

Feedback from Edinburgh Integration Joint Board
16th June 2017

Carolyn Hirst (CH) chaired (temp arrangement until formal chair from CEC appointed)

New CEC members: Cllrs Howie, Rankin, Henderson, Miller and Webber.

CH: protocol for meetings which she will discuss with incoming Chair – indicative times for each agenda item, points of clarification to be taken up with authors prior to the meeting, papers to be marked with process before coming to H&SC

Declarations of interest:

- ES – EVOC involvement in Link Working and Scottish Government guidance that Third Sector Interfaces should lead on work
- Richard White and Carl Bicker – Link Working and potential benefit to their GP practices

Rolling log – audit and risk – on going issue of highlighting requirement of further audit but no further resources

Inspection report: review of progress against improvement plan. Additional recommendation: performance and quality sub group will provide governance before coming back to H&SC. ES – again offer from third sector to be part of strategic/operational improvement plan, stressed this issue should be discussed at strategic planning grp and in a development session. Noted the lessons are pertinent to all adult H&SC. Rob McCulloch-Graham (R McC-G) – again welcomed third sector involvement.

Cllr Howie – assessment undertaken by unqualified staff? Michelle Miller (MM) – don't know of percentage but need to consider how to progress appropriate accurate and speedy assessments to ensure people get the support asap. Discussion re whole system recording, quality of assessments regardless of level of qualification.

Cllr Henderson – need to be clear that all areas are being addressed – volunteering in particular. ES – wrote to care inspectorate re role of Volunteer Edinburgh. Shulah Allan (SA) – NHS reviewing volunteering policy/retention and support; report to IJB soon. R McC-G – locality approach will highlight volunteering opportunities, good practice and gaps but takes point that need to increase action/focus on this.

CH – need to have some “flow” and who has responsibility of what. R McC-G – need to ensure right issues go to right groups to progress. Moira Pringle (MP) – financial situation is “challenging” to say least – mentioned additional resource but how can we be sure we have resources needed to implement the improvements.

R McC-G – CEC and NHS both willing to help address challenges but still unable to deliver 3000 hrs care at home per week so might need to review overall contracts as hospitals are targeting 85% occupancy which will require even more care at home hours to enable this to happen. MM – improvement plan is iterative – it will further evolve in response to feedback from care inspectorate, other sectors and staff members.

Recommendations – accepted addition quality and performance sub group oversees whole action plan with clear delegation of leads to particular issues. In addition, this will be standing item on agenda.

Whole system delays: standing report. Now in June and while there is a slight improvement in the stats there is no significant improvement. On-going discussions with contractors regarding meeting targets. Recognised there is delay in reviewing support services and this will be having some level of impact (not quantified) as resources might be in “wrong place”. There was discussion around the action plan and need to have “whole systems approach”. Noted there is now a good system in place for guardianship but this needs to be sustained. Recruitment and retention is single biggest issue. Cllr Miller queried the mitigating actions and any impact. MP noted the governance and focus of the flow board, the increasing use of technology and support to reduce (re)admission. Recommendations agreed.

Primary Care Funding and investment: David White presented paper highlighting work across all primary care and the strategic planning approach now being taken forward. ES noted that the Scottish Government have been quite specific in the approach to Link Working and welcomed this approach which took a city wide approach involving all GP practices. Carl Bicker (CB) very supportive, proposal investment which will free up capacity. SA – very exciting proposal which needs a strong strategic framework. Wendy Dale – strategy document will come to the Strategic Planning Group. Recommendation agreed.

Acute medical Royal Infirmary: capital and revenue – aim is to expand front door capacity and assessment. NHS have approved capital costs. Noted that this has been discussed at professional advisory group who are in general terms in agreement as it furthers the ambition of making the “front door” fit for purpose and pragmatically there is a need for some additional beds. Ian McKay voiced the opinion that this paper has come quite late to this committee as the capital spend has already been agreed but understood the pragmatic approach. Recommendation agreed.

Data and Info: UK Information Commissioner has now come to the view that the IJB is responsible for data and therefore must register in its own right. A Memorandum of Understanding will be developed between the IJB, Council and NHS to ensure clarity of responsibility between the three bodies. Recommendation agreed.

Royal Edinburgh Hospital: Colin Beck reported that the community placements will not be ready in time for the move into the new building on the Royal Edinburgh Campus. The work with over 65s is progressing well and to time however the under 65s group of people still red in the Gant chart. A PIN has been issued for community based support and two notes of interest have been received. It is currently estimated the new building will open mid-August. GPs are aware of the developments and it is recognised that the community support plans are relying on GP capacity to meet the additional need. It was noted that there had been an increase in admissions to REH which was not predicted – normally the increase in admissions happens in August and this is planned for. There is considerable tension between the need to close beds which releases funds for the community and the community needing funds to develop the services. It was also noted that each person should have the absolute minimum number of moves both within the hospital setting and the community. Recommendations agreed.

Finance report: noted that the out turn for the last financial year achieved targets post the non-recurring times. Recommendations agreed.

IJB unaudited accounts: Noted and recommendations agreed. The accounts will come back to IJB for approval at the end of September having been scrutinised by the Audit and Risk Committee.

Integration indicators: Scottish Government have agreed a set of indicators to measure integration. These will be included in the annual report which will come to the July meeting of the H&SC Partnership. Recommendations agreed.

Community Justice Outcome Improvement Plan: not a delegated responsibility but significant linkage to the work of H&SC Partnership – mental health, homelessness etc. The report was noted. It was agreed that it would be useful to have a diagram which demonstrated the various links to other work and for reports such as this one to have a cover sheet which highlights the particular co-dependants and links.

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JUNE 2017