



MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 23 FEBRUARY 2017
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

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Voting Members Present:

Mr A Ash
Councillor S Akhtar
Councillor J Gillies (*substitute)
Councillor D Grant
Ms F Ireland
Mr A Joyce
Mr P Murray

Non-voting Members Present:

Dr R Fairclough
Dr A Flapan
Mr D Harvie
Mr D King
Mrs M McKay
Ms M McNeill
Ms S Saunders (Items 4 – 8)
Mr D Small
Mr A Wilson

ELC/NHS Officers Present:

Mr B Davies
Mr P Currie

Clerk:

Ms F Currie

Apologies:

Councillor S Currie
Councillor Goodfellow
Ms F Duncan
Ms A MacDonald
Mr T Miller

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST Lothian INTEGRATION JOINT BOARD OF 26 JANUARY 2016

The minutes of the East Lothian Integration Joint Board meeting of 26 January 2016 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 26 JANUARY 2016

The following matters arising from the minutes of the meeting held on 26 January were discussed:

Delayed Discharges – David Small updated members on the census figures for February 2017 which had exceeded the target for that month. He confirmed that good progress continued to be made and he was hopeful of meeting the target set for March 2017.

3. CHAIR'S REPORT

The Chair reported that East Lothian Council had agreed their budget on 21 February 2017 and that further details of the Adult Wellbeing element would be discussed under agenda item 7.

He also advised members that Mike Ash had been appointed to the Edinburgh IJB and that he would be standing down as a member of the East Lothian IJB with effect from 31 March 2017.

4. NHS HEALTHCARE GOVERNANCE COMMITTEE

Fiona Ireland reported that although the NHS Healthcare Governance Committee had not met since the last IJB, she had attended a meeting of the Acute Hospitals Committee (AHC) earlier that week. She advised that there had been an extensive presentation from the outpatient board (Joan Donnelly). The outpatient modernisation was particularly pertinent to IJB Strategic Planning Groups and the paper referred to the governance being through the Acute SMT and each of the IJB Strategic Planning Groups. Ms Ireland suggested that this may be a topic for a presentation to future meetings of the Strategic Planning Group and the East Lothian IJB to help facilitate the IJB's involvement in shaping the future of outpatient services for the community. In the meantime, if members agreed, she would circulate a copy of the paper presented to the Committee.

Dr Andrew Flapan provided additional background to the outpatient modernisation programme which, he said, centred on a shift from acute to outpatient care through greater use of primary care services and community-based care. He said that this programme offered the IJB the opportunity to influence how these services would look in the future.

Members discussed the risks associated with such a shift in care and the implications for GP services and home-based care packages. They agreed that the IJB should be closely involved in developments.

Ms Ireland advised that the AHC had also considered a report on the Edinburgh IJB Flow Programme. This had included the “Whole System Flow Dashboard” which was being developed not just for Edinburgh but for all Lothian IJBs and this single collection of data would allow the IJB to consider the impact of actions in one part of the system on the other parts, and where efforts needed to be focussed to make a difference.

Mr Small said that this was more of an operational management tool rather than a strategic tool but he acknowledged the value of keeping the IJB informed of its development. He advised that there was no proposal for the IJB to become involved in the Flow Board and day-to-day issues would continue to be managed from the Hub at Roodlands.

5. EAST LOTHIAN COUNCIL POLICY & PERFORMANCE REVIEW COMMITTEE AND AUDIT & GOVERNANCE COMMITTEE

The Chair advised members that there had been no meetings of the Policy & Performance Review Committee and the Audit & Governance Committee in February.

Mr Small advised that both Committees would be meeting in March and that Councillor Goodfellow would provide an update at the next IJB on 30 March.

David King indicated that the issue of information sharing between NHS Lothian and IJB audit committees had been discussed at the Audit & Risk Committee meeting on 21 February and a dialogue was ongoing. Mr Small added that a revised proposal on information sharing between the Council’s Internal Audit team and the IJB Audit & Risk Committee would be presented to a future meeting of the Council’s Audit & Governance Committee. However, the timing of this had yet to be confirmed.

6. HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT UPDATE

The Chief Officer had submitted a report updating the IJB on performance against an agreed suite of indicators which were last reported on in August 2016 and informing the IJB of the introduction of new performance measures which will need to be incorporated into local performance monitoring processes.

Paul Currie presented the report. He provided a summary and analysis of the data contained in the performance report and how this compared with the results of last year’s report. He also referred to the recent guidance on additional performance indicators issued by the Scottish Government and COSLA.

The Chair advised that Sir Harry Burns was working on a review of health and social care targets and indicators and that the Scottish Government’s Ministerial Strategic Group would take account of these in their development of future performance indicators.

Mr Ash observed that the six indicators on the Scottish Government’s list were not exhaustive but were considered crucial and on which there was data available. The wider development of performance monitoring was a matter for individual IJBs and could include any number of additional indicators.

Danny Harvie raised the question of Care Inspectorate (CI) visits and the measures in place to identify the services which were struggling. He asked about services in East

Lothian and whether the CI had a view on their performance. He also commented that there may be a process issue in that high performing services tended to be inspected less than those who were struggling and that this may impact on overall performance results.

Mr Small said he was not aware of any current issues from the local CI team. He advised that two care homes and two care providers had experienced problems during 2014/15 and 2015/16 but that work had been undertaken to bring them back up to standard.

Peter Murray expressed concern about the frequency of reporting and on the rating for National Performance Indicator No. 8. He asked how it could be rated 'green' when it was only 47.7% and just above the Scottish average. He stated that local priorities were crucial to ensure that performance was measured in a way that was meaningful to the local population of East Lothian.

Margaret McKay agreed with Mr Murray's remarks and questioned how the IJB could take comfort from these results. She added that the time was long overdue for the IJB to develop its understanding of the needs of carers, many of which were already well-documented, and to take a comprehensive look at the current provision for carers in East Lothian with a view to developing a cohesive action plan.

Dr Richard Fairclough stated that while strategy and policy were important there needed to be more work done on the ground. This was of particular urgency given the proposals for the transfer of care to community-based services. He said that the IJB must make sure that the key components were in place to support carers and address their needs.

Bryan Davies responded to these points outlining plans to engage with stakeholders to develop a Carers' Strategy and to look at improvements to current governance arrangements. He acknowledged the importance of action on the ground but emphasised the need to begin with a clear strategy to drive this work forward.

Mr Small suggested that this may be a good topic for a development session for IJB members, possibly in place of the April business meeting. Mrs McKay agreed that this would be very helpful.

In response to a question from Councillor Shamin Akhtar, Mr Davies advised that the work on the Carers' Strategy would begin very soon.

Mr Small advised members that a further report would be presented later in the year and, in the meantime, their comments would be taken into account when drafting the Directions to make them more focussed and measurable.

The Chair thanked members for their input and observed that issues relating to carers were nationwide and not restricted to East Lothian. However, he acknowledged Mrs McKay's point that further work needed to be done.

Decision

The IJB agreed to:

- (i) Note the second Performance Report and to note progress made against the indicators between August 2016 and February 2017;

- (ii) Discuss the implications of the second Performance Report and its consequences for the development of further performance measures and monitoring; and
- (iii) Note the additional measures being developed by the Scottish Government and COSLA.

7. FINANCIAL PLANNING 2017/18

The Chief Finance Officer had submitted a report laying out the Scottish Government's budget settlement for East Lothian Council and NHS Lothian for 2017/18; the Scottish Government's indications for the IJB's budget settlement for 2017/18; the outline offer from NHS Lothian and a reflection of East Lothian Council's budgetary proposals for the IJB; the financial pressures identified by the current position; and the proposed approach to this settlement.

Mr King presented the report. He outlined the key points relating to the settlement from the Scottish Government for 2017/18, including Health Boards, Councils and the Social Care Fund (SCF). He also informed members of the budget offer from East Lothian Council and provided an update on the discussions with NHS Lothian. He confirmed that a formal budget offer would be made to the IJB by NHS Lothian before 31 March 2017.

Mr King also drew members' attention to the potential financial pressures for 2017/18 that had been identified by the Partners, warning that these would be significantly greater than the pressures experienced in 2016/17. Finally, he invited the members to consider the proposed approach to this settlement as set out in the report.

Mr Murray observed that the current budget information did not seem to reflect the IJB's aspirations around movement of resources from hospital services to community-based services. He wanted to know if this was a timing issue or if it would be reflected in the Directions for 2017/18. He referred to Dr Flapan's earlier point about the power of the IJB to influence change and wanted to know at what point the IJB would begin to address this.

Mr King advised that disinvestment and reinvestment of this kind would take time and would require the closure of some services before the funds could be transferred elsewhere. However, he acknowledged that these were the aspirations of the IJB and would need to be reflected in the Directions.

Dr Fairclough expressed concern that the transfer of services from Acute to Primary Care could happen ahead of the resource transfer. He said that this could cause significant challenges which may result in the IJB not being able to achieve its aims. He emphasised the need to work on remodelling care and community provision as a matter of urgency and to ensure necessary resources were available.

Mr Ash referred to the delay in receiving financial information in 2016/17 and recommended that the IJB be much tougher on its Partners this year. He suggested that addressing the potential financial pressures should be the first priority but also commended the use of the Integrated Care Fund (ICF). He reminded members that the ICF had been set up to support innovative ideas and its use would ensure that, no matter how severe the financial pressures might be, there would always be the opportunity for innovation.

Dr Flapan said that there needed to be clarification on the difference between someone needing complex hospital care and simply needing care. Money currently spent on hospital beds could achieve much in the community but there needed to be a change in mindset.

Mrs McKay observed that the IJB needed to find a way not only to bridge the gap between the old and new system of care but also a way to bridge the funding gap.

Mr Murray gave the example of the Fire & Rescue Service which had required additional money to fund the initial stages of its transformation programme. He acknowledged the need to bridge the gap and that the IJB would have to consider how best to achieve this.

Mr Small referred to the Scottish Government's Transformation Fund which was set up for this purpose. He suggested that the IJB may wish to consider bidding for a share of this money. He also thanked members for providing a clear steer in terms of what they expected to see in the Directions for 2017/18. These would be presented to the IJB at its meeting on 30 March.

Decision

The IJB agreed to:

- (i) Note the report;
- (ii) Note the issues surrounding the 2017/18 budget settlement;
- (iii) Note the magnitude of the financial challenge facing the IJB in 2017/18; and
- (iv) Consider the approach to the 2017/18 financial settlement.

8. POSITION STATEMENT ON SECTION 10 GRANT FUNDED SERVICES – ADULT SERVICES

The Chief Officer had submitted a report informing the IJB of the current position with regard to Section 10 grant awards within Adult Services and the proposed way forward for 2017/18.

