

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 28th February, 2023

Dean of Guild Court Room - City Chambers

This is a public meeting and members of the public are welcome to attend or watch the live webcast on the Council's website.

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

Contact:

Email: lesley.birrell@edinburgh.gov.uk

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

- | | | |
|-----|--|--------|
| 4.1 | Minute of the Edinburgh Integration Joint Board of 13 December 2022 - submitted for approval as a correct record | 5 - 12 |
|-----|--|--------|

5. Forward Planning

- | | | |
|-----|---|---------|
| 5.1 | Rolling Actions Log | 13 - 16 |
| 5.2 | Annual Cycle of Business – submitted for noting | 17 - 18 |

6. Items of Strategy

6.1	General Medical Services Provision in South-East Edinburgh - Liberton High School Campus – Report by the Chief Officer, Edinburgh Integration Joint Board	19 - 52
6.2	Escalation Report – Report by the Chief Officer, Edinburgh Integration Joint Board	53 - 58

7. Items of Performance

7.1	Finance Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board	59 - 74
------------	---	---------

8. Items of Governance

8.1	Appointments Report – Report by the Chief Officer, Edinburgh Integration Joint Board	75 - 78
------------	--	---------

9. Committee Updates

9.1	Committee Update Report – Report by the Chief Officer, Edinburgh Integration Joint Board – submitted for noting	79 - 82
9.2	Draft Minute of the Performance and Delivery Committee of 30 November 2022 – submitted for noting	83 - 88
9.3	Draft Minute of the Audit and Assurance Committee of 5 December 2022 – submitted for noting	89 - 96
9.4	Draft Minute of the Strategic Planning Group of 7 December 2022 – submitted for noting	97 - 102
9.5	Draft Minute of Strategic Planning Group of 24 January 2022 – submitted for noting (to follow)	

Board Members

Voting

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Councillor Euan Davidson, Elizabeth Gordon, George Gordon, Peter Knight, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray and Councillor Vicky Nicolson.

Non-Voting

Bridie Ashrowan, Robin Balfour, Colin Beck, Heather Cameron, Christine Farquhar, Helen FitzGerald, Ruth Hendery, Kirsten Hey, Rose Howley, Grant Macrae, Jacqui Macrae, Allister McKillop, Moira Pringle, Judith Proctor and Emma Reynish.

Webcasting of Integration Joint Board meetings

Please note that that this meeting may be filmed for live or subsequent broadcast via the Council's internet site – at the start of the meeting the Chair will confirm if all or part of the meeting is being filmed.

The Integration Joint Board is a joint data controller with the City of Edinburgh Council and NHS Lothian under the General Data Protection Regulation and Data Protection Act 2018. This meeting will be broadcast to fulfil our public task obligation to enable members of the public to observe the democratic process. Data collected during this webcast will be retained in accordance with the Council's published policy.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact Committee Services (committee.services@edinburgh.gov.uk).



Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 13 December 2022

Remotely by video conference

Present:

Board Members:

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Bridie Ashrowan, Robin Balfour, Councillor Euan Davidson, Christine Farquhar, Elizabeth Gordon, George Gordon, Ruth Hendery, Peter Knight, Jacqui Macrae, Allister McKillop, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray, Councillor Vicky Nicolson, Moira Pringle and Judith Proctor.

Officers: Angela Brydon, Lee Clark, Tony Duncan, Katie McWilliam, Kyle Oram and David White.

Apologies: Kirsten Hey

1. Deputations

a) Edinburgh Trade Union Council

A deputation was heard in relation to item 4.1 Minute of Meeting of 18 October 2022, item 6.2 Population Growth and Primary Care Premises Assessment Edinburgh 2022-203 and item 6.3 Bed Based Review – Public Consultation on the Future Provision of Older People’s Care.

The deputation made the following key points:

- the minute of the last meeting recorded correctly the key points made by the deputation but did not record any responses to those points
- concerns were noted about the role and remit of the Triage Team in relation to the implementation of care packages for substantial or critical categories of care patients
- noted there would be major challenges associated with provision of new health centres to support the anticipated substantial increase in population in Edinburgh by 2030
- it was not clear where trained staff and GPs would be sourced to staff the new health centres and concerns were expressed that there would be insufficient resource than that required by the public, private and third sector
- concerns that any future expansion of care homes across the city would be facilitated only by the private sector
 - information on total cost (not just capital) of provision of primary care services would be helpful to understand including the servicing of social care
 - the deputation felt that the current model of care needed to be changed for people presenting with complex needs living at home
 - future provision of social care required a reasonably paid and trained workforce and hoped that the consultation on the future provision of older people's care would go a long way to address the staffing crisis in the sector
 - it was essential that the EIJB ensured improved communication with trades unions, the public and all stakeholders about these important issues

Decision

- 1) To thank the deputation for their presentation.
- 2) To note that the response requested by the deputation at the previous meeting had been prepared and would be emailed.
- 3) To note there was a pre-consultation session scheduled for January 2023 which would include Trade Union representatives.

b) UNISON

A deputation was heard in relation to item 6.3 on the agenda – Bed Based Review – Public Consultation on the Future Provision of Older People's Care.

The deputation made the following key points:

- The deputation acknowledged and welcomed the recent engagement with the Chief Officer of the health and social care partnership
- It was important that meaningful frank and open consultation took place with all stakeholders to ensure that the best service is provided to needy and vulnerable people in the City, particularly those who resided in Clovenstone, Ferrylea, Ford's Road and the Jewel House care homes
- Any draft proposal or pre-consultation must be properly considered with all opinions heard and acted upon before approval
- The deputation believed that, if conducted in the correct manner, the consultation could be the way forward to significant improvements in future-proofing the provision of older people's care services
- The deputation requested the Board to agree that the format of any questions at pre-consultation should have meaningful input from UNISON and other stakeholders, including the workforce and front line workers, before anything is made public

Decision

To thank the deputation for their presentation.

2. Minutes

The minutes of the Edinburgh Integration Joint Board meeting of 18 October 2022 were submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

3. Rolling Actions Log

The Rolling Actions Log updated to December 2022 was presented.

Decision

- 1) To agree to close Actions 1A and 1B – Membership Proposal for the Strategic Planning Group.
- 2) Action 2 – Committees Annual Assurance Report – referral from the Audit and Assurance committee – to keep this action open and update the comments in the rolling actions log to reflect the decision on this issue by the Audit and Assurance Committee at its meeting on 5 December 2022.
- 3) Action 3 – Systems Pressure Update – to keep this action open and to ask that the requested briefing note be provided to Members.

- 4) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

4. Edinburgh Joint Carer Strategy - Refresh

The draft refreshed Version 4 of the Edinburgh Joint Carer Strategy for 2023-2026 was presented for consideration and review. The developing Strategy took account of the draft EIJB Strategic Plan principles and the draft national Carer Strategic themes due to be published in Spring 2023 which also indicated a clear connection with the National Care Service.

The Edinburgh Carer Partnership Group had overseen the development of the refreshed Strategy in 2022 and the EIJB Strategic Planning Group had participated in a detailed discussion on 12 October 2022 where the draft had been well received.

It was proposed to move forward with wider engagement, consultation and feedback and to bring back the finalised refined version to the EIJB meeting in April 2023 for publication on the EIJB website.

Decision

- 1) To note the current status of the development of the refreshed Edinburgh Joint Carer Strategy 2023-26.
- 2) To approve the content, timeline and actions for further development.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

5. Population Growth and Primary Care Premises Assessment Edinburgh 2022-2030

An analysis and quantification of the required provision of Primary Care Premises for the period 2022-2030 was submitted.

The report had been endorsed by the EIJB Strategic Planning Group on 12 October 2022 and subsequently by the Edinburgh Primary Care Leadership and Resources Group on 25 October 2022.

Decision

- 1) To approve the recommendations of the Population Growth and Primary Care Premises Assessment Edinburgh 2022-2030.
- 2) To support the analysis of GP premises requirements to respond to population growth for the period 2022 to 2030.
- 3) To support the conclusion that c70,000 more people would live in Edinburgh by 2030 and the full set of actions or equivalents in the report would be required to match General Medical Services (GMS) premises capacity to this population growth.

- 4) To support the conclusion that investment of c£90m over the next decade would be required to provide and renew accommodation for the existing and additional population.
- 5) To acknowledge the challenging funding context for public services in Scotland and consequent requirement to continue to work collaboratively with key partners to develop a deliverable set of actions.
- 6) To note that the report would be referred to the Edinburgh Partnership's Local Outcome Improvement Plan Delivery Group for awareness.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

6. Bed Based Review – Public Consultation on the Future Provision of Older People's Care

An overview of the development and implementation of the public consultation on the future provision of older people's care was presented.

The Consultation Institute had already reviewed the statutory and legal requirements of the consultation proposal and had provided advice on the duty to consult in the capacity of an Integration Joint Board.

Due to the high interest in the consultation activity and to be reassured that due diligence had been completed in the pre consultation engagement activity, the Partnership proposed enlisting the services of the Consultation Institute during the pre-consultation planning stage at an indicative cost of £15,000+VAT.

Decision

- 1) To approve the draft proposal for the development and implementation of the public consultation on the future provision of older people's care and its associated documents.
- 2) To approve the cost for independent expertise and guidance from The Consultation Institute.
- 3) To agree that the final draft of the consultation questions would be circulated to Board members for feedback as early as possible prior to be submitted to the Board for final approval.

(References – Edinburgh Integration Joint Board 22 June 2021 (item 2); report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

7. Finance Update

An update on the financial performance of delegated services for the first six months of the year was presented.

Decision

- 1) To note the financial position for delegated services to 30 September 2022.

- 2) To note the moderate assurance of a break-even position for 2022/23 provided by the Chief Finance Officer.

Declarations of Interest

Christine Farquhar made a transparency statement as the carer of a person in receipt of direct payments from the City of Edinburgh Council and as the carer representative on the Edinburgh Integration Joint Board.

Bridie Ashrowan made a transparency statement as the Chief Executive of EVOC, an organisation in receipt of funding from the Health and Social Care Partnership.

Ruth Hendery made a transparency statement as a Trustee of VOCAL, an organisation in receipt of contracts from the Health and Social Care Partnership.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

8. Edinburgh Integration Joint Board Risk Register

The latest iteration of the Edinburgh Integration Joint Board Risk Register and EIJB Risk Management Policy was submitted.

The EIJB Audit and Assurance Committee had discussed and reviewed the Risk Register in detail at its meeting on 5 December 2022. The Committee had expressed the view that the risk rating required to be reviewed and further work was needed to be undertaken to address those risks that were outwith the risk appetite or scored as very high risks with clear actions to bring them back within risk appetite. It had been agreed that a development session would be held with committee members in January/February 2023 to resolve the points highlighted.

Decision

- 1) To note that the risk cards had been discussed and reviewed by the Executive Management Team in November 2022 and by the Audit and Assurance Committee on 5 December 2022.
- 2) To note that the Audit and Assurance Committee considered that the risk rating required to be reviewed and further work needed to be undertaken to address those risks which were outwith risk appetite/scored as very high risks with clear actions to bring within risk appetite.
- 3) To note that there would be a development session with Audit and Assurance Committee members in January/February 2023 to resolve the points raised by Members.
- 4) To note that the EIJB Risk Management Policy had been endorsed by the Audit and Assurance Committee on 20 September 2022.
- 5) To request the Chief Officer to provide the Board with an overview of the services that the Edinburgh Integration Joint Board had issued directions to deliver, those which had not been delivered or only partially delivered and any mitigations planned to address these.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

9. Appointments to the Edinburgh Integration Joint Board and Committees

Due to the resignation of the previous Chief Social Work Officer, it was proposed that the resulting non-voting vacancies on the Edinburgh Integration Joint Board and the Clinical and Care Governance Committee be filled by Rose Howley who had been appointed as the Interim Chief Social Work Officer.

Decision

- 1) To note the appointment of Rose Howley as the Interim Chief Social Work Officer which held a statutory, non-voting membership on the Edinburgh Integration Joint Board.
- 2) To appoint Rose Howley as a non-voting member to the Clinical and Care Governance Committee.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

10. Committee Update Report

An update was provided on the work of the EIJB Committees which had met since the last Board meeting.

Decision

- 1) To note the work of the committees.
- 2) To note there needed to be improved information sharing between the Board's Committee and thereafter ultimately with the Board.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

This page is intentionally left blank

Rolling Actions Log

28 February 2023

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
1	Committees Annual Assurance Report – Referral from the Audit and Assurance Committee	27-09-22	To agree that the Chair would write to the Chief Executive of The City of Edinburgh Council and NHS Lothian to convey the EIJB’s concerns over the vacant Chief Risk Officer post, and request commitment to a resolution.	Chair, Edinburgh Integration Joint Board		<p>February 2023 Update</p> <p>Escalation report on the agenda for 28 February which contains a proposal to resolve outstanding issue with the CRO.</p> <p>December 2022 Update</p> <p>The Board agreed to keep this action open and update the comments section to reflect the decision by Audit and Assurance Committee on 5 December 2022.</p> <p>The Chair has now written to both Chief Executives in relation to</p>

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
						the Chief Risk Officer.
2	System Pressures Update – report by the Chief Officer, Edinburgh Integration Joint Board	18-10-22	<p>1) To request a briefing note on the budget setting process between the IJB and the Council specifically addressing timescales, how the IJB can make representations to CEC and NHSL on staff pay and conditions ahead of the budget setting to ensure these views are taken into account.</p> <p>2) To hold a development session to discuss the workforce strategy in more detail with members.</p>	Chief Officer, EIJB Contact: Mike Massaro-Mallinson mike.massaro-mallinson@nhslothian.scot.nhs.uk	March 2023	<p>February 2023 Update</p> <p>Briefing note is being drafted and will be circulated by the end of March.</p> <p>December 2022 Update</p> <p>The Board agreed to keep this action open and to circulate the briefing note to members as requested in decision 1).</p> <p>This was covered in the budget working group on 25th October</p> <p>2) workforce strategy is scheduled for development session in September 2023</p>
3	Chief Social Work Officer Annual	18-10-22	1) To agree an update would be provided on the actions being taken to address	Chief Social Work Officer and Service Director for Children’s and Criminal	March 2023	

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
	Report 2021-22 – Report by the Chief Social Work Officer		<p>the increase in the number of emergency detention orders.</p> <p>2) To agree the next CSWO update report would include more detail on the steps being taken to improve supervision, awareness and recording.</p> <p>3) To confirm by email the data in Table 1 (p. 16) which is noted as “NA”.</p>	Justice Services Contact: Jon Ferrer jon.ferrer@edinburgh.gov.uk	October 2023 March 2023	
4	Bed Based Review – Public Consultation on the Future Provision of Older People’s Care – report by the Chief Officer, EIJB	13-12-22	To agree that the final draft of the consultation questions would be circulated to Board members for feedback as early as possible prior to be submitted to the Board for final approval.	Chief Officer, EIJB Contact: Tony Duncan Service Director Strategic Planning Tonp.duncan@edinburgh.gov.uk Contact: Hazel Stewart, Programme Manager hazel.stewart@edinburgh.gov.uk Contact: Hazel Stewart, Programme Manager hazel.stewart@edinburgh.gov.uk	August 2023	February 2023 Update Formal consultation to take place April to July 2023. A Briefing Note will be circulated to EIJB members in mid-March. With proposed questions, audiences, channels, timeline and milestones.
5	EIJB Risk Register – report by the Chief Officer, EIJB	13-12-22	To request the Chief Officer to provide the Board with an overview of the services that the Edinburgh Integration Joint Board had issued directions to deliver, those which had not been	Chief Officer, EIJB Contact: Angela Brydon, Operations Manager angela.brydon@edinburgh.gov.uk		February 2023 Update The Performance and Delivery Committee is responsible for the

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
			delivered or only partially delivered and information on any mitigations planned to address these.			monitoring of directions as set out the EIJB's direction policy . A full review of directions is undertaken by the EIJB annually (April) with a progress update presented to P&D around the six month mark. The annual review of directions 2023 is currently in process.

