

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00am Tuesday, 4th February, 2020

Eltham Suite - Eric Liddell Centre

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

The law allows the Integration Joint Board to consider some issues in private. Any items under “Private Business” will not be published, although the decisions will be recorded in the minute.

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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

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|-----|------------------------------------------------------------------------------------------------------------------|---------|
| 4.1 | Minute of the Edinburgh Integration Joint Board of 10 December 2019 - submitted for approval as a correct record | 5 - 12 |
| 4.2 | Committee Minutes | 13 - 20 |
| | 4.2.1 – Minute of Strategic Planning Group of 22 November 2019 | |

5. Forward Planning

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| 5.1 | Rolling Actions Log | 21 - 32 |
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6. Items of Governance

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| 6.1 | NHS Lothian Recovery Programme Update – Report by the Chief Officer, Edinburgh Integration Joint Board | 33 - 80 |
| 6.2 | Memorandum of Understanding (Independent Scottish Hospices) – Report by the Chief Officer, Edinburgh Integration Joint Board | 81 - 104 |

6.3	Communications and Engagement Update – Report by the Chief Officer, Edinburgh Integration Joint Board	105 - 116
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7. Items of Strategy

7.1	Ministerial Strategic Group and Audit Scotland Integration Reviews - Edinburgh Update – Report by the Chief Officer, Edinburgh Integration Joint Board	117 - 164
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8. Items of Performance

8.1	Finance Update – Report by the Chief Officer, Edinburgh Integration Joint Board	165 - 174
8.2	2020/21 Finance Plan Update – Report by the Chief Officer, Edinburgh Integration Joint Board	175 - 180

9. Proposals

9.1	None.	
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Board Members

Voting

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Michael Ash, Councillor Phil Daggart, Councillor George Gordon, Martin Hill, Councillor Melanie Main, Peter Murray and Richard Williams.

Non-Voting

Eddie Balfour, Colin Beck, Carl Bickler, Andrew Coull, Christine Farquhar, Helen FitzGerald, Kirsten Hey, Jackie Irvine, Jacqui Macrae, Ian McKay, Moira Pringle, Judith Proctor and Ella Simpson.

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Minutes

Edinburgh Integration Joint Board

10:00 am, Tuesday 10 December 2019

Eric Liddell Centre, Edinburgh

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Carl Bickler, Andrew Coull, Councillor Phil Doggart, Christine Farquhar, Councillor George Gordon, Kirsten Hey, Jackie Irvine, Jacqui Macrae, Councillor Melanie Main, Peter Murray, Moira Pringle, Judith Proctor and Ella Simpson.

Officers: Colin Briggs, Sarah Bryson, Tom Cowan, Tony Duncan, Jon Ferrar, Mark Grierson, Angela Lindsay, Jamie Macrae, Rebecca Miller, Craig Russell, Susan Shippey and Louise Williamson.

Apologies: Ian McKay

1. Minutes

Decision

- 1) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 22 October 2019 as a correct record.
- 2) To note the minute of the meeting of the Audit and Assurance Committee of 27 August 2019.
- 3) To note the minute of the meeting of the Performance and Delivery Committee of 16 September 2019.
- 4) To note the minute of the meeting of the Strategic Planning Group of 23 September 2019.

2. Rolling Actions Log

The Rolling Actions Log for December 2019 was presented.

Decision

- 1) To agree to close the following actions:
 - Action 2 – Business Resilience Arrangements and Planning – Spring Update
 - Action 5 – John’s Campaign
 - Action 6 – Transitions for Young People with a disability from children’s services to adult services Edinburgh Health and Social Care Partnership
 - Action 9 – Minute of Strategic Planning Group of 30 November 2018
 - Action 17 – Performance Report
 - Action 20(2) – Financial Framework 2020-2023
- 2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log – 6 December 2019, submitted.)

3. Chief Social Work Officer Annual Report – Presentation by the Chief Social Work Officer

The Board had considered the Chief Social Work Officer’s Annual Report for 2018/19 at their meeting on 22 October 2019. The Chief Social Work Officer gave a presentation on her report which provided details of the key issues facing social work and social care in Edinburgh, including data on statutory services, areas of decision making and the main developments and challenges.

Decision

To note the update.

(Reference – report by the Chief Social Work Officer, submitted.)

4. Appointments to the Edinburgh Integration Joint Board

Details were provided of the resignation of a non-voting member to the Board and the appointment of a Board member.

Decision

- 1) To note the resignation of Lynne Douglas as a non voting member of the Edinburgh Integration Joint Board.
- 2) To agree to appoint Eddie Balfour as the Allied Health Professional (AHP) lead for the Edinburgh Integration Joint Board for an interim period until the substantive AHP lead had been appointed.

- 3) To note that Eddie Balfour would be the non-voting member on the Futures Committee.

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

5. Royal Infirmary Front Door Redesign

Details were provided on the ‘front door’ of the Royal Infirmary of Edinburgh (RIE) which comprised of the entry points to acute hospital unscheduled care and included the Emergency Department, Minor Injuries, Ambulatory Emergency Care and Surgical Receiving. Front Door services had been under continual and growing pressure for a number of years, and this was projected to increase in line with the changing population in Edinburgh and across Lothian over the next 14 years.

The case had been made for further investment in the service to cope with this changing demand which would include a significant capital investment, yet to be determined.

Decision

- 1) To agree to support, in principle, an application for capital investment in the RIE Front Door Services.
- 2) To agree that a programme of work be conducted in conjunction with the RIE and other Lothian Health and Social Care Partnerships to examine and develop, as appropriate, viable and cost-effective community based alternatives to acute hospital care to reduce demand on the RIE Front Door.
- 3) To note the Joint Board’s concerns about:
 - the predicted attendances modelling and that this should encapsulate the work of the Lothian Joint Boards in reducing hospital admissions.
 - potential ongoing revenue costs for the project.

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

6. Edinburgh Alcohol and Drug Partnership – Seek Keep Treat Funding 2018/19

In August 2018, £1.41m recurring funding was allocated by the Scottish Government to the Edinburgh Alcohol and Drug Partnership (EADP) and Edinburgh Integration Joint Board (EIJB) starting in financial year 2018/19 for the purpose of expanding and innovating services which would reduce alcohol and drug related harm in line with the new Alcohol and Drug Strategy for Scotland.

Approval of the Strategic Planning Group had been sought in submitting recommendations to allocate the 2018/19 funding to the EIJB. The recommendations involved a number of one off spends aimed at supporting services to meet the requirements of the new government strategy and in response to local need.

Decision

- 1) To agree the one-off priorities identified through the extensive co-production exercise approved by the EADP Core Group and Executive.
- 2) To agree the financial plan to allocate the 2018/2019 funding as laid out in the Financial Implications section of the report and recognise that the spending of the funds would cross over into financial year 2020/2021 due to the delays incurred. A spending plan would then be submitted to the Scottish Government to release the funds.
- 3) To agree that the initial review, including details of performance information required, would be submitted to the Strategic Planning Group and subsequently the Performance and Delivery Committee.

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

Declaration of Interests

Ella Simpson declared a financial interest as Chief Executive of EVOG, which employed a team of support workers for the Edinburgh Alcohol and Drug Partnership and left the room during the Board's consideration of this item.

7. Learning Disability Step Down – Royal Edinburgh Hospital

In August 2019 the Strategic Plan 2019-2022 for Edinburgh's Health and Social Care Partnership (EHSCP) was agreed by the Edinburgh Integration Joint Board (EIJB). This strategy set out key actions in relation to citizens of Edinburgh including how the EHSCP supported adults with a learning disability.

Details were provided of proposals for a step down option which could support these individuals who were 'stuck' within hospital to move on and have a focussed team working to get them into long-term accommodation with an appropriate provider. The step-down option would enable the reduction of 3 beds in the Royal Edinburgh Hospital (REH), and as people moved into long term accommodation, further reduction in-patient beds.

Decision

- 1) To agree the option of a step down which could support individuals who were 'stuck' within hospital to move on with a focussed team working to get them into long-term accommodation with an appropriate provider. The step-down option would enable the reduction of 3 REH beds, and as people moved into long term accommodation, further reduction in-patient beds.
- 2) To agree that this option be for a two-year service provision focussed on sustaining flow through the Royal Edinburgh Hospital.

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

8. Adult Sensory Support

Details were provided on the current adult sensory support contract which was due to expire on 30 September 2020. A range of options for the delivery of a suite of services to meet the needs of people with sensory impairment from October 2020 was presented.

Decision

- 1) To approve the recommendations of the Strategic Planning Group of 22 November 2019 as detailed in paragraph 16 of the report by the IJB Chief Officer.
- 2) To agree that the Council be directed to commission services for a 3-year contract period with 1+1-year optional extensions to take account of proposals for a pan-Lothian sensory impairment service.
- 3) To note the difference between strategic directions and operational KPIs.
- 4) To agree that an update would be submitted in spring 2021.

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

9. Winter Plan 2019/20

An update was provided on the Winter Planning process for 2019/20 including the confirmation and details of the Partnership's financial allocation for 2019/20.

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

Decision

- 1) To note progress with winter planning for 2019/20.
- 2) To accept the report as a source of moderate assurance the Partnership was developing a robust winter strategy in response to learning and evaluation from winter 2017/18 and 2018/19 as well as supporting new initiatives and pump-priming the expansion of the Home First model.
- 3) To agree that a briefing note would be circulated, providing details of similar plans for general practice.
- 4) To note that the Performance and Delivery Committee would monitor the Winter Plan.

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

Declaration of Interests

Ella Simpson declared a financial interest in this item as Chief Executive of EVOC which supported one of the programmes and received a small management fee.

Christine Farquhar declared a non-financial interest in this item as a former trustee of Vocal.

10. Update on Progress: Older People Joint Inspection Improvement Plan

Details were provided of developments and work completed on the Older Peoples Joint Improvement Plan since this was discussed at the Edinburgh Integration Joint Board in May 2019. The previous action plan had been reviewed, and a new improvement plan developed reflecting the framework of the Three Conversations approach which reflected the revision of the Edinburgh Health and Social Care Partnership draft strategic plan 2019/2022.

Decision

- 1) To note the newly developed monitoring action plan.
- 2) To note the status of each recommendation and associated actions against the year 1 target deadline.
- 3) To remit the ongoing review of the action plan to the Performance and Delivery Committee and to the IJB thereafter.

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

11. Finance Update

An update was presented on the 2019/20 financial position following the publication of the City of Edinburgh Council (the Council) and NHS Lothian financial results to September 2019 which provided moderate assurance of financial breakeven.

Decision

- 1) To note that a version of the report was scrutinised by the Performance and Delivery Committee on 20 November 2019.
- 2) To note the financial position for delegated services for the first 7 months of the year.
- 3) To note that moderate assurance could be given that the Integration Joint Board could achieve in year financial balance.
- 4) To agree that, if overall financial balance was achieved, a Direction was issued to the Council to address the health and social care budget gap.
- 5) To support the Chief Officer and Chief Finance Officer's ongoing discussions on the 2020/21 budget.

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

12. Equality Outcomes and Mainstreaming Report

To meet obligations placed on public bodies by the Equality Act 2010 and associated regulations, the Edinburgh Integration Joint Board (EIJB) were required to publish a set of Equality Outcomes at least every four years. In 2018 the EIJB had recommended that the next set of Equality Outcomes should be developed as part of the process of developing the Strategic Plan for 2019-2022.

The draft “Equality Outcomes and Mainstreaming Report” was presented and set out the new Equality Outcomes for 2019-2023.

Decision

- 1) To approve the Equality Outcomes contained in paragraph 14 of the report by the IJB Chief Officer.
- 2) To approve the “Equality Outcomes and Mainstreaming Report” attached as Appendix 1 to the report.
- 3) To ask officers to investigate how best to ensure that the Public Sector Equality Duties were embedded, using Directions if appropriate.

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

13. Update on Implementation of Committee Structures

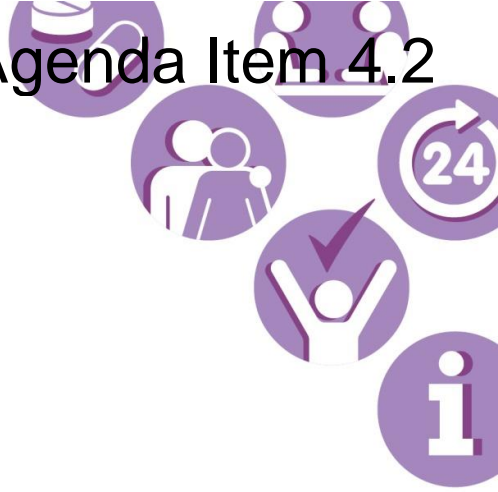
An update was provided on the implementation of the new committee structure which had been agreed by the EIJB on 14 December 2018.

Decision

- 1) To note the progress with agreeing the terms of reference for each of the committees.
- 2) To agree the meeting schedule for all committees.
- 3) To note that all committees were now in place and work was ongoing to develop the flow between each of the committees to ensure there were no gaps.

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

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Minutes

Edinburgh Integration Joint Board Strategic Planning Group

10.00am Friday 22 November 2019

EVOC – 525 Ferry Road, Edinburgh

Present: Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Christine Farquhar, Belinda Hacking, Stephanie-Anne Harris, Nigel Henderson, Ella Simpson and Hazel Young.

In attendance: Colin Briggs, Tony Duncan, Mark Grierson, Linda Irvine-Fitzpatrick, Jamie Macrae, Michele Mulvaney, Alana Nabulsi, Moira Pringle, Craig Russell, Susan Shippey and Jay Sturgeon.

Apologies: Dermot Gorman.

1. Minutes

Decision

- 1) To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 23 September 2019 as a correct record, subject to the addition of Stephanie-Anne Harris's apologies.
- 2) To note the minute of the Edinburgh Integration Joint Board Futures Committee of 21 October 2019.
- 3) To note the decisions of the Edinburgh Integration Joint Board of 22 October 2019.
- 4) To agree to continue to receive the note of the decisions of the Edinburgh Integration Joint Board.

2. Rolling Actions Log

Updates were provided on the following actions:

- Action 1 – Enhancing Carer Representation on Integration Joint Boards – there was no conclusion to this action as yet.
- Action 2 – Grants Programme – Monitoring and Evaluation Framework – officers were due to collect information from recipients at the end of the year. There would be a further update in the new financial year, possibly to the Performance and Delivery Committee, rather than this group (to be confirmed).
- Action 3 – Directions – the IJB agreed the new Directions policy in October. The tracker would continue to be monitored. MSG guidance was expected in early 2020.

Decision

To note the updates and the outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Terms of Reference

The Strategic Planning Group (SPG) had previously discussed the previous draft of the Terms of Reference, which were resubmitted with revised core duties for discussion. The intention was to submit the revised Terms of Reference to the Joint Board in December.

The group discussed the difficulties in recruiting citizen representatives on the Joint Board. There had been a recent round of recruitment but this had been unsuccessful.

Under “Membership”, Christine Farquhar and Ella Simpson were listed twice (as Non-Voting Members and Attendees). Stephanie-Anne Harris was incorrectly labelled as a “health care non-commercial provider”.

At the last IJB meeting, it was agreed that the SPG would monitor the financial framework – it was agreed that this would be added to the SPG Terms of Reference. Members also discussed the possibility of reducing the deadline for the notice of the meeting from 7 to 5 days.

Decision

To agree that the Terms of Reference would be submitted to the Joint Board, subject to the following changes:

- Christine Farquhar and Ella Simpson to be removed from attendee list.
- Stephanie-Anne Harris incorrectly labelled as a health care non-commercial provider.
- Monitoring of financial framework to be added to the Specific Duties.

- Consideration to be given to reducing the timescale for issuing the notice of the meeting from 7 to 5 working days.

(Reference – Terms of Reference, submitted.)

4. Annual Cycle of Business

Following the establishment of the new IJB committee structure, each committee/group had an annual cycle of business which would be submitted to each meeting. The first draft of this was submitted for consideration.

During the discussion, the following points were raised:

- There should be more of connection with locality teams – there was a plan to address this by inviting locality managers to the IJB once a year to discuss implantation of the Strategic Plan.
- The “Plan of Plans” which was discussed at the last meeting would be incorporated.
- There was very little on the set-aside budget, which amounted to 30% of the IJB budget – this should be added.
- There should be something on community planning.
- There should be clear linkages between the Joint Board and the committees.

Decision

- 1) To note the Annual Cycle of Business.
- 2) To agree that an item on the set-aside budget would be added.
- 3) To agree that consideration would be given to the inclusion of an item on community planning.
- 4) To agree that the Annual Cycle of Business would be reviewed to ensure that all items were within the remit of the SPG.

(Reference – Annual Cycle of Business, submitted.)

5. Learning Disability - Step Down - Royal Edinburgh Hospital

Mark Grierson provided an update on the Royal Edinburgh Acute Services (REAS), which provided assessment and treatment for adults with a learning disability. The service had been over-capacity for a significant period of time, due mainly to the inability of community resources to respond to allow people to leave hospital. As part of the Strategic Plan 2019-2022, the intention was to develop community placements for people currently ‘living’ in hospital. This was likely to become available over the next two years. In the interim period, and to develop ‘flow’ in the hospital, the creation of a ‘step-down’ resource was proposed. This would focus on short term patients for whose caring

supports had broken down. This would require REAS to close three beds that were overcapacity. Disability services in Edinburgh's Health and Social Care Partnership (EHSCP) would provide this resource and funding of £0.3m would be required to deliver it. This funding would be set against the current expenditure of £0.5m and would deliver a reduction of £0.2m.

The service would be staffed by the EHSCP and the final destination for service users would be supported accommodation in the community. The teams would remain involved at this point to ensure they are still being supported.

Decision

Subject to IJB approval:

- 1) To approve the recommended option outlined in paragraph 11 of the report.
- 2) To agree the recommendation for a two-year service provision focussed on sustaining flow through the Royal Edinburgh Hospital.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

6. Adult Sensory Support Contract

Susan Shippey, Strategic Planning & Commissioning Officer, along with Craig Russell, the Council's Principal Solicitor for employment, provided details of the Adult Sensory Support Contract. Services for people with sensory impairments had been delivered by the Royal National Institute of Blind People (RNIB) and Deaf Action for the last ten years through a number of City of Edinburgh Council contracts. The current adult sensory support contract was due to expire on 30 September 2020. The Strategic Planning Group was asked to consider a range of options presented in the report for the delivery of a suite of services to meet the needs of people with sensory impairment from October 2020. The current contractor would not be bidding for the new contract.

Members discussed the importance of working in partnership with the organisations and applying the 3 Conversations model.

Decision

- 1) To express a preference for Option 2, as outlined in paragraph 16 of the report.
- 2) Subject to IJB approval, to agree that the Council be directed to commission services for a 3-year contract period with 1+1-year optional extensions to take account of proposals for a pan-Lothian sensory impairment service.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

7. EADP - Seek, Keep and Treat Funding

In August 2018, £1.41m recurring funding was allocated by the Scottish Government to Edinburgh Alcohol and Drug Partnership (EADP) and Edinburgh Integration Joint Board (EIJB) starting in financial year 2018/19. The Strategic Planning Group was asked to approve the submission of recommendations to the Joint Board to allocate the 2018/19 funding. The purpose of the funding was to expand and innovate services which would reduce alcohol and drug related harm in line with the new Alcohol and Drug Strategy for Scotland, which was based on rights, respect and recovery. The Joint Board had already approved the spending plan.

Decision

- 1) To agree, subject to IJB approval, the one-off priorities identified through the extensive co-production exercise approved by the EADP Core Group and Executive.
- 2) To agree, subject to IJB approval, the financial plan to allocate the 2018/2019 funding as laid out in the Financial Implications section of the report and recognise that the spending of the funds would cross over into financial year 2020/2021 due to the significant delays incurred, and that a spending plan would then be submitted to the Scottish Government to release the funds.
- 3) To recommend the report to the EIJB for final approval.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

8. Royal Infirmary Edinburgh Front Door

An update was provided on the Royal Infirmary Front Door redesign. The “front door” referred to the entry points to acute hospital unscheduled care and included the Emergency Department, Minor Injuries, Ambulatory Emergency Care and Surgical Receiving. Front Door services had been under continual and growing pressure for a number of years, and this was projected to increase in line with the changing population in Edinburgh and across Lothian over the next 14 years.

Further investment was required to cope with this changing demand, including significant capital investment, yet to be determined, to address the overcrowding as well as increased staffing in the longer term.

Along with the report, a presentation was also provided by Colin Briggs, Director of Strategic Planning, NHS Lothian.

Although no funding was being requested at the current time, the intention was to come back with a detailed workforce plan. Members discussed the problem of crowding for front door services – there had been an 8% increase nationally.

Decision

- 1) To agree to support, in principle, an application for capital investment in the RIE Front Door Services.
- 2) To agree that a programme of work was conducted in conjunction with the RIE and other Lothian Health and Social Care Partnerships (HSCP) to examine and develop, as appropriate, viable and cost-effective community-based alternatives to acute hospital care to reduce demand on the RIE Front Door.
- 3) To approve submission to the Edinburgh Integration Joint Board (EIJB).

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

9. Programme to Address Bed Flow Challenges

Tom Cowan, Head of Operations, provided details of the programme to address bed flow challenges. Among the key challenges were the ability to avoid an unnecessary prolonged stay for individuals in a hospital setting, as well as the impact on the acute bed availability for other admissions including scheduled procedures.

A new 'HomeFirst' approach to managing 'flow' across the system had been implemented by the Partnership, but fundamental changes to the configuration of existing community bed-base resources were required, and it needed some additional resources to leverage the changes needed to support the new models.

The update focused on the flow between acute services and the community bed-base, which was a combination of internally-run community beds (including directly-managed care homes and the Hospital Based Continuing Complex Care (HBCCC) units) and that commissioned from the Independent and Third Sector.

During the discussion, it was highlighted that a recent audit had found that 40% of those in HBCCC did not require that level of care. Edinburgh was an outlier in terms of HBCCC.

Decision

- 1) To note and take reassurance from the actions being deployed to manage delayed discharge numbers in relation to those requiring care outwith their own home, across and beyond the winter period.
- 2) To note and support the strategic direction being undertaken by the EHSCP to reconfigure and re-provision its internal bed-base capacity towards greater use of Intermediate care provision.
- 3) To endorse the strategic objective to significantly reduce the Hospital-Based Continuing Complex Care (HBCCC) bed base over the next 3 years.
- 4) To request an update describing the detailed plan to support this work in the next quarter.

(Reference – report by the Head of Operations, Edinburgh Health and Social Care Partnership, submitted.)

10. Edinburgh’s Joint Carers Strategy Development of Performance & Evaluation Framework

The Edinburgh Joint Carers’ Strategy 2019-2022 was ratified at the Edinburgh Integration Joint Board (EIJB) on 20 August 2019. The EIJB directed that a performance and evaluation framework be designed to support the Carers Strategy, with progress being reported back in December 2019.

Details were provided of the approach and timeline for developing the performance and evaluation framework. The framework would apply to all statutory and third sector services provided through the Joint Carers’ Strategy 2019-22 and would provide quantitative and qualitative information that aligned with both national and local priorities.

There would be wide stakeholder engagement in the development of the new framework through the Edinburgh Carers Strategy Planning Group. The new contracts to support the implementation of the Carers’ Strategy would commence in September 2020, with the framework in place by December 2020.

It was noted that the report had already been considered by the Performance and Quality Committee.

Decision

To support the recommended approach to develop the performance and evaluation framework for the Joint Carers’ Strategy 2019-2022.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

Declaration of interests

Christine Farquhar declared a non-financial interest in this item as a former member of the board of VOCAL and as a carer.

11. Equality Outcomes and Mainstreaming Report 2019 - 2023

Integration Joint Boards were required by the Equality Act 2010 and associated regulations to publish a set of Equality Outcomes at least every four years. The EIJB had agreed in March 2018 that the next set of Equality Outcomes should be developed as part of the process of developing the Strategic Plan for 2019-2022.

The new Equality Outcomes were therefore presented for discussion, prior to submission to the EIJB. Members discussed the importance of completing Integrated Impact Assessments and the role of the Joint Board in ensuring due regard was paid.

Decision

Subject to IJB approval:

- 1) To approve the Equality Outcomes at paragraph 10 of the report.
- 2) To approve the “Equality Outcomes and Mainstreaming Report” attached as Appendix 2.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

12. Any Other Business

Decision

To agree that future meetings of the SPG would be scheduled for 2.5 hours.

12. Date of Next Meeting

Decision

To note that the date and location of the next Strategic Planning Group Meeting was Tuesday 14 January 2019, 2pm at the EVOC Offices, 525 Ferry Road, Edinburgh.

Rolling Actions Log

February 2020

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	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.	Chief Officer, Edinburgh Health and Social Care Partnership	February 2020 December 2019 July 2019	A report on Seek, Keep and Treat funding was considered and approved by the EIJB in June 2019. A further report on Seek, Keep and Treat investment proposals for unallocated money from 2018/19 is on the agenda for the December EIJB meeting. The December report also includes examples of the approaches taken elsewhere in Scotland. A workshop on EADP

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Agenda Item 5.1

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						governance and relationship with EIJB is scheduled to take place on 11 December 2019. As a result of this workshop a briefing note will be produced for the February board.
Page 22	IJB Risk Register	15-06-18	That the Chief Officer would circulate a briefing note to members on finance structures across the City of Edinburgh Council and NHS Lothian, and the interface between the respective groups.	Chief Officer, Edinburgh Health and Social Care Partnership	April 2020 December 2019 August 2019 November 2019	This briefing will be produced following agreement of terms of reference for the sub committees. Final TORs coming back to EIJB in February 2020. The TORs for C&CG and Futures are going to their Feb Committee, which is after the Feb IJB, therefore a report will come back to April Board for agreement.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
3	Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19	28-09-18	<p>1) That a business case for the expansion of the Hospital at Home service would be presented to the Joint Board by the end of March 2020.</p> <p>2) That officers would circulate details of the flu vaccination programme to enable members to promote to citizens, colleagues and partner organisation.</p>	Chief Officer, Edinburgh Health and Social Care Partnership	April 2020 December 2019	<p>Recommended for closure</p> <p>A steering group is working to develop a new hospital at home service which takes account of the findings from the completed hospital at home study.</p> <p><u>June 2019</u></p> <p>There is currently no funding available for H@H expansion from June 2019.</p> <p>As part of the budget savings proposals H@H has been set a savings target of £500K. Dr Anita Logendra has started her H@H study - it will take 3 months.</p> <p>The H@H service has now been rolled out</p>

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
Page 24						<p>across the city. A full review of the service will now be undertaken as part of the Transformation programme and will be reported back to the IJB in due course.</p> <p>2) Closed – circulated on 8 October 2018</p>
	Impact of Audit Scotland Report Health and Social Care Integration on Edinburgh Integration Joint Board	08-02-19	To request that the Chief Officer report on actions being taken across all organisations in support of the recommendations in the Audit Scotland report in relation to the Edinburgh Integration Joint Board and request a further report on this to come to the Audit and Risk Committee in six months.	Chief Officer, Edinburgh Health and Social Care Partnership	February 2020 November 2019 August 2019	<p>This will be submitted to the Audit and Assurance Committee on 14 February 2020.</p> <p>Note: October 2019 IJB agreed to receive a single report, covering this action and Action 12 (Audit Scotland and MSG).</p> <p>Recommend for closure as on the</p>

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						agenda for the February Board.
5	Communications Action Plan for the EIJB	08-02-19	To agree to updates on this as it develops, at least annually.	Chief Officer, Edinburgh Health and Social Care Partnership	February 2020	Recommend for closure as on the agenda for the February Board.
6	Update on the Edinburgh Integration Joint Board Grants Review	29-03-19	<p>1) To agree to receive a report to a future meeting of the Joint Board on those projects which had been successful in securing grant funding.</p> <p>2) To agree that a report be brought back to a future meeting of the Joint Board on work being carried out to address how inequalities were being tackled across all services in the Partnership together assurance that the Board were meeting their legal obligations under the Equality Act 2010.</p>	Chief Officer, Edinburgh Health and Social Care Partnership	<p>May 2019</p> <p>December 2019</p>	<p>1) CLOSED – reported to the IJB on 24 May 2019.</p> <p>2) Recommended for closure – item considered at the December Board meeting. On Feb Board</p>
7	Primary Care Transformation Programme	24-05-19	1) To agree that a workshop would be arranged on the Primary Care Transformation Programme.	Chief Officer, Edinburgh Health and	February 2020	David White arranging a workshop on Primary Care. IJB members

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			2) To agree that the next report to the Joint Board would include more details on how the Programme was being delivered and its impact on stakeholders	Social Care Partnership	December 2019 October 2019	<p>asked (22 October 2019 meeting) that the date be provided when available. A development session is being organised for February to pick up the primary care transformation.</p> <p>A briefing note will be circulated on the Feb Board.</p> <p>Session on Transformation has been organised for 24 February 2020</p> <p>The Chief Officer and the EIJB Chair have agreed that the briefing note for Primary Care Transformation will be circulated to EIJB Members ahead of the Primary Care Development Session</p>

