



# Report

## Initial Set of Directions

### Edinburgh Integration Joint Board

13 May 2016

#### Executive Summary

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- 1.1 The Public Bodies (Joint Working) (Scotland) Act places an obligation on Integration Joint Boards to give a direction to the Council and NHS Board in respect of out each function delegated to Integration Joint Board. The legislative timescales for integration dictate that directions must be issued by 1 April 2016.
- 1.2 The purpose of this report is to inform the Integration Joint Board of:
- the initial set of directions issued to the Chief Executives of NHS Lothian and the Council on 31 March 2016, attached as Appendix 1
  - the actions that have taken place following the issuing of the directions
  - proposed next steps

#### Recommendations

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- 2.1 The Integration Joint Board is asked to:
- note the initial set of directions issued on 31/3/16 attached as Appendix 1
  - note the work underway to move to a more detailed set of directions

#### Background

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- 3.1 The Public Bodies (Joint Working) (Scotland) Act places an obligation on Integration Joint Boards to give a direction to the Council and NHS Board in respect of each function delegated to Integration Joint Board. The legislative timescales for integration dictated that directions should be issued by 1 April 2016.
- 3.2 Directions are the mechanism through which integration authorities' ensure that the actions set out in their strategic plans are implemented. The Good Practice Guide issued by the Scottish Government in March 2016 makes it clear that directions must set out:

- a clear framework for the operational delivery of the delegated functions
- which delegated function each direction relates to
- detailed information on the financial resources available for carrying out the functions that are the subject of the directions

Where appropriate the same document can be used to give directions to carry out multiple functions.

- 3.3 There are no fixed timescales for the lifespan of directions. A direction remains in place until it is varied, revoked or superseded by a later direction in relation to the same function. The Good Practice Guide makes it clear that there is an expectation that directions issued at the start of the year should be reviewed during the year in response to developments
- 3.4 During 2015/16 the four Integration Joint Boards in Lothian worked together to develop a common understanding of requirements in terms of directions and where appropriate to agree a common approach.

## Main report

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- 4.1 In the main, the initial set of 35 directions issued by the Edinburgh Integration Joint Board are derived from the actions set out in the Strategic Plan for Health and Social Care 2016 -19. The only exceptions to this is the first direction which is a general direction instructing the City of Edinburgh Council and NHS Lothian to continue to provide the services delegated to the Board, to a high standard within current budgets and in accordance with extant statutory and regulatory obligations, policies and procedures unless a specific direction has been issued for that service. This general direction addresses the need for all delegated services to be covered by directions.
- 4.2 All directions have been given a reference to the related actions within the Strategic Plan and to the national health and wellbeing outcomes, integration planning and delivery principles and key priorities within the Strategic Plan. A link has also been made between each direction and the delegated functions it relates to. The description of the functions has been determined by the way in which the Council and NHS budgets are currently constructed and will change over time as the financial plan for the Integration Joint Board becomes more detailed. For ease of reference, the national health and wellbeing outcomes, integration planning and delivery principles and key priorities from the Strategic Plan are set out in tables on page 7 of the document attached as Appendix 1 and the budget linked to delegated functions is set out on page 8.

- 4.3 The majority of the directions issued are at a high level as further work is required with both the Council and NHS Lothian and in some cases other Integration Joint Boards to develop a greater level of detail. The main function of this initial set of directions is therefore to notify the Council and Health Board of the areas where the Integration Joint Board want to see change and to instruct the two organisations to support the Chief Officer to develop more detailed plans. These detailed plans will then lead to more detailed directions being issued in due course.
- 4.4 Examples of more specific directions are direction E8 which relates to specific GP premises that are to be built or extended and E12 which sets specific targets in relation to delayed discharge. In relation to E12, it is envisaged that a new direction will be issued with new targets for the remainder of 2016/17 once the existing target for May 2016 expires.
- 4.5 An initial meeting has already taken place with colleagues in NHS Lothian to discuss the next steps, following which the Health Board will formally respond to the Chief Officer identifying what it believes to be any significant gaps and areas where further clarification is required. In tandem with this work has commenced to identify the groups of people who need to be brought together to develop action plans leading to more detailed directions. The directions to the Council will be discussed with the Council Management Team to agree a similar approach. As each of the actions within the Strategic Plan Action Plan has now been allocated to a member of the Chief Officer's Executive Team the work to progress the Action Plan and develop more detailed directions will progress hand in hand.
- 4.6 Regular updates on the Action Plan and development of more detailed directions will be presented to future meetings of the Integration Joint Board.