Edinburgh Integration Joint Board - Annual Cycle of Business

Grouping	Agenda Item	Frequency	Responsibility	2023							
				28-Feb-23 Board	21-Mar-23 Board	18-Apr-23 Board	13-Jun-23 Board	08-Aug-23 Board	26-Sep-23 Board	17-Oct-23 Board	12-Dec-23 Board
Items of Governance	Conflicts of interest	Every meeting	Committee Services	✓	✓	✓	✓	✓		✓	✓
	Rolling Action Log (RAL)	Every meeting	Committee Services	✓	✓	✓	✓	✓		✓	✓
	EIJB Risk Register	Twice yearly	Operations Manager					✓			✓
	Calendar of meetings	Annually	Committee Services			✓					
	Review of Standing Orders	Annually	Committee Services			✓					
	Committee Terms of Reference	Annually	Operations Manager			✓					
	Board assurance annual report	Annually	Operations Manager						✓		
	Review of Governance Handbook	Annually	Operations Manager				✓				
	Escalation Report	Adhoc	Operations Manager	✓							
Appointments Report	Adhoc	Committee Services	✓								
Items of Strategy	Directions Policy	Annually	Executive Director - Strategic Planning			✓					
	Annual Review of Directions	Annually	Executive Director - Strategic Planning				✓				
	Learning Disabilities Strategy	Adhoc	Executive Director - Strategic Planning				✓				
	Strategic Plan	Adhoc	Executive Director - Strategic Planning			✓					
	Liberton High School Business Case	Adhoc	Executive Director - Strategic Planning	✓							
	Consultation on bed based strategy	Adhoc	Executive Director - Strategic Planning							✓	
	Consulation on Strategic Plan	Adhoc	Executive Director - Strategic Planning							✓	
Items of Performance	Finance Update	Every Meeting	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓
	Financial Plan	Annually	Chief Finance Officer		✓						
	Savings and Recovery Plan	Annually	Chief Finance Officer		✓						
	Annual Performance Report	Annually	Executive Director - Strategic Planning					✓			
	EIJB Annual Accounts	Annually	Chief Finance Officer						✓		
	Winter Plan	Annually	Executive Director - Operations							✓	
	Chief Social Work Annual Report	Annually	Chief Social Work Officer							✓	
Papers for Noting	Committee Update Report	Every Meeting	Operations Manager	✓	✓	✓	✓	✓	✓	✓	✓
	Annual cycle of business	Every Meeting	Operations Manager	✓	✓	✓	✓	✓	✓	✓	✓

This page is intentionally left blank

REPORT

General Medical Services Provision in South-East Edinburgh - Liberton High School Campus

Edinburgh Integration Joint Board

28 February 2023

Executive Summary

1. The purpose of this report is to present the Edinburgh Integration Joint Board (EIJB) with the Business Case for General Medical Services Provision in South-East Edinburgh: Liberton High School Campus.
2. The proposal seeks capital funding from NHS Lothian and the Standard Business Case has been prepared in line with the guidance contained in the Scottish Capital Investment Manual.

Recommendations

- It is recommended that the Edinburgh Integrated Joint Board:
- a) Agree the proposal to develop GP Premises in the CEC led Liberton High School Campus redevelopment.
 - b) Note that, this proposal resulted from an opportunity to undertake a collaborative project with City of Edinburgh Council to include a GP Practice in the Liberton High School Campus ('20 Minute Neighbourhood' related development).
 - c) Note that the IA (Liberton High School Campus) was submitted and approved by the EIJB and NHSL in 2020.
 - d) Note that this Standard Business Case (Liberton High School Campus) was submitted and approved by the EIJB Strategic Planning Group on 24 January 2023.
 - e) Note that a separate Initial Agreement (IA) (South-East Outer GP Provision), to provide GMS provision to the population expansion at the southern boundary of the locality was also submitted and approved by EIJB and NHSL in 2020. This was subsequently submitted to Scottish Government, where it currently awaits

	<p>consideration as a population increase related scheme.</p> <p>f) Agree to the submission of this Standard Business Case to the NHSL Capital Investment Group, in accordance with the capital prioritisation process.</p> <p>g) Note the recent position of Scottish Government, to pause all NHS capital commitments.</p> <p>h) Note the impact of withdrawal from this project, due to start construction in early 2023.</p>
--	--

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 and Standard Business Case was reported to the Edinburgh Primary Care Leadership and Resources Group and to the IJB Strategic Planning Group on 24 January 2023.

Main Report

2. The population of Edinburgh has increased by 90,000 people during the period 2010-2022 and the Local Development Plan (2016-2026) anticipates growth at a rate 5,000-6000 per annum until at least 2026. This will ultimately be superseded by City Plan 2030, which confirms that these expectations are likely to be exceeded.
3. The need for development in the South East area was first raised in the Edinburgh Health and Social Care Partnership Population and Premises report 2014. This reported on the Housing and Land Audit 2014 which showed significant housing development in the South East area and has regularly been highlighted as an area of concern.

4. The Housing Land Audit and Completions Programme (HLA) indicates that LDP development has brought approximately 3000 people to the area, with an additional 4000 to come (as at April 2022). The number of houses being developed is increasing from the original plans at some sites.
5. City Plan 2030 will then bring an additional c.6000 people to the immediate area.
6. EHSCP has identified the provision of GP Services for the South East Outer area as its joint top priority in the most recent round of capital investment prioritisation which was approved in NHS Lothian's Property and Asset Management Plan.
7. Edinburgh Integration Joint Board (EIJB) previously approved (2017) the report "Population Growth and Primary Care Premises Assessment 2016 – 2026" which stated that additional capacity in General Practice is necessary to meet the rising demands from a population that is increasing both in numbers and in age. The Strategic Assessment (SA) for South East Outer identified the need for change since existing practices are unable to provide GMS to the current population, let alone the significant additional population to be generated by the new housing.
8. The IA (Liberton High School Campus) was approved by both EIJB and NHSL in 2020. The Standard Business Case (Liberton High School Campus) was subsequently submitted and approved by the EIJB Strategic Planning Group on 24 January 2023.
9. The matching of primary care workforce with population increase has been particularly challenging since 2014. The ability of medical practices to recruit key staff is often impacted by the premise's ownership and condition. Improving the functional suitability of the healthcare estate is an important component in securing the long-term future of practices.
10. The introduction of the new GMS Contract (Scotland) 2018 requires the provision of alternative delivery of certain services to enable implementation of the contract. This has put further pressure on available GMS accommodation.
11. The schedule of accommodation proposed for the Liberton Campus, equates to 900sqm and is sufficient for a list size of c10,000, with some modest flexibility for additional growth or accommodation for related services.
12. It should be noted that a separate IA (South East Outer GP Provision), exploring options to provide additional GMS provision at the southern boundary of the locality, was approved by EIJB and NHS Lothian. This was submitted to Scottish Government in September 2020, where it awaits consideration.

13. A local practice in converted domestic accommodation with no room for growth was offered the opportunity to move their list of 8000+ patients to the Liberton campus. Ultimately, the practice decided to remain in their current premises. This position is unlikely to be sustainable in the medium term and will be revisited later in the process.
14. Whilst this Liberton Campus development is welcomed and will provide some relief in the short term, the rate of population growth also requires the major scheme proposed in the previous Initial Agreement (South East Outer) to address longer term needs and offer sustainable delivery of primary care. The South-East Outer scheme cannot be progressed until approval for the IA is received from the Scottish Government.

Implications for Edinburgh Integration Joint Board

Financial

15. The project will require a capital investment of c£5.411 at 2022 prices from NHS Lothian, depending on the option that is selected for delivery.
16. Provisions have been made in capital costs to provide accommodation for EHSCP staff in line with the new GP contract; however, no revenue associated costs have been identified and included at this time. Additional EHSCP staffing will be funded by the Primary Care Improvement Plan.
17. Funding has been identified for the additional premises related revenue costs from the existing NHSL depreciation budget.
18. Practice related revenue costs have not been included in revenue costs as these will be funded via GMS income. There will be an increase in revenue costs, primarily due to the increase in practice size. Further work will be done through NHS Lothian Joint Primary care Management Team (JPCMT) to ensure provision for this.

Legal / risk implications

19. Inability to meet timescales imposed by the City of Edinburgh Council (CEC) project programme may result in loss of the opportunity to develop a new GMS practice within Liberton Community Campus.
20. Additional local population unable to register with a GP resulting in increased assignments and greater presentations through emergency provision.

Equality and integrated impact assessment

21. The project will allow local people to be registered and cared for in accommodation which is functionally suitable and accessible for people with impaired mobility and other disabilities. An Impact Assessment will be scheduled as the project progresses.

Environment and sustainability impacts

22. Provision of a new surgery situated in a property leased by NHS Lothian, will support the sustainability of general practice in the area.
23. The building will be built to Passivhaus standards and will meet the 2030 carbon neutral targets.
24. The project will use the Achieving Excellent Design Evaluation Toolkit (AEDET) to assess design quality throughout the procurement and design process and as part of the Post Project Evaluation.

Quality of care

25. The project will provide premises which deliver General Medical Services safely, with optimal clinical functionality and which are compliant with statutory legislation.

Consultation

26. Whilst there was early engagement through the Neighbourhood Partnership, meaningful engagement with the general public will be supported by the EHSCP Patient Involvement Worker. An IIA will be completed as soon as possible.

Report Author

Tony Duncan

Service Director Strategic Planning, Edinburgh Integration Joint Board

Tony.duncan@edinburgh.gov.uk

Contact for further information:

Name: David White

Email: david.white@nhslothian.scot.nhs.uk

Telephone: 07974 185419

Appendices

Appendix 1 Business Case for General Medical Services Provision in South-East Edinburgh: Liberton High School Campus.

Service Change
Planning

Strategic
Assessment

Initial Agreement

Standard
Business Case

Implementation



General Medical Services Provision in South East Edinburgh: Liberton Community Campus

NHS Lothian Standard Business Case

Project Owner: David White

Senior Responsible Officer: Judith Proctor

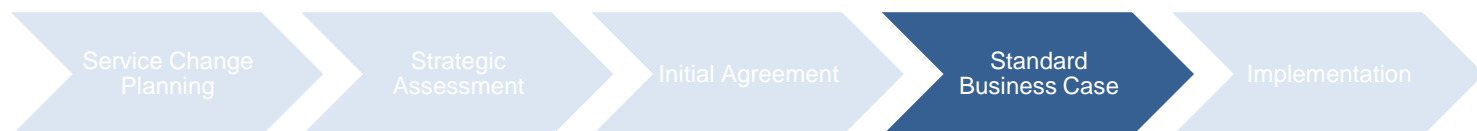
Date: 06/01/2023

Version: 1.8 final



Version History

Version	Date	Author(s)	Comments
1.0	16/11/2022	Fiona Cowan	First draft
1.1	7/12/2022	David White	Updates
1.2	15/12/2022	Campbell Kerr	Updates
1.3	19/12/2022	David White	Updates
1.4	20/12/2022	Fiona Cowan	Updates
1.5	22/12/2022	Eleanor Lynes	Appendices added
1.6	4/1/2023	David White	Update
1.7	06/01/2023	Fiona Cowan	Update
1.8	16/02/2023	Fiona Cowan / Lee Clark	Final



Contents

Executive Summary	4
1 The Strategic Case	5
1.1 Existing Arrangements	5
1.2 Drivers for Change	6
1.3 Investment Objectives	10
1.4 Is the preferred strategic solution still valid?	10
2 Economic Case	12
2.1 Do nothing/baseline.....	12
2.2 Short-list of Implementation Options.....	12
2.3 Monetary Costs and Benefits of Options	12
2.4 Non-monetary Costs and Benefits of Options.....	13
2.5 Net Present Value	14
2.6 Assessment of Uncertainty – Sensitivity Analysis	Error! Bookmark not defined.
2.7 Overall economic assessment and preferred way forward.....	14
3 The Commercial Case	15
3.1 Procurement Route/ Contractual Arrangements	15
3.2 Risk Management	Error! Bookmark not defined.
4 The Financial Case	16
4.1 Capital Affordability	16
4.2 Revenue Affordability	16
4.3 Overall Affordability	17
4.4 Confirmation of stakeholder support.....	18
5 The Management Case	19
5.1 Project Management	19
5.2 Engagement with Stakeholders	21
5.3 Benefits Register and Realisation Plan.....	21
5.4 Risk Management	22
5.5 Commissioning.....	22
5.6 Project Evaluation	23

Appendix 1: Strategic Assessment

Appendix 2: Benefits Register and Realisation plan

Appendix 3: Capacity of Proposed and Scheduled Sites in SE Locality

Appendix 4: Statement on Model of Care



Executive Summary

This proposal will help to secure increased Primary Care (GMS) capacity in the South-East Edinburgh area and welcomes the opportunity to be part of the integrated delivery of relevant local services, provided by the redevelopment of Liberton High School.

The proposal will provide accommodation for approximately 10,000 additional people to be registered as patients. (If a local medical practice reconsiders the opportunity of relocation to this site, then this 10,000 would become 2000 additional and 8000 'relocated' patients).

The proposal should be understood in context of the linked proposal to provide a further new surgery at the 'Gilmerton Gateway' development site. Together, these sites could provide for a maximum additional population of c20,000, or an opportunity for one or two local medical practices to relocate to purpose-built accommodation. The confirmed additional local housing and associated population requires additional capacity in the region of 14,000 – 16,000, but this area of the city is likely to be subject to further development as the current housing allocations are built out.

Several local practices have already closed their lists through lack of physical capacity to expand their practices and two local practices deliver GMS from converted domestic accommodation.



The Strategic Case

Existing Arrangements

The Initial Agreement, (South-East Outer GP Provision), explored options to provide GMS provision to the population expansion at the southern boundary of the South East Locality, and was approved by NHS Lothian and submitted to Scottish Government (SG) for consideration in September 2020. This primary care proposal was driven by population growth (as opposed to challenges with the existing estate). To date, this (and the other primary care IAs submitted at the same time) have not been considered by the Scottish Government Capital Investment Group. Feedback has been received that the SG wish to see an overarching strategy for primary care in Lothian, before considering individual business cases.

This over-arching Lothian strategy is being developed in the form of a strategic programme IA being led by the NHS Lothian Director of Primary Care, supported by the GMS Premises Group which includes all four HSCP's. Further discussions with SG colleagues are ongoing to ensure the format and content of the IA meets both NHS Lothian and the SG's requirement to allow progression. Whilst this process continues, it is recognised that key projects can still be supported to progress.

City of Edinburgh Council offered NHS Lothian the opportunity to include a GP Practice in the Liberton Campus development. The timescales for this CEC led project prompted the need for a separate IA to be developed, and this was approved by EHSCP/NHS Lothian in March 2022.

