MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

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WEDNESDAY 1 JULY 2015
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:
Councillor S Akhtar
Mr M Ash
Councillor S Currie
Councillor D Grant
Professor J Iredale
Mr A Joyce
Ms A Meiklejohn

Non-voting Members Present:
Ms F Duncan
Dr R Fairclough
Ms A MacDonald
Mr K Maloney
Mrs M McKay
Mr D Small
Mr E Stark
Dr J Turvil
Mr A Wilson

Other Officers Present:
Mr J Ferry
Mr D King
Mr J Lamond
Ms C Lumsden
Ms J McCabe
Mr P Ritchie

Clerk:
Ms A Smith

Apologies:
Councillor J Goodfellow
Dr A Flapan

Declarations of Interest:
None

Jim Lamond, Head of Council Resources, ELC, welcomed everyone to the inaugural meeting of the East Lothian Integration Joint Board. He would be chairing the meeting for the initial agenda items until the appointment of the Chair.

1. MEMBERSHIP OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

A report was submitted by the Depute Chief Executive (Resources and People Services), ELC, regarding membership of the East Lothian Integration Joint Board (the 'IJB').

Joanne McCabe, Senior Solicitor, ELC, presented the report. She outlined the arrangements for membership, drawing attention to the composition of voting and non-voting members, as set out by legislation. She referred to the appendix which detailed the categories of membership, posts and proposed members. She informed the IJB of the following amendments since preparation of the report:

Section B(2)
Alison MacDonald had been promoted to the Head of Older People and Access; she would continue to be the Registered Nurse advisor member

Section C
Local GP representative – Dr Richard Fairclough
Staff representative – Andrew Wilson had replaced John Nisbet

Decision

The IJB agreed:

i. to note the prescribed members being the:
   - voting members at Section A of the appendix to the report, and
   - minimum non-voting members at Sections B1 and B2 of Appendix 1; and

ii. to approve the stakeholder members at Sections B3 and C of Appendix 1.

2. GOVERNANCE OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

A report was submitted by the Depute Chief Executive (Resources and People Services), ELC, seeking approval of the governance arrangements of the IJB.

Ms McCabe presented the report, informing members that the report and the 3 appendices, the Integration Scheme, the Order and the Standing Orders, set out in detail the governance arrangements for the IJB. She advised that the Code of Conduct was currently being developed and would be brought to the IJB for formal adoption in due course.

Councillor Akhtar thanked Ms McCabe for all her work in the preparation of these governance arrangements and expressed her support.

Margaret McKay mentioned, as a point of clarification, that only voting members could approve report recommendations; non-voting members could make comments and raise questions but could not approve recommendations. Mr Lamond asked all members to be aware of this.

Decision

The IJB agreed:

i. to note the contents of the Integration Scheme (attached at Appendix 1 to the report);

ii. to approve the Standing Orders for the IJB (attached at Appendix 3 to the report); and

iii. to note the progress in developing the draft Code of Conduct.

3. APPOINTMENT OF CHAIR AND VICE-CHAIR

Mr Lamond outlined the requirements for the appointment of Chair and Vice-Chair of the IJB. He advised that these appointments would rotate between East Lothian Council and NHS Lothian as set out in the Integration Scheme and the ELC Chair would be effective until 31 March 2017.

He invited nominations for the Chair from the East Lothian Council voting members.
Nomination – Donald Grant, proposed by Shamin Akhtar, seconded by Stuart Currie.

He invited nominations for Vice-Chair from the NHS Lothian voting members.
Nomination – Mike Ash, proposed by Alex Joyce, seconded by John Iredale.

Decision

The IJB agreed to approve the nomination of Donald Grant as Chair of the IJB and Mike Ash as Vice-chair of the IJB.

Councillor Grant took the Chair. He stated this was an historic day for East Lothian. The Health and Social Care Partnership, guided by the IJB, was the fourth partnership established in Scotland and the first in Lothian. The focus would be to drive forward the delivery of integrated health and adult social care services. The delivery of a new community hospital in East Lothian was a key priority. He thanked Mike Ash for all his work as Chair of the Shadow Board.

4. APPOINTMENT OF CHIEF OFFICER

A report was submitted by the Director of Human Resources, NHS Lothian, seeking approval of the appointment of the Chief Officer of the IJB.

Sederunt: David Small left the Chamber

The Chair outlined the appointment process. He advised that the Appointment Committee had met on 24 June 2015; the unanimous recommendation was that David Small be appointed Chief Officer of the IJB.

Decision

The IJB agreed:

i. to note the process for the appointment of the Chief Officer; and

ii. to approve the recommendation made by the Appointments Committee to appoint David Small as the Chief Officer of the IJB.

Sederunt: David Small returned to the Chamber

5. APPOINTMENT OF CHIEF FINANCE OFFICER

A report was submitted by the Director of Health and Social Care updating the IJB on the proposals for the appointment of the Section 95 (Chief Finance) Officer.

Mr Small presented the report, informing members that a job description was being developed jointly by ELC, Midlothian Council and NHS Lothian. The post of Section 95 Officer would be shared between East Lothian and Midlothian IJBs as it was not anticipated that full time support would be required to either IJB. Once the job description had been finalised the post would be advertised across the 3 organisations. He hoped to report the outcome to the next meeting in August.

Councillor Currie queried the necessity for this new post; questioning costs and level of input. Mr Small indicated this had been raised during earlier discussions. Clarification was required prior to the interview stage as to whether the successful candidate would continue to be operational in their current role in their organisation. Councillor Currie remarked that the Chief Social Work Officer was a dual role so perhaps, for an initial period, that could apply to this post.

Mr Ash added that this was a very significant due diligence process for the IJB, as well as for ELC and the NHS; it was important to ensure the correct appointment was made.

Decision

The IJB agreed to approve the proposals for the appointment of the Section 95 (Chief Finance) Officer.

6. MEMBERSHIP OF THE STRATEGIC PLANNING GROUP

A report was submitted by the Director of Health and Social Care advising the IJB of the legislative requirements as to the membership and proceedings of the Strategic Planning Group (SPG).

Carol Lumsden, Transformation and Integration Manager, NHS Lothian, presented the report. She referred to the duty to establish a SPG and outlined the required representation as prescribed by the legislation and supporting regulations. The SPG would be the forum for defining and developing the Strategic Plan. The SPG had been operating in shadow form since November 2013 and although there was broad representation a few members had still to be appointed. The current members and recommendations moving forward were detailed in Appendix 1a. Drawing attention to Appendix 1b, additional proposed membership, Ms Lumsden outlined each proposal. The proposed remit and terms of reference for the SPG was attached at Appendix 2.

In relation to proposals for future membership Keith Maloney asked about the possibility of adding members from the users' side, which seemed under represented; Ms Lumsden confirmed this would be possible.

Mr Ash drew attention to the NHS Board's nomination of Professor Alex McMahon. He gave thanks to Alison MacDonald, Donald Grant and Carol Lumsden for their work on the shadow SPG.

In response to a question from Councillor Currie about the SPG's role and remit, specifically accountability to the IJB and the process for this, Ms Lumsden agreed this was important; she advised that this was a working draft, the details would be clarified in due course.

Professor John Iredale referred to vacancies in the key professional areas. He highlighted the need to have the widest possible representation; a local pharmacist would be invaluable, as would a representative from a major charity. He stressed the need to think strategically about these appointments.

Alison Meiklejohn endorsed those comments. Membership was medicine and nursing dominate; groups that represented a variety of stakeholders should be encouraged.

Eliot Stark noted that the process for seeking nomination for a non-commercial health care provider linked into the TSI, this related to Mr Maloney's query; he added that some form of formalization of that process would be beneficial.

Mrs McKay remarked that the membership was perhaps unduly weighted towards health; she stressed the importance of having strong representation from the social care sector.

The Chair noted the points made regarding social care and the other membership representations.

Decision

The IJB agreed:

i. to approve the Strategic Planning Group membership proposals; and

ii. to approve the progression of appointments, as set out in the report.

7. MATTERS ARISING FROM THE MINUTES OF THE FINAL SHADOW BOARD MEETING

The minutes of the final meeting of the Shadow Health and Social Care Board were presented to the IJB.

Mr Ash indicated that in relation to item 4 of the minute, concerns expressed at the meeting regarding budget issues were not reflected; otherwise, the minute was presented for noting.

Mr Stark remarked that the emphasis on those concerns had come from several sources; further clarification was required. Mr Small referred to the need for a protocol for how the IJB received financial information and considered and dealt with financial planning for 2016/17; a report was perhaps required. Mr Ash agreed and indicated he would take this forward for the next meeting of the IJB.

Councillor Currie referred to section 4.2 of the minute, specifically delayed discharges and suggested that a report on this be brought to the next IJB.

Decision

The IJB agreed that the following reports would be brought to the August meeting:

i. a report outlining the protocol for financial reporting/planning; and

ii. a report on delayed discharge.

8. PROPOSED MEETING DATES FOR 2015/16

A report was submitted by the Depute Chief Executive (Resources and People Services) of East Lothian Council advising of the proposed dates for meetings of the IJB for 2015/16.

The Chair indicated that for diary management purposes it was important to set these dates. Meetings were scheduled monthly; the venue would be the Council Chamber. He added that it may be the case however that every alternate meeting could be a development session.

Councillor Currie raised an issue regarding scheduling of these meetings. If the IJB was to try and engage the public then holding these meetings during the working day was probably not ideal; he suggested, for the next session, considering alternative times and perhaps venues. He also asked that having meetings accessible on-line, during the meeting and afterwards, be looked into.

Mr Small indicated these suggestions would be considered.

Decision

The IJB agreed to approve the dates for meetings of the IJB for 2015/16, as detailed:

- Thursday 27 August 2015, 2 pm
- Thursday 24 September 2015, 2 pm
- Thursday 29 October 2015, 2 pm
- Thursday 26 November 2015, 2 pm
- Thursday 28 January 2016, 2 pm
- Thursday 25 February 2016, 2 pm
- Thursday 24 March 2016, 2 pm
- Thursday 28 April 2016, 2 pm
- Thursday 26 May 2016, 2 pm
- Thursday 30 June 2016, 2 pm

Signed .....

Councillor Donald Grant
Chair of the East Lothian Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 27 August 2015

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BY: Chief Officer

SUBJECT: IJB Strategic Plan update

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1 PURPOSE

1.1 This report provides an update on the development of East Lothian Integration Joint Board's Strategic Plan for adult services. It identifies key issues addressed in preparation of the plan, the process of consultation and next steps.

1.2 Any member wishing additional information should contact the author of the report in advance of the meeting.

2 RECOMMENDATIONS

2.1 To note the latest version of the Strategic Plan.

2.2 To consider and agree the framework, content and priorities.

2.3 To agree the proposed next steps.

2.4 To note that a final draft of the Strategic Plan will also reflect the recommendations of the Joint Older People's Inspection process in East Lothian.

3 BACKGROUND

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control.

3.2 By developing a strategic plan for all adults, Integration Authorities should design and commission services in new ways in collaboration with their partners. Strategic plans should explicitly incorporate the important role of informal community capacity building to deliver more effective preventative and anticipatory interventions in order to optimise wellbeing

and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system

3.3 The first strategic plan of an Integration Authority must be prepared before the integration start date, which is the date on which the Health Board and the Local Authority delegate functions to the Integration Authority. The strategic plan must be prepared before this date so that the Integration Authority can function immediately. In East Lothian the start date is agreed as 1 April 2016.

3.4 The process of needs assessments, strategic planning, engagement and consultation began in East Lothian during 2014 and will be completed within a challenging timescale.

3.5 The Partnership is committed to engaging widely with the public and partners to ensure we commission health and social care services that are in the best interests of the local population and patients. The first draft of the East Lothian strategic plan had an initial period of comprehensive consultation between 17 December 2014 and 17 February 2015.

3.6 As required by legislation, a second draft of the strategic plan is being finalised following this consultation process, with a further engagement and consultative period required. The working draft of this iteration is attached separately.

3.7 The second draft of the strategic plan articulates a case for change within a context of health inequalities, poor outcomes in terms of unscheduled admissions and delayed discharges and increasing demand within a challenging financial climate.

3.8 The draft plan articulates the findings of the strategic needs assessment and highlights through a gap analysis the key priority programmes of work to be addressed over the lifespan of the plan if a shift in the balance of care is to be realised.

3.9 The key priority areas identified are:

- Delivering more care closer to home - actively tackling the rise in unplanned or avoidable hospital admissions, and significantly reducing delayed discharges from hospitals to home or a homely setting.
- Addressing the variation in the use and delivery of health and social care services across the county and tackling inequality.
- Developing a strong focus on prevention and "low level" support.
- Ensuring best value for the public purse through more effective partnership working.

3.10 In order to meet these priorities and in order to meet the national health and wellbeing outcomes and our own strategic objectives as a

Partnership a number of key, specific service or planning gaps now need to be addressed through the Strategic Plan. These Include:

- Development of East Lothian Community Hospital
- Primary Care development
- Dementia care
- Respite care
- Reablement development
- Care at Home provision
- Development of a Housing Contribution Statement and strategic links to housing
- Estates and bed use

3.11 In respect of proposed work on estates and bed use, the draft strategic plan recognises that the ongoing development of plans for a new East Lothian Community Hospital requires an understanding of bed capacity across the totality of health and social care which is reflective of local needs across the county and ensures allocation of resources in the right place. In addition there are a number of facilities where the physical environment is not fit for purpose. It is proposed that bed bases and models of care in the new East Lothian Community Hospital, Edington Hospital, Belhaven Hospital and nursing home, Abbey Residential Home and Eskgreen Residential Home as well as future need and provision of independent sector nursing home bed bases be reviewed. It should be noted that these issues were specifically agreed in the 2011 Joint Older People's Strategy and the follow up work on the strategy.

3.12 Any review of estates and bed use should ensure best use of health and social care resources and consider:

- The utilisation of existing bed provision and future need
- The appropriateness of different types of provision by locality
- The economic feasibility of new or different models of care delivery and options for reprovision
- Existing estates, including ongoing costs, any investment required or disinvestment/reinvestment potential.

3.13 The draft strategic plan outlines a range of specific, measurable actions within a framework of strategic change programmes. This framework highlights work at locality and Partnership levels with specific timelines.

3.14 A pivotal section of the draft plan which remains to be populated is the indicative revenue budget which will support delivery of the Strategic Plan and identify the totality of the financial resources that have been delegated to do this. The financial resources available to the IJB will need to be identified to achieve the ambitions of the Plan. This will include planned disinvestment in acute services and other institutional services and investment in community services. Detailed work on the

indicative revenue budget over the lifespan of the Strategic Plan is ongoing and will be embedded in the final consultation draft.

3.15 The draft principles under which the Strategic Plan has been prepared are:

- One strategy: The Strategic Plan should bring together all our strategies and plans for transformation of health and adult social care
- One change programme: The strategic change programmes and delivery plans should be brought together under a single programme management process which reports to the Strategic Planning Group and to the Integration Joint Board
- Focus and priorities: There will be an agreed number of top priority change projects with identified delivery timeframes spread across the next three years.
- Enablers: Critical cross sector enabling projects will be identified and resourced.
- Ownership: All strategic change programmes will have a clearly identified senior responsible officer
- Decision making: Ultimate approval of strategic change programmes and projects and commitment of funding sits with the Integration Joint Board.

3.16 The second draft will be presented to the Strategic Planning Group on 10 September 2015. Following this it is envisaged that the draft will be circulated to the list of consultees as determined by Regulations for comment.

3.17 The Care Inspectorate and Healthcare Improvement Scotland are carrying out a joint inspection of older people's services in East Lothian Health and Social Care Partnership between August and October 2015. In order to learn from this process and to incorporate key findings and recommendations into the Strategic Plan it is proposed that a final draft will be developed after the inspection. This final draft will be ready for consultation in December 2015 and should be adopted by the IJB in advance of 1 April 2016 as required by legislation.

4 POLICY IMPLICATIONS

4.1 The implementation of recommendations made in this report will ensure that the IJB complies with legal requirements.

5 EQUALITIES IMPLICATIONS

5.1 There are no equalities issues arising from any decisions made on this report.

6 RESOURCE IMPLICATIONS

6.1 There are no financial implications arising from consideration of this report.

7. BACKGROUND PAPERS

7.1 East Lothian Strategic Plan: Second consultation working draft.

AUTHOR'S NAME	Carol Lumsden
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DATE	16 August 2015

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 27 August 2015

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BY: Chief Officer

SUBJECT: Financial Arrangements for the IJB in 2015/16

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1 PURPOSE

1.1 To lay out the financial arrangements for the East Lothian Integration Joint Board (the 'IJB').

2. RECOMMENDATIONS

2.1 To agree to receive a report laying out the proposed Standing Financial Instructions for adoption at its next meeting.

2.2 To agree to set up an Audit Committee and to consider the process, remit and membership of that committee at its next meeting.

2.3 To agree the appointment of a Chief Internal Auditor for the IJB.

2.4 To agree to hold a workshop to discuss and review the financial assurance process.

2.5 To agree to receive a report at the next meeting of the IJB laying out the proposals for financial reporting to the IJB.

