

Edinburgh IJB 17th November 2017 – feedback notes, Ella Simpson

[Meeting Papers available here](#) (click link)

1. **Welcome and Apologies:** welcome to Alistair Gaw in his role as chief social worker. Apols from Sandra Blake

1.1 Including the **order of business** and any additional items of business notified to the Chair in advance – no additional items

2. **Declaration of Interests** ES – grants review

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. None.

4. Minutes and Updates

4.1. **Previous Minutes** – 14 July 2017 (circulated) – submitted for approval as a correct record.

4.2. **Previous Minutes** – 13 October 2017 (circulated) – submitted for approval as a correct record.

4.3. Sub-Group Updates

4.3.1 **Audit and Risk Committee** (a) Note of Meeting of 11 September 2017 (circulated).

4.3.2 **Professional Advisory Group** (a) Note of Meeting of 5 October 2017 (circulated).

4.3.3 **Performance and Quality Sub Group** (a) Note of Meeting of 30 August 2017 (circulated) (b) Note of Meeting of 12 October 2017 (circulated).

4.3.4 **Strategic Planning Group** (a) Note of Meeting of 1 September 2017 (circulated) (b) Note of Meeting of 6 October 2017 (circulated)

All the above noted and agreed.

5. Reports

5.1. Rolling Actions Log – November (circulated)

5.2. **Locality Improvement Plans** – report by the IJB Interim Chief Officer (circulated)

Noted that the CEC have deferred their approval of LIPs until a meeting early December. The purpose of brining the plans to this meeting is to approve the elements of the plans which are pertinent to the IJB. Confirmation sought that plans not being approved fully by the CEC will not delay work of IJB – agreed that strategic priorities already agreed by IJB have been copied across to LIPs therefore no delay. Cllr Melanie Main: Clarification required as the purpose of the LIPs is surely to ensure integrated work across ALL work streams not just H&SC priorities – so why would IJB only agree elements of the plan. The aim of community planning and community empowerment is to break down silos. **AGREED** recommendations and agreed to have a development session on community planning and empowerment.

5.3. Public Bodies Climate Change Duties Briefing and Progress Report – report by the IJB Interim Chief Officer (circulated)

IJB is recognised as a statutory body therefore has to report on and respond to climate change duties. Recommended reporting template is amended to include climate change risk assessment. NHS and CEC are the direct contractor and it is their responsibility to ensure these duties are met by any external providers. Noted that IJB has no strategic priority/target around climate change.

5.4. Edinburgh Health and Social Care Partnership Statement of Intent – report by the IJB Interim Chief Officer (circulated)

This statement has been discussed at strategic planning group the statement (Appendix 1) hasn't changed substantially. Discussion that the perception that culture change is listed last of 7 priorities and therefore will be seen as least important when it is vital to the changes needed. Staff have already seen the final draft and welcome the proposals. Care Inspectorate have also seen this informally and welcomed it. Involving PEOPLE who are in receipt of services as well staff is important. IJB members will be circulated dates of engagement sessions with staff and welcome to attend.

5.5. Whole System Delays – Recent Trends – report by the IJB Interim Chief Officer (circulated)

The format of this report is being revised to be able to demonstrate changes, issues and improvements. Hospital based delays is broadly steady but still means 163 people waiting to be discharged. Some improvement waiting on assessment but numbers in community waiting on assessment is increasing. Engaging much more actively with third sector mainly through MATTs. Development of strategic commissioning plans will prioritise actions and benchmarks as well as focus on productive activity rather than being "busy". IJB members were concerned that the paper asks us to note these issues the Board really should be expressing concern. This report does not provide information on how carers are/not involved in assessing and reviewing people's requirements, assessing what might be available. Need to consider how we invest in alternatives to hospital. Andrew Coull - noted that while MATTs are operationally they are exceptionally inconsistent in how they operate. Michelle Miller agreed – need to consider family/carers as equal partners, invest in preventative care in the longer term – these are longer term issues while trying to address immediate crisis issues such as delayed discharge – resourcing and focusing it on short medium and long term priorities.

Question re increasing waiting list/hours not being delivered at the same time as hours being delivered has also risen. More analysis needed – known that Edinburgh provides more intensive support for longer and we need to re-invigorate SDS as this would be significant contribution to improving quality of life. Question – are people who have SDS finding the care providers? Shulah Allan advised caution on assuming other areas have comparable populations and needs, there would need to be more rigorous interrogation of context rather than assumption that other areas have found solutions which can be applied. Michelle Miller – core issue is that we don't actually know what the population needs are – the backlog of assessment means we cannot quantify this properly. While people in hospital shouldn't be there and don't want to be there the reality is that they are being cared for, the priority really has to be community as they are not receiving services.

Cllr Alasdair Rankin – agree need to shift to prevention but this will cause pain elsewhere. Carolyn Hirst – change recommendations to more proactive. **Board agreed minute should express their concern regarding these issues which will be addressed through the strategic commissioning plans and the need to explicitly move to prevention approaches.** Recommendations as IJB to “note” this was **not** agreed.

Outline strategic commissioning plans: Note: Mike Ash – chair MH strategic commissioning plans; Melanie Main – chair primary health care

5.6. Inspection of Older People’s Services – Revised Improvement Plan – report by the IJB Interim Chief Officer (circulated)

Michelle Miller – context – response to the inspection; original action plan had over 100 action points and all seemed to be priorities. Discussion with care inspectorate and agreed need to focus on top priorities. Presentation included in the papers.

17 recommendations – addressed through 3 pillars recovery model – performance, finance and quality.

Good progress – family group decision pilot, readiness for carers assessments, 8 GP practise – post dementia diagnosis support, review of high need care; older peoples capacity plan, market facilitation, exit from Liberton, falls pathway, quality assurance framework

Could be better – effective use of staff time; Budget and finance key areas

Overall not advancing as required – need to be clearer about realistic timescales.