The South East Locality serves a population of circa 140,000 as at July 2022 and can be divided into two GP clusters. This business case relates to the South Cluster and the implications of the extensive housing developments in the area, much of it on green belt land which directly impacts on the following practices:

Ferniehill Surgery (list size 6,818 at 1st July 2022)

Independent contractor with practice owned premises which are functionally unsuitable for sustainable delivery of primary care. A small scheme was delivered in 2019, together with a Legup grant to create additional consulting space and enable some modest growth of 500 patients. There is now little opportunity for further conversion or extension of this building. This practice is in closest proximity to the areas of intensive housing developments at Gilmerton, most of which fall within its catchment area. 46% of the practice population is in the most deprived quintile.

Southern Medical Group (list size 7,959 at 1st July 2022)

Independent contractor with practice owned premises which are functionally unsuitable for sustainable delivery of primary care. The premises comprise a detached house which has been extended. Whilst it may be possible to further extend the building, the costs associated with this option make it prohibitive and would not provide adequate accommodation for the practice. The practice has steadily increased its list size in response to local demand and has benefitted from an EHSCP 'Legup' grant and 'small scheme' funding. The practice is within a mile and half of the most extensive development sites at Gilmerton and is located on the main road beside the public entrance to Liberton High School. 37% of the practice population is in the most deprived quintile.



Gracemount Medical Group (list size 8,705 at 1st July 2022)

Independent contractor located in NHS leased, purpose built premises which also accommodate community services teams. The practice has agreed to further expansion of c1,000 patients which would be possible within its current footprint. There is also the opportunity to review services located in the centre and further increase internal physical space if required. The practice is currently in the process of re-advertising its contract with a view to increasing the list size served. 54% of the practice population is in the most deprived quintile. The practice is located within half a mile of the development sites at Broomhills and Burdiehouse.

Liberton Medical Group (list size 7,998 at 1st July 2022)

Independent contractor located in practice owned, purpose built accommodation. In 2016 the practice benefitted from an extension of three clinical rooms, funded by a capital grant from NHS Lothian to address population growth pressures from a new housing development of 300 houses directly across the road from the practice. The practice is within a mile of the Broomhills and Burdiehouse developments as well as adjacent to the development referenced above. The practice received a further Legup grant to support further increased growth. One third of the patients are in the most deprived quintile.

Conclusion

With the potential exception of Gracemount Medical Practice, there is no significant additional premises capacity available to allow the local population to be registered with a medical practice. Even with the support of the practice and funding for internal development, Gracemount Medical Centre can only absorb a modest portion of the new population at a site which is comparatively remote from much of the catchment population by city standards.

Drivers for Change

The following section expands on the need for change as identified in the Strategic Assessment (included in [Appendix 1: Strategic Assessment](#)) and the Initial Agreement.

The population of Edinburgh increased by c90,000 during the period 2010 - 2022 and will continue to grow at a rate of c7,000+ per annum. This expectation has been confirmed by City Plan 2030, which will ultimately supersede the current Local Development Plan (2016-26).

City of Edinburgh (CEC) City Plan 2030 details the planned housing developments across the city. The South East Outer Area comprises a significant area of green belt release within the plan where extensive housing is programmed and already underway, with a considerable number of houses already occupied.

Although the house building programming extends over several years, the Housing Land Audit (HLA) 2021 details the expected completion rate of circa 200 houses per annum in the Gilmerton area. If developers are confident of house sales, that rate may increase.

The known planned developments are illustrated in Table 1 below:



The table below, covering the period 2021 – 2028 and the longer term, is a snapshot of the City of Edinburgh Council Housing Land Audit (HLA) 2021 (provisional), showing housing sites that are under construction and sites with planning consent.

Table 1: Planned Developments

Area	Total Dwelling Places	Complete at 4/22	22/23	23/24	24/25	25/26	26/27	27/28 +
Broomhills	671	559	82	30	0	0	0	0
Burdiehouse	120	32	45	39	4	0	0	0
Ellens Glen	240	0	0	0	0	0	0	240
Gilmerton Station Road	815	414	216	98	45	42	0	0
Lasswade Road	599	414	107	75	3	0	0	0
Edmonstone	696	0	0	0	50	50	50	546
Candlemakers Park	149	109	40	0	0	0	0	0
Totals	3290	1528	490	242	102	92	50	786
Estimated population*	6909	3209	1029	508	214	193	105	1651

Sites detailed in City Plan 2030 and constrained sites which have not yet been programmed are shown in the table below.

Table 2 City Plan 2030 developments

Area	Total Number of Dwelling Places	Estimated population*
Edinburgh Bioquarter	2500	5250
Moredun	56	118
Gilmerton Road	32	67
Liberton Hospital	120	252
Gilmerton Dykes Street	24	50
Raes Crescent	32	67
Total	2764	5804

Table 3 Anticipated increase in population which cannot be accommodated within existing GMS Premises

Area	Number of Housing Units		Population *
	Complete	In progress / planned	
Gilmerton Station Rd	414	401	1711
Lasswade Road	414	185	1257
Edmonstone	0	696	1462
Bioquarter	0	2500	5250
Candlemaker Park	109	40	313



Gilmerton Dykes Street	0	24	50
	937	3846	10,043

* Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The standard average household size of 2.1 people has been used in these calculations, although it is expected to decrease over time. Given the predominance of family housing to be built within all developments, it is likely that the population figure could be significantly higher, and the population numbers illustrated are considered to be a **low estimate** of the actual numbers.

The planned development sites, HLA 2021, with indicative **capacity of proposed and scheduled sites in SE Locality** are illustrated on the map at **Appendix 3**.

The Integration Joint Board previously approved the EHSCP Population Growth and Primary Care Premises Assessment 2016-2026, and the subsequent high prioritisation of this area need through the NHS Lothian Capital Prioritisation Programme which invited the submission of the Initial Agreement.

The preceding Strategic Assessment (SA) identified the need for change since existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to sustainably provide GMS to the current population.

Recent developments of GP premises within NHS Lothian have followed a standard schedule of accommodation and building layout to be developed. Although Covid 19 altered patient flow within GP practices the design and requirements of future health premises have not been significantly altered as new ways of working and renewed infection control requirements are able to be accommodated. Details of the potential impact are included in **Appendix 4**.

As with all CEC led developments, Liberton High School will be a Passivhaus rated new build, focussing on high quality design and construction. This gives a range of approaches to deliver a net zero carbon footprint whilst providing occupant comfort using little energy for heating and cooling. A series of performance criteria has been targeted across climate-based daylight modelling, operational energy analysis and thermal overheating analysis. Current planning and analysis indicate that the building is on target to achieving Passivhaus certification.

The table below summarises the need for change, the impact it is having on present service delivery and why this needs to be actioned now:

Table 4: Summary of the Need for Change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
Current service demand exceeds available capacity	The existing practices are unable to provide sustainable GMS to current population	Closed practice lists and inability of practices to increase capacity



What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
The practices operate from premises which limit response to changing service needs	Premises are a key component of practice stability. Unstable practices are a threat to system stability through displaced demand.	Practices are unable to respond to current demand and showing signs of instability (One has returned their GMS contract)
Planned house building on green belt and windfall sites from both existing (LDP) developments and because of City Plan 2030	Existing capacity unable to cope with population growth and demand displaced elsewhere in the system	Significant population increase began in 2018 and paused due to the pandemic, but currently increasing quickly.
Planned developments will generate sufficient population to offer a sustainable business model for new practices and provide development opportunity to existing practices through the new contract	The planned addition of another sustainable medical practice with purpose built premises will ensure that demand is effectively managed without resulting in disproportionate and inappropriate displacement	The demand from the additional population is already destabilising local practices and there is already enough population to sustain a new practice.
Implementation of the new GMS Contract Scotland	Transformation of primary care services to meet the requirements of the new GMS contract which requires additional space for the associated multi-disciplinary teams	New GMS contract came into effect on 1 st April 2018 and Edinburgh is struggling to identify sufficient physical capacity to support all the potential patient facing activity.
Long term tenure of GP owned premises	GPs could sell premises creating instability for provision of GMS	Opportunity to create long term sustainable premises for service delivery
Improve and create sustainable healthcare assets and support Carbon Net Zero targets by 2040.	This new build will assist NHSL in reaching the Net Zero target.	Opportunity to work with the local authority partner on a Passivhaus rated new build.



Investment Objectives

The assessment of the existing situation and the drivers for change were used to identify the investment objectives in the Initial Agreement. This have been revisited and reassessed by the project team as part of the SBC.

Table 5: Investment Objectives

	Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
1	The existing practices are unable to provide GMS to current population and future population	Improve service capacity to enable everyone to access GMS
2	Existing GP premises restrict the ability of practices to increase capacity and meet the demands of service provision	Improve service access and provide enough clinical accommodation to meet service needs
3	Existing service arrangements unable to cope with future projected levels of population growth and address current high levels of need in an area of significant deprivation	Improve service performance and configuration to respond to increased demands of known significant population growth and existing deprivation needs, and ensure easy accessibility
4	Transformation of primary care services to meet the requirements of the new GMS contract	Enable delivery of the Primary Care Improvement Plan as required for implementation of the new GMS contract
5	Practices are operating from premises which are neither functionally suitable nor sustainable	Improve functional suitability of the healthcare estate and address long term future needs and tenure

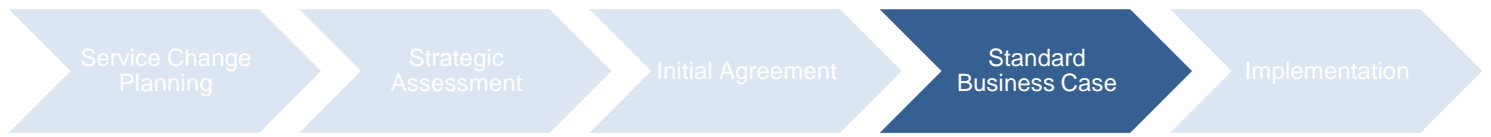
Is the preferred strategic solution still valid?

The preferred strategic solution is to create additional GMS capacity within the South East Locality in sustainable, purpose built accommodation which has the ability to support the delivery of the Primary Care Improvement Plan.

The proposed solution to provide premises in Liberton High School would achieve many of these investment objectives, with additional capacity for population growth. In alignment with the intentions of the GMS 2018 contract, the lease will be managed by NHS Lothian to help ensure the stability of the relevant practice.

A local practice was offered the opportunity to move to this site with its existing list of 8000+ patients. Ultimately, the practice decided to set this offer aside and to remain in the current premises which are approximately 40meters from the entrance to the new premises site. There are no ongoing discussions with the practice, but simply an undertaking that a final offer to reconsider would be made before a new GMS contract is advertised.

It is therefore currently proposed to create a new practice on the Liberton Community campus which will offer capacity for the existing population who have been unable to register for GMS, or who have registered



at a comparatively distant practice or who have 'suppressed' local registration following relocation to SE Edinburgh.



Economic Case

Do nothing/baseline

It is not feasible to continue with the existing arrangements ('Do Nothing') as it does not address any of the strategic drivers for change and has the potential to cause instability amongst local practices. A 'Do Minimum' option is therefore included as the baseline (as required by Scottish Capital Investment Manual guidelines) against which other options are assessed. This option can only address the strategic drivers in part and will result in capacity constraints which fail to provide for the population growth. The table below defines the 'Do Minimum' option including the requirements to implement this option. In this case the option is interpreted as the current and new population continuing to only have access to existing medical practices in their current buildings.

Table 6: Do Minimum

Strategic Scope of Option	Option 1 'Do Minimum'
Service provision	Continue with existing - GMS services will be provided
Service arrangements	Existing GMS practice premises
Service provider and workforce arrangements	Existing GMS provision – additional workforce could be provided peripatetically to help support increased list size
Supporting assets	Physical alteration to premises already maximised
Public & service user expectations	Public and service users will expect full access to GMS and require the ability to register with a GP in the local area

Short-list of Implementation Options

As previously stated, CEC has provided NHSL with the opportunity to include a GP Practice in the replacement Liberton High School Campus. This project aims to create a community lifelong learning and sports hub as well as co-locating with public services such as health, Police Scotland, library services and a number of third sector organisations. Previous collaborative projects with CEC have realised a number of advantages to co-location of services including cost benefits and proximity to the local community. In addition, this will provide many patients with the opportunity to attend one site for several purposes at one visit. For these reasons, this option is considered to offer clear benefits for the provision of a GP Practice which achieves all the investment objectives listed and remains the preferred option.



The table below summarises the costs associated with each of the shortlisted implementation options. Further detail on the calculation of these costs including assumptions made can be found in the Financial Case.

It should be noted that for the purposes of facilitating option appraisal, only the recurring revenue costs associated with the premises are used.

Table 7: Indicative Costs of Shortlisted Options

Cost (£k)	Option 1: Do Minimum	Option 2: New build for re-provision of practice in a joint development with CEC
Capital Cost	0	5,411
Recurring Revenue Costs	0	157

Non-monetary Costs and Benefits of Options

Each of the short-listed implementation options was also assessed against the benefits included in the benefits register in

[Appendix 2: Benefits Register and Realisation plan](#). Each of the identified benefits was weighted and following this each of the shortlisted options was scored against its ability to deliver the required benefits.

The results of the benefits assessment are summarised below:

Table 8: Results of Non-Financial Benefits Assessment

#	Benefit	Weight (%)	Option 1: Do Minimum	Option 2: Collaborative development with CEC
1	Clinical effectiveness and service improvement	20	4	9
2	Accessibility	30	7	9
3	Quality of physical environment	20	5	9
4	Sustainability	20	1	9
5	Deliverability	10	8	8
Total Weighted Benefits Points			490	890

It is clear from the above scores that there are significant benefits to developing a practice in the new school and this remains the preferred option.



Net Present Value

The table below details the indicative whole life costs associated with each of the shortlisted options. For further detail around the determination of the costs see the Financial Case.

The additional assumptions associated with the calculation of the NPV of costs are:

- A discount rate of 3.5% has been used in line with Government guidelines.
- A useful life of 50 has been determined for the projects.
- VAT and inflation have been excluded in line with Green Book guidance.
- Phasing of the costs reflects the useful life and the programme of works as identified in the Commercial Case.

Table 9: NPV of Shortlisted Options

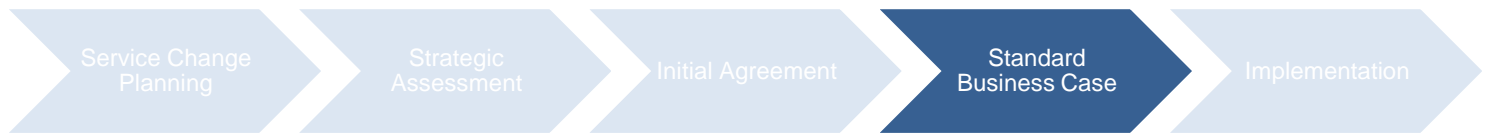
Cost (£k)	Option 1: Do Minimum	Option 2: New build for re-provision of practice in a joint development with CEC
Whole life capital costs	0	3,973
Whole life operating costs	0	1,073
Estimated Net Present Value (NPV) of Costs	0	5,046

Overall economic assessment and preferred way forward

The table below show the weighted benefit points for each shortlisted option, the NPV of costs and the calculated cost per benefit point. This calculated cost per benefit point has been used to rank the options and identified the preferred way forward.

Table 10: Economic Assessment Summary

Option Appraisal	Option 1: Do Minimum	Option 2: New build for re-provision of practice in a joint development with CEC
Weighted benefits points	490	890
NPV of Costs (£k)	0	5,046
Cost per benefits point (£k)	0.00	5.67
Rank	5	1



The Commercial Case

This Commercial Case outlines the proposed commercial arrangements and implications for this proposed project, by responding to a series of questions set out in the SCIM Outline Business Case guidance.