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						on the 24 February. A report will be provided to the EIJB in June 2020
8	Ministerial Strategic Group Update	24-05-19	To agree to the self-assessment and actions set out and to ask the Chief Officer to develop the action plan with partners for implementation and report on this before the end of March 2020	Chief Officer, Edinburgh Health and Social Care Partnership	February 2020 March 2020	Note: October 2019 IJB agreed to receive a single report, covering this action and Action 7 (Audit Scotland and MSG). Recommend for closure as on the agenda for the February Board.
9	Older People Joint Inspection Improvement Plan	24-05-19	To agree that the Improvement Programme would be brought back to the Joint Board following approval by NHS Lothian and the City of Edinburgh Council.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019 October 2019	Recommended for closure – item considered at the December 2019 Board meeting.
10	Evaluation of 2018/19 Winter Plan	21-06-19	To agree that a briefing note on the Day of Care Audit would be circulated.	Chief Officer, Edinburgh Health and	February 2020 November 2019	A briefing note will be circulated in February 2020.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
				Social Care Partnership	October 2019	
11	Committee Terms of Reference and Good Governance Handbook	21-06-19	To agree that each committee would comment on the Terms of Reference at the end of the first cycle and this would be reported back to the Joint Board within two cycles.	Chief Officer, Edinburgh Health and Social Care Partnership	April 2020 December 2019 October 2019	TOR will come back to April Board for agreement.
12 Page 28	Edinburgh's Joint Carers Strategy	20-08-19	To agree to develop a performance and evaluation framework around the Carers Strategy, which would be reported back to the Joint Board in two cycles.	Chief Officer, Edinburgh Health and Social Care Partnership	April 2020 December 2019 October 2019	A situation report on the performance and evaluation framework for the Carers' Strategy was presented to the P&D committee on 20 November 2019 and the SPG on 22 November 2019. Direction was given to provide more time to complete the framework. Carers Strategy Performance

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						Framework on the agenda for December Board
13	NHS Lothian Board Escalation	20-08-19	<ol style="list-style-type: none"> 1) To agree to report back in six months on progress being made, or earlier if significant matters arise. 2) To agree that the recovery plan and any financial changes would be reported to the Board within six months, as soon as it was available. 3) To agree that a briefing note would be circulated providing more detail on responsibilities for mental health interactions. 4) To agree that the notes of Integrated Care Forum meetings would be distributed to members of the Joint Board. 	Chief Officer, Edinburgh Health and Social Care Partnership	February 2020 September 2019 August 2019	<p>Recommend for closure as on the agenda for the February Board.</p> <p>3) CLOSED – circulated on 25 September 2019</p> <p>4) CLOSED – circulated on 26 August 2019</p>
14	Rolling Actions Log	22-10-19	Re. NHS Lothian Board Escalation Action (3) – To agree to circulate details of where responsibilities sit for the various mental health interactions.	Chief Officer, Edinburgh Health and Social Care Partnership	February 2020 November 2019	A report was considered at the P&D committee on 20 November 2019. A briefing note will be circulated out of

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						committee in December. Recommend for closure as on the agenda for the February Board.
15	Financial Framework 2020-2023	22-10-19	<p>1) To agree that details relating to the financial planning assumption on hospital drugs growth would be provided as part of the presentation on prescribing at the next Development Session.</p> <p>2) To agree that a response would be sent to the Council's Head of Finance highlighting the Joint Board's concerns about the impact of any uplift provided by the</p>	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019	<p>1) NHS Lothian is in the process of updating its financial planning assumptions. Consequently the specific issue about drugs growth will be covered along with other planning assumptions at the budget workshop on 10 December 2019.</p> <p>Recommended for closure as was discussed at development session</p>

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			Scottish Government to support health and social care not being passed on in full to the Joint Board.			on 10 December 2019. 2) CLOSED Letter sent on 25 October 2019.
16	Home First	22-10-19	1) To require a report on progress no later than April 2020. 2) To agree that timescales would be added to the Direction.	Chief Officer, Edinburgh Health and Social Care Partnership	April 2020	2) Timescales added to the direction
Page 31	Finance Update	22-10-19	To agree that details of the financial dynamics of the set aside budget would be reported to the Performance and Delivery Committee	Chief Officer, Edinburgh Health and Social Care Partnership	January 2020	On the agenda for the January 2020 Performance and Delivery Committee. Should this not be pushed onto the P&D RAL however it is on the agenda for 31 January P&D Recommend for closure and add to the Performance and Delivery Committee.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
18	Chief Social Work Officer's Report 2018/19	22-10-19	To agree that the Chief Social Work Officer would provide a presentation at a future meeting.	Chief Social Work Officer	December 2019	Recommended for closure - presentation was given at the December meeting.
19	Adult Sensory Support	10-12-19	To agree that an update would be submitted in spring 2021.	Chief Officer, Edinburgh Health and Social Care Partnership	Spring 2021	
20	Winter Plan 2019/20	10-12-19	To agree that a briefing note would be circulated, providing details of similar plans for general practice	Chief Officer, Edinburgh Health and Social Care Partnership	January 2020 February 2020	Briefing note prepared, to be circulated to the EIJB in February 2020.
21	Equality Outcomes and Mainstreaming Report	10-12-19	To ask officers to investigate how best to ensure that the Public Sector Equality Duties were embedded, using Directions if appropriate.	Chief Officer, Edinburgh Health and Social Care Partnership	March 2020	Recommended for closure – Report will come back to SPG in March 2020. Suggest this is added to SPG RAL.

REPORT

NHS Lothian Recovery Programme Update

Edinburgh Integration Joint Board

4 February 2020

Executive Summary

This report provides the Edinburgh Integration Joint Board (EIJB) with an update on progress in relation to NHS Lothian's recovery programme following its being escalated to level 3 of the NHS Scotland Escalation process.

A report on this was initially received by the EIJB at its 20 August 2019 meeting in relation to this. The update report, which has been presented to NHS Lothian's Board and which sets out the approach and whole programme is provided at Appendix 1.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Note the update against progress as set out in the report
2. Note the progress reported, particularly in relation to those aspects of the recover that relate to delegated functions and responsibilities
3. Agree that further decisions in relation to potential EIJB actions, investments and strategic change in support of this system wide improvement will be discussed and approved through the EIJB's business planning and direction setting process, to ensure alignment to the EIJB's strategic plan and its financial planning processes.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been to any EIJB committees prior to submission to the EIJB.

Main Report

2. A report on NHS Lothian's escalation to level 3 of NHS Scotland's escalation process was received by the EIJB at its August 2019 meeting ([link to report](#)). That report outlined the process and requirement for NHS Lothian to develop a recovery plan. The report made clear that a number of the issues of concern that NHS Lothian was being escalated for, related to services and functions delegated to the 4 Lothian Integration Joint Boards (IJBs). It went on to describe the 'whole system approach' that it was proposed that NHS Lothian and the 4 Lothian IJBs would take in order to address those areas.
3. At its meeting on 20 August 2019 the EIJB asked for an update report within six months or by exception. This report updates on the first 3 months of activity in the programme and provides the final approved recovery plan at Appendix 1.
4. The recovery plan spans the entirety of those areas for which NHS Lothian was escalated as set out in the previous report to the EIJB. Board members will be aware that given the delegations to the four Lothian IJBs that elements of this whole plan are the responsibility of the IJBs and therefore a whole system approach to addressing the strategic change has been agreed. The specific areas delegated to the IJBs are:
 - a. Mental Health and Learning Disabilities for Adults – including Psychological Waiting Times;
 - b. Unscheduled Care, including Delayed Discharges.

5. Recovery and improvement Boards have been established and in terms of the delegated functions; the Mental Health and Learning Disabilities Board is chaired by the EIJB Chief Officer with the Chief Officer for West Lothian chairing the Unscheduled Care Board.
6. The plan sets out the additional capacity being put in place funded by NHS Lothian to deliver sustainable improvement including the role of Director of Improvement, with Programme Director posts also being secured to support the individual recovery and improvement Boards in developing and delivering their action plans.
7. Initial reporting to Scottish Government on actions towards improvement was undertaken on a fortnightly basis until 5 November 2019. Thereafter a single integrated Recovery Plan was submitted to the Scottish Government on the 29 November 2019. The Scottish Government are currently considering the appropriate level of escalation for NHS Lothian given the progress made in a number of areas. It is understood further direction will be provided by the Scottish Government on the 23 January 2020.
8. The reporting lines and governance will include IJBs in relation to their accountabilities and every effort is being made to ensure that the issue of subsidiarity is adhered to; i.e. that we deliver whole system improvement, while ensuring the localism required of IJBs is respected.

Recovery Performance

9. The key metrics for the whole recovery programme is set out on Table 1 of the report in **Appendix 1** (page 5).
10. In terms of Mental Health, one of the significant challenges relating to escalation was the availability of beds for acute admissions. Page 8 of appendix 1 sets out that action taken to date has supported a reduction from around 106% occupancy to between 85-90% at the time of reporting which is positive in ensuring bed availability.
11. The performance improvement in relation to Unscheduled Care and Delays is set out on page 8 of the report (appendix 1) and reported a 38.3% reduction in delays in Edinburgh at the time of reporting in September.
12. Performance in relation to Psychological Therapies 18-week target has steadily deteriorated over the past few months with the adult treatment list increasing by 30-

40 patients per month. The number of people waiting on this list was 2,743 at the end of November 2019 with performance against the 18-week standard currently at 79.9%. To address these issues, the Lothian system is investing in additional short-term capacity to tackle the longest waits, is implementing a number of changes in Standard Operating Policies (SOPs) and is taking part in a number of initiatives to extend the use of a computer based Cognitive Behavioural Therapy (CBT) and other CBT digital services.

13. While further improvement is both necessary and possible, it is recognised that the whole system approach has started to demonstrate a positive impact in a number of areas and that trajectories for improvement for areas not currently demonstrating improvement have been set.

Implications for Edinburgh Integration Joint Board

Financial

14. There are no additional financial implications arising from this update report, however the EIJB has recognised the need for investment in support of performance recovery and improvement including the additional funding invested in Psychological Therapy Services as approved at the EIJB on 20 August 2019.
15. Any future investment or decisions with financial implications arising from the recovery and improvement actions will also be taken within the EIJB's decision making and governance processes.

Legal / risk implications

16. There are no legal implications arising from this report for the EIJB.
17. There is a risk that performance improvement and sustainable recovery are not achieved, or the recovery already seen cannot be sustained. This will be mitigated by the governance and reporting structures put in place. The EIJB has a related risk on its Risk Register relating to performance and delivery and this will be monitored through normal governance structures within the EIJB.

Equality and integrated impact assessment

18. The recovery and improvement programme aim to ensure good outcomes for the whole population of Lothian including those groups with protected characteristics who are often experience poor outcomes.

19. Integrated Impact Assessments will be completed on proposals and plans as appropriate.

Environment and sustainability impacts

20. There are none arising as a direct result of this update report however it is recognised that all future models of care and delivery must take due cognisance of the impacts on the environment and in respect of climate change targets.

Quality of care

21. The improvement and recovery programme sets out to improve the quality of care and people's experience and access to care in Lothian.

Consultation

22. The improvement and recovery programme was developed in collaboration with all Lothian Partnerships and NHS Lothian.

Report Author

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Background Reports

1. [NHS Escalation Report – 20 August IJB](#)

Appendices

Appendix 1	NHS Lothian Performance Recovery Programme
Appendix 2	
Appendix 3	
Appendix 4	



NHS Lothian Performance Recovery Programme

Final Version

29 November 2019

Foreword

The health and care system across Lothian is facing unprecedented levels of demand for the services it provides, putting the system, as well as frontline staff under severe pressure. One of the symptoms of this pressure has been a gradual deterioration in the ability to meet a number of core performance indicators, in particular those relating to patient access times for treatment.

The Lothian Recovery Programme is our whole system approach, over the short and longer term, to address these challenges. In recognition of the immediacy of these issues, the Recovery Programme has been designed to:

- increase the pace of improvement by providing greater management capacity and focus on performance challenges;
- ensure improvement plans and actions are clearly articulated and capture the relevant work ongoing across the system;
- provide a structured approach to the delivery of the programme to help increase the level of grip and rigour around the implementation plans;
- use data as a foundation to the programme ensuring plans are based on robust analysis and can be quantified in terms of their impact;
- support joint accountability for the delivery of the programme and increase the level of collaboration across the health and care system.

Moving forward, the programme will address broader questions of whole system sustainability feeding into the annual planning process. Improvements in grip, control and operational planning will help address some of the short term pressures, but more broad based solutions will be required to meet future needs including service redesign, innovation and digital delivery models.

Our commitment to recovery has been demonstrated by our investment in programme infrastructure ensuring there is sufficient managerial oversight. We have recruited a Director of Improvement to manage and provide oversight to the Recovery Programme, and established three Recovery Boards, each chaired by an Executive from across the system recognising the importance of collaborative working.

In the rest of this document, the actions the Lothian system has put in place to progress the Recovery Programme over the past three months, as well as those which will be progressed up until March 2020 have been set out. It summarises the work that the Board, in conjunction with its Integration Joint Board partners have been taking forward, and is structured into five components:

- unscheduled care and delayed discharges;
- scheduled care;
- cancer waiting times;
- mental health services, including sustaining inpatient services at the Royal Edinburgh Hospital, and improving access to psychological therapies and child and adolescent mental health services; and
- paediatric services at St John's Hospital.

A number of short term improvements have been delivered, particularly in relation to the provision of inpatient mental health accommodation, whilst there has also been a welcome reduction in delayed discharges over the past year. However, it is recognised that this is the start of a long journey and many challenges and risks remain, including the upcoming winter period as well as tight budget settlements in social care. Regardless, the system is committed and ready for the challenge with a unified commitment to delivery.

Tim Davison
Chief Executive, NHS Lothian
November 2019

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1. Introduction

In July 2019, the Scottish Government wrote to NHS Lothian notifying the Board that it would now be placed at Level 3 of the NHS Board Performance Escalation Framework. The basis of the escalation was related to ongoing performance challenges across scheduled care, unscheduled and mental health services, together with the significant work required to complete the move to the new Royal Hospital for Children and Young People. It was recognised that the cumulative impact of these would put significant pressure on the leadership capacity of the Board, and in order to fully deliver for the people of Lothian, a tailored package of support would be required.

As part of the escalation process the Scottish Government also require a formal Recovery Plan with clear milestones to be developed. The responsibility for developing this plan has resided with NHS Lothian with oversight provided by a Director within the Scottish Government.

This Recovery Plan sets out NHS Lothian's response to the escalation process and outlines the actions put in place by Lothian over the past three months, as well as the proposed delivery plan up until March 2020. The Recovery Plan builds upon a series of papers submitted to the two weekly recovery meetings instigated by the Scottish Government, and provides a succinct summary of the recent actions taken. It is deliberately focused on short term performance, whilst recognising that a broader and longer term system wide approach to sustainability will be required. The Plan has been developed collaboratively across the Lothian health and care system with NHS Lothian and the four Integration Joint Boards working closely together to provide an integrated response to the challenge.

This documents sets out in further detail the content of the Recovery Plan and is structured into three main sections as below:

- the first, provides an overview of current performance against each area in scope of the Recovery Plan as of September 2019, as well as position Lothian is planning to reach by March 2020;
- the second, provides an overview of current performance in each key area and summary of the main activities undertaken; and
- the final section, sets out how the programme will be structured and governed linking into long term sustainability plans, highlighting the investment made in additional management capacity to drive through improvements in the short to medium term.

A series of appendices have been added outlining the detailed action planning undertaken at a service, partnership and site level.

2. Current Performance

2.1 Key Metrics

In this section, an overview of current performance is set out against the key performance metrics included within the scope of the Recovery Programme. Table 1 below illustrates current performance against the eight key metrics covered by the plan along with the target for paediatrics at St John's¹.

Table 1. Core Recovery Plan Metrics

Metric		Sept 2019	Sept 2018	Change	Target
Delayed Discharges*	Standard delays	196	354	-44.6%	200 (Dec 19)
	All delays	229	379	-39.6%	-
4 Hour ED Waiting Time		88.2%	83.4%	3.6%	95%
Outpatient >12 week waiting time		25,529	26,222	-7.7%	16,151**
Treatment Time Guarantee		2,788	2,203	16.3%	2,472**
Cancer Waiting Times (62 day target)		78.5%	79.1%	-0.3%	95%
Mental Health & Learning Disability Bed occupancy		86.5%	106.4%	-17.3%	85-90%
CAMHS >18 week target		52.8%	57.8%	-9.9%	90%
Psychological Therapies > 18 week target		80.8%	71.7%	6.5%	90%
Paediatrics and St John's		4 days a week 24x7	Closed to inpatients		7 days a week 24x7

* Standard delays include health, social care, patient & family related reasons. All delays include code 9 (complex cases)

** 2019-20 AOP Trajectory at year end

*** Green denotes an improvement, red deterioration, and amber no change over the past year

The data illustrate that whilst some metrics still require improvement, the overall direction of travel is positive with further incremental improvements expected by March 2020. In particular, the data highlights:

- bed occupancy at the Royal Edinburgh has been reduced by 10-15% with no overnight boarders on mattresses since late August;

¹ Performance data has been presented for the month of September, which is the latest available validated information, while some October 2019 data is provisional management information and may be subject to small variation. It illustrates how this has changed over the preceding year and how it aligns with Scottish Government performance targets and expectations

- that performance against the 4 hour ED target has slightly improved since last year, whilst it is still recognised that work is required to move to the 95% target especially given recent demand challenges and the upcoming over Winter period;
- the number of delayed discharges has fallen by over 30% since last year and is on track to meet the target of 200 by December 2019;
- the numbers waiting over 12 weeks for an outpatient appointment and inpatient/day case treatment are both on, or under trajectory, based on the 2019/20 AOP target. The number of those waiting over 12 weeks for an outpatient and inpatient/day case are expected to fall in the second half of the financial year; and
- the paediatric service at St John's continues to make incremental steps towards full 24x7 opening.

Whilst the overall direction of travel is positive, the system continues to face severe demand pressures in many areas and the months of October and November have been difficult with increased pressure on the unscheduled care system. A number of targets are still being missed and in the rest of this document the actions taken to address these are set out. Most importantly it is recognised that the Recovery Programme is the start of a longer journey to improve system sustainability and resilience.

2.2 Recovery Plan Position (March 2020)

The Recovery Programme sets out how Lothian will deliver against eight core performance metrics by March 2020 with the following planned outcomes:

Scheduled Care

- *Outpatients*: to reduce the number >12week waits by over 30% by March 2020 to 16,151;
- *Treatment Time Guarantee*: to maintain >12week waits in line with the AOP trajectory as of March 2020 (2,472) as well as manage additional conversions associated with the reduction in outpatient waits;
- *Cancer Waiting Times*: to maintain current performance against the 31 day cancer target whilst increasing performance against the 62 day cancer target to the AOP trajectory by March 2020.

Unscheduled Care

- *4 Hour ED Waiting Time*: to build on recent ED improvements by maintaining performance as close to 90% as possible during the winter period, then move towards trajectory;
- *Delayed Discharges*: to reduce the number of delayed discharges relating to health and social care and patient and family reasons to under 200 by Dec 2019 and to continue to further reduce the number of delays and occupied bed days.

Mental Health and Learning Disabilities

- *Inpatient beds*: achieve a bed occupancy of 85-90% and ensure that all patients will have suitable overnight accommodation;

- *CAMHS and Psychological Therapy 18 week waits*: work towards the agreed AOP trajectory to Dec 2020, and will achieve incremental improvements in reducing the longest waits and waiting time performance between early 2020 and summer 2020 as new staff come into post.

Paediatrics at St John's

- To consolidate the success of the four day a week full inpatient paediatric service by increasing the resilience of existing rotas, and build towards a full 24/7 service subject to further recruitment.

In the remainder of the plan we set out the actions and milestones that the Lothian health and care system has delivered and will be putting in place over the next few months to meet these targets recognising that many challenges and risks remain.

3. Unscheduled Care Performance

In this section, a brief overview of performance against the 4 Hour Emergency Access Standard (4EAS) and Delayed Discharges (DDs) is set out, along with the six key actions that have been undertaken as part of the Recovery Plan and will be delivered up until March 2020.

3.1 Delayed Discharges

Delayed discharges has been a significant challenge within Lothian for many years, with a negative impact on patients who are delayed in hospital, as well as a corresponding impact on those waiting to access a hospital bed. Lothian has suffered from one of the highest rates of patient delays for many years and whilst good progress is being made to reduce the number of delays and associated bed days lost, it is recognised that the Lothian still has further work to do.

The table below illustrates how performance has been improving across all four of the Partnerships with delays at just under 200 during September 2019.

Table 2. Delayed Discharges by Partnership (Standard Delays)

Delays	September 2018	September 2019	Difference	December 2019 Aim
East Lothian	15	7	-53.3%	15
Edinburgh	232	143	-38.3%	113
Midlothian	42	21	-50.0%	30
West Lothian	65	25	-61.5%	42
NHS Lothian	354	196	-44.6%	200

The improvements reflect the ongoing focus on delay discharges within each partnership area as well as within each acute hospital site. The table below illustrates the six key themes that underpin actions across the system. Appendix 1 provides further details of the short term action plans agreed by each Partnership area and acute site across the unscheduled care pathway.

These actions will support delivery of the target of 200 delays (not including complex delays) by December 2019, with a break down by partnership of this position included in Table 2 above. Planning is ongoing to determine target trajectories post December and into 2020/21 which will be incorporated into the Annual Operational Plan. All partnerships are working to reduce delays as far as possible and will look to reduce these below 200 if possible whilst recognising that winter pressures are starting to impact on performance. Similar rigour is also applied to the management of complex delays as it is recognised these account for a significant proportion of occupied bed days.

Table 3. Delayed Discharges. Key Actions (Sept – March 2020)

Action	Description	Status
Operational Performance	Plans in place in each HSCP with regular monitoring and reporting. Delivered on targets over the past year with DDs down by 45% from Sept 18 to Sept 19. Challenge will be to maintain over winter	On track
7 Day Working	Aim is to increase provision and consistency of patient flow. East moving to 7 day working for flow team from Oct 2019. Mid recruiting to discharge to assess team (in post Dec 2019) focusing on orthopaedics and MoE. West put in place new Care at Home contract from 1 Oct. Edinburgh investing in discharge to assess: additional capacity 20 discharges from Nov 2019 and a further 20 discharge from the south team by March 2020. Increased clinical cover in out of hours period at acute sites as part of winter planning.	In Progress
Home First	Implementation across all partnerships, with expansion of Hospital at Home into NW Edin in Nov and plans in place for 10 Frail Elderly beds in Merchiston subject to staffing. In the East, HF will be rolled out across all wards by end Oct 2019. West developing the same principles with the Integrated Discharge Hub and reablement service. Highbank intermediate care team building capacity in Mid.	In Progress
Independent Living	Support for independent living (eFrailty in West and Mid). Focus on identifying at risk frail elderly for prevention and intervention. Mid working with Red Cross to support anticipatory care models.	In Progress
System Working	Number of examples of cross system working in place, such as joint learning between Edin and WGH using 'patient stories'. Twice weekly MDT meetings with SJH and West. MDT pilot in MoE ward in RIE with in-reach OT starting end Oct 2019.	In Progress
Enhanced Governance	Planned refresh of Unscheduled Care Committee and Unscheduled Care Board to be put in place Nov 2019.	In Progress

Whilst good progress has been made against the target further expansion of home first, community alternatives to hospital provision will be required over the coming years as a whole system response to bed pressures becomes more embedded with the Lothian culture.

3.2 Four Hour Emergency Access Standard (4EAS)

NHS Lothian manages the second biggest emergency care system in Scotland with four sites providing emergency access to patients. The Royal Infirmary of Edinburgh (RIE) has the busiest emergency department in Scotland, with just under 122,000 attendances during the 2018-19 financial year. The emergency department at St John's Hospital (SJH) had just under 59,000 attendances during the same period, whilst the Western General Hospital (WGH) and Royal Hospital for Sick Children (RHSC) had 49,000 and 50,000 attendances respectively.

There have been significant improvements in Lothian's four hour performance over the past two years with a particular focus on improving the situation in the RIE. The table below illustrates how performance has improved over the past year across all four sites.

Table 4. 4EAS Performance by Site (%)

Performance (%)	September 2018	September 2019	Difference
Royal Infirmary of Edinburgh	75.2	83.1	+10.5%
Western General Hospital	88.0	88.3	-
St John's Hospital	87.0	92.2	+6.0%
Royal Hospital Sick Children	95.1	96.0	+1.1%
NHS Lothian	83.3	88.2	+5.9%

This has been a result of implementing recommendations of the Academy Review working with the team chaired by Sir James Mackey. At the 'touch point' meeting in June 2019 it was concluded that NHS Lothian had taken significant strides forward to address the cultural, leadership and safety implications that were described in the Academy Report. Despite continued pressures across the system in relation to the delivery of the 4 Hour Emergency Access Standard, it was evident that Lothian had maintained a focus upon patient safety and had created an environment where staff were empowered to act.

Formal management groups have continued to function to provide strategic leadership and oversight to the programme of actions derived from the Academy Report and to manage new and emerging actions. The Programme Delivery and Assurance Group (PDAG), derived to oversee improvement associated with the work commissioned through Sir Jim Mackey and NECS has continued to action plan and mitigate risk as a result of current performance.

Whilst performance has improved, this level of performance has been difficult to maintain given the year on year increases in attendance rates. At the RIE the annual increase in attendances averages 7% year on year and a similar increase is seen at St John's. During October and November performance at the RIE has slipped in part due to the large increase in attendance, for example, on Tuesday 24th September it had a record 445 attendances in the Emergency Department showing a

rise in activity beyond the national average. Year to date, the site has seen 96,064 attendances which is an increase of c.6,600 from 2018. Waits for first assessment was the overall main breach reason for September equating to 46% of all breaches.

The table below illustrates the main actions put in place across each site to address these challenges.

Table 5. 4EAS Target. Key Actions (Sept – March 2020)

Action	Description	Status
SJH ED Capacity	Implemented revised ED clinical model and processes with performance in range of 91-92% for past six months. £4.6m investment in additional cubicle/clinical space (c.12-24) underway with Dec 2019 opening. Once open the plan will be to meet or exceed the 95% ED access target.	On track
WGH Performance	Implemented a number of tests of change including nurse practitioner support at the MIU front door, Home First Navigators and revised SAS 999 protocol at the weekend so that suitable patients can be diverted to the Western	In Progress
RIE Performance	RIE performance has dipped from 90% July to 82% in October. Rapid root cause assessment underway. Activity levels 6-9% higher on a month by month basis putting strain on the new clinical model. Audit demonstrated growth in demand across all patient groups and relatively small opportunity to redirect attendance to alternatives (12% of attendances only). Ongoing managerial scrutiny, governance and refresh of improvement cycle required throughout Winter Period. Appendix 2 provides further details regarding ongoing mitigation plans.	Planning underway
RIE Redesign	An Initial Agreement in being developing to increase patient / cubicle space at the RIE frontdoor. This will be progressed in parallel with system wide improvement plans agreed with each HSCP.	In Progress
Six Essential Actions	Key actions include Home First in-reach at WGH frontdoor (1 post Oct 2019, 1 Dec 2019). RIE Home First as part of Winter Plan. GP practice outlier metrics being collated, improved OOH senior on-call rota to be put in place Jan 2019 and progressing publishing of live performance metrics	In Progress

Winter Planning	Plan overseen by the Lothian Unscheduled Care Committee. Initiatives include the enhancement of senior medical and other clinical staffing at critical pressure periods, consistency of 7 day working for HSCP teams, increased ADT capacity in the Lothian Flow Centre.	On Track
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There have been an unacceptable number of 12 hour waits over the last month, due to the intensified bed pressures. In addition, there is an increased patient acuity presenting across all sites, which contributes to an increased length of stay and reduced discharge profile, in turn leading to higher boarding numbers across the acute system. Generally the 12 hour waits happen in the out of hours period, and a number of priority actions have been put in place across the acute sites to mitigate this patient safety risk. Appendix 2 provides further detail of work being undertaken at the RIE to address the recent reduction in 4EAS performance.

As the table illustrates, there is a lot of activity underway across the unscheduled care pathway including planning for the Winter period. The Winter plan was overseen by the Lothian Unscheduled Care Committee which is chaired by Alison MacDonald, Chief Officer, East Lothian Integration Joint Board. The plan was developed using a scoring framework to prioritise Winter schemes which have been derived from the learning from previous years, and as noted in the 2018/19 Debrief to Scottish Government.

The plan was developed in parallel to the development of the overall Recovery Programme and the prioritisation of initiatives took into account how it would support the delivery of 4 Hour Performance and help to reduce Delayed Discharges. In particular, it prioritised resources for:

- additional resource at ED Front Doors through Nurse Specialists;
- additional weekend and overnight medical cover;
- admission avoidance/alternatives to admission; and
- enhanced nursing support to the OPAT Service.

The Unscheduled Care Committee will continue to monitor the spend and impact of each funded scheme throughout the winter period. Further details of the Winter Plan can be provided on request.

4. Scheduled Care Performance

In this section, a brief overview of performance against each of the core scheduled care access targets is set out, along with the six key actions that have been undertaken as part of the Recovery Plan and will be delivered up to March 2020.

4.1 Outpatient 12 Week Waiting Times

NHS Lothian has historically struggled to meet the outpatient 12 week waiting time target with referrals increasing year on year creating a significant recurrent gap between capacity to deliver additional activity and demand. This has resulted in a steady increase in the backlog of patients waiting over 12 weeks which currently stands at 25,529 patients with 63% of patients seen within the target threshold.

It is recognised that this position is not sustainable in the long term and as a result the annual AOP plan committed to a significant reduction in over 12 week waits. This commitment has been reconfirmed within the Recovery Plan, with plans in place to reduce 12 week waits by over 30% from current levels to 16,151 by the end of March.

The key actions that have been delivered and are ongoing over the next six months to meet this commitment are set out in the table below.