3 BACKGROUND

3.1 Key Points

Implementing the Strategic Plan

The IJB's primary role is strategic planning and having prepared a strategic plan the IJB will then action that plan to achieve its broad goal of 'rebalancing care'. It will do this using the totality of the financial resources that have been delegated to it, these financial resources being

delegated by NHS Lothian and East Lothian Council to support the functions that these bodies have delegated to the IJB.

It is critical that the IJB clearly understands these financial resources and the financial arrangements that support its overall plans. Unquestionably, given the overall financial constraints that NHS Lothian and East Lothian Council are facing both now and in the medium-term future there will be a significant financial challenge that the IJB will have to address. That challenge will be to use the financial resources available to the IJB through service redesign and by redistribution of these resources to achieve the goals laid out in the strategic plan. This will include planned disinvestment in acute services and other institutional services and investment in community services.

Financial Model
The IJB's financial model is key to this work. The Integration Scheme lays out the functions that have been delegated to the IJB. The financial model to agree the resources that support these delegated functions (the IJB's 'budget') is made up as follows :-

1) The budgets for Adult Wellbeing;
2) The core budgets for the Community Health Partnership (including General Medical Services(GMS) and Prescribing);
3) A share of the budgets of the NHS Lothian 'hosted services' (services delivered on a pan Lothian basis) that have been delegated to the IJB
4) A share of the acute services budgets for those functions that are delegated to the IJBs.

This budget above is split into two parts:-

- 1, 2 and 3 are termed the 'payment' to the IJB
- 4 (the Acute element) is not 'paid' to the IJB, but the budgets remain held by NHS Lothian on the IJB's behalf – this is called 'set aside'.

Getting a clear agreement on the shares for the pan-Lothian delegated functions will be important and the IJB will wish to understand what its 'fair share' of these resources is and also how (historically) it has used those resources.

The IJB's budget having been agreed, the IJB then issues 'directions' (instructions) to the Partners which state the financial resources to be used to deliver the functions that have been delegated. This is the mechanism that allows the IJB to action its Strategic Plan. Directions are further discussed in 3.7.3 below.

Working with other IJBs
There is a risk that because of the complexity of this model that change driven by the Strategic Plan will be more difficult to achieve. The IJB will

have to consider how it can work with the other Lothian IJBs to jointly drive change required in those delegated services that continue to be managed and delivered on a pan-Lothian basis.

3.2 **Financial Governance Framework**

Section 95 of the Local Government (Scotland) Act 1973 requires all Integration Joint Boards in Scotland to have adequate systems and controls in place to ensure the "proper administration of their financial affairs". The key element of this is a set of Standing Financial Instructions (SFIs) which are also referred to as financial regulations and directions. A draft set of SFIs has been drawn up for the IJB, but now requires to be reviewed by audit colleagues. A final set of SFIs will be brought for the IJB's approval to its next meeting.

3.3 **Creation and Operation of an Audit Committee**

A key element of governance is the creation of a 'scrutiny body' to review the operations of the IJB. This role is generally fulfilled by a committee of the IJB being an Audit or Risk and Audit committee and best practice would suggest that the IJB should create such a sub-committee.

A detailed proposal is being prepared but, in summary:-

- The Committee would consist of four voting members of the IJB along with the Chief Officer, the Chief Finance Officer and Internal and External Audit colleagues.
- The Chair of this Committee to be drawn from within the voting members of the IJB but the Chair of the Audit Committee would not be the Chair of the IJB.
- This Committee would meet four times per annum and could sit either before or after one of the IJB main meetings
- The IJB will require to prepare and maintain a risk register and the review of the risk register will also be undertaken by the Audit Committee

A paper laying this out in detail will be brought to the next meeting of the IJB for its approval.

3.4 **Appointment of a Chief Internal Auditor**

The Scottish Government's guidance recommends the appointment of a Chief Internal Auditor (CIA) for the IJB. The Chief Internal Auditor will prepare an audit plan for the IJB's approval and that plan and the assurance that is derived from the audits within the plan will support the work of the Audit Committee which the CIA will also attend. The guidance goes on to suggest that this role is carried out by either the CIA of the Health Board or the Council. The IJB – through the Chief Officer – should approach either NHS Lothian or East Lothian Council and request that they appoint their CIA to this role.

3.5 **Financial Assurance Process**

It is very important the all the parties to the Integration Scheme – that is East Council, NHS Lothian and the IJB itself – undertake a financial assurance process.

- In the case of NHS Lothian and East Lothian Council that work will lay out the value of the financial resources to be delegated to the IJB and the impact of that delegation of resources on the Council/Health Board.
- In the case of the IJB the work will examine the underlying financial issues that exist within that allocation and will explore the financial risks that the IJB will have to manage. The IJB will specifically wish to understand the efficiency schemes that are embedded in the resources from both the Council and the Health Board.

A detailed process for this work has been agreed and documented and this paper is attached as Appendix I for information. This paper also discusses many of the risk areas that may be identified as part of the financial assurance process. To date NHS Lothian has presented two reports to its Finance and Resources Committee at their May and July 2015 meetings.

These reports review the 2014/15 out-turn position for those budgets in both the council and NHS Lothian that are part of the delegated resources for the IJB and consider how the 15/16 financial plan has managed any historic issues. Further reports to both the Council and the Health Board are in preparation to complete their financial assurance process.

The IJB's financial assurance process will start with the reports discussed above which generally address the 2014/15 position. However, both partners are in the process of undertaking financial forecasts for 2015/16 (current year based on quarter 1 performance) and this analysis along with the indicative budgets for 16/17 (and thereafter) will be used to finalise a financial assurance report for the IJB.The key matter to be understood through this process is the financial baseline available to the IJB and the underlying risks inherent in that baseline. The establishment of the baseline will depend on the model discussed above and given that much of the shares of pan-Lothian functions that are delegated to the IJB will be estimated, the IJB may commission additional work to further analyse the sharing mechanism.

3.6 **Outline framework for financial reporting to the IJB**

The IJB will require a series of financial reports for its consideration during the financial year. These will be:-

3.6.1 **Statutory Reports**

The IJB will have to prepare a set of Annual Accounts at the end of the financial year which will be audited by the appointed external auditors. These will be prepared in line with the appropriate local authority guidance and although a key financial document, it will not provide significant financial management information to support the operations of the IJB.

3.6.2 **Strategic Plan**

The financial framework is discussed further below but the Public Bodies (Joint Working) (Scotland) Act (2014) requires the preparation of Annual Financial Statement which, again is a key document in showing how the IJB will fund the ambitions in its Strategic Plan, but will also not generally provide operational management information.

3.6.3 **Financial Management Information**

The IJB will be concerned with the direction of travel and will wish to concentrate on the delivery of its Strategic Plan, although performance against the plan will obviously be impacted by operational financial performance of the services delegated.

The operational delivery of the IJB's 'budgets' will be through either the Council or the Health Board as appropriate. The IJB will therefore not be in receipt of the detailed operational financial information that will be used by the management teams of the partners.

That said, the IJB will have a clear requirement for financial information:-

- To review, on a quarterly basis, the progress in year against its Strategic Plan
- To understand the projected out-turn forecasts for its delegated resources.
- To reflect any financial pressures identified by this in its planning process for the next financial year
- To prepare and approve a financial plan to be embedded into its Strategic Plan for the next financial year
- To review the completed financial position – in a 'non-statutory' format - for the previous financial year
- Financial analyses will also be required to support the Strategic Plan

If there are significant financial variances then the Integration Scheme directs that a recovery plan will be drawn up and that plan will have to be approved by the IJB. Discussions are underway within the Council and NHS Lothian to consider how a financial risk sharing mechanism may work – although any such mechanism will have to be agreed by the IJB – and it is hoped that the IJB will not become too embroiled in operational financial matters.

The publishing of financial information in public IJB papers will be constrained by what information is also reported through the appropriate Partner's governance processes. A report laying out a financial reporting framework (including reporting timescales and the content of reports) will be brought to the next meeting of the IJB for consideration.

3.7 Financial Framework for the Strategic Plan

The Strategic Plan is the key mechanism for defining and delivering the ambitions of the IJB. This plan will contain a financial plan showing how the resources available to the IJB will be used to deliver the outcomes required by the IJB. The formal articulation of this is the Annual Financial Statement (discussed above) but in essence the financial information is broken down into:-

3.7.1 **Opening baseline position**.

This will lay out the resources that have been delegated to the IJB by the Partners and indicate – from the financial assurance process – the financial issues inherent within these resources. The guidance suggests that the baseline is broken down into 'programmes' (Older people, mental health. physical disabilities and so on) and this analysis will show the starting position for the IJB.

3.7.2 **Indication of change reflected within the Strategic Plan**

The above value will be analysed by 'programmes' (Older People, Mental Health, Learning Disabilities etc) for the first year of the plan. The ambitions and planned changes reflected in the Strategic Plan will then be modelled in financial terms and this will then illustrate the impact of the plan in those programmes.

3.7.3 **Directions**

The Public Bodies (Joint Working) (Scotland) Act 2014 describes how the IJB will action its Strategic Plan by issuing 'directions' to both the Council and the Health Board as appropriate. These 'directions' will be issued for each function delegated to the IJB and will lay out how much is to be spent in order to deliver that delegated function per the Strategic Plan. It is important that these directions map clearly onto the strategic plan and even if the strategic plan proposes no changes to the current provision of any function delegated then that position will also have to be reflected in the plan to support the IJB's 'direction'.

3.7.4 **Overall Financial Framework**

It is important to reiterate that the resources available to the IJB flow through the Council and the Health Board and therefore the IJB has no more funds than the Council and the Health Board can allocate. The Council and the Health Board themselves are experiencing a very challenging financial environment and it is unlikely that, in total, the overall resources available to either the Partners or the IJB will increase.

The IJB's financial plan which is embedded into its Strategic Plan will recognise this and the overall financial strategy will focus on service redesign within the overall financial envelope.

4 POLICY IMPLICATIONS

4.1 This report complies with the Order and national guidance.

5 EQUALITIES IMPLICATIONS

5.1 There are no equalities issues arising from any decisions made on this report.

6 RESOURCE IMPLICATIONS

6.1 The Resource implications are laid out above.

7 BACKGROUND PAPERS

7.1 There no background papers other than those included in the appendix.

AUTHOR'S NAME	David King
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DATE	18 August 2015

Appendix

Process for Undertaking Due Diligence for the Integrated Joint Boards

1 Purpose

This paper lays out a proposed process for the undertaking of due diligence of the financial resources allocated to the four Integrated Joint Boards in Lothian these being Edinburgh IJB, East Lothian IJB, Midlothian IJB and West Lothian IJB.

This paper also considers some of the risks which this process might identify however it does not complete the financial analyses proposed

This paper is written from the point of view of the IJB and neither of the Council nor the Health Board.

2 Background

The 2014 public Bodies (Joint Working) Bill directs each Local authority and the appropriate Health Board to set up an Integration Authority. This authority can be set up from April 1 2015 and must be set up by 1st April 2016.

In Edinburgh, East Lothian, Midlothian and West Lothian Integration Schemes have been prepared and agreed between these authorities and NHS Lothian and this will create – the Integration Schemes having been agreed by Scottish Ministers and laid before the Scottish Parliament – four Integration Joint Boards.

It is clear from the guidance available – the most recent guidance is attached as appendix 1 of this briefing – that a process of due diligence will have to be undertaken on the resources that are proposed to be delegated to the IJBs to undertake the functions that have been delegated and presented to the IJB for its consideration. The guidance refers to this as 'Integration Financial Assurance' and states its purpose as:-

'An effective assurance process should enable the host body (whether an Integration Joint Board (IJB) in a corporate body arrangement; or a Health Board or Local Authority in a lead agency arrangement) to identify the resources delegated to it and the financial, legal or organisational risks involved; it should also help the delegating partners to quantify the risks to their respective operations. If planned and implemented in a logical sequence, it should allow the Health Board and Local Authority to maximise the benefits and minimise the risks from integration.'

The guidance notes that there are three areas to be considered, Legal, Financial and operational. This paper concerns its self with the financial area of this work. Further work will be required to undertake due diligence on the legal and operational areas.

This work is recommended to be carried out on an 'open book' basis and the whole process to be as transparent as possible.

3 Areas of work

Both the Council and NHS Lothian have set budgets for 2015/16 (and beyond) and the IJBs will be constituted during 15/16. Therefore the overall resources from which the IJB's budget have already been set. The risks and issues arising from that overall budget setting process have therefore been documented and this documentation will have to be reviewed as part of the overall due diligence process.

The finance teams have then extracted elements from these overall budgets that will represent the functions that have been delegated to the IJBs by the Council and the Health Board. This process will also need to be reviewed and the issues that might arise from that review are discussed in more detail below.

Having considered how the IJB's budget is made up, further analysis will be required to consider the past financial performance against this budget and to reflect on what pressures are in the current (2015/16) financial year and what provision and management actions have been made to address these pressures.

The Scottish Government's guidance recommends that this work is then reviewed by Internal Audit and should be shared with the Council, Health Board and the IJB's external Auditors.

The final product will be a formal report to the IJB which will lay out clearly the matters identified by the guidance quoted in paragraph 2.

The details are:-

3.1 Financial Plan – Council.

The council agreed its 2015/16 financial plan at its meeting in February 2015. The report presented to the council examined the processes and the risks inherent in the overall budget position. This report is attached as appendix 2 and a summary analysis of the budgetary movements is also provided.

3.2 Financial Plan – NHS Lothian

NHS Lothian's Board agreed its 15/16 Financial Plan at its meeting of 1st April 2015. The report presented to the council examined the processes and the risks inherent in the overall budget position. This report is attached as appendix 3.

3.3 Creation of an IJB Budget from the overall council and Health Board financial plans.

3.3.1 Health Board Budgets:-

3.3.1.1 Allocation of cost centres

Health Functions are delegated to the IJB but NHS Lothian budgetary system is based on services which do not necessarily (at the lowest operational level) map onto the level at which the operational budgets are held. Also, given that Lothian provides a range of services to other Scottish Health Board there are elements of 'non-Lothian income' embedded into some of the costcentres. A table has been prepared of costcentres (which hold budgets at an operational level) and the allocation of these costcentres to the IJB. This will require to be reviewed and agreed by the IJB and by Lothian.

3.3.1.2 Shares of Pan-Lothian Functions

For costcentres that are not CHP specific (that is pan-Lothian hosted services or Acute services to be set aside) an appropriate 'share' of the costcentre will have to be agreed. There are various options – for example shares based on weighted populations or historic activity reflecting patient pathways that have developed over a period of years. The options will need to be considered and agreed.

3.3.2 Council Budgets – Adult Social Care

These will be the same as those laid out in the Council's budget setting report.

3.4 Financial Analysis

A series of financial analyses will require being undertaken:-

3.4.1 The IJB's budget (as above) requires to be assessed against actual expenditure reported in the management accounts for the most recent three years. Ideally, the roll

forward of the budget for the delegated services and the actual expenditure over this period should be understood

3.4.2 Material non-recurrent funding and expenditure budgets for the delegated services and the associated risks should be identified and assessed.

3.4.3 The medium term financial forecast for the delegated services and associated assumptions and risks should be reviewed.

3.4.4 Savings and efficiency targets and any schemes identified are clearly identified and the assumptions and risks are understood by all partners. This is a key part of the assurance process and the experience from Highland partners is that it is a potential source of future disagreement. The IRAG guidance advises that partners devote sufficient time to understand the targets, efficiency schemes and associated assumptions and risks.

3.4.5 All risks should be quantified where possible and measures to mitigate risk identified. Risks could be classified as delivery of efficiency savings; on-going risks; emerging risks. Some discussion of risks that are being identified as part of this work is laid out in section 4 below.

3.4.6 The amount set aside for the IJB consumption of large hospital services will be calculated as part of the IJB budget setting as above. Consideration is required that this consistent with the methods recommended in the IRAG guidance on the set aside resource and that the assumptions and risks are assessed.

4 Key Risk areas

From the foregoing process, the following risks will have to be quantified and mitigation considered:-

- Health Costcentre Allocations – the IJB will have to review this list to ensure that its understanding of functions delegated to it has been reflected in the resources made available.

- Costcentre Shares – in 15/16 it is unlikely that sufficient activity information will be available that is both agreed by all parties and is able to be mapped onto the financial information. On that basis much of the ‘shares’ for both pan-Lothian hosted services and Acute ‘set aside’ will be proxies and therefore these budgets will be indicative. The IJBs will have to decide their priority areas and budgets for these areas will require further analysis.

- Fair Shares – historic usage of health services (both these services specifically allocated to the IJB and the shares of pan-Lothian services) is not necessarily a 'fair' share of the overall resource. The IJB will have to agree what a model for a 'fair share' is and then compare that to the shares which it is has been allocated.

- Income – some Lothian costcentres have income assumptions embedded in them (income being resources that are not directly allocated by the SG to the Health Board) and elements of the Social Care services are underpinned by charges to clients. It is important that these income assumptions are clearly understood by the IJB and any risks therein highlighted.
- Previous performance – part of the analysis of the past years actual out-turns will indicate issues arising from previous years.