Procurement Route/ Contractual Arrangements

As this is a business case with a value less than £10m, it is within NHS Lothian's delegated limit and will not require to be submitted to the SGHD for approval.

The total capital costs for the preferred option are £5.411m. The procurement of the project will be led by CEC, supported by Edinburgh Health and Social Care Partnership and NHSL. The project has progressed to the tendering stage with the design and overall project being managed by CEC's Investment Steering Group. NHSL and Edinburgh HSCP are both represented on this group.

It is proposed that NHSL will provide a Capital Grant to CEC for the construction costs, this will be contracted within a Development Agreement between the two organisations.

The NHS element of the completed facility will be leased to NHSL on a 50 year lease with a nominal rental.

The Financial Case

Capital Affordability

The estimated capital cost associated with the preferred option(s) is detailed in the table below. Construction costs were provided by independent quantity surveyors.

The table also details any changes to costs from those included in the IA. These are further explained below.

Table 11: Capital Costs

Capital Cost (£k)	Preferred Option - Costs at IA	Preferred Option - Costs at SBC	Change in Costs
Construction	3,369	3,134	235
Professional Fees	374	310	64
Furniture, Fitting & Equipment	85	142	(57)
IT & Telephone Costs	68	57	11
NHSL Internal Costs	-	15	(15)
Inflation	464	354	110
Optimism Bias	1,308	549	759
Total Capital Cost (excl VAT)	5,668	4,561	1,107
VAT	1,134	912	221
VAT Recovery	-	(62)	62
Total Capital Cost (incl VAT)	6,802	5,411	1,391

The assumptions made in the calculation of the capital costs are:

- Construction costs for both IA and SBC have been provided by independent quantity surveyors via City of Edinburgh Council as they have been engaged for the wider development.
- Optimism bias for the preferred option at IA was calculated at 30% of total costs including commissioning. This has been recalculated at 15% for the revised SBC costing to reflect the decrease in uncertainty as the timescale has shortened. This has been calculated in line with SCIM guidance.
- An allowance for inflation was provided by the independent surveyor for the preferred option, this was included at 13.4% of construction costs on the IA. Due to the uncertain conditions in the market currently, this percentage has been applied again to construction costs on the SBC.
- VAT has been included at 20% on all costs. No VAT recovery was assumed at the IA. VAT recovery is included on the SBC costing as it is now expected that VAT can be recovered on Professional Fees.

Revenue Affordability

The estimated recurring incremental revenue costs associated with the preferred option(s) are detailed in the table below. These represent the additional revenue costs when compared to the 'Do Nothing' option.

As above, only the revenue costs associated with premises are considered as part of this appraisal. The full revenue costs are therefore presumed to be fully covered by the available GMS income attached to



list size. Any practice starting from a minimal list size, would require additional support until the list size builds to a sustainable level. These additional costs and the length of time over which they would be required would vary considerably, depending on how the new practice was commissioned. These implications sit outside this building-focussed business case.

Table 12: Incremental Revenue Costs

Incremental Revenue Cost/year (£k)	Preferred Option – Costs at IA	Preferred Option – Costs at SBC	Preferred Option – Change in Costs
Facilities	143	49	94
Lease	-	-	-
Depreciation	247	108	139
Total Annual Incremental Revenue Cost	390	157	233

The assumptions made in the calculation of the revenue costs are:

- Facilities costs have been applied on the basis of the costs of maintenance and domestic services. These have been calculated on the basis of £39 and £30 per sqm respectively, based on costs for similar type GP premises.
- The premises will be leased to NHS Lothian on a peppercorn lease for a period of 50 years, with a nominal payment of £1 per year.
- No additional staffing costs are anticipated.
- Other practice related costs have not been included in revenue costs as these will be funded via GMS income. However, it is noted that there may be an increase in these revenue costs.
- Depreciation is based on a useful life of 50 years and assumed to be funded from the existing NHS Lothian Depreciation funding allocation.
- Other practice related costs have not been included in revenue costs as these will be funded via GMS income. It is noted that there will be an increase in these revenue costs which will have to be agreed with the practices involved.



Overall Affordability

The table below summarises the total costs associated with the preferred options and the funding proposed to implement this option.

Table 14: Summary of costs and funding

Incremental Revenue Cost/ Funding	Preferred Option – Capital Costs/ Funding (£k)	Preferred Option – Revenue Costs/ Funding (£k)
Total Cost	5,411	157
Funding – GP Practice Revenue Funding		157
Funding – NHSL capital formula funding	5,411	
Total Funding	5,411	157
Funding Gap	0	0

Confirmation of stakeholder support

Following the endorsement of the EHSCP Population Growth and Primary Care Assessment 2016 – 2026, which reflected the extensive housing developments set out by CEC Local Development Plan, by EIJB in September 2017 and LCIG in March 2018, a strategic assessment for practices in the South East area was completed and submitted by EHSCP as part of the NHS Capital Prioritisation Process 2019/2020.

Consequently, an Initial Agreement for the provision of general medical services in South Edinburgh was developed and supported to progress to Standard Business Case by EIJB and NHS Lothian Capital Investment Group in February 2020 and subsequently approved at NHS Lothian Finance and Resources Committee on 25th March 2020. The development of Liberton Community Campus is being led by City of Edinburgh Council which is working closely with other parties involved in the local community.

Full consultation has taken place with 3rd sector colleagues and community groups and the building itself provides accommodation for Police Scotland, a library and a sports centre as well as supporting other community requirements. There is strong support for this collaborative approach.

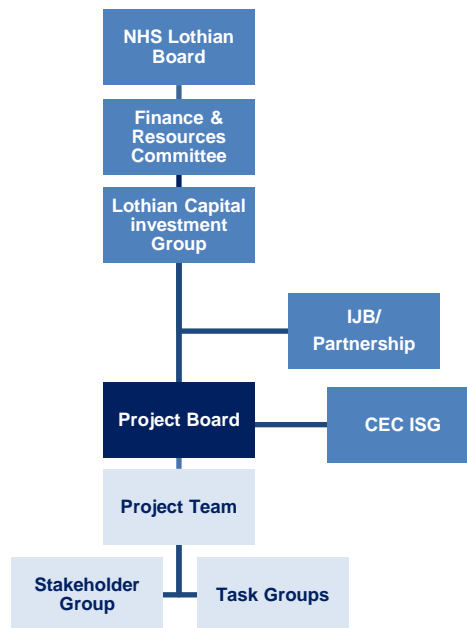


The Management Case

Project Management

Governance arrangements

The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution.



Key roles and responsibilities

The table below notes the project board that will be responsible for taking the project forward including details of the capabilities and previous experience.



Table 15: Project Management Structure

Role	Individual	Capability and Experience
Senior Responsible Officer	Judith Proctor, Chief Officer	Previous experience as SRO in primary care capital projects
Project Owner	David White, Strategic Lead, Primary Care and Public Health	Previous experience of NHS capital projects
Project Director	Campbell Kerr	Programme Director in NHSL Capital Planning with extensive experience and responsibility for primary care projects
Project Manager	Louise MacDonald	Project Manager in NHSL Capital Planning with extensive experience and responsibility for primary care projects
Capital Finance Support	Immy Tricker / Kenny Brennan	Experience supporting capital investment projects including primary care provisions
Finance Business Partner		
HSCP Project Manager	Lee Clark	Previous experience of NHS capital projects
Clinical Lead	Dr Jane Marshall	Experience as GP and Clinical Lead for South East Locality

Legal advice for the project (if required) will be obtained from the Central Legal Office. The table below lists the project’s external advisors:

Table 16: External Advisors

Role	Organisation & Named Lead
Legal Adviser	Elaine Tait, Central Legal Office
Property Adviser	Andrew Putland, Valuation Office

Project plan and milestones

The table below includes a summary of the key project milestones and dates.



Table 17: Project Timetable

Key Milestone	Date per IA	Current Planned Date
Initial Agreement approved	Jan 2022	March 2022
Standard Business Case approved		February 2023
Construction starts (tbc by CEC)	June 2023	April 2023
Construction complete and handover begins	June 2025	June 2025
Service commences	August 2025	August 2025

Engagement with Stakeholders

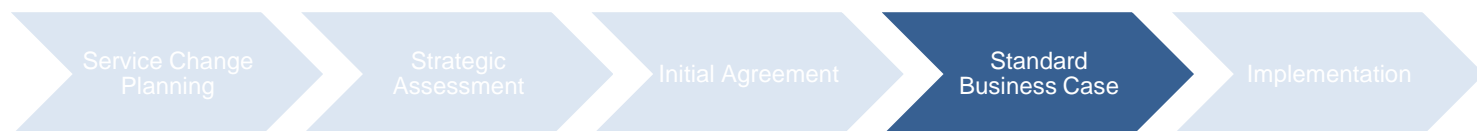
The table below summarises the stakeholders impacted by this proposal and the details of the engagement that has taken place with them to date. This is followed by the stakeholder engagement and communication plan.

Table18: Engagement with Stakeholders

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
Patients/service users	Engagement relating to NHS facilities will be initiated with potential patients and service users as identified	Will be updated as discussions progress
General public	CEC has embarked on extensive engagement with members of the local community. Further discussions specifically relating to health will be undertaken by the Public Involvement Co-ordinator	Will be updated as discussions progress
Staff	As this may be a new practice, no staff are available for consultation	Will be updated as discussions progress
Other key stakeholders and partners	Discussions have already taken place with local practices and local councillors	EHSCP Strategic Lead for Primary Care will update as discussions progress

Benefits Register and Realisation Plan

The investment objectives and the Strategic Assessment (see [Appendix 1: Strategic Assessment](#)) have informed the development of a Benefits Register (see [Appendix 2: Benefits Register and Realisation plan](#))



Per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this register is intended to record all the main benefits of the proposal and also includes a full Benefits Realisation Plan detailing how the benefits will be realised and measured.

Risk Management

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these.

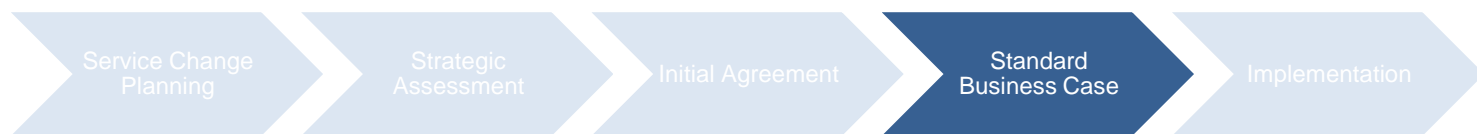
A full risk register has been developed for the project and is available from the Project owner on request.

Table 19: Strategic Risks

Theme	Risk	Safeguard
Workforce	Challenge of establishing a new GMS practice	Attractive prospect with new building likely to be appealing / possibility of local practice reconsidering
Funding Capital	Capital funding to deliver the project is unavailable, despite lower cost as part of larger project.	Optimise resource usage Value engineering Cost certainty for business case
Funding Revenue	Revenue funding to deliver the project is unaffordable.	Revenue streams are fully understood and covered by combination of existing and additional population related funds
Capacity and scope	Scope of the project exceeds deliverability / insufficient space to meet demand	Accommodation schedule and design signed off at an early stage to prevent scope creep
Timescales	NHSL governance timescales do not match CEC requirements for commitment to project	NHSL governance arrangements detailed to CEC at an early stage.

Commissioning

- Building construction and associated commissioning is being led by CEC. Specific elements of the commissioning of the NHS area will be undertaken by the NHS Lothian Capital Programme Manager and the Project Manager from Edinburgh Primary Care Support Team, both of whom have significant experience of similar projects.



- The key stages expected within the commissioning process and an indication of appropriate time scales will be kept under review as part of the project delivery.

Project Evaluation

- Part of the stakeholder involvement will include detailed discussions and satisfaction surveys with members of the local community at an early stage to explore current experiences. This will be repeated approximately 12 months following completion and evaluated.
- In addition, all areas listed in the Project Benefits register will be evaluated to establish the effects resulting from delivery.

Appendix 1: Strategic Assessment

PROJECT: GP Capacity in South East Outer Area		What are the Current Arrangements: GP services in SE outer area provided by Ferniehill, Southern, Inchpark, Gracemount, and Liberton practices. A considerable number of housing developments are programmed in the South East wedge up to and beyond 2026, requiring additional GP provision for the planned population growth. Current practices are all restricted and several are in accommodation which is not fit for purpose with little or no ability to increase capacity.															
What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?	What solution is being considered														
<p>Existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to provide GMS to the current population hence list restrictions</p> <p>Current difficulties nationally with primary care workforce provision undermine practices' stability and potential to increase lists</p> <p>Some existing premises restrict the ability of practices to increase capacity, and provide sufficient access to primary care.</p> <p>Some practices are operating from premises with non compliant facilities and which are unfit for delivery of sustainable primary care services against existing standards</p> <p>City of Edinburgh Council Local Development Plan confirms programming in the area of at least 2,400 houses/equating to a minimum of c5,000 people, with building underway or about to commence</p>	<p>Ensure everyone has access to a GP by increasing capacity and reducing restricted lists</p> <p>Shift the balance of care by increasing the proportion of patients receiving care in community settings</p> <p>Reduce emergency admissions to hospital and rate of attendance at A/E</p> <p>Ensure that people who use health and social care services have positive experiences and their dignity respected.</p> <p>Support the attainment of HEAT targets e.g. early cancer detection, antenatal access, early years vaccinations</p> <p>Improve the functional suitability of the healthcare estate by providing compliant premises</p> <p>Optimise financial and resource usage through an efficient estate and a stable health and social care system</p>	<p>Identify Links</p> <p>Identify Links</p> <table border="1"> <thead> <tr> <th>Strategic Priority</th> <th>Prioritisation Score</th> </tr> </thead> <tbody> <tr> <td>Person Centred</td> <td>5</td> </tr> <tr> <td>Safe</td> <td>2</td> </tr> <tr> <td>Effective Quality of Care</td> <td>4</td> </tr> <tr> <td>Health of Population</td> <td>4</td> </tr> <tr> <td>Value & Sustainability</td> <td>3</td> </tr> <tr> <td>TOTAL SCORE</td> <td>18</td> </tr> </tbody> </table>	Strategic Priority	Prioritisation Score	Person Centred	5	Safe	2	Effective Quality of Care	4	Health of Population	4	Value & Sustainability	3	TOTAL SCORE	18	<p>Service Scope / Size</p> <p>Provision of sustainable GMS services in outer area of EHSCP South East Locality</p> <p>Service Arrangement</p> <p>Increase capacity through intensifying use of current buildings, re-provision of accommodation and/or develop new practice</p> <p>Service Providers</p> <p>EHSCP, GP contractors, NHS Lothian, City of Edinburgh Council, Third sector</p> <p>Impact on Assets</p> <p>Potential re-provision/reconfigurations of some current premises/provision of new premises</p> <p>Value & Procurement</p> <p>New build will use the Hub Framework, other procurement to be confirmed in Initial Agreement</p>
Strategic Priority	Prioritisation Score																
Person Centred	5																
Safe	2																
Effective Quality of Care	4																
Health of Population	4																
Value & Sustainability	3																
TOTAL SCORE	18																