Bryan Davies presented the report. He outlined the background to the grant awards, the ongoing review and how these related to the projects on remodelling specialist support and care at home services which would be in place by April 2017. He explained that the review of Section 10 grant funding would consider how existing services could fit into the future framework and whether they may be alternative funding options for services such as independent advocacy and lunch clubs.

At the request of the Chair, Mr Davies provided additional information on the remit and membership of the Health & Social Care Procurement Board.

Responding to further questions from members, Mr Davies advised that most grant awards were historic but that this would be looked at as part of the review. He also said that the recent internal audit had identified the need for more robust arrangements for procurement and review and that these were now in place.

Sharon Saunders stated that a number of the arrangements currently in place, both Service Level Agreements and contractual arrangements, were of several years standing and she was aware from earlier discussions that the IJB was supportive of a

number of these services. The review would help to identify where improvements could be made to procedures for awarding and reviewing the value received from grant funding. She added that, going forward, it would be important to evidence how these grant awards were supporting the IJB's strategic priorities for adult and older people's services.

Decision

The IJB agreed to:

- (i) Approve continuation of current Section 10 Grants for the 12 months from April 2017 to March 2018 noting the commitment to complete the review of all grant funding within that year;
- (ii) Note that a number of reviews have taken place and further reviews on the remaining services will continue beyond April 2017 in order to have a complete picture of community provision in preparation for the development of a new community framework to be in place by April 2018;
- (iii) Note that a proportion of Section 10 funding has been made available and a decision will be made on the use of this funding once the budget position for 2017/18 is confirmed; and
- (iv) Note the progress made against the key recommendations from the internal audit of Section 10 Grant funded services.

Signed

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Councillor Donald Grant
Chair of the East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 March 2017

BY: Chief Officer

SUBJECT: Delayed Discharges

6

1 PURPOSE

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

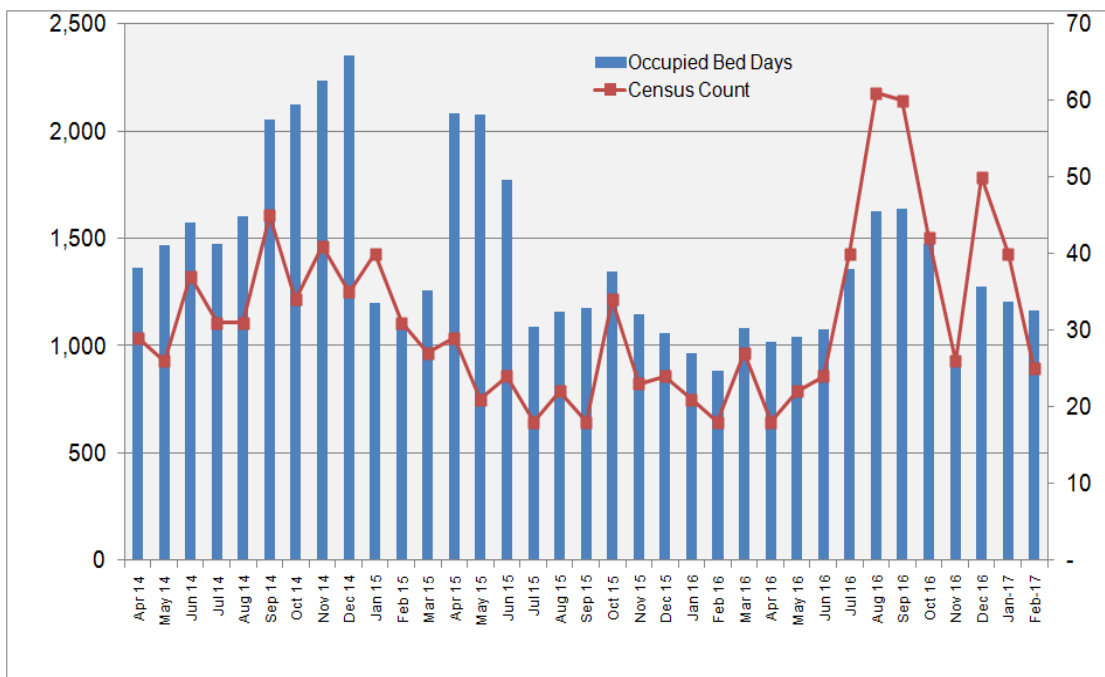
2 RECOMMENDATIONS

- 2.1 That the IJB notes the recent improving trend on performance.

3 BACKGROUND

- 3.1 The IJB has a key strategic objective to minimise the total number of delays, meet the current two week target and work towards the 72 hour indicator. No date has been set for achievement of the 72 hour indicator. The indicator comes from the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014—Core Suite of Integration Indicators March 2015. This was informed by the Delayed Discharge Task Force report October 2011 Annex A Recommendations 'A perception should be promoted that 2-3 days be considered a reasonable period for someone to return home'.
- 3.2 From July 2016, the NHS National Services Scotland introduced revised Delayed Discharge National Data Requirements. The main change, as it affects Partnerships is an increase in the number of clients/patients captured at census. The rules now allow for all non-complex, clients/patients as at 00.01 on the day of census (last Thursday of the month) to be included in the snapshot. Previously clients/patients, who had a planned discharge up to 3 working days post census, were excluded from the count. This rule change adds between 15-25% to the reported figure, from the previous reporting rules.

- 3.3 The actual number of individual people reported as being delayed discharge at a single point in each month, has historically been the commonest expressed measure of performance. However what is also measured is the capacity used/lost across the whole month by all delayed discharge patents/clients. Not just those captured at 1 minute past midnight on the last Thursday of each month. This measure is called Bed Days Occupied (BDO), and gives a more accurate indication of ‘lost capacity’ within the NHS Hospital system.
- 3.4 The graphic below shows both the Bed Days Occupied (BDO), blue columns) 0-2,500 left hand axis, and the number of individuals recorded as a delayed discharge at the census point (red line) 0-70 right hand axis from April 2014 to February 2017.

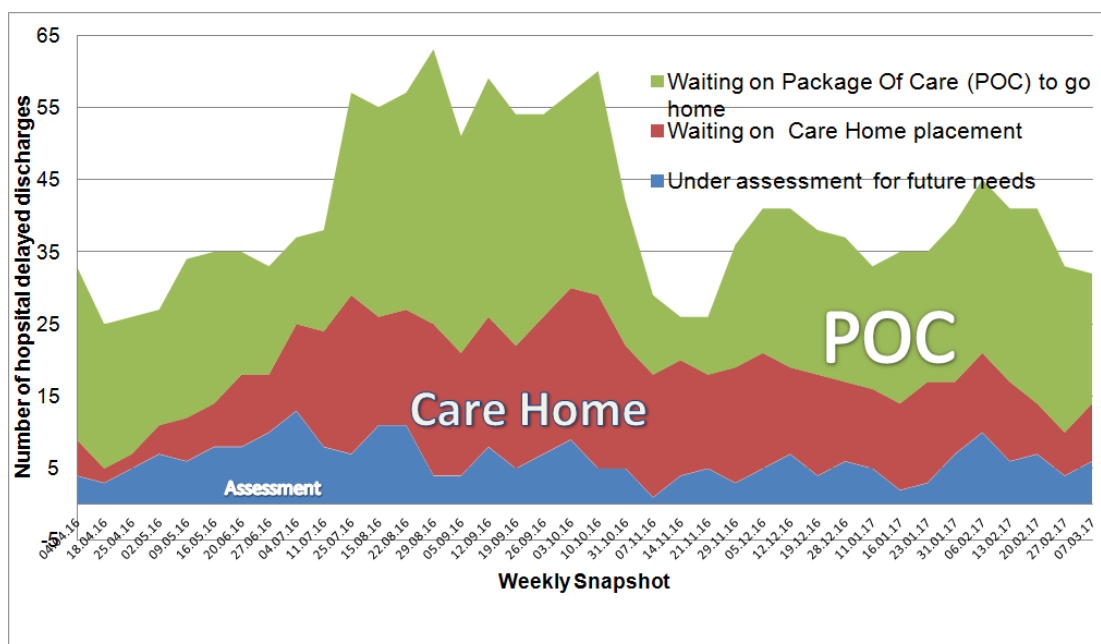


As mentioned in para. 3.2 – the monthly census snapshot rules changed in July 2016—adding between 15-25% to the numbers being reported. This can be seen quite clearly with the spike in July 2016 onwards. The overall performance in BDO terms across the last 6 months, although higher than 2015, are an improvement on what was the case in 2014. This indicates that although there was a spike in the numbers of delays their length of stay was shorter than in the past.

- 3.5 Scottish government through its *Health and Social Care Delivery Plan (December 2016)*—states that one of its Health and Social Care Integration actions is by 2018 to reduce unscheduled bed days in hospital by 10% (Nationally this is as much as 400,000 bed days), by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital.

- 3.6 Systems to effectively monitor BDOs have been developed and have been available since April 2014 across the four Lothian H&SCPs. It is expected they will become part of mainstream National reporting sitting alongside the actual number of individuals at the census point each month.
- 3.7 Appendix 1 shows East Lothian performance on the census day (Number of clients/patients) from April 2014 to February 2017. What is included in the census, as discussed above has changed, with various rule changes, so direct comparisons are necessarily needed to be treated with caution. However the BDO reported every month and the rules governing them have not changed—so are capable of comparison and Appendix 2 has these from April 2014 to February 2017.
- 3.8 Since the last report to the IJB 12 December, the Health and Social Care Partnerships performance has improved, be it the individual number at the census point or the monthly BDOs.
- 3.9 The key issues in East Lothian that are currently contributing to the problem are.
- The vulnerability of the Care at Home market where providers have faced real challenges in recruitment and retention of staff which has restricted their ability to respond timeously to packages of care for people in hospital.
 - Care at Home packages (POC) is the single biggest reason for clients remaining in hospital. The situation is County wide and is more acutely felt where two carers are required for each visit. All of the contracted care providers find this a challenge within their capacity to deal with. At the time of writing there are approximately 4 times the number waiting for a package compared to waiting for a care home.
 - The short term issue of access to nursing home places has eased, with all homes in the County capable of taking new admittances.

The following table from 1 April 2016 to current shows the delays as a snap shot each Monday and what the primary reason for delay was—either under assessment, waiting on a POC or waiting on a care home.



4 POLICY IMPLICATIONS

4.1 There are no policy implications of this paper.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy. There are no equalities implications of this paper.

6 RESOURCE IMPLICATIONS

6.1 there are no new resource implications of this report.