## Key risks

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- 5.1 The high level nature of the current directions may result in a lack of clarity about the intentions of the Integration Joint Board. This risk is moderated to some extent by the general direction not to change service delivery unless specifically directed to do so. The work taking place with colleagues from the NHS Board and Council to develop more detailed directions through an iterative process will address the need for clarity.

## Financial implications

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- 6.1 There are no direct financial implications arising from this report.

## Involving people

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- 7.1 The directions issued by the Integration Joint Board arise from the Strategic Plan which has been developed in collaboration with a range of partners and been subject to a period of three months public consultation.

## Impact on plans of other parties

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- 8.1 The directions issued by the Integration Joint Board will impact on the plans of both NHS Lothian and the City of Edinburgh Council and may impact on the plans of East, Mid and West Lothian Integration Joint Boards, where they relate to services in which other Boards have a shared interest. The approach taken to the issuing and development of the initial directions through discussion with partners should ensure that the interests of all partners are taken into account before more detailed directions are issued.

## Background reading/references

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[Scottish Government Good Practice Guide on Directions](#)

## Appendices

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Appendix 1 Initial directions issued to the Chief Executives of the City of Edinburgh Council and NHS Lothian on 31/3/16

## Report author

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## Links to priorities in strategic plan

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The content of this report is of relevance to all six key priorities.

**Appendix 1**

**Edinburgh Integration Joint Board Initial set of directions issued to the Chief Executives of The City Of Edinburgh Council and NHS Lothian on 31 March 2016**