Service Change Planning

Strategic Assessment

Initial Agreement

Standard Business Case

Implementation

Appendix 2: Benefits Register and Realisation plan

Step 1: Identify desired benefits and include in the project benefits register

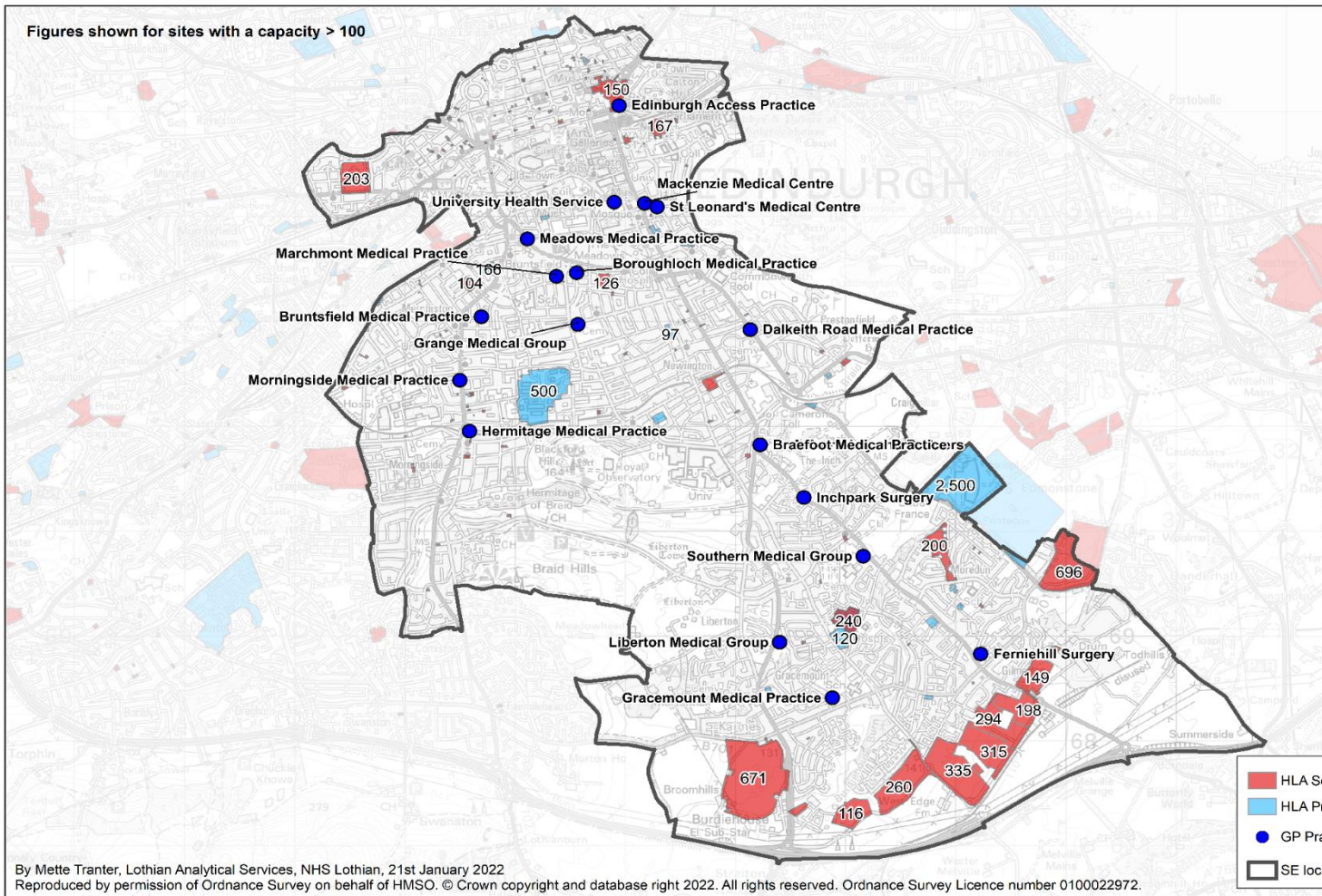
Instructions

Liberton High School – General Medical Services Provision

1. Benefits Register													2. Prioritisation		3. Realisation			
Ref No.	Benefit	Assessment	As measured by	Baseline Value	Target Value	Relative Importance	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation						
1	Everyone can register with a GP	Quantitatively	Capacity increase, restricted lists, patient assignments	No of patients resident - assigned	No restricted lists, patients assigned	5 - Vital	Patients, GP Practices	GP/IEHSCP/NHSL	Provide the practices with the physical capacity to increase services and accommodate planned local growth	N/A		24 months post project						
2	Increase in services and clinical accommodation provided in the community	Quantitatively	Proportion of services offered in the community	Current service provision	Increase in community services and clinical accommodation	4 - Important	Population, EHSCP, NHSL	EHSCP	Provide the practices with the physical capacity to increase services and accommodate planned local growth	N/A		24 months post project (NB supporting figures may not be available until later date)						
3	Ensure that people who use health and social care services have positive experiences and their dignity respected	Qualitatively	Patient experience of GP practice, patient experience of Health and Social Care services	Results of HACE Patient Survey 2020/21	Improvement on previous results in post completion survey	4 - Important	Patients	EHSCP/Practices	Provide premises from which to delivery general medical services safely and with optimum clinical functionality. Provide premises which are compliant with statutory legislation and are functionally suitable.	N/A		24 months post project						
4	Reduce the rate of attendance at A&E	Quantitatively	RIE A&E activity reports	Current measurements by practice	Reduction in attendance rates	3 - Moderately important	Patients	EHSCP/Secondary Care/Practices	Provide the practice with the physical capacity to increase services and accommodate planned local population growth	Provision of corresponding services in secondary care/3rd sector		24 months post project (NB supporting figures may not be available until later date)						
5	Provides safe and easy access to GP services. DDA compliant	Qualitatively	Patient experience of travel options questionnaire	Results of questionnaire to patients pre-move	Results of post completion questionnaire and full DDA compliance achieved	5 - Vital	Patients	ESCP	Provide premises which are compliant with statutory legislation and are functionally suitable	N/A		24 months post project						
6	Improve the functional suitability of the healthcare estate	Quantitatively	Proportion of the estate categorised as either A or B for the functional suitability facet	B/C	A	4 - Important	Patients/EHSCP/NHSL	EHSCP	Provide premises which are sustainable and address the practice needs for the foreseeable future; long term tenure	N/A		24 months post project (NB supporting figures may not be available until later date)						
7	Improve sustainability and efficient use of resources	Quantitatively	Annual Statutory Appraisal	B/C	A	5 - Vital	Population/EHSCP/NHSL	EHSCP	Provide premises which are sustainable and address the practice needs for the foreseeable future, long term tenure. Provide premises which are NHS leased / owned, reducing the risk to individuals and practices	N/A		24 months post project						

Appendix 3 Map Capacity of Proposed and Scheduled Sites in SE Locality

Capacity of proposed and scheduled sites in SE Locality





Appendix 4 Statement on Model of Care

GMS Model of Care

The previous model of care can be summarised as a doctor led model operating 8am to 6pm, five days per week. Populations differ in their intensity of interaction with GMS, just as they vary in their need for physical consultation. Previously a practice with an 'average demand' population could expect to provide 60 doctor and 25 nurse appointments per 1000 patients per week. This would require a consultation room per 1000 patients for physical planning purposes.

The influence of the pandemic on practice behaviour and patient demand is far from settled. Nevertheless, it seems reasonable to assume that where previously 90% of appointment requests would result in a face to face (F2F) interaction, with only 10% dealt with by telephone, this **may** evolve to a steady average 50/50. Again, different populations will react differently, broadly with younger and more affluent people using fewer F2F appointments.

For planning purposes practice construction should continue to use 1 consulting room per 1000 patients and add a **dedicated** telephone/video consulting room per 5000. These rooms can be situated on the first floor of a building which may be important for some practices. Approximately 60/70% of consulting rooms would be designed to allow **both** F2F and remote consulting, with 30/40% designed for **mainly** remote consulting. This allowance should be sufficient to facilitate the additional PCIP/New Contract staff who are practice embedded at a ratio of approximately 1wte per 3000 patients. The availability of consulting space is dependent on non-exclusive use of clinical rooms, and therefore on sufficient non clinical space for clinicians to operate effectively.

The underlying assumption is that where doctor appointments can be augmented by New Contract staff appointments, the new workforce will convert similar proportions of their workload to F2F.

The waiting room space allowance required should be able to be reduced to 2 chairs per consulting room. This assumption presumes that the requirement for 'social distancing' and a meter between patients waiting will not be required.

Practices are exploring whether sections of clinical work can be undertaken both remotely and from outside the medical practice. This is thought to be an important local flexibility but does not impact on the practice footprint nor internal design.

A small number of Practices are currently considering whether adjustments in opening hours might offer more intensive use of buildings. As has been shown with the practice extended hours contract, this works well for some populations but is less popular with others. Whilst it is too early to be definitive, inner-city and or student dominated practices with generally younger populations, may be well-suited to this adjustment. In this case, the practices could facilitate a larger population from the same building.

In the context of sustained population growth across Lothian, consideration must be given to extended use of any of the suitable buildings to prevent the requirement for additional physical buildings where intensive use could work.

This page is intentionally left blank

REPORT

Escalation Report

Edinburgh Integration Joint Board

28 February 2023

Executive Summary	<p>The purpose of this report is to highlight two separate issues that require consideration and agreement by the Edinburgh Integration Joint Board (EIJB).</p> <p>The first issue relates to the appointment of Climate Change Champions that was discussed and highlighted as a gap at Performance and Delivery Committee on 30 November 2022.</p> <p>The second issue relates to the appointment of a EIJB Chief Risk Officer which was discussed at Audit and Assurance Committee on the 5 December 2022.</p>
--------------------------	---

Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <p>Climate Change Champions</p> <ol style="list-style-type: none"> 1. Agree to appoint two Climate Change Champions. 2. Agree that interested Board Members should contact the Chair in the first instance. <p>Chief Risk Officer</p> <ol style="list-style-type: none"> 3. Consider the recommendation of the Audit and Assurance Committee to proceed with the recruitment to the Chief Risk Officer on a part time basis. 4. In doing so, note that there is no identified IJB budget for this role and that the costs would have to be identified from within existing resources.
------------------------	--

Directions

Direction to City of Edinburgh Council,		
	No direction required	✓

NHS Lothian or both organisations	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 circulated to any governance committees prior to submission to the Edinburgh Integration Joint Board.
2. A report on the Climate Change Duties, including reference to Climate Change Champions was submitted to Performance and Delivery Committee on 30 November 2022.
3. A report on the Chief Risk Officer was presented to the Audit and Assurance Committee on the 5 December 2022.

Main Report

Climate Change Champions

4. In 2021, the EIJB agreed a Climate Change Charter, which outlines the EIJB commitment, pledges of support and changes to business practices which helps Edinburgh meet its net zero carbon emission target by 2030. The charter also committed to appointing two Climate Change Champions.
5. The role of the Climate Change Champion is to help make sustainable change happen, play a vital part in the EIJB's engagement with partners and help change culture and working practices across all areas of the Edinburgh Health and Social Care Partnership.
6. Two previous EIJB members were nominated as Climate Change Champions, however they have now resigned from the EIJB, therefore the Performance and Delivery Committee on 30 November as part of discussion on the Climate Change Duties asked that this issue is raised at EIJB and for two new Climate Change Champions to be appointed.
7. It is proposed that any EIJB members interested in the Climate Change Champion role, should contact the Chair of the EIJB in the first instance.

Chief Risk Officer

8. Section 14.2 of the updated Integration Scheme specifies that both NHS Lothian and City of Edinburgh Council will provide the EIJB with sufficient support to enable it to fully discharge its duties in relation to risk management.
9. Since 2017, the Chief Finance Officer (CFO) has undertaken the role of Chief Risk Officer (CRO), alongside their CFO role. The previous Chair of Audit and Assurance Committee (AAC) has raised the nature of the dual role and that this could be seen as a potential conflict of interest.
10. The Chair of the AAC has raised the potential conflict of interest with the Chair of the Edinburgh Integration Joint Board (EIJB) who has subsequently written to the Chief Executives of NHS Lothian and City of Edinburgh Council requesting resource from partners to fulfil the CRO role. Both Chief Executives have responded to this request, advising that no resources will be provided to the EIJB to undertake the CRO role.
11. The Internal Audit report into EIJB risk management arrangements highlighted that the good progress has been made in developing the EIJB's risk management framework with an effective audit outcome. This demonstrates that the CFO has been effective in the CRO role. It should also be highlighted that, to date, the potential conflict of interest has not materialised through EIJB risk cards, any findings from internal audit reports or escalated to the EIJB for resolution.
12. A report was presented to Audit and Assurance Committee on 5 December 2022 highlighting the options available to resolve the issue with the CRO:
 - a. Continue with the dual role of CFO and CRO or;
 - b. Recommend that the EIJB agree to the post look to fund the CRO role on a part time basis.
13. None of the other Lothian IJBs have a dedicated CRO, and, as in Edinburgh this function is combined within other roles. For Midlothian IJB, the CRO role is undertaken by the Council risk team, the IJB CFO in East Lothian undertakes the CRO role and the IJB Internal Auditor also undertakes the Risk Manager role for West Lothian EIJB.
14. To give an indication of the costs were the EIJB to approve this and, based on a grade 12, City of Edinburgh Council salary, this would be in the region of £103,994 (£79347 + 31% oncosts), however as this post would be a part time role (likely to be one day per week), this salary would be pro rata.

15. The AAC at its meeting on 5 December 2022 had a lengthy discussion about the two options. Most members of AAC agreed to recommend the recruitment to a Chief Risk Officer on a part time basis, however they did recognise the significant financial pressures facing the EIJB. It should be highlighted that there is no funding source available for this post and would be added to the current financial savings target.
16. It was also recognised by the Audit and Assurance Committee that there is likely to be difficulties in recruiting to this role on a part time basis which is likely to be 1 day per week.
17. As the Audit and Assurance Committee is not a decision making committee, the proposal is presented to EIJB to endorse the decision to recruit to the Chief Risk Officer role on a part time basis and agree the relevant costs associated with this.

Implications for Edinburgh Integration Joint Board

Financial

18. There are no direct financial impacts relating to the appointment of the Climate Change Champions.
19. In relation to the recruitment to the Chief Risk Officer, a job description would need to be drafted and progressed through job evaluation to provide a pay banding which would determine the exact financial implication to the EIJB. However, to give an indication of the costs, based on a grade 12 City of Edinburgh Council salary, this would be in the region of £103,994 (£79347 + 31% oncosts), however as this post would be a part time role, this salary would be pro rata.

Legal / risk implications

20. By not appointing two EIJB Climate Champions, there could be a risk that progress to meet the 2030 net zero target is not achieved due to the lack of culture change in relation to climate change and / or climate change opportunities are not exploited.
21. In relation to risk management arrangements, the current arrangements in place are effective, however as the current CFO undertakes the CRO role as well, there is a potential conflict of interest which may increase the risk to the EIJB, however this risk has not materialised since 2017.

Equality and integrated impact assessment

22. As this report provides an update on a range of arrangements already in place, an equalities and integrated impact assessment is not required for this report as it will have been undertaken as part of the development of the workstreams contained within this report.

Environment and sustainability impacts

23. The work undertaken as part of the EIJB climate change duties as well as the appointment of Climate Change Champions will positively address the impact the EIJB may have on the environment.
24. There are no direct impacts arising from the appointment of a CRO within the EIJB.

Quality of care

25. The content of this report does not directly impact either positively or negatively on quality of care.

Consultation

26. The proposals presented with the papers have been considered and scrutinised at committees prior to submission to the EIJB.