7 BACKGROUND PAPERS

7.1 None.

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DATE	14 March 2017

Appendix 1

East Lothian performance –Number of clients/patients recorded as a delayed discharge on the census day from April 2014 to February 2017.

	April	May	June	July	August	September	October	November	December	January	February	March
2014/15	29	26	37	31	31	45	34	41	35	40	31	27
2015/16	29	21	24	18	22	18	34	23	24	21	18	27
2016/17	18	22	24	40	61	60	42	26	50	40	25	

Appendix 2

East Lothian performance –Bed Days Occupied by Delayed Discharge clients/patients across the whole month from April 2014 to February 2017.

	April	May	June	July	August	September	October	November	December	January	February	March
2014/15	1,361	1,466	1,573	1,475	1,601	2,051	2,123	2,237	2,350	1,196	1,110	1,257
2015/16	2,081	2,075	1,770	1,087	1,155	1,177	1,347	1,146	1,058	967	885	1,081
2016/17	1,019	1,038	1,075	1,358	1,625	1,640	1,471	928	1,275	1,204	1,163	



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 30 March 2017
BY: Chief Officer
SUBJECT: Delayed Discharge Fund and Integrated Care Fund

7

1 PURPOSE

- 1.1 This report updates the Integration Joint Board (IJB) on utilisation of the Delayed Discharge Fund and the Integrated Care Fund in 2016/17 and presents propositions for their use in 2017/18.

2 RECOMMENDATIONS

- 2.1 That the IJB note the range of initiatives made possible by the Delayed Discharge Fund (DD) and the Integrated Care Fund (ICF) which have improved the way care is provided across East Lothian through a focus on community based support and care delivery at home or in a homely setting.
- 2.2 That the IJB supports the continuing development of the initiatives into the next financial year.
- 2.3 That the IJB supports the incorporation of the Delayed Discharge funding into the baseline operational budget to continue the services it supports.

3 BACKGROUND

- 3.1 Building on the success of the Change Fund, the Scottish Government made available additional funds to support Delayed Discharge work and the Integrated Care Fund to support transformational development. In East Lothian these funds were £528,000 and £1.7m respectively. It was agreed that the IJB would provide governance on the use of these funds and oversight of the investments and the outcomes.
- 3.2 This investment has provided clients with care in their own home or in a homely environment such as a care home or residential home. Support has been delivered through a variety of arrangements and organisations:

- Hospital to Home
- Care Home Team
- Hospital at Home Team
- Dementia – Post Diagnostic Link Worker
- Royal Voluntary Service (RVS) patient transport service
- Strive Link Workers.

3.3 In 2016/17 the planned use of the funds was:-

	2016/17 Planned		
	ICF	DD	Total
	£000's	£000's	£000's
Available	1760	528	2288
Commitments			
Hospital to Home		370	370
Winter		161	161
Coagucheck	56		56
Care Home Nurse		37	37
ELSIE II	800		800
Respite & Rehab	99		99
Carers Strategy	25		25
Physical Activity	60		60
Clusters	48		48
Day Centres			
Vol Orgs	382		382
	<u>1470</u>	<u>568</u>	<u>2038</u>
Net Position	290	-40	250

3.4 Delayed Discharge Fund

The key role of the Delayed Discharge Fund is to reduce delayed discharge by improving the process of discharge. The largest element of investment has been in the Hospital to Home service

Hospital to Home was set up to support the discharge of patients into the community who would otherwise have spent a long time in an acute hospital bed waiting on a care package. Since its inception in 2014 the team has grown to meet demand.

The team's service uses a flexible re-ablement model, under which patients' visits are provided at varying times, with staff working with each patient to support their care needs while ensuring that patients do not become unnecessarily dependant. As a proactive service it can

match input to each patient's changing needs, altering and stopping the package where indicated.

Carers are closely involved, with the outcome of regular weekly reviews of care plans communicated to all carers. As part of the review process, carers' needs are also assessed.

The service receives excellent feedback from patients, relatives and from professionals. The most recent patient satisfaction audit scored 96.7%.

The winter element has provided additional capacity in hospital to home.

The Care Home nursing element has provided educational and clinical support to care homes across the County.

It is proposed that in 2017-18 the Delayed Discharge funds are allocated to the baseline operational budget to continue these services.

3.5 Integrated Care Fund

The key element of this work has been further development of the ELSIE (East Lothian Service for the Integrated Care of the Elderly) services.

ELSIE was formed in early 2014 and has evolved to include several teams who work together in partnership to prevent unnecessary hospital admissions, reduce the need for patients to be in hospital when they no longer need to be and provide more care in the community. ELSIE provides care at home to people mostly aged over 65 in East Lothian who would otherwise be in hospital.

The multi-disciplinary teams which make up ELSIE include the Hospital at Home and Hospital to Home teams as well as Discharge to Assess and Care Home teams. The integrated service is led by a medical consultant and a range of staff including a GP, nurses, advanced nurse practitioners, social workers, occupational therapists, physiotherapists, and care workers. The team liaises closely with GPs and district nurses as well as acute hospitals.

Through the fund:

- Coagucheck funding has enabled all general practices in East Lothian to carry out near patient testing for patients on warfarin, so improving convenience for patients and patient safety
- In Respite and Rehab physiotherapists were supported to work in discharge to assess
- Preparatory work for the Carers' Strategy and for the introduction of the Carers' Act has progressed along with

development of tools to pilot carers' assessment and benchmarking against other areas

- Physical Activity for Older People has been delivered through support to Ageing Well
- Support was provided to the GP Cluster Quality Leads.

Further investment with third sector partners (vol orgs) has allowed the development of services which support the IJB's strategic goals. Supported services are: Link Workers in medical practices, post diagnostic dementia support, Dementia Friendly East Lothian and the RVS patient transport service.

3.6 Out-turn for 2016/17

Although the final year-end position is not yet available, the projected out-turn for the use of the Delayed Discharge and Integrated Care Funds is as follows :-

	2016/17 Projected Expenditure		
	ICF	DD	Total
	£000's	£000's	£000's
Available	1,760	528	2,288
Expenditure			
Hospital to Home		370	370
Winter	100	121	221
Coagucheck	56		56
Care Home Nurse		37	37
ELSIE II	536		536
Respite & Rehab	99		99
Vol Orgs	313		313
	<u>1,105</u>	<u>528</u>	<u>1,633</u>
Balance	655	0	655

There has been an element of slippage in some of the planned investments and these funds (the balance above) have been used to support other operational pressures within the partnership.

The use of the £313,000 marked as 'vol orgs' is as follows:-

Vol Orgs 2016/17	£000's
RVS	53
Volunteer development	166
Carers of East Lothian	64
Action on Dementia	10
Alzheimer Scotland	20
Total	313

3.7 Proposal for 2017/18

In summary terms the proposal for 2017/18 is as follows:-

	2017/18 Proposal		
	ICF	DD	Total
	£000's	£000's	£000's
Available	1,760	528	2,288
Commitments			
Hospital to Home		370	370
Winter	100	121	221
Coagucheck	56		56
Care Home Nurse		37	37
ELSIE II	800		800
Respite & Rehab	99		99
Carers Strategy			0
Physical Activity			0
Clusters			0
Day Centres	215		215
Vol Orgs	392		392
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	1,662	528	2,180
Net Position	98	0	98

(note, the extra £10k is to allow £20k for Action on Dementia)

This is largely a continuation of the current plans and development but with the additional of further investments in Older People's Day Services as agreed by the IJB.

Work will also continue to develop and enhance the link worker programme with Strive and extend this programme to the east of the county. The Scottish Government have announced that (nationally) additional funds will be made available for such programmes.

4. POLICY IMPLICATIONS

4.1 There are no policy implications of this paper.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy. There are no equalities implications of this paper.

6 RESOURCE IMPLICATIONS

6.1 There are no new resource implications of this report.

7 BACKGROUND PAPERS

7.1 Appendix 1 – Details of DD and ICF Investments and Outcomes

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Appendix 1 – Details of DD and ICF Investments and Outcomes.

Hospital to Home Team (HtH)

Hospital to home was set up to support the discharge of patients into the community who would otherwise have spent a long time in an acute hospital bed waiting on a care package. Since its inception in 2014 the team has grown to meet demand. As part of ongoing development, it is planned that one team will specialise in clients who need assistance from two staff on each visit.

The team consists of:

- 1 Band 7 SCN
- 1 Band 6 Co-ordinator
- 1 Band 5 Staff Nurse
- 14 WTE Band 3's
- 6 Part time Band 3's

The team's service uses a flexible re-ablement model, under which patients visits are provided at varying times, with staff working with each patient to support their care needs while ensuring that patients do not become unnecessarily dependant. As a proactive service it can match input to each patient's changing needs, altering and stopping the package where indicated.

Carers are closely involved, with the outcome of regular weekly reviews of care plans communicated to all carers. As part of the review process carers needs are also assessed.

The service receives excellent feedback from patients, relatives and from professionals. The most recent patient satisfaction audit scored 96.7%.

Further development is planned to enable the staff to carry out simple dressings and to take clinical observations.

To date the use of the HtH team has allowed:

- 50 Home Care packages to be discontinued
- 28 Home Care packages to be reduced in size
- 7 palliative patients to receive end of life care at home

Total cost of care packages delivered from HtH: £188.946.12

Reduced cost of care packages, HtH has reduced: £4.358.56

East Lothian Care Home Team

The team, which was established in 2014 covers three strands of operation, with staff working collaboratively and providing cross-cover in the:

- Care Home Liaison strand
- Nurse Practitioner strand
- Nursing Home strand

The team currently comprises:

- 1 WTE Band 7 Care Home Team Manager
- 2 WTE Band 6 Care Home Liaison Nurses
- 2 WTE Band 6 Nurse Practitioners
- 2 WTE Band 5 Staff Nurses.

The Care Home Liaison strand (CHT) aims to:

- Promote and enhance quality standards of care and clinical practice through education and clinical support
- Prevent admission and facilitate earlier discharge
- Improve communication between primary care, secondary care, community and specialist services
- Enhance partnership and integrated working
- Improve uptake of and access to educational resources/opportunities

The CHT's education work to date has provided:

- 45 formal education sessions on various topics including pressure ulcer prevention, nurse verification of expected death, anticipatory care, and catheterisation
- Allowed 233 staff (including care workers and registered nursing staff) to attend training sessions
- Facilitated flu vaccination training programme in 13 care homes

Care Home Liaison Activity Levels

Individual referrals:

- 253 individual patients seen since January 2015
- 73 patients seen since September 2016
- 153 contacts with patients since September 2016

The CHT are now recording all individual contacts on TRAK.