Ref	Title	Recipient		Description	Link to strategic plan action	Delegated functions Linked to budget breakdown on page 7	National health and wellbeing outcomes*	Planning and delivery principles*	IJB priorities* *See page 6 for details
		NHS	CEC						
E1	General	✓	✓	Continue to provide high quality services within current budgets and in accordance with statutory and regulatory obligations, policies and procedures for all delegated services where there is not a specific direction, with no change to services being made without the agreement of the Chief Officer of the Edinburgh Integration Joint Board.		<ul style="list-style-type: none"> <li>• All delegated services</li> </ul>	9	b) xii	F
E2	Locality working	✓	✓	<p>Work with the Chief Officer to develop an integrated way of working at a locality level. Bringing together staff from a range of disciplines to coordinate community resources more effectively:</p> <ul style="list-style-type: none"> <li>• To reduce admission to hospital</li> <li>• Support timely discharge</li> <li>• Maximise independence</li> </ul> <p>This will include the development of a business case for the development of locality hubs building on the learning from the South East pilot.</p>	1, 2	<ul style="list-style-type: none"> <li>• Health and Social Care: <ul style="list-style-type: none"> <li>○ Local Area Co-ordination</li> <li>○ Social work and OT support</li> <li>○ Social Work assessment and care management</li> </ul> </li> <li>• Health Services Core: <ul style="list-style-type: none"> <li>○ Mental health</li> <li>○ Older people</li> <li>○ Community AHPs</li> <li>○ General Medical Services</li> <li>○ Prescribing</li> <li>○ District Nursing</li> </ul> </li> </ul>	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) I, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F
E3	Integrated structure	✓	✓	Support the Chief Officer to design and establish an integrated structure required to fully deliver the objectives in the strategic plan as effectively and efficiently as possible. This includes business support and ancillary services in relation to delegated functions and the provision of appropriate and adequate professional, administrative and technical support as required by the Integration Scheme.	2	<ul style="list-style-type: none"> <li>• Health and Social Care: <ul style="list-style-type: none"> <li>○ All services</li> </ul> </li> <li>• Health services core <ul style="list-style-type: none"> <li>○ All services</li> </ul> </li> </ul>	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) I, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F
E4	Tackling inequalities	✓		Public health services to be engaged in supporting the partnership to develop their understanding on health inequalities in order to shape the strategic approach.	8	<ul style="list-style-type: none"> <li>• Health and Social Care <ul style="list-style-type: none"> <li>○ Health improvement/ health promotion</li> </ul> </li> </ul>	1, 4, 5, 8, 9	a), b) ii, iii, iv, xi, xii	A, B, E, F
E5	Tackling inequalities		✓	Support the partnership to engage with community planning partners to develop their understanding on health inequalities in order to shape the strategic approach.	8	<ul style="list-style-type: none"> <li>• Health and Social Care <ul style="list-style-type: none"> <li>○ Health improvement/ health promotion</li> </ul> </li> </ul>	1, 4, 5, 8, 9	a), b) ii, iii, iv, vii, x, xi, xii	A, B, E, F
E6	Support for carers	✓	✓	Support the partnership to develop a new Edinburgh Integrated Carers' Strategy and establish our new priorities in line with National Carers Policy, New Carers Legislation and Integration Joint Board's priorities on Prevention and Early Intervention.	14	<ul style="list-style-type: none"> <li>• Health and Social Care <ul style="list-style-type: none"> <li>○ Residential care</li> <li>○ Self-directed support</li> <li>○ Information and advice</li> <li>○ Social work assessment and care management</li> </ul> </li> <li>• Health Services Core: <ul style="list-style-type: none"> <li>○ Other core</li> </ul> </li> </ul>	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) I, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, E, F
E7	Ensuring a	✓		Support the partnership to improve the resilience of GP practices	17	<ul style="list-style-type: none"> <li>• Community AHPs</li> </ul>	1, 2, 3, 4, 5, 6,	a), b) I, ii, iii, iv,	D, E, F