Report Author

Judith Proctor

Chief Officer

Contact for further information:

Name: Angela Brydon

Email: angela.brydon@edinburgh.gov.uk

Telephone: 0131 529 4050

Background Reports

None

Appendices

None

This page is intentionally left blank

REPORT

Finance update

Integration Joint Board

28th February 2023

Executive Summary	The report provides the Integration Joint Board with an update on the financial performance of delegated services for the first 9 months of the year. The level of assurance provided of a break even position for 2022/23 remains at moderate .
--------------------------	---

Recommendations	It is recommended that the board notes the: <ul style="list-style-type: none"> a) financial position for delegated services to 31st December 2022; b) moderate assurance provided by the Chief Finance Officer.
------------------------	--

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 & NHS Lothian	

Report Circulation

1. The financial positions highlighted within this report have been considered through the appropriate governance structures of our partners, the City of Edinburgh Council (the Council) and NHS Lothian.

Main Report

Background

2. In March 2022, the Integration Joint Board (IJB) agreed the 2022/23 financial plan and associated savings and recovery programme. Recognising that the additional measures required to balance the plan would have a significant negative impact on performance gains and, ultimately on outcomes for people, the board made the difficult decision to support a budget which did not deliver financial balance. At this point the plan had a deficit of £16.9m.
3. An update was provided to the IJB meeting in August 2022 which reported that the budget deficit had been reduced to £10.8m. At this point, the board noted that officers were continuing tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge this remaining gap. This position was monitored as the year progressed and, at its December meeting, the Chief Finance Officer provided the board with moderate assurance of a break even position for the financial year 2022/23. This was predicated on the value of vacancies across Council and NHS services, slippage on investment funding and the use of reserves. It was further noted that the recurring financial position remains of major concern as we move into 2023/24.

Overview of financial position

4. As members are aware, the IJB “directs” budgets back to our partner organisations who provide the associated services. The majority of these services are delivered through the Edinburgh Health and Social Care Partnership, with the balance being managed by NHS Lothian under the strategic direction of the IJB. Management of financial performance is undertaken through the governance arrangements in the 2 partner organisations and the Partnership.

5. The information in this report is based on the period 9 (December 2022) monitoring reports from the Council and NHS Lothian. This shows a projected year end overspend of £2.7m as per table 1 below. It represents a deterioration from the position reported to the board in December, driven by an increase in externally purchased care costs (linked to the recent improvement in performance) and prescribing expenditure (with both unit prices and volumes continuing to increase). Further detail is included in appendices 1 (NHS Lothian) and 2 (the Council), with narrative explanations in paragraphs 6 and 7.

	Annual Budget £k	To December 2022			Year end forecast £k
		Budget £k	Actual £k	Variance £k	
NHS services					
Core	299,564	166,408	166,062	346	780
Hosted	105,577	75,141	74,483	658	1,281
Set aside	103,866	77,345	79,670	(2,326)	(4,742)
Sub total NHS services	509,007	318,894	320,215	(1,321)	(2,681)
CEC services	290,706	218,030	218,030	(0)	(0)
Total	799,713	536,924	538,245	(1,321)	(2,681)

Table 1: financial position for delegated services to December 2022

NHS Lothian

6. Delegated health services are reporting an overspend of £1.3m for the 9 months to December 2022, or £2.7m by the end of the financial year. The Chief Finance Officer is in active discussion with NHS Lothian to explore whether additional support might be available if this position does not improve in the last quarter. On the basis that NHS Lothian itself reaches financial balance, assurances have been received that further resource will be made available to offset the set aside position.
7. The key drivers of this position are well rehearsed and include:
- *Vacancies* – continue to drive projected year end underspends in a number of services, including community hospitals (£1.2m), district nursing (£1.4m), mental health (£1.6m), therapies (£0.8m including hosted services) and rehabilitation (£0.8m). In all these areas vacancy levels are higher than those experienced in the previous financial year despite ongoing efforts of operational staff prioritising recruitment;

- *Prescribing (£3.3m over)* – prescribing costs have been particularly volatile this year and the latest forecast shows a deterioration. As previously highlighted, volumes and unit costs are both increasing. These elements are being closely monitored but it is difficult to predict if they will continue longer term at this time;
- *Hosted services (£1.3m under by year end)* – although the net position has not changed materially since the last finance report, this masks a couple of material movements. Specifically, funding has been released on a pan Lothian basis to reflect the increased issue of community equipment, resetting the budget. This is offset by an adverse movement in the psychology position, caused by a reduction in the mental health recovery and renewal fund (MHRRF) nationally. NHS Lothian received £1m less funding than had been anticipated; and
- *Set aside services (£4.7m over)*- continues to be the main financial issue facing NHS delegated services and the key drivers remain as previously reported. These include: staffing (mainly at the acute hospital's front doors); drugs (in gastrointestinal and cystic fibrosis services); adult insulin pumps within diabetes & endocrinology; therapy services at the Royal Infirmary of Edinburgh (both occupational therapy and physiotherapy;) and junior medical costs. The deterioration of the position in the last part of the financial year is linked to an expected increase in the distribution of insulin pumps and recruitment to allied health professional (AHP) vacancies within the acute sector.

City of Edinburgh Council

8. Council delegated services are now reporting a break even position for the year, after the application of £3.6m of slippage. There are 3 components to the operation position (ie before considering the impact of covid and system pressures). Taking these factors together gives an underlying in year overspend of £4.5m, and they can be described as follows:
 - *Employee costs (forecast net underspend of £5.3m)* – reflecting the level of vacancies across the services, but mostly in homecare, residential and day care services. This is despite the ongoing efforts to recruit and reflects the position nationally; and

- *Purchasing (net projected overspend of £11.5m)* – with particular pressures in residential services (due partly to challenges in securing placements at national care home contract rates and the timing of invoicing) and care at home, direct payments and individual service funds (c£5m of which is reflective of recent upturn in performance).
9. The combination of the above factors leaves a residual in year gap of £3.6m. Working with service leads, the finance team carried out a review of planned investments (from a combination of the non recurring winter funding received in 2021/22 and funds received via the Scottish Government's (SG) budget for 2022/23). This focussed on the likely timing of implementation and this exercise identified that the recruitment challenges previously highlighted to the IJB mean there is a degree of slippage in the associated funding. It has therefore been assumed that this will offset the residual gap in the budget for the year.

Financial impact of Covid-19

10. For the last 3 financial years Covid related costs were met in full by the Scottish Government (SG) via the Lothian Mobilisation Plan (LMP) process. Due to timing differences between funding being received and costs incurred, the IJB held £44.1m in reserve as we moved into financial year 22/23. Subsequently, the SG has confirmed that any of this funding not required to offset in year Covid costs would be recovered from integration authorities. This adjustment has now been actioned, based on the LMP returns submitted. Covid costs for Edinburgh IJB for 22/23 were estimated at £13.1m (see appendix 3 for the breakdown), and the balance of £31.0m has now been reclaimed by the SG. A reconciliation exercise will be conducted at the end of the financial year, at which point any required changes will be processed.
11. Over the 3 year period, the SG has funded £95m of pandemic related costs for Edinburgh. However, from 23/24 onwards, the SG has confirmed that, with the exception of a small number of national programmes, no further support will be available.

Integration Joint Board reserves

12. In total, the IJB started the year with reserves totalling £82.2m. Appendix 4 sets out the extent to which these reserves have been applied during the year

and shows that the planned value at the end of the year is £7.1m. This will be subject to change as spending plans are finalised and we receive the final outstanding SG allocations. The remaining reserves are all 'earmarked' which means they are committed against specific projects which have been separately funded. As such there is no flexibility for alternative uses and the amounts in question will be carried forward to, and expended in, 23/24.

Savings and recovery programme

13. In March 2022, the IJB agreed the 2022/23 savings and recovery programme to deliver in year savings of £5.74 million. Delivery of the programme is overseen operationally by the Savings Governance Board (SGB) with progress scrutinised by the Performance and Delivery Committee. Appendix 5 details the validated and reported progress status and associated RAG evaluation for all approved projects within the 22/23 programme up until the end of January 2023. This includes a high-level summary, outlining the current status and agreed actions, for each project. Ten (10) projects have been reported as either low, moderate or high risk.
14. Overall, the savings programme is on track, however there is a divergence between planned activities and progress across a small number of projects. Where risks or issues have been identified as having financial implications to the 2022/23 Savings and Recovery Programme, corrective actions have been agreed and documented through SGB for the purpose of audit and ongoing programme assurance.

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. Taking these into account the Chief Finance Officer is in a position to give moderate assurance of a balanced position for the year. This will clearly be closely monitored as the year end approaches.

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

Moira Pringle,
Chief Finance Officer, Edinburgh Integration Joint Board
moira.pringle@nhslothian.scot.nhs.uk

Appendices

- | | |
|------------|---|
| Appendix 1 | Financial outturn for NHS delegated services to December 2022 |
| Appendix 2 | Financial outturn for Council delegated services to December 2022 |
| Appendix 3 | Summary of Covid costs 2022/23 |
| Appendix 4 | Summary reserves position 2022/23 |
| Appendix 5 | Progress with 2022/23 savings and recovery programme |

FINANCIAL POSITION FOR NHS DELEGATED SERVICES TO DECEMBER 2022

	Annual Budget £k	To December 2022				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
Core services						
Community hospitals	13,689	10,225	9,128	1,097	8%	1,273
District nursing	13,779	10,162	9,202	961	7%	1,241
Geriatric medicine	3,020	2,202	2,203	(1)	0%	(1)
GMS	94,916	71,051	72,096	(1,045)	-1%	(1,417)
Learning disabilities	1,255	944	875	69	5%	88
Mental health	9,282	6,896	5,805	1,091	12%	1,406
PC Services	14,544	8,834	8,809	25	0%	59
Prescribing	80,693	60,459	62,785	(2,326)	-3%	(3,327)
Resource transfer and reserves	50,662	(18,252)	(18,419)	167	0%	978
Substance misuse	4,175	3,127	2,974	153	4%	219
Therapy services	12,517	9,800	9,586	214	2%	336
Other	1,031	960	1,018	(58)	-6%	(76)
Sub total core	299,564	166,408	166,062	346	0%	780
Hosted services						
Community Equipment	3,296	2,311	2,311	0	0%	(0)
Hospices & Palliative Care	2,609	1,957	1,968	(11)	0%	(15)
Learning Disabilities	7,686	5,304	5,178	126	2%	294
LUCS	7,230	5,073	5,327	(254)	-4%	(119)
Mental Health	32,006	23,535	24,612	(1,076)	-3%	(438)
Oral Health Services	7,143	5,160	4,921	239	3%	380
Pharmacy	3,798	3,440	3,442	(2)	0%	(0)
Primary Care Services	2,893	2,182	2,154	29	1%	(22)
Psychology Services	5,993	4,869	4,554	315	5%	(730)
Public Health	1,050	632	624	8	1%	23
Rehabilitation Medicine	5,082	3,767	3,149	618	12%	790
Sexual Health	4,057	3,043	3,111	(68)	-2%	(92)
Substance Misuse	2,840	2,219	2,088	131	5%	219
Therapy Services	9,135	6,837	6,396	441	5%	433
UNPAC	3,746	2,547	1,952	594	16%	713
Other	7,013	2,264	2,696	(432)	-6%	(154)
Sub total hosted	105,577	75,141	74,483	658	1%	1,281
Set aside services						
Acute management	3,560	2,619	2,672	(53)	-1%	(175)
Cardiology	4,093	3,093	3,001	92	2%	16
Diabetes & endocrinology	2,519	1,799	1,979	(180)	-7%	(443)
ED & minor injuries	10,739	8,078	8,784	(706)	-7%	(568)
Gastroenterology	8,011	5,937	7,475	(1,538)	-19%	(1,642)
General medicine	27,658	20,676	22,184	(1,508)	-5%	(1,597)
Geriatric medicine	18,472	13,870	14,475	(605)	-3%	(759)
Infectious disease	3,008	1,012	874	137	5%	815
Junior medical	3,149	2,373	2,566	(193)	-6%	(256)
Other	728	563	495	68	9%	9
Rehabilitation medicine	1,735	1,298	1,343	(45)	-3%	72
Respiratory medicine	7,116	5,694	5,875	(181)	-3%	(137)
Therapy services	10,577	7,833	7,946	(113)	-1%	(80)
Covid funding	2,500	2,500	0	2,500	100%	0
Sub total set aside	103,866	77,345	79,670	(2,326)	-2%	(4,742)
Net position	509,007	318,894	320,215	(1,321)	0%	(2,681)

FINANCIAL POSITION FOR COUNCIL DELEGATED SERVICES TO DECEMBER 2022

	Annual Budget £k	To December 2022				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
Employee costs	95,913	71,934	67,939	3,995	4%	5,327
Premises costs	702	526	646	(119)	-17%	(159)
Transport costs	3,299	2,474	3,303	(829)	-25%	(1,105)
Supplies and services	9,816	7,362	7,208	153	2%	205
Purchasing - residential and FPNC	81,629	61,222	63,663	(2,442)	-3%	(3,256)
Purchasing - day care and care at home	109,320	81,990	86,725	(4,735)	-4%	(6,313)
Purchasing - direct payments and ISF	48,410	36,308	38,065	(1,757)	-4%	(2,342)
Purchasing - grants and block contracts	45,148	33,861	33,749	112	0%	150
Purchasing - other	5,669	4,252	4,026	225	4%	300
Transfer payments	253	190	273	(83)	-33%	(111)
Income	(113,087)	(84,815)	(87,568)	2,753	-2%	3,670
Sub total	287,071	215,303	218,030	(2,726)	-1%	(3,635)
Slippage on investment funding	3,635	2,726		2,726		3,635
Net position	290,706	218,030	218,030	(0)	0%	(0)

SUMMARY OF COVID COSTS 2022/23

	£k
<i>Costs incurred by City of Edinburgh Council</i>	
Staff costs	1,115
PPE	365
Provider sustainability payments	5,801
Loss of income	1,000
Shortfall on funding for interim care beds	2,900
Total earmarked reserves	11,181
<i>Costs incurred by NHS Lothian</i>	
GP prescribing	1,867
Additional FHS contractor costs	70
Total general reserve	1,937
Grand total reserves cfwd to 22/23	13,118

SUMMARY RESERVES POSITION 2022/23

	Opening £k	Planned movement £k	Projected closing £k
<u>Earmarked reserves</u>			
Balance of covid and winter funding			
COVID LMP balance	44,136	(44,136)	0
Care at home capacity	2,286	(2,286)	0
Interim care	1,189	(1,189)	0
Multi disciplinary teams	1,656	(1,656)	0
Winter	264	(156)	108
Sub total covid and winter	49,531	(49,423)	108
Unscheduled care	7,183	(7,183)	0
Primary care improvement fund	5,960	(5,788)	172
Other	5,533	(3,534)	1,999
Drugs death task force	4,170	(1,929)	2,241
Action 15 and mental health	2,938	(1,918)	1,020
Community investment		580	580
Home first	927	(927)	(0)
Community living change fund	1,925	(910)	1,015
Transformation	841	(841)	0
Total earmarked reserves	79,008	(71,873)	7,135
<u>General reserve</u>			
21/22 underspend	3,151	(3,151)	0
Total general reserve	3,151	(3,151)	0
Grand total reserves cfwd to 22/23	82,159	(75,024)	7,135