- Deviation for the FPs – any deviation for the underlying position that drove the financial plan (increases in costs bases, increase in demand etc) will generate financial pressures. This will be seen through the operational reporting of the service position and the IJB needs to ensure that this information is reported to it along with proposed recovery plans as appropriate.

- Efficiencies – as was discussed above, a key element of the financial planning process are the agreed efficiency schemes. The IJB will require to understand the risks around the delivery of schemes that impact on any services delegated to it and will have to consider future efficiency plans and the impact that these plans will have on any future resources delegated to the IJB.

- Size – The four IJBs within the Lothian Health Board area are different in size. Inevitably the largest IJB's plan will impact on the plans of smaller IJBs – especially in the redesign of pan-Lothian services. Although there are agreements within the Integration Schemes that the IJB will work together within Health Services, the impact of one IJB's plans on the delivery of social care can impact on other IJBs which are (in geographical terms) very close - payments for Care Home Places for example or the available of Care at Home staff..

- GMS – the GMS budgets are held at GP Practice level and these are largely a function of the GP Practice list sizes. As list sizes change, GMS budgets will change and this is not within the gift of the IJB. The IJB will have to recognise that the budget setting for IJBs is undertaken on a different basis that other budgets.

- Prescribing – the CHPs have historically shared the risk around the GP Prescribing budgets. A considerable amount of work has taken place over the years to establish 'fair share' GP Prescribing budgets

but this has not proven practical and a protocol is required to manage this financial risk.

- Non-cash Limited – there are a range of payments made to Primary Care Practitioners (Opticians, Pharmacists and Dentists) for which there are no budgets. These services are, however fully funded by the Scottish Government and therefore do not, at this time, present a financial risk. That said, there is not a geographical analysis of these services and although PC Practitioner payments are delegated to the IJBs there is no mechanism to split these costs over the IJBs. The IJBs will have to agree a model to manage these payments.

- Management Resources – the IJB does not have a management team as such. It has only two officers reporting to it and these officers will be supported by staff who will work directly for either the Council or the Health Board. The IJB will have to assure itself that it is properly supported.
- Management of 'non local' services – In practice the IJB's Chief Officer will also manage a range of services much of which will be delegated to that IJB. This team will therefore be part of the support to the IJB however there will be services (Hosted services) which are managed in totality by the management team but only an element of which is delegated to the IJB and there are services ('Set aside')(which are not managed by the Management Team at all. The IJB will have to set up a mechanism by which it can be assured of appropriate management of services which are delegated to it but into which it does not have any management input.

- Corporate support – there are two risks herein :-
  It has been agreed only to delegate 'direct' budgets – that is facilities costs and property running costs are charged to budgets that are managed corporately by both the council and the health board.

  The corporate resources (Planning, finance, HR, IT, performance management etc) will be largely similarly supplied by the Council and the Health Board. The Integration Scheme lays out a mechanism to provide such support to the IJB and the IJB requires assurance that this support is adequate

- Corporate reserves – NHS Lothian holds some 'Strategic' budget corporately much of which represent services that have been delegated. A mechanism is required to disaggregate these and ensure that the IJB can plan for the use of these resources.

- Future financial plan – the guidance clearly lays out that the Council and the Health Board should indicate the 15/16 and 16/17 financial settlements. The IJB needs to consider how it will bring its financial planning and strategic planning processes for these years into line

with the financial planning processes of the Council and the Health Board

- Non-recurrent Support – there is a considerable element of non-recurrent support in the Health system, both in terms of allocations that are time limited and non-recurrent resources used to underpin in year pressures. The IJB should establish if there are any non-recurrent resources available to it in the financial year and the budget setting process should clearly show the recurrency of the resources delegated.

5 Input from Internal Audit

The IRAG guidance recommends that Internal Audit are involved in the due diligence process. Clearly the Council's and the Health Board's Internal Audit services will be considering the impact of the IJBs on the governance of their respective organisations. However, apart from those two teams there are no additional IA resources available to the IJB. Therefore any IA work undertaken for the IJB will have to be taken from current resources. It is important that IA are involved into this process as early as possible so that they can provide assurance for this process and can report their opinions to the IJB at its early meetings.

6 Reports and Governance

Given the ambition for transparency it's important that this work is shared both within and between the Council and the Health Board. It is essential that the Council and Health Board agree that a reasonable process has been followed and that they understand the outcome.

7 Process

Resources are not delegated to the IJB until the Strategic Plan has been agreed and the start date indicated by Strategic Plan has occurred. Given that issues above it is likely that the IJB will view much of its budget as indicative but there will be priority areas indicated in the Strategic Plan that will require a detailed financial plan and overall management of financial risks may impact on these priorities.

There are a range of tasks laid out above and each IJB will have to have a separate report. However, much of the Health work can be undertaken on a pan-Lothian basis and it may be that the IA work can be done on behalf of all the partnerships.

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 27 August 2015

BY: Chief Officer

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SUBJECT: Developing an IJB Performance Framework

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1 PURPOSE

1.1 The purpose of this report is to describe high level recommendations on the development of effective information and performance management arrangements for the Integration Joint Board. The report should be read in conjunction with the report on Financial Arrangements for the IJB.

1.2 Any member wishing additional information should contact the author of the report in advance of the meeting.

2 RECOMMENDATIONS

2.1 To note that a comprehensive performance framework for the IJB is currently under development.

2.2 To note that effective implementation of the framework depends on clear roles, responsibilities and ownership of performance across the organisation.

2.3 To agree the adoption of three high level local Shifting the Balance of Care measures in addition to the suite of national measures.

2.4 To agree the recommendation that the Enterprise Strategic Change Programme has performance as a key element of its remit and reports directly to the IJB.

2.5 To recognise that the development of the framework and its operation will require dedicated resources.

BACKGROUND

3.1 The integration of health and social care has two key objectives which are mutually reinforcing - securing better outcomes and experiences for individuals and communities and obtaining better use of resources across health, care and support systems at national and local levels.

3.2 The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using those services, carers and their families. The nine outcomes and related core suite of indicators is attached as Appendix 1. More information about the outcomes is available at: http://www.gov.scot/Publications/2015/02/9966/downloads

3.3 The National Health and Wellbeing Outcomes focus on the experiences and quality of services for people using those services, carers and their families. They have been developed from national data sources so that the measurement approach is consistent across all areas and they can be grouped into two types of complementary measures - outcome indicators based on national survey feedback to emphasise the key role of user feedback in improving quality and a core suite of quantitative indicators. The national survey is currently conducted every two years and will be completed again in April 2016 to provide a baseline.

3.4 The Public Bodies (Joint Working)(Scotland) Act requires the IJB to publish an annual performance report which must include information about:

- Service planning (performance against the national outcomes, the integration principles and strategic planning)
- Financial planning and performance
- How the IJB has secured best value
- Performance in respect of localities
- Details of the outcomes of any inspections by a scrutiny body
- The outcome of any review of the Strategic Plan

3.5 The overall performance framework for the IJB therefore needs to reflect these objectives and help to monitor:

- Progress on the delivery of national outcomes and indicators
- How the strategic planning arrangements have contributed to delivering services which reflect the integration principles
- Transformation of individual outcomes and experience
- Transformation of local health, care and support systems
- Change in local process including:
    - effective engagement of housing and other services including the third and independent sectors
    - in care models
    - in whole systems planning and investment
    - evidence based models of care.
- Financial governance

3.6 The audiences for performance information are wide ranging and with differing needs; the principal challenge is to present information to the IJB and its Strategic Planning Group which provides a robust strategic perspective and oversight of a range of health and social care service

provision across different dimensions of quality and where there are significant gaps in available information.

3.7 Performance reporting and scrutiny is already undertaken routinely at joint management team and service levels and provides assurance and an overview of activity. These systems are, however, in separate services , fragmented and do not, in general, give a system wide picture which drives change.

3.8 Given the many elements of integrated care and the wide range of services delegated to the IJB it will be important to ensure our performance framework is embedded throughout the system at all levels and addresses as many of the key local dimensions as possible, including specific sub-sets of indicators for particular groups of service users. Further work is required within the joint management team to develop this at service and operational levels but an overall schematic of the range of required reporting is attached as Appendix 3.

3.9 An integration dataset is being created by a group from NHS Lothian and all local authorities within the Health Board area for all Integration Joint Boards. This dataset will allow consistency and benchmarking and will include information on the data gathering, reporting requirements and accountability for each of these. For technical reasons this dataset currently only includes hospital activity data. Social work and community healthcare information will need to be captured separately, locally, and merged into the IJB performance report.

3.10 The Integration Joint Board will need to be provided with assurance that the Partnership's objectives are being met. The IJB also have a role in holding the Joint Management Team to account. As such
It is proposed that the IJB receives a quarterly report containing:

- Strategic "weathervane" performance indicators: a standard report containing a core suite of indicators which provide an overview of system performance at both Partnership and locality levels. This draft suite based on the ongoing work outlined in 3.9 is attached as Appendix 2
- Strategic Plan implementation progress
- Business performance. The detailed proposal is outlined in the accompanying report on Financial Arrangements
- Additional "deep dive" reports and analyses commissioned or timetabled as required or requested. Examples of such reports could include high resource user groups, delayed discharges, primary care performance, health inequalities or service user experience.

3.10 Implementing the Strategic Plan needs to result in real change. The IJB therefore need to consider and adopt wider impact measures to demonstrate a genuine shift in the balance of care over time. In order to provide a focus and to demonstrate this shift it is proposed that the IJB consider 3 high level Shifting the Balance of Care measures which will be reported on annually:

- % over 65s living safely at home: this measure will be an amalgamated indicator of unscheduled bed days, including delayed discharges, care home utilisation and care at home hours.

- % spend of integrated budget on institutional care vs community.

- Additional years of life in conditions amenable to healthcare reported at locality level to provide an indicator of health improvement and shift in the health inequality gradient.

3.11 The draft Strategic Plan outlines 3 key strategic change programme boards to be led by a senior manager, one of which (Enterprise) relates to efficiency, effectiveness and best value. The IJB are asked to consider a proposal which recognises this group as a programme board which considers performance in its widest sense as a key element of its remit, enabling a focused approach which aligns monitoring with strategic priorities – i.e what is measured matters and how it is reported guides action and change. This programme board would report directly to the IJB.

3.12 The Act delegates research and performance to the IJB to support the development of an understanding of the whole system health and social care needs of the population, analysing datasets and examining trend activity. Consideration now needs to be given to how the performance framework and wider data and intelligence capacity is clearly identified, resourced and prioritised to support this activity.

4 POLICY IMPLICATIONS

4.1 The implementation of recommendations made in this report will ensure that the IJB complies with all legal requirements.

5 EQUALITIES IMPLICATIONS

5.1 There are no equalities issues arising from any decisions made on this report.

6 RESOURCE IMPLICATIONS

6.1 There are no financial implications arising from the consideration of this report.

7 BACKGROUND PAPERS

7.1 Public Bodies (Joint Working) (Scotland) Bill

7.2 http://www.gov.scot/Publications/2015/02/9966/downloads

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DATE	16th August 2015

Appendix 1

National Health and Wellbeing Outcomes

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 who use 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. Related to these outcomes is a suite of core indicators.

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.
11. Premature mortality rate.
12. Rate of emergency admissions for adults.
13. Rate of emergency bed days for adults.
14. Readmissions to hospital within 28 days of discharge.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. Proportion of care services graded ‘good’ (4) or better in Care

Inspectorate Inspections.

18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.
22. Percentage of people who are discharged from hospital within 72 hours of being ready
23. Expenditure on end of life care

Appendix 2

Current (draft) Hospital Information and Indicators from Lothian Integration Dataset.

All indicators relate to IJB patients and are in addition to the core suite of national indicators which will be reported

Acute hospitals:

Number of patients >75 in hospital with unscheduled admission and related occupied bed days
Number of patients (adults) in hospital with unscheduled admission and related occupied bed days
Time of admission (in hours / out of hours)
Readmission rate within 7 days
Readmission rate within 28 days

Delayed Discharge
Number of patients waiting over 2 days on census
Number of occupied bed days lost from delayed discharges over 2 days
Number of patients waiting over 2 weeks on census

Number of admissions from care homes

Accident and emergency activity (number and rate per 100,000)
A&E attendance converted to admission

Alternatives to hospital admission activity:
ELSIE prevention of admission
Referrals per month

Potentially preventable admissions (based on ISD data from ambulatory care sensitive conditions)

Work is ongoing to agree the core measures of social care and community activity to add to this.

Appendix 3


Level 1
National Health & Wellbeing Outcomes
Healthier Living
Independent Living
Person centred care
Cares are supported
Integrated Care
Positive experience of care
People feel safe
Positive experience of GP care
Supported and engaged workforce
Maintained or improved quality of life
9 health and wellbeing outcomes have been drafted. These outcomes and associated indicators will rely on nationally gathered data to ensure consistency of definition and collection methodology. Indicators in support of national outcomes and are in delevopment.
Level 2
Core Set
Publicly Accountable Indicators and Targets
Health and Social care core measures. These have been identified to allow progress to be monitored frequently enough to allow performance management and improvement to take place within the integration partnerships. These measures are mapped to the 9 National Outcomes. Details are shown within the performance reporting framework document.
Premature mortality
% spend on unscheduled care
% discharge to care home
Emergency admissions % discharged in 12 hours of being ready
Emergency bed days
Expenditure on EOL care
Readmissions
28 days
Fall risk
CI grading
% Care at home
Delayed discharge bed days
Level 3
Local Management Information
Partnership Specific Measures
Locality Specific Measures
Pan Lothian Specific Measures
Care Group Specific Measures
Financial Performance
Corporate Performace
Criminal Justice Performace Framework

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 27 August 2015

BY: Chief Officer

SUBJECT: IJB Identity

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1 PURPOSE

To outline the need for an identity for the East Lothian Integration Joint Board and to look at initial visuals.

2 RECOMMENDATIONS

2.1 The Integration Joint Board note the content of this report.

2.2 The Integration Joint Board approves the further exploration of the identity over the next month with stakeholders.

3 BACKGROUND

3.1 Since the East Lothian Integration Joint Board (IJB) is formally constituted and in operation, it needs to develop an identity. The key reasons for this are:

- It signals that change is underway and the IJB has standing in its own right.
- In its scope and design, the identity demonstrates that two organisations are now working as one
- It helps us to communicate the ethos and values of the East Lothian IJB
- It helps the IJB to be recognised and plays a major role in helping stakeholders to feel comfortable with and confident in the IJB, the functions we deliver and allied activities

- It provides the IJB with a framework for clear, consistent, trustworthy, effective and inclusive communications.

3.2 The branding work is being progressed by local company Creative Link, who have designed for both the council and NHS Lothian before.

4 POLICY IMPLICATIONS

4.1 None

5 EQUALITIES IMPLICATIONS

5.1 None

6 RESOURCE IMPLICATIONS

6.1 £1000 for development of branding and visuals. This will be funded from the HR/OD allocation.

7 BACKGROUND PAPERS

7.1 See Appendix 1- *Developing branding for East Lothian Integration Joint Board* and Appendix 2 – *Draft Communications and Engagement Strategy and Action Plan 2014-2018.*

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DATE	19 August 2015

Branding for the East Lothian IJB

Why we need to 'brand'

The East Lothian IJB and the East Lothian Health and Social Care Partnership now play a major role in the lives of all East Lothian residents and staff and partner providers involved in delivering health and social care in the county. However, many people at the moment would find it hard to say who we are or what we do.

Therefore it is very important that we establish our own East Lothian IJB identity as soon as possible. This means achieving one look, one voice and one identity for top level communications. The brand will be employed in all areas of our work – decision making, strategy, day to day business process and policies. The key principles for this area of the brand are a look that is business-like, positive, practical, open and transparent.

The IJB needs to communicate its work and services to a wide range of internal and external audiences. A common brand or visual identity, designed effectively, is important for the following reasons:

- It signals change is underway and the IJB has standing in its own right.
- In its scope and design, the branding demonstrates that two organisations are now working as one
- It helps us to communicate the ethos and values of the East Lothian IJB
- It helps the IJB to be recognised and plays a major role in helping stakeholders to feel comfortable with and confident in the IJB, the services we deliver and allied activities
- As service providers and communicators, it provides the IJB with a framework for clear, consistent, trustworthy, effective and inclusive communications.

Our draft Communications and Engagement Strategy and Engagement plan (see Appendix 2) outlines our core values, audiences and planned activities. These include a wide range of media and public information activities, so the issue of branding is becoming increasingly urgent.

Activity so far

Initial work on branding was undertaken with Creative Link last year. This work was suspended until the IJB was formally constituted. We have now moved this work forward, building on the

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foundations of the council and NHS visual identities to establish complimentary colour palettes, and ensuring that ELC and NHS Lothian logos will appear, side by side, in the new branding. The unifying strapline will be 'Best health, best care, best value across our communities'.

We have been working closely with colleagues in Edinburgh and Midlothian as we each develop our own branding. Extensive research with service-users in Edinburgh made it clear that the exclusive use of photographic imagery often tended to be stereotyping and at worst stigmatising. Questions were raised in this context such as, what does a typical 65-95 year-old look like; or, how do you portray someone with a disability, given the wide range of disabilities that are not visibly apparent; or, what appearance does someone have who misuses substances?

