



# Minutes

## Edinburgh Integration Joint Board Strategic Planning Group

**10.00am Friday 30 November 2018**

City Chambers, High Street, Edinburgh

**Present:** Ricky Henderson (Vice-Chair) (in the Chair), Colin Beck, Colin Briggs, Christine Farquhar, Dermot Gorman, Stephanie-Anne Harris, Nigel Henderson, Fanchea Kelly, Peter McCormick, Moira Pringle, Rene Rigby, and Ella Simpson.

**In attendance:** Kirsten Adamson, Mike Ash, Gillian Donohoe, Mark Grierson, Linda Irvine-Fitzpatrick, Councillor Melanie Main, Katie McWilliam, Michele Mulvaney, Nickola Paul and David White.

**Apologies:** Councillor Ian Campbell, Sandra Blake, Eleanor Cunningham, Belinda Hacking, Carolyn Hirst (Chair), Carole Macartney, Angus McCann and Alison Robertson.

### 1. Minute

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#### Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 12 October 2018 as a correct record.

## 2. Rolling Actions Log

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### Decision

- 1) To agree to close Action 2 – Carer (Scotland) Act 2016 – North West Locality Pilot as there was a report on the agenda for this meeting and thereafter planned for submission to the Edinburgh Integration Joint Board meeting on 14 December 2018.
  - 2) To agree to keep Action 3 open – Directions.
  - 3) To otherwise note the remaining outstanding actions.
- (Reference – Rolling Actions Log, submitted.)

## 3. Grants Review

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The Chief Finance Officer updated the Group on progress with the grants review. The consensus and moderation process had concluded resulting in a prioritised list. Thereafter, at the third stage of the process led by the Independent Chair consideration was given to those applications on the prioritised list which aligned best with the IJB's strategic priorities.

A briefing session had been arranged for IJB members to be held on Wednesday 5 December

During discussion, the following points were highlighted:

- The process had been difficult but there had been excellent co-production throughout with all partners working together and focusing on principles and priorities
- It was important to have positive engagement with the media around announcements of grant awards and that organisations were informed if they had been successful or not prior to that information being available publicly

### Decision

- 1) To note the update.
- 2) To note that all applicants, successful and unsuccessful, would be notified 24 hours in advance of the IJB full meeting papers being published.

(References – Strategic Planning Group 11 May 2018 (item 3), 22 June 2018 (item 4), 17 August 2018 (item 3), 12 October 2018 (item 3); verbal update by the Chief Finance Officer)

### Declaration of Interests

Ella Simpson declared a non-financial interest in the above item as the Chief Executive of EVOC.

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

#### 4. Draft Edinburgh IJB Strategic Plan 2019-2022

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The Draft Edinburgh IJB Strategic Plan was submitted for consideration by the Group. The Plan was a culmination of the work of many different stakeholders and groups throughout the year and built on the foundation of the first IJB Strategic Plan for 2016-2019.

The Plan was supported by commissioning plans for specific groups. Subject to approval from the Strategic planning group, and subsequently IJB, the draft Strategic Plan and Commissioning Plans would be published for a three month period of consultation with members of the public. It would then be edited in consideration of the feedback received and reported back to the IJB for final approval before being published in April 2019.

Over 700 people had already given feedback on various elements of the Plan. Reference boards and working groups had worked together to co-produce the commissioning plans. The SPG had shaped the vision, values and priorities for the plan based on those of the previous strategic plan.

Details of the following three commissioning plans were submitted:

- Ageing Well
- Edinburgh Thrive – Mental Health
- Primary Care

The remaining two commissioning plans for learning and physical disabilities were still being finalised.

Further work under development included the Housing Contribution Statement, Directions and the Engagement and Communication Plan. The proposed timeline for engagement was submitted.