Recommendation 9 – needs to explicitly include developing risk assessment and contingency plans

Recommendation 11 – scrutiny will be monthly at locality level – benchmarks will be performance against budget, quality etc. and then monitored at city level. Noted that full locality structures are not yet in place.

Shulah Allan – disappointing that there hasn’t been the level of progress needed also need timescales to make sure we are focused on this work. Agreed that this is required; belief is that original improvement plan was overly optimistic and did not take account of the full complexity of the situation.

Christine Farquhar – where is focus on person centred and voices of communities? Wendy Dale – engagement is recommendation 1 and 9. ES – EVOC has commitment to have conversations with third sector communities and linked to prevention priorities commitment is to have conversations with significant numbers of people over the next 6 – 9 months.

5.7. **Grants Review** – Scope, Methodology and Timescales – referral report from the Strategic Planning Group – report by the IJB Interim Chief Officer (circulated)

Steering group established which has considered the focus on the scope of the review. Noted that progress report will be brought back March 2018, final proposals June 2018 and will be a standing item on strategic planning group agenda.

Cllr Susan Webber – double funding? ES – no double funding, there is additionality, as noted by council's procurement team.

Cllr Melanie Main – if there is transition we need to ensure this is done sensitively, thoughtfully and with care. ES – obviously concern within sector regarding funding and sustainability of services. There has been discussion at steering group about “anchor services” in community and this would be included in analysis.

Recommendations agreed.

5.8. **Financial Update** – report by the IJB Interim Chief Officer (circulated)

Moira Pringle – highlighted where effort is being focused to realise savings targets. Noted CEC has allocated further £7m – prioritising care at home.

Prescribing is severe budget pressure but Edinburgh and Lothian is already very efficient however this will be focus.

Equipment – people approaching Cllrs saying how do they cannot return equipment.

Andrew Coull – it would be more efficient to use all the expertise in the community to clear backlog of assessments and therefore potentially achieve efficiencies. ES – assessments need to be integral to the strategic commissioning plans that are being developed. Plus, EVOC working with NHS Lothian, public health CEC and 80 third sector organisations to develop data sharing agreements/mechanisms which will unblock some of the issues which stop efficient partnership working.

Noted CEC budget currently out for consultation and NHS Lothian in discussions with Scottish Government re next year's budget. Cllr Melanie Main – need to acknowledge that in the long term the funding is not adequate for the purpose. **IJB formally expressed concern of the financial constraints on quality and performance.**

5.9. **Winter Planning Arrangements** – verbal update by the IJB Interim Chief Officer

Angela Lindsay (verbal report) Winter plan includes opening a ward at Western General for expected rise in admissions. Increased focus on getting message to people to access support at appropriate levels. This includes adverts on buses and social media. 7 day services with walk in GP surgeries (lessons learned from festival period), hubs will move to 7-day support weekends will be in western and royal infirmary. Collating base line data which will be used to measure impact of winter plan. Very high likelihood there will be a type 1 flu epidemic – vaccinations are absolutely vital and are being made widely available including third sector workers. ES – this info can be shared through our Noticeboard ebulletins. Publicity around availability of vaccines needs to be reinforced.

6. Motions

6.1. Motion by Councillor Melanie Main: The Edinburgh Integration Joint Board notes the work of Nicci Gerrard and Julia Jones following the stay of her father Dr. John Gerrard in hospital in 2014, campaigning for better family involvement and outcomes for those suffering from dementia in a long term care or hospital environment. John's Campaign is founded on the principle that family and carers "should not just be allowed but should be welcomed, and that a collaboration between the patients and all connected with them is crucial to their health and their well-being. John's Campaign applies to all hospital settings: acute, community, mental health and its principles could extend to all other caring institutions where people are living away from those closest to them." The Edinburgh Integration Joint Board notes that reputable organisations in the fields of dementia and healthcare including Alzheimer's Society, AgeUK and the Royal Colleges of Nursing and Psychiatrists have shown their support of the campaign. The Edinburgh Integration Joint Board notes the Scottish Government, a John's Campaign partner, said: "Our policy on supporting people in hospital means that the principles of John's Campaign are entirely in keeping with government policy. John's Campaign is part of a suite of measures used in Scotland and the Chief Nursing Officer actively supports this approach to ensure person centred care is in place". Whereas in Scotland several councils and many healthcare organisations in both the NHS and private sector have signed up in full, in NHS Lothian only two hospital wards have made a pledge to the campaign. Many of NHS Lothian's and Edinburgh Council's health and social care workers and allied professions already undertake these principles in practice and that signing up to the campaign would give them due recognition. Therefore, the Edinburgh Integration Joint Board recommends that providers, in public, voluntary and private sectors, of all relevant services within its remit, sign up to John's Campaign by 31st January 2017. A report listing those who have signed up and those who have not signed up with the reasons given will be presented to the Board in two cycles.

Cllr Melanie Main – the above motion arose because concerns have been raised that practice at ward level can fall below best practice and while there is no doubt that staff are doing the best they can it would be good to agree this standard. Therefore, want to sign up to the campaign that we are explicitly agreeing these standards.

Andrew Coull all staff working exceptionally hard and we need to acknowledge this.

Motion agreed.

Board Members Voting Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice-Chair), Shulah Allan, Michael Ash, Councillor Derek Howie, Alex Joyce, Councillor Melanie Main, Councillor Alasdair Rankin, Councillor Susan Webber and Richard Williams. Non-Voting Carl Bickler, Colin Beck, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Kirsten Hey, Beverley Marshall, Angus McCann, Ian McKay, Ella Simpson, Michelle Miller, Moira Pringle, George Walker and Pat