In summary, some general design principles emerged from the initial research; i.e. a preference for:

• bold colours and strong colour contrast to catch the eye and aid comprehension

• clean uncluttered layout with the use of simple typeface

• a positive empowering tone overall to engage a wide range of audiences

• non stereotypical imagery.

The choice of icons to represent particular subjects was another topic which elicited much debate. Edinburgh has now developed specific icons for specific services. The East Lothian branding submitted with this paper is making use of the same icons (with Edinburgh's permission) to ensure that a common symbol family is used to describe services across East Lothian and Edinburgh. This is important for East Lothian service-users who will be using services here and in Edinburgh.

The symbols will also be useful when working with on-line communications, for example, for buttons on web pages or for use in social media, with tablets or smart phones.

Branding for service information

The new visual identity will be particularly important when branding our new service information. The new icon-based branding will enable the production of easy-to-read information. In particular, it should help in the production of problem-solving, person-centred information, although it will also adapt itself to the production of straightforward information about individual services.

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Next steps…

I am submitting four different identities for your comment.

Figure 1

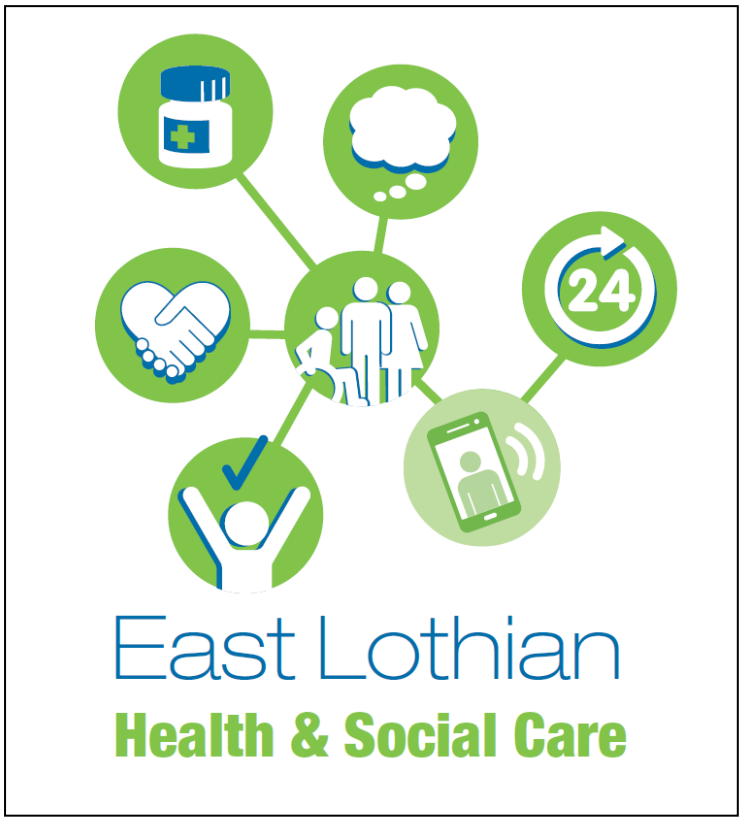

Figure 1 is an extension of the branding developed for the First Draft Consultation Report by Creative Link in 2014. It uses the Edinburgh icons

Figure 2

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Figure 2 is also an extension the 2014 design

Figure 3

Figure 3 is a new envisioning of the brief as is Figure 4 below.

Figure 4

I have used Figure 4 in this report to demonstrate how it could be incorporated into letterheads and report formats. The design team will, of course, develop proper templates for us.

Our leaflets and posters would be produced in line with the branding you choose, using the same font, colour palette and visual approach.

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Conclusion

As well as your feedback, we will be testing the new branding visuals with stakeholder groups wherever possible, and will report our findings to the next IJB meeting for approval. We would like to have the branding in place in October in the sixth month run-up to next April.

Appendix 2

East Lothian Health and Social Care Partnership

Draft

Communication and Engagement Strategy and Action Plan.

November 2014 – April 2018

CONTENTS

1. Introduction

Integration of health and social care

Health, social care and wellbeing are all important factors that impact on individuals and communities. The vision of East Lothian Health and Social Care Partnership is to deliver adult social care and health services that: '*enable all adults to live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use'.*

There are growing demands for and expectations of health and social care services, but budgets are limited. It is therefore very important that all services, including third and independent providers of care, work well together in an integrated way. From April 2015, a new East Lothian Health and Social Care Partnership will take over responsibility for local health and adult social care services formally delivered through East Lothian Council and East Lothian Community Health Partnership. On establishment the Health and Social Care Partnership will be accountable for delivering nationally agreed outcomes for health and social care

The Health and Social Care Partnership will be required to develop and submit a detailed Integration Scheme to Scottish Government after a period of consultation and formal approval by the NHS Board and East Lothian Council. The Health and Social Care Partnership is also required to develop a Strategic Plan for East Lothian that identifies the priorities for delivering adult health and social care services.

This strategy sets out how East Lothian Health and Social Care Partnership will communicate and engage with health and social care professionals, service users, carers and local people in the development of the Strategic Plan, the Integration Scheme and more generally in the planning and delivery of adult health and social care services.

Scope

This strategy covers both internal and external communications and engagement.

As a new entity East Lothian Health and Social Care Partnership will review how communication and engagement is currently undertaken and develop innovative ways of reaching people. It is important that the widest variety of people are consulted, particularly people who are traditionally harder to reach or who have not been involved in consultation before. We will use new approaches to engagement in order that as many people as possible can be involved in shaping our health and social care services.

Health and social care integration will require us to move to more localised planning arrangements. We will use this opportunity with our strategy to strengthen partnership working between professionals, service users, the public and family carers at a local level and use knowledge and feedback to inform planning decisions.

Timescales

This strategy will run from 2014 through to 2018. The Action Plan for the strategy will initially prioritise the period leading up to the introduction of East Lothian Health and Social Care Partnership in April 2015. We will use the feedback from our engagement around the Strategic Plan and Integration Scheme to inform the process for ongoing engagement beyond April 2015. We will continually refresh the strategy as the Health and Social Care Partnership develops.

2. Aims and principles

The vision of this strategy is that communication and engagement is embedded in everything we do and everything we say, and that through this process we develop high quality effective services, in line with the Strategic Plan.

Aims

To achieve this the aims of this strategy are:

- To share appropriate knowledge and information with all stakeholders in good time.
- To listen and respond to the needs and aspirations of stakeholders and communities of interest.

Principles

- We will be open and honest in our communication, whilst maintaining confidentiality.
- We will seek the views of people using services, and use these to develop and improve them.
- Our engagement processes will follow national policy and best practice guidance, such as the National Standards for Community Engagement.

3. Objectives

The following objectives reflect our commitment to ensure meaningful engagement with our key audiences, communities of interest and the wider public about the development of integrated health and social care services in East Lothian:

Communication

- We will make sure that clear, accurate and engaging information about progress and services is available in good time.
- We will use a wide range of media including printed materials, posters, newsletters advertising, media releases, online information, DVDs and social media.

- We will supply information in suitable formats for people with communication difficulties on request.

Engagement

- We will engage with as many individuals and communities of interest as we can.
- We will be present at relevant meetings and events organised by communities of interest to discuss health and social care integration.
- We will hold events for key audiences and communities of interest as appropriate.
- We will record feedback and demonstrate to the public and communities of interest how it has been used.
- We will support service user and carer representatives on the Health and Social Care Partnership Board and relevant sub groups as required to participate fully and effectively in representing their constituent groups

4. Key Outcomes

The Health and Social Care Partnership key audiences and communities of interest:

- Are kept up to date and informed of the progress in the development of Health and Social Care services in East Lothian.
- Have the opportunity to inform the decisions made by the Health and Social Care Partnership in the development of health and social care services in East Lothian.
- Are aware of how they can feed back to the Health and Social Care Partnership
- Know their feedback is valued and are aware of the impact of their feedback on the development of health and social care services in East Lothian.
- Report improved experiences of health and social care services.
- Are confident in East Lothian Health and Social Care Partnership as an organisation that is proactive and responsive, and operates in the interest of the people of East Lothian

5. Key messages

We will develop specific and tailored key messages for all of our different communications, depending on the audience we are communicating with. Although the Health and Social Care Partnership's key messages will be varied and targeted they will always be aligned with our vision and objectives and will clearly explain who we are and what we do.

Our Key messages will inform people that:

- East Lothian Health and Social Care Partnership is committed to delivering excellent services

- Integration of health and social care in East Lothian is a change for the better.
- There are opportunities for people and communities of interest to participate in and inform any changes

Engagement is key in ensuring that:

- we get feedback from as many people and communities of interest as possible, including those who are traditionally hard to reach
- feedback informs the decision making of the East Lothian Health and Social Care Partnership
- East Lothian Health and Social Care Partnership is a proactive and responsive organisation operating in the interests of the people of East Lothian.

A detailed work plan will be produced which will support the Action Plan summarised in Appendix 1.

6. Audiences and communities of interest

East Lothian Health and Social Care Partnership will engage with the wide range of audiences and communities of interest in developing its Integration Scheme, Strategic Plan, and in improving health and social care services. These include:

Internal:

- NHS Lothian
- East Lothian Council (including elected members)
- East Lothian member GP practices and GPs
- East Lothian Health and Social Care Partnership staff
- NHS Lothian Hospitals (acute sector)

External:

- People using health and social care services
- Carers
- The general public
- Third Sector (Voluntary) organisations
- Independent Sector Organisations
- Independent Contractor health professionals
- Community Groups
- Local Media
- MSPs and MPs
- Neighbouring HSCPs and local authorities

Accessibility

East Lothian Health and Social Care Partnership are keen to ensure it uses the right channels and materials to engage with different groups. We will identify, listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded or vulnerable.

Where required and appropriate we will use methods such as easy read formats of literature, offer translations of information and go along to community groups to talk about the work of the HSCP rather than relying on people to read material.

7. Governance

This strategy and action plan is owned by East Lothian (shadow) Health and Social Care Partnership Board. The delivery will be supported by the communications teams at NHS Lothian and East Lothian Council during the transition year. Delivery of the strategy and action plan will be monitored by the Board and any developing sub groups.

8. Groups and communication/engagement activities

Communications		**Engagement**	
Group	Activity	Group	Activity
Staff	• Face-to-face / 1-2-1 • Briefings • Engagement events • Letter/email • Newsletter • Team Talk • Web Pages (internal & external) • Social Media • Texts • DVDs	Staff	• Face-to-face / 1-2-1 • Briefings • Survey Monkey • Meetings • Engagement events • Training events
Managers Senior Management Teams (Shadow) HCSP Board Elected members Unions	• Face-to-face/ 1-2-1 • Briefings • Join Consultative Groups (Unions) • Letter/email • Reports • Newsletter • Team Talk • Web Pages (internal & external) • Social Media • DVDs	Mangers Senior Management Teams (Shadow) HCSP Board Elected members	• Face-to-face/ 1-2-1 • Briefings • Survey Monkey • Meetings • Engagement events
Customers Carers Service providers Partner agencies Voluntary organisations Local Area Partnerships The general public	• Face-to-face 1-2-1 • Engagement Events • Local Area Partnership Meetings • Letter/email • Reports • Newsletter • Team Talk • Health Team Briefing documentation • Web Pages (internal & external) • Social Media • Texts • Radio ads • Radio interviews • Press ads • Press stories and features • DVDs	Customers Carers Service providers Partner agencies Voluntary organisations Local Area Partnerships The general public Service user and carer representatives on the Board and relevant sub groups	• Face-to-face 1-2-1 • Briefings • Survey Monkey • Meetings • Engagement events • Online consultations (for example, via ELC Consultation Hub) • Local Area Partnership Meetings • Training/briefing around participation at Board and relevant sub group meetings

Appendix 1 Communication and Engagement Strategy Action Plan

Activities	Lead	Timescales Oct 14 – Dec 14	Jan 15 – Apr 15	Apr 15 - Jun 15 & onwards
Health & Social Care Integration Scheme				
Draft Integration Scheme and ongoing revisions	HSCP Shadow Board			
External Website articles produced and consultation questions published	ELC/NHS Comms			
Key Messages developed and published on website along with information on how the public can become involved	ELC/NHS Comms			
Staff engagement events - HSCP				
Staff newsletters, Team Talk	ELC/NHS Comms			
Elected member briefings				
NHS and Council internal staff briefings				
Internal website information	ELC/NHS Comms			
Media Campaign – Posters, mail shots, websites, social media, radio, news articles	ELC/NHS Comms			
Feedback from consultation collated and revisions made to Integration Scheme				
Outcomes published				

Activities	Lead	Timescales Oct 14 – Dec 14	Jan 15 – Mar 15	Apr 15 – Jun 15 & onwards
First stage strategic plan consultation				
Draft Strategic Plan, ongoing revisions and summary/accessible versions	Strategic Planning Group			
Staff engagement events - HSCP				
Staff newsletters, Team Talk	ELC/NHS Comms			
Elected member briefings				
NHS and Council internal staff briefings				
Internal website information produced	ELC/NHS Comms			
6 Area Partnership events:	Local planning coordinator/ area partnership			
Targeted or special group events eg GP forum, ELIS. Third Sector, particular needs groups	Special Interest Groups TBA (discuss with groups)			
Podcast, video	ELC/NHS Comms			
Collate feedback from consultation and make amendments to Draft Strategic Plan				
Second stage strategic plan consultation				
Draft Strategic plan, ongoing revisions and summary/accessible versions	Strategic Planning Group			
Staff engagement events – HSCP				

Activities	Lead	Timescales Oct 14 – Dec 14	Jan 15 – Mar 15	Apr 15 – Jun 15 & onwards
Staff newsletters, Team Talk	ELC/NHS Comms			
Elected member briefings				
NHS and Council internal staff briefings				
Internal website information produced	ELC/NHS Comms			
6 Area Partnership events:	Local planning coordinator/ area partnership			
Targeted or special group events GP, ELIS. Third Sector, particular needs groups	Special Interest Groups TBA (discuss with groups)			
Podcast, video with feedback from consultation	ELC/NHS Comms			
Review of involvement structures				
Mapping of current mechanisms for service user/public feedback/engagement				
Evaluation of current mechanisms for ongoing service user and public feedback/engagement				
Feedback regarding consultation processes collated				
Develop new mechanisms for ongoing consultation and engagement				

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 27 August 2015

8

BY: Chief Officer

SUBJECT: Primary Care Premises Business Cases

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1 PURPOSE

1.1 This report seeks the support of the East Lothian Integration Joint Board (IJB) for the business cases for Prestonpans Health Centre and Cockenzie Health Centre.

2 RECOMMENDATIONS

2.1 The IJB is recommended to:

2.2 Support the Standard Business Case for Prestonpans Health Centre extension.

2.3 Support the Initial Agreement for Cockenzie Health Centre extension.

2.4 Support the submission of the business cases to the NHS Board Finance and Resources Committee.

3 BACKGROUND

3.1 The paper for the Lothian Capital Investment Group sets out the strategic context for primary care premises development in East Lothian and includes a Standard Business Case for an extension to Prestonpans Health Centre and an Initial Agreement (IA) for an extension to Cockenzie Health Centre. The paper also highlights the developing need for investment in North Berwick, Haddington, East Linton and potentially at Blindwells.

3.2 These proposals fit the IJB draft strategic plan in terms of improving access to primary care, facilitating developments in primary care and in meeting the needs of East Lothian's growing population.

3.3 NHS capital planning processes for projects of this scale have two key stages. The Initial Agreement (IA) which sets out the strategic case for change and investment and the options to achieve the objectives. This is

followed by the Standard Business Case (SBC) which develops the preferred option in details.

3.4 An IA for Prestonpans was approved in 2014 and therefore this project is now at SBC stage. The project at Cockenzie is at IA stage.

3.5 Other potential projects are not yet at IA stage and will be brought forward as appropriate. The Lothian Capital Investment Group has asked that all projects be covered in the attached paper in order to provide an overview.

4 POLICY IMPLICATIONS

4.1 There are no policy implications of this paper.

5 EQUALITIES IMPLICATIONS

5.1 Impact assessment has been carried out as part of each business case.

6 RESOURCE IMPLICATIONS

6.1 The resource implications of these proposals are set out in the attached papers. At present these implications are for NHS Lothian and the medical practices involved. However, the revenue implications will affect the size of the budgets that fund the delegated functions of the IJB from April 2016 and therefore should be included in the NHS Lothian financial plan.

7 BACKGROUND PAPERS

7.1 Lothian Capital Investment Group 25/08/15 paper.

AUTHOR'S NAME	David Small
DESIGNATION	Chief Officer
CONTACT INFO	david.a.small@nhslothian.scot.nhs.uk
DATE	18/08/15

Prestonpans Health Centre Extension & Refurbishment

Standard Business Case

V8 Updated 17 08 15

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1 Executive Summary

1.1 Introduction

1.1.1 The purpose of the Standard Business Case is to seek approval for the proposal to extend and refurbish the existing Health Centre at Preston Road, Prestonpans.