Ref	Title	Recipient		Description	Link to strategic plan action	Delegated functions Linked to budget breakdown on page 7	National health and wellbeing outcomes*	Planning and delivery principles*	IJB priorities* *See page 6 for details
		NHS	CEC						
	sustainable model of primary care			by facilitating different ways of working that build the capacity and capability of the wider primary care team.		<ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Prescribing</li> </ul>	7, 8, 9	v, vi, viii, ix, x, xi, xii	
E8	Primary care premises	✓		<p>Work with the partnership to build and expand GP premises to increase capacity to meet increasing demand, including:</p> <ul style="list-style-type: none"> <li>• Starting construction of 2 new partnership centres in 2016, incorporating GP practices and community services at Firhill and establishing a new practice in North West Edinburgh;</li> <li>• Building new premises for Leith Walk and Ratho GP practices in 2016/17;</li> <li>• Exploring opportunities at up to 4 other practices to extend/refurbish practices to increase capacity;</li> <li>• Supporting a number of practices to create additional consulting space; and</li> <li>• Exploring potential development opportunities, particularly for incorporating practice reprovision in wider healthy living initiatives.</li> </ul>	18	<ul style="list-style-type: none"> <li>• Community AHPs</li> <li>• General Medical Services</li> <li>• Prescribing</li> </ul>	1, 2, 3, 7, 8, 9	a), b) iii, v, vi, viii, ix, x, xi, xii	B, D,E,F
E9	Property strategy	✓	✓	<p>Work with the partnership to develop an integrated asset management strategy to:</p> <ul style="list-style-type: none"> <li>• disinvest in sub optimal properties;</li> <li>• maximise opportunities for co location;</li> <li>• maximise use of the existing estate; and</li> <li>• support new ways of working</li> </ul>	18	<ul style="list-style-type: none"> <li>• All delegated services</li> </ul>	1, 3, 7, 8, 9	a), b) iii, v, vi, viii, ix, x, xi, xii	D, E, F
E10	Co-location of services for people with complex needs	✓	✓	Work with the partnership and NHS Lothian to co-locate the Access Practice with a range of other services to support people with complex needs.	18	<ul style="list-style-type: none"> <li>• General Medical Services</li> </ul>	1, 2, 3, 4, 5, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, viii, ix, x, xi, xii	A, B, C, D, E, F
E11	Primary secondary care interface	✓	✓	To help achieve integration of care pathways at a locality level, work with all 4 partnerships to develop a single model for acute unscheduled care services. Including early assessment at hospital front doors and approaches that provide alternative to admission and which works effectively with local community services in Edinburgh.	20	<ul style="list-style-type: none"> <li>• All delegated services</li> </ul>	2, 3, 4, 5, 6,7,8,9	a), b) i, iii, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F
E12	Delayed discharge	✓	✓	Building on the Patient Flow workshop held on 8 March 2016; work with the Chief Officer of the Integration Joint Board to continue to reduce the number of delayed discharges initially focusing on achieving the target of 50 by May 2016, as set out in the Memorandum of Understanding with the Scottish Government. Following this, further targets will be agreed for the remainder of 2016/17.	3, 5, 19, 20, 22, 25, 29, 30, 31, 32	<ul style="list-style-type: none"> <li>• Care at home</li> <li>• Intermediate care</li> <li>• Reablement</li> <li>• Residential care</li> <li>• Social work and OT support</li> <li>• Social work assessment and care management</li> <li>• Health services core <ul style="list-style-type: none"> <li>○ Older people</li> <li>○ Mental health</li> <li>○ Community AHPs</li> <li>○ General Medical Services</li> </ul> </li> <li>• Hosted:</li> </ul>	2, 3, 4, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, vii, ix, x, xi, xii	B, C, D, E, F