Cross cutting themes highlighted across the Plan included:

- maintaining people's independence for as long as possible and ideally all the way throughout their lives
- when someone was in crisis if institutions and services were to be used, people needed to be there for the minimum possible period of time to receive intervention or appropriate medical attention
- identifying ways in which people would be helped to rebuild their lives after having been in an institution

- some of the plans were defined by the service and others were defined by the clients and organic conditions – positive step much more strategic than in the past
- first stage should be about keeping people living independently as long as possible and this message needed to be strengthened in the Plan
- IJB has responsibility for acute services – we don't have commissioning plans for these – how and where do we include those
- tackling inequalities needed to be included as one of the enablers
- would like more detail in the enablers about the workforce, what it consisted of and what it might look like in the future , resources, providers which would help transition to the future space
- had sufficient weight been given in the Plans to carers, paid and unpaid, as one of the groups key to workforce resourcing
- there needed to be a discussion going forward in terms of the Edinburgh Partnership governance review and opportunities for joining up this work and in relation to the Locality Improvement Plans which was planned for review in the early part of 2019
- primary care group felt that tackling inequalities should be the top priority – need to single out poverty and health inequalities

### **Edinburgh Thrive – Mental Health Commissioning Plan**

The Plan aimed to address causes of health inequalities rooted in the political and social decisions that resulted in an unequal distribution of income, power and wealth which lead to poverty and marginalisation of individuals and groups. The Plan also aimed to determine the fundamental causes which influenced the distribution of wider social determinants of health, such as the availability of good-quality housing, green space, work, education and learning opportunities, access to services and social and cultural opportunities, all of which had strong links to mental health.

The following key headlines in the Plan were presented:

- Building Resilient Communities – e.g. Greening Up, GameChanger, A Sense of Belonging Arts Programme, LGBT Mind Matters Programme
- A Place to Live – e.g. Graded Support: making sure the environment “fits” the person’s needs
- Get Help When Needed – e.g. fewer beds in acute hospital, more community based provision delivered in partnership
- Closing the Inequalities Gap – e.g. housing first
- Rights in Mind – e.g. Peer led self help groups
- Meeting Treatment Gaps – e.g. matched care model for women with multiple and complex needs

The following issues were raised and discussed:

- There was tremendous ambition in this Plan, however, we need to know what we're going to stop doing, what we keep doing and what new things we start doing
- how do we make sure our services are complying with the NCPD
- we need to change the way we deliver the core part of the psychiatric service
- need to look at the provision of inhouse and contracted services
- areas missing in the plan was the forensic prison and custody mental health interface whereby people with mental health issues were inappropriately incarcerated

### **Ageing Well**

The principal aim of the plan was to keep people well at home for as long as possible (e.g. Befriending). It was also important to make sure people were aware of what services were available and how to access them (e.g. social care direct and information) and ensuring community based services were working together and as efficiently as possible to support the future of long terms care. A lot of audit work had been carried out in intermediary care facilities and sheltered housing.

The following points were raised and discussed:

- this is a more focussed Plan than the previous iteration
- key thing was once content was agreed more work would be done and an easy read version would be available highlighting key messages
- housing support funding aspect could be strengthened in the Plan and was essential
- was there sufficient weight given in the Plans to carers, district nurses, etc as one of the key enablers was the workforce – part of the challenge was making sure the workforce was incorporated and included as costed and funded in the plans

### **Learning and Physical Disabilities**

The redesign of the Royal Edinburgh Hospital would require 19 community placements. Additionally, the Partnership would commission from NHS Lothian 15 beds for assessment and treatment. There should be earlier intervention in childhood for people with behaviours that were challenging and development of smoother transitions from childrens' to adult services.

A range of housing and support options for people with learning disability required to be identified with a particular focus on core and cluster services together with information on how self-directed support could improve people's lives. It was important to explore how integrated services could increase access to and benefit from improved Health and Wellbeing support.