1.1.2 The proposal, recommended by East Lothian Community Health Partnership (ELHSCP) and Prestonpans Health Centre, is that the current building be refurbished and extended. This will provide appropriate premises to deliver clinical services in an environment which is fit for purpose.

1.1.3 The building is owned by NHS Lothian and capital funding of circa £1.92m will be required together with an increase to the revenue costs of £39k. This will be partially offset by income from the practice.

1.1.4 Designed in the late 1970's and built in 1980 the designed capacity of these premises has been significantly outgrown by the additional demands of population growth (21% over the last 10 years), levels of deprivation (54%) and demographic changes.

1.1.5 The practice is currently only accepting new patients who are resident within the EH32 9 postcode area to alleviate the pressures described in 1.1.4 above

1.1.6 The practice currently provides 44 GP clinical sessions, including extended-hours working plus dedicated telephone consultation sessions. They have successfully registered to become a GP training practice anticipating their first trainee in mid 2015.

1.1.7 The practice has negotiated Citizens Advice Bureau (CAB) sessions, at the practice, having recognised the needs of their practice population.

1.1.8 The practice has also been proactive in identifying and implementing change to address the capacity issues in other ways; through job redesign, the practice has actively worked to move appropriate GP activities to their nursing team.

1.1.9 The practice has also supported training for nursing staff in Family Planning and "Implanon" removal & insertion and is investigating the merits of sending some of their trained staff on the Nurse Prescribing course.

1.1.10 The practice has employed and trained, two Health Care Assistants to SVQ Level 3 to deliver phlebotomy, clinical measurement, Smoking Cessation, Flu & Pneumococcal vaccinations, Vitamin B12 injections and Coagu-Chek.

1.2 Organisational Overview

1.2.1 East Lothian Community Health Partnership (HSCP) is responsible for the provision of a wide range of health services within the area coterminous with the boundaries of East Lothian Council.

1.2.2 These services include the hosting of Lothian-wide clinical services, the provision of acute and therapy services in hospital and community facilities, a wide range of community delivered services and Primary Care services.

1.3 Business Strategy & Aims

1.3.1 Specific developments in primary care in East Lothian have shifted activity away from secondary care such as minor surgery and diabetic monitoring. Recent developments in long term conditions services in nursing and physiotherapy have been linked to practices through service specifications and practice support for care homes has recently been modernised.

1.3.2 However, these changes have increased the pressure on premises and premises issues have constrained their implementation.

1.3.3 The NHS Lothian's Primary Care Modernisation Strategy prioritisation of primary care premises in Lothian is ongoing, but draft results (2014) have indicated that the practice is a high priority for replacement, ranked joint 6th in Lothian and the first priority for East Lothian.

1.4 Future Long Term NHS Strategic Drivers

1.4.1 In *Better Health, Better Care*, the Scottish Government presented their 'investment priorities' for the NHS to help create 'modern health facilities in local communities: new and improved community health centres and GP Practices'.

1.4.2 The Scottish Governments 20:20 Vision for Care in the Community also recognises the correlation between the activities required to deliver that vision and the adequacy of primary care premises to do so for a growing population and the significant changes to the demography that has and is taking place.

1.4.3 When seeking to identify any significant historical and future changes in demand and capacity upon General Practice, in East Lothian, this business case took account of validated historical data from Information Services Division (ISD), population and demographic projections from National Records of Scotland (NRS) and Housing Land Audits (projections) provided by East Lothian Council.

1.4.4 This has allowed a picture to emerge that demonstrates the continuum over the past ten years and into the future and has highlighted that, for East Lothian:

- The East Lothian practice List size grew by c9k (9.6%) on 2004 ISD List Size
- Prestonpans list size grew by 1450 (21%) in the same period.
- NRS projections predict that there will be a further population growth of c9k by 2024, (9% on 2014 ISD List Size) and c22k (21.5%) by 2037.
- In addition to the population volume increases that have and are projected to occur, note must be taken of the changing demographics of East Lothian.
- NRS projections for the above suggest that, from 2014, there will be an increase in the over 65 years population of 24% by 2024 and c64% by 2037.

2 THE STRATEGIC CASE

2.1 Strategic Context

2.1.2 In *Our National Health: A plan for Action, A Plan for Change* the Scottish Executive presented their 'investment priorities' for NHS to help create 'modern health facilities in local communities: new and improved community health centres and GP Practices'. Prestonpans Health Centre, in its present accommodation, is unable to develop in the direction indicated by those priorities.

2.1.3 Prestonpans Health Centre is non-compliant with both national legislative guidelines and NHS regulations necessary for safe running of a Practice.

2.1.4 The project is driven by a range of National and Local Policies that are designed to improve the delivery, targeting and take up of NHS and Local Authority services to the public. The Development fits with the Local Health Plan and the objectives of NHS Lothian. Joint working is widely recognised as key in overcoming complex issues in society:

- Implementation of Care in the Community
- The Children (Scotland) Act, Working Towards a Healthier Scotland
- Building a Health Service Fit for the Future

2.1.5 Community Health Partnerships should be a vehicle for integration and will be supported to:

- Deliver services more innovatively and effectively by bringing together those who provide community based health and social care
- Shape services to meet local needs by directly influencing Health Board planning, priority setting and resource allocation
- Integrate health services, both within the community and with specialist services, underpinned by service redesign, clinical networks and by appropriate contractual, financial and planning mechanisms
- Improve the health of local communities, tackle inequalities and promote policies that address poverty and deprivation by working within community planning frameworks
- Ensure more people receive clinical care closer to their homes and in community settings

2.1.6 The additional accommodation should also follow the sizing guidance of Health Building Note (HBN) 36, the centre currently does not meet this guidance in many areas. The additional space and upgrading works will ensure compliance.

2.1.7 This proposal for Prestonpans Health Centre is consistent with NHS Lothian's current Primary Care Premises Priority Programme. The prioritisation of primary care premises in Lothian is currently ongoing, but the draft results have indicated that Prestonpans Health Centre is amongst the highest scoring in the above and is the highest priority in East Lothian.

2.2 Existing Arrangements

2.2.1 Prestonpans Health Centre is located at Preston Road, Prestonpans which is approximately 11 miles from Edinburgh.

2.2.2 Designed in the late 1970's and built in 1980 the designed capacity of these premises has been significantly outgrown by the additional demands of population growth, levels of deprivation and demographic changes.

2.2.3 There are currently approximately 9,000 patients registered with the Practice. This represents an increase of 21% since 2004.

2.2.4 The practice list has the highest proportion (54%) of patients in deprivation quintiles 1 and 2 (most deprived), in East Lothian, and ranks the 22nd highest (of 127 practices) across the whole of NHS Lothian.

2.2.5 The 8 consulting rooms are currently shared by 6 Practice Partners along with 1 salaried Practitioner and 1 GP retainer (8 GPs), plus 4 Practice Nurses and 2 Healthcare Assistants.

2.2.6 A range of community clinics and services are also provided in the above, shared, consulting rooms.

2.2.7 This requires general practitioners to vacate consulting room and search for appropriate space to carry out post-consultation clinical work i.e. clinical administration, peer-to-peer consultation, result checking and report writing.

2.2.8 The Practice will be unable to retain their GP training practice status if their premises continue to have inadequate facilities to support this.

2.2.9 The current building also lacks suitable rooms for use by visiting services, reducing the equity of access for the local population.

2.2.10 Meetings and training sessions are currently held in the small Staff Room, during which there are no break facilities for staff, and/or meetings and training sessions are frequently interrupted.

2.2.11 During the Standard Business Case process, it was noted that initial high level draft costs identified for a full upgrade of the existing areas, utilising the BCIS Index, had been omitted from the Initial Agreement costs. To confirm actual requirement, the HAI Scribe Prevention and Control Nurse was asked to undertake an inspection and provide a report.

2.2.12 IT and Telecomms infrastructures have been inspected and classed as out of date and inadequate for contemporary clinical practice.

2.3 Business Needs – Current & Future

- There are insufficient consulting rooms (8) for the number of clinical sessions required by patient demand, having to be shared by GPs (8), trained nursing staff (4), Health Care Assistants (2) and visiting services.
- Staff facilities are inadequate
- Premises constrain practice development and expansion of services
- Meeting/general training facilities are non-existent
- Suitable accommodation for the training of GP Registrars is a prerequisite of the Royal College and is currently not available
- IT and Telecomms systems require urgent up-grade
- Better use could be made of the current accommodation if certain functions were relocated out-with clinical areas.

2.4 Investment Objectives (See also Critical Success Factors, section 3.1)

2.4.1 To ensure the practice is delivering care from premises which are compliant with legislative, statutory and sizing guidance requirements.

2.4.2 To provide equality for disabled and older patients

2.4.3 To enable the practice to deliver their services effectively according to clinical needs and not constrained by availability of current clinical facilities

2.4.4 To provide staff with a working environment conducive to delivering the best health care and aiding recruitment and retention

2.4.5 To provide the practice with the physical capacity to address the 21% increase in practice population (2004 – 2014) and the consequent increase in demand and service provision.

2.4.6 To provide the practice with the physical capacity to address future increases in demand.

2.4.7 To provide suitable accommodation for the training of GP Registrars, further increasing the clinical capacity of the practice.

2.4.8 To provide IT and Telecomm systems that meet contemporary standards

2.4.9 To provide a suitable meeting/general training facility.

2.5 Potential Scope & Service Requirements

2.5.1 The provision of an extension to the current premises to allow the reconfiguration of existing accommodation.

2.5.2 The reconfiguration/refurbishment of current facility to provide the compliant clinical accommodation required (see 2.2.11 above)

2.5.3 The provision of meeting/training/staff facilities and IT/Telecomm systems required to allow the relocation (within the building) of existing practice functions to facilitate the above.

2.6 Potential Benefits

2.6.1 The high level potential benefits are outlined in the table below, a detailed Benefits Realisation Plan is included at Appendix X:

Table 1

Investment objective	Benefit to patients	Benefit to Practice & NHS Services	Relative value	Benefits criteria
To ensure the practice is delivering care from premises which are compliant with legislative, statutory and sizing guidance requirements	Safe and compliant environment for patient care	Compliance with legislation	High	Measurable, not in cash terms
To provide a facility that enables safe, effective and accessible person-centred clinical care	Patients receive care is pleasant surroundings	Services delivered in appropriate accommodation	High	Qualitative
To provide a facility that will meet the clinical demands of historical and future population growth and allow an increase in services	Better access to clinical facilities	Improved waiting times	High	Qualitative
To enable the practice to deliver services effectively according to clinical needs and not constrained by the building	Better access to clinical facilities	Reduces current room sharing Services delivered in suitable clinical accommodation	High	Qualitative
To provide staff with a working environment conducive to delivering the best healthcare and aiding recruitment and retention		Better working environment demonstrating staff are valued	Medium	Qualitative
To provide appropriate facilities that will support the training and development of both practice and community staff	Better access to clinical facilities Waiting times reduced	Opportunity to develop services	High	Measurable, but not in cash terms

2.7 Strategic Risks

2.7.1 The main risks are noted in the table below. A more detailed project risk register is provided in Appendix X.

Table 2

Risk Categories	Identified Risk	Proposed Action/Mitigating Facts
Business Risks	Failure to secure capital funding	Delay project or choose alterative solution
	Failure to secure sufficient revenue funding	Explore alterative funding options
	Planning consent not achieved	Ensure communication and information are kept open with East Lothian Council
Service Risks	Stakeholder expectations of build exceed affordability	Work with stakeholders to ensure expectations are realistic and achievable
	Planning Permission not granted	Pro-actively liaise with East Lothian Council to ensure all issues are addressed
External Risks	Objections raised to planning application by local population	Communicate relevant information to local population through Patient Partnership Forum throughout project
	Demographic growth and population from proposed new builds has an impact prior to project completion	Communicate with East Lothian regarding new development consents given and include contingency to cover potential increase

2.8 Constraints & Dependencies

2.8.1 Constraints

2.8.1.1 Availability of NHS Lothian capital funding.

2.8.1.2 The project will be required to meet the statutory and planning criteria for East Lothian Council. It will be essential to ensure that East Lothian Planning Department are involved in discussions as early as possible.

2.8.2 Dependencies

2.8.2.1 The key dependencies that concern the project are:

- East Lothian Council Planning Department will be required to provide formal approval for the design.
- Agreement is required between East Lothian H&SCP, Prestonpans Health Centre and NHS Lothian as to the preferred option. This should meet the objectives of all Partners along with agreeing the additional funding required.

3 THE ECONOMIC CASE

3.1 Critical Success Factors (CSFs)

Table 3

Critical Success Factor (CSF)	SMART	Information required for SMART baseline
Improved Accessibility	**Upon Migration:** Close to bus route Improved car parking Level approaches DDA compliant Effective way-finding	 Location of bus stop Number of parking spaces Site & approached plan DDA audit Signage audit
Increased Clinical Effectiveness	**Upon Migration:** Co-location of services Close Clinical adjacencies Purpose built facilities	Building plan Accommodation allocation Room datasheets
Improved Quality of physical environment	**Upon Migration:** DDA compliant Fire and H&S Compliant Improved work place Improved patient experience	 DDA audit Fire safety and H&S audits Staff survey Patient/Carer survey
Acceptability to patients, staff, partners, and public	Capacity to increase range of services delivered in/from Practice **Upon Migration:** Improved patient experience Improved workplace Better clinical adjacencies	Practice Service database Patient/Carer survey Staff survey GP survey
Minimum Disruption to Services	Single move to new facility Planned service migration Effective Commissioning Effective Communications	No decanting required Service Migration Plan Commissioning Plan Communications Plan
Value for Money	Net Present Value Associated risks minimised Maximises return on investment	Anticipated NPV Risk register/plan Revenue costs & Service Improvement Plan
Achievability	Certainty in securing the site Property Transactions Compliance Supply-side interest	Heads of Terms Property Transactions Handbook SES HUB responses
Affordability	Meets funding source/s policies Meets availability of funding	Final Capital and Revenue Cost Capital & Financial Plan

3.2 Main Business and Short-listed Options

3.2.1 A long list of options was produced showing the advantages and disadvantages for each. These are shown in Appendix X.

3.2.2 The current location provides sufficient space to either extend or re-provide.

3.2.3 Although it would assist in alleviating the challenging issues of insufficient space and increasing demand, the option of changing and reducing the practice boundaries scored low.

3.2.4 Due to the potential site constraints, financial limitations and capacity issues a joint re-provision of premises with another Practice, whilst seen as a potentially viable option, it would not meet the current and urgent needs of the Practice in an acceptable time period.

Table 4 **Original Options Appraisal from Initial Agreement**

	Option	Description	Indicative Cost Range
1	**Do Nothing**	Remain within existing premises and continue as it presently stands	There are no direct costs associated with this option. However, the issues described in paragraphs 2.2.11 to 2.2.13 will generate significant costs to NHS Lothian.
3	**Reference project**	Construct ground floor extension with internal refurbishment to accommodate new extension	**£646,232**
4	**Alternative new build/refurbished premises project**	Re-provision of Health Centre on current site with temporary solution during build phase	**£1,762,522**

(Original Option Appraisal identifiers retained for ease of reference)

3.3 Preferred Option

3.3.1 The summary scores from the non-financial option appraisal are demonstrated below. The full details of the scoring against benefit criteria are contained in Appendix X.

Table 5

	Option 1	Option 3	Option 4
Service integration & clinical effectiveness	0	9450	12960
Accessibility	0	8050	11040
Quality of physical environment	0	8400	11520
Sustainability	0	6405	8784
Deliverability	0	5250	7200
TOTAL	**0**	**37555**	**51504**

3.3.2 Therefore the preferred Option was identified as: Option 3 ‘Construction ground floor extension with internal refurbishment to accommodate new extension’ and approved by the Finance & Resource Committee on 12th November 2014.

4 THE COMMERCIAL CASE

4.1 The Procurement Strategy

4.1.1 As this is a project with a value less than £5m, to the NHS, it is within NHS Lothian's delegated limit and will not require to be submitted to Scottish Government Health and Social Care Directorates (SGHSCD) for approval.

4.2 Proposed Scope & Services

4.2.1 The provision of an extension to the current premises to allow the reconfiguration of the existing accommodation.

4.2.2 The reconfiguration/refurbishment of current facilities to provide the compliant clinical accommodation required.

4.2.3 Provide clinical capacity for GP and Community services, to meet the needs of the current practice population, its projected growth and the impacts of "Shifting the Balance of Care" now and in the foreseeable future.

4.2.4 Provide premises which comply with H&S, Fire and workplace legislation and ensures equity of access to health care for disabled patients.

4.2.5 The provision of dedicated staff facilities to improve the working environment

4.2.6 The provision of meeting/training/staff facilities and IT/Telecomm systems required to allow the relocation (within the building) of existing practice functions to facilitate the above.

4.3 Proposed Risk Allocation/Risk Management

4.3.1 Hub SE has produced a Costed Risk Register as part of their Stage 1 Submission This details all risks that are the responsibility of hub South East and will be reviewed during the Stage 2 process. The total risk cost is included in the Stage 1 Predicted Maximum Price.

4.4 Proposed Key Contractual Arrangements

4.4.1 This project will be procured through Hub SE.

4.5 Proposed Personnel Implications

There are no negative implications for Practice or visiting NHS staff.