Benefits

Regular visiting to each care home along with responding to requests for intervention which aims to pro-actively support staff within care homes.

Recently conducted a survey of all the homes to find out what training will be required in the coming year and also what training would be most useful but may not currently be being offered – this will form the basis of the structured educational programme but will also inform educational developments that will need to be put in place or facilitated.

Links with the education team continue to be strengthened to ensure that the governance around the delivery of specific educational sessions is robust. This approach means that staff within the care homes is able to access education at local level which enhances their skill level and enables them to be more able to care for more complex patients e.g. VAC dressings.

Nurse Practitioner Strand

The Nurse Practitioner led service in Eskbridge is now embedded within the Practice and is the lead contact for five care homes in Musselburgh. Provides holistic assessment, diagnosis and treatment for approximately 135 patients/clients registered with Eskbridge medical practise. This team is now able to offer a more comprehensive service with regard to anticipatory and preventive care whilst continuing with its routine visiting. The service continues to be the first point of contact between 8am-6pm for any acute periods of illness within this care home population. A recent questionnaire elicited positive results with some areas of improvement highlighted. One of the Nurse practitioners has completed an independent prescribing course and the second NP is nearing completion of the course (March 2017).

Nurse Practitioner Activity Levels:

1003 contacts December 2015 – August 2016

1118 contacts August 2016 – February 2017.

Benefits

The benefits of the Nurse Practitioner (NPs) service are that it is holistic and very responsive in its approach to prevent hospital admission and facilitate discharge whenever possible. The NPs are very accessible and will respond within a short timeframe when a patient is acutely unwell. The numbers of patients in care homes covered by this service is rising and this is as a result of the care home managers choosing to register new patients with Eskbridge to ensure that they can be covered by the NP service.

Nursing Home Strand

The CHT has most recently started to work more closely in partnership with one independent provider in employing a Band 5 Staff Nurse who works as part of the CHT but is based within a nursing home.

The role of this Band 5 is to provide direct patient care to the residents in the home but also to provide leadership, clinical teaching and role modelling to staff within the home. The role, although in its infancy, has been welcomed and initial feedback is positive.

Benefits

This involvement is partly enabling this particular nursing home to remain open and functioning to ensure that the 23 beds within the home can be accessed by patients from East Lothian. The continuity of this member of staff enhances the care provided for patients whilst also improving the skills and clinical practice of the staff in the home. Working in close partnership with this independent care home provides challenges but also offers a chance to develop this relationship.

Hospital at Home Service (H@H)

The H@H service seeks to support the twin goals of avoiding unnecessary Hospital admissions, and where an admission is necessary, to support the patient's prompt discharge from hospital back to home.

The service brings together the multidisciplinary team (MDT) and integrates this around the needs of the patient, setting goals and implementing a care plan to reach these goals through continuous review and a monitoring and review process that takes place each day at a 'huddle'.

The team consists of:

- 0.50 WTE Clinical Lead.
- 3.00 WTE Advanced Nurse Practitioners.
- 3.00 WTE Nurse Practitioners.
- 2.20 WTE Staff Nurses.
- 3.00 WTE Clinical Support workers
- 0.50 WTE Occupational Therapists.
- 0.50 WTE Physiotherapists.
- 0.50 WTE Clinical Pharmacists.
- 0.50 WTE Nurse Specialist (Mental Health)

Adult social work also attends the daily huddles every day at 08.15.

Using a 'virtual ward' approach, the H@H team discuss and review the care plan for each patient who is being supported at home. This is with a view to agreeing the next step in a patient's journey and the best member/s of the team to provide care and treatment.

The team is supported by a delayed discharge co-ordinator who can facilitate access to a bed as necessary and the home care advisor who will interface with the team if a patient from any care home is admitted.

There are two categories of patients within the H@H service:

- Those being supported to avoid inappropriate admission
- Those being supported to achieve early discharge from hospital.

For admission avoidance the H@H service accepts referrals from:

- GP's across East Lothian.
- District nursing teams in consultation with the team and the patients GP.
- Community Hospitals.
- Acute Hospital consultants and medical staff.
- Nurse Specialists. Specialist Palliative Care Teams.
- Accident and Emergency.
- ECAT – Royal Infirmary of Edinburgh
- Team 65 – Western General Hospital.
- Psychiatrist.
- Care Homes across East Lothian, via GP's.

The H@H service then provides an urgent assessment that is responsive and able to provide intensive monitoring and intervention for the patient with an acute episode of illness that would otherwise require an acute hospital admission.

This nurse led multidisciplinary team will provide care within 12 hours of referral as required, working with other members of the multidisciplinary team to get the patient seen in the right place at the right time and by the right person who's care is reviewed on a regular basis.

For early discharge H@H accepts referral from acute care medical physicians, Ward Senior Charge, Therapist's, Frail Elderly Teams and other acute care Consultants. The aim is to allow a timely advanced discharge for patients in secondary care who have had acute intervention or treatment and who require ongoing treatment, monitoring, nursing care and therapy support, and who would otherwise remain in hospital without this active and necessary intervention.

To date the team have supported over 774 patients since February 2014, the average length of stay depends on the patients presenting condition this can be from 1 day to up to 50 days. The team will support the patients in the community to remain in their own home and environment.

Patient satisfaction is excellent, patients and relatives have expressed that they feel that the service is patient centred allowing patient to be supported within their own environment through their acute episode or exacerbation of a chronic condition.

Benefits:

- Patients remain in their own home, surrounded by their family and carers.
- Patients are not admitted and therefore do not lose their package of care and have a further delay of having to be reallocated a package further down the line when available, if a complex package of care patients can wait some considerable months.
- Reduced bed days allowing the service to close 13 beds.
- Allows the service to ensure that the patient receives the right treatment in the right place at the right time.

- Patient benefits from a multiprofessional approach to care.
- Strengthened links with social care and mental health.

One downside that will need consideration is: Feedback, demonstrates that some relatives feel that they do not benefit from an opportunity of a rest whilst their relative is in hospital therefore increasing carers stress.

Older People's Day Centres

IJB members will recall that a paper was presented at its meeting on 26 January 2017 which details a review of Older Peoples Day Services and two recommendations which were:

- The IJB is asked to support the development of an improvement programme approach to older people's day services in line with the strategic priorities as set by East Lothian's Health and Social Care Partnership and the Integrated Joint Board. Para 3.1 in the January 2017 paper
- And to agree that the additional investment needed in order to achieve the improvement programme as detailed in the resource framework 7.1 Appendix 1 should be funded from the Integrated Care Fund subject to final budget decisions by the IJB in March 2017. Para 3.2 in the January 2017 paper

Both recommendations were agreed including further investment of £215 K.

Dementia –Post Diagnostic Link Worker

Background

Improving post diagnostic support has been a key part of the Scottish Government's " National Dementia Strategy: 2013-16' , Commitment 2 states 'we will transform the availability, consistency and quality of post-diagnostic support by delivering the new post-diagnostic HEAT target.' This is detailed in the strategy as '...by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a Link Worker, including the building of a person-centred support plan.'

Existing Provision

The current Service Level Agreement (SLA) between East Lothian Council/NHS Lothian and Alzheimer Scotland has been in place for the last two years (started February 2015). The SLA provides for the provision of a full time Post Diagnostic Support worker. A total of £40,000 annual funding was secured: in the first year East Lothian Council funded £22,000 and NHS funded £18,000. Year two has been funded wholly by the Integrated Care Fund.

It has been agreed that funding will continue via the ICF for 2017/18.

At present the demand is exceeding capacity and the Post Diagnostic Support (PDS) guarantee of every person having a diagnosis of Dementia, receiving 1 year of PDS is not being met. .

The Link Worker is employed, managed and monitored by Alzheimer Scotland. The Link Worker is based within the Community Mental Health Team and works closely with team members, sharing knowledge, expertise and excellent joint working.

The Link Worker carries a live case load of 50 people and there is a current waiting list of 66. Longest waiting time has been 5 months.

Total number of referrals is 214 (11 inappropriate referrals;14 declined post diagnostic support: 34 declined after first visit and 28 died or went into long term care

Proposal from Alzheimer is to have two full time workers to ensure demand is met currently, as well as allow for some future growth. Additional funding to be offered for at least two years if not three. There is historically, difficulty in trying to recruit to a one year post. .

In the Services for Older People in East Lothian, Joint Inspection of Adult Health & Social Care Services Inspection Report, May 2016, Page 6 “The partnership rightly acknowledged it needed to continue to improve the provision of support for older people following a diagnosis of dementia”, and Recommendation 5 “Ensuring people diagnosed with dementia and their carers receive post-diagnostic support in line with the National Dementia Strategy”

Alzheimer Scotland would recruit to the post swiftly, interview panel of representatives from Alzheimer Scotland, and East Lothian Health and Social Care Partnership East Lothian Council and NHS, full training will be provided and opportunities given for learning and development.

Increasing for a single handed to a 2 WTE support workers is detailed in the following table

OUTCOMES

The person with dementia and their family and carer will:

Be better informed and equipped with skills to manage the challenges of living with dementia

Have legal and financial arrangements in place for the future.

Be in a position to take control, now and in the future, of services to support them to live at home as independently as possible.

Maintain community links & build peer support networks for both carers and people with dementia at all stages.

Benefit from sharing experiences, tips and coping strategies.

Build on existing support networks.

Benefit from timely, relevant and responsive information & advice from the point of diagnosis and throughout the duration of the illness.

Statutory supports will be phased in at a pace and time that is acceptable to both the person with dementia and their carer

Carers will feel confident and well supported in their caring role

Finish the one year support with a Personal Support Plan in place.

OUTPUTS

To achieve this we will.....
Dementia Link Workers:

- Continue to identify and support new families during the next year for one year's post-diagnostic support, keeping an active caseload of at least 50 families per full time equivalent link worker

The new proposal will increase this figure to a case load of approximately 100 families per year at any one time (with up to an extra 10 families receiving 'light touch' support)

At 6.3.17 there is a waiting list of 66 people with a diagnosis of dementia waiting for one year's post diagnostic support and the figure is constantly rising as the CMH Teams are referring from 3 months of diagnosis if receiving memory treatment and at date of diagnosis if not receiving memory treatment.

The proposal is to increase our staffing levels from 1 full time equivalent position to 2 full time equivalent

Royal Voluntary Service - Transport Service for Patients

This service is scheduled for review in the course of 2017/18.

The intention is to maintain the service as currently provided with the same level of funding into the next financial year.

It provides a service to take patients to and from Primary Care appointments, when they don't have access to transport. This enables early intervention and potentially stops a condition worsening to the extent that it requires Secondary Care.