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		NHS	CEC						
						<ul style="list-style-type: none"> <li>○ Mental health and substance misuse</li> <li>○ Learning disabilities</li> <li>○ Unscheduled care</li> <li>● Set Aside <ul style="list-style-type: none"> <li>○ Accident and Emergency</li> <li>○ General medicine</li> <li>○ Geriatric medicine</li> </ul> </li> </ul>			
E13	Frail older people		✓	Commission care at home on a locality basis through new contracts with the independent and third sector, ensuring that local care providers can work closely with local home care organisers and engage with the locality hubs to maximise flexibility and capacity to meet care needs.	21	<ul style="list-style-type: none"> <li>● Care at home</li> </ul>	2, 3, 4, 6, 7, 8, 9	a), b) i, ii, iii, v, vi, viii, ix, x, xii	C, D, E, F
E14	Whole system capacity plans	✓	✓	Support the partnership to develop whole system capacity plans to provide the right mix of services, including: <ul style="list-style-type: none"> <li>● The longer term needs for interim care beds currently provided at Gylemuir and determine the future model for delivery of this service during 2016;</li> <li>● Update capacity plans for long stay nursing and residential care home places including those which care for older people with behaviours what challenge and provide specialist dementia care;</li> <li>● An HBCCC capacity plan for those people whose needs cannot be met anywhere but a hospital; and</li> <li>● Evaluate the need for an integrated care facility model to meet capacity requirements for the care and support of older people.</li> </ul>	22	<ul style="list-style-type: none"> <li>● Residential care</li> <li>● Housing support</li> <li>● Intermediate care</li> <li>● Community hospitals</li> <li>● A and E</li> <li>● Unscheduled care</li> </ul>	2, 3, 4, 7, 9	a), b) i, ii, iii, iv, v, vi, vii, viii, ix, vii	D, E, F
E15	Site based options	✓	✓	Explore the opportunities to: <ul style="list-style-type: none"> <li>● use the resources and assets associated with the Royal Victoria Hospital site;</li> <li>● use the resources and assets associated with the Royal Edinburgh Hospital site;</li> <li>● work with the partnership to deliver homes for older people with higher needs;</li> <li>● work with Partnership to examine the future provision of services currently on sites scheduled for disposal, and explore alternative use of sites</li> <li>● work with Edinburgh, East and Midlothian partnerships to allow the closer of the Liberton Hospital and release resources in community based services</li> </ul>	22	<ul style="list-style-type: none"> <li>● Residential care</li> <li>● Care at home</li> <li>● Self-directed support</li> <li>● Telecare</li> <li>● Housing support</li> <li>● Rehabilitation</li> <li>● Community hospitals</li> <li>● Health Services Core: <ul style="list-style-type: none"> <li>○ Older people</li> <li>○ Mental health</li> </ul> </li> <li>● Hosted: <ul style="list-style-type: none"> <li>○ Mental health and substance misuse</li> </ul> </li> </ul>	2, 3, 4, 7, 9	a), b)ii, iii, iv, v, vi, vii, viii, ix, xi, xii	D, E, F
E16	Old age psychiatry	✓	✓	Support the partnership to develop a plan in response to the intended reduction in old age psychiatry beds at the Royal Edinburgh Hospital to ensure adequate capacity and support in the community for older people with mental health problems including dementia. This includes the need to ensure appropriate discharge planning arrangements.	23	<ul style="list-style-type: none"> <li>● Residential care</li> <li>● Self-directed support</li> <li>● Care at home</li> <li>● Social work assessment and care management</li> <li>● Health services core <ul style="list-style-type: none"> <li>○ Older people</li> </ul> </li> </ul>	1, 2,3,4,5,7,8,9	a), b)i, ii, iii, iv, v, vi, vii, viii, ix, xi, xii	C, D, E, F