4.6 Proposed Implementation Timescales

Assuming approval of this Standard Business Case at the Finance and Resources Committee in September 2015, the key project milestones are as follows:

Table 6

New Project Request	September 2015
hubCo Stage 2 Submission	December 2015
Construction Commencement	February 2016
Construction Completion	September 2016

5 FINANCIAL CASE

5.1 This section details the capital and revenue costs for the preferred option, option, which is to construction an extension to the building with some internal refurbishment and rearrangement to accommodate the new extensions.

5.2 CAPITAL COSTS

5.2.1 The proposal has been made to extend the premises to allow the practice to provide additional services and increase accessibility.

5.2.2 The added space will be used to include a consulting room dedicated to junior doctors, being trained in general practice. This will assist with the recruitment of more General Practitioners into the primary care sector while assisting the practice to manage their increasing patient list.

5.2.3 Currently all the GPs have to shared consulting rooms meaning that there is no space for them to do admin work when not taking appointments. There is also no room for meeting with other agencies or for staff training.

5.2.4 Option 2 Extension with refurbishment, is the preferred option as the capital costs to NHS Lothian of re-providing the entire premises elsewhere are unaffordable and would require a considerable lead time.

Table 7

	Option 1 Do Minimum	**Option 2 Extension**	**Option 3 New Build**
Area (m^2)	750	934	934
Cost/m^2 (£)	0	1,630	3,537
	£k	**£k**	**£k**
Construction cost	0	1,522	3,304
Optimism bias/risk	0	0	297
Inflation	0	0	180
Fees	0	20	20
Decant	0	0	20
Telecoms	0	0	0
Equipment	0	50	50
Subtotal		**1,592**	**3,871**
VAT	0	318	774
Total	**0**	**1,911**	**4,645**

5.3 REVENUE COSTS

5.3.1 The Prestonpans practice building is owned by NHS Lothian so no rent is paid and therefore will not increase.

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5.3.2 The extension will provide a further 184 square metres of space, which will result in increased costs for maintenance, cleaning, supplies and utilities. There will also be an increased telecoms cost, and increased depreciation.

Table 8

	Option 1 Do Minimum £	Option 2 Extension £	Option 3 New Build £
Rental			
Non Domestic Rates	44,617	55,801	55,801
Waste	3,000	3,000	3,000
Buildings Insurance			
Maintenance (Decorations, fabric, service)	3,210	4,015	4,015
Utilities (Energy costs, water, sewerage)	11,663	14,587	14,587
Cleaning	10,057	11,753	11,753
Supplies	3,500	4,371	4,371
Telecoms		1,288	1,288
Depreciation		40,225	117,932
Total	**76,047**	**135,039**	**212,745**
Available budgets/ Practice Contribution	76,047	96,142	96,142
Est Revenue Impact Gap / (Saving)	**0**	**38,897**	**116,603**

5.4 AFFORDABILITY

There is a gap of £39K per year associated with the revenue costs of extending and refurbishing the Prestonpans practice**.** Where appropriate this will be split between the practice and NHS Lothian pro-rated on the amount of the extended building occupied by each organisation. Although this is largely due to increased depreciation.

5.5 CONCLUSION

5.5.1 The option of extending the existing building is the best solution to allow Prestonpans more facilities to manage their growing list and to allow them to become a training practice thus alleviating the problems of obtaining locums.

5.5.2 The option of building an entirely new practice would be much more expensive and would entail a delay in providing expanded services of more than a year if not longer. The extension will also future proof the provision of primary care services in Prestonpans against the expected further increases in population

6 MANAGEMENT CASE

6.1 Project Management

6.1.1 East Lothian HSCP has established a Project Board and Project Team to develop the business case and manage the process through to approval.

6.1.2 Users of the practice have been consulted and will continue to be involved as the project progresses. Involvement via the local Patient Forum has also taken place

6.1.3 The proposed implementation timescales are demonstrated in 4.6 above.

6.2 Change Management

6.2.1 Contractual change management will be led by NHS Lothian, through Hub SE, and in consultation with the Prestonpans Practice.

6.3 Benefit Realisation

6.3.1 The benefits realisation plan for this project is attached in Appendix 1.

6.4 Risk Management

6.4.1 Hub SE has produced a Costed Risk Register as part of their Stage 1 Submission (See Appendix 2). This details all risks that are the responsibility of Hub South East and will be reviewed during the Stage 2 process. The total risk cost is included in the Stage 1 Predicted Maximum Price.

6.4.2 The main NHS Lothian risks, outwith the remit of hub SE, are listed in the table below. This will be developed into a Costed Risk Register, by the Project Team, during the Stage 2 process. An Optimism Bias allowance of 13.5% has been used for the capital costs in this Standard Business Case.

Table 9

Risk Categories	Identified Risk	Proposed Action
Planning	Project Fails to gain planning consent	Pre application dialogue has been undertaken with the planning department.
Design and Construction	Failure to agree design, layouts, room data sheets etc	Current layouts etc have identified acceptable design solutions.
Financial	The hub Stage 2 costs exceeds the capital budget.	The Stage 1 costs are a Predicted Maximum Price and will not increase unless the client request changes. A robust Change Control process will be established.

Legal	Parties unable to agree terms of leases / occupancy agreements etc	Preliminary discussions on legal arrangements have taken place.
Other Risks	Unsatisfactory project management arrangements	Hub SE will project manage the construction element of the project. NHSL has identified client representatives.

6.5 Contract Management

6.5.1 The construction contract will be managed through HubSE and in consultation with NHS Lothian.

6.6 Post Project Evaluation

6.6.1 The arrangements for project evaluation review have been developed by NHS Lothian in accordance with best practice.

6.6.2 The process will be agreed with the Project Team as to timings and method of review.

6.7 Contingency Plans

6.7.1 In the event of this project not proceeding, the Prestonpans Health Centre will need to continue to deliver their services from their existing premises.

6.7.2 However cognisance should be taken of the results of the HAI-SCRIBE, Telecomms and IT inspections, carried out during this business case process.

6.7.3 These inspections made it evident that the facility will require significant investment, if this project as advocated does not proceed, to ensure the facility is brought up to contemporary standards of compliance and functionality.

Benefits Realisation Plan **Appendix 1**

Benefit Realisation Plan – Prestonpans Medical Practice			
Project Title	Extension and Refurbishment of Prestonpans Health Centre		
Distribution	Project Team, HSCP EMT, GP Practice, East Lothian Council etc.		
Version	2.0	**Date Created**	2015.01.05
Status	Draft	**Approved By**	
Creator	Peter Gilfoyle	**Date Approved**	

ID No.	Benefit Type	Benefit Description	Service Feature	Potential Dis-benefits	Activities Required	Responsible Officer	Performance Measure	Current Value	Improvement Target	Full Year Value	Timescale
1	Clinical Effectiveness	Allows services to address the current and future needs of the community	Capacity		Provide facility as planned	ELHSCP Clinical Director	Planned Capacity	Inadequate capacity to meet clinical demand in non-compliant facilities	Planned Capacity	As per planned capacity	Upon migration
2	Clinical Effectiveness	Well equipped, appropriate services to provide quality of care	Capacity, design and way-finding		Provide facility as planned	ELHSCP Clinical Director	Planned Capacity and facilities	Inadequate capacity to meet clinical demand in non-compliant facilities	Planned Capacity and compliant facilities	As per Planned Capacity and facilities	Upon migration
3	Clinical Effectiveness	Facilitates potential for new ways of integrated working, including one-stop clinics, nurse-led practise and other visiting services	Capacity, design and way-finding		Provide facility as planned Clinical review of working practices	ELHSCP Clinical Director	Service integration plans Audit of service quality improvement Patient Survey	Inadequate capacity to meet clinical demand in non-compliant facilities	Improved service quality Improved patient satisfaction	As per Planned Capacity and facilities	On-going feature
4	Accessibility (patient services / site access)	Provides adequate accommodation to allow visiting services to deliver in the community without impacting on Practice capacity	Capacity & Location		Provide facility as planned	ELHSCP Clinical Director	Number of visiting services	Visiting services constrained by needing to use the same consulting rooms as Practice GPs	Capacity to increase/ develop the number of visiting services	As per Planned Capacity and facilities	Upon migration

ID No.	Benefit Type	Benefit Description	Service Feature	Potential Dis-benefits	Activities Required	Responsible Officer	Performance Measure	Current Value	Improvement Target	Full Year Value	Timescale
5	Accessibility (patient services / site access)	Enables patients to easily access services by foot, by cycle or by public transport with easy drop-off and pick-up zones	Location & site plan		Provide facility as planned	HSCP Head of Health	Parking provision Cycle storage Foot paths	Current parking and footpath provision adequate for facility	Ensure extension does not adversely impact on parking & footpaths. Cycle storage provided	As per planned service provision	Upon migration
6	Quality of Physical Environment	Maximises the use of the site, building and land to optimise provision in terms of space, layout, functionality and working environment	Site plan & building design User involvement		User (Patients & Staff) involvement in design features	HSCP Head of Health	Adjacencies Patient/staff surveys Way finding Complaints Staff turn-over	Inadequate capacity to meet clinical demand in non-compliant facilities	Maximum clinical services & adjacencies Improved patient and working environment Minimum staff turn-over	As per planned service provision	Upon migration
7	Quality of Physical Environment	Supports compliance with disability, equality and diversity legislation	Site plan & building design Way-finding		User (Patients & Staff) involvement in design features	HSCP Head of Health	DDA E&D policies RIA Complaints	Inadequate capacity to meet clinical demand in non-compliant facilities	Full compliance with legislation High User satisfaction Capacity for additional clinical resources.	As per planned service provision	Upon migration
8	Quality of Physical Environment	Promote a sense of well being and confidence in patients and staff	Site plan & building design Way-finding		User (Patients & Staff) involvement in design features	HSCP Head of Health	Patient/staff surveys Complaints Staff turn-over	Inadequate capacity to meet clinical demand in non-compliant facilities	Clinical and non-clinical adjacencies provide professional and caring environment		12 months

ID No.	Benefit Type	Benefit Description	Service Feature	Potential Dis-benefits	Activities Required	Responsible Officer	Performance Measure	Current Value	Improvement Target	Full Year Value	Timescale
9	Quality of Physical Environment	Recognises that healthcare delivery may change significantly in the future and health facilities need to accommodate such a change with the minimum of expenditure and disruption	Site plan & building design		Room lay-outs conducive to change of use. Building design to allow change of internal configuration	HSCP Head of Health	Design brief	Early 1980's building constructed prior to significant population expansion	Design accommodates future change of use with the minimum of expenditure and disruption	As per planned service provision	Upon migration
10	Acceptability to Patients, Staff, Partners & Public	Meet patients', staff and partners' expectations in terms of effectiveness, quality and accessibility of services	User involvement Accommodation for visiting clinical services		Building design Service delivery in the community	HSCP Head of Health	Number & range of visiting services and health related activities	Early 1980's building constructed prior to significant population expansion	Increased number of visiting services Improved patient & staff environment		12 months after migration
11	Disruption to Service	Minimal disruption or need for phasing/ decanting during construction of extension	No need for decant during construction of extension	N/A	No need for decant during construction of extension	HSCP Head of Health	No need for decant during construction of extension	N/A	No need for decant during construction of extension		N/A
12	Disruption to Service	Refurbishment and reconfiguration of existing facilities to enhance and maximise functionality	Additional clinical and administrative facilities provided	Disruption to administrative, clinical and domestic functions	Probable temporary decant to new extension required during refurbishment/ reconfiguration	HSCP Head of Health	Planned decant and migrations	N/A	Service disruption minimised		During construction
13	Disruption to Service	Optimal timescale to completion	Design & Construction NHS Lothian governance process Planning permissions	NHS Lothian governance	Decision Fast-track design for submission	HSCP Head of Health	Project Management Arrangements as per contract				Pre-construction

ID No.	Benefit Type	Benefit Description	Service Feature	Potential Dis-benefits	Activities Required	Responsible Officer	Performance Measure	Current Value	Improvement Target	Full Year Value	Timescale
14	Disruption to Service	Business continuity for clinical services on migration	Service migration planning and commissioning Equipment procurement plan	?	Service migration and commissioning planning Equipment procurement planning	HSCP Head of Health Director of Capital Planning & Projects	Level of activity lost during migration phase Short-fall against equipment requirements	N/A	Minimal loss of activity during refurbishment/ reconfiguration and migration phases Equipment needs met	N/A	From SBC to migration
15	Disruption to Service	Clearly identified hard facilities management service	Maintenance and hard facilities management through NHS Estates		SLA with Practice for Maintenance and hard facilities management	Director of Capital Planning & Projects	Clinical cancellations and postponements due to facilities issues	N/A	No disruption to clinical services due to modern and well managed facilities		Pre-migration
16	Financial	Energy efficiency/savings	Design Brief Design & construction		Audit of design for compliance status	Director of Facilities	BREEAM	BREEAM Non Compliant	BREEAM Excellent rating		12 months

Benefit Realisation Plan – Stakeholder Benefits Distribution

ID No.	Benefit Type	Benefit Description	Patients & Carers	Staff	Medical Practice	Community Midwifery	Community Nursing	Health Visitors	East Lothian HSCP	NHS Lothian
1	Clinical Effectiveness	Allows services to address the current and future needs of the community	✔	✔	✔	✔	✔	✔	✔	✔
2	Clinical Effectiveness	Well equipped, appropriate services to provide quality of care	✔	✔	✔	✔	✔	✔	✔	✔
3	Clinical Effectiveness	Facilitates potential for new ways of integrated working, including one-stop clinics, nurse-led practise and other visiting services	✔	✔	✔	✔	✔	✔	✔	✔
4	Accessibility (patient services / site access)	Provides adequate accommodation to allow visiting services to deliver in the community without impacting on Practice capacity	✔	✔	✔	✔	✔	✔	✔	✔
5	Accessibility (patient services / site access)	Enables patients to easily access services by foot, by cycle or by public transport with easy drop-off and pick-up zones	✔	✔	✔					
6	Quality of Physical Environment	Maximises the use of the site, building and land to optimise provision in terms of space, layout, functionality and working environment	✔	✔	✔	✔	✔	✔	✔	✔
7	Quality of Physical Environment	Ability to create a sustainable environment with due regard to green space, energy efficiency, scale, density, transport and working environment	✔	✔	✔	✔	✔	✔		
8	Quality of Physical Environment	Supports compliance with disability, equality and diversity legislation	✔	✔	✔	✔	✔	✔	✔	✔
9	Quality of Physical Environment	Promote a sense of well being and confidence in patients and staff	✔	✔	✔	✔	✔	✔		
10	Quality of Physical Environment	Recognises that healthcare delivery may change significantly in the future and therefore health buildings / sites need to accommodate such a change with the minimum of expenditure and disruption	✔	✔	✔	✔	✔	✔	✔	✔
11	Acceptability to Patients, Staff, Partners & Public	Meet patients', staff and partners' expectations in terms of effectiveness, quality and accessibility of services	✔	✔	✔					
12	Disruption to Service	Minimal disruption or need for phasing decanting during construction	✔	✔	✔	✔	✔	✔	✔	✔
13	Disruption to Service	Optimal timescale to completion	✔	✔	✔	✔	✔	✔	✔	✔
14	Disruption to Service	Business continuity for clinical services on migration	✔	✔	✔	✔	✔	✔	✔	✔
15	Disruption to Service	Clearly identified hard facilities management service	✔	✔	✔	✔	✔	✔	✔	✔
16	Financial	Energy efficiency/savings			✔				✔	✔

Long List of Options **Appendix 3**

Option	Description	Advantages	Disadvantages
1	Do nothing	No capital costs; no revenue increases; no disruption.	New patients unable to register within local vicinity and practice would not be able to achieve contractual obligations. May have to transfer community services and other services to other location. Increase in on-going maintenance costs.
2	Do minimum. Temporary port-a-cabin type solution	Easily constructed; quick to implement; satisfies immediate clinical requirements; buys time.	Does not cater for anticipated list expansion and is a short term solution. Unlikely to represent value for money and no physical link to existing building. Ongoing revenue costs for hire. Temporary disruption to patient care.
3	Construct a ground floor extension with minor internal refurbishment to accommodate the extension	Increased space would allow full GP service to be delivered; permanent solution; relieves immediate pressure; provides accommodation allowing Practice to become a GP training facility.	There is a planning risk; fails to cover a comprehensive range of services; potential for not being able to cope with significant patient list increase; significant capital investment required.
4	Re-provision of Health Centre on current site with a temporary solution during the build phase	Fully compliant, modern, fit for purpose accommodation; flexible; will cope with demand for GMS and community services for next 20 years; potential for further additional services provided locally; no site purchase required; patient familiar with site; well received locally.	Decanting and disruption of existing services during construction; very significant investment required; planning risk; additional parking space may be required.
5	Change and reduce the practice boundaries	Minimal cost; more flexible use of accommodation to meet demand; delivered quickly.	Would require change to existing contracts; nearby premises unable to accommodate increase without change to premises; likely to be strong patient resistance due to additional travelling; will not address demographic growth and not meeting patient demands.
6	Re-provision of health premises to include both Prestonpans and other Practice.	Fully compliant, modern, fit for purpose accommodation; flexible; will cope with demand for GMS and community services for next 20 years; potential for further additional services provided locally; minimal disruption; addresses issue of more than 1 practice.	Land purchase may be required; timescales, will take 5 years; difficulty in acquiring appropriate site; very significant investment required; service costs might be required; planning risk; likely to be no space for parking; likely strong patient in change of location.