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 30 March 2017
BY: Chief Officer
SUBJECT: Primary Care Priorities in East Lothian

8

1 PURPOSE

- 1.1 To inform the Integration Joint Board of the intended focus of work in 2017-18 to support, stabilise and develop General Practitioner (GP) primary care services across East Lothian. This follows on from a range of actions taken during 2016-17 to support GPs and their teams.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note that general practitioner managed services across East Lothian remain under pressure as the result of a number of local and national factors.
- 2.3 The IJB is asked to approve plans to focus primary care development input and available funding on the following priority areas, all of which are described in more detail in section 3.0:
- Musselburgh Primary Care Access Service
 - East Lothian Care Home Team
 - Primary care nurse training
 - Practice-based pharmacists
 - LEGup support for list size growth
 - Provision of IT hardware
 - Future planning for a new practice in Blindwells
 - Diabetes LES.

3 BACKGROUND

Issues Affecting Primary Care Services

- 3.1 Responsibility for primary care is shared between the NHS Board and the IJBs. The NHS Board has a duty to ensure that its population receives general medical services and can register with a General

Practice. The NHS Board through the Primary Care Contracts Organisation (PCCO) also holds contracts with practices and is responsible for delivery of services through the HSCPs and the PCCO, with IJBs responsible for the strategic planning and direction of primary care in their areas.

- 3.2 In recent years, general practice has been faced with capacity and sustainability problems because of the increasing volume and complexity of workload, GP recruitment and retention issues, reducing profitability of general practice and premises and IT issues.
- 3.3 The rising patient demand is in part the result of a growing and ageing population and in part the drive to provide care in community settings as an alternative to hospital admission.
- 3.4 The increasing frailty of the ageing population and the growth in long term conditions places increasing demands on GPs and the practice team. These changes are happening at the same time as GPs are moving to part-time working, there is growing interest in salaried rather than GP Partner posts and senior, experienced GPs are considering early retirement to avoid taxation penalties and NHS pension impacts.
- 3.5 Across Lothian many practices have restricted their lists to limit the impact of population growth on their practice. This however transfers demand to neighbouring practices, with the potential of resulting knock on list limitations across to further practices. East Lothian is alone among the four HSCPS in Lothian in having no current list restrictions. Discussions are however underway on LEGup (see 3.16) and other supports to maintain open lists across the County.
- 3.6 The vast majority of practices in Lothian still operate on an independent contractor basis, managing their business without direct NHS Lothian or HSCP input. However, for some practices the recruitment, patient demand, financial, premises and other challenges are such that they have required practical and financial support from the IJBs and the PCCO to maintain services.
- 3.7 In some cases, HSCPs have had to take over direct management of practices under Section 2c of the GMS contract and the direct employment of the practice staff under TUPE (Transfer of Undertakings (Protection of Employment) Regulations 1981) arrangements. In East Lothian, it was necessary to take Eskbridge Medical Practice into direct HSCP management on 1st December 2015 following retirement and resignation of partners. In common with other HSCPs, East Lothian HSCP has taken the position that the practice may be returned to a 17j (GP managed) arrangement once the practice is sufficiently stable to allow this change.
- 3.8 Practice premises development has provided purpose built accommodation across the Health and Social Care Partnerships. However, some practices are subject to inflexible and expensive lease arrangements or are within buildings that are too small or otherwise

unsuitable for modern GP Practice. In East Lothian there have been premises developments in Musselburgh, Tranent, Ormiston, Gullane and Prestonpans in recent years with a development at Cockenzie under planning. Further development is required in Haddington, North Berwick, Blindwells and East Linton. Across all practices, IT systems are badly in need of upgrades to equipment, infrastructure and software inter-connectivity with clinical systems.

3.9 In recognition of these issues, on 29 September 2016 East Lothian HSCP organised and hosted on behalf of all IJBs, the first Lothian Primary Care Summit. This sought to develop a shared set of primary care priorities for the IJBs and NHS Lothian. A report on the summit was produced and distributed to the IJBs and to primary care teams across Lothian. At this summit NHS Lothian committed to investing £5m in primary care over 2017-18 to 2019-20. The themes emerging from the summit highlighted the need for:

- Workforce and skill development
- Public information and public education
- Transfer of work from GPs to an expanded Multi-disciplinary Team
- Better electronic information exchange
- Continuing interface work
- Improved professional to professional communication; and
- Resolution to key premises issues.

3.10 Work on these issues is being undertaken at local IJB and at Lothian level.

3.11 An East Lothian Health and Social Care primary care workshop in November 2016 provided local perspectives on the issues facing primary care and gave the opportunity to consider possible actions.

3.12 In addition the HSCP has met with the GP forum to consider in detail the proposals emerging from these events.

3.13 There is national work underway to negotiate a new contract for general practice, but this is not expected to impact on 2017/18.

3.14 In addition there is likely to be national funding for additional pharmacists in practices, additional link workers in practices, nurse training and possible other areas. Details have not yet been announced by the Scottish Government.

Primary Care Developments in East Lothian

Musselburgh Primary Care Access Service

3.15 Having taken over management of Eskbridge Medical Practice, East Lothian HSCP has been considering options for joint working with the two other practices in the Musselburgh Primary Care Centre (MPCC)

and the re-modelling of service provision to help all the practices to cope with increasing demand.

- 3.16 The issue of 'same day demand' has been identified as a key area to focus on. It is recognised that long term conditions management and ongoing care are both important from clinical, cost and patient experience aspects. The view from General Practice is that if by adequately accommodating same day demand, then chronic illness can be more effectively managed under existing contractual and resource arrangements.
- 3.17 Various strategies to address same day demand have been tried across Scotland and further afield. In Scotland, these have tended to be small in scale and often temporary crisis-related approaches.
- 3.18 The Musselburgh Primary Care Access Service is part funded by the Primary Care Transformation Fund and is being developed in partnership between East Lothian HSCP, the MPCC practices, NHS 24 and the Scottish Ambulance Service and will fully utilise primary care, community and voluntary sector resources, working together to respond to same day demand in order to direct patients to the right point of contact to meet their care needs.
- 3.19 The development will provide a telephone-based Primary Care Access Service, whereby all patients seeking unscheduled care will receive initial assessment via a central service delivered by ELHSCP. Following this there will be referral into a relevant pathway, which may be the patient's own GP-led service or one of a number of other options.
- 3.20 Assessment of requests for clinical input will be carried out in partnership with NHS 24 who already work with robust protocols and have extensive experience in self-management advice and signposting. This partnership will allow patients in East Lothian to benefit from this expertise. Experience shows that patients often simply require telephone advice and the historical model, based on the face to face consultation, primarily with a GP is not designed with this need in mind.
- 3.21 Patients needing further face to face medical assessment will see the most relevant clinician. Work will be carried out with NHS 24 to develop their protocols to suit the different arrangements for in-hours clinical teams compared to out-of-hours, while improving access to non-urgent services, such as phlebotomy and treatment room nursing.
- 3.22 It is recognised that many service users contacting GP practices would be better managed elsewhere, e.g. optometry, pharmacy, dentistry, and these would be signposted at an earlier stage.
- 3.23 NHS 24 is working in partnership with ELHSCP to help deliver these objectives. As expected, the process of integrating NHS 24 into an in-hours model is complex and not without challenges. However the NHS 24 has received Scottish Government funding to test the Musselburgh

Hub model and has allocated considerable staff and technical resources to the project. If successful the model may be rolled-out across the country.

East Lothian Care Home Team

- 3.24 Most medical care within care homes is provided by GP surgeries under the GMS contract. However, not all practices offer this service. The contract arrangement has provided funding to participating GP surgeries using essentially the same framework as members of the community living at home. Increasingly, the care home contract funding on offer does not cover the demands placed on practices in delivering complex care in this setting. Latterly, a contract for GP surgeries to offer anticipatory care has provided further funding, but despite this, there is increasing reluctance to provide what are termed 'optional' services to this important patient group. As activity in GP surgeries increases, it becomes more challenging to deliver a quality service to care homes.
- 3.25 The nurse-led East Lothian Care Home Team was primarily established to provide support and advice and training to the staff of care homes to ensure the wellbeing and good nursing care of residents. Further to this, they were available to liaise with and advise GPs managing the same patients on various aspects of care. This service helped forge positive links between ELHSCP and GP providers.
- 3.26 Following the withdrawal of the Eskbridge Medical Practice from their GMS contract in December 2015, the Care Home Team took over most day to day medical management of patients in the majority of Musselburgh Care Homes, greatly reducing the need for GP input and so reducing demand on the practice. The service provides assessment, diagnosis and prescribing, as well as admissions, referrals and care planning. The Eskbridge Medical Centre GPs provide medical support and advice where necessary.
- 3.27 This arrangement has ensured a regular Care Home Team presence within the Musselburgh Care Homes and a greater emphasis on anticipatory care and prevention, rather than reactive medical care. The scope of knowledge of the nurse-led team also means that nursing aspects of patient management can be given greater consideration in individual patient management planning and in admissions avoidance.
- 3.28 In the coming year, the opportunity will be taken to expand the team to other care homes across the county. As the elderly population expands and as other care homes come on stream (for example the sixty bedded nursing home in Haddington, due in late 2017) this will ensure that primary care receives support in providing care to this important patient group. Initial priorities will be Haddington, Gullane and North Berwick.

Primary Care Nurse Training

- 3.29 As illustrated by the role of the nurse-led Care Home Team, nurses have an important role to play in the modernisation of primary care services and in the development of the multidisciplinary team to provide a full range of primary care services.
- 3.30 Opportunities must be taken to further develop the role of nurses in primary care if primary care is to continue to cope with increasing demand.
- 3.31 The strategic development of primary care services is heavily dependent on having a sufficient supply of nurses trained at an advanced level. At present, there is Lothian-wide training available (some funded through the Primary Care Transformation Fund). However this funding is limited, so will not provide enough staff for the aspirations of ELHSCP. The potential career opportunities available in an East Lothian primary care service which offers nurses development opportunities would be attractive to any nurses wishing to increase their role in autonomous decision making as part of a nurse-led team.
- 3.32 To further develop such a nurse role, ELHSCP needs to encourage GP Practices to actively engage in Primary Care Nurse training. They themselves need to be adequately incentivised to this and to be confident that their efforts will ultimately result in an improved primary care nursing model.
- 3.33 In the coming year ELHSCP will look at the development and training opportunities in locally managed services, such as the care home team, or deployed in GP practices to be trained in Chronic Disease Management and/or acute illness. The development of the Primary Care Nurse team will put the Partnership in a stronger position to both develop services and to support population growth within GP practices.

