

Edinburgh H & SC Partnership (IJB)

Notes from meeting held on 20th January 2017

Last meeting for George Walker as his term of office at NHS Lothian Board. He gave his thanks to all the partnership members and made particular mention of Committee Services for crafting the current structure and ethos.

Sub group updates: audit and risk cttee: requested further support – this will be raised at CEC and NHS Lothian. This will enable monitoring of medium risks as well as high risks which will be more robust.

Rolling actions log: Board visits: forward programme to be agreed at next development meeting

Item 5.2 standing orders annual review: process of and eligibility of deputations now included in standing orders, substitutes will now be subject to the same code of conduct as members, urgent decisions can be delegated to chief officer (Rob McCulloch-Graham) Chair and Vice Chair and reported to the next meeting (this is for emergency). All proposed changes agreed

Item 5.3: still struggling to cope with numbers. Gylemuir has Nora Virus which has reduced admissions, other nursing/care homes also affected this has been compounded by staff recruitment issues. Delays within the community has reduced by 1/3rd to 400. Know that process of assessment is too long – plan is to reduce process. Detailed analysis of whole system is highlighting the peaks and blocks. MATTs should be starting to make a difference. 24/7 service is ambition. Table 3 (delays in acute services) currently includes Liberton which has different approach agreed this would be separated out for clarity. Risk of “out of hours” discharge is ensuring quality of care – particularly around ensuring correct medication and immediate support is available. Agreed community placement assessment/data will now be reported routinely. Chart 2 details discharges and noted these haven’t ever reached the target of 70 per week – question around how long this can continue without taking different action. Noted that new contractors started October 2016 and still now reaching anticipated capacity, if not moved by end of spring 2017 then a further review will be needed. Monitoring actions of other IJBs to address same issues to see what we can learn. Discussion re what would positive progress look like – what targets should be set by when?? Impact of Liberton? Currently 50 people in Liberton on a reablement programme. Places will increase to 60 by March. EVOG symposium/seminar planning at all points of flow 2017/18 winter

Item 5.4: very challenging financial environment. Social Care Fund – while uplift indicated by Scot Gov £100m of this included in Health Board uplifts therefore net amount not same as headlines. This is for very specific purposes. CEC currently planning to hold budget transfer to IJB (full Council budget approval 8th Feb). NHS Lothian different timetable. Early draft of budget went to F & R Wednesday 17th Feb – not a balanced financial plan. This will likely result in a funding gap of £10m to IJB. Unlikely full budget for IJB will be clear by end March but further report will come at that point.

Item 5.5: financial update. NHS Lothian agreeing to underwrite the shortfall in health services, and that IJB have authority to carry forward underspend on Social Care Fund. Analysis of prescribing to be provided on an Edinburgh and locality basis. IJB are therefore in position of agreeing the 2016 –

17 budget; the irony of timing was not lost but the point of principle of not agreeing settlement with NHS Lothian in first instance was re-iterated. Recommendations agreed.

Item 5.6: District Nursing running with 20% vacancies and that the ave age of team is 50+ (note they can retire at 55). This issue has to be addressed pan Lothian and within context of primary care. Key to success will be getting training in place and attracting retired/retiring District Nurses back on a part time basis. Need is to train staff to the target of 219 wte staff not to exceed this number. Lack of mobile technology highlighted. Noted that technology is a consistent issue across all the systems. It is important that people have access to their own health and social care records – not discussed but noted. Question re potential impact of EU exit on whole workforce planning – will be picked up by Workforce Planning sub group. Recommendations agreed.

Item 5.7: joint inspection – staff survey main topic of discussion. Seems to be different ways to respond if survey taken in hard copy or electronically – hard copy had N/A option but electronic version had “don’t know”. This has been highlighted back to Care Inspectorate. Improvement actions noted. File reading inspection learning will be taken forward as improvement programme. Report will be published early March. Recommendation agreed with caveat that this was “moderate” assurance. George thanked everyone involved in this inspection as this was a very demanding process.

Item 5.8: discussion re capacity of community and unmet need particularly in homeless sector. Impact of CEC transformation reducing dedicated posts particularly in housing – overview of IJB on impact where not directly responsible. Rob believes that enough cross checks and balances in place to address these issues. Bed reduction, explicitly bed closure programme will come to strategic planning group 10th February. Further detailed reports to be given to both Strategic Planning Group and IJB and this to include carer impact. Executive team receive weekly reports. Reports to SPG will be circulated to members of IJB.

Item 5.9: recommendations agreed. NHS Lothian nominations noted and welcomed. George Walker to continue as non-voting member and chairing of Flow Board.

AOB – audit and risk committee now need with some urgency a member with a finance background. Everyone asked to consider networks for possible candidates

Appointments: Maria appointed as Chief Strategic Performance Officer.

Thanks to George for his outstanding chairing and leadership of IJB.