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Service integration & clinical effectiveness	0	2970	9450	12960	2430	10800
Accessibility	0	2530	8050	11040	2070	9200
Quality of physical environment	0	2640	8400	11520	2160	9600
Sustainability	0	2013	6405	8784	1647	7320
Deliverability	0	1650	5250	7200	1350	6000
TOTAL	**0**	**11803**	**37555**	**51504**	**9657**	**42920**
Ranking	**6**	**4**	**3**	**1**	**5**	**2**

Note:

Option 1 Do nothing

Option 2 Do minimum. Temporary port-a-cabin type solution

Option 3 Construct ground floor extension with refurbishment to accommodate new extension

Option 4 Re-provision of Health Centre on current site with a temporary solution during build phase

Option 5 Change and reduce practice boundaries

Option 6 Re-provision of Health premises to include both Prestonpans and another Practice

Rapid Impact Assessment summary report

Each of the numbered sections below must be completed
Interim report [ ] Final report [X] (Tick as appropriate)

1. Title of plan, policy or strategy being assessed.
Extension to Prestonpans Health Centre

2. What will change as a result of this proposal?
General Primary Care and Community Services provided at Prestonpans Health Centre, Preston Road, Prestonpans. An extension is proposed to the front of the building.

3. Briefly describe public involvement in this proposal
There has been representation from the Patient Participation Group (PPG) who is involved through regular Project Team Meetings. The PPG participant has been involved in a non financial site options appraisal. There will be ongoing involvement required as the project.

4. Date of RIA
12 May 2014

5. Who was present at the RIA? Identify facilitator and any partnership representative present

Name	Job Title	Date of RIA training	Email
Lesley Boyd	Health Inequalities Manager	TBC	Lesley.Boyd@nhslothian.scot..nhs.uk
Janette Richards	Infection Control Nurse		Janette.Richards@nhslothian.scot.nhs.uk
Elaine Horne	Practice Manager		Elaine.Horne@lothian.scot.nhs.uk
Dr Zain Kapasi	General Practitioner		Zain.Kapasi@lothian.scot.nhs.uk
Kirsty McBeth	Advanced Practitioner		Kirsty.McBeth@nhslsothian.scot.nhs.uk
Julie Thomson	Secretary		Julie.Thomson@nhslothian.scot.nhs.uk
Kenny Pitkethly	Fire Safety Officer		Kenny.Pitkethly@nhslohian.scot.nhs.uk
Jane Peattie (Facilitator)	Project Officer	April 2014	Jane.Peattie@nhslothian.scot.nhs.uk

6. Evidence available at the time of the RIA

Evidence	**Available?**	**Comments: what does the evidence tell you?**
Data on populations in need		Details of demographic growth along with current and potential new developments were available during workshop.
Data on service uptake/access		Details of services were available during workshop
Data on quality/outcomes		Details of Quality & Framework weighted score, from the ISD website, was available during workshop
Research/literature evidence		
Patient experience information		
Consultation and involvement findings		The design will go for public consultation once formal approval is achieved. Design will be subject to consultation with key stakeholders at 1:500, 1:200 and 1:50 stages
Good practice guidelines		
Other (please specify)		

7. Population groups considered

Population groups considered	Potential differential impacts
Older people, children and young people	There is restricted mobility at the front door. During construction, direct access to reception will require to be maintained.
Women, men and transgender people (include issues relating to pregnancy and maternity)	No differential impact but positive benefits of increased space and capacity
Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems)	Potential access and noise levels could have negative impact to some patient types. Regular meetings with builders during construction to minimise noise and retain ease of access.
Minority ethnic people (includes Gypsy/Travellers, non-English speakers)	Attention needs to be given regarding suitable signage.
Refugees & asylum seekers	No differential impact but positive benefit of increased space and capacity
People with different religions or beliefs	No differential impact but positive benefit of increased space and capacity
Lesbian, gay, bisexual and heterosexual people	No differential impact but positive benefit of increased space and capacity. Signage could include same sex images to be inclusive of gay couples
People who are unmarried, married or in a civil partnership	No differential impact but positive benefit of increased space and capacity
People living in poverty / people of low income	Community would benefit from Construction company providing facilities or funding for a community project e.g. garden plot in terms of added value in tender process.
Homeless people	No differential impact but positive benefit of increased space and capacity
People involved in the criminal justice system	No differential impact but positive benefit of increased space and capacity
People with low literacy/numeracy	Improved signage to include pictorial signs. There is no proposed change to the layout but this will be captured during the design stage.
People in remote, rural and/or island locations	No differential impact but positive benefit of increased space and capacity
Carers (including parents, especially lone parents; and elderly carers)	There is currently more parking space availability than required by East Lothian Council Planning Dept. Spaces will be lost but it was agreed there would be sufficient to meet current regulations. The bays will require to be remarked. Bays near the entrance are required for Disabled people
Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal)	The District Nurses working 24/7. Planning with the builders will be required during construction to ensure this is maintained. A temporary alarm system may be required.
OTHERS:	The large plant room with an external door contains liquid nitrogen required by the clinicians. This should be relocated to the internal plant room prior to construction. The Fire Officer confirmed the internal location will not pose a fire risk. The Practice currently facilitates a roots and fruits stall. This provision will require to be addressed prior to construction to ensure a short term solution can be arranged.

8. What positive impacts were identified and which groups will they affect?

Impacts	Affected populations
Inclusion of community and voluntary services	All groups
Additional space to meeting current and future demand	All groups
Clinical training facility training junior General Practitioners and additional clinics	All groups
Improved services which could improve lifestyles	All groups
Increased employment opportunities for local people to be included in contracting arrangements.	All groups

9. What negative impacts were identified and which groups will they affect?

Impacts	Affected populations
Reduced parking space	All groups
Increase in vehicles parking during construction	All groups
Additional noise level during construction	All groups
Security of District Nursing staff access to building during constructions at weekends	Staff
Project requires to meet energy efficiency but larger space will increase costs. Need to review energy use	Staff
The building's heating was controlled by Roodlands hospital and created difficulties for staff and patients on site and was an ineffective use of resources..	All groups

10. What communications needs were identified? How will they be addressed?
There is currently a Project Team which communicates information to staff. On the Project Team is representative from the PPG who is the link between the Project Team and the public. This person will keep the patient group informed. They will be the link in which patients can raise any queries to the Project Team. As appropriate, the patients will also be kept informed through a notice board within the reception area. Further information will be provided through Healthlink, Connections and the Local Press.

11. Additional Information and Evidence Required
No further evidence is required

12. Recommendations
There is a requirement to make sure that construction traffic is segregated from deliveries, patients and staff traffic during construction while maintaining safe and accessible access to the building.

There is proposed to be an increase in staff cycling to work. A bicycle shed located to the rear is required for staff use with bicycle racks located near the main entrance for patient use.

It was noted that the heating system was regulated by Roodlands Hospital giving little control to the practice and causing inefficiencies in managing heating costs. It was suggested that separate heating for the Health Centre be considered to improve the environment for patients and staff.

13. Specific to this RIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the RIA)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Ensure design stage takes account of accurate marking of parking bays	Project Team	Subject to SBC approval	Prior to construction
Signage to be suitable for all group types e.g. include pictorials	Project Team	Subject to SBC approval	Prior to construction
Ensure construction traffic and public traffic is segregated during construction	Project Team	Subject to SBC approval	Prior to construction
Create Communication Plan	David Ridd, Communications Manager, NHSL	Subject to SBC approval	3 months after SBC approval
Investigate energy efficiencies	Project Manager	Prior to construction	Completion of new build

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?
This will be carried out by the Project Team at strategic points throughout the project and this will inform the final RIA

Manager's Name: Miriam Anderson, Business & Capital Manager

Date: *17 June 2014*

Please send a completed copy of the summary report to the Equality and Diversity Support Officer. Up to date contact details can be found on HR Online

Note that you **will** be contacted by a member of NHS Lothian's impact assessment group for quality control and/or monitoring purposes

INITIAL AGREEMENT

1 Title

1.1 The title of the project outlined in this document is to provide additional capacity to The Harbours Medical Practice, Cockenzie in East Lothian

2 Introduction

2.1 The purpose of the Initial Agreement is to seek approval for the proposal for an extension to The Harbours Medical Practice, Avenue Road, Cockenzie. The premises are in the ownership of NHS Lothian and will require capital funding in order for the extension to be provided and ensure it is fit for the future.

2.2 It is proposed by East Lothian Health and Social Care Partnership (HSCP) that the preferred option will take into consideration the demographic growth along with East Lothian Council's proposed developments detailed in the South Eeast of Scotlands Strategic Development Plan approved in June 2013[1].

2.3 The project should seek to capture opportunities for the integration of services from East Lothian Council including Health & Social Care along with the third sector and voluntary services.

2.4 The building is currently in the ownership of NHS Lothian and it is anticipated that the project would go through the Hub South East Scotland process.

2.5 Under the new Scottish Capital Investment Manual guidelines, the NHS Board must still approve a business case for the proposal. The first stage in that process is consideration of the Initial Agreement.

2.6 Approval of this Initial Agreement will lead towards developing a Outline Business Case (OBC) to enable the preferred way forward to be identified. This will allow NHS Lothian to appoint HubCo South East Scotland Ltd to carry out the project design, financial implications and other project related detail.

3 Strategic Context

3.1 In Our National Health : A plan for Action, A Plan for Change the Scottish Executive presented their 'investment priorities' for NHS to help create 'modern health facilities in local communities: new and improved community health centres and GP Practices'. Cockenzie Health Centre in its present accommodation is unable to develop in the direction indicated by those priorities.

3.2 Cockenzie Health Centre is non-compliant with both by national legislative guidelines and NHS regulations necessary for safe running of a practice.

3.3 The health centre provides accommodation for a GP practice and associated community services but no longer has sufficient space to accommodate the increase in demand for clinical services that has taken place over recent years, driven by changing demographics, population growth and levels of deprivation in the immediate area.

[1] SESplan Strategic Development Plan Approved 27 June 2013

3.4 The project is driven by a range of national and local Policies that are designed to improve the delivery, targeting and take up of NHS and Local Authority services to the public. The Development fits with the Local Health Plan and the objectives of NHS Lothian. Joint working is widely recognised as key in overcoming complex issues in society:

- Implementation of Care in the Community,
- The Children (Scotland) Act, *Working Towards a Healthier Scotland*
- Building a Health Service Fit for the Future

All of the above necessitate a collaborative approach.

3.5 Health and Social Care Partnerships are the vehicle for integration and will be supported to:

- Deliver services more innovatively and effectively by bringing together those who provide community based health and social care;
- Shape services to meet local needs by directly influencing Health Board planning, priority setting and resource allocation;
- Integrate health services, both within the community and with specialist services, underpinned by service redesign, clinical networks and by appropriate contractual, financial and planning mechanisms;
- Improve the health of local communities, tackle inequalities and promote policies that address poverty and deprivation by working within community planning frameworks;
- Ensure more people receive clinical care closer to their homes and in community settings

3.6 The additional accommodation should also follow the sizing guidance of Health Building Note (HBN) 36, the centre currently does not meet this guidance in many areas. The additional space and upgrading works will comply.

3.7 The extending of Cockenzie Health Centre fits in with NHS Lothian's current Primary Care Premises Priority Programme. The prioritisation of primary care premises in Lothian is currently ongoing, but the draft results have indicated that Cockenzie Health Centre is the 2nd highest scoring in the East Lothian Lothian PC Prioritisation

4 Investment objectives

4.1 The investment objectives the project seeks to achieve are in line with the Clinical Strategy for NHS Lothian:

4.1.1 To provide a facility which enables the practice to safely deliver services efficiently and effectively according to clinical needs and requirements which are not constrained by limited accommodation;

4.1.2 To increase the capacity of the existing premises by the increase of an additional 17 spaces, 11 of which are clinical rooms, enabling a safe and fit for purpose working environment with the capacity to accommodate the requirements for the Practice to continue to meet its current and future demands and become a GP Training facility.

4.1.3 To upgrade existing non compliant rooms to meet legislative and statutory requirements;

4.1.4 To enable the practice to meet the needs of the local population ensuring that the current and future changes in the demographic profile, population growth and levels of deprivation are considered.

5 Existing Arrangements

5.1 Harbours Medical Practice is currently located in Cockenzie serving the population of Cockenzie, Port Seton, Prestonpans and Longniddry. The Practice boundaries are shown on Appendix 1.

5.2 The Practice provides primary care services to the local population. There are 10 General Practitioners, 2 GP Registrars, 3 Practice Nurses, 1 Health Care Assistant, 1 Nurse Practitioner, 1 Health Promotion Nurse, 1 Practice Manager who are supported by 10 members of non clinical staff.

5.3 The premises provide community services which include Health Visitors, Midwife and Community Psychiatry clinic. Due to cluster working the District Nurses have been relocated in Prestonpans. There is a strong desire and aspiration by the Practice to bring back the district nursing team.

5.4 Due to limitations in available clinical rooms, there has been a requirement to re-accommodate some community clinical services, ie Podiatry, Physiotherapy, Audiology, ELICPSE counselling, in other premises such as Haddington and Musselburgh. This can lead to additional travelling time for patients which also may create some difficulties for some patient group types. Additional capacity would enable repatriation of services.

5.5 There is a lack of available consulting rooms resulting in General Practitioners requiring to room share. This can mean that clinical administration work, such as referrals and checking of work, has to be completed out with the clinical sessions. To ensure the service to the patients is not affected, this frequently means the Practitioners work beyond their contractual hours.

5.6 The lack of rooms restricts the capacity to provide adequate clinician appointments/sessions to meet clinical demand and training.

5.7 There has been an increase in both Practice and Community staff within the premises over the past few years. Lack of suitable space means administrative staff require to work wherever space becomes available and this is often on inappropriate workstations or non compliant space. This results in a dispersed and inefficient workforce.

5.8 The premises have no suitable meeting room facility. Meetings with Practice staff or other professionals require to be held in the staff room. This means that staff have no facility for taking required breaks during these periods.

5.9 As of 1 April 2015, the Practice list size was 9,616[2] covering all patient groups. The Practice will require to ensure that demographic growth along with proposed new developments including the new Blindwells settlement are captured This will result in the patient list size further increasing over the coming years.

[2] www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations

5.10 It is projected that the population in East Lothian will grow by approximately 33% between 2010 and 2035. This is higher than the overall anticipated growth of Scotland at approximately 23%. The report also forecasts an increase of 77% in the number of people aged over 65 years between 2010 and 2035[3].

5.11 The Blindwells settlement which will be located close to the Practice catchment area is planned for 1,600 units and proposed to be completed between 2018 and 2038. Assuming an average of 2.3 people per unit, this would increase the local population by 3,680.

6 Business Needs

6.1 Table 1 below outlines the business needs:

Investment objective	Existing arrangement	Business need
To ensure the practice is delivering care from premises which are compliant with legislative and statutory requirements	Premises are unsuitable for continued service delivery and future requirements	To ensure all population groups have equality of access to both GP and community services
Provide a facility that enables safe, effective and accessible person centred clinical care	Clinical services dependent on availability of shared accommodation	To ensure there is sufficient and suitable clinical facilities to support continuing clinical care
To enable the practice to deliver, as far as possible, integrated services effectively according to clinical needs and not constrained by the current clinical facilities	Clinical services dependent on availability of shared accommodation	Ensure adequate clinical facilities to support service delivery To address integration opportunities from Local Authority, third sector and voluntary organisations
To provide staff with a working environment conducive to delivering the best healthcare along with aiding recruitment and retention	Staff facilities inadequate	Dedicated staff facilities which will be conducive to the working environment
To provide appropriate facilities that will support the training and development needs of both practice and community staff	Premises unsuitable for continued service delivery and future requirements	To address additional patient requirements and future clinical needs and training responsibilities
To provide the practice with the physical capacity to increase services and respond to the clinical needs of anticipated local population growth	Premises insufficient to support future patient growth	To ensure there is adequate clinical facilities to support future patient list growth
To accommodate an expansion of training GP Speciality Trainees and medical students.	Premises unsuitable for continued service delivery and future requirements	To address additional patient requirements and future clinical needs and training responsibilities

Table 1

[3] East Lothian Profile – a statistical profile of East Lothian (October 2013)

6.2 It is important to ensure that the premises meet both statutory and legislative requirements. This will ensure there is equality of access and services for all patient groups.

6.3 The premises do not currently meet the requirements of the Practice. The additional consulting rooms will enable the General Practitioners to provide an efficient and effective service for patients while ensuring that the current contracted hours are not exceeded.

6.4 To enable the Practice to be supported effectively, it is imperative that supporting staff are co-located within a vicinity meeting requirements. This will ensure that the daily operational work is carried out as efficiently and effectively as possible.