Practice-based Pharmacists

- 3.34 To date the Scottish Government funded Practice Pharmacists have been allocated to East Lothian health centres according to need. Their success in transferring medicines-related work from GPs and in medicines management demonstrates the merit of extending such posts to other practices.
- 3.35 The role of the pharmacist in practices is an evolving one which needs to make full use of their specialist knowledge. This particularly applies in relation to developing an alternative patient pathway for patients to consult direct with a pharmacist on a full range of medicines matters instead of having a GP appointment. This will be beneficial for patients and will improve the quality and cost-effectiveness of primary care prescribing.
- 3.36 As the Practice Pharmacist roles become more established, there needs to be a period of evaluation with a view to consolidating the role

and to developing it in partnership with the Practice Quality Leads, the GP Quality Clusters and pharmacy leads.

LEGup Support for List Size Growth

- 3.37 List Extension Growth Uplift (LEGup) is a funding stream managed by the Primary Care Contracts Organisation (PCCO) and overseen by the Primary Care Joint Management Group (PCJMG). This aims to “...encourage structured and supported growth of GP Practices.” The scheme provides a number of one off, non-recurring payments of £25,000 to support lists size growth of 500 patients in one year.
- 3.38 East Lothian’s pro-rata share of the Lothian-wide LEGup is one per year. It has been most recently used in two parts, termed half LEGup. This has provided two practices (Prestonpans and North Berwick) with half the usual sum to support growth of 250 patients each.
- 3.39 With the current and projected housing growth across East Lothian there is a need to provide more practices with LEGup support. It is proposed that ELHSCP directly funds a further LEGup in 2017-18, allowing extension of support to practices to accommodate 1,000 patients and to maintain unrestricted lists. This funding would be flexibly allocated according to where the growth pressures are being most acutely experienced.

Provision of IT Hardware

- 3.40 Following on from feedback received from the primary care workshop in November 2016, ELHSCP has been exploring the option of providing practices with dual screen computer workstations. Dual screens give the clinical user the ability to see different clinical software programmes at the same time, without the need to constantly minimise and maximise different views. Typically, this means, for example, being able to view patient records and hospital letters at the same time. Such an arrangement will provided a significantly enhanced patient consultation and improved efficiency with clinical administration and patient records management.
- 3.41 It is expected that reception and administrative staff will also benefit from a dual monitor arrangement, giving them the ability to view appointment screens at the same time as, for example workflow documentation, so improving productivity.
- 3.42 In addition, the HSCP primary care team is considering approaches to enable reception desk staff to easily capture activity data to monitor patient demand and access. This information will allow individual practices to match their resources to demand. Such information, if available at East Lothian level, will inform HSCP decision making on resource allocation at a county level.

Future planning for a new practice in Blindwells

- 3.43 There will be a need (depending on planning applications and pace of development) to meet the additional need of between 5,000 and 10,000 new patients at Blindwells.
- 3.44 At some point this will require new premises in the Blindwells development and this will be the subject of a separate business case.
- 3.45 In the early stages it is proposed to work with another local practice to provide facilities and support to 'incubate' a new practice that will then move to Blindwells.
- 3.46 This will require specific funding to meet step costs that will occur before the list size reaches a financially viable level.

Diabetes LES

- 3.47 Support to the Diabetes Local Enhanced Service (LES) needs to continue in order to sustain and develop GP and Practice Team clinical and lifestyle management support to the growing population of people living with Type 2 diabetes. Work will also be carried out in 2017-18 to 'repatriate' to primary care those East Lothian residents with Type 2 diabetes who are receiving this care in secondary care diabetes clinic settings. Funds released by such activity transfer will be used to offset the increased cost of community based activity.

4 POLICY IMPLICATIONS

- 4.1 Primary care has been subject to gradual policy change in recent months including the ending of elements of the GP contract (such as the Quality Outcomes Framework) and the introduction of GP Quality Clusters. With the introduction of the new General Medical Services contract in late 2017 into 2018-19 there will be further change. East Lothian's developing Primary Care Strategy will need to respond to these changes and will need to set out how the Partnership will utilise current and future funding streams that will accompany the contract changes.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy

6 RESOURCE IMPLICATIONS

- 6.1 Financial - It is not possible at this stage to set out the detailed financial implications since how much new national funding will be available is not yet known. However, it is assumed that East Lothian will be funded at 12% of the NHS Lothian investment (£0.24m in 2017/18, additional £0.24m in 2018/19 and additional £0.12m in 2019/20). The priorities set out above will be progressively funded from these sources as funding becomes available.
- 6.2 Personnel - Developments will be progressed by the East Lothian HSCP Primary Care Team
- 6.3 Other - There may be a need for communications support, particularly in relation to the introduction of the Musselburgh Primary Care Access Service.

7 BACKGROUND PAPERS

- 7.1 None

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REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 30 March 2017
BY: Chief Officer
SUBJECT: Set Aside Investment Proposals for 2017-18

9

1 PURPOSE

- 1.1 To present to the East Lothian Integration Joint Board the NHS Lothian and acute hospitals Set Aside investment proposals for 2017-18 and to seek approval to secure outcomes from planned developments which are of benefit to East Lothian residents and which shift the balance of care.
- 1.2 Any member wishing additional information should contact the author of the report in advance of the meeting.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the intention of NHS Lothian (articulated in its financial plan) to establish additional beds in the Acute Medical Unit (AMU).
- 2.2 The IJB is asked to note NHS Lothian's intention to fund the continuing expansion of insulin pump provision and its inclusion in the NHS Lothian financial plan.
- 2.3 The IJB is asked to agree that further discussion is needed with NHS Lothian to look at acute and community alternatives to the AMU expansion and to examine the merits of the NHS Lothian plans for continuing expansion of insulin pump provision and that therefore these developments should not be supported at this time.
- 2.4 The IJB is also asked to support plans for the HSCP to engage with NHS Lothian on work to deliver the principles of the Modern Outpatients report, particularly to reduce unnecessary outpatient activity.

3 BACKGROUND

- 3.1 During 2016, the Royal Infirmary of Edinburgh management team worked up a business case for phase 1 of the expansion of the AMU bed numbers by 8 in the first instance. In the longer term the business case indicated beds might expand by a further 21.
- 3.2 The business case argued that investment was necessary to: allow delivery of the Emergency Care Standard; to cope with demand more generally; to reduce boarding; and to avoid disruption to the delivery of elective services.
- 3.2 The process of developing the business case did not initially involve the Health and Social Care Partnerships, nor the IJBs.
- 3.3 The proposed East Lothian IJB Directions for 2017/18 direct NHS Lothian to *"...work with officers of the East Lothian Health and Social Care Partnership and other HSCPs to review the provision of emergency assessment services in Lothian, with a view to streamlining this provision."*
- 3.4 Further, NHS Lothian and its acute services are required to *"...provide data on the pattern of emergency admission of East Lothian residents to secondary care and to work with officers of the East Lothian Health and Social Care Partnership to develop alternatives, where appropriate, to such admissions."* The Direction also signals that any resource freed up by a reduction in emergency admissions will be used to support alternative, community based services.
- 3.5 In view of this intention it would be unproductive to invest in expansion of acute facilities when the aim of service developments should be to shift the balance of care towards community delivered services. The Chief Officer has indicated to NHS Lothian directly that East Lothian would want to work with NHS Lothian on ambulatory care alternatives to additional beds, possibly using the increased capacity of the Hospital at Home Service. This has been discussed at the NHS Lothian Strategic Planning Committee.
- 3.6 NHS Lothian has also signalled its intention to further expand Insulin pump provision. It is not clear if the planned investment of £46,000 is for adult insulin users or all ages.
- 3.7 It should be noted that NHS Lothian is already performing beyond Scottish Government targets for insulin pump provision.
- 3.8 As noted in a previous paper to the IJB, Chief Officers and Chief Finance Officers have already queried the need for investment in these areas.
- 3.9 As part of work to reduce secondary care activity, the principles within the modern outpatients report need to be actioned in order to reduce unnecessary outpatient activity, such as repeat follow up visits. This will save East Lothian residents from travelling to the acute centres and will deliver efficiencies for the system.

4 POLICY IMPLICATIONS

- 4.1 There are no new policy implications arising from this paper. Existing policy with regards to the production of Directions and the obligations these place on NHS Lothian and East Lothian Council remains extant.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or the economy

6 RESOURCE IMPLICATIONS

Financial

- 6.1 As noted in the financial planning paper for the 23 February IJB, a significant element of the IJB budget represents those Set Aside (delegated) functions which are delivered by the acute system. As noted, there are some proposed further investments laid out in the 2017/18 financial plan which the IJB will have to consider.

Pressure	East Lothian IJB Element
	£000's
Acute Receiving Unit	47
Insulin Pumps	46
Total	93

Personnel

- 6.2 None.

7 BACKGROUND PAPERS

- 7.1 None.

AUTHOR'S NAME	Paul Currie
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DATE	20 March 2017



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 March 2017

BY: Chief Officer

SUBJECT: Drugs and Alcohol Funding in East Lothian 2016/17 and 17/18

10

1 PURPOSE

- 1.1 This report provides an update in relation to the work being undertaken to deliver a redesign of drug and alcohol services driven by the 23% reduction in the financial year 2016/17 and the shift in the responsibility for alcohol and drugs to be a fully delegated function of the IJB.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the process agreed by the Midlothian and East Lothian Drugs and Alcohol Partnership [MELDAP] Strategic Group to manage the loss of 23% of the available income for Drugs and Alcohol Services in East Lothian.
- 2.2 Members are asked to note the intention to use MELDAP reserves for East Lothian where appropriate to smooth the transition in making the agreed budgetary changes and service developments for financial year 2017-18.
- 2.3 Members are asked to support the redesign process by directing NHS Lothian to:
- Make available East Lothian's full 12% share of the drug and alcohol funding available to the IJB from Scottish Government and 12% of NHSL Core monies spent in the East Lothian IJB area. This would mitigate some of the impact of the removal of 23% of Scottish Government funding and will minimise the impact on service provision. Previously, East Lothian received only 10% of drugs and alcohol from these sources.
 - Ask MELDAP to initiate a redesigned drug and alcohol service for East Lothian within the available financial envelope designed on a community based, recovery based model for future IJB agreement.