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		NHS	CEC						
						<ul style="list-style-type: none"> <li>○ Mental health</li> <li>● Hosted: <ul style="list-style-type: none"> <li>○ Mental health and substance misuse</li> </ul> </li> </ul>			
E17				<i>Commercially sensitive</i>					
E18	Integrated rehabilitation services re-provision	✓		Develop the business case for the re-provision of specialist and complex rehabilitation services.	27	<ul style="list-style-type: none"> <li>● Hosted <ul style="list-style-type: none"> <li>○ Rehabilitation medicine</li> </ul> </li> <li>● Set aside <ul style="list-style-type: none"> <li>○ Rehabilitation medicine</li> </ul> </li> </ul>	1, 2,3,4,5,7,8,9	a), b) i, ii, iii, iv, v, vi, viii, ix, xi, xii	C, D, E, F
E19	Supporting people with long term conditions	✓		Work with the partnership to increase the quantity and quality of new and existing anticipatory care plans, ensuring these are created and shared using electronic key information summaries (KIS) and contain information based on person's wishes including preferred place of care.	32	<ul style="list-style-type: none"> <li>● General Medical Services</li> <li>● Community AHPs</li> <li>● District nurses</li> </ul>	1, 2, 3, 4, 5, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F
E20	Supporting people with long term conditions		✓	Work with the partnership and the Lothian Diabetes Managed Clinical Network to implement the national diabetes action plan to create an improved and consistent pathway for people with both type 1 and type 2 diabetes.	31	<ul style="list-style-type: none"> <li>● General Medical Services</li> <li>● Community AHPs</li> <li>● AHP services</li> <li>● Diabetes</li> </ul>	1, 2, 3, 4, 5, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, vii, viii, ix, xi, xii	A, B, C, D, E, F
E21	Services associated with phase 1 of Royal Edinburgh Hospital re-provision	✓	✓	Prior to the opening of the new inpatient facilities, review the current service model for Rehab, Acute Psychiatry and Older People's Mental Health with inpatient service teams to ensure there is a coherent and effective model of care across community and hospital services in place.	33	<ul style="list-style-type: none"> <li>● Social work assessment and care management</li> <li>● Health Services Core: <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> <li>● Hosted: <ul style="list-style-type: none"> <li>○ Mental health and substance misuse</li> </ul> </li> </ul>	2, 3, 4, 5, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii	C, D, E, F
E22	Improving waiting times for psychological therapies	✓	✓	Direct West Lothian partnership to work with Edinburgh, East and Midlothian partnerships to explore options for reducing waiting times for psychological therapies to meet the Government standard of 18weeks	33	<ul style="list-style-type: none"> <li>● Psychology</li> </ul>	1, 2, 3, 4, 5, 7, 9	a), b) i, ii, iii, iv, v, vi, viii, ix, x, xi, xii	B, C, D, E, F
E23	Secure provision	✓	✓	Work with the Partnership to develop a range of provision for those who require relational, procedural and environmental security, to comply with new legislation from November 2015 to ensure that people are not cared for in conditions of excessive security	35	<ul style="list-style-type: none"> <li>● Social work assessment and care management</li> <li>● Health Services Core: <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> <li>● Hosted: <ul style="list-style-type: none"> <li>○ Mental health and substance misuse</li> <li>○ Learning disabilities</li> </ul> </li> </ul>	2, 3, 4, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xii	C, D, E, F
E24	Support for women with complex needs	✓	✓	Work with the Partnership to develop a business case to commission and deliver a service for women with complex needs, for people placed outwith Edinburgh, or those who have contact with criminal justice service	35	<ul style="list-style-type: none"> <li>● Health Services Core: <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> <li>● Hosted: <ul style="list-style-type: none"> <li>○ Mental health and substance misuse</li> </ul> </li> <li>●</li> </ul>	2, 3, 4, 5, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xii	C, D, E, F
E25	Wellbeing preventative services		✓	Work with the Partnership to design wellbeing preventative services by using an approach that engages citizens, service user and carer groups and all other partners who together will lead	34	<ul style="list-style-type: none"> <li>● Social work assessment and care management</li> <li>● Health Services Core:</li> </ul>	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F