Table 6. Outpatient 12 Week Waits. Key Actions (Sept – March 2020)

Action	Description	Status
Operational	Ongoing performance monitoring of outpatient waiting times, with the proactive management of recruitment, staffing and other pressures and this will continue throughout the Recovery Plan period and beyond. Performance is currently in line with trajectory.	In Progress
Risk Based Improvement	Adopted a risk based approach to outpatient waiting list reductions, focusing on those specialties where waiting can mean greater clinical risk. Endoscopy (adult) and dermatology long waits have been targeted using this approach and should move to a position of zero 12 week waits by March 2020. This has been achieved through increased capacity, external provision and service redesign.	On track

Modernising Outpatients	Lothian has taken a whole system approach to reducing demand for outpatient appointments and is rolling out a range of initiatives including PfB, Patient Initiated Follow up and virtual clinics.	In Progress
Capacity	Plans are in place for the external provision of 10,000 outpatient appointments. Capacity has been secured between Oct 2019 and March 2020 using a range of providers including SPIRE, Medinet, Medicare and as well as local insourcing.	In Progress
East Lothian Community Hospital	A further 2,075 outpatient appointments will be performed in the new ELCH. Commencing in Nov 2019 this will focus on three specialties: Dermatology, Gastroenterology and Neurology.	In Progress
Capacity Contingency	Further contingency plans for additional OP activity are being developed looking at further insource options, external provision and the impact of using ELCH capacity into Q4. See Appendix 3.	Planning Underway
Governance	Instigated enhanced performance monitoring at the Waiting Times Improvement Programme Board with recruitment of Programme Director for Scheduled Care (in post Oct 2019) and new Head of Access (starting Dec 2019), and Capacity Modeller (starting December 2019)	In Progress

As the table highlights, in the short term, the focus of the team remains on managing local service issues as well as ensuring outpatient capacity from external providers can be managed and delivered on time. All independent sector contracts (local and national) are already in place and are expected to deliver in line with phased plans, and negotiations are underway to extend these further. The East Lothian Community Hospital building has been signed off and it is anticipated that capacity will come on stream as of November 2019. Appendix 3 provides an overview of further contingency plans under development to meet the AOP target by March 2020.

Whilst the immediate focus of the Recovery Plan is on meeting short term performance targets a number of activities are underway to support a more sustainable whole system delivery model for outpatients which we expect will form part of the subsequent AOP submission for 2020-2023.

4.2 Treatment Time Guarantee (TTG)

NHS Lothian had just under 2,800 patients waiting in excess of 12 weeks for inpatient or day case treatment in September 2019. This is below trajectory as set out in the AOP, representing performance of 75% against the TTG standard. Performance is in line with the rest of Scotland and significantly better than a number of large Board areas, however, it is still well below the 100% target and improvement is required.

The Recovery Plan commits to maintaining TTG performance and numbers waiting over 12 weeks in line with current levels by the end of March 2020, in line with the AOP trajectory. This will be challenging as the large reduction in outpatient waits will result in an increase in the number of patients ‘converting’ to a treatment pathway.

The key actions that have been delivered and are ongoing over the next six months to meet this commitment are set out in the table below.

Table 7. Treatment Time Guarantee. Key Actions (Sept – March 2020)

Action	Description	Status
Operational	Ongoing performance monitoring of the TTG, with the proactive management of recruitment, staffing and other pressures and this will continue throughout the Recovery Plan period and beyond. Performance is currently below trajectory.	On track
Capital Development	Business cases for a Short-Stay Elective Centre and the Princess Alexandra Eye Pavilion have been prepared and are awaiting sign off.	Delivered
Redesign & Improvement	Performance improvement supported by the Theatres Improvement Programme with 93% average theatre utilisation achieved. This is above the Scottish average with further improvements to be made by reducing cancellation rates which will be taken forward by the Theatres Service Director	In Progress
Capacity	Additional theatre capacity at Forth Valley to support TTG position from Nov 2019 agreed. Original plan was to undertake 1,000 procedures which would have provided sufficient capacity for Lothian to meet the AOP TTG trajectory. However, due to staffing, case mix and theatre restrictions at FV it is likely there will only be capacity for 450 cases.	In Progress
Capacity Contingency	Ongoing work is being undertaken to identify contingency measures for the 550 case shortfall at Forth Valley. The team is actively looking at all available alternative private or outsources models working with the Scottish Government. See Appendix 4.	Planning underway
Governance	Instigated enhanced performance monitoring at the Waiting Times Improvement Programme Board with recruitment of Programme Director for Scheduled Care (in post Oct 2019) and new Health of Access (starting Dec 2019).	In Progress

As expected for there are number of operational risks to delivery, and whilst performance is currently in line with trajectory there have been challenges relating to anaesthetic vacancies gaps, issues with instrument contamination in cataract surgery resulting in patient cancellations and knock on effects from the delay at RHSC and DCN (neurosurgery). These are being managed on an ongoing basis at present are not in isolation considered material risks to the TTG target.

However, there remain a number of risks relating to the implementation of additional capacity plans. Whilst the outsourcing of Orthopaedics via the GJNH Commissioning model has commenced, the level of activity Lothian will be able to push through Forth Valley theatres is not as high as originally anticipated. There remains a shortfall of approximately 550 cases which will need to be undertaken elsewhere.

Mitigating plans are being developed to use private sector capacity elsewhere in Scotland as well as in England as appropriate. Appendix 4 provides details of the latest mitigation plans.

5. Cancer Waiting Times

In this section, we provide an overview of performance against the Cancer Waiting Time performance standards. The focus is on the 62 day standard as this has been an area of risk for the Board, whilst performance against the 31 day standard has been in line with the 95% national target for a number of months.

5.1 Overview

In September, 2019 NHS Lothian achieved 79.9% 62 day performance against a planned trajectory position of 83% and this was little changed in October 2019. However, following the instigation of weekly scrutiny meetings, as outlined below, performance has improved significantly in November 2019 with performance at the week ending 17 November reaching 87.2%. This has resulted in the year end Cancer Waiting Time trajectory forecasts increasing to 88%.

The main areas of improvement have related to the tumour groups which have been under most pressure for a sustained period – Urology and Colorectal cancer.

The position for Urology has been consistent with the position across NHS Scotland. Within Urology the workload is diverse and there are many different sub-specialty pathways, with over 80% of 62 day breaches on the Prostate pathway. The primary challenge in the Prostate pathway relates to the sequential nature of the diagnostic pathway, and oncology outpatient appointment, exacerbated by access times for both. Key actions to improve performance in this specific pathway include steps to streamline the diagnostic process for prostate patients through increased MRI capacity aligned to urology outpatient clinics.

The primary challenge in the colorectal pathway relates to access to diagnostic endoscopy in addition to extended waits at the other pathway steps for colorectal outpatient clinic and theatres. Demand for endoscopy has approximately doubled in the past five years (in line with national trends) and there is insufficient capacity to meet the demand. Prioritisation of endoscopy capacity for urgent suspicion of cancer has been implemented to reduce clinical risk. In addition to this, bowel screening demand has also risen significantly.

5.2 Key Actions

The key actions that have been delivered and are ongoing over the next six months to deliver on this commitment are set out in the table below (we have provided access to the detailed plans for Colorectal and Urology Cancer in a separate attachment). They are focused particularly on urology and colorectal cancer given these are the areas that have caused the greatest pressure.

Table 8. 62 Day Cancer Performance. Key Actions (Sept – March 2020)

Action	Description	Status
Enhanced Governance	<p>Enhanced weekly reporting has been put in place with a Lothian 'Cancer Huddle' targeting long waits and established a Cancer Tracking Review Group. This has built on observations from the SG (Margaret Kelly) and Tayside. NHS Lothian will engage with new weekly Scottish Government reporting from w/c 4th November.</p> <p>Since September the number of long waits (all patients regardless of having a cancer diagnosis > 100 days on 62 day pathway) has reduced from 248 to 64. 42 of these patients are Colorectal of which 13 have a decision to treat. Action on this group forms part of the Colorectal specific action plan which is reviewed weekly.</p> <p>Backlog reporting. Since the end of September the backlog for those without a decision to treat (regardless of confirmation of diagnosis) has reduced from 535 to 312. For those with a decision to treat the figure has reduced from 45 to 36. Actions to achieve this reduction include data validation, escalation and performance management. This remains an area of focus with plans. As work continues to focus on diagnostic elements of the pathway (e.g. endoscopy) we will monitor for any increase in backlog for treatment in the short-term.</p> <p>By mid-November breaches not yet diagnosed had reduced to 123.</p>	On track
Prostate Pathway Redesign	Plans in place to streamline access to urology diagnostics for prostate cancer by introducing a multi-visit arrangement for MRI and TRUS biopsy results taking up to 14 days out of the patient journey. The long term aspiration would be to move towards a one-stop clinic arrangement which will require further diagnostic support and additional incremental improvements to capacity.	In Progress
Capacity	Appointed an additional urology consultant (Sept 2019) and purchased an additional 8 MRI slots per week dedicated for prostate cancer from Oct 2019 onwards	Delivered
Colorectal Pathway Redesign	Reduced pre-operative assessment for bowel screening outpatient assessment from over 100 days to c. 50 days by end Oct 2019. Telephone reminder calls by the bowel screening team have reduced DNAs from between 15 – 20% to 8%.	In Progress

	Revised triage process across the service from max 3 to 1 day. Targeting a 7 day pathway reduction using telephone pre assessment for endoscopy.	
QI Support	Work will be undertaken with HIS and Lothian QI team to reduce DNA rates and identify further pathway improvements. Urology is part of the Access QI early implementer sites and Scottish flow coaching academy	In Progress
Primary Care	Colorectal waiting times have been under pressure due to a 10% increase in referrals. Lothian is actively working with primary care colleagues to manage demand using referral protocols (i.e. RefHelp). The same approach is being adopted in the Urology service, ensuring that RefHelp protocols are aligned to the Scottish Referral Guidelines for Suspected cancer.	In Progress

Given the recent successes in urology and colorectal cancer the weekly cancer huddle has widened its remit to consider melanoma and lung cancer.

NHS Lothian received a more detailed improvement plan on the 24 October following a visit by Margaret Kelly of the Scottish Government and this will form the basis of ongoing redesign work and further strengthening of governance processes.

5.3 Key Risks

There are a number of ongoing risks to delivery of this target, in particular timely access to diagnostics and endoscopy specifically, and the plan sets out a number of incremental steps to achieving this. In addition, further work will be commenced next year looking at the general level of capacity required to meet Urgent Suspected of Cancer (USoC) demand to reduce risks around available capacity. As in all specialties workforce capacity is a recognised risk as well as the requirement to purchase and install additional diagnostic equipment.

6. Mental Health Performance

The Lothian system has faced a number of significant performance challenges relating to the provision of mental health and learning disabilities services during 2019. In particular, there has been a shortage of inpatient bed capacity for adult mental health patients at the Royal Edinburgh, where patients were on occasion having to sleep on sofa beds and mattresses due to bed occupancy rates exceeding 100%. In addition, performance against the waiting time standards for both Psychological Therapies (PT) and Child and Adolescent Mental Health Services (CAMHS) outpatients was below trajectory and significantly adrift of the required 90% of patients seen within 18 weeks.

In this section, a brief overview of performance against these three measures is set out, along with the main actions that have been undertaken as part of the Recovery Plan, as well as those underway and will be delivered up until March 2020.

5.1 Adult Mental Health Bed Occupancy

The immediate plan for adult mental health capacity focussed on reducing the occupancy level of inpatient beds at the Royal Edinburgh Hospital (REH). Throughout September and October occupancy rates have reduced to between 85-90%, and there has not been any patients without an appropriate bed since late August, as against 3 in July and 13 in early to mid-August.

This has been achieved by opening an additional 13 adult mental health beds temporarily within the system, as well as implementing a series of internal process improvement measures in the REH which have facilitated the discharge of patients and improved the flow within the hospital. These measures taken together, along with the commissioning of additional care places in the community should be sufficient to sustain the reduction in acute bed shortages and provide some breathing space for the re-profiling of the total bed stock.

Further work commenced in late November to address the medium term bed requirements across Lothian to provide whole system sustainability across primary, community, social care and the acute sector. This work will review current inpatient mental health and learning disabilities service model, including demand, capacity, utilisation, throughput and the number and configuration of the bed base, and how this aligns with future redevelopment plans. This will include a whole system consideration of capacity across the system and the optimum acute bed base. This work will report into the newly established Programme Board with initial findings expected in March 2020.

5.2 Psychological Therapy and CAMHS Performance

CAMHS waiting time performance in September was below trajectory at 55.9% of patients waiting over 18 weeks for a first outpatient appointment, whilst Psychological Therapy was broadly in line with trajectory at 80%. The Recovery Plan commits to improving performance in line with AOP trajectories that meet target by December 2020, and achieve incremental improvements in reducing the longest waits and waiting time performance between early 2020 and summer 2020.

The main determinant of short to medium term improvement relates the ability of the service to recruit additional staff to provide additional capacity. There has been a significant investment in capacity in both services, with additional funding earmarked for Psychological Therapies as well as into the CAMHS service. Recruitment plans into both services are well underway with the first additional staff coming into post in October, with the recruitment campaign continuing into February 2020. In total, over 80 psychology, nursing, administration and occupational therapy roles will be recruited to over the period.

Each service is now in the process of revising demand and capacity assumptions and associated trajectories taking into account this new capacity. Further planning is also ongoing during November to ensure that waiting lists have been validated, patients are appropriately listed and tracked and caseloads are appropriately managed. Changes to a number of Standard Operating Policies (SOPs) are being discussed with each HSCP team during December, with the aim of building these into job plans and implementing changes on a phased basis starting in West Lothian in January 2020.

5.3 Action Plan Summary

The table below provides a summary of the main actions that have been delivered or underway within Mental Health and Learning Disability services.

Table 9. Mental Health Plan Actions (Sept – March 2020)

Action	Description	Status
Acute Beds	Opened an additional 13 inpatient mental health beds at the Royal Edinburgh site in September 2019 to reduce occupancy rates from 106% to below 100% but a current occupancy level of circa 90% has been achieved. This has eliminated the requirement for patients to sleep on mattresses. No patient has been accommodated in this way since late August. Medium term, system wide bed capacity planning is underway with initial findings expected in March 2020.	On track
Leadership	Appointed a new site Director (Aug 2019) and Director of Psychology (Oct 2019) who are implementing a series of operational improvement initiatives	Complete
Operational	Established enhanced discharge procedures at Royal Edinburgh with daily rapid rundown meetings and a weekly 'MATT' meeting to free up bed capacity. This involves setting a discharge total of 3-4 per day to maintain flow in REH. In addition a weekly cross system Operational Recovery Board has been established to provide enhanced delivery assurance.	In Progress

	More robust capacity and demand analysis is being undertaken within both CAMHS and PT.	
System Capacity (PT and CAHMS)	<p>Invested in significant additional capacity (20-30%) across PT and CAMHS across all four HSCPs. Psychological therapy recruitment is underway for ~18 psychology and nursing roles will be filled between Oct 2019 to Feb 2020. CAMHS recruitment is underway for 62 roles including psychology, nursing, OT, administrative and psychiatry staff. The first 10 FTE started in November, 12 are expected in December and the others will be in post by February 2020.</p> <p>Capacity plans are being developed taking into account proposed changes to a number of SOPs which are being developed across the system. These include looking at waiting list validation, matrix prioritisation approaches, group therapy efficacy, caseload reviews and follow up rates as well as Patient Focused Booking. Implementation will be phased from Jan-March 2020.</p>	In Progress
Community Delivery	Developing plans to create additional care home beds in Edinburgh with 10 specialist dementia places available by Jan 2020. Each HSCP is looking to develop preventative measures to reduce demand for psychological therapies	In Progress
Governance	Established an overarching Mental Health and LD Programme Board to provide strategic direction to the programme. This will review waiting time trajectories to monitor short term performance as well as part of the 2020/23 AOP and would aim to have this agreed by end of April 2020.	In Progress

In the longer term, it is expected that newly formed Mental Health and LD Programme Board will provide strategic direction to the delivery of these services across the Lothian health and care system. In particular, it will focus on how best to design a sustainable mental health service with greater community provision of care. This will involve ensuring the REH is appropriately sized, and will provide greater transparency of the community infrastructure required to safely reduce the acute bed base.

Further details on the adult mental health bed plan can be made available on request and similar plans for CAMHS and PT are being prepared and will be available late November / early December 2019. These cover the period up until April 2020 and will be refreshed on a regular basis. Longer term plans and actions will be set out as part of the annual AOP process.

7. Paediatrics at St John's Hospital

6.1 Background

There have been longstanding difficulties in staffing the middle grade 'out of hours' rota at St John's Hospital (SJH,) due to well documented changes in the availability of trainee doctors, reduction in working hours (EWTR), the demand for less than full time training options and the reduced availability of overseas doctors who used to fill gaps.

These challenges have affected paediatric services across the UK, they are not unique to SJH. The SJH ward has on 3 occasions had to stop taking inpatient admissions, in 2012, in 2015 and more recently, the ward was closed to inpatients from July 2017. In 2016, NHS Lothian invited the Royal College of Paediatrics and Child Health (RCPCH) to do a comprehensive review of inpatient services in Lothian and make recommendations about the future shape of safe, effective and sustainable services.

The RCPCH recommended that the Board should develop a workforce strategy to sustain the inpatient service at SJH, with a pan Lothian approach (to makes jobs as attractive as possible) and based largely on a resident consultant model for out of hours cover. The College also recommended the development of Advanced Paediatric Nurse Practitioner (APNP) roles and advised that the whole workforce strategy would take 3- 5 years to implement. The RCPCH were invited back in 2017, when the College confirmed that the Board was making good progress in recruitment and reshaping the workforce and they reiterated the expected timeframe for full implementation.

NHS Lothian set up a Paediatric Programme Board (PPB) in 2016, chaired by a Non-Executive Director of the Board, in order to oversee the development and implementation of the RCPCH report. This Programme Board has significant membership from the SJH medical and nursing teams and it is where all recommendations about the service and the workforce strategy are agreed.

6.2 Current Service Position

In March 2019, following on from successful recruitment campaigns, the PPB recommended that the inpatient service should reopen in March 2019, for 4 nights a week, as an interim step toward the full reopening of the service which was hoped would be achieved from October 2019 onwards. Over the preceding years the service had recruited in an additional 16 staff and there are now 24 staff across Lothian who provide resident out of hours support for the SJH paediatric and/or neonatal service.

To be sustainable, the SJH service requires 40 out of hours shifts per month to be covered by permanent staff and not, as in the past, to be heavily reliant on locums which cannot be guaranteed. The key concern for the PPB and the service itself is to be confident that the workforce numbers available to support the out of hours resident rota are robust and not overstretched, so that the service will not face the prospect of a short notice service collapse if it reopens 24/7, with the consequent patient safety implications.

The service has since been working towards opening a full 24x7 service seven days a week with the aim of meeting the Scottish Government's target date of October 2019. The Board met on the 27 August to consider the current staffing and rota position. Current issues with weekday middle grade cover were considered to be the main clinical risk and a number of steps were agreed to mitigate this risk. The out of hours resident middle grade cover was also considered in light of the staffing developments above. The PPB agreed that of the 40 out of shifts requiring cover by a staff member with the necessary paediatric competencies only 32 of these would be covered from October by permanent career grade staff members with another four being covered by a fixed term Clinical Fellow. The PPB membership was unanimous that the current staffing situation precluded the safe re-instatement of a seven day 24/7 inpatient service at St John's from October. The PPB considered that the potential risks to patient safety from inability to staff the rota fully, further short notice absence and/or further attrition in staffing were unacceptable.

The PPB discussed and acknowledged the success of the four day 24/7 re-opening from March and felt that this could be maintained despite the current staffing challenges. Further discussion was had about when the staffing situation could reasonably be expected to change significantly for the better. It was felt that this was unlikely to happen in less than six months. The PPB acknowledged that the RCPC had suggested that reinstatement of a full 24/7 paediatric inpatient service at St John's would take between three and five years and that NHSL is currently just three years in to that process.

Following the August meeting of PPB it was agreed to undertake a further recruitment round was agreed with APNP posts advertised in late August 2019, along with a Clinical Fellow post and a consultant post for St John's. The process had limited success to date:

- there were no applicants for the APNP post and it has been decided to re-advertise; and
- there is one applicant for the re-advertised SJH consultant post with an interview date set for the 29 November.

In the meantime the service remains fragile, the ward had to be closed at short notice on Monday 7 October due to a lack of middle grade cover and weekday middle grade cover remains a pressure and a risk.

6.3 Next Steps

The PPB met again on the 29 October and acknowledged that the out of hour rota still has gaps. It was noted that three APNPs are undergoing training to support the service, one who will join the out of hours rota at the end of November, with two more aiming to complete competencies during 2020. In addition, one of the doctors currently on sick leave is to start a phased return to work during November. Based on this information, it was agreed that PPB would meet again on 14 January 2020 to re-assess the rota and APNP situation.

The PPB also recommended that the Royal College of Paediatrics and Child Health should be asked to return and review progress since their last follow up review in 2017 and advise on any services which could be relocated from RHSC to SJH in order to help underpin the SJH Children's Ward service.

8. Programme Governance

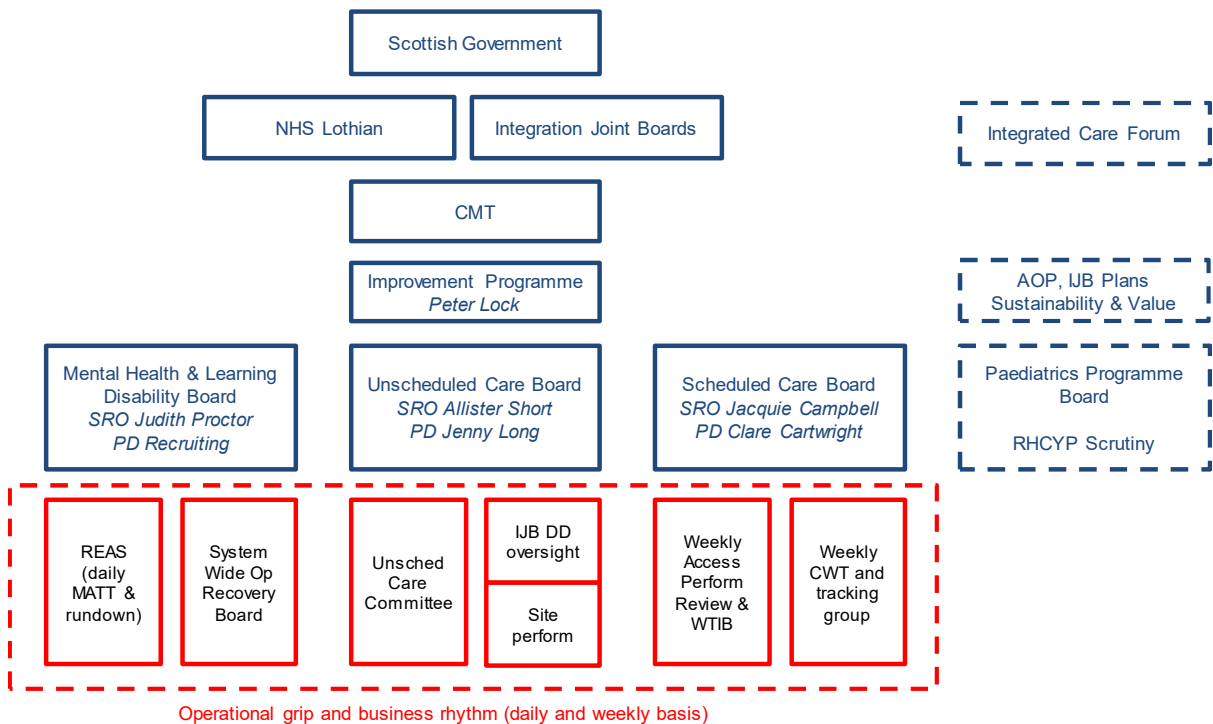
In order to deliver a programme of this scale, a Recovery Programme infrastructure has been put in place. In this section, an overview of the programme has been set out, plus details of how it will be governed and aligned with longer term planning priorities.

7.1 Programme Structure

The figure below illustrates how the Recovery Programme will be governed and structured. The core programme consists of three elements covering: scheduled care, unscheduled care and mental health and learning disabilities. Three new Programme Boards will be established to drive the recovery programme with an Accountable Officer or Executive Officer acting as the relevant SRO. These will be supported by a programme infrastructure with a Director of Improvement providing oversight. Existing governance groups are in place for paediatrics at St John’s and RHSC and these will continue.

The programme will ultimately report into the Scottish Government in line with escalation processes as well as to the NHS Lothian Board and four Lothian Integration Joint Boards. Where possible decision making processes will be streamlined to ensure the pace of delivery can be maintained whilst balancing the requirements of system wide governance processes.

Figure 1. Overview of Programme Governance



The figure illustrates that much of the required programme infrastructure is now in place with final recruitment underway. It also illustrates that a series of operationally focused (daily and weekly)

performance monitoring groups will underpin the delivery programme. These will be critical to enhance grip and control measures in the short term. A number of these have recently been established, strengthened or refocused, and ensuring these governance processes function effectively will be a key focus of the recovery programme in the short term.

Over the coming weeks the programme will be developed further with additional resources coming into post, with a greater rigour applied to reporting and action planning processes, as well as milestone delivery and quantification.

7.2 Funding

Significant funds have been allocated to Recovery Programme during 2019/20 recognising the challenges faced by many of the frontline services. The majority of this relates to recurrent monies to support performance as set out below:

- £5m for scheduled care;
- £9.1m for unscheduled care;
- £3m for mental health, plus a further £0.95m of non-recurrent funding for psychological therapies; and
- a further £3.5m of non-recurrent funding for delayed discharges in Edinburgh IJB.

In total, the recurrent resources committed to the programme this financial year is just over £17m.

7.3 Longer term planning

Moving forward, the programme will address broader questions of whole system sustainability feeding into the annual planning process. Improvements in grip, control and operational planning will help address some of the short term pressures and will be the primary focus up until March 2020. In parallel, the programme will support the AOP process setting out annual performance trajectories as well as informing longer term strategic planning.

It is recognised that performance will not sustainably improve without system reform, investment in capacity and more broad based solutions will be required to meet future needs including service redesign, innovation and digital delivery models.

Appendix 1. Unscheduled Care Plans

Unscheduled Care Key Improvement Actions by Partnership and Site

West Lothian Health and Social Care Partnership

Action Description	Timescales	Quantifiable Impact
<p>Care Homes</p> <p>Arrangements in place to secure care home places as soon as vacancies arise to enhance West Lothian share of care home market locally.</p>	Daily updates on capacity position	This is having a positive impact on the number of people delayed who are awaiting a care home place however the demand for care home placements are increasing
<p>Communication</p> <p>Improved understanding of pathways into services to divert people to most appropriate pathway to enable services to Manage care closer to home.</p>	Continue to improve communication – on going work	<p>Improve discharge into the community</p> <p>Better coordination and streamlined discharge planning for those with complex needs</p>
<p>Operational Grip</p> <p>Multi Disciplinary Team Meetings</p> <p>Ward MDT's</p> <p>Delayed discharge meeting</p>	<p>Weekly Meetings on wards</p> <p>Twice weekly delayed meeting - fully embedded – continue to improve</p>	<p>Joint working between HSCP and Acute services.</p> <p>Improve communication and recognising pressures across the full system.</p> <p>Reduction in Hospital delays</p> <p>Working toward Early discharge of people to avoid becoming a delay</p> <p>Contribute to patient flow for the site</p>
<p>Integrated Discharge Hub</p> <p>Weekly monitoring of arrangements in place to support discharge to assess model to ensure hub is equipped to co-ordinate care and reduce system delays through better communication and co-ordination.</p>	Twice - Daily Hub Huddle – on going integration	<p>Reduction in Hospital delays.</p> <p>Improve discharge into the community</p> <p>Better coordination and streamlined discharge planning for those with complex needs</p>

<p>Home First</p> <p>Supporting people to remain at Home as an alternative to admission and enabling earlier discharge from Hospital</p>	<p>Attending daily huddles – Ongoing planning to expand services</p>	<p>Avoiding admissions</p> <p>Early access to services in the community</p> <p>People will go home sooner (reduction length of stay)</p> <p>Reduction in delayed discharges</p>
<p>Care Providers</p> <p>Work will be undertaken with new providers to consider ways in which support can be given with recruitment and allocation of care packages to build sustainability and ultimately improve the level of supply. Ability to achieve this is dependent on providers ability to recruit new staff rather than staff transferring from other care providers.</p>	<p>New Contract started 1st October 2019 -</p>	<p>Reduction in people waiting on Packages of care</p> <p>Reduction in Hospital delays</p> <p>Early intervention approaches delivered in partnership improve capacity in reablement</p> <p>Use of Technology to assist people in their homes.</p>

St John's Hospital

Action Description	Timescales	Quantifiable Impact
<p>Front Door Redesign – Majors patients - Build additional cubicles with patient monitoring and complimentary staffing model</p>	<p>End November 2019</p>	<ul style="list-style-type: none"> • Number of major presentations • Time to first assessment for major patients • Total time in department for major patients
<p>Create dedicated minors area at front door led by Emergency Nurse Practitioners</p>	<p>End December 2019</p>	<ul style="list-style-type: none"> • Time to bed request if appropriate • Breaches of major patients • Flow 1/2 performance • Patient and Family experience • Staff experience
<p>Review clinical model within the co-located observation ward and test different ways of working/patient pathways.</p>	<p>End December 2019</p>	<p>Dependant on agreed patient pathways.</p> <p>Examples could include:</p> <ul style="list-style-type: none"> • Reduce no ED breaches (Other, Clinical Exception and Treatment End) • Shorter Length of Stay avoiding admission • Patient and Family experience • Staff experience

Medical Admissions - Sustain the nurse practitioner led triage model of medical patients. Identify needs including space, equipment and staffing.	End December 2019	<ul style="list-style-type: none"> • Number of medically expected patients admitted/discharged • Length of stay in department • Patient and family experience • Staff experience
Amend pathways in relation to redesign changes including work with flow centre to bring patients to site earlier in the day and offer alternatives to ED attendance.	March 2020	<ul style="list-style-type: none"> • Number of GP referred attendances at ED • Number of expected patients to SJH • Time of arrival of expected patients • Number of patients directed to an alternative from FC • Staff and Patient experience
Strengthen the daily golden discharge patient initiative	March 2020	<ul style="list-style-type: none"> • Discharge profile by ward, directorate, site • Time of day discharge curve • Utilisation of discharge lounge • Time of transfer to discharge lounge

Edinburgh Health and Social Care Partnership

Action Description	Timescales	Quantifiable Impact
Reduce Delayed Discharges Home First Navigators-Reduce the number of admissions beyond MAU Beds through Home First Navigators at WGH. Reduce Length of stay and Prevent Delays.	Currently in place with a move to extend hours	Focused on 2 discharges a day with impact on LOS.
Reduce Delayed Discharges Purchase additional Care Home capacity to reduce the number of people delayed across the whole system waiting on Care Homes at a Local Authority Rate.	November / December 2019	30 beds. Currently not being progressed due long term funding issues
Reduce Delayed Discharges Create additional Step Down Beds in Care Home Setting to deliver.	February 2020	15 Beds. This will be in-house care home beds based on an intermediate care model-within City of Edinburgh footprint. This will be for people with low medical/ high rehab needs. Potential to increase to 30 beds.