During discussion the following issues were raised:

- early intervention and transition from child to adult services were really good but there are also other things that need to catch up
- the enablers were increasingly important as they were the things that would allow people to remain in their own homes as long as possible
- the Plan should be driven by the people for whom the services were provided
- institutional care needed support in the community to be there to allow beds to remain transient and not long term
- high sensory and mental health requirements and a background in understanding of sensory care to keep people out of psychological services
- health and wellbeing was missing in the Plan and this was being written now
- a lot of commentary back from people with physical disabilities related to learning disabilities too
- outcomes from the previous Plan needed to be evaluated before a new Plan could be signed off

## **Primary Care**

The draft plan was shaped around the National Primary Care outcomes framework developed by Scottish Government. The Primary Care Improvement Plan was a key document and informed the strategy. The Plan built on existing good work in Edinburgh to support general practice to be sustainable, such as recruiting different health and social care staff in general practice. It also highlighted work required to develop physical and digital infrastructure in general practice and set out ways in which general practice was supported to continue to address health inequalities and general population health.

A paper setting out recommendations for consideration from the Primary Care Strategic Reference Group was submitted. In particular, the Reference Group felt that, as one of the largest budgets in the Health and Social Care Partnership, it was important that the IJB had a clear understanding of this service, costs and budgeting. A recent presentation had been very well received at the Reference Group and members felt strongly that there should be a presentation to IJB members.

## **Decision**

- 1) To agree that the draft plan and appendices reflected the direction of travel for the Partnership and to refer them to the IJB for approval for consultation.
- 2) To agree the engagement plan for the consultation.

- 3) To agree that a final plan would be reported back to the January meeting of the SPG and the February meeting of the IJB with Directions linked to finance, with clear options for the IJB to deliberate.
- 4) To record thanks to Board members, officers and stakeholders for their commitment and contributions to the working groups and reference boards.

(References – report by the IJB Chief Officer and additional paper from the primary care strategic reference group, submitted)

### **Declaration of Interests**

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

Fanchea Kelly declared a non-financial interest in the above item as the Chief Executive of Blackwood Homes and Care.

Nigel Henderson declared a non-financial interest in the above item as the Chief Executive of Penumbra.

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

## **5. Strategic Assessments – New Practices and Re-Provision Schemes**

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Information was provided on the strategic assessments for new GP practices in Leith Waterfront, Granton Waterfront and West Edinburgh and re-provision of existing practices in the South East of the City as set out in the City of Edinburgh Council's Local Development Plan 2020-2026.

### **Decision**

- 1) To note that the new practices and re-provision schemes were identified as priority areas for investment in the Population Growth and Primary Care Assessment 2016-2026, which was supported by the Integration Joint Board on 22 September 2017.
- 2) To note that the scored Strategic Assessments, attached as Appendix 1 to the report, had been produced following workshops with the relevant stakeholders.
- 3) To recommend that the Integration Joint Board supports the submission of the Strategic Assessments to NHS Lothian Capital Investment Group (LCIG) in December 2018 for consideration as part of NHS Lothian Capital Prioritisation Programme 2019/20.

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

## 6. Carer (Scotland) Act 2016 – Update on North West Locality Pilot

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An update was provided on progress of the pilot in the North West Locality. The pilot commenced in April 2018 and ran for six months to test new ways of working across partners, team communication, eligibility criteria, assessment of young/adult carers and the allocation of services and funding.

Information was also submitted on new business and financial systems which had been developed to support the pilot outcomes.

The following points were raised and discussed:

- Guardianships should be flagged up in the forms
- Concerns around ICT issues, for example SWIFT not being compatible with other systems
- budgetary issue as across Scotland Joint Boards were at different stages of implementation – there was a general national carer concern that budgets had slipped

The Group were advised that, on an ongoing basis, the Scottish Government had committed to fund the Carer Act commitments. In terms of any carry forward, that would be a decision for the Board when they considered the end year financial position.

### **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 that the Board would be asked to approve.

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

## 7. Forward Plan

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The agenda forward plan was submitted, with proposals for agenda items for January 2019.

### **Decision**

To note the forward plan.

(Reference – Agenda Forward Plan – January 2019, submitted.)

## 8. Date of Next Meeting

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Friday 18 January 2018, 10am to 12pm, Dean of Guild Room, City Chambers