6.5 The additional space will ensure that the building will be sufficient to meet both demographic growth and the potential increase in patient list size through new housing developments. This should take into consideration people from the proposed Blindwells settlement.

6.6 In terms of 'The Public Bodies (Joint Working)(Scotland) Bill', there is requirement to seek opportunities for the integration of services from East Lothian Council including Health & Social Care Departments. Opportunities for integrating the third sector and voluntary organisations will also be investigated during the Outline Business Case stage.

6.7 To allow the practice to expand the range of enhanced services such as minor surgery, long acting contraceptive services and would also aspire to house other community services.

7 Potential Business Scope

7.1 The core minimum requirement is to provide and extension to the current facilities and refurbish the existing building to ensure it meets the minimum statutory and legislative requirements.

7.2 It is essential to ensure that the consulting rooms are increased to enable the General Practitioners to work in a more effective and efficient manner within their contracted hours. The additional rooms should also suffice the Practice for the next 25 years or so allowing them to meet the increase in patients from the demographic growth and new developments.

7.3 It is essential to ensure that duplication of services provided through both Local Authority and NHS Lothian are integrated as much as possible. This will ensure that resources are utilised effectively while providing the best possible care to patients.

8 Potential Benefits

8.1 The potential benefits are outlined in Table 2 below:

Investment objective	Benefit to patients	Benefits to Harbours MP / NHS Lothian	Relative Value	Benefits criteria
To ensure the practice is delivering care from	Legislation ensures that all user requirements	Compliance with legislation	High	Measurable: not in cash

premises which are compliant with legislative and statutory requirements	have been considered in the most appropriate setting			terms
Provide a facility that enables safe, effective and accessible person centred clinical care	Patients receive care in appropriate pleasant surroundings	Services delivered in appropriate accommodation	High	Qualitative
To enable the practice to deliver, as far as possible, integrated services effectively according to clinical needs and not constrained by the current clinical facilities	Better access to clinical services	Reduced requirement for room sharing Services delivered from suitable clinical accommodation	High	Qualitative
To provide staff with a working environment conducive to delivering the best healthcare along with aiding recruitment and retention		Better working environment which demonstrates the value of staff	Medium	Qualitative
To provide appropriate facilities that will support the training and development needs of both practice and community staff	Better access to clinical services	Opportunity to develop services	High	Measurable: not in cash terms
To provide the practice with the physical capacity to increase services and respond to the clinical needs of anticipated local population growth	Better access to clinical services	Improved waiting times and increased services	High	Qualitative

Table 2

9 Main Risks

9.1 The main risks are noted in Table 3 below. A more detailed Risk Register will be developed as the project progresses.

Risk Categories	Identified Risk	Proposed Action
Business Risks	Failure to gain approval from East Lothian Council (ELC) Planning Department	Early discussions with ELC Planning Department to avoid conflicts
	Failure to acquire capital funding	Avoid inflationary elements so that costs are proportionate in relation to project scale
	Proposed development not well received by the public and creates a negative impact	Proposed development plan to be widely publicised, consultations and communications through various means
Service Risks	Project over spend	Project to be managed within resources available, agree designs

		early and set an affordability cap for project
	Stakeholder expectations exceed affordability	Involve stakeholders in all necessary aspects of the project
	Planning Permission not granted	Work with ELC Planning Department and stakeholders to agree realistic requirements
External Risks	Population from planned housing development impacts pre-project completion	Ensure close liaison with ELC Planning Department is maintained
	Objections to proposals	Identify temporary capacity in other locations.
		Ensure stakeholders are kept informed of proposals and project

Table 3

10 Constraints

10.1 Funding will require to be provided through NHS Lothian for both capital and additional revenue. Due to financial constraints, there is a possibility funding will not be available.

10.2 The project will require to meet all the criteria required by ELC Planning Department. It will be essential to ensure that ELC Planning Department are involved in discussions as early as possible.

10.3 While the current site provides facility to increase the building footprint, previous investigations noted there were limitations for an increase. However, further work, along with discussions with East Lothian Council have highlighted that it is possible to build to the perimeter of the current site, releasing enough space for the proposed extension.

11 Dependencies

11.1 The key dependencies that concern the project are:

11.1.1 It is essential that ELC Planning Department provide formal approval for the Planning Application.

11.1.2 Agreement will be required between East Lothian Health and Social Care Partnership (H&SC), the Harbours Surgery and NHS Lothian as to the preferred option. It is essential that this meets all the objectives of the Partnership organisations along with the funding requirements.

11.1.3 NHS Lothian will require to approve the required funding to enable the project to proceed.

12 Combined Impact Assessment

12.1 A workshop was held to assess whether the project would have an adverse impact on any population group. The outcome confirmed there was no detrimental affect on any part of the population.

13 Critical Success Factors

13.1 At the Initial Agreement stage, a number of specific success factors were identified covering the strategic and benefits realisation of the project.

13.2 The project should meet the strategic goals of NHS Lothian along with ensuring the investment objectives will be achieved.

13.3 It is essential that value for money is achieved alongside ensuring the project provides a facility which will meet both current and future needs required to meet both clinical and patient requirements.

13.4 The preferred option will require to provide an immediate solution allowing the facility to accommodate any increase in patient list size along with additional services.

13.5 A list of success criteria for the Options Appraisal were produced and the averaged weighting score are listed in Table 4 below:

Success Criteria	Weighting
Service Integration and Clinical Effectiveness Does the option meet the service requirements to enable delivery of effective clinical care?	20%
Accessibility Does the option facilitate safe and easy public access by pedestrians? Does the option facilitate safe and easy public access by essential staff and public users of private transport? Does the option facilitate safe and easy public access by users of public transport?	26%
Quality of Physical Environment Statutory compliance – Does the option meet all necessary guidance parameters? Does the option provide a suitable working environment including acceptable management of light, air quality, and noise? Is accommodation conducive to effective working and clinical care?	19%
Sustainability Will the option enable the service to respond to future demographic trends and clinical requirements? Does the option provide an energy efficient infrastructure and working environment?	16%
Deliverability Does the option deliver the development within planned timescales? Will the option avoid /minimise disruption to services?	19%

Table 4

14 List of Options

14.1 A long list of options was agreed with the Project Team. These are shown in Table 5 below:

Ref.	Option	Description
1	Do nothing	Retain services within existing premises
2	Do minimum	Retain services within existing premises with some minor modifications
3	New building on new site	Reprovision within new location
4	New building on existing site	Reprovision on existing site with temporary solution during construction phase
5	First floor extension with refurbishment to existing building	Construct a first floor extension with internal refurbishment to accommodate extension
6	Ground floor extension with refurbishment to existing building	Construct a ground floor extension with internal refurbishment to existing accommodation

Table 5

14.2 A long list of options was produced providing advantages and disadvantages.

14.3 Consideration was given to the current site taking into consideration previous investigations carried out for a potential extension. It was noted that the current site could accommodate an extension that would meet current and future needs if ELC Planning support building to the parameter of the site.

14.4 The Project Team considered the long list of options against the investment objectives.

15 Preferred way forward

15.1 It has been noted that the preferred way forward is for a a ground floor extension and upgrade to the existing premises.

15.2 The preferred option of an extension should be taken forward as a preferred project. Further consideration and investigation will require to be carried out through the approval process to clarify whether the way forward can be facilitated on the current site

15.3 The short listed options, together with their indicative costs, are outlined in Table 6 below.

Short listed options

Short listed options

Ref.	Option	Description	Indicative cost range
1.	Do nothing	Remain within existing premises and continue as it presently stands	There are no direct costs associated with this option. However, it should be noted that costs could be occurred with the risk of remaining in the building as it currently stands
2.	Extension and upgrade	Construct ground floor extension with internal	Circa £1.8m

		refurbishment	
3.	Re-provision	Re-provision of Health Centre on current site with temporary solution during build phase	Circa £2.8

Table 5

16 Commercial Case

16.1 Procurement

It is anticipated that this will be a Hub procured project as it is expected to be above the hubCo threshold of £750k.

17 Financial Case

17.1 Capital costs

These costs are estimated using BCIS indices for costs per m^2 as at 8th August 2015. Fees, decant, telecoms and equipment costs have been estimated using similar recent projects as a benchmark. They will be further refined during the development of the Standard Business Case.

	Option 1 Do Minimum	Option 2 Extension & Refurb	Option 3 New Build
Area (m^2) Current	512	512	
Area (m^2) Extension		424	
Area (m^2) New Build			1,000
Cost/m^2 (£) Refurb	0	1,362	
Cost/m^2 (£) Horizontal Extension		1,358	
Cost/m^2 (£) New Build			1,813
	£	£	£
Construction cost Refurb	0	697,344	0
Construction cost Extension		575,792	
Construction cost new build			1,813,000
Optimism bias/risk	0	114,582	253,820
Inflation	0	69,386	103,341
Fees	0	20,000	20,000
Decant costs	0	20,000	80,000
Telecoms	0	3,535	3,535
Equipment	0	50,000	50,000
Subtotal		**1,550,639**	**2,323,696**
VAT	0	290,128	444,739
VAT recovery 5% on Extension		-5,758	0
Total	**0**	**1,835,009**	**2,768,435**

17.2 Revenue costs

These are estimated costs based on similar recent developments in NHS Lothian. Forecast costs of the new premises are £149k for the preferred option. These will be split between the GPs and NHS Lothian based on the occupancy rate in the new building. Currently the occupancy split is 48% NHS Lothian, 52% GP practice.

	Option 1 Do Minimum	Option 2 Extension & Refurb	Option 3 New Build
	£	£	£
Proposed Floor Area	512	936	1,000
Rental N/A	0		0
Non Domestic Rates	28,545	52,214	73,000
Waste	3,170	3,170	3,170
Maintenance (Decorations, fabric, service)	2,190	4,006	4,280
Utilities (Energy costs, water, sewerage)	11,900	21,767	23,256
Cleaning	12,793	23,400	25,000
Supplies	2,559	4,680	5,000
Telecoms		1,288	1,288
Depreciation		38,632	58,283
Total Property Costs	**61,156**	**149,157**	**193,276**

Further work will be done on these costs and offsetting budgets during the development of the Standard Business Case.

18 Management Case

18.1 East Lothian Community Health Partnership (H&SC) have, together with Harbours Medical Practice, established a Project Team to develop the Business Case and manage the process through to approval. The team comprises:

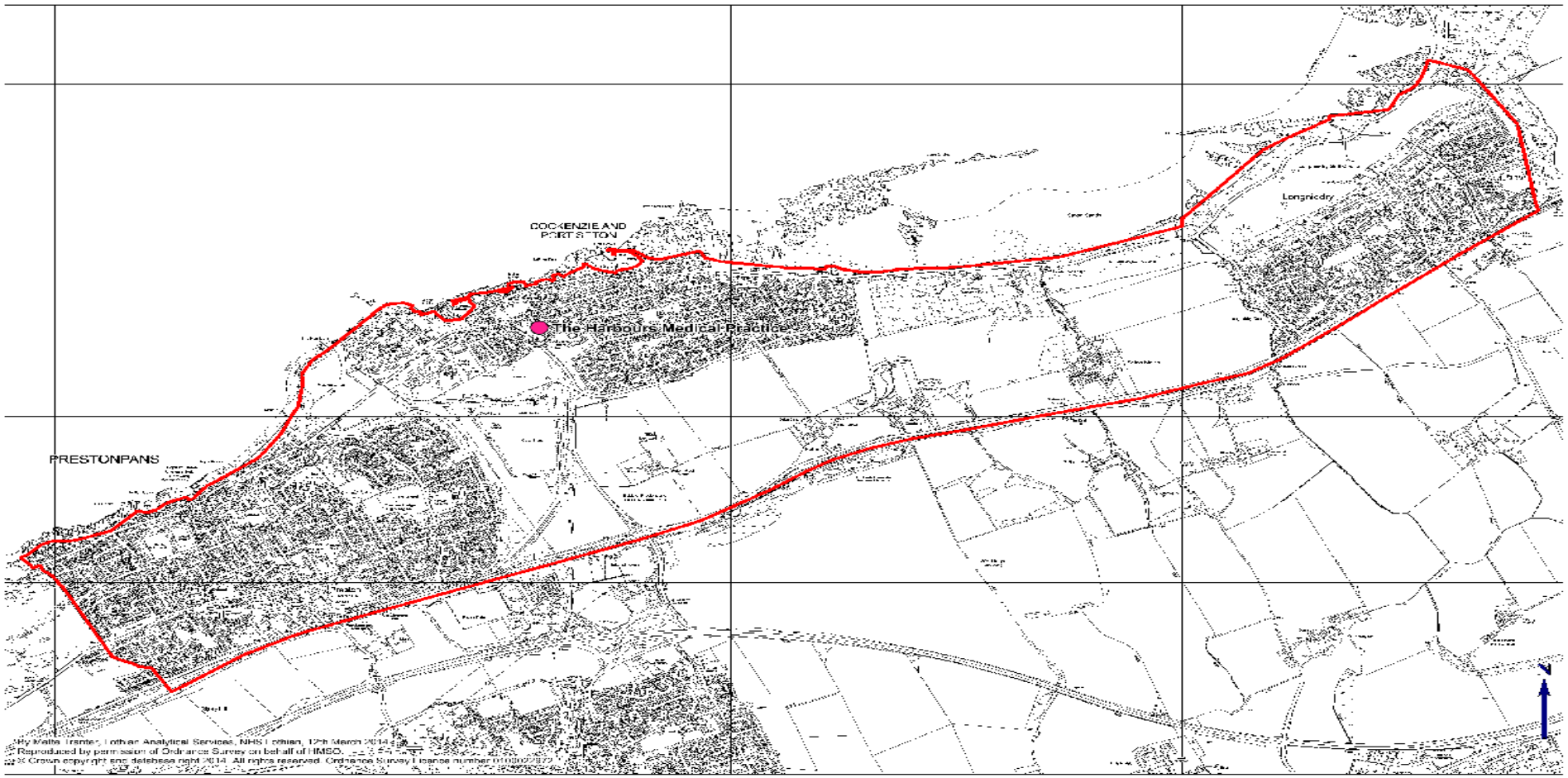
NHS Lothian Programme Manager NHS Lothian (Chair)
NHS Lothian Capital Planning - Project Officer
NHS Lothian Capital Finance
Harbours Medical Practice – Senior Partner
Harbours Medical Practice – Practice Manager
Other Health Care Professionals as and when required

18.2 Users of the Practice have been consulted and will continue to be involved as the project progresses. Involvement with the patients through representation from the Patient Participation Group has also been incorporated.

18.3 The project timetable will be dependent on final approval of the required capital and revenue funding.

Appendix 1

The Harbours Practice (7605-2) Boundary



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 27 August 2015

BY: Chief Officer

SUBJECT: Delayed Discharges

9

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1 PURPOSE

1.1 This report updates the East Lothian Integration Joint Board (IJB) on performance on delayed discharges for East Lothian.

2 RECOMMENDATIONS

2.1 The IJB is recommended to:

2.2 Note the performance to July 2015.

2.3 Note that a verbal update on performance for August 2015 will be given at the meeting.

2.4 Agree that performance on delayed discharges should be routinely reported as part of the performance report to the IJB.

3 BACKGROUND

3.1 Delayed Discharge performance has been reported routinely to the Shadow Board. At the first meeting on 1st July 2015, the IJB requested a separate report on the subject at the next meeting.

3.2 The IJB will have a key strategic objective and performance target to minimise the total number of delays, meet the current two week target and work towards the future 72 hour target. No date has yet been set for achievement of the 72 hour target.

3.3 Performance in July 2015 is reported below.

	Edinburgh	East Lothian	Midlothian	West Lothian	Non - Lothian
Overall	154	14	7	8	5
Over 4 Weeks	53	10	0	2	4
Over 2 Weeks	85	11	1	3	4
Over 72 Hours	132	14	6	7	9

3.4 Performance from April 2013 to July 2015 is shown below.

Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
30	28	29	30	21	22	15	24	22	19	16	17

Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
25	19	30	25	30	43	30	37	31	36	29	24

Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
27	20	26	14								

3.5 East Lothian has been steadily improving the total number of delays over this period. The July number is the lowest total achieved in the whole of the period above.

3.6 However a significant challenge remains in driving the total number down further and in achieving the 2 week target. There are also still a significant number of delays that exceed the previous 4 week target.

3.7 The main reason for delay is access to packages of care in the community followed by access to care homes.

3.8 The delayed discharge task force is continuing to implement the action plan to achieve the targets.

3.9 The key next steps include some additional capacity in the in house domiciliary care service and supporting the development of the social enterprise “At Home in East Lothian”.

3.10 The IJB should note that there is a separate paper on arrangements for 2015/16 which includes performance reporting. It is proposed that reporting on delayed discharge should be included in the routine performance reporting to the IJB with the option to explore the issue in more depth as required.

4 POLICY IMPLICATIONS

4.1 There are no policy implications of this paper.

5 EQUALITIES IMPLICATIONS

5.1 There are no equalities implications of this paper.

6 RESOURCE IMPLICATIONS

6.1 There are no immediate resource implications of this paper. All additional investment has already been funded from the Delayed Discharge allocation.

7 BACKGROUND PAPERS

7.1 None

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