<p>Reduce Delayed Discharges</p> <p>Discharge to Assess – Pathway 0 focused on patients with identified therapy needs who require ongoing assessment in their own home.</p>	<p>Discharge to assess – North – November 2019</p> <p>Discharge to Assess- South February 2020</p>	<p>20-25 Discharge per week for North.</p> <p>20-25 Discharges per week for South.</p>
<p>Prevent Attendances</p> <p>Winter- Flow Centre- 2 Home First Navigators- Focus on navigating to community.</p>	<p>December 2019</p>	<p>Anticipated reduction in attendances as alternative pathways sourced.</p> <p>Plan to have 1 x community In-reach nurse and 1 x Homecare Coordinator.</p>
<p>Prevent Attendances</p> <p>Home First Winter Support Team- Crisis Care for up to 72 hours- City Wide that is accessible by community based teams to enable people to stay at home as an alternative to admission.</p>	<p>December 2019</p>	<p>1. Anticipated reduction in attendances as options for GP. 2. Localities currently identifying 4 people each to support team. 3. Challenges around Care Inspectorate and registration 4. Fragility of Care Market.</p>

Western General Hospital

Action Description	Timescales	Quantifiable Impact
<p>Collaborative working with EHSPC to support admission avoidance through development of Home First Approach to include D2A - Full roll out D2A model across EHSCP based on NW and WGH winter trial.</p>	<p>North: November 2019</p> <p>South: March 2020</p>	<ul style="list-style-type: none"> • Reduction in number of patients occupying acute beds / LOS • Measurement framework developed as part of the trial • Reduction in length of stay, admission rates and to number of delayed discharge days • Improved patient experience • Anticipated impact of 20-25 discharges per week
<p>Front Door processes - data driven review group to drive improvements</p> <ul style="list-style-type: none"> • Monthly breach analysis admitted and non-admitted MAU/SAU • Capacity footprint / in /out balance • GP arrival times via patient transport / SAS 	<p>March 2020</p>	<ul style="list-style-type: none"> • Reduction in breaches • Improved patient centred flow • Improved patient safety / experience • Improved OOH performance

<p>Non-admitted pathways review</p> <ul style="list-style-type: none"> • Development of ambulatory care capacity –test of change to redesign <p>Pathway for chest pain</p> <ul style="list-style-type: none"> • PACA extension of clinical pathways - [Linked to 999 7 day implementation] • ARC expansion / Day hospital / Community Frailty Management • Home First@Front Door • Frailty@Front Door 	<p>March 2020 - dependant on resource</p> <p>linked into 999 SAS take</p>	<ul style="list-style-type: none"> • Admission avoidance / improved LOS / improved flow • Enhancement of speciality receiving pathways to support flow [additional PACA capacity • supports reduced overcrowding within MAUT, improving 4 hour performance and safety] • Prevention of admission / early supported discharge Improved patient outcomes • Reduction in OBD /LOS • Reduced DD rates
<p>Admitted pathway review</p> <ul style="list-style-type: none"> • AHP rehab model • Flow Navigators 	<p>December 2020</p>	<ul style="list-style-type: none"> • Reduced LOS through improved ‘ready to go time’ • Improved patient resilience • Early support discharge • Improved patient outcomes • Reduced OBD • Reduced DD
<p>Expansion of the selected 999 model to WGH to support flow and system pressures Pan Lothian. Implement ion of 7 day 999 take to WGH over 18 month evaluation period</p>	<p>December 2019 - dependant on resource</p>	<ul style="list-style-type: none"> • 20% increase in median weekend WGH activity • Supports reduction in activity at RIE ED • Decrease the number of Inter Hospital Transfer’s for such conditions between RIE and WGH • Improved staff experience within SAS, A&E and MAU • Improved patient pathways and experience with potential of reducing length of stay • Reduced service times for ambulance crews & reduction in further SAS resource for • subsequent transfers
<p>Site resilience /community responsiveness</p> <ul style="list-style-type: none"> • Monthly DOCA to support • UC Learning Group Collaborative 	<p>August 2019 - March 2020</p> <p>November 2020</p>	<ul style="list-style-type: none"> • Provide capacity to effect change and provide continuous improvement • Support collaborative working across system acute/partnership • Reduced patient LOS supporting the reduction of growth in the use of hospital resources

Mid Lothian Health and Social Care Partnership

Action Description	Timescales	Quantifiable Impact
<p>Short term plan for Emergency Department Attendance</p> <p>Short term plan with nominated team , exploration of minor injuries at MCH, ongoing E-frailty project, AMU pilot</p>	Ongoing over Winter Period	Anticipated reduction in attendances as alternative pathways explored.
<p>Reduce Delayed Discharges</p> <p>Remapping exercise and structural changes within Midlothian Homecare Team.</p>	Start 18th November 2019	Increasing flexibility & capacity further, specific times will be changed to a time “Band”–anticipated to increase capacity during these times, managing expectation, whilst ensuring needs & outcomes are safely met. To be measured.
<p>Flow Hub Expansion & Single Point of Contact Creation</p> <p>Phase 2 of flow hub is a further coordinator working towards the Home First Approach. This will also support a single point of contact for all Midlothian Intermediate Care Services</p>	January 2020 (pending recruitment)	Anticipated reduction in patients delayed in hospital due to appropriate services provided at the right time.
<p>Discharge to Assess Expansion</p> <p>Phase 2 development of this team with extended work hours and an extension to 7/7 day working to increase capacity further.</p>	December 2019 (pending recruitment)	Anticipated increased capacity for team, saving approximately 1800 bed days saved (over 6 month period, 7/7 service)
<p>Increasing Interim Placement Capacity</p> <p>Midlothian have committed to purchasing 6 interim care home beds within Springfield Bank Nursing Home</p>	In place 2 patients have moved in October 2019 with plans for a further 2 patients to move in November 2019.	Anticipated reduction in patients delayed in acute settings awaiting care at home services.
<p>Reduce Delayed Discharges</p> <p>OT Inreach Pilot – assessing & identifying patients within MoE wards</p>	Started 30 th September 2019	1. Long term impact of joint working and integrated approach and decision making 20 patients seen, 8 signposted in month 1.

Royal Infirmary Edinburgh

Action Description	Timescales	Quantifiable Impact
<p>Reduction in Delayed Discharges on RIE Site</p> <p>Focused collaboration across all HSCPs to in reach and pull patients from RIE site. This would include a proposal to have HSCP reps on site and based in front door areas. Focus on home care packages for simple packages of care – twice per day services as a start.</p> <p>Regular mini Day of Care Audits to be developed for delayed discharge patients on site to identify health related delays, linking in with AHPs and long term condition nursing teams.</p> <p>Length of Stay meetings on a weekly basis with directorates to ensure actions and plans for patients with a length of stay of 14 days plus.</p>	Mar-20	Removing patients who do not need to be in an acute hospital setting to alternative and preferred places of care will result in a significant improvement in overall performance by reducing current occupancy rates on the site. This would in turn reduce the number of patients cared for out with their correct ward which increases their LOS, improve staff and patient experience and reduce other risks associated with unacceptably high site occupancy rates.
<p>SAS Repatriations & flow from other Health Boards</p> <p>Eliminate all waits for ambulance transfer to other acute sites across NHS and specifically the longer waits arising for repatriation of patients to other Health Boards. This is particularly an issue during the OOHs period.</p>	Mar-20	0.8% improvement in performance based on current breaches relating to transport. However, this is just for delays from the ED. Delays from AMU and the main arc will also factor into this and therefore be a contributing factor to bed breaches.
<p>AMU OOHs preparation & Obs Unit utilisation</p> <p>Establishing a bed base in AMU on a daily basis, ensuring capacity going into the evening.</p> <p>Development of Criteria Led Discharges (CLDs) in the Observation Unit over winter to ensure consistent flow out of the unit and maximising resource and utilisation.</p>	Mar-20	Potential 2.6% improvement in performance based on total number of bed breaches between Jul-Sep 2019.
<p>Review of OOHs management</p> <p>A more consistent and robust on call response to site safety issues to be developed. This would empower on call team to have an awareness of site specific pressures and intervene timeously and appropriately.</p> <p>Plan to recruit an individual focusing on supporting the out of hours and weekend flow.</p>	Jan-20	In the interim, a shift system involving senior staff on site is being planned which would begin from Jan-20 and enable site focus and management of site flow and safety.
<p>MIU, NHS 24 & Infographics around inappropriate presentations and signposting</p> <p>Establishment of NHS 24 & Telemedicine initiative to reduce the number of presentations at MIU.</p> <p>SLWG with NHS 24 to balance the flow of patients across the system and schedule more minor injury appointments via NHS 24 so that patients arrive earlier in the day.</p> <p>Sharing infographics around common inappropriate presentations and signposting on a regular basis to reduce volume of attendances at front door.</p>	Mar-20 Jan-20	<p>Reduction in activity to RIE site</p> <p>Reduced overcrowding in the department</p> <p>Improved time to triage</p> <p>Improved time to first assessment</p> <p>Reduction in activity to RIE site</p> <p>Reduced overcrowding in the department</p> <p>Improved time to triage</p> <p>Improved time to first assessment</p>
<p>Presentation Profile</p> <p>Flow Centre assistance with admission avoidances to be developed which would see FC holding urgent clinic appointments and access to Hospital at Home and prevent patients from being admitted and becoming delays.</p>	Mar-20	<p>Increase in alternatives to admission</p> <p>Reduced overcrowding in the department</p>

East Lothian Health and Social Care Partnership

Action Description	Timescales	Quantifiable Impact
<p>An integrated Patient Flow and Discharge Hub operates effectively.</p> <p>Social Work and District Nursing are joining the Hospital at Home, Hospital to Home and Patient Flow teams in one space within the new East Lothian Community Hospital</p>	November 2019	<p>Immediate improvements in communication and processes.</p> <p>Reduction in average length of stay in medical inpatient wards.</p>
<p>The social work and health teams who deliver care at home are being brought under a single management structure and will have shared objectives.</p> <p>Terms and conditions need properly worked through and staff discussions throughout the process</p>	April-July 2020	<p>Ability to coordinate home care and to combine staffing skills to a greater level than currently.</p> <p>Improved engagement with care at home providers to identify capacity to deliver on a weekly basis to allow matching.</p>

<p>The East Lothian rehabilitation teams have all adopted a 'reablement' model.</p> <p>Discharge to Access has been established as part of - East Lothian's Home First approach</p> <p>Teams are increasingly moving to 7 day working</p>	<p>In progress</p>	<p>Reduction in average length of stay in medical inpatient wards.</p> <p>Improvement in patient/client pathway from hospital to home.</p>
<p>The Patient Flow Team is working longer hours across Mon-Friday and establishing weekend working.</p>	<p>In progress</p>	<p>Greater flexibility for inpatient wards to arrange discharges outwith 9-5 Mon-Fri.</p> <p>Staff available to discuss options with relatives/carers at visiting times in the evening or during the day on Saturday and Sunday.</p> <p>Social work able to initiate assessment earlier than currently, so reducing time delays in establishment of needs.</p>
<p>Longer Term Actions</p>		
<ul style="list-style-type: none"> • Engagement with housing colleagues to consider appropriate future housing models for people requiring support in East Lothian. • Established new planning and commissioning structure across the HSCP for care groups focussing on whole system redesign through involvement of community and acute services. • Focus on early intervention and prevention and building capacity in communities. • Work with the voluntary sector to increase the range of opportunities for reducing social isolation • Review infrastructure to move to next phase of East Lothian Home First model – community capacity to avoid hospital admission • Review approach to technology enabled care and develop revised strategy 		

Appendix 2. RIE 4 Hour ED Mitigations

Royal Infirmary Edinburgh 4EAS Mitigation Plan

As part of the overall Recovery efforts an Unscheduled Care Programme has been established with a Programme Director now in post. The aim of the Unscheduled Care Programme is to build upon existing action plans that have been developed by individual Partnerships and Acute sites, and provide additional programme rigor to delivery ensuring a system level response to challenges Lothian is facing.

Given the particular pressures at the RIE a number of further actions for the site were identified and described at the October 4EAS Programme Delivery and Assurance Group (PDAG). These are being taken forward by the group and include the following:

- **Improving care provider capacity and productivity at RIE front door** – this work is being led by Deputy Clinical Director for Emergency Medicine and includes the recruitment of additional ANP capacity in January and in April 2020, plus the recruitment of 5 Fellows starting in January and February 2020. In addition it is focusing on the minimum workload performance and clinical variation;
- **Increasing senior nurse presence in ED during the out of hours period** – this is scheduled for January 2020 with interviews taking place in early December. The additional CNM will allow a change in shift pattern so that there is senior nursing cover up 10pm 7 days per week;
- **Improving redirection from the ED to more appropriate services** – a workshop took place in November between ED staff, in-hours and out-of-hours GP leads with a number of actions now being progressed in conjunction with national initiatives;
- **A proposal for a telehealth pilot has been developed** and will be progress over the next few weeks, initially focusing on triaging of minor injuries ‘Manage My Injury’ as a proof of concept and if successful will be rolled out further;
- **A system-level dataset has been developed to support the analysis of demand and referral patterns.** Initial data illustrates a 20 fold variation in referrals to medical assessment, this is being progress with the Lothian GP subcommittee.

These actions and those being progressed as part of the 6 Essential Actions work are being incorporated into a broader system-level programme plan to improve unscheduled care across Lothian. This aims to focus and prioritise activity underway across the acute sites and partnerships in order that we best focus our resources to deliver the biggest impact in improving performance. The initial outline of this plan is described below with more detailed underlying plans being developed.

In addition weekly unscheduled care recovery programme meetings have been established, initially focussed on the RIE with representation from the HSCPs and the acute site to support a collaborative whole system approach. The focus remains on reducing activity at the front door and reducing occupancy at the site through reducing lengths of stay and earlier discharge planning, and progress

will be reviewed on a weekly basis. If this approach is successful then it will be extended to include the other acute sites.

Unscheduled Care Programme plan – initial outline

Four key areas of focus are proposed with the aim to improve unscheduled care performance, by providing safe, effective and person-centred care that supports stronger community care systems and sustainable acute hospital services:

1. Where acute hospital treatment is required there is a focus on getting people home or to a community setting as soon as appropriate, by working across community and acute teams

to:

- a. Manage admissions
- b. Reduce Length of Stay
- c. Early multi-professional discharge planning to support timely discharge

Outcomes: Ensuring patients are optimally cared for in their own homes or homely setting; patient rather than bed management; reduced admissions; increased daily discharges and reduced delayed discharges; reduced occupancy which will improve patient flow, reduce boarders, reduce wait at EDs, improve 4EAS performance and reduce breaches (linked to 6EAs 1,2,3,4,5 and 6).

2. Shifting emergency unscheduled care to urgent scheduled care (right care in the right place at the right time)

- a. Access to quality primary care services 24/7
- b. Simplifying and signposting community provision, and aligning with PCIPs – including flow centre triage and telehealth approach
- c. Consistency in community provision across Lothian HSCPs
- d. Redirection to right service upon arrival at ED
- e. Improve HCP referral pathways e.g. GP/SAS/NHS24

Outcomes: Improved access to right care first time; reduced attendance at EDs; reduced wait at EDs for those requiring emergency unscheduled care; ensuring patients are optimally cared for in their own homes or homely setting; reduced admissions (linked to 6EAs 5 and 6).

3. Acute front door process improvements

- a. Productivity
- b. Capacity – clinical model
- c. Front door redesign projects
- d. Medical/surgical processes designed to pull from ED

Outcomes: Improved patient safety; reduced over-crowding; improved patient flow; reduced wait at EDs, improve 4EAS performance and reduce breaches (linked to 6EAs 1,2, 4 and 5).

4. Back door process improvements

- a. Productivity
- b. Capacity
- c. Streamlining discharge processes across acute sites and HSCPs

Outcomes: Reduced delayed discharges; increased daily discharges; reduced occupancy which will improve patient flow (linked to 6EAs 5 and 6)

All underpinned by:

- a. system-wide data and information which is visible and shared across all partners
- b. staff are supported and work together across organisations to make the best decisions for patients
- c. seven day services appropriately aligned to reduce variation and out of hours working, and consistency in care services provided across the Lothian HSCPs

Appendix 4. Outpatient Mitigations

Outpatient External Capacity Plan Oct-March 2020

A number of mitigating actions have been put in place by NHS Lothian to ensure the required additional capacity to meet outpatient trajectories is in place over the next five months. A number of these relate to the identification of external capacity as well as efficiency improvements, as set out below:

- external capacity (current contracts) of 9,753 outpatient slots have been secured through existing contracts. The breakdown of additional appointments per specialty are listed below. The programme is back ended with over 2,000 more slots planned for the second half of the year than the first;

Table A3. External 'See and Treat' and Treat Only Slots

Contract Type	Specialty	Source	Provider	Oct	Nov	Dec	Jan	Feb	Mar	Total
S&T	GI - Adult	C/Fwd	Spire	20	20	0	0	0	0	40
S&T	Colorectal Surgery	Local	Spire	30	30	30	30	30	30	180
S&T	General Surgery	Local	Spire	20	20	20	20	20	20	120
S&T	GI Diagnostics	Local	TAC	80	280	280	280	280	280	1,480
S&T	GI Diagnostics - Colonoscopy points adjustment	Local	TAC	-16	-56	-56	-56	-56	-56	-296
S&T	Oral & Maxillofacial Surgery	Local	TAC	150	150	150	150	150	150	900
S&T	Plastic Surgery - Hands	Local	TEC	25	25	25	25	25	25	150
S&T	Urology	Local	TEC	10	10	10	10	10	10	60
S&T	Urology	Local	Spire	30	30	30	30	30	30	180
S&T	Vascular Surgery	Local	TEC	17	17	17	17	17	17	102
S&T	Dermatology	National	Insource Medicare	667	667	667	667	667	667	4,002
S&T	Ear, Nose & Throat (ENT)	National	Medinet	417	417	417	417	417	0	2,085
S&T	Ear, Nose & Throat (ENT) - Paed	National	Medinet	50	50	50	50	50	50	300
S&T	Ophthalmology	National	Medinet	75	75	75	75	75	75	450
S&T Total				1,575	1,735	1,715	1,715	1,715	1,298	9,753
Treat Only	Urology	Local	TEC	15	15	15	15	15	15	90
Treat Only	Orthopaedics - Majors	National		21	21	20	20	21	21	124
Treat Only	Orthopaedics - Minors	National		11	11	10	10	11	11	64
Treat Only Total				47	47	45	45	47	47	278
Grand Total				1,622	1,782	1,760	1,760	1,762	1,345	10,031

- a further 2,075 outpatient appointments will be performed in the new East Lothian Community Hospital. These will be undertaken between November 2019 and January 2020 focusing on three specialties: Dermatology, Gastroenterology and Neurology;
- the delivery of outpatient capacity at the East Lothian Community Hospital for February and March 2020 is being explored, this could provide capacity for a further 1,200 slots (subject to validation). It is recognised this may increase TTG waits next financial year;
- options for the further expansion of external capacity for outpatient appointments in other surgical specialties are also being considered with a market sounding exercise recently undertaken with the private sector. A further 2,000 slots maybe available, noting again the

potential risk to TTG performance with associated conversion, this will be mitigated by procuring see and treat where possible.

- further benefit is expected from Modernising Outpatients Programme and the expansion of patient focused booked to selected specialties which will help manage demand.

Appendix 5. TTG Mitigations

TTG Additional Capacity Mitigation Plans Nov-March 2020

A number of mitigating actions have been put in place by NHS Lothian to ensure the required additional capacity to meet TTG trajectories is in place over the next five months. A number of these relate to the identification of external capacity, as set out below:

- there is ongoing dialogue with Forth Valley to ensure that Lothian can maximise access to theatres in the Board area and expanded criteria have been agreed for orthopaedics;
- the External Providers Office (EPO) is currently in negotiation with a number of private providers for additional local 'treat' capacity following recent market sounding which closed on the 25th October. These discussions are ongoing but it is anticipated that this process will identify in the region of 200-250 additional procedures, primarily across urology, neurosurgery, vascular and general surgery before the year end;
- discussions are ongoing with the Golden Jubilee about potential additional orthopaedics capacity as part of the National Contract; and
- a number of additional capacity options have been considered in England, although given historical problems with patient acceptance, complexity associated with subsequent follow up and the high level of administrative burden, Lothian are not actively pursuing this option at this time. The number of cases likely to be undertaken through this route would also be relatively small.

In order to provide further headroom against the TTG target Lothian is actively looking at how best to maximise core capacity within the theatre estate building on the current below trajectory position. Whilst theatre utilisation rates are good, a number of opportunities remain to increase the number of cases per list and take advantage of unused sessions. All options will be explored over the coming months, whilst recognising ongoing constraints associated with staffing availability.

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REPORT

Memorandum of Understanding (Independent Scottish Hospices)

Edinburgh Integration Joint Board

4 February 2020

Executive Summary

The Memorandum of Understanding (MoU) builds on the previous arrangements as set out in CEL 12. This represents a broader statement of intent, recognising the statutory role of Integration Joint Boards (as set out in the Public Bodies (Joint Working) (Scotland) Act 2014).

CEL 12 offered guidance to NHS Boards and therefore Integration Joint Board (IJBs) should adopt and make reference to the renewed MoU as IJBs now hold the commissioning authority.

Currently palliative care is 'hosted' by Edinburgh on behalf of all 4 Partnerships in Lothian – it is not anticipated that these arrangements will be altered by the introduction of the MoU.

The MoU will cover an initial period from April 2019 to March 2021. During this period the MoU will be reviewed with any updates ready for implementation beyond this end date. While formal agreement at IJB level has yet to be reached, the operational principles that this framework sets out are well recognised.

Currently, Service Level Agreements (SLAs) are in place for both hospices in Edinburgh which are due for renewal from April 2021.

The ratification by the EIJB is the formal step in publicly adopting the framework.

Recommendations

It is recommended that the Edinburgh Integration Joint Board (EIJB):

1. Agreed to adopt the Memorandum of Understanding (MOU) as the framework on which the future delivery of hospice palliative and end of life care services in Edinburgh and the Lothians are planned and negotiated.
2. Note currently, Service Level Agreements (SLAs) are in place with both hospices which are due for renewal from April 2021.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been presented to any other EIJB Committee.

Main Report

2. Historically, Service Level Agreements (SLAs) have been negotiated with each hospice independently, typically covering a set period of 3 years. These SLAs were negotiated with reference to the Scottish Government's letter to Chief Executives of 2012, commonly referred to as CEL 12.
3. Since the transformational change to Scotland's Health and Social care environment in April 2016, Integration Joint Boards (IJBs) now hold devolved responsibilities for the planning and monitoring of community health and social care services.
4. The Health & Social Care Partnership (HSCPs), the body through which the IJBs operate, are now the organising and delivery mechanisms for providing integrated health and social care in primary and community services. Since palliative care was agreed to be 'hosted' within the Edinburgh Health and Social Care Partnership (the Partnership), further SLAs have been negotiated and agreed, the latest being in place with both Hospices to the end of March 2021.
5. The Memorandum of Understanding (Appendix 1) reflects these statutory changes and heralds a new principled approach.
6. Access to hospice services is based on geographical alignment with St Columba's covering residents in Edinburgh North and East Lothian, with Marie Curie Edinburgh working across Edinburgh South, Midlothian and West Lothian.
7. This Memorandum of Understanding (MoU) is the culmination of the work undertaken by a Short Life Working Group (SLWG) led by Ron Culley, Chief Officer, Western Isles. The SLWG included representatives from Health and Social Care Partnerships, the Scottish Hospices Leadership Group as well as the Scottish Government.

8. This MoU has been developed to ensure the provision of high quality and person centred palliative and end of life care is made available to all who need it, when they need it. This commitment is underpinned by the following principles:
 - a. A partnership based on parity of esteem and a commitment to shape palliative care services together;
 - b. A recognition of the importance of financial stability, both within the partnership as a whole and for each independent hospice;
 - c. A commitment to operate openly and transparently, cultivating a position of trust, building strong relationships which are resilient to disagreement and financial pressures;
 - d. A recognition that hospices are autonomous organisations with considerable skills, expertise and charitable income, who nevertheless operate within local health and social care systems and whose aims are aligned to local commissioning strategies.

Hospice provision across Lothian

9. There are 2 hospices located within the City of Edinburgh, providing a range of specialist inpatient and community led palliative and end of life care services to those residing across the whole of Lothian.
10. St Columba's Hospice is located in the North of the City. It has access to 30 specialist inpatient palliative care beds. It typically serves residents in the North of the City and also across East Lothian.
11. Marie Cure Edinburgh Hospice is located in the South of the City. It has access to 20 inpatient beds and typically serves the populations in the South of the City, Midlothian and also West Lothian.

Memorandum of Understanding

12. The Memorandum of Understanding (MoU) builds on the previous arrangements as set out in CEL 12. This represents a broader statement of intent, recognising the statutory role of Integration Joint Boards (as set out in the Public Bodies (Joint Working) (Scotland) Act 2014).
13. The aim of the MoU is to provide a strategic framework for integration authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It also describes the principles that should apply to the development of any future SLAs, contracts of commissioning plans.
14. These new arrangements have been jointly approved by the Chair of the Chief Officers Group and the Chair of the Hospices Leadership Group.

15. Every IJB in Scotland is now being encouraged to agree to adopt the MoU as the basis for future service planning arrangements with independent hospices.
16. CEL 12 offered guidance to NHS Boards and therefore IJBs should adopt and make reference to the renewed MoU as IJBs now hold the commissioning authority.
17. These new arrangements cover a defined time period of two years (April 2019 to March 2021). The MoU will be reviewed and updated by the Scottish Hospice Leadership Group and the IJB Chief Officers group before 31st March 2021.
18. The national working groups will also monitor and review the development of any future plans and SLAs to ensure these are developed consistently and in line with the principles set out in the MoU.

Current Service Level Agreements

19. New SLAs were required to be negotiated and approved due to the previous three year arrangements coming to a close as of 31 March 2018.
20. Service Level Agreements are currently in place with each hospice. These were developed in line with CEL 12 and cover a three year period from 1st April 2018 to 31st March 2021.
21. A breakdown of the services provided across both hospices along with the associated payments is attached in Appendix 2.
22. The Partnership has extremely positive relationships with both hospices and are engaged on an ongoing basis with both in terms of blue sky thinking as to the opportunities and challenges that may lie ahead and what this may mean for palliative care both in the hospices but also in the wider community.
23. Given the ongoing nature of this relationship, the release of the Memorandum of Understanding is well timed.

Implications for Edinburgh Integration Joint Board

Financial

24. Whilst the NHS and Local authorities retain budgetary responsibilities for significant portions of their traditional areas of delivery, e.g. NHS acute care, Palliative Care has in the vast majority of cases in Scotland, been incorporated into the responsibilities of the Partnerships

25. Under the previous arrangements, CEL 12 outlined the financial contribution of health boards towards the running costs of independent hospices – broadly speaking this proposed 50% of running costs be met by the Health Board.
26. The MoU heralds a shift in approach and does not prescribe the proportion of costs to be met by IJBs. Instead it envisages a new approach based around:
 - a. A transparent assessment of the total resource both parties bring to the table, including charitable income
 - b. A transparent assessment of the total costs of service provision, analysed through an ‘open book’ approach between IJB and independent hospice;
 - c. Value for money and efficiency
 - d. Benchmarking of costs, activity and quality;
 - e. Quality outcome measures
27. Current funding for each hospice is in excess of £2m per annum.
28. In setting out the above changes, the MoU also states that individual hospices “...should not receive a reduction in financial support....against 2018/19 levels...” However as indicated earlier, three year SLAs are already in place with both hospices to end of March 2021.
29. The MoU also alludes to future hospice pay increases in line with NHS arrangements, noting that such arrangements should be set out within any new SLA.

Legal implications

30. New SLAs will be required to be developed for April 2021 with both hospices. In doing so we will continue to seek legal guidance and support from the Central Legal Office (CLO).

Equality and integrated impact assessment

31. An equality and impact assessment has not been undertaken

Environment and sustainability impacts

32. There are no known environmental/ sustainability issues as a result of any transition to the MoU.

Quality of care

33. The quality of care will not be negatively impacted as a result of any transition to the MoU.

Consultation

34. The matter of 'sign-up' to the new MoU has been raised by the Lothian Palliative Care MCN. In response to the proposed new approach, the MCN is keen to have a clear understanding of the future commissioning approach to be adopted in Edinburgh and across Lothian and the extent to which this differs or otherwise from the rest of Scotland.
35. Subject to approval and sign off by the IJB membership, it would be the intention to continue to engage with both hospice management teams in developing and ultimately approving new 3 year Service Level Agreements, founded on the principles of this MoU, in readiness for 1st April 2021.