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		NHS	CEC						
				the coproduction and eventual procurement of services		<ul style="list-style-type: none"> <li>○ Mental health</li> </ul>			
E26	Mental health locality partnership model	✓	✓	Implement the agreed mental health locality partnership model beginning in North East with a focus on the communities of Craigmillar, connecting to Total East and Leith, maximising the opportunities of the GameChanger Public Social Partnership.	33	<ul style="list-style-type: none"> <li>● Social work assessment and care management</li> <li>● Health Services Core: <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> </ul>	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F
E27	Substance misuse services	✓	✓	Work with the Partnership and EADP to review the treatment and recovery pathway for people with substance misuse issues including inpatient and recovery programmes (Ritson Clinic and Lothian and Edinburgh Abstinence Project (LEAP)) in line with the Royal Edinburgh Hospital campus redevelopment	37	<ul style="list-style-type: none"> <li>● Health Services Core: <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> <li>● Hosted: <ul style="list-style-type: none"> <li>○ Mental health and substance misuse</li> </ul> </li> </ul>	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F
E28	Alcohol Related Brain Damage	✓		Work with the Partnership to implement the recommendations arising from the Alcohol Related Brain Damage Unit pilot	37	<ul style="list-style-type: none"> <li>● Health Services Core: <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> <li>● Hosted: <ul style="list-style-type: none"> <li>○ Mental health and substance misuse</li> </ul> </li> </ul>	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F
E29	Technology Enabled Care	✓	✓	<p>Work with the Partnership to develop:</p> <ul style="list-style-type: none"> <li>● a strategy for the delivery of Technology Enabled Care (TEC)</li> <li>● business cases in respect of developments to be implemented in each of the three years from 2016/17; opportunities include: <ul style="list-style-type: none"> <li>○ an increase in the use of pendant alarms</li> <li>○ the use of technology for overnight support</li> <li>○ automated medication prompting and daily wellbeing checks</li> <li>○ video conferencing within care homes</li> <li>○ scaling up the use of home monitoring for people with long term conditions</li> <li>○ exploring the potential of MyGov technology to support person held records</li> </ul> </li> <li>● applications through the Scottish Government Technology Enabled Care Programme and other available sources of funding</li> </ul>	38	<ul style="list-style-type: none"> <li>● Telecare</li> <li>● Health Services Core: <ul style="list-style-type: none"> <li>○ Other core (Telehealth)</li> </ul> </li> </ul>	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii	B, C, D, E, F
E30	ICT to support integrated working	✓	✓	<p>Work with the Partnership to:</p> <ul style="list-style-type: none"> <li>● understand the implications of the strategic plan in relation to ICT and wider technology which will allow us to develop an ICT Strategy and implementation plan for the Health and Social Care Partnership</li> <li>● develop a delivery plan in respect of the roadmap based on the areas of focus and assumptions for joint working set out above</li> <li>● ensure that any business cases developed in relation to the strategic plan clearly set out any ICT implications</li> </ul>	39	<ul style="list-style-type: none"> <li>● <i>Professional, Administrative and Technical services</i></li> </ul>	2, 3, 4, 7, 8, 9	a), b) i, ii, iv, v, vi, viii, ix, xi, xii	B, C, D, E, F
E31	Improving our understanding of	✓	✓	Work with the Partnership to continue to develop the Joint Strategic Needs Assessment	40	<ul style="list-style-type: none"> <li>● <i>Professional, Administrative and Technical services</i></li> </ul>	3, 4, 7, 8, 9	a), b) ii, iii, iv, vii, ix, x, xi, xii	A, B, C, D, E, F

Ref	Title	Recipient		Description	Link to strategic plan action	Delegated functions Linked to budget breakdown on page 7	National health and wellbeing outcomes*	Planning and delivery principles*	IJB priorities* *See page 6 for details
		NHS	CEC						
	the strengths and needs of the local population								
E32	Integrated workforce development	✓	✓	Work with the Partnership to develop a workforce strategy in response to the strategic plan	41	• <i>Professional, Administrative and Technical services</i>	3, 4, 5, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, viii, ix, xi, xii	A, B, C, D, E, F
E33	Prescribing costs	✓		Work with the Partnership to identify factors that will impact on prescribing patterns to allow a more accurate prediction of future costs	43	• Prescribing	1, 2, 3, 4, 7, 9	a), b) ii, iv, viii, ix, xi, xii	D, E, F
E34	Achieving financial balance	✓	✓	Work with the Partnership to develop sustainable plans to achieve financial balance, including the delivery of savings plans to be delivered in 2016/17	43	• All delegated services	9	a), b)xii	F
E35	Investment in unscheduled care	✓		Discuss any proposals for further investment in unscheduled care with the Partnership prior to decisions being made	42	• Hosted services	2, 9	a), b)xii	D, E, F

<b>National Health and Wellbeing Outcomes</b> <i>as set out in the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes)(Scotland) Regulations 2014</i>	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7	People using health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

<b>Integration planning and delivery principles:</b> <i>as set out in sections 4 (planning principles) and 31 (integration delivery principles) of the Public Bodies (Joint Working) (Scotland) Act 2014.</i>	
The integration planning and delivery principles are:	
a)	that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,
b)	that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:
i	is integrated from the point of view of service-users,
ii	takes account of the particular needs of different service-users,
iii	takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
iv	takes account of the particular characteristics and circumstances of different service-users,
v	respects the rights of service-users,
vi	takes account of the dignity of service-users,
vii	takes account of the participation by service-users in the community in which service-users live,
viii	protects and improves the safety of service-users,
ix	improves the quality of the service,
x	is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
xi	best anticipates needs and prevents them arising,
xii	makes the best use of the available facilities, people and other resources