PROGRESS WITH 2022/23 SAVINGS AND RECOVERY PROGRAMME

5.1 Progress RAG Scoring Guidance

Page 70

Red	0	No confidence in delivery
Red	1	Critical issues threaten the success of the project and confidence in delivery is very low
Red	2	Significant project issues mean project is not on track and confidence in delivery is very low
Amber	3	Major problems regarding project performance and no or limited corrective actions in place
Amber	4	Major problems regarding project performance and delivery, but corrective actions are in place to improve confidence in delivery
Amber	5	Problems exist regarding project performance, delivery of corrective actions are/ have been delivered, with reasonable confidence of success
Amber	6	Minor problems exist with the project but confidence in the delivery of the project remains high
Green	7	Project on track and expected to deliver minimum outputs/ benefits
Green	8	Project on track. Progress and achievement of the project is on target
Green	9	Progress and achievement of the project is likely to exceed planned output/benefits
Blue	10	Project completed and outputs/ benefits delivered. Appropriate learning shared within and beyond Programme

Note: Used across both the Savings Programme and Transformation Programme

PROGRESS WITH 2022/23 SAVINGS AND RECOVERY PROGRAMME

5.2 Saving RAG Scouring Guidance**

RAG Rating		% of Savings Target
Red	0	0% achieved
Red	1	<20%
Red	2	20% - 30%
Amber	3	30% - 40%
Amber	4	40% - 50%
Amber	5	50% - 60%
Amber	6	60% - 70%
Green	7	70% - 80%
Green	8	90% -100%
Green	9	>100% achieved
Blue	10	Financial balance achieved and recorded in General Ledger Appropriate learning shared within and beyond Programme

PROGRESS WITH 2022/23 SAVINGS AND RECOVERY PROGRAMME

5.3 22-23 Savings Programme - Project status including progress and saving RAG evaluation

Project Number	Project Name	Target Saving as documented in Appendix 4 of the 22 nd MAR 22 EIJB report	Progress RAG* as of End JAN 23	Savings RAG** as of End DEC 22	Progress update as of end January 2023
1	Review Rehabilitation Services	£140,000	6	10	Full savings have been identified - based on historical vacancies that have not been filled. However project progress status 6 as proposals for efficiencies will continue into future years
2	Sexual Health Service Review	£110,000	5	10	The Sexual Health Services review identified a number of potential options to deliver savings as part of the 2022-23 Savings and Recovery Programme, however all were likely to have a material impact on service delivery. On this basis, and as overall financial balance is predicted, these options were not pursued in year.
3	Community Equipment	£55,000	4	5	Progress has been delayed by resource challenges (both in terms of project management and within service area). Potential savings of £165k from reduction in supply of single use items have been identified.
4	LD Overnight Services	£75,000	7	9	A saving of £45k has been delivered through individual reviews. The balance will be achieved through vacancies in the internal LD Service.
5	The Works	£30,000	10	10	Full savings have been realised. Project activity has completed as planned. The project has been closed under CLR-01. During 2021/22 the scope of this project evolved. It has been identified that there is a need to embark on a strategic review of employability services as part of Thrive Edinburgh.

PROGRESS WITH 2022/23 SAVINGS AND RECOVERY PROGRAMME

Project Number	Project Name	Target Saving as documented in Appendix 4 of the 22 nd MAR 22 EIJB report	Progress RAG* as of End JAN 23	Savings RAG** as of End DEC 22	Progress update as of end January 2023
6	Hosted Service & Set aside	£570,000	10	10	All projects are on track and delivering beyond plan. A closure report (CLR05) was approved by Savings Governance Board in February.
7	Prescribing	£2,060,000	8	8	The Lothian-wide Prescribing Action Plan was presented and approved at the February 2022 Prescribing Forum. A template and methodology for reporting has been developed and agreed and delivery will be overseen by Prescribing Forum monthly. Reports to the SGB notes that the projects are now all on track with (85%) savings recorded for EHSCP (target £2,055,000).
8	Purchasing	£400,000	6	9	Financial Position – currently projecting that savings on Gross Funding and Direct Payments will be achieved. Continue to monitor progress through Q3/4.
9	Medical Day Hospitals	£200,000	10	10	An Integrated Community Model is progressing to deliver a consistent model across the city. This will include the delivery of services via 2 hubs and supporting community infrastructure. Through this work £200k of savings have been agreed. Close report CLR-02 submitted and approved at SGB on 11 October 22.
10	Bed Based Review	£2,100,000	4	5	The Bed Based Project is under review to identify next steps and a way forward. Saving is on track for delivery in year.

This page is intentionally left blank

REPORT

Appointments to the Edinburgh Integration Joint Board and Committees

Edinburgh Integration Joint Board

28 February 2023

Executive Summary

The purpose of this report is to inform the Board of a change to membership of the Strategic Planning Group.

Recommendations

It is recommended that the Edinburgh Integration Joint Board appoints Flora Ogilvie to the Strategic Planning Group as a non-voting member representing Public Health.

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

This report has not been considered elsewhere.



Main Report

1. The Joint Board is responsible, in line with section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), for appointing non-voting members to the Board. The City of Edinburgh Council and NHS Lothian are responsible, under the same Order, for appointing their own members to the Joint Board. Members of the IJB's Committees and Strategic Planning Group are appointed by the Board.
2. The SPG Terms of Reference include a Public Health Consultant on its membership. A vacancy has arisen following the resignation of the previous Public Health member from the Group.
3. It is proposed to appoint Fiona Ogilvie, Public Health Consultant, to this position.

Implications for Edinburgh Integration Joint Board

Financial

4. There are no financial implications arising from this report.

Legal / risk implications

5. Failure to appoint Joint Board members and members of the Strategic Planning Group would result in the Joint Board failing to meet the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

6. Equality and integrated impact assessment

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

Environment and sustainability impacts

8. There are no environment or sustainability implications arising from this report.

Quality of care

9. Not applicable.

Consultation

10. None.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

Name: Rachel Gentleman, Committee Services

Email: rachel.gentleman@edinburgh.gov.uk

Background Reports

1. [Edinburgh Integration Joint Board Governance Report](#), 21 July 2020
2. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
3. [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)
4. [Integration Scheme](#)

This page is intentionally left blank

REPORT

Committee Update Report

Edinburgh Integration Joint Board

28 February 2023

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of Committees covering December (22) and January 2023.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Notes the work of the Committees.

Report Overview

1. This report gives an update on the business of the committees covering December 2022 and January 2023. This report has been compiled to support the Edinburgh Integration Joint Board (EIJB) in receiving timeous information in relation to the work of its committees and balances this with the requirement for the formal note of committees to have undertaken due process and agreement by those committees. All reports are stored in the EIJB document library for information.

Performance and Delivery – 30 November 2022

2. **Finance Update** – the committee were presented with the financial performance of delegated services for the first 6 months of the financial year for noting.
3. **Savings and Recovery Programme 2022/23 Update** – the committee considered the savings and recovery programme 22/23.
4. **Performance Monitoring Framework** – the committee had before it, the final draft of a performance framework for agreement.

5. **Equality Outcomes and Mainstreaming Progress Report** – the committee were presented with the annual equality outcomes and mainstreaming progress report.
6. **Public Bodies Climate Change Return** – the committee considered and approved ‘Public Bodies Climate Change return’. It was agreed that the appointment of Climate Champions be raised at the full EIJB meeting.
7. **Urgent Business – Scottish Government Legislation – Annual Performance Reports** – the committee has before it a report on the annual performance report.

Audit & Assurance - 05 December 2022

8. **Review of Audit and Assurance Terms of Reference** – the committee were presented with a revised terms of reference for Audit and Assurance Committee.
9. **Chief Risk Officer Role** – the committee considered a report on a Chief Risk Officer for the EIJB. The appointment of a Chief Risk Officer will be presented at the EIJB.
10. **EIJB Risk Register** – the committee had before it, a report on the EIJB risk register.
11. **Committee Annual Assurance Framework**- the committee were presented a report on the committee assurance framework for 22/23.
12. **Governance Report** – the committee considered a report on EIJB governance arrangements.
13. **Internal Audit Update** – the committee had before it a report on the EIJB internal audit position.
14. **Internal Audit – External Quality Assessment** – the committee considered a report on Internal Audit – External Quality Assessment.

Strategic Planning Group - 07 December 2022

15. **Strategic Plan Update, Version 5** – the latest iteration of the strategic plan was presented and SPG were asked to consider and approve the current draft of the refreshed EIJB Strategic Plan and approve the timeline and actions.

16. **Population Growth and Primary Care Premises Assessment** – the committee considered a report on population growth and Primary Care premises.
17. **Carers Refresh** – the committee were presented with the carers refreshed strategy.
18. **Learning Disability** – the committee had before it a presentation on Learning Disabilities.
19. **Medical Day Hospitals Service Re-design** – the committee were presented with a preferred, proposed updated model and were asked to note the presentation.
20. **Human Rights** – the committee were asked to note the presentation and agree to hold a development session focussing on human rights.

Strategic Planning Group – 24 January 2023

21. **Performance Report** - the SPG had before it a report on the activity and performance of the Edinburgh Health and Social Care Partnership.
22. **Health and Social Care Grant Programme Evaluation** - the SPG were presented with a report on the evaluation of the grant programme.
23. **Equality and Diversity Training** - the SPG considered the equality and diversity training available to staff within the Partnership.
24. **Recruitment (Capital City Partnership)** – the SPG were presented with an update on recruitment activity undertaken by the Capital City Partnership.

Forward Planning

25. Performance and Delivery Committee – 01 February 2023
26. Clinical and Care Governance Committee - 01 March 2023
27. Performance and Delivery Committee - 08 March 2023

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

Name: Angela Brydon

Email: angela.brydon@edinburgh.gov.uk

Telephone: 0131 529 4050

Minute

IJB Performance and Delivery Committee

10.00am, Wednesday 30 November 2022

Microsoft Teams

Voting Members:

Councillor Max Mitchell (Chair), Councillor Euan Davidson, George Gordon and Peter Knight.

Non-Voting Members: Helen Fitzgerald.

In Attendance:

Ian Brooke (EVOG)

Phillip Brown (Data Performance & Business Planning, CEC)

Sarah Bryson (Planning & Commissioning Officer, EHSCP)

Tony Duncan (Service Director Strategic Planning, EHSCP)

Helen Elder (Executive Management Support, EHSCP)

Susan McMillan (Performance and Evaluation Manager, EHSCP)

Katie McWilliam (Strategic Planning and Quality Manager, EHSCP)

Donna Rodger (Executive Assistant, CEC)

Moira Pringle (Chief Finance Officer, IJB)

Rhiannon Virgo (Senior Change & Delivery Officer, CEC)

Louise Williamson (Clerk, Committee Services, CEC)

Apologies:

Ruth Henderay

Deborah Mackle (EHSCP Locality Manager, South West)

Mike Massaro-Mallinson (Service Director Operations, EHSCP)

1. Minutes

The note of the Performance and Delivery Committee from 13 October 2022 was presented for approval of the recommendations, and any matters arising.

Decision

To approve the recommendations in the note of meeting.

2. Annual Cycle of Business

The Annual Cycle of Business updated to November 2023 was presented to Committee based on 8 meetings per year.

Decision

To agree the updated annual cycle of business attached as an appendix.

(Reference – Annual Cycle of Business, submitted).

3. Rolling Actions Log

The Rolling Actions Log updated to October 2022 was submitted.

Members were disappointed with the delay in reporting back on the Edinburgh Pact (Action 1) which was now expected to be submitted in March 2023.

Concerns were also raised on the progress being made with the recruitment and retention work being done with Capital City Partnership (Action 2) and asked that information on how the process for recruitment could be made quicker, be sent directly to members.

Decision

To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

4. Finance Update

An update on the financial performance of delegated services for the first 6 months of the financial year was presented for noting.

Members questioned the LMP return which had been submitted to the Scottish Government and included costs across both health and Council services of £39m, including the estimated impact of implementing the recommendations in the Edinburgh Assistance Programme interim report.

Further, members questioned why a “moderate assurance” had been given for a break even position and noted that the figures used were for the first 6 months which was too early to raise the level.

Decision

1) To note the financial position for delegated services to 30th September 2022.

- 2) To note the moderate assurance provided by the Chief Finance Officer of a break even position for 2022/23.
- 3) To note that a detailed breakdown of the £39m referred to in the LMP submission would be provided to members.

(Reference – Report by the Chief Finance Officer, EIJB, submitted)

5. Savings and Recovery Programme 2022/23 Update

An update on the position of the 2022-23 savings and recovery programme as of the end of September 2022 was presented for noting.

Members raised concerns about the delays in accessing community equipment. The Service had been experiencing resource challenges but it was agreed that more engagement needed to be carried out with external organisations who were keen to assist.

Decision

To note the current position of the 2022/23 Savings and Recovery Programme.

(Reference – Report by the Chief Finance Officer, EIJB, submitted)

6. Performance Monitoring Framework

The final draft of a performance framework which set out the principles for monitoring performance as well as the structures and processes in place that allowed a high-performing organisation and ensured decisions were made based on evidence of performance was presented.

Members questioned the continuous consultation and engagement process and whether or not this was working. It was noted that improvements needed to be made before being able to reach everyone and although there was also a lot of data already available some of it might not always be recent or relevant. There were strong working relationships with all partners, although a communications plan was yet to be developed.

In trying to get a balance of the type of reporting the Committee would wish to see on the KPIs, officers agreed to look at redesigning the reporting cycle to quarterly and to hold further discussions on what exactly would be reported.

Decision

To approve the draft Performance Framework attached in Appendix 1 to the report by the Service Director, Strategic Planning, to be communicated internally as well as published on the website to ensure transparency of performance processes.

(Reference – Report by the Service Director, Strategic Planning, EHSCP, submitted)

7. Equality Outcomes and Mainstreaming Progress Report

An update on progress in mainstreaming equality and in achieving the Equality Outcomes agreed by the EIJB in December 2019 was presented.

Members expressed concern about ongoing training in relation to LGBTQI and ensuring that the providers of older people's services made specific efforts to ensure that older LGBTQI people were recognised. Members agreed that a short report should be produced dealing with aspects of training for those working with older LGBTQI people.

Members also questioned the plans for a workforce that reflected the diversity of the people it served which included action on targeting staff training, the overlap between the EIJB and the EHSCP and whether or not specific training could become mandatory.

Decision

- 1) Note and agree to publish the draft Equality Outcomes and Mainstreaming Progress Report, attached as Appendix 1 to the report by the Service Director, Strategic Planning.
- 2) To agree to a report which detailed aspects of training for those working with older LGBTQI people.

(Reference – Report by the Service Director, Strategic Planning, EHSCP, submitted)

8. Public Bodies Climate Change Return

Assurance was provided that the Public Bodies Climate Change return (attached as Appendix 1 to the report by the Service Director, Strategic Planning) fulfilled the requirements of the Climate Change Scotland Act. The return was to be submitted to Scottish Government by 30 November 2022.

Decision

- 1) To note the assurance that the draft EIJB Public Bodies Climate Change Duties (PBCCD) return 2021/22, attached as Appendix to the report by the Service Director, Strategic Planning, fulfilled the requirements of the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020.
- 2) To submit the return to the Scottish Government by 30 November 2022.
- 3) To agree that the appointment of Climate Champions be raised at the full EIJB meeting.

(Reference – Report by the Service Director, Strategic Planning, EHSCP, submitted)

9. Urgent Business – Scottish Government Legislation – Annual Performance Reports

Officers indicated that the timescales for submitting performance reports to the Scottish Government was to revert back to pre-Covid timings which meant submission by 31 July. The Committee meeting cycle meant that there would be no meeting scheduled to enable consideration of the performance data before the submission date.

Decision

To agree that officers look at options available that would allow the Committee to consider the performance reports before submission to the Scottish Government.