Report Author

Judith Proctor

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Appendices

Appendix A	Memorandum of Understanding
Appendix B	Breakdown of Hospice Service Provision and Associated Payments

Memorandum of Understanding

Memorandum of Understanding between Integration Joint Boards and Independent Scottish Hospices

Introduction

Across Scotland, Health and Social Care Partnerships and independent hospices are committed to a future which will ensure the provision of high quality and person-centred palliative and end of life care, made available to all who need it, when they need it. This ambition is founded on the following over-arching principles:

- A partnership based on parity of esteem and a commitment to shape palliative care services together;
- A recognition of the importance of financial stability, both within the partnership as a whole and for each independent hospice;
- A commitment to operate openly and transparently, cultivating a position of trust, building strong relationships which are resilient to disagreement and financial pressures;
- A recognition that hospices are autonomous organisations with considerable skills, expertise and charitable income, who nevertheless operate within local health and social care systems and whose aims are aligned to local commissioning strategies.

In approving this Memorandum of Understanding, all parties agree to abide by these principles.

Scope of the Memorandum of Understanding

The principles underpinning the commissioning relationship between NHS Boards and independent hospices specialising in palliative and end of life care in Scotland were set out in a Scottish Government letter to NHS Chief Executives in 2012,¹ commonly referred to as CEL 12. This document has since governed the commissioning relationship between Health Boards and independent hospices.

However, following the Public Bodies (Joint Working) (Scotland) Act 2014, all Health Boards have been required to establish Integration Authorities with their Local Authority partners. Within this context, the functions and resources associated with the provision of palliative and end of life care are now the preserve of Scotland's Integration Authorities.

¹ *A Partnership For Better Palliative And End Of Life Care: Creating A New Relationship Between Independent Adult Hospices And NHS Boards In Scotland*

The terms of CEL 12 do not apply to those Integration Authorities who have established Integration Joint Boards, since in these circumstances the Health Board is no longer the commissioner of palliative and end of life care. By contrast, CEL 12 continues to apply to those Integration Authorities which have elected to establish the NHS Board as a Lead Agency under the 2014 Act. The collaborative commissioning process as set out in CEL 12 has come to fuller fruition in the commissioning process set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

In order to clarify any ambiguities in understanding in the national policy framework, a working group was established to develop a Memorandum of Understanding between Scotland's Integration Joint Boards and Independent Hospices. The Working Group involved representatives of senior management within Integration Authorities, independent hospices, the Scottish Partnership for Palliative Care, Healthcare Improvement Scotland and the Scottish Government. Scotland's independent hospices are represented by the Scottish Hospice Leadership Group, which has formed to represent the interests of independent hospices at a national level.

This Memorandum of Understanding ("MOU") between Integration Joint Boards and independent hospices builds on the arrangements set out in CEL 12 and represents a wider statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) ("the Act") of Integration Joint Boards in commissioning palliative care services.

For the purposes of this MOU, we refer to Integration Joint Boards (IJBs) as the responsible party for the planning and commissioning of palliative care services. When the document refers to independent hospices, this also includes Marie Curie, a UK-wide organisation, which currently runs two hospices in Scotland as part of its wider provision of specialist palliative care services. The MOU does not include provisions made to secure specialist palliative care for children, which is provided by CHAS, and which is subject to separate financial governance arrangements.

The MOU will cover an initial two year period (1 April 2019 to 31 March 2021) and is structured to set out the key aspects relevant to facilitating the delivery of effective joint commissioning. It does not impinge on the autonomy of independent hospices as charitable organisations, although it does encourage the establishment and maintenance of Service Level Agreements (SLAs) to govern the relationship between independent hospices and Integration Joint Boards within local systems. SLAs will define mutual expectations and place rights and responsibilities on both parties.

The aim of the MOU is to provide a strategic and financial framework for Integration Authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It describes the principles of partnership that should apply in the development of SLAs, contracts or commissioning plans developed in a local context.

This MOU will be reviewed and updated by the Scottish Hospice Leadership Group and the IJB Chief Officers parties before 31 March 2021.

Policy Context

The Strategic Framework for Action on Palliative and End of Life Care is Scotland's national policy and is a direct response to the resolution passed in 2014 by the World Health Assembly, requiring all governments to recognise palliative care and to make provision for it in their national health policies.

Launched by Cabinet Secretary for Health, Wellbeing and Sport in December 2015, it outlines the key actions to be taken that will allow everyone in Scotland to receive services that respond to their individual palliative and end of life care needs. The Framework seeks to drive a new culture of openness about death, dying and improvement and sets out to achieve the following outcomes:

- People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age, socio-economic background, care setting or proximity to death.
- People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible.
- People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services.
- People access cultures, resources, systems and processes within health and social care services that empower staff to exercise their skills and provide high quality person-centred care.

The national policy is currently being implemented via a National Implementation and Advisory Group, comprised of representatives of the Scottish Government, Integration Authorities, independent hospices, community care bodies and a range of other stakeholders.

Following the establishment of Integration Authorities, the Scottish Government has also published guidance on a range of subjects, including on strategic commissioning. This was followed up by a specific publication on the commissioning of palliative and end of life care in April 2018.

The guidance describes the key considerations when planning, designing and commissioning palliative and end of life care, including understanding local data and trends around mortality; activity levels and any variation within those; service and support arrangements across the local health and social care system, including any gaps; a map of the total resources available to the partnership - the analysis of which will underpin the key reforms

that emerge from local commissioning plans. It will be important that once the total resource is understood (including the total capacity of the hospices), opportunities are taken to reimagine how it can be invested to improve outcomes.

Effective commissioning will result in a comprehensive and cohesive approach to the planning and improvement of palliative and end of life care. It will situate palliative and end of life care as integral aspects of the care delivered by any health or social care professional, focusing on the person, not the disease, and applying a holistic approach to meet the physical, practical, functional, social, emotional and spiritual needs of patients and carers facing progressive illness and bereavement.

The following principles should underpin the approach to commissioning:

- transparency and openness
- a focus on system outcomes
- clinical effectiveness
- cost effectiveness
- value for money

It is important that local commissioning plans also consider national priorities. The Scottish Government's national delivery plan sets out a number of high level ambitions to ensure that the right supports and services are in place for people at the end of life. By 2021, we should seek to ensure that:

- Everyone who needs palliative care will get the right care, in the right setting to meet their needs;
- All who would benefit from a 'Key Information Summary' will have access to it;
- The availability of care options will be improved by doubling palliative end of life provision in the community, which will result in fewer people dying in a hospital setting.

Partnerships should consider these priorities within the context of local commissioning plans.

HSCPs should collaborate with independent hospices as *equal partners*, and both parties will actively contribute to the development and delivery of local commissioning strategies. Independent hospices bring considerable expertise, capacity and resource to the commissioning table and this should be recognised in the commissioning relationship. Through their volunteering capacity, charitable income sources, clinical and strategic leadership, hospices have a strong track record of developing personalised, responsive and imaginative palliative care, which will be important to build upon as part of the commissioning process.

Responsibilities (of parties to the MOU)

The respective responsibilities of the parties to this MOU are:

Integration Joint Board responsibilities:

- Planning, design and commissioning of the palliative care functions delegated to them under the 2014 Act based on an assessment of local population needs, in line with the IJB Strategic Plan.
- The development of a local commissioning plan, in partnership with independent hospices and collaborating with other key stakeholders.
- Where there is an independent hospice providing services to more than one IJB, the IJBs will collaborate under Section 22 of the 2014 Act in relation to the effective and efficient use of resources (e.g. buildings, staff and equipment) to achieve coherence and equity across service planning, design and commissioning.
- Ensuring that all statutory obligations to people with palliative and end of life care needs are met.
- Ensuring that local SLAs are established and maintained which provide financial stability and which operate on the basis of full cost transparency across both parties.
- Decisions need to be taken in line with all relevant procurement law and strategy.

Independent Hospice responsibilities:

- Contribute to the development of local commissioning strategies underpinning effective palliative and end of life care.
- Work with IJBs to ensure that the hospice's total operating costs are understood within local SLAs.
- Continue to deliver high quality service arrangements, which align with the referral mechanisms and operating systems of local Health and Social Care Partnerships.

Wider Engagement

IJBs have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their local strategies and take decisions on the size and shape of local health and social care services on a collective basis based on dialogue with the local communities and service users.

In relation to the development of local commissioning plans, that would include (but not be limited to): patients, their families and carers; local communities; health and social care professionals; hospices (both NHS and independent); social care providers .

In order to ensure that the provision of any new or reconfigured service has a patient-centred approach to care based on an understanding of patients' needs, life circumstances and experiences, it is important that patients, carers and communities are engaged as key

stakeholders in the planning and delivery of new services. HSCPs should ensure that this engagement is a key part of their local commissioning plans.

Resources

Integration Joint Boards and Scottish Hospices invest millions of pounds annually in the provision of palliative and end of life care. Independent hospices in particular make a significant contribution to Scotland's health economy, generating over £50 million in charitable donations from the public, which supplements core statutory funding. In service to their overall mission, independent hospices will continue to bring these charitable resources to the table.

One of the primary functions of CEL 12 was to outline the financial contribution that Health Boards should make to the running costs of independent hospices. Specifically, it was proposed that 50% of agreed running costs be met by Health Boards, and the CEL 12 letter defined the parameters of what could fall within the scope of agreed costs.

However, this led in some instances to a transactional relationship developing between Health Boards and hospices, which focused on how the agreed costs should be understood. The Scottish Hospice Leadership Group has also produced evidence that the gap between actual and agreed costs has grown over time, thereby eroding the worth of the original commitment.

Within this context, this MOU does not prescribe the proportion of agreed costs to be met by Integration Joint Boards. Rather, it envisages a new relationship developing, based on the following principles:

- A transparent assessment of the *total* resource both parties bring to the table, including charitable income sources;
- A transparent assessment of the *total* costs of service provision, analysed through an "open book" approach between Integration Joint Boards and independent adult hospices
- Value for money and efficiency
- Benchmarking of costs, activity and quality
- Quality outcome measures

This process should avoid the need to debate what counts as *agreed* costs in favour of a relationship that looks at the *total* operating costs of independent hospices, which will include back office costs associated with fundraising, corporate functions, marketing and promotion, volunteering, and management. Within this context it will be important to describe existing patterns of expenditure and impending pressures. National organisations should be transparent in allocating overheads against local hospice running costs. Likewise, there is an expectation that IJBs will provide transparency in respect of their financial position, including the impact of any budgetary adjustments on the palliative care agenda.

In particular, the need for independent hospices to provide pay increases in line with NHS arrangements should be recognised. This further assumes that independent hospices will want to move towards the Agenda for Change pay model. Hospices, IJBs and, where relevant, the Scottish Government, will consider how best to fund any pay increases. These arrangements should be set out within local Service Level Agreements.

There should be a commitment to agree and sign-off Service Level Agreements in a timely fashion, as part of the overall commissioning cycle. A three year agreement is preferred as a means of delivering financial stability, which is especially important during times of service redesign. In the absence of redesign, it is important to note that while this MoU moves away from a specific agreement to meet 50% of agreed costs, individual hospices should not receive a *reduction* in financial support from IJBs against 2018/19 levels, for this could foment the very financial instability that the MoU seeks to protect against. In circumstances where services are being redesigned, overall financial contributions will necessarily be reconsidered, and in these cases, it is important that funding levels are commensurate with the new service provided.

It is also important to note that IJBs do not hold capital budgets and so if hospices want to enter into discussion about accessing capital investment for health and social care buildings, this will require the Health Board and/or Local Authority's participation.

Conflict Resolution

It is important that local provision is made for conflict resolution. Given that the parties to this MoU consistently operate under financial pressure, mechanisms should be in place to remedy disputes. Such disputes may emerge out of the financial or wider commissioning relationship. In the event of any disagreement or dispute between the parties, they will use their best endeavours to reach a resolution without resort to conciliation or mediation. If conciliation or mediation becomes required an independent third party will be sought as deemed acceptable to the NHS Board/HSCP and Partner/Provider.

Oversight

The national working group will monitor the development of local commissioning plans and associated SLA's to consider whether the terms of the MOU are applied consistently and abide by the spirit of partnership.

The benchmarking of the cost, activity and quality of independent adult hospice services should be done at local level but the national working group may also consider this benchmarking to support local partnerships.

Healthcare Improvement Scotland is available to partnerships to support quality and service improvement.

Signatories

Signed on behalf of IJB Chief Officers

Vicky Irons

Name: Vicki Irons, Chief Officer, Angus HSCP and Chair, Chief Officers, Health and Social Care Scotland

Signed on behalf of the Scottish Hospice Leadership Group

Rhona M Baillie

Name: Rhona Baillie, the Prince & Princess of Wales Hospice and Deputy Chair, Scottish Hospices Leadership Group

<u>Integration Joint Boards</u>	<u>Independent Hospices</u>
Aberdeen City	ACCORD Hospice
Aberdeenshire	
Angus	Ardgowan Hospice
Argyll and Bute	
Clackmannanshire and Stirling	Ayrshire Hospice
Dumfries and Galloway	
Dundee City	Bethesda Hospice
East Ayrshire	
East Dunbartonshire	Highland Hospice
East Lothian	
East Renfrewshire	Kilbryde Hospice
Edinburgh City	

Falkirk	Marie Curie Hospice
Fife	
Glasgow City	Prince and Princess of Wales Hospice
Highland	
Inverclyde	St Andrew's Hospice
Midlothian	
Moray	St Columba's Hospice
North Ayrshire	
North Lanarkshire	St Vincent's Hospice
Orkney Islands	
Perth and Kinross	Strathcarron Hospice
Renfrewshire	
Scottish Borders	
Shetland Islands	
South Ayrshire	
South Lanarkshire	
West Dunbartonshire	
Western Isles	
West Lothian	

Annex A: Palliative Care

Palliative Care

Palliative care is defined by the World Health Organisation as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”.

Specialist Palliative Care

Specialist Palliative Care is the active total care of patients with progressive, advanced disease and their families. Care is provided by a multi-professional team who have undergone recognised specialist palliative care training. The aim of the care is to provide physical, psychological, social and spiritual support, and it will involve practitioners with a broad mix of skills. (Tebbit, 1999)

Specialist Palliative Care requires effective multi-professional working within specialist teams and co-ordination across a wide range of professions to ensure that all appropriate patients, including those with non-malignant disease, can access the appropriate service and achieve the best quality of life possible.

These teams work in partnership with those who provide generalist palliative care, to ensure that patients' and families' complex needs are met.

Complex needs are identified as needs that cannot be addressed through simple or routine interventions/care.

Specialist Palliative Care seeks to:

- meet complex needs through a multi-professional team that meets regularly, and where individual team members understand and respect each other's roles and specialist expertise;
- enable team members to be proactive in their contact, assessment and treatment of patients and their families/carers;
- discern, respect and meet the cultural, spiritual and religious needs, traditions and practices of patients and their families/carers;
- recognise the importance of including the needs of families in the patient's care, since good family care improves patients' quality of life and contributes positively to the bereavement process;
- share knowledge and expertise as widely as possible;
- promote and participate in research in order to advance the speciality's knowledge base for the benefit of patients and carers.

A number of essential components make up a specialist palliative care service and the lists below are not exhaustive. These include:

- effective communication
- symptom control
- rehabilitation
- education and training
- research and audit
- continuity of care
- terminal care
- bereavement support for adults, young people and children

The core clinical specialist palliative care services comprise:

- In-Patient care facilities for the purposes of symptom management, rehabilitation and terminal care
- 24 hour access to the In- Patient service which includes specialist medical and adequate specialist nursing cover
- 24 hour telephone advice service for healthcare professionals
- 24 hour telephone support service for known out-patients and their carers
- Day services provided by an out-patient model or day hospice model where patients attend for a determined part of the day (e.g. from 11-3)
- Education programme
- Research and audit undertaken within a framework of clinical governance

- Formalised arrangements for specialist input to local and community hospitals
- Spiritual and psychological/counselling support services'

Key Elements of Specialist Palliative Care within a Specialist Palliative Care Unit

The core team comprises dedicated sessional input from

- Chaplain
- Doctors
- Nurses
- Occupational therapist
- Pharmacist
- Physiotherapist
- Social worker
- Counsellor

The range of integrated service components which can meet patients' needs at different stages of the disease process will include written referral guidelines to;

- Bereavement services
- Community specialist palliative care services
- Complementary therapies
- Counselling services
- Day services
- Hospital specialist palliative care services
- Lymphoedema services
- Patient transport services
- Psychological support services
- Social services
- Spiritual support services

ANNEX B: MEMBERSHIP OF SHORT LIFE WORKING GROUP

- Rhona Baillie, The Prince and Princess of Wales Hospice
- Helen Simpson, Accord Hospice
- Jackie Stone, St Columba's Hospice
- Craig Cunningham, South Lanarkshire HSPC
- Steven Fitzpatrick, Glasgow City HSPC
- Karen Jarvis, Renfrewshire HSPC
- Michael Kellet, Fife HSPC
- Pam Gowans, Moray HSCP
- Ron Culley, Western Isles HSPC (Chair)
- Mark Hazelwood, Scottish Partnership for Palliative Care
- Tim Warren, Scottish Government

- Christina Naismith, Scottish Government
- Diana Hekerem, Healthcare Improvement Scotland

APPENDIX B

Breakdown of Hospice Service Provision and Associated Payments

Marie Curie

The Services Provided

The services provided will be in line with the recently published Scottish Government Health and Social Care Standards (2017)

Specialist Palliative Inpatient Services

A service for patients who need specialist assessment and support in an in-patient setting in relation to the following issues:

- Symptom control which cannot be easily achieved in their usual care setting
- Multidisciplinary team assessment of complex problems associated with the dying process
- Care in the last few weeks or days from a specialist team;
- An emotional, psychological or spiritual burden of illness or prognosis which they, or their family, need support with
- Future planning needs that are challenging for the patient, their family or their care team
- Limited Rehabilitation and enablement in a palliative care context
- Provision of telephone advice to professionals, in-patients and their families via hospice team in hours and out of hours through the pan Lothian Palliative Medicine out of hours service

Specialist Palliative Medical Services

A Palliative Care Consultant led service for Lothian patients. This will include:

- Provision of consultant medical services in support of the hospice specialist palliative inpatient day therapy and out-patient services and community specialist palliative care services 24 hours per day, 7 days per week;
- Provision of consultant medical services in support of the specialist palliative services within NHS Lothian facilities (as agreed); and
- Contributing to the Lothian Palliative Care Consultant “on-call” rota.

Specialist Day Therapy and Out Patient Services

A service for patients who are at home or in a community setting which focuses on therapeutic and rehabilitation approaches through group and individual support including::

- Specialist assessment of complex problems and management plan provided by the multidisciplinary team;
- Rehabilitation and enablement approaches
- Follow up and liaison with appropriate professionals;
- Telephone contact and advice

Specialist Palliative Community Services

Services for patients and carers who are at Home or in a Community Setting, in collaboration with the primary care team, including:

- Provision of a clinical nurse specialist service, with advice and support 7 days per week
- specialist palliative care assessment and care planning
- advice and support for symptom management;
- provision of telephone advice for professionals, patients and families

Marie Curie – Charges/ Payments

The following sums will be paid in year 1, year 2, and year 3 during which the Agreement remains in force.

2018/19 – 2020/21: £2,186,988 p.a.

Breakdown	Costs
Core Inpatient Services (incl Drugs & fellowship)	£1,893,113
ACT Funding	£25,375
West Lothian (See Schedule 7)	£268,500

The charges for each year of the 3 year Agreement will be paid in full within 60 days of the Provider rendering its invoice.

The above sum reflects the funding available for the types of services to be provided. The agreement is in compliance with the CEL 12 (2012).)

Marie Curie: Managed Care and Fast Track

Managed Care

A service co-ordinated locally by a Senior Nurse to provide planned palliative nursing care to patients in their usual place of residence, who are in the end of life stage of their illness, whose needs can be met through short episodes of care, delivered through an agreed combination of days and/or evenings and/or nights as appropriate to support the needs of patients and carers.

The Services will be provided as follows:

Care: The Provider will provide an agreed combination of Registered Nurses and Healthcare Assistants to deliver care and support for referred patients with a terminal illness, which will comprise management of pain and other symptoms and provision of emotional and practical support as set out in the care plan provided by the referrer.

Location: Services will be delivered in the patient's home (or other agreed location).

Operational Hours:

Care is flexible and is based on patient need. Standard shifts are 9 hour Night visits delivered between the hours of 22:00 and 07:00. Day and Evening visits are of variable length and flexible between the hours of 07:00 to 23:00, subject to a minimum of 3 hours.

Fast Track

The provision of planned palliative nursing care covering multiple patients per shift in their usual place of residence, who are in the end of life stage of their illness, whose needs can be met through short episodes of care, delivered through an agreed combination of days and/or evenings and/or nights as appropriate to support the needs of patients and carers.

The Services will be provided as follows:

Care: The Provider will provide Healthcare Assistants to deliver care and support for referred patients with a terminal illness, which will comprise management of pain and other symptoms and provision of emotional and practical support as set out in the care plan provided by the referrer.

Location: Services will be delivered in the patient's home (or other agreed location).

Operational Hours: 08:00-14:00 and 16:00-22:00 seven days a week.

Managed Care & Fast Track Charges

Managed Care and Fast Track	YEAR 1	YEAR 2	YEAR 3
Annual Budget	£346,491	£360,000	£374,000
Invoice Frequency	Annually in Advance	Annually in Advance	Annually in Advance

The agreed fixed charges for Year 2 will be paid in full within 60 days of Marie Curie rendering its invoice, therefore during the first 2 months of year 2.

The agreed fixed charges for Year 3 will be paid in full within 60 days of Marie Curie rendering its invoice, therefore during the first 2 months of year 3.

St Columba's Hospice

The Services Provided

The services provided will be in line with the recently published Scottish Government Standards Health and Social Care Standards (2017)

Specialist Palliative Inpatient Services

A service for patients who need specialist assessment and support in an in-patient setting in relation to the following issues:

- Symptom control which cannot be easily achieved in their usual care setting
- Multidisciplinary team assessment of complex problems associated with the dying process
- Care in the last few weeks or days;
- Rehabilitation and enablement
- Provision of telephone advice to professionals, patients and families

Specialist Palliative Medical Services

A Palliative Care Consultant led service for Lothian patients. This will include:

- Provision of consultant medical services in support of the hospice specialist palliative inpatient day therapy and out-patient services and community specialist palliative care services 24 hours per day, 7 days per week;
- Provision of consultant medical services in support of the specialist palliative services within NHS Lothian facilities (as agreed); and
- Contributing to the Lothian Palliative Care Consultant "on-call" rota.

Specialist Day Therapy and Out Patient Services

A service for patients who are at home or in a community setting which focuses on therapeutic and rehabilitation approaches through group and individual support including::

- Specialist assessment of complex problems and management plan provided by the multidisciplinary team;
- Rehabilitation and enablement approaches
- Follow up and liaison with appropriate professionals;
- Telephone contact and advice.

Community Specialist Palliative Care Service

A multi-professional service for patients who are at Home or in a Community Setting, in collaboration with the primary care team, including:

- specialist palliative care assessment and care planning
- advice and support for symptom management;
- provision of telephone advice for professionals, patients and families
- access to clinical nurse specialist advice and support 7 days per week

In addition to the specialist palliative care services outlined above, St. Columba's Hospice education and research services will include the following:

- Multidisciplinary academic courses, in co-operation with Higher Education Institutions
- An outreach programme of palliative care education for health and social care staff
- Taught input and clinical placements for students of medicine, nursing, allied health professions, social work, chaplaincy and counselling.
- Input into professional/ practice development initiatives in Lothian
- Professional development placements for health and social care professionals both locally and internationally
- Participation in the Lothian Palliative Care Research Network contributing to a coordinated approach to research practice.

St Columba's Hospice: Charges/ Payments

The following sums will be paid in year 1, year 2 and year 3 during which the Agreement remains in force.

- **2018/2019:** £2,093,109
- **2019/2020:** £2,093,109
- **2020/2021:** £2,093,109

The above sum reflects the funding available for the four types of Services to be provided.
The Agreement is in compliance with the CEL 12 (2012).)

REPORT

Communications and Engagement Update

Edinburgh Integration Joint Board

4 February 2020

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update on communications and engagement in support of the EIJB and the Edinburgh Health and Social care Partnership (the Partnership).
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Approve the Communications Update at Appendix 1. 2. Note the status of the recruitment of a new Strategic Communications and Engagement post to support EHSCP and EIJB.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been presented to any other EIJB Committee.

Main Report

2. A communications action plan for the EIJB was agreed at the February 2019 meeting.
3. The updated plan at Appendix 1 seeks to build on the communication and engagement work in 2019 and to create a better understanding of the EIJB's role among its key stakeholders. The updated plan will continue to be reviewed and refined in the coming year.
4. A new website was launched in early December 2019. Prior to that, a new EIJB brand logo was approved and is being rolled out across the Partnership.
5. The interview process for the recruitment of a Strategic Communications and Engagement Manager will be concluded by 3 February 2020. The intent is to have this new post in place by no later than 31 March 2020. Working closely with our City of Edinburgh Council and NHS Lothian media and communications colleagues, this new post has a broad remit covering internal and external communications, designed to directly support the EIJB and the Partnership.

Implications for Edinburgh Integration Joint Board

Financial

6. There are allocated funds within the Partnership for a Strategic Communications and Engagement manager.
7. There are no other financial implications identified.

Legal / risk implications

8. There are no identified legal or risk implications identified.

Equality and integrated impact assessment

9. There are no equalities implications and an integrated impact assessment is not required.

Environment and sustainability impacts

10. There are no environmental or sustainability impacts arising from this report.

Quality of care

11. There are no quality of care issues arising from this report.

Consultation

12. The Partnership, City of Edinburgh Council and NHS Lothian colleagues were consulted in the development and production of this communications plan.

Report Author

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Appendices

Appendix 1 EIJB Communications and Engagement Update dated 4 February 2020.

Edinburgh Integration Joint Board communications and engagement update

Background

A communications action plan for the Edinburgh Integration Joint Board was agreed at the February 2019 meeting. A separate communications action plan for the Edinburgh Health and Social Care Partnership (the Partnership) was agreed in January 2018.

This updated plan focuses on maintaining support for the Edinburgh Integration Joint Board (EIJB) members. It will build on the communication and engagement work in 2019 and continue to create a better understanding of the Edinburgh Integration Joint Board's role among its key stakeholders.

This EIJB communications action plan will support the EIJB to develop a deeper understanding of the governance arrangements at stakeholder level. It will also complement the Partnership communications and engagement activities and aid the growing understanding of integration and the EIJB's role.

Communication objectives

The activity will support these main objectives to:

- help people understand the EIJB's role and its responsibility for health and social care in Edinburgh
- provide the platform to allow EIJB members to engage with key stakeholders
- allow the general public to have access to EIJB meetings
- offer interested parties an opportunity to be heard at EIJB meetings through deputations
- communicate with other members of the EIJB and have a private way of sharing papers and ideas
- support the ongoing development of EIJB members' knowledge through an induction and development programme
- support the EIJB communicating its intent, priorities, vision and values to the citizens of Edinburgh and Partnership staff
- provide a mechanism for individual EIJB members to visit health and social care sites providing services to Edinburgh's citizens.

Communication principles

These principles continue to guide communications with our key audiences:

- **Clear, concise and inclusive** - language will be accessible, jargon free and easy to read.
- **Open and honest** - ensure complete transparency and understanding by our target audience.
- **Sustainable** - maintain a regular dialogue with target audiences.
- **Targeted** - reach the right audience, in the right place and at the right time.
- **Tested** - to ensure we are using the right language to speak to our audiences.
- **Timely** - respond to the need for information at the right time and ensure we give people enough time to respond to consultations and surveys.

- **Two-way** - listen to people and give them the opportunity to respond or ask questions in a way that suits them.

Key messages

Key messages for the various topics and/or projects and distinct audiences will continue to be developed by the Chair and Vice-Chair of the EIJB in collaboration with the Chief Officer and communications colleagues.

