. The additional cost of webcasting Joint Board meetings would be £1200 per annum.

Implications for Directions

15. None.

Equalities implications

16. Webcasting meetings allows a greater proportion of the public to view meetings.

Sustainability implications

17. None.

Involving people

18 Relevant officers have been consulted.

Impact on plans of other parties

19 None.

Background reading/references

20 City of Edinburgh Council, 3 May 2018

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