10. Date of Next Meeting

Wednesday, 1 February 2023.

This page is intentionally left blank

Minutes

IJB Audit and Assurance Committee

3pm, Monday 5 December 2022

Virtual Meeting, Microsoft Teams

Present:

Peter Murray (Chair), Elizabeth Gordon, Grant Macrae, Councillor Euan Davidson and Councillor Claire Miller.

Officers:

Emily Traynor (Clerk), Angela Brydon (Operations Manager EHSCP), Laura Calder (Senior Audit Manager), Moira Pringle (Chief Finance Officer). Colin McCurley (Acting Principal Audit Manager)

Apologies:

Kirstein Hay

1. Minutes

The minute of the Audit and Assurance Committee of the 20 September 2022 was presented for approval as a correct record.

Decision

To approve the minute of 20 September 2022 as a correct record.

2. Annual Cycle of Business

The annual cycle of business was presented.

Decision

- 1) To otherwise agree the updated Annual Cycle of Business attached as an appendix.
- 2) To note that dates regarding internal audit would be updated, as these do not comply with the current committee schedule.
- 3) To clarification the revised dates with Audit Scotland.

(Reference – Annual Cycle of Business, submitted)

3. Outstanding Actions

The outstanding actions updated to December 2022 were presented to committee.

Decision

- 1) To agree to close the following actions:
 - Action 3 (1&2) – 2021-22 Annual Audit Report to the Members of the Edinburgh Integration Joint Board and the Controller of Audit
 - Action 4 – Committees Annual Assurance Report
 - Action 5 – Internal Audit Update
 - Action 6 – Edinburgh Integration Joint Board Risk Register
- 2) To otherwise note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted)

4. Review of Audit and Assurance Terms of Reference

Members were provided with an update on the process to review, and update where appropriate, the terms of reference, which is undertaken annually.

There were continued discussions of what should be dealt with by each EIJB Committee and where pieces of work sit. Officers advised this would be mapped against TORs. Members were informed that very few legislative requirements sit with Performance and Delivery Committee and that AAC have a broader overview for assuring each EIJB committees perform their responsibilities.

Furthermore, members sought clarity on the distinction between attendance requirements and gathering information from those within and out with the partnership. Officers informed members that there's a difference in scope of authority for those within the partnership, creating the distinction.

Decision

- 1) To consider increasing the membership of AAC by an additional 3 members (an additional 2 voting members and 1 non-voting member).
- 2) To note the report will be brought back to Committee in March 2023 with revised terms of reference, as per members discussions.
- 3) To note that due to ongoing issues with ModernGov, members will also be emailed a copy of the papers.
- 4) To request that the handbook would be provided to members.
- 5) To note that an Internal and External Audit session with Auditors and Committee members would be arranged as part of a Committee meeting.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

5. Chief Risk Officer – Edinburgh Integration Joint Board

Members were advised discussion with partners on the position of the EIJB Chief Risk Officer (CRO) have been exhausted, and no additional resources would be provided to the EIJB to undertake the CRO role.

Conversations took place where members expressed their support and concerns about each option recommended.

Overall, most members supported that the role of the Chief Risk Officer should be independent from the Chief Finance Officer. Members were made aware of the potential difficulties in proceeding with this option, due to extreme financial pressures and difficulties in recruiting.

Decision

- 1) To note the recommendations contained within the report to resolve the CRO role.
- 2) To note that the Chair will provide a report to the EIJB, expressing members were not in full agreement on how to proceed with the role of the CRO but that a preference of an independent CRO was supported.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

6. Edinburgh Integration Joint Board Risk Register

Members were presented with the latest iteration of the Edinburgh Integration Joint Board (EIJB) risk register for endorsement.

Members raised their concerns about the reviewed risk card ratings at appendix 1, 2 and 3. Officers provided an explanation of the updated risks were reached. However, members still stressed their expectations of the reviewed risks were different to that which was presented and how this in turn heightened the risks.

Decision

- 1) To note that the risk cards were reviewed by the Executive Management Team in November 2022.
- 2) To agree that the Chief Finance Officer and Operations Manager would continue to embed the EIJB risk process.
- 3) To note that Councillor Claire Miller would provide detail on specific risk card ratings concerns, which would be addressed in a members briefing session with the Operations Manager and members of the Committee in January 2023.
- 4) To note that the Operations Manager and the Chief Finance Officer would update wording in the report to the EIJB, to reflect discussions from Committee.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

7. Committee Annual Assurance Framework – 2022/23 cycle

Members were provided with an update on the Board Assurance Framework and committee annual assurance statement proposed for the 2022/23 cycle.

Decision

- 1) To approve the Board Assurance Framework and committee annual assurance statement for the 2022/23 assurance cycle.
- 2) To request the wording at paragraph 5 would be strengthened to provide greater detail of the action.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

8. Governance Report

The governance report provided the Audit and Assurance Committee with an update on a range of activity that ensured the Edinburgh Integration Joint Board (EIJB) are compliant with a range of regulatory and legislative requirements.

Discussion on cyber hacking and cyber security took place, members were assured the EIJB are in a secure position where risk and threat levels are low.

Decision

- 1) To note the content of the report and assured that the EIJB is compliant with regulatory and legislative requirements.
- 2) To note that paragraph 19 would be expanded, to highlight the EIJB's position on cyber hacking.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

9. Internal Audit Update

The internal audit update was presented to members, which included updates on two audits and a follow-up of management actions as well as an update on the National Care Service.

Members were advised from officers that all overdue actions with revised dates were accurate and confident they would be met. Actions related to the strategic plan were also recommended

Decision

- 1) To note the progress with delivery of the EIJB 2022/23 IA plan.
- 2) To note the outcomes of the recently completed Governance of Directions audit.
- 3) To note the progress with development of the National Care Service and implications for future audit work.
- 4) To note the outcomes of the recently completed NHSL Delayed Discharges Audit and considers any future assurance requirements.
- 5) To note the progress with implementation of agreed management actions.
- 6) To include a discussion point on the National Care Service at the members briefing session in January 2023.
- 7) To note that the Operations Manager would ensure all necessary members and officers are included in the MS Teams Channel.
- 8) To request previous audits that relate to outstanding actions or current issues are uploaded to the MS Teams Channel.
- 9) To note that a draft audit plan would be circulated to members if available prior to the development session on the Strategic Plan.

(Reference – Report by the Senior Audit Manager, City of Edinburgh Council, submitted)

10. Internal Audit: External Quality Assessment

The External Quality Assessment (EQA) concluded that the Council's Internal Audit (IA) function generally conforms with the expected standards for internal auditing, including a code of ethics, core principles and international standards.

Decision

- 1) To note the outcomes of the External Quality Assessment the Council's Internal Audit function completed by the Chartered Institute of Internal Auditors in March 2022.
- 2) To note the IIA recommendations to address the issues identified, together with IA's management response and action dates.
- 3) To note the continuous improvement opportunities identified and improvement actions taken by IA to realise these opportunities.
- 4) To note the impacts of the EQA outcomes on provision of EIJB audit services.
- 5) To note that updates on IA's EQA improvement activities will be provided to Committee on a quarterly basis through the IA quarterly update report.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

11. Internal Audit: Open and Overdue IA Findings – Performance Dashboard as at 31 August 2022 – referral from the Governance, Risk and Best Value Committee

An update was provided from the Senior Audit Manager on the current IA position for the EIJB, as the referral report presented contained some out of date information.

The next Internal Audit: Open and Overdue IA Findings – Performance Dashboard would be brought to the Governance, Risk and Best Value Committee in January 2023 and thereafter referred to AAC in March 2023.

Decision

To note the report.

12. Induction Training – Verbal Update by the Operations Manager

The Operations Manager provided a verbal update on the induction training session which took place on 17 November 2022.

Officers highlighted the positive level of engagement at the session, and members agreed.

Decision

- 1) To note the discussion.
- 2) To note the recording of the session would be added to the MS Teams Channel.

13. Date of Next Meeting

The date of the next meeting was noted to be Monday, 20 March 2023.

This page is intentionally left blank



Minute

IJB Strategic Planning Group

2.00pm, Wednesday 7 December 2022

Virtual Meeting – Via Microsoft Teams

Present: Angus McCann (Chair), Councillor Tim Pogson (Vice-Chair), Bridie Ashrowan, Christine Farquhar, Stephanie-Anne Harris, Councillor Max Mitchell, Michele Mulvaney, Peter Murray and Rene Rigby.

In attendance: Ian Brooke, Jessica Brown, Philip Brown, Rachael Docking, Tony Duncan, Rachel Gentleman, Mark Grierson, Linda Irvine-Fitzpatrick, Avril Mackay, Susan McMillan, Katie McWilliam, Kyle Oram, Emma Pemberton and Donna Rodger.

Apologies: Colin Briggs, Peter McCormick, Donna Milne and Moira Pringle.

1. Minutes

Decision

To approve the minute of the EIJB Strategic Planning Group of 12 October 2022 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log updated to December 2022 was presented to the Group.

Decision

- 1) To agree to close the following actions:
 - 1 - Market Facilitation Update
 - 2 - Strategic Plan 2022-2025 Development of Version 2
 - 6 - Population Growth and Primary Care Premises
- 2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Annual Cycle of Business

The annual cycle of business was presented to the Group.

Decision

To agree the annual cycle of business.

(Reference – Annual Cycle of Business, submitted.)

4. Joint Strategic Needs Assessment Update

The Group considered a report on the Joint Strategic Needs Assessment (JSNA) and proposed two topics for future papers on housing and alcohol and drugs misuse, based on current priorities, resource and available information. A paper on carers was currently being drafted. These papers would be presented to the SPG for approval, published on the HSCP website, and continually updated when new data became available. The SPG had requested a paper on the human rights approach within the HSCP and information would be provided on this later in the meeting by way of a presentation.

During discussion, it was noted the Board's understanding of the JSNA and what it was designed to address could be improved to ensure it was given adequate attention. It was also suggested members have sight of the transitions project between Children's Services and HSCP services, investment required to improve these experiences, in particular support for young people affected by alcohol and drug use. It was also noted the JSNA should focus on needs and demands of the HSCP and the SPG could direct where it felt further data was required for decision-making and prioritisation.

Decision

- 1) To note the report.
- 2) To agree to close action 4 (Joint Strategic Needs Assessment Update) on the Rolling Actions Log.
- 3) To agree officers would provide an update on the Transitions project and relatable data.

(Reference – Presentation by the Service Director – Strategic Planning, EHSCP, submitted)

5. Strategic Plan Update – Version 5

An update was provided on the refresh of the EIJB Strategic Plan. Feedback from a EIJB development session held in October 2022 had been incorporated into the updated version. Several sections remained under development and further work would be done on sections covering suicide prevention, hospital and hosting arrangements, ethical commissioning and community wealth building.

It was intended to present the final version of the Strategic Plan to the EIJB in April 2023 via the SPG on 23 March 2023.

The Service Director for Strategic Planning invited the SPG to make any comments or propose changes to the draft. The following points were raised:

- Governance of the Plan should be made more clear as to where the Plan will be monitored and how often, and which measures or objectives would be used to monitor performance against the Plan;
- The information on balance of spend between NHS and CEC spend should be reviewed to make clearer on where money is spent;
- Community wealth building and how budget pressures could be alleviated through effective services could be strengthened;
- A clear statement of need for care home and housing investment should be incorporated;
- The wording on the Bed Based Review consultation should be amended to clarify it was not only considering care homes;
- Harnessing of digital services could be more prominent in the plan;
- How the EHSCP would offer choice and how self-directed support was referred to should be clarified; and
- The usefulness of the information in Appendix 4 and whether it could be condensed should be considered.

Decision

- 1) To approve the current draft (version 5) of the refreshed EIJB Strategic Plan, subject to the comments made by the Group being taken into account.
- 2) To approve the timeline and actions.

6. Edinburgh Joint Carer Strategy - Refresh

The refreshed Edinburgh Joint Carer Strategy 2023-26 was presented prior to consideration by the EIJB in December 2022. The Strategy was guided by the Carers' SPG and the refreshed version incorporated points made in detailed discussions, the principles of the Strategic Plan, and the draft national carers strategic themes. Following approval of the EIJB, the Strategy would be subject to wider consultation with a final version scheduled to be presented to the EIJB in April 2023 for approval and subsequent publication, via the SPG on 23 March 2023. A summary of the Strategy would also be provided and published alongside the document.

Officers noted the strategy required further amendments to be made to some sections to close some gaps and that updates had been made following stakeholder engagement. Some updated information had become available through the Joint Strategic Needs Assessment, and this would be included in the final version. More evidence was required for some elements of the strategy and sections such as

respite breaks would be enhanced to reflect comments made throughout the consultation.

Decision

To note the report and that the Strategy would be considered by the EIJB in December 2022.

(Reference – Report by the Service Director – Strategic Planning, EHSCP, submitted)

7. Presentation - Update: Learning Disability

Officers gave a presentation to the Group on Learning Disability and the activities currently ongoing, timelines and next steps.

An update was scheduled to come to the Group early in 2023 for consideration. An initial business case was planned to be developed by April 2023.

Decision

To note the presentation.

8. Medical Day Hospitals Service Redesign

A report updated the Group on the service redesign process for three medical day hospitals and the preferred proposed future model which would meet future demand and deliver services from two hubs, supported by integrated community clinics. The new model was based on best practice, learning from the Covid-19 pandemic and would develop a standardised mechanism for monitoring and recording activity, supplemented by qualitative feedback from patients. The redesign would be progressed during 2023.

Members were supportive of the learning taken from the pandemic being incorporated in the redesign plan but were keen that risks were explained more fully. In particular, there was potential that sufficient capital funding would not be available to progress with the desired model in the event of the closure of Liberton Hospital which may not be replaced. The Group heard any decisions made by NHS Lothian would be taken into account and the organisation was aware of the requirements of the new model. Any updates on this would be incorporated into future reports.

Decision

To note the report.

(Reference – Report by the Service Director – Strategic Planning, EHSCP, submitted)

9. Human Rights

A presentation was given on human rights and the strategy to ensure service users were aware of their rights and could express these; that professionals take them into account when delivering services; and that staff were aware of their own rights.

The discussion covered the incremental approach to human rights which would be preferred to ensure they were properly embedded in services; the nature of rights and responsibilities as ongoing developments; best practice areas which should be learned from; the limits placed on professionals by some legislation and the impact on the rights of others; and financial implications and key deliverables. A more preventative agenda could help meet more human rights aspirations while improving services.

It was suggested a summary highlighting the key points of the Scottish Mental Health Law Review would be helpful for members. Human Rights Awareness-raising Training Sessions had been organised by the REH Patients Council, dates for which would be circulated for members interested in attending.

The Group discussed how best to ensure the wider Board membership were kept informed of the issues and the IJB's responsibilities in relation to human rights. It was agreed to hold a development session in the future to consider the issues more fully, to be followed up with a written summary, including the key issues in the Review. The session should provide information on human rights in the health and social care context, how the IJB could promote rights and incorporate them in service design, delivery and planning; the responsibilities of the IJB in doing this and what potential resource implications could be.

Decision

- 1) To note the presentation.
- 2) To agree to hold a development session focussing on human rights and followed by a written briefing summarising the discussion and key points of the Scottish Mental Health Law Review.
- 3) To agree to close action 4 on the Rolling Actions Log (December 2022) which requested a paper on the matter.

10. Date of Next Meeting

To note the next Strategic Planning Group meeting was scheduled to be held on Tuesday 24 January 2023.

This page is intentionally left blank