3 BACKGROUND

- 3.1 MELDAP's role is to coordinate the design, delivery and commissioning of alcohol and drug services in East Lothian and Midlothian. Its objective is to ensure these services are needs led, high quality and focussed upon the promotion of recovery. Alcohol and Drugs Services are delegated functions to the IJB and MELDAP delivers the strategic planning of these services for the IJB.
- 3.2 The Scottish Government allocates specific funding for Drugs and Alcohol Services through NHS Boards. Historically NHS Lothian has retained a proportion of these funds (top slice) for the delivery of centralised NHS services distributing the remainder to the three Lothian Alcohol and Drugs Partnerships (ADPs). NHSL and East Lothian Council also contribute specific funding from its baseline budget for the delivery of drugs and alcohol services in East Lothian.
- 3.3 The responsibility for Alcohol and Drugs [both Scottish Government and NHS Lothian baseline funding] is now a delegated function of the IJB. The IJB is now responsible for meeting national outcomes for people with substance misuse difficulties and it is important to ensure the board is satisfied with the application of all resources applied on its behalf in this area.
- 3.4 The delivery of drug and alcohol services in East Lothian now needs to be redesigned to meet the principles articulated in the IJB's Strategic Plan. This means local, community based services with an emphasis on recovery. The plan included the use of 'central' resources that may be required.
- 3.5 In December 2015 the Scottish Government announced there would be a reduction of 20% of the funding routed through NHS Boards for delivering substance misuse services. On 4 July 2016 the Scottish Government notified the Lothian ADPs including MELDAP and NHS Lothian, that the level of funding would reduce from £11,468,681 in 2015-6 to £8,887,133 in 2016-7- a reduction of 23%. In relation to 2016/17, as in previous years, the IJB agreed with NHS Lothian that monies would be used from "topslice" to resource Lothian wide services. The remaining monies were spent locally in East Lothian.
- 3.6 The IJB should note that the East Lothian element of the pan-Lothian NHSL Substance Misuse Service, based at the Esk Centre in Musselburgh, will transfer operationally to the IJB with effect from 01 April 2017, and into the management responsibility of the Director of the Health & Social Care Partnership, through the Children & Adult Services Group of services.

Action to Achieve Savings

- 3.7 In December 2016, the IJB agreed principles to be followed in reducing costs and meeting the strategic direction. In January 2017, meetings took place to agree potential savings from Lothian wide expenditure. These were discussed at a reconvened meeting of the MELDAP Strategic Group on the 24 of January 2017. Savings were agreed with a small number of areas in local and Lothian Wide expenditure needing further consultation. This will also include discussion with finance colleagues to balance the budget for 2017/18.
- 3.8 However, if the allocation of the proposed 12% share of Scottish Government and NHSL Baseline funding is delivered, the IJB would be able to mitigate against some of the proposed savings at a local level. The Health and Social Care Partnership would also seek to pilot and then develop a Peer Support service within primary care practices, scope out potential Joint Commissioning options to pilot a support service to people with Mental Health/Substance Misuse and develop a young people's service.
- 3.9 MELDAP proposes to use some of the projected remaining reserve to provide the following:-
- Bridging finance to cover shortfalls where proposed savings are not made until the implementation of a Recovery Model in 2017/18.
 - Set up a Recovery Hub in Musselburgh covering the West Sector with an East Sector Satellite Hub in Herdmanflat Hospital, Haddington.

4 POLICY IMPLICATIONS

- 4.1 If the allocation of the proposed 12% share of Scottish Government and NHSL Baseline funding is delivered, the IJB would be able to mitigate against some of the proposed savings at a local level and therefore limit the impact on MELDAP's ability to implement its ADP Delivery Plan 2015-18.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 The subject of this report does not have an immediate impact on the wellbeing of the community or have a significant impact on equality, the environment or economy. However, if the proposed savings plan is implemented, it is anticipated that there may be an impact on service delivery. Currently, MELDAP is carrying out an Equalities Impact Assessment to identify actions that may minimise the effects on service delivery in the circumstance that 12% of available funding is not made available.

6 RESOURCE IMPLICATIONS

- 6.1 Future service development and associated costs will be required to be within agreed budgetary constraints and future levels of funding. The remaining transformational budget will be used to implement the measures noted above in section 3.9.

7 BACKGROUND PAPERS

- 7.1 None.

AUTHOR'S NAME	Martin Bonnar
DESIGNATION	MELDAP Manager
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DATE	22 March 2017



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 March 2017

BY: Chief Finance Officer

SUBJECT: Initial Position Statement on the use of Social Care Fund to Support Additionality in Social Care Provision.

11

1. PURPOSE

1.1 This report is to inform the Integration Joint Board of the interim position with regard to the use of the Social Care Fund in 2016/17 to support additionality of service provision in the delivery of social care with plans to have a final position update to be provided by June 2017 once year end budget processes have been completed.

2. RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note this interim position statement on the use of Social Care Fund.
- 2.2 Note that a full update will be forthcoming in June 2017 once all the financial information is available on completion of year end processing of accounts for 2016/17.

3. BACKGROUND

- 3.1 In 2016 the Scottish Government (SG) made available £250 million known as the Social Care Fund, of which East Lothian Health & Social Care Partnership's share was £4.37 million, with the aim of Supporting and developing social care services
- 3.2 In line with the Scottish Government's ambitions, half of the fund was to be used to support pressures including the delivery of the living wage and half to support

'additionality' including progress on charging thresholds. At its September meeting, the IJBs agreed that a further £0.8m from the £2.2 million for additionality would be transferred to support the delivery of the living wage thus leaving £1.4 million for this purpose.

3.3 The costs of moving the charging threshold from 16.5% to 25% has now been projected at c. £0.2m which leaves a sum of c. £1.2m for additionality

3.4 This sum of £1.2m was put into the commissioning budget headings to support increased provision in social care. Although data is still coming through which only allows for this interim position statement at this stage, early indications are that some additionality has been achieved which will increase into the next financial year.

3.5 Examples of additionality above the cost of thresholds and high cost packages known in September 2016 include:

- Investment of £90,000 for the piloting of a new model of service delivery within the community through Neighbourhood Networks. This model of community provision allows for individuals to be linked to their immediate communities and supports mutual networking for individuals on a peer group basis and as such is a new model for EL.
- Further £200,000 to put in place two packages of care for two individuals with complex support needs allowing for their individual outcomes to be better met
- Completed assessments in the first 5 weeks of the year (2016-17) averaged 56 with a rise to 74 per week for the last 5 weeks of the year indicating increased activity and support provided.
- 432 completely new Care at Home packages have been set up providing a total of 3,400 hours per week. A further 400 Care at Home packages have been restarted after a patient's discharge from hospital. The total number of weekly hours of Care at Home required but unfilled has averaged 1,668 at the end of each week, it currently stands at 1,650 but did reach a peak of 2,109 during December indicating increased capacity and provision in recent months.
- Delayed discharges reached a peak of 62 for August and September – however, the figure currently stands at just 24 (at the time of writing) indicating increased capacity within the community.
- An average of 16 new Residential/Nursing placements have been started every month.
- There were 23 new SDS Option 1s set up during the year and a current total of 145; there were 41 new Option 2 packages which, added to those extant at the start of year, leads to a current total of 92.

- Some limited Social Care Fund was used to support the temporary expansion of officer capacity to support key projects linked to developing new models of care at home and housing support provision including temporary qualified social workers to increase the number of SDS outcome-focused assessments being undertaken with clients.

4 POLICY IMPLICATIONS

4.1 This position statement is in line with agreement reached on the use and apportioning of the Social Care Fund.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report will undergo an Integrated Impact Assessment process once full year affect is known.

6 RESOURCE IMPLICATIONS

6.1 Financial – The financial implications are discussed above.

6.2 Personnel – The use of the Social Care Fund has successfully supported the implementation of the living wage across the social care workforce within the external providers commissioned by East Lothian Council.

7 BACKGROUND PAPERS

7.1 IJB –September '16 meeting – Financial Assurance Update.

AUTHOR'S NAME	Bryan Davies
DESIGNATION	Group Service Manager, Planning & Performance
CONTACT INFO	bdavies@eastlothian.gov.uk
DATE	15/02/17



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 March 2017

BY: Chief Finance Officer

SUBJECT: Budget setting 2017/18

12

1 PURPOSE

- 1.1 The report lays out the 2017/18 budget propositions from East Lothian Council and NHS Lothian to the IJB. It then examines the projected financial pressures for 2017/18 which have been developed by East Lothian Council, NHS Lothian and the IJB.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Accept the formal budget proposition from East Lothian Council.
- 2.2 Accept the indicative budget proposition from NHS Lothian.
- 2.3 Receive a further report at the June IJB meeting further detailing the financial management propositions for 2017/18.

3. BACKGROUND

- 3.1 This report builds on the report presented to the IJB at its February 2017 meeting which laid out the background to the 2017/18 settlement and presented indicative budget values from the Partners and an outline of the financial pressures facing the IJB.
- 3.2 Budget Propositions from the partners:

East Lothian Council

East Lothian Council set its budget on 21 February 2017 and sent the IJB a letter on 23rd March 2017 laying out its budget proposition to the IJB. As was noted in the report to the IJB in February, East Lothian Council allocation to the IJB is not simply the Adult Wellbeing budget,

there being services within AWB that have not been delegated to the IJB and some housing services that have been delegated to the IJB. The table below shows the ELC budget, starting with the published budget settlement :-

	£m
Adult Wellbeing 2017/18 approved Budget	49.596
Less Non delegated Functions	(0.850)*
Add	
Non HRA – Private Sector Housing Grant	0.256*
HRA – Disabled Adaptions (Capital)	0.600*
HRA – Garden Aid	0.238*
Apprenticeship Levy	0.057*
Total IJB budget allocation	49.897

This value includes the Social Care Fund (see below) of c. £6.2m making base allocation to the IJB from East Lothian Council of £43.657m being c. £131,000 less than the base budget for 2016/17.

As was reported to the IJB at its last meeting, the Scottish Government's 2017/18 settlement allowed Councils to reduce an IJB's 2016/17 base social care budget by the Council's share of £80m - the East Lothian element being c. £1.4m - and it is clear from the above budget proposition that East Lothian Council have not reduced the social care budget proposition to the IJB.

NHS Lothian

NHS Lothian will agree its 2017/18 budget at its Board meeting on 5th April 2017. However, in order to allow the IJB to agree a budget before 31st March, NHS Lothian has set an indicative budget of £90,710m (net of the social care fund) which is reflected in a paper to NHS Lothian Finance and Resources committee of 15th March. This is an increase of c. 3.8m on the NHS Lothian budget agreed by the IJB at its meeting in August 2016. The Scottish Government's 2017/18 budget settlement required Health Boards to not reduce the budgets to the IJB between 2016/17 and 2017/18 and NHS Lothian has clearly complied with this requirement.