<b>Edinburgh integration Joint Board Key Priorities</b>	
A - Tackling inequalities	B - Prevention and early intervention
C - Person centred care	D - Right care, right place , right time
E - Making best use of capacity across the whole system	F - Managing our resources effectively

	Indicative Payment to IJB*	Adjustments to payments to/from IJB				Indicative Payment to CEC/NHSL
		Integrated care fund	Delayed discharge funding	Resource Transfer	Social care fund	
	£k	£k	£k	£k	£k	£k
<b>Health and social care services</b>						
Care at Home	68,229	1,820	1,266			71,315
Community Equipment	1,219	182	-			1,401
Day Services	21,062	183	-			21,245
Health Improvement/Health Promotion	1,924	-	-			1,924
Information & Advice	3,317	-	-			3,317
Intermediate Care	1,536	122	-			1,658
Local Area Co-ordination	1,421	780	-			2,201
Management	1,839	-	-			1,839
Reablement	6,679	1,118	-			7,797
Rehabilitation	322	-	-			322
Residential Care	69,809	67	1,212			71,087
Self Directed Support	13,386	-	-			13,386
Social Work and OT Support	1,366	375	-			1,741
Social work assessment and care management	11,225	-	-			11,225
Support Services	3,327	238	-			3,565
Telecare	92	407	-			499
Resource transfer	(21,988)			21,988		0
	<b>184,766</b>	<b>5,291</b>	<b>2,478</b>	<b>21,988</b>	<b>0</b>	<b>214,523</b>
<i>*Payment based on original offer. Please note that this subject to due diligence, confirmation of savings plans, realignment following 15-16 outturn and further Council transformation budget transfers</i>						
<b>Health services</b>						
<b>Core</b>						
Community hospitals	10,325		(21)			10,304
Mental health	9,411					9,411
Older people	11,525	743				12,268
Community AHPs	3,684					3,684
General medical services (GMS)	67,223					67,223
Prescribing	75,900					75,900
Resource Transfer	21,988			(21,988)		0
Delayed Discharge	2,457		(2,457)			0
Integrated Care Fund	8,190	(8,190)				0
Integrated Care Fund- to be allocated		2,156	Further directions to follow			2,156
Other Core	8,324					8,324
	<b>219,027</b>	<b>(5,291)</b>	<b>(2,478)</b>	<b>(21,988)</b>	<b>0</b>	<b>189,270</b>
<b>Hosted</b>						
Sexual health	2,436					2,436
AHP services	6,643					6,643
Mental health & substance misuse	22,379					22,379
Rehabilitation medicine	3,203					3,203
Learning disabilities	8,865					8,865
Oral health services	5,584					5,584
Psychology	2,988					2,988
Complex care	1,788					1,788
Unscheduled care	5,164					5,164
Strategic programmes	2,535					2,535
Other hosted	4,675					4,675
	<b>66,260</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>66,260</b>
<b>Social care fund</b>						
Edinburgh share	<b>20,180</b>	Further directions to follow				<b>20,180</b>
<b>Total payment</b>	<b>490,233</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>490,233</b>
<b>Set Aside</b>						
A & E (outpatients)	6,394					6,394
Cardiology	15,765					15,765
Diabetes	1,376					1,376
Endocrinology	1,097					1,097
Gastroenterology	4,638					4,638
General Medicine	25,226					25,226
Geriatric Medicine	19,059					19,059
Infectious Disease	8,166					8,166
Rehabilitation Medicine	1,951					1,951
Respiratory Medicine	482					482
Therapies	5,415					5,415
Other	(337)					(337)
	<b>89,232</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>89,232</b>
<b>Grand total</b>	<b>579,465</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>579,465</b>