Key audiences and stakeholders

Type of communications/ what they want or need to know	How we will achieve this	Responsibility
EIJB members		
A space for sharing confidential papers and ideas	In the next stage of web development	Chief Officer (CO) and Senior Executive Assistant (SEA)
Induction to the EIJB for new members	Continuous formal induction process	CO and SEA
Continued development and learning for EIJB members	Bi-monthly development sessions	CO and SEA
Visits to health and social care sites	Informal visit programme	CO and SEA
EIJB committees and sub-committees		
Regular flow of communication on the work of the EIJB	Newsletters, social media, meeting papers and webcasting, and through the governance structure	EIJB and CO
NHS Lothian		
Budget allocation	Regular dialogue	CO and Chief Finance Officer (CFO)
Directions	Formal directions process	CO, CFO and Head of Strategic Planning (HoSP)
Regular discussions and exchange of information	At board and executive level	Chair/CO and NHS Lothian-nominated voting members
Visibility of EIJB members at frontline service level	Site visit programme (NHS Lothian quality assurance programme)	CO/SEA
City of Edinburgh Council (senior management and elected members)		
Budget allocation	Regular dialogue	CO and CFO
Directions	Formal directions process	CO, CFO and HoSP
Regular discussions and exchange of information	At board and executive level	Chair, CO and elected members who sit on the EIJB
Visibility of EIJB members at frontline service level	Informal visit programme	CO and SEA
Politicians (Scottish Government)		

Type of communications/ what they want or need to know	How we will achieve this	Responsibility
Communication of the EIJB's strategic direction, major successes and issues, visits by ministers and cabinet ministers, and influencing policy etc	At Health and Social Care Scotland meetings and through various opportunities throughout the year	Chair and CO
Other Lothian IJBs		
Pan-Lothian issues and strategic planning opportunities across boundaries	Through regularly scheduled meetings	Chair and CO
Chief Officer and EHSCP Executive Team		
Detailed discussions on strategy and operational matters	Through regularly scheduled meetings	CO
EHSCP workforce and services		
Ensure a general understanding of the EIJB's role	Chief Officer newsletters, social media, webcasting and availability of meeting papers	CO and other executive management team (EMT) members
Visibility of EIJB members at frontline service level	Informal visits programme	CO, EMT and SEA
Partner organisations, eg EVOC, service delivery partners etc		
Regular stakeholder engagement on the work of the EIJB	EIJB sub-committees and formal/informal briefings	EIJB, CO, EMT and members of the extended management team
Access to EIJB decisions	Webcasting of meetings EIJB meetings are held in public - stakeholders are free to attend	EIJB
Media		
Proactive and reactive media management and engagement	Supported by the Council's media team	The EIJB Chair is spokesperson for strategy and resources The CO is spokesperson for delivery of health and social care services in Edinburgh
Access to EIJB decisions	Webcasting of meetings EIJB meetings are held in public - members of the media are free to attend	CO
Citizens		
Provide open access to papers and meetings	Webcasting of meetings EIJB meetings are held in public - members of the public are free to attend	EIJB
Provide the opportunity for individuals and organisations to access the EIJB	Through a deputations process	EIJB

Type of communications/ what they want or need to know	How we will achieve this	Responsibility
Other stakeholders		
Access to EIJB meetings	Webcasting of meetings EIJB meetings are held in public - members of the public are free to attend	EIJB

A review of 2019 communications activity

Edinburgh Health and Social Care Partnership website

We launched a new website in December 2019 to support EIJB and Edinburgh Health and Social Care Partnership communications. This more accessible site gives the general public, stakeholders and employees a better experience and improved access to information on the EIJB and Partnership staff.

Web analytics at 8 January 2020, show that from the go live date on 3 December 2019 we have had 471 sessions (a browsing session of a single user) to the Partnership site with 1,552 page views. Of that, 67% are new visitors with 33% returning visitors and 81% on a desktop, with 18% on a mobile device. Most of the traffic to the site has come from Twitter.

The next stage will be to develop a digital solution for an IJB private shared space that will host confidential papers and discussions.

Intranet

We currently have separate intranet sites hosted by NHS Lothian and City of Edinburgh Council. A new intranet site, with access for all Partnership colleagues, is part of our future digital plans.

Edinburgh Health and Social Care Partnership and Edinburgh Integration Joint Board logo

As part of the Partnership brand development work, we have created a new logo for the EIJB which will be used in EIJB papers and communications.

The EIJB logo has been designed to show a clear family link to the Partnership logo but with a different emphasis demonstrating leadership and decision-making.

IJB newsletter

We produced four newsletters for stakeholders from November 2018 to May 2019. The newsletters go to key stakeholders who sit on the EIJB and its committees and to people who have asked to be included in the mailing list.

We will review the format and mechanism for communicating with stakeholders in the future.

Development sessions

These informal sessions continued throughout the year to allow board members to meet collectively to discuss key issues.

We held 12 development sessions from January to December 2019 and the majority of these focused on budget setting, transformational change and governance.

EIJB visits

As part of their ongoing learning and development, EIJB members can express interest in health and social care visits on an individual basis. As well as this, EIJB members are invited to attend EHSCP colleague engagement sessions, official openings, events and conferences wherever appropriate.

In 2019 there were no requests for visits to frontline services from board members. However, board members have attended events throughout the year. For example, the Chair attended the Big Slipper event in December 2019. In addition, the Vice Chair and board member Ella Simpson were at the town hall session for Partnership colleagues in June 2019, and the Vice Chair spoke at the launch of the Herbert Protocol.

Deputations

Citizens or organisations can ask to make a deputation in response to specific items on the EIJB agenda.

There has been one deputation in 2019, a joint deputation to the 21 June 2019 meeting from Maria Arnold (on behalf of the Substance Use Network Edinburgh/Edinburgh Mental Health Forum) and Michele Mason (on behalf of Support in Mind) relating to agenda items 6.2 - Scottish Government - Seek, Keep & Treat Funding and item 6.3 – Action 15 Funding.

Social media

We have access to several social media accounts which give the ability to share information and engage with interested stakeholders, professionals and the general public.

For the Partnership, we have two accounts:

- the Chief Officer's Twitter account (@judithproctorCO) which has 1,583 followers, the majority of whom are health and social care colleagues and professionals
- the EHSCP Twitter account (@EdinburghHSCP) which has 813 followers, again the majority of whom are health and social care colleagues and professionals.

We also have access to the Council's social media accounts, primarily:

- the Council's Twitter account (@Edinburgh_CC) which has 118,000 followers
- the Council's Facebook account (@edinburghcouncil) which has 22,000 likes and 28,000 followers.

We use the different accounts depending on the audience and content – the Partnership accounts for communicating with health and social care colleagues and professionals, and the Council's accounts for communicating with the general public.

The Chief Officer and the Partnership twitter accounts regularly posts links to the EIJB meeting papers, webcasts of the meeting, and about major decisions made at meetings.

We also communicate decisions taken by the EIJB on the Partnership Twitter account, for example the Strategic Plan and a series videos promoting the six priorities of the EIJB's annual performance report, which received positive reach and engagement with 4,752 views, 28 retweets and 79 likes.

We have also run social media campaigns across the Partnership Twitter account, and the Council Twitter and Facebook accounts. These campaigns include promotion of Autism Awareness Week, Power of Attorney and hearing/sensory loss, which had a positive reach of 50,700, 130 likes, 59 retweets on Twitter, 47 shares on Facebook and 11 comments.

There will be a greater focus on social media with the newly created post of Communications and Engagement Manager.

Media relations

We undertake both proactive and reactive media management. We regularly welcome members of the media to IJB meetings, respond quickly to media enquiries when received and employ proactive media engagement as often as possible.

In 2019, we:

- had approximately 300 news articles across print, broadcast and online, and in local, national and trade media, relating to the EIJB
- achieved media coverage following proactive communications and 30 specific media enquiries spanning issues such as the EIJB's finances, Strategic Plan, grants review and drug and alcohol services
- issued 15 press releases on behalf of the Partnership, including stories promoting decisions made by members of the EIJB on the Strategic Plan, Home First expansion, South East Edinburgh GP provision and the EIJB's budget setting exercise
- held four photocalls including the delivery of a trishaw to Inchview Care Home, the launch of the Herbert Protocol with Police Scotland, the refurbishment of the St Stephen's service and a visit by the Lord Provost to Ferryfield House
- issued three media statements/opinion pieces by the Chair and Chief Officer on delayed discharges.

Webcasting of meetings

The board agreed to continue to webcast meetings after the one year trial period ended, allowing open access to EIJB meetings for everyone. The viewing figures for the year are:

<u>Meeting date</u>	<u>All views</u>	<u>Live views</u>	<u>Archive views</u>	<u>Times shared</u>
8 February 2019	145	39	106	1
29 March 2019	248	89	159	3
24 May 2019	117	44	73	0
21 June 2019	190	31	159	0
16 August 2019	103	-	103	0
3 September 2019	54	10	44	0
22 October 2019	196	37	159	1
10 December 2019	114	41	73	0

Briefings on specific issues

This mechanism gives the ability to have in-depth briefings on specific issues. Throughout the year we have had briefings to EIJB members on key issues which include grants, service specific issues, and the EIJB budget.

Planned activity for 2019/2020

<u>Date</u>	<u>Activity</u>
Ongoing	We will customise a full induction programme as new board members join the EIJB or committees
Ongoing	We will create an informal visits schedule to frontline service areas in response to requests
December 2019 to December 2020	Development of digital solutions (eg shared space for EIJB members and colleagues) which will include website improvements and will be aligned with the Partnership digital/IT Strategy.
December 2020 to December 2021	Continued development of digital solutions (clients able to log into their care account and request and pay for services as well as linking to the backend of systems to enable seamless transactions) and further website improvements – needs further scoping
2 December 2019	EIJB papers published
3 December 2019	Launch of new Partnership website (phase 1) to share information
3 December 2019	Launch of the Partnership logo and brand
10 December 2019	EIJB meeting and webcast
18 January 2020	Launch of the EIJB logo
16/21/28 January 2020	EIJB development session (budget and governance)
21 January 2020	EIJB agenda planning session (to discuss meeting agenda and communications/media handling of meeting topics)
27 January 2020	EIJB meeting papers published ahead of February meeting
4 February 2020	EIJB meeting and webcast
February 2020 (TBC by Chair)	EIJB stakeholder newsletter issued
3 March 2020	EIJB development session – governance
14 April 2020	EIJB agenda planning session
20 April 2020	EIJB meeting papers published ahead of April meeting
28 April 2020	EIJB meeting and webcast
19 May 2020	EIJB development session
2 June 2020	EIJB agenda planning session
8 June 2020	EIJB meeting papers published ahead of June meeting
16 June 2020	EIJB meeting and webcast
11 August 2020	EIJB agenda planning session
17 August 2020	EIJB meeting papers published ahead of August meeting
25 August 2020	EIJB meeting and webcast
14 September 2020	EIJB meeting papers published ahead of September meeting
22 September 2020	EIJB meeting and webcast (annual accounts only) and development session
13 October 2020	EIJB agenda planning session
19 October 2020	EIJB meeting papers published ahead of October meeting
27 October 2020	EIJB meeting and webcast
24 November 2020	EIJB development session

<u>Date</u>	<u>Activity</u>
1 December 2020	EIJB agenda planning session
7 December 2020	EIJB meeting papers published ahead of December meeting
15 December 2020	EIJB meeting and webcast

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REPORT

Ministerial Strategic Group and Audit Scotland Integration Reviews – Edinburgh Update

Edinburgh Integration Joint Board

4 February 2020

Executive Summary	<p>The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update about the two national reviews of integration which were published in 2018/19. Audit Scotland published its review '<i>Health and Social Care Integration – Update on Progress</i>' in November 2018 and the Ministerial Strategic Group (MSG) its report in February 2019.</p> <p>The EIJB considered a report on its own progress against the Audit Scotland review on 4 February 2019 and its self - assessment against the MSG review on 24 May 2019. After this, and given the similarity of themes across both reviews, the EIJB has agreed to consider progress against these in a single plan.</p> <p>This report sets out progress against the more detailed MSG action plan which is provided in Appendix 1 and provides a cross reference from the initial Audit Scotland review, into the single action plan at Appendix 2. Finally, the report provides a national overview on progress being made which was presented to the MSG in November 2019 at Appendix 3.</p>
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none">1. Agree that the format for reporting progress against both the Audit Scotland and MSG reviews is appropriate and robust and that this single version will be used for future reporting and updates2. Direct the Chief Officer and Chief Finance Officer to continue to work with NHS Lothian and City of Edinburgh Council to ensure delivery against wider partnership actions3. Receive a further update report in December 2020
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council NHS Lothian	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Main Report

1. Both the Audit Scotland and MSG reviews into the progress of Health and Social Care Integration sought to explore the impact of integration policy in practice. They sought to understand what was working well across Scotland and what the barriers were to successful integration. Both reports considered integration across all partners, that is, they considered the roles of Scottish Government, CoSLA as the representative organisation for Local Government, NHS Boards, Local Authorities and in terms of the Integration Authorities themselves.
2. The reports considered the impact the policy and how effectively it is being implemented across those agencies and in local areas, recognising that the policy is still relatively new and that many of the issues integration is seeking to address, e.g. health inequalities, transformation of health and social care etc. are not amenable to quick fixes but require longer term, sustained change.
3. The Audit Scotland report is the second of three planned reviews into integration and took national perspective while also highlighting areas of good practice. The MSG review built on the Audit Scotland report and took as its framework of focus the 6 Key Features which support integration from the Audit Scotland report. Those key features are:
 - Collaborative leadership and building relationships;
 - Integrated finances and financial planning;
 - Effective strategic planning for improvement;
 - Agreed governance and accountability arrangements;
 - Ability and willingness to share information; and
 - Meaningful and sustained engagement.

Audit Scotland report and recommendations

4. The EIJB considered initially a report which set out current local activity against the Audit Scotland plan and an updated version of this is set out in Appendix 2. Most of the themes captured in the Audit Scotland review were reflected in the MSG review and the recommendations set out in that. The updated version of the Audit Scotland review presented demonstrates where in our more detailed Action Plan, the Audit Scotland recommendations are embedded in actions. Where relevant, a national update has also been provided in the update column.

The Edinburgh MSG Action Plan

5. At the time of publication of the MSG review, partnerships (Integration Authorities and their Council and NHS partners) were invited to undertake and submit a self-evaluation against the recommendations in the review. It understood that the level of detail provided in these initial self-evaluations varied and as a result, partnerships were then asked to resubmit more detailed action plans which set out what action was being taken to improve, where improvement or action was needed. The Action Plan submitted by the Edinburgh partners was not very different from the initial submission which had already been detailed in its approach. An updated version of this is provided in Appendix 1 which provides a progress update against our actions with timelines.
6. Progress can be seen across most actions in this update, both in terms of action being taken by the EIJB, the Edinburgh Health and Social Care Partnership (the Partnership) as well as its NHS Lothian and City of Edinburgh Council partners. Some timescales have been revised and the rationale for these are also set out in the action plan update. Timelines have had to be revised either to reflect local changes in delivery (such as to reflect the ongoing work with the GGI to the end of April) or because of known national work taking place that the EIJB will need to be aware of to ensure compliance or incorporation of national guidance into local policies or work (such as the review of Clinical and Care Governance guidance).
7. A significant number of actions have been completed within the initial timeline:
 - The transformation programme has been scoped and will be in place and functioning from February 2020;
 - The EIJB agreed a new Directions policy and process;
 - A reserves policy has been approved;
 - A pan Lothian Integration Forum has formed; and
 - A revised IJB governance structure has been approved and put in place.
8. Further progress can also be seen against the ongoing governance development and in relation to the work across partners to ensure a shared timeline for budget setting. The report update also notes the actions taken by the EIJB in relation to the set aside

and its successful disinvestment in acute services and reinvestment in community facing models under its *Home First* approach.

9. Those areas where no progress has been made since the initial update sit out-with the immediate control of the EIJB or the Partnership and the Chief Officer will continue to work with partner organisations toward delivery of progress within current agreed timelines.

MSG National Update

10. The MSG met in November 2019 and a progress update paper – as set out in **Appendix 3** - was presented. This provides useful oversight on those actions being delivered locally as well as providing an update on significant areas of action for Scottish Government and other national bodies. The paper notes progress across all recommendations

Implications for Edinburgh Integration Joint Board

Financial

11. The delivery of improvement of integrated approaches has significant financial implications for all partners and this is recognised in both reports as a both a key enabler, and potential barrier to integration. Financial issues are addressed in the recommendations and action plan in relation to ensuring clear partnership approaches to budget setting, addressing issues relating to the set aside and acute budgets as well as in terms of enabling the use of the totality of delegated resources to shape and transform the health and care system.
12. Ensuring the delivery of effective health and care services for the population requires the EIJB to have in place strategies and plans, and clear investment processes to support those, against a backdrop of financial pressure and rising costs. While there are no immediate financial requests arising from this report, delivery against the actions will require investment in those relevant programmes of work and will be subject to formal papers and Directions to the EIJB.

Legal / risk implications

13. There is a risk that partners do not maximise the potential for integrated approaches in improving outcomes for people, population health and wellbeing and in creating sustainable and modern health and care services. The risk is mitigated by having in place clear strategies and actions plans that reflect the statutory role of each partner in delivering improvement. The action plan set out in Appendix 1 demonstrates progress against improvement aims and this reduces the risk to all partners.
14. Wider issues of risk are set out and monitored through the IJB and the Partnership Risk Registers which are held under regular review.

15. There are no identified legal risks or implications.

Equality and integration impact assessment

16. Integration as a policy sets out to improve people's experience of health and care and to address health inequalities. As such, ensuring a programme of work against key recommendations for good practice in integration, supports the EIJB's wider endeavours to address equalities. While there are no immediate requirements from this paper to undertake an impact assessment, those significant pieces of work which are reflected in the action plan – e.g. the Transformation Programme – will be subject to appropriate reviews and assessments.

Environment and sustainability impacts

17. It is imperative that strategic planning and delivery of health and care services takes cognisance of environmental and climate implications and seeks wherever possible to minimise negative impact. The EIJB has in place its Climate Duties plan and all new developments and reports set out how our planning seeks to reduce our impact on the climate. New models of health and care which minimise staff and patient travel, which can be delivered locally and sustainably will form the basis of our planning wherever safe and effective.

Quality of care

18. The quality of care and support to the people of Edinburgh is paramount and the Partnership aim to be a high performing, well regarded health and care provider. Developing actions against the recommendations in both the Audit Scotland and MSG reviews, supports the ongoing development and improvement within Edinburgh.

Consultation

19. Partner organisations have been consulted in relation to progress being made against the recommendations in the reports referenced.

Report Author

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Appendices

Appendix 1	MSG Action Plan – EIJB
Appendix 2	Audit Scotland Action Plan
Appendix 3	MSG Progress Review

Ministerial Strategic Group – Action Plan - February 2020 Update
 Edinburgh Response – Edinburgh Integration Joint Board, City of Edinburgh Council and NHS Lothian

Key

- Completed
- On track
- Revised milestone
- Blocks to Progress



% Complete

No change since initial report represented by a '='

Progress since initial report represented by '^'

Collaborative Leadership and building relationships

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Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
Key Feature – 1 Collaborative Leadership and building relationships					
1.1 All Leadership development will be focused on shared and collaborative practice					
The EIJB will complete a year-long programme of work following the review of governance undertaken by the Good Governance Institute (GGI). The EIJB agreed to implement GGI review recommendations in full and support leadership development for collaboration within the IJB across all members	<ul style="list-style-type: none"> • GGI development sessions underway over a period of 1 year 	Chief Officer	75% ^	June 2020	June 2020
	<ul style="list-style-type: none"> • Terms of reference for sub committees are drafted and approved by the IJB in June 19 		75%^	November 2019	
	<ul style="list-style-type: none"> • New sub committees in place from August 19 onwards 		100%^	November 2019	
	<ul style="list-style-type: none"> • Leadership support from GGI and regular cycle of development sessions programmed 		100%^	June 2020	

<p>Work with MSG Review Group's findings in relation to the support to the Chair and Vice Chair of the IJB in undertaking their roles effectively and as collaborative leaders in the health and care economy in Edinburgh and Lothian of third and independent sectors</p>	<ul style="list-style-type: none"> • Clear induction into the Chair and Vice Chair will be developed as part of the ongoing work with the GGI and in the development of the agreed 'Governance Handbook' 	<p>Chief Officer</p>	<p>50%</p>	<p>January 2020</p>	<p>End April 2020 (revised)</p>
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Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
Build on cross sector leadership development across partners to build capacity to work collaboratively and collaborative leadership programmes to be inclusive of third and independent sectors	<ul style="list-style-type: none"> Joint development programme for Partnership leaders is being scoped with external facilitation 	Chief Officer	25%^	January 2020	January 2020
	<ul style="list-style-type: none"> Edinburgh Health and Social Care Partnership (EHSCP) has an agreed change and transformation programme in place with a clear structure which includes 3rd and independent sector in co-production of new models 		100%^	September 2019	
Explore opportunities to deliver collaborative leadership development in all future development programme commissioning	<ul style="list-style-type: none"> A pan-Lothian Integrated Care Forum is in place which supports a whole system collaborative approach to change 	Chief Executives of NHSL and CEC	100% =	June 2020	June 2020
	<ul style="list-style-type: none"> NHSL and CEC both include senior leaders from across the partnerships in their leadership development 	Chief Executives of NHSL and CEC	50% =	December 2019	
Future leadership and building relationship programmes are tested in terms of third sector collaboration, third sector leadership and meaningful involvement of communities	<ul style="list-style-type: none"> As above 	Chief Executives of NHSL and CEC	0% =	June 2020	June 2020

Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
1.2 Relationships and collaborative working between partners must improve					
Undertake a review of the budget setting process and lessons learnt applied in preparation for 2020/21 to ensure delivery for 20/21	<ul style="list-style-type: none"> Year long programme of development sessions now in place, which will have regular focussed sessions with the Board on budget 	Chief Finance Officer, Director of Finance NHSL and Head of Finance, CEC	100% =	June 2019	June 2019
Partners will continue to participate in the Lothian Integrated Care Forum (ICF)	<ul style="list-style-type: none"> Lothian Integration Forum Terms of Reference agreed 	Chief Officer	100% =	June 2019	June 2019
	<ul style="list-style-type: none"> Meetings scheduled 		100% =	June 2019	
	<ul style="list-style-type: none"> Chief Officer group also given opportunity to discuss key issues across Lothian 		100% =	June 2019	
Partners will evaluate the first year of operation of the Lothian Forum and apply lessons learnt in year 2	<ul style="list-style-type: none"> The ICF has had 3 meetings and has set out regular meetings across the year 	NHS Lothian Executive Nurse Director / Director of Planning	100% =	June 2019	June 2020
	<ul style="list-style-type: none"> Membership is established and agreed initial priorities have been agreed 		100% =	June 2019	
	<ul style="list-style-type: none"> Review the Lothian Integration Forum on a regular basis with an evaluation in June 2020 		0% =	June 2020	

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Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
Consider the role of the third sector in wider Lothian Integration Forum in recognition of the role of the sector and community groups in transformational change	<ul style="list-style-type: none"> Will form part of the review of the operation of the ICF and its workplan 	Chair of the Integrated Care Forum	0% =	June 2020	June 2020
1.3 Relationships and partnership working with the third and independent sectors must improve					
Third and independent sector participation will be built into the structure and delivery of the IJB's development of its Change Programme Page 127	<ul style="list-style-type: none"> Change programme has been developed and membership – to include 3rd and independent sector – is now being established 	Chief Officer, EIJB	100%	August 2019	September 2019
	<ul style="list-style-type: none"> Terms of Reference for programmes boards being drafted but will include third and independent sector 		100%	September 19	
	<ul style="list-style-type: none"> Third and independent sector are represented on the IJB and sub committees 		100%	June 2019	
A Community Investment programme has been agreed and funded by the EIJB and this will provide a vehicle for further developing local engagement and participation of the sectors	<ul style="list-style-type: none"> The Community Investment programme has been agreed with £2m funding over 2 years to develop and build capacity within the community sector 	EHSCP Head of Operations	75%^	June 2020	June 2020
	<ul style="list-style-type: none"> This programme is being co-produced with the 3rd sector interface for Edinburgh – EVOC and will focus and be aligned to the EIJB's localities 		75%^	June 2020	
Wherever possible support the sectors to engage and participate effectively	<ul style="list-style-type: none"> Participation of the sector a principle of delivering the transformation plan 	Head of Strategic Planning	100%	June 2020	June 2020

Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
The IJB will undertake an annual evaluation of its engagement utilising a robust methodology	<ul style="list-style-type: none"> Participation of the sector a principle of delivering the transformation plan 	Head of Strategic Planning	25%=	June 2020	June 2020
Develop a more consistent approach to investment in communities	<ul style="list-style-type: none"> A review of the IJB's Grants Programme has been undertaken 	Head of Operations & CFO	100%	June 2019	June 2020
	<ul style="list-style-type: none"> Lessons learnt will inform all future grants process 		100%	January 2019	
	<ul style="list-style-type: none"> We will evaluate the impact of the Community Investment Programme as part of the evaluation of our change and transformation programme 		25%=	June 2020	
Key Feature 2 - Integrated finances and financial planning 2.1 Health Boards, Local Authorities and IJB's should have a joint understanding of their respective financial position as they relate to integration					
<p>Need for longer term financial planning forum to build trust and better understanding of relative positions and three wider financial engagement sessions agreed as follows:</p> <p>Agenda items</p> <ul style="list-style-type: none"> Session on set aside budget Finance department resource to support IJB Chief Finance Officers (CFO) Impact of best value on IJB's <ol style="list-style-type: none"> End of Autumn catch-up Scottish Budget – post settlement 	<p>A pan-Lothian forum in relation to this section has been established and actions will be driven collectively and 'once for Lothian' where practicable.</p>	EIJB Chief Finance Officer as part of the wider pan-Lothian group	50%=	January 2020	End April 2020 (revised)

Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
The IJB will be provided with better shared management information, real time data that can be drilled into	<ul style="list-style-type: none"> The EIJB has agreed a revised governance structure and a new Performance and Delivery Committee has been established 	Head of Strategic Planning, supported by CEC Strategy and Communications department and NHSL's Strategic Planning function	100%	November 2019	May 2020 (revised)
	<ul style="list-style-type: none"> Work is now ongoing on refining the performance framework, including utilisation of the appropriate management and other information 		75%^	January 2020	
2 Delegated budgets for IJBs must be agreed timeously					
Budget setting – processes / workshops	<ul style="list-style-type: none"> Three development sessions built in timetable for budget discussions and setting of Budget in January 	Chief Officer	100%	January 2020	January 2020
Ongoing engagement of all three partners will continue across the year	<ul style="list-style-type: none"> Regular monthly catch-up with three partner organisations already takes place and regular, formal HSCP performance meetings with both CEC and NHSL 	Chief Officer	100%	June 2019	June 2019
Better links between strategic planning and availability of resources need to be strengthened through development of a medium-term financial strategy.	<ul style="list-style-type: none"> A medium term financial strategy will come to the EIJB on the 20th of August 	Head of Strategic Planning and Chief Finance Officer	100%	October 19	October 19

Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented					
Partners will participate in the pan Lothian Integration Forum	<ul style="list-style-type: none"> Meetings in place and priorities for initial operation have been set 	Chief Officer / Chief Executives / CFO	100%	June 2019	June 2019
Lessons learnt process from this year's budget setting	<ul style="list-style-type: none"> To be completed Date revised to reflect budget setting is not complete at time of report being updated 	Chief Finance Officer with NHSL Director of Finance and CEC Head of Finance	50%=	January 2020	May 2020 (revised)
Series of workshops with NHSL is planned on budget	<ul style="list-style-type: none"> To be completed 	Chief Finance Officer	25%=	June 2020	June 2020
Work underway on a methodology to accurately reflect utilisation of resource across four IJBs	<ul style="list-style-type: none"> Underway Scoping of methodology has been undertaken but date revised as discussion on impact across 4 Lothian IJBs yet to take place with IJBs 	NHSL Director of Finance with Chief Finance Officers	25%^	January 2020	May 2020 (revised)
Focus on forward look on demographics and role of Primary Care and social care to mitigate growth	<ul style="list-style-type: none"> To be scoped and appropriate capacity to undertake this to be identified 	Chief Finance Officer	0%=	March 2020	March 2020
Specific piece of work within the Lothian Integration Forum on the use of set aside	<ul style="list-style-type: none"> To be completed Note that the EIJB has directed the use of set aside acute resources toward community investment as per paper on the Home First approach which came to the EIJB in October 2019 	NHS Director of Finance	0%=	June 2020	June 2020

Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
EIJB members have ongoing briefings and information to help support their understanding and decision making	<ul style="list-style-type: none"> • These are in place • Further work scoping and planning development sessions for 2020 now underway 	Chief Finance Officer and Chief Officer EIJB	100%	June 2019	June 2019
2.4 Each IJB must develop a transparent and prudent reserves policy					
Policy under development and will be presented to the IJB in 2019	<ul style="list-style-type: none"> • Reserves policy will be submitted to August IJB for approval 	Chief Finance Officer	100%	October 19	October 19
Focused discussion as a Board about how reserves and other funding streams can best be used to support the strategic commissioning plan and longer-term sustainability of the IJB	<ul style="list-style-type: none"> • Underway and developmental workshops have been undertaken • Budget for 2019/20 approved in October 2019 • Balanced position for all partners approved in December 2019 	Chief Finance Officer	100%	October 19	October 19
2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers					
Some good examples but limits in this, there is a joint recognition that the IJB CFO role can be a very challenging one, and recognition of the need to support the CFO with wider collective assistance	<ul style="list-style-type: none"> • Further work to be undertaken to ensure appropriate capacity in place to support the role • Consideration to support set out in HSCP senior management structure 	Chief Officer Chief Executives	25%= =	January 2020	May 2020 (revised)
	<ul style="list-style-type: none"> • Paper to be developed for discussion with CEOs 		25%= =	January 2020	

Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
Recognition that an overview of the financial position and working across two finance teams can be difficult. Also, whilst support from partner bodies is positive there is recognition that the terms of support and engagement could be reset to ensure this is more effective	<ul style="list-style-type: none"> As above 	Chief Officer Chief Executives	25%=	January 2020	May 2020 (revised)
The IJB s95 Officer (CFO) relies on support from both City of Edinburgh Council and NHS Lothian finance teams	<ul style="list-style-type: none"> As above 	Chief Officer Chief Executives	25%=	January 2020	May 2020 (revised)
Embed finance colleagues from our partners within a virtual HSCP finance team and co-locate them as required to support the CFO and the IJB/HSCP finance function across both budgets. This would build an even greater shared understanding of the different working practices and pressures on each partner, and enable the development of faster solutions and implementation of smoother processes across the partnership	<ul style="list-style-type: none"> As above 	Chief Officer Chief Executives	25%=	January 2020	May 2020 (revised)
2.6 IJBs must be empowered to use the totality of resources at their disposal to better meets the needs of their local populations					
Implement review of directions and ensure that these reflect the use of funding regardless of its source toward IJB's strategic planning objectives and priorities	<ul style="list-style-type: none"> Outcome of review of directions is on agenda for August Board 	Head of Strategic Planning	100%	August 2019	August 2019
	<ul style="list-style-type: none"> Directions Policy approved by IJB in August 		100%	August 2019	

Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
Investment and commissioning plans and the medium-term financial plan will reflect this feature and business cases will evidence that we are utilising the totality as required	<ul style="list-style-type: none"> Medium term financial plan initial outline approved by EIJB in August 2019 Further detailed work to come to Board in 2020 	Chief Finance Officer	75%^	August 2019	May 2020 (revised)
Joint commitment to support the public pound losing its identity in future change and directions	<ul style="list-style-type: none"> Commitment by all parties as set out in budget setting protocol Evidenced in balanced position as agreed by EIJB in December 2019 	Chief Finance Officer NHSL Director of Finance CEC Head of Finance	100%	March 2020	March 2020
<p>Page 83</p> IJB to implement revised process of business plan approval linked to directions	<ul style="list-style-type: none"> Directions policy approved by EIJB in October Business planning processes will now be developed within the agreed framework Progress reflects that no new business plans have as yet come forward at time of reporting 	Chief Finance Officer Head of Strategic Planning	75%^	March 2020	March 2020
Key Feature 3 – Effective Strategic Planning for Improvement 3.1 Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB					
A review of the range of current support against future needs will be undertaken by the Chief Officer, supported by the wider Partnership	<ul style="list-style-type: none"> A revised, co-produced HSCP senior management structure has been developed and organisational change processes in place with target 	Chief Officer Chief Executives	50%^	January 2020	June 2020 (revised)

	<p>date for completion of summer 2020</p> <ul style="list-style-type: none">• Paper on support needs for the partnership under discussion with both NHS and CEC Chief Executives				
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Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
3.4 Improved strategic planning and commissioning arrangements must be put in place					
With partners, review current and future needs in relation to strategic planning and commissioning and implement any recommendations	<ul style="list-style-type: none"> Underway in relation to structural review and organisational change within the HSCP 	Head of Strategic Planning / Chief Finance Officer	50%^	June 2020	June 2020
Partners to specifically address gaps in capacity and capability in acute health service planning	<ul style="list-style-type: none"> Bed based review will support identification of our longer term needed 	Head of Strategic Planning Chief Finance Officer Chief Officer	25% =	June 2020	June 2020
	<ul style="list-style-type: none"> Capacity in relation to strategic planning also under consideration as part of the NHSL Recovery programme 		25% =	June 2020	
3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place					
With partners, review current and future needs in relation to strategic planning and commissioning and implement any recommendations	<ul style="list-style-type: none"> Consideration of structure has been co-produced with staff and staff side Organisational change process in place and structure for consultation and subsequent implementation is in place and compliant to policies of both NHSL and CEC 	Head of Strategic Planning	50%^	June 2020	August 2020 (revised)
Key Feature 4 – Governance and accountability arrangements					
4.1 The understanding of accountabilities and responsibilities between statutory partners must improve					
	<ul style="list-style-type: none"> Agreed by IJB 		100%	June 2019	

Implementation of the GGI review recommendations and Good Governance Handbook	<ul style="list-style-type: none"> Committees will be set up by end of October 2019 	IJB Chair and Vice Chair Chief Officer	100%	November 2019	January 2020
	<ul style="list-style-type: none"> Handbook being co-produced with IJB 		50%^	January 2020	

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Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
In developing the governance review, ensure due focus is given to wider, complex issues of community and third sector representation	<ul style="list-style-type: none"> 3rd sector participation set out in terms of reference of committees through their non-voting membership of the EIJB 	Chief Officer	100% =	June 2019	June 2019
Partners participate fully in the Lothian Integration Forum in support of improving understanding of responsibilities and accountabilities	<ul style="list-style-type: none"> ICF in place 	IJB Chair / Vice Chair Chief Officer Chief Executives	100% =	June 2019	June 2019
4.2 Accountability processes across statutory partners will be streamlined					
Implement governance review recommendations	<ul style="list-style-type: none"> Underway 	Chief Officer	75% =	June 2020	June 2020
Refresh of IJB governance is an opportunity to review governance arrangements across wider partnership and create governance, assurance and escalation framework that are safe, effective, transparent and robust	<ul style="list-style-type: none"> Underway 	Chief Officer Chief Executives	75% =	June 2020	June 2020
City of Edinburgh Council will annually review the guidance arrangements as part of their own plans		Chief Executive CEC	50% =	June 2020	June 2020

Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
4.3 IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis					
Implementation of the Governance review action plan and Good Governance Handbook	<ul style="list-style-type: none"> GGI development sessions underway 	Chief Officer	75% =	June 2019	April 2020 (revised)
	<ul style="list-style-type: none"> Terms of reference for sub committees are drafted and to be submitted for board approval in June 		75% =	June 2019	
	<ul style="list-style-type: none"> Handbook is being developed in a co-productive manner with board members 		75%	January 2020	
Further refinement of the induction programme – to take account particularly of the changes that occur, and support provided over the course of local government elections	<ul style="list-style-type: none"> As part of work with GGI a refreshed induction and training programme has been developed for Board members Revision of date to take account of delivery of the final Governance Handbook and to ensure totality of this is reflected in final induction process 	Chief Officer	50%^	January 2020	April 2020 (revised)
Induction programmes and recruitment processes pay particular attention to the support and needs of carer and service user representatives to ensure they can fulfil this role while balancing care or other commitments	<ul style="list-style-type: none"> As part of work with GGI a refreshed induction and training programme will be developed for Board members Revised date as per above 	Chief Officer	50%^	January 2020	April 2020 (revised)
Review of the Integration scheme including, as set out above to take account particularly of the changes that occur, and support provided over the course of local government elections	<ul style="list-style-type: none"> Integration scheme has been amended to reflect the new carer duties. 	Chief Officer	100%	June 2019	June 2019

Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
Regular development sessions planned across the year with a focus on the IJB's strategic ambitions and priorities and to support forward thinking and robust decision making	<ul style="list-style-type: none"> Development sessions dates to Dec 2020 have been agreed and work will be taken forward with GGI to scope out the theme / focus of these development sessions 	Chief Officer	100%	June 2019	June 2019
The Chair, Vice Chair, Chief Officer, CFO and other post holders and office bearers will be supported to ensure we maximise membership of groups including; CoSLA, Health and Social Care Scotland, Social Work Scotland, National CFOs' Group and Chairs' / Vice Chairs' network	<ul style="list-style-type: none"> EIJB has moved its meetings from a Friday to a Tuesday in part to accommodate input and participation with wider national bodies relating to leadership in integration 	Chief Officer	100%	June 2019	June 2019
City of Edinburgh Council will include IJB membership as part of their induction process.	<ul style="list-style-type: none"> As part of work with GGI a refreshed induction and training programme will be developed for Board members Induction has been reviewed however revised date reflects timeline for completion of the handbook and work with the GGI to ensure this is incorporated 	Chief Officer Chief Executive CEC	50%^	January 2020	January 2020 (revised)
The IJB will consider its visibility and engagement in and with communities, including meeting in a wider range of venues in local communities	<ul style="list-style-type: none"> The IJB will now be held in localities allowing visibility 	Chief Officer	100%	June 2019	October 2019
	<ul style="list-style-type: none"> A new Partnership website is being developed and this will increase visibility of the Partnership and IJB 		100%	October 2019	

	<ul style="list-style-type: none"> Website now in place and content will be maintained and updated 				
	<ul style="list-style-type: none"> Partnership branding and identity is being scoped with plan to relaunch by the end of October 2019 Now in place and launched 		100%	October 2019	

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Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
The Third Sector Strategic Group will be supported to provide an induction to new IJB members on the role, capacity and purpose of the Third Sector	<ul style="list-style-type: none"> As part of work with GGI a refreshed induction and training programme will be developed for Board members Revised date reflects timeline for full Governance Handbook to be in place 	Chief Officer Chief Executive, EVOC	50%^	January 2020	April 2020 (revised)
4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities					
Finalise our review of directions	<ul style="list-style-type: none"> The outcome of the review came to the IJB in August and the new directions policy approved 	Head of Strategic Planning	100%	August 2019	August 2019
	<ul style="list-style-type: none"> A new directions policy was approved by the IJB in August 		100%	August 2019	
Develop, agree and implement direction setting process and ensure this is aligned to national guidance	<ul style="list-style-type: none"> A new directions policy was approved by the IJB in August 	Head of Strategic Planning	100%	August 2019	August 2019
Regular (at least annual) reporting on directions to the IJB	<ul style="list-style-type: none"> This will be included in the terms of reference for the Performance and Delivery Committee 	Head of Strategic Planning	100%	November 2019	November 2019
City of Edinburgh Council will include consideration of directions from the IJB as part of their planning processes		Chief Executive CEC EIJB Chief Officer	25% =	March 2020	March 2020
4.5 Effective, coherent and joined up clinical and care governance arrangements must be in place					
Clinical and Care Governance Committee to be developed with clear	<ul style="list-style-type: none"> Agreed as a Committee and membership in place 	Head of Operations Chief Nurse	100%	June 2019	November 2020

accountabilities as well as a clear escalation and assurance map	<ul style="list-style-type: none"> Terms of reference drafted and agreed by the Committee 	Clinical Director Chief Social Work Officer	100%	June 2019	
	<ul style="list-style-type: none"> Dates for committee set and committee has now met 		100%	June 2019	

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Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
Refine professional and clinical leadership within this	<ul style="list-style-type: none"> Workshop organised to define professional and clinical relationships and leadership across the Partnership – has taken place Progress has been made in this however revised timeline reflects ongoing revision of National Clinical and Care Governance and further national work taking place in the early new year 	Chief Officer Chief Nurse Clinical Director CSWO	75%^	November 2019	April 2019 (revised)
Clarity of arrangements with partners and ensuring clear lines of assurance and reporting will be set out in the Good Governance Handbook and implemented	<ul style="list-style-type: none"> Introduction of Clinical and Care Governance committee that include assurance 	Head of Operations	75%^	November 2019	November 2019
Define more clearly the involvement of the third sector	<ul style="list-style-type: none"> Consideration to be given to ensuring appropriate and clear engagement, recognising commissioning, regulatory and other frameworks 	Head of Operations Chief Nurse CSWO	25% =	June 2020	June 2020
Key Feature 5 – Ability and willingness to share information 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data					
The IJB will undertake further benchmarking of good practice	<ul style="list-style-type: none"> EIJB has participated in developmental sessions held nationally on Annual Performance Reviews National Framework for Community Health and Care has been published and provides model to self-evaluate against good practice 	Head of Strategic Planning	50%^	March 2020	March 2020

	<ul style="list-style-type: none"> • Further participation as invited by Scottish Government officials 		Ongoing	Ongoing	
HSCP senior managers leading the work will participate in National performance forums	<ul style="list-style-type: none"> • As above 	Head of Strategic Planning	50%^	March 2020	March 2020

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Improvement Actions	EIJB response to improvement action	SRO	RAG (% complete)	Milestone Timescales	EIJB Delivery date
5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships					
Revise format and presentation of the Annual Report	<ul style="list-style-type: none"> For consideration by Scottish Government – EIJB to participate as invited No current forum for this in place at time of reporting 	Head of Strategic Planning	0% =	June 2020	June 2020
Apply any future guidance or structure arising from the review set out at 5.1		Head of Strategic Planning	0% =	June 2020	June 2020
Key Feature 6 – Meaningful and sustained engagement					
6.1 Effective approaches for community engagements and participation must be put in place for integration					
Development of engagement and participation team Page 145	<ul style="list-style-type: none"> To be considered as part of wider capacity planning Development of communications and engagement is part of the wider HSCP restructure and revised timeline reflects Organisational Change processes required to complete this An Interim Communications, engagement and participation team has been put in place and progress demonstrated through website, events and leadership sessions 	Head of Strategic Planning	50%^	January 2020	August 2020 revised
Review of our current engagement and participation plan in the context of this proposal and against examples of good practice elsewhere	<ul style="list-style-type: none"> As above 	Head of Strategic Planning	50%^	January 2020	August 2020 revised
	<ul style="list-style-type: none"> GGI development sessions underway 	Chief Officer	100%	June 2019	April 2020

Implementation of the governance review	<ul style="list-style-type: none"> • Terms of reference for sub committees are drafted and to be submitted for board approval in June 		100%	June 2019	revised
	<ul style="list-style-type: none"> • Handbook is being developed in a co-productive manner with board members • Revised date reflects end of work with GGI 		75%^	January 2020	

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AUGUST Appendix B – Recommendations Cross Referenced to MSG Plan – February 2020			
Audit Scotland Action	Edinburgh IJB Actions	Responsible Organisation(s)	Cross Reference MSG Progress Update
Commitment to collaborative leadership and building relationships			
Ensuring there is appropriate leadership capacity in place to support integration	<ul style="list-style-type: none"> - Further scoping as part of the agreed Governance Review of the EIJB - Executive Team and wider team development to be scoped and plans 	1. Scottish Government 2. COSLA	1.1 1.2 4.1 4.3 4.5
Increase opportunities for joint leadership development across health and social care system to help leaders to work more collaboratively together	<ul style="list-style-type: none"> - Chief Officers Network (Lothian and Scotland wide) - Work with Kings Fund 	1. Scottish Government 2. COSLA	1.1 1.2 4.1 4.3 4.5
Effective strategic planning for improvement			
Ensure operational plans including workforce, IT and organisational change plans across the system are clearly aligned to the strategic priorities of the IA	<ul style="list-style-type: none"> - Workforce baseline plan in development under the 6 steps methodology - Review of organisational structures undertaken and new posts of Head of Operations and Head of Strategy and Performance in place - Strategic Plan has been reviewed and will go to consultation - Strategic Transformation Plan to be agreed and implemented – paper to come to IJB in February 	1. Integration Authorities 2. Local Authorities 3. NHS Boards	3.1 3.4 3.5
Monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014	<ul style="list-style-type: none"> - Duty of Best Value understood and an element of internal and external audit processes 	1. Integration Authorities 2. Local Authorities 3. NHS Boards	City of Edinburgh Council to undergo a Best

AUGUST Appendix B – Recommendations Cross Referenced to MSG Plan – February 2020			
Audit Scotland Action	Edinburgh IJB Actions	Responsible Organisation(s)	Cross Reference MSG Progress Update
			Value review in February 2020 Principles embedded in Internal and External Audit Plans for EIJB
Ensure there is a consistent commitment to integration across government departments and in policy affecting health and social care integration	<ul style="list-style-type: none"> - Regular meetings with Scottish Government Officials - IJB demonstrates this through its planning, revision of its Governance and in its regular review of its performance as well as the publication of its Annual Performance Report - IJB targets in relation to the 6 Ministerial Strategic Group measures ('MSG 6') 	1. Scottish Government	See MSG update
Integrated finances and financial planning			
Commit to continued additional pump priming funds to facilitate local priorities and new ways of working which should progress integration		1. Scottish Government	See MSG update
Urgently resolve the difficulties with "set aside" aspects of the Act	<ul style="list-style-type: none"> - From an IJB perspective EIJB continues to review its use of set aside and the CO and team engage regarding planning of these services - NHS Lothian provides the EIJB with clear information on our proportionate use of these services and budget 	1. Scottish Government 2. COSLA	1.2 2.1 2.2 2.3 2.5 2.6

AUGUST Appendix B – Recommendations Cross Referenced to MSG Plan – February 2020			
Audit Scotland Action	Edinburgh IJB Actions	Responsible Organisation(s)	Cross Reference MSG Progress Update
			3.1
Support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have a greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care	<ul style="list-style-type: none"> - Development of budget setting protocol which supports a longer term integrated approach to budget setting. - Medium term financial plan in development alongside a recast transformation programme for Edinburgh. 	1. Integration Authorities 2. Local Authorities 3. NHS Boards	1.1 1.2 2.1 2.2 2.3 2.4 2.5 2.6 3.5
View finances as a collective resource for health and social care to provide the best possible outcomes for people who need support	<ul style="list-style-type: none"> - Development of budget setting protocol. - Close links with partner organisation finance links - Regular partnership performance meetings with CEOs from NHSL and CEC, their Director/Head of Finance and the CO and CFO to the EIJB 	1. Integration Authorities 2. Local Authorities 3. NHS Boards	1.1 1.2 2.1 2.2 2.3 2.4 2.5 2.6 3.5
Agreed governance and accountability arrangement			
Support Councillors and NHS Board Members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles.	<ul style="list-style-type: none"> - Rollout of IJB induction - Good Governance Institute review of the EIJB's governance and action plan in response to this 	1. Scottish Government 2. COSLA	1.1 1.2 2.1 4.3 4.5 5.1
Agree local responsibility and accountability arrangements where	<ul style="list-style-type: none"> - NHSL and CEC are required to undertake a review of the Integration Scheme 	1. Scottish Government 2. COSLA	4.3

AUGUST Appendix B – Recommendations Cross Referenced to MSG Plan – February 2020			
Audit Scotland Action	Edinburgh IJB Actions	Responsible Organisation(s)	Cross Reference MSG Progress Update
there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen.		3. Local Authorities 4. NHS Boards 5. Integration Boards	Scheme updated to reflect Carers' Act
Ability and willingness to share information			
Monitor how effectively resources provided are being used and share data and performance information widely to promote new ways of working across Scotland.	- Memorandum of Understand (MOU) in place between Council and NHS Lothian	1. Scottish Government 2. COSLA	1.2 1.3 2.2 2.3 2.4
Share learning from successful integration approaches across Scotland	<ul style="list-style-type: none"> - Links with Kings Fund and other Scottish Chief Officers - Engagement with other HSCPs in relation to models and activity we might learn from 	1. Scottish Government 2. COSLA 3. Local Authorities 4. NHS Boards 5. Integration Boards	See MSG Update 4.4 5.1 5.2
Address data and information sharing issues, recognising that in some cases, national solutions may be needed.	<ul style="list-style-type: none"> - IT key workstream of Primary Care - Improvement Plan - Work ongoing to develop new case management tool. 	1. Scottish Government 2. COSLA 3. Local Authorities 4. NHS Boards 5. Integration Boards	See MSG Update 5.1 5.2

AUGUST Appendix B – Recommendations Cross Referenced to MSG Plan – February 2020

Audit Scotland Action	Edinburgh IJB Actions	Responsible Organisation(s)	Cross Reference MSG Progress Update
Review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in future. They should also ensure mechanisms are in place to collect and report on this data publicly		<ol style="list-style-type: none"> 1. Scottish Government 2. COSLA 3. Local Authorities 4. NHS Boards 5. Integration Boards 	As above
Meaningful and sustained engagement			
Continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered	- Development of Strategic Plans -December IJB through reference groups who developed outputs.	<ol style="list-style-type: none"> 1. Local Authorities 2. NHS Boards 3. Integration Authorities 	5.2 6.1

Paper no: MSGHCC/120/2019
Meeting date: 6 November 2019
Agenda item: 3

Purpose:
FOR ACTION

Title:	Integration Review – Progress Update
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Key Issues:	<p>This paper:</p> <ul style="list-style-type: none"> • Provides an update on progress with proposals within the Ministerial Strategic Group for Health and Community Care (MSG) integration review report with a 6 month or before delivery date. A total of 15 proposals out of the 25 within the MSG’s report were due for delivery within 6 months of its February publication date. The full review report can be accessed here: https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/. • Provides a brief overview of the continuing work following the self-evaluation process and the improvement plans shared with the Integration Division that have been developed collaboratively by Health Boards, Local Authorities and Integration Joint Boards and their key partners.
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Action Required:	<p>The MSG is asked to:</p> <ol style="list-style-type: none"> a) Note that progress has been made across all proposals; b) Consider the circumstances that have led to delays in fully delivering a number of the proposals due for completion within 6 months and before, and revised timescales for their delivery; c) Note the improvement planning underway following the self-evaluation process undertaken across local systems; d) Note that David Williams, Director of Delivery for Health and Social Care Integration, is leading improvement support and sharing learning amongst a grouping of Integration Authorities, as previously agreed by the MSG; e) Agree to receive regular updates on progress with delivery at a national and local level.
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Author: Christina Naismith
Date: 28 October 2019

Director: Elinor Mitchell
Date: 28 October 2019

Introduction

1. At its meeting on 29 May the Ministerial Strategic Group for Health and Community Care (MSG) considered an update on all of the proposals contained in its review report published in February 2019. It also approved the Delivery Plan for implementation of the proposals aimed at increasing the pace and effectiveness of integration and considered an overview of the self-evaluation process and results.
2. The MSG had previously agreed that the integration leadership group, which is jointly chaired by Malcom Wright, Director General for Health and Social Care and Chief Executive of NHS Scotland, and Sally Loudon, Chief Executive of COSLA, would continue to meet and would have an oversight role to drive and support delivery of the proposals. The leadership group continues to meet every 6 weeks to review progress, and provide direction and advice.
3. The MSG review report sets a challenging and ambitious agenda for IJBs, NHS Boards and Local Authorities, working with key partners, including the third and independent sectors, to make progress with the implementation of integration over 12 months. This update report focuses progress with proposals within the MSG review report with a 6 month or before delivery date. A total of 15 proposals out of the 25 within the MSG review report were due for delivery within 6 months of its February publication date.

Update on delivery of proposals with a 6 month or before delivery date

4. Progress continues across all 25 proposals contained in the MSG review report. The integration leadership group has been provided with regular updates, and will continue to consider these and provide advice and direction.
5. Besides maintaining an overview of progress, the integration leadership group is keen to ensure a continued focus on our joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland and is supporting local systems, involving national improvement bodies. The secondment of David Williams as the Director of Delivery for Health and Social Care Integration has provided additional impetus and leadership capacity. Mr Williams is supporting, and sharing learning from, the small group of partnerships upon which it was agreed he would initially focus efforts.
6. This report provides an update on progress with those proposals that have a 6 month or before delivery date. There are 3 proposals with a delivery date of the end of March 2019, 1 proposal for delivery by July 2019 and 11 proposals with a 6 month delivery date. These are as follows:

Proposals to be completed by end of March 2019 and thereafter each year by end March

2(i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration	G
2(ii) Delegated budgets for IJBs must be agreed timeously	A
2(vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.	R
Proposals to be completed by publication of next round of annual reports in July 2019	
5(i) - IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.	G
Proposals to be completed within 6 months (i.e.by August 2019)	
1(i) - All leadership development will be focused on shared and collaborative practice.	A
2(iii) - Delegated hospital budgets and set aside requirements must be fully implemented	R
2(iv) - Each IJB must develop a transparent and prudent reserves policy.	A
2(v) - Statutory partners must ensure appropriate support is provided to IJB S95 Officers.	A
3(ii) - Improved strategic inspection of health and social care is developed to better reflect integration.	A
3(iii) - National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work	A
4(i) - The understanding of accountabilities and responsibilities between statutory partners must improve.	G
4(iv) - Clear directions must be provided by IJBs to Health Boards and Local Authorities.	A
4(v) - Effective, coherent and joined up clinical and care governance arrangements must be in place.	R
5(iii) - A framework for community based health and social care integrated services will be developed.	G
6(i) – Effective approaches for community engagement and participation must be put in place for integration.	A

Proposals to be completed by end of March 2019 and thereafter each year by end March

2(i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration

1. As part of the strategic planning and budget setting process it is recognised that well informed discussions are already taking place in a number of areas. This was evidenced in the responses provided in the self-evaluations, where a number of good examples were provided. All have confirmed that where this isn't in place, this will be by March 2020.
2. There has not been a recent joint Local Government/NHS Directors of Finance and IJB Chief Finance Officers meeting to further support an understanding of respective positions, which we are considering as an option for 2019-20. A Finance Leadership Event was held in November 2018 when the review was under way but prior to any recommendations being made.
3. In terms of all of the finance proposals contained within the review, IJBs will be expected to highlight local progress as part of the management commentary in their 2018-19 Annual Accounts. As appropriate, Audit Scotland will assess the validity of such commentary and may choose to make local recommendations.

2(ii) Delegated budgets for IJBs must be agreed timeously

4. While in the majority of cases budgets were agreed by 31 March, a number of IJBs highlighted that it was an indicative budget that was set at this point. In most cases this was due to the timescales of NHS Board sign-off, which we are discussing with NHS Directors of Finance. All have since indicated that this will be in place for March 2020 bar Edinburgh City, Midlothian, East Lothian and West Lothian.
5. The four Integration Joint Boards in the Lothians are unable to meet this proposal due to the timings NHS Lothian use to set their budget. To ensure delivery of this proposal in every area by March 2020 Scottish Government officials will work with NHS Lothian to amend their budget setting process.
6. Whilst a multi-year Spending Review would have assisted in developing medium term financial plans, we will look to work further with COSLA, IJBs and their partners to ensure arrangements are in place to fully implement this proposal.

2(vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

7. It is recognised that delivery of the other finance proposals in the review report are key to supporting IJBs in meeting this.

8. The recent Audit Scotland NHS overview report and Health and Sport Committee's 'Looking ahead to the Scottish Government - Health Budget 2020-21: When is Hospital bad for your health?' indicate that this is not yet happening in any part of Scotland.

Proposals to be completed by July 2019

5(i) - IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data

9. Substantial work on this has been undertaken by Chief Officers and by senior managers responsible for strategic commissioning and performance. A workshop on annual reports was delivered by ISD and SG on 29 April with Integration Authority performance leads. COSLA was also in attendance at the workshop. We used the overview of annual reports undertaken by the Integration Division and considered by MSG in October 2018 to help inform discussion, as well as the regulations and statutory guidance. A similar overview report is underway for this year's annual reports and Chief Officers will be offered individual feedback on their reports. A number of actions were agreed by the performance leads to take forward to improve consistency of approach.
10. We are aware of the tight timeframe for completion of these reports, particularly in view of the need to take Annual Performance Reports through the governance process to publication and the effect delays in data availability have had on that, and we appreciate local efforts to overcome these difficulties. We will report difficulties experienced in the overview report we plan to produce on Integration Authorities' Annual Performance Reports. Advice has been provided to Integration Authorities about managing any issues regarding the missing data. ISD together with the Integration Division will continue to provide support, advice and reassurance.
11. Despite some issues with national data not being available, the delivery of this proposal has been achieved within the timescale.

Progress with delivery of proposals due within 6 months of publication of the MSG review

1(i) - All leadership development will be focused on shared and collaborative practice.

12. Project Lift is a new approach to recruit, retain, develop and manage talent at all levels of seniority within Health and Social Care in Scotland. It seeks to transform Health and Care in Scotland through enhancing leadership capability/capacity at all levels to help ensure that the very best and most able leaders reach boardrooms. There are 5 key strands to the approach: engagement; values based recruitment; performance appraisal; talent management and leadership development.

13. Project Lift's focus is to embed a consistent and understood approach to leadership across Health and Social Care in Scotland, explicitly linked to the notions of Collective Leadership and the underlying values and principles of the National Performance Framework and Health and Social Care in Scotland. It is about offering people development opportunities, tailored to their individual needs, and supporting the evolution of leadership communities.
14. Since its launch in June 2018, engagement has continued to grow. As at 30 September 2019, 16,493 people have visited the Project Lift website. 3,813 have engaged with the digital talent management process, with significant diversity being evident in terms of: gender, age, disability, race, belief and grade (Band 1 to Executive Level, including medics and dentists). Through this route, we have identified 1,243 people as having high leadership potential. We are committed to sharing information with NHS Boards to support their talent management and leadership development approaches.
15. The introduction of values based recruitment (VBR) for executives/senior managers in NHS Scotland means that their values - and how they relate to the values of NHS Scotland - are as important as their skills and experience. A significant number of recruitment processes have followed the VBR approach, including the recruitment of 7 new Chief Executives and 8 Chairs for NHS Scotland Boards. The inclusive, self-directed approach to talent management is based on individual agency – rather than a traditional top down approach – and is designed to help identify and develop future leaders from all backgrounds and at all levels of seniority.
16. Work is underway to identify evaluation criteria to assess the outcomes and impacts linked to Project Lift activity. There has been interest from a number of academic institutes in supporting this. The first Project Lift progress report was issued on 12 June 2019, and further general information is available at www.projectlift.scot.
17. To ensure robust governance, we have established a Talent Management Board (TMB), the first meeting of which was held on 28 June. This includes representation from both COSLA and SOLACE. Its purpose includes providing oversight of talent management, succession planning, and leadership development activity; steering and authorising the matching of demand and deployment of Leadership Capability within Health and Social Care organisations within Scotland; and providing assurance in relation to Senior Management and Executive level recruitment processes.
18. To support the shared agenda identified in the MSG review report, in collaboration with the Scottish Social Services Council (SSSC), we have initiated a Chief Social Work Officer pilot. Two further practitioners have been trained to hold career conversations to allow us to respond to the resultant increase in demand. Representation from SSSC and IJB Chief Officers on Project Lift's governance groups is supporting wider engagement with Social Care colleagues.

19. Scottish Government officials responsible for supporting the implementation of Project Lift have completed an initial trawl of leadership offers available to colleagues working within the integrated context. The remit extended to learning and development resources wholly or partly concerned with the relational aspects of leadership, and covered offers relevant to the full range of leadership levels; from emerging leaders to executive/strategic leaders. National offers were captured, as well as those provided by NHS Scotland Boards and membership organisations such as the Royal Colleges and FMLM. Findings were presented to the Talent Management Board on 21 October 2019, with an acknowledgement that the data is not exhaustive, partly due to the complex nature of the Health and Social Care landscape. Further discussions are planned regarding how this valuable information might be used to inform and support Project Lift's approach to developing leaders at all levels.
20. While there is work to be done - including continuing to support Project Lift to become more integrated and available to the wider social care sector - much has been achieved, which contributes extensively to delivering the proposal. A national event with senior public sector executive leaders responsible for health and social care integration will take place on 28 November 2019 and will also contribute to the agenda of supporting collaborative leadership to help make a success of integration. The integration leadership group has considered the work underway and is content that this proposal is at an advanced stage of delivery but naturally work continues to grow and develop.

2(iii) Delegated hospital budgets and set aside requirements must be fully implemented

21. Partnerships are at different stages of implementing these arrangements. Given that a number of the challenges need to be worked through by NHS Boards in partnership with IJBs, discussion on progress and next steps formed part of the Annual Operational Plan meetings that the Scottish Government held with NHS Boards in April/May. Building on the information provided in the self-evaluations, where there are known issues emerging in terms of taking this proposal forward locally, closer engagement with individual partnerships will be undertaken by Scottish Government and COSLA officials. The recently submitted Improvement Plans will establish the plans local partners have put in place for improvement. This information will be used by Scottish Government, COSLA and IJB representatives to discuss what further support is required nationally.
22. Recently published Annual Accounts for individual Integration IJBs indicate that where set aside arrangements are being utilised, these are not yet established and continue to be notional budgets. A number of areas, via their self-evaluation return, have advised that this will be fully implemented by March 2020. We won't have confirmation of whether this is the case until the local audit process has taken place and annual accounts have been published for 2019-20. This will be known in late Summer 2020.

23. In previous years Scottish Government Health Finance has provided advice to Health Boards ensuring previous failure to make progress on this did not result in qualification of individual Health Boards accounts by Audit Scotland.

2(v) Each IJB must develop a transparent and prudent reserves policy

24. The self-evaluations undertaken by local systems indicated that most IJBs have a clear and agreed reserves policy. The very few which do not have a reserves policy in place do not currently hold reserves. A working group comprising COSLA and Scottish Government officials, along with representation from NHS and Local Government Directors of Finance and IJB Chief Finance Officers, will undertake some further detailed consideration of the issues, focusing on three aspects:
- a) Given current financial pressures across the system, whether the levels of earmarked reserves are appropriate and being used effectively to support the delivery of key policy commitments;
 - b) All IJBs to have a reserves policy in place whether or not they currently hold reserves; and
 - c) How IJBs, where the Scheme of Integration allows, can be supported in building up general reserves to levels set out in reserves policies and in line with Audit Scotland recommendations.

2(v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers

25. The IJB Chief Finance Officers' (i.e., IJB S95 Officers') network has undertaken a review of the support arrangements in place for each IJB. This assessment included the approach taken in different areas to the Chief Finance Officer role itself (e.g. whether full time or part-time role). Local systems should continue to review whether arrangements are appropriate and make improvements as required. The network is also considering further training support, with input from CIPFA, that would benefit the group.

3(ii) - Improved strategic inspection of health and social care is developed to better reflect integration.

3(iii) - National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work

26. Scottish Government and COSLA officials met with the Care Inspectorate, Healthcare Improvement Scotland, the Improvement Service and National Services Scotland in early July to jointly consider two separate papers developed by the national agencies in respect of scrutiny and improvement.
27. Proposals for a new strategic inspection regime that has a better focus on outcomes and that takes better account of integration are under development. There is full acknowledgement by the Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS) that the emphasis of the current regime is on planning and they are not able to report on the impact of integration generally, nor improvements in the experience or outcomes for people using health and social care services.

28. The paper on improvement support was an early iteration and it was agreed that further work was required. It is acknowledged that there will be important insights from the work that David Williams is leading, particularly in supporting the more challenged partnership areas. We already recognise that this is a different form of support and challenge provided by a credible and knowledgeable senior leader that is offering a unique opportunity for senior leaders in local systems to engage on a different basis and agree improvements that they will lead.
29. In late October, the Director of Community Health and Social Care together with the Director of Healthcare Quality and Improvement met with the Chief Executives of the Care Inspectorate and Healthcare Improvement Scotland to agree the scale of change required and the level of co-operation necessary across both scrutiny and improvement. At this meeting a number of key actions, through a co-ordinated approach, were jointly agreed. Actions included, concluding work already underway to put mechanisms in place to provide information to partnerships about the improvement support available to them from different agencies, and sharing intelligence in order to provide the right quality improvement support, at the right time. This approach will help to address areas for improvement identified through local systems' self-evaluation process.
30. In addition, wider work to create improvement capacity was also discussed and the need to ensure the relationship between scrutiny and improvement was transparent and responsive to local systems in delivering effective and high quality integrated services. Proposals for joint inspections, which will support the delivery this have been developed and a pilot site will be identified.
31. The delivery timescale will not be met for these two proposals and following agreement of the integration leadership group the timescale has been reframed for these to be delivered by February 2020.

32. 4(i) - The understanding of accountabilities and responsibilities between statutory partners must improve

33. The self-evaluation work has provided a baseline of where local partners believe themselves to be in relation to decision making and improved understanding of accountabilities and responsibilities. Many evaluated this positively. There is a greater acceptance of the statutory functions of Integration Joint Boards (IJB) and that decisions about all delegated services must be made by the IJB. This is an area where work requires to continue and is linked to many other proposals, including collaborative leadership, providing clear directions, clinical and care governance, budget setting and implementing set-aside. This proposal has only been partially delivered and following agreement of the leadership group has been reframed to be delivered by February 2020.

4(iv) - Clear directions must be provided by IJBs to Health Boards and Local Authorities

34. Draft revised statutory guidance on the use of directions was widely circulated and discussed in the autumn/winter of 2018. It was agreed at a review reference group meeting that scenario planning work with a multi-partnership NHS Board area would be undertaken to help inform the guidance about this crucial and complex aspect. This led to work with the Ayrshire partnerships, which have been exploring how to develop agreement on set aside budgets and associated directions, focusing principally on primary care and unscheduled care. The Scottish Government has supported this scenario planning work and although it has not yet concluded, we will be able to use this to add useful advice on multi-partnership arrangements for acute and other service planning.
35. As the original proposal for this augmentation of the draft guidance came from the review reference group, it would seem sensible to seek comment from that group on a final draft, taking account of lessons learned in the scenario planning undertaken. It is therefore suggested that this is identified as a substantive agenda item for the next meeting of the reference group on to take place in early December, with a view to finalising and issuing the revised statutory guidance thereafter. This would enable delivery of the proposal by the end of 2019.

4(v) - Effective, coherent and joined up clinical and care governance arrangements must be in place

36. A small internal Scottish Government team of professional and policy advisers has been working on the clinical and care governance guidance. The group has undertaken a wide range of reviewing, research, mapping and engagement activities to inform decisions about the best way to deliver effective guidance for integration authorities. This has been an extremely productive exercise concluding with clear advice about the way forward.
37. A draft document has been prepared, which builds on the outputs from 3 national stakeholder events and good practice nationally and internationally. The document includes an explicit consideration of the quality planning, control, assurance and improvement dimensions of good governance as well as public protection. This draft, which is focused on how to operationalise the requirements of the Clinical and Care Governance Framework, will be subject to further refinement based on engagement with front line stakeholders at a national event to be held later this year. This event will have a practical focus on testing and co-producing content for the resource. The guidance will then be further refined before being subject to a process of ongoing drafting and improvement through collaboration with key national stakeholder groups.
38. This work has required detailed consideration across a range of disciplines and has taken longer than initially thought. After consideration by the integration leadership group, it was agreed that the timescale for completion of the guidance should move to February 2020, notwithstanding that additional work will be required to support the implementation of the guidance.

5(iii) - A framework for community based health and social care integrated services will be developed

39. Engagement work with key stakeholders has been combined with a review of the current policy context, recognised good practice and published evidence to produce a draft framework. The draft framework includes the components of effective, sustainable integrated care that are known to improve outcomes for people with the factors that need to be in place to support their delivery, along with a clear sense of purpose for frontline practitioners and commitment to consistency of experience for the people of Scotland.
40. At the same time, a number of examples of good practice have been assembled for each of the components of effective, sustainable integrated care and these, along with draft framework, have been tested through extensive stakeholder engagement during the summer months. Nearly 40 engagement sessions with a range of external partners have been undertaken, including a successful webinar organised by the Alliance. The feedback gathered has shaped the final draft framework and further populate the accompanying good practice guide.
41. The final version of the framework is also on the MSG agenda for 6 November 2019 for consideration and final sign off.

6(i) – Effective approaches for community engagement and participation must be put in place for integration

42. Work is currently underway to develop new statutory guidance for community engagement and participation. A working group has been established, comprising key representative bodies and national agencies. It is co-chaired by Scottish Government and COSLA and is meeting regularly. The new statutory guidance will aim to provide clarity and specificity about how public engagement principles apply to health and social care in Scotland using best practice examples.
43. Substantial progress has been made in scoping the guidance and what it needs to cover, and a first draft has been completed for consideration of the working group. The work to complete the guidance is fairly complex as it is bringing together, for the first time, the different but not dissimilar duties and powers of different statutory public bodies with regard to community engagement. This has required a fairly sophisticated approach to describing the differences and the similarities, and setting out expectations for different bodies, while keeping the principles of effective engagement with communities as core to this irrespective of which statutory body is expected to apply the guidance. To enable this draft guidance to be adequately developed and consulted upon, the leadership agreed that the timescale for delivery of the guidance should be extended to February 2020.

Self-evaluation process – Improvement Plans

44. The MSG review report contained an expectation that “every Health Board, Local Authority and Integration Joint Board will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress.”. On 25 March Malcolm Wright and Sally Loudon wrote to all local systems reminding them of this expectation and providing a self-evaluation template focused on the 25 proposals in the review report.
45. Local partners were invited to complete and return the template on a collective basis by 15 May, ensuring that the process for completing it was undertaken on a collaborative basis and extending beyond statutory partners to include local colleagues in the third and independent sectors and other partners. The self-evaluation template was intended to assist local partners not only in fulfilling the expectation outlined above but also as a means of developing a collective understanding from across local systems to deliver integration.
46. The self-evaluation template invited local partners to rate themselves against four rating descriptors for each of the proposals. These were: not yet established; partly established; established; and exemplary. For each proposal an indicator descriptor was provided to assist partnerships in determining their ratings. Partnerships were also asked to provide evidence to support their ratings and to identify proposed improvement actions.
47. The MSG considered a brief overview of the self-evaluation material at its meeting on 29 May 2019, shared by each local system across Scotland. The integration leadership group considered a more detailed analysis and the joint chairs wrote to local system leaders thanking them for their collaboration and support in undertaking and completing the exercise within the timescale requested. The integration leadership group has been committed to ensuring that completing the self-evaluation template would have a clear local value as well as enabling the group to gain an insight to local progress. From both formal and informal feedback we understand that many local systems found undertaking the self-evaluation and the process of agreeing collective responses to be a useful one while others found this more challenging.
48. Since then, the Integration Division requested that local systems share their Improvement Plans by 23 August. We have received Improvement Plans from all areas, although a number of these are still draft, high level and lacking necessary detail. Others are well developed and demonstrate a clear focus on appropriate actions to ensure delivery of the proposals at a local level. The plans have been analysed and information from them will be used to direct support to local areas by the Integration Division and by David Williams, Director of Delivery for Health and Social Care, within the broader context of the recent establishment within the Scottish Government of the Directorate for Community Health and Social Care under Elinor Mitchell.

Recommendations

46. The MSG is asked to:

- f) Note that progress has been made across all proposals;
- g) Consider the circumstances that have led to delays in fully delivering a number of the proposals due for completion within 6 months and before, and revised timescales for their delivery;
- h) Note the improvement planning following the self-evaluation process undertaken across local systems;
- i) Note that David Williams, Director of Delivery for Health and Social Care Integration, is leading improvement support and sharing learning amongst a grouping of Integration Authorities, as previously agreed by the MSG;
- j) Agree to receive regular updates on progress with delivery at a national and local level.

Christina Naismith

Integration Division

28 October 2019

REPORT

Finance update

Edinburgh Integration Joint Board

4 February 2020

Executive Summary

The purpose of this report is to provide the Integration Joint Board with an update on the in year financial performance. Given the recent deterioration in financial performance the assurance level has been reduced from moderate to limited.

Recommendations

It is recommended that the Performance and Delivery Committee note:

1. the current year end forecast;
2. the work ongoing to address this; and
3. that the previous “moderate” level of assurance for a break even position has been reduced to “limited”.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. The elements of this report which relate to the NHS Lothian financial position were considered by their Finance and Resources Committee on 22 January 2020. Similarly, for the City of Edinburgh Council (the Council) at its Finance and Resources Committee on 23 January 2020. A more detailed version of this report will be considered by the Performance and Delivery Committee on 31 January 2020. A verbal update on this discussion will be given to the Integration Joint Board (IJB).

Main Report

2. An update on financial performance is provided to each meeting of the IJB and, since its establishment, to the Performance and Delivery Committee. In December 2019 the IJB received moderate assurance of financial breakeven for 2019/20. The most recent financial monitoring information indicates deterioration in the position of both partners, hence the level of assurance has been reduced to limited.
3. There are 3 elements to achieving a balanced financial position for 2019/20, which are discussed individually below:
 - (a) **Operational breakeven** – i.e. reporting a balanced position on the budget excluding savings;
 - (b) Delivery of agreed **savings and recovery programme**; and
 - (c) Closing the outstanding **budgetary gap**.

Operational breakeven

4. As members are aware, the IJB “directs” budgets back to our partner organisations, the Council and NHS Lothian, who in turn provide the associated services. The majority these services are delivered through the Partnership with the balance being managed by NHS Lothian under the strategic direction of the IJB.

5. Table 1 below summarises the operational position for delegated services (incorporating the impact of the savings and recovery programme) based on the financial results to the end of December 2019. Further detail is included in appendices 1 (the Council) and 2 (NHS Lothian).

	Year end forecast £k	Previous forecast £k	Movement £k
NHS services			
Core	(837)	797	(1,634)
Hosted	1,198	731	467
Set aside	(814)	(948)	134
Subtotal NHS services	(452)	580	(1,032)
CEC services	43	1,563	(1,520)
Total	(409)	2,143	(2,552)

Table 1: IJB year end forecast 2020/21

6. This shows a significant deterioration in the year end forecast of c£2.5m. The 2 main factors are increased costs associated with prescribing (NHS) and the purchasing of residential and nursing services (Council).
7. The Council has just completed its period 9 monitoring report which focuses on the projected outturn for the year. This has highlighted an adverse swing in costs associated with residential and nursing provision. An exercise is underway to establish the drivers and the early indications are that these include: a number of high cost residential placements agreed in recent months; increased admissions to a number of care homes now accepting residents at national care home rates; and the impact of time lags between care being agreed and entered on the social care systems. Pending the conclusion of this piece of work it has been deemed prudent to offset the previously unallocated demography funding of £1.8m against this emerging pressure. As a result the Council's position has moved from the previous forecast of a £1.6m surplus to largely breakeven.
8. NHS Lothian has now published the financial results to the end of December and undertaken a quarter 3 review. Both these exercises highlight the underlying theme of pressures in set aside services offset by projected underspends in core and hosted

services. However, as with the Council position, we have seen a deterioration in the forecast driven by increases in prescribing costs. Previous forecasts were based on item growth remaining flat however we are now seeing growth in excess of 2.5%. This, coupled with volatility in the price per item, had led to a forecast overspend of £0.7m.

Savings and recovery programme

9. The IJB agreed a programme to deliver in year savings of £11.9m, recognising that this was both achievable and challenging. Delivery is overseen by the savings governance board, chaired by the Chief Officer. This group meets monthly with all project leads submitting progress reports, allowing the Chief Officer to have an overview of the programme. The meeting itself focuses on the schemes which have been identified as needing support to progress, allowing us to concentrate on the actions required to deliver the agreed intent of the board.
10. Each of the individual schemes has been reviewed to assess forecast delivery and this is summarised in table 2 below, with details on a project by project basis in appendix 3. A number of factors are considered when making this assessment, including the monthly status reports to the savings governance board, the cost profile as evidenced through the financial ledger and the overall financial projections for the year.

	£k
In year target	11,941
Projected delivery	13,395
Projected variance	1,454

Table 2: projected in year delivery of savings and recovery programme

11. As can be seen from the appendix, the programme overall is delivering above target, largely due to the increased level of financial benefit associated with the closure of Gylemuir. Further, any slippage in individual projects is more than offset by other mitigations.

Closing the budgetary gap

12. At the IJB's meeting in October, members agreed the use of slippage to close the in year financial gap. This was followed up in December by an agreement to direct

sufficient resource back to the Council to allow the delegated services they run to break even. At both meetings moderate assurance was given of a break even position.

13. However, the movements in the financial positions described above indicate an overspend of £2.0m by the end of the financial year as per table 3 below.

	£k
Operational position	(409)
Adjust for CEC budget gap	(9,691)
Balance to be funded	(10,100)
<i>IJB agreed actions</i>	
Partnership wide savings	3,076
Contribution from reserves	2,360
Slippage	2,684
Potential deficit	(1,980)

Table 3: balancing the IJB's financial plan for 2019/20

14. Given the limited time between now and the end of the financial year this position is of some concern. As well as the work outlined earlier in this paper to better understand the drivers of this movement, the Chief Officer and Chief Finance Officer are in close dialogue with colleagues in NHS Lothian and the Council to explore options. Through these discussions, NHS Lothian has indicated that flexibility in the overall position will allow them to cover the shortfall in NHS services of £0.5m, bringing the outstanding balance to £1.5m.

Implications for Edinburgh Integration Joint Board

Financial

15. Outlined elsewhere in this report.

Legal/risk implications

16. Like any year end projection, the IJB's relies on a number of assumptions and estimates each of which introduces a degree of risk. Of particular note are:
- any financial impact of NHS Lothian's recovery programme;
 - demand drives costs associated with external purchasing; and
 - delivery of the savings and recovery programme in line with projections.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

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Appendices

Appendix 1	Financial position to September 2019 and year end forecast for council delegated services
Appendix 2	Financial position to December 2019 and year end forecast for NHS delegated services
Appendix 3	Edinburgh IJB savings and recovery programme 2019/20 projected delivery
Appendix 4	Glossary of terms

FINANCIAL POSITION TO DECEMBER 2019 AND YEAR END FORECAST FOR
COUNCIL DELEGATED SERVICES

	Annual budget £k	To December 2019			Forecast Variance £k
		Budget £k	Actual £k	Variance £k	
Internal services					
Assessment & care management	13,093	9,820	9,798	22	29
Care at home	24,530	18,397	18,460	(63)	(83)
Care and support	7,969	5,977	5,977	0	0
Day services	10,571	7,928	7,545	383	511
Equipment services	8,282	6,211	6,576	(365)	(486)
Management/strategy	3,291	2,468	2,310	159	212
Other services	6,589	4,942	4,891	50	67
Residential services	27,149	20,362	20,459	(98)	(130)
Strategy/contract/support services	2,836	2,127	2,213	(86)	(115)
Therapy services	3,420	2,565	2,577	(12)	(16)
Pension costs	439	329	329	0	0
Unallocated demography	0	0	0	0	0
Subtotal internal services	108,168	81,126	81,135	(9)	(12)
External services					
Assessment & care management	519	389	389	0	0
Care at home	29,869	22,402	22,151	251	335
Care and support	54,821	41,116	40,726	390	520
Day services	12,612	9,459	9,683	(224)	(299)
Direct payments/individual service funds	33,575	25,182	25,496	(314)	(419)
Other services	10,775	8,081	8,022	59	78
Residential services	69,733	52,300	52,193	106	141
Subtotal external services	211,903	158,927	158,660	267	357
Income	(40,870)	(30,653)	(30,427)	(226)	(301)
Funding	(51,725)	(38,794)	(38,794)	0	0
Total delegated budget	227,476	170,607	170,575	32	43
Budget gap	(9,691)	(7,268)	0	(7,268)	(9,691)
Net ledger position	217,785	163,339	170,575	(7,236)	(9,648)

FINANCIAL POSITION TO DECEMBER 2019 AND YEAR END FORECAST FOR NHS DELEGATED SERVICES

	Annual budget £k	To December 2019			Forecast Variance £k
		Budget £k	Actual £k	Variance £k	
Core services					
Community Equipment	2,323	1,742	2,136	(394)	(525)
Community Hospitals	12,542	9,364	9,202	162	89
District Nursing	11,816	8,730	8,207	523	478
Geriatric Medicine	4,158	2,555	2,525	31	(0)
GMS	82,533	61,117	60,823	293	(110)
Mental Health	10,761	7,758	7,125	632	874
PC Management	44,793	31,389	31,480	(91)	(290)
PC Services	11,065	7,400	7,867	(467)	(804)
Pharmacy	1,684	1,184	1,233	(50)	0
Prescribing	79,858	58,798	59,277	(479)	(806)
Resource Transfer	23,674	16,318	16,315	3	3
Substance Misuse	2,999	2,236	2,307	(71)	(71)
Therapy Services	10,475	7,076	7,015	60	140
Other	2,076	1,464	1,352	112	185
Subtotal core	300,757	217,130	216,865	265	(837)
Hosted services					
GMS	7,242	3,773	3,786	(12)	7
Hospices & Palliative Care	2,503	1,912	1,921	(9)	(0)
Learning Disabilities	7,906	5,607	5,905	(297)	(316)
LUCS	6,850	5,345	5,345	0	(0)
Mental Health	27,479	20,082	20,315	(233)	(229)
Oral Health Services	9,906	7,497	7,295	203	207
Psychology Services	4,769	3,304	3,351	(47)	(132)
Rehabilitation Medicine	3,529	2,545	2,295	250	426
Sexual Health	3,653	2,610	2,653	(44)	(108)
Substance Misuse	2,706	1,926	1,898	29	18
Therapy Services	7,407	5,449	5,205	244	293
UNPAC	3,743	1,948	1,616	332	681
Other	1,899	813	704	109	350
Subtotal hosted	89,591	62,813	62,288	525	1,198
Set aside services					
Acute Management	2,843	1,850	2,009	(159)	(159)
Cardiology	4,757	3,557	3,612	(55)	(106)
ED & Minor Injuries	8,735	6,262	6,486	(224)	(457)
Gastroenterology	3,371	2,573	2,390	184	(109)
General Medicine	26,968	19,745	20,330	(584)	(445)
Geriatric Medicine	14,347	10,786	10,640	146	157
Junior Medical	14,774	11,065	11,259	(194)	(280)
Respiratory Medicine	5,729	4,283	4,468	(184)	(287)
Therapy Services	7,342	5,263	5,303	(40)	(119)
Other	6,335	3,905	3,773	132	991
Subtotal set aside	95,202	69,290	70,269	(979)	(814)
Total	485,551	349,233	349,423	(190)	(452)

EDINBURGH IJB SAVINGS AND RECOVERY PROGRAMME 2019/20 PROJECTED DELIVERY

	Recurring £k	In year target £k	Year end forecast £k	Variance £k
Grip and control				
Transport efficiencies	500	500	0	(500)
Reduction in agency staffing expenditure	700	700	0	(700)
Budget control and efficiencies in ATEC 24	500	250	250	0
S2c GP practices	500	500	500	0
3 conversations/Edinburgh pact/redesign				
Homecare	1,000	500	500	0
Overnight homecare	500	250	0	(250)
Overnight support	500	250	250	0
Expansion of BeAble model of day care	200	92	92	0
Closure of Gylemuir House care home	3,000	2,250	2,976	726
Delivery design	700	350	0	(350)
Mental health and disabilities efficiencies	1,393	736	736	0
Community/hospital interface	500	375	0	(375)
Other				
Scheduling efficiencies in home care	250	125	0	(125)
Uplifts to rates	550	550	550	0
Efficiencies in hosted and set aside	1,473	1,890	3,343	1,453
Increases to charges	500	500	500	0
Prescribing	2,123	2,123	2,123	0
Mitigating offsets			1,575	1,575
Total	14,889	11,941	13,395	1,454

GLOSSARY OF TERMS

TERM	EXPLANATION
ASSESSMENT AND CARE MANAGEMENT	Predominantly social work, mental health and substance misuse teams
CARE AT HOME	Services provided to over 65s in their homes.
CARE AND SUPPORT	Services provided to under 65s in their homes.
DAY SERVICES	Services provided to clients in buildings owned by the Council or a third party.
DIRECT PAYMENTS	Option 1 of self directed support where the client has chosen to be responsible for organising their care.
EQUIPMENT SERVICES	Provision of equipment to clients, including community alarms and adaptations. Budget includes costs incurred on behalf of CEC Housing Services, NHS, East Lothian and Midlothian partners that are subsequently recovered.
FREE PERSONAL/ NURSING CARE	Personal and nursing care payments to providers for clients that are fully self funding.
HOSTED SERVICES	Services which are operationally managed on a pan Lothian basis either through one of the 4 Health and Social Care Partnerships or Royal Edinburgh and Associated Services (REAS).
INDIVIDUAL SERVICE FUNDS	Option 2 of self directed support where the client has chosen for a 3rd party (not the Council) to organise their care.
MANAGEMENT / STRATEGY	Predominantly the costs of executive management team, locality management team, strategy team, contracts team and other service wide budgets.
OTHER SERVICES	Mainly grants and block contract payments to organisations that provide more than one type of service. The internal element includes sheltered housing and supported accommodation.
RESIDENTIAL SERVICES	Services provided to clients in care homes.
SET ASIDE SERVICES	Acute hospital based services managed on a pan Lothian basis by NHS Lothian
THERAPY SERVICES	Mainly occupational therapy teams.
UNALLOCATED DEMOGRAPHY	Demography budget that has been identified as currently not required in year.
UNPAC	Services provided for Lothian residents out with Lothian.

REPORT

2020/21 finance plan update

Edinburgh Integration Joint Board

4 February 2020

Executive Summary

The purpose of this report is to provide the board with an update on the financial plan for 20/21 and to outline the process for finalising this.

Recommendations

1. It is recommended that the Integration Joint Board note the position.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been considered elsewhere.

Main Report

2. In October 2019, the Financial Framework 2020-2023 was presented to the Board. This presented an initial financial outlook, providing an insight into the scale of the financial gap over the 3 year period. This report gives an update on that work and advises the Board of the next steps in the planning process.
3. The projected gap between income (i.e. the level of budgets assumed to be delegated to the IJB from our partners) and expenditure (i.e. the level of budget required to deliver current levels of service) was originally estimated at £35m. This was based on the financial planning assumptions agreed at the time with our 2 partners, the City of Edinburgh Council (Council) and NHS Lothian. In the following months all 3

organisations have been refining their plans and, based on information currently available, this gap is now estimated at £36m, as summarised in table 1 below:

	CEC £m	NHSL £m	IJB £m	Total £m
Projected budget	222	453		675
Projected net expenditure	251	463	(3)	711
Estimated savings target 20/21	(29)	(10)	3	(36)

Table 1: projected IJB savings target 20/21

4. As this initial financial plan has been developed in advance of both the UK and Scottish Government budgets it remains subject to change. Neither of our partner organisations yet know the financial implications of these major announcements and therefore all 3 organisations are planning on the basis of assumptions. Nonetheless, recognising the ongoing and well rehearsed financial challenges facing the public sector work began in August to identify a savings and recovery programme to bridge this financial deficit. The Chief Officer led a series of workshops with senior officers to develop schemes to present to the Board for consideration. Running in parallel, the Board itself ran workshops which updated members on the:
- financial planning timetable;
 - financial planning assumptions embedded in the 2020/21 budget;
 - specific themes as requested by members;
 - proposed measures to bridge the gap in the plan (i.e. the emerging savings and recovery programme); and
 - ongoing dialogue with our partners.
5. It is the intention to present the 2020/21 financial plan, which incorporates the savings and recovery programme, to a special meeting of the IJB in March. It is only at

this stage that the savings will be agreed. However there are a number of themes which have emerged from the work undertaken to date, including:

- ensuring best use of the **purchasing budget** to maximise the benefit to eligible people in the most fair and equitable manner possible, within available resources;
- reviewing our **bed based resources** and how these can best be aligned to our “home first” model and configured in support of our strategic aims:
- bringing the social care **charging policy** in line with that of other Local Authorities; and
- continuing the work of the multidisciplinary team (comprising pharmacists, technicians, GPs, community and practice nurses and allied health professionals) to deliver a range of **prescribing** efficiencies.

6. This is not an exhaustive list of the schemes currently being worked but is intended to give a flavour of the areas under consideration.

7. The Board has consistently reiterated its desire to have a savings and recovery programme which aligns, as far as possible, with our strategic aims. As such there is an intent to continually strive to improve outcomes for people, to maintain and improve performance and maintain the scope and quality of services. We have an ambitious transformation programme set out and over the past few months have been developing our organisational capacity to deliver this. The aim of the overall programme is to develop a fit for purpose organisation, with an optimised operating model and focus on prevention and enablement within a sustainably sized estate. While we are confident the models set out in the strategic plan will deliver efficiencies and reduce costs, we also know that this scale of change takes time and requires a degree of double running.

8. In this context, it is important to recognise the challenges we face in identifying and agreeing a £36m cost reduction programme and the impact on services and service

performance that we believe will arise from this level savings. Our savings targets and funding gap will require schemes of a magnitude that have a direct impact on service delivery and services and there is a significant risk that this impacts performance across social care and health services.

9. It is recognised that budgets have not yet been set and that we are working to assumptions. Further, given the December UK General Election and the impact this has had on budget announcements in both the UK and Scottish Parliaments we still do not fully know the position. However, on the basis that debate on budget setting assumptions is quite advanced in both organisations, it is important that the impact on the IJB's budget is now played in fully to these discussions. Therefore, the IJB Chair has written on behalf of the Board to the Chief Executives of both City of Edinburgh Council and NHS Lothian, and to the convenor of Finance and Resources within CEC highlighting these concerns and the potential impact of the quantum of the financial gap facing the IJB.
10. We will continue to work closely with our partners over the coming weeks as further clarity emerges.

Implications for Edinburgh Integration Joint Board

Financial

11. Outlined elsewhere in this report.

Legal/risk implications

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

Equality and integrated impact assessment

13. There is no direct additional impact of the report's contents. Savings proposals will be subject to integrated impact assessments in advance of being presented to the board.

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

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Appendices

None

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