The main financial pressure facing the IJB in 2016/17 within the health budgets was within the GP Prescribing budget wherein over the past few years growth in costs had significantly outstripped the budget uplifts. NHS Lothian has now reset the GP Prescribing budgets for each of the IJBs to reflect the projected out-turn position in 2016/17. In East Lothian this provides an uplift of c. £1.5m for the GP Prescribing budget..

As part of the 2017/18 budget, NHS Lothian has also provided additional funds to all the Lothian IJBs to allow further investments to support Primary Care services and to support further work to manage the GP

prescribing budget. In total this is £4.0m, the IJB's share being c. £480,000. This amount is not in the budget laid out above.

Appendix 1 summarises the budgetary movements between 2016/17 and 2017/18.

3.3 Social Care Fund

As part of the 2016/17 financial settlement the Scottish Government announced a £250m social care fund. This fund was to support further investment in social care services and was to be governed by the Integration Authorities. In East Lothian a proposal for the use of that fund was agreed with the Council and this was built into the 2016/17 financial plan. The government's ambition for the use of the fund was, in principle, was to use half of the fund to support pressures already in the system but including the delivery of the living wage and half of the funds were to provide 'additionality' – that is further activity to support additional demand and work to support the transformation of the delivery of these services. In 2016/17 it has not proved possible to realise that ambition with an element of the 'additionality' being redirected to support the costs of delivering the living wage. This was agreed by the IJB at its September 2016 meeting.

It should be noted that the social care fund has now been incorporated into the IJB's baseline position.

As part of the 2017/18 settlement the government announced a further £107m element of the social care fund which will be distributed through the Health Board to the Integration Authorities. Of this amount £100m is to support the full year costs of delivering the living wage, the step up in the living wage in 2017/18 (from £8.25 per hour to £8.45 per hour) and resources to ensure sustainability of the living wage position. An additional £7m will be made available to allow veteran's military pensions to be excluded from the financial assessment process and to support the development of the Carers Bill. The value for East Lothian is c. £1.8m and it is expected that these resources will manage these additional costs pressures.

3.4 2016/17 Projected Out-turn.

As was reported at the last IJB meeting although the projected out-turn for the IJB for 2016/17 is an overspend of c. £2.7m. NHS Lothian have agreed that they will underpin the health element of this position and East Lothian Council have allocated an additional £1.0m on a non-recurrent basis to support the in-year Adult Wellbeing position.

Clearly there are a range of underlying financial pressures and , as part of the financial planning process, the impact of these pressures have been built into the projections for 2017/18.

A detailed analysis of the 2016/17 out-turn position will be brought to the IJB when the final positions are agreed.

3.5 Financial Pressures in 2017/18.

As part of the financial planning process the IJB has supported the following financial pressures:-

Unavoidable pressures

- Pay Awards
- Additional payroll charges (e.g. Apprenticeship levy)
- Uplifts to the living wage
- Uplifts to the national Care Home Contract
- Full year effect of previous investments

Changes In demand

- Transitions
- Increasing service demand from Older People
- Additional GP Prescribing costs

To this list has to be added pressures brought forward from previous years which will include the full year delivery of the 2016/17 Adult Wellbeing efficiency schemes. These pressures are recognised in the IJB's budget setting process.

However, there are two further developments proposed for the Set Aside Budgets which were discussed in the February report to the IJB. The developments being opening of new acute receiving unit beds and the investments in additional insulin pumps. The IJB has asked for further information to support these investments and, until this can be understood is not supporting these developments at this time.

3.6 Financial Recovery target

Health Services

There were two main pressures within the health services delegated to the IJB GP Prescribing (by far the most significant) and pressures with Set Aside. The GP prescribing budget (as described above) has now been reset to the closing position for 2016/17 and the major financial challenge facing the health services managed by the Partnership will be the prescribing uplift required for 2017/18. This is estimated at c. £1.2m gross although there are changes to the national prescribing tariffs that will mitigate this pressure to under £1.0m. There remain financial pressures within the Set Aside services and further work is underway with NHS Lothian to clarify the recovery plans.

Social Care Services

The 2017/18 budget settlement includes a further £200,000 of efficiencies with the Adult Wellbeing but the key pressure is the full year achievement of the £2.3m efficiency target from the 2016/17 budget settlement. Its estimated that taking these two elements into consideration that there is a total efficiency requirement of c. £2.0m

Thus the IJB has efficiency targets projected in 2017/18 of c. £3.8m although plans have been developed to manage c. £3.3m of these pressures

This is further analysed in Appendix 1.

3.7 Financial Recovery plans.

As part of the development of the financial plans both partners along with the IJB's Chief Officer and Chief Finance Officer have been developing recovery plans. In principle these recovery plans are to close the financial pressures discussed above but given that it is clearly not affordable to carry on using the current service delivery models these recovery plans are part of the transformation process that allows the services to build new models that are sustainable given the financial constraints. The recovery plans will fit into the general financial redesign principles which are articulated further in the directions. These principles are now being incorporated into emerging new models of care.

At this time, the financial recovery plans have not been fully developed (as discussed above) and further information is awaited from NHS Lothian to detail the plans around the hosted and set aside services that are not managed by the Partnership.

Recovery plans will be presented to the IJB at its June meeting for consideration. At that time the Chief Officer and the Chief Financial officer will also bring back to the IJB a position on financial risk sharing with the Partners for 2017/18.

3.8 Other Issues not currently reflected in the financial plan

There are a range of issues which have the potential to impact on the IJB's financial plan but which are not included in the current position. These are:-

- The new GMS Contract. This is being developed in collaboration between the Scottish Government and GP representatives. As further information around any cost pressures is available this will be reported to the IJB
- The Carers Bill. Part of the additional social care funding is to support work to allow the full implementation of the Carers Bill in early 2018. However, there may be further costs pressures and as

any further information around any cost pressures is available this will be reported to the IJB

- Further Scottish Government Investments. The Scottish Government has announced a further range of investments in Primary care and mental Health services which will be made during 2017/18. The details are not yet available, but, as before, when they become available they will be reported to the IJB.
- Revised Acute bed occupancy model – move to 85%. NHS Lothian has agreed that a safe and effective target occupancy for Acute wards (including those functions delegated to the IJB) should be 85%. Currently the average occupancy is considerably higher than that value. In financial terms, and this will be the impact on the IJB's financial plan, this means that as occupancy is reduced from the current level down to 85% there will not be a concomitant release in resources.

3.9 Performance Measures

As was discussed in the February report, the Scottish Government has laid out six specific performance targets for the IJBs. Work continues to quantify the resources required to deliver these targets however given the overall financial pressures in the system the delivery of these targets will be funded from the resources already in the system. Using the principles laid out in 3.6 above these targets will be achieved by :-

- Building on the investments made through the Integrated Care Fund, the Delayed Discharge fund and the Social Care Fund. Those investments are now starting to deliver new models and additional capacity.
- Fundamental service redesign based on a wholly integrated, locally delivered and managed multi-disciplinary team model. All the available resources across the whole of the system will be brought together to support this new model. For example within Learning Disabilities services there are several different budgets managed in disparate parts of both NHSiL and ELC, work is already underway to identify the IJB's share of these total resources and the Partnership will be directed to deliver a new model based on these resources.
- Further reduction in the provision of institutional care and the transfer of these resources into the community provision. For example the plan is to have no East Lothian patients in Liberton hospital by April 2017 (except the Step Down beds) and to transfer the associated resources into the Partnership to support the delivery of a community based model

3.10 Financial Plan

2017/18

Having received the final detail of the budgetary settlements from the Partners and having completed the development of the recovery plans, a financial plan for 2017/18 will be presented to the IJB. This plan will capture the issues discussed above and support the IJB's own Strategic Plan.

Three year plan

The IJB should have a three year financial plan which articulates how it will finance the delivery of its Strategic Plan. The Scottish Government's 2017/18 settlement is largely a one year position. However, it is recognised that longer term financial planning is essential and NHS Lothian is developing longer term plans. East Lothian Council already produces a three year financial plan. The IJB will also develop long term plans which will be based on the 2017/18 plan.

In order to develop such a plan the IJB will have to agree a proper financial baseline with both partners, especially NHS Lothian wherein the share of the total delegated resource across the four Lothian IJB remains in active dialogue.

3.11 Financial Management

Work continues to agree a system of financial management and governance with the partners for 2017/18. What is required is a clear agreement around reporting timescales and, in the case of deviation from the budget, what actions will be delivered by the Partners and what actions will be directed by the IJB. A detailed proposal will be brought back to the April meeting.

3.12 Financial Assurance

The IJB undertook a detailed financial assurance process in relation to its 2016/17 budget. However, financial assurance is a continuing process – a review of the financial risks inherent in the budgetary position and a detailed consideration of how these risks can be mitigated. Reports were presented to the IJB at its August, September, December and February meetings to continue the 2016/17 work and to roll it forward into 2017/18.

This report is therefore the most recent part of the financial assurance process and builds on the reports laid out above.

It is clear that the acceptance of the budget propositions from the partners an element of financial risk although there are a range of reasonably well developed recovery plans available.

That said, it is important to continue this process and the IJB will wish to continue to action and deliver its Strategic Plan and therefore to accept the budget as laid out above.

4 POLICY IMPLICATIONS

4.1 This paper is covered within the policies already agreed by the IJB.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper have yet to be assessed. Such issues will be the cornerstone of longer term planning to be undertaken beyond 2017/18, in partnership with the partners

6 RESOURCE IMPLICATIONS

6.1 Financial – discussed above.

6.2 Personnel – there are none.

7 BACKGROUND PAPERS

7.1 Previous reports to the IJB.

AUTHOR'S NAME	David King
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DATE	20 March 2017

Summary IJB Budget movements - 2016/17 to 2017/18

	2016/17 Budget Agreed £000's	2017/18 Budget Propositions £000's	Movements £000's	Estimated Pressures £000's	Plans Available £000's	Plans to be developed £000's
East Lothian Council	43,788	43,657	-131	2,000	1,800	200
NHS Lothian						
Core	54,710	57,843	3,133	1,175	1,175	0
Hosted	12,491	12,585	94	65	65	0
Set Aside	19,628	20,282	654	605	277	328
Social Care Fund						
2016/17	4,370	4,370	0			
2017/18		1,870	1,870			
Total IJB Budget	134,987	140,607	5,620	3,845	3,317	528

Notes

1. Budget Agreed - per the letter from ELC of February '16 and NHSiL letter of 14/6/16



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 March 2017

BY: Chief Officer

SUBJECT: Proposed Directions for 2017-18

13

1 PURPOSE

- 1.1 To present to the East Lothian Integration Joint Board a proposed set of Directions to be issued to NHS Lothian and East Lothian Council in March 2017.
- 1.2 Any member wishing additional information should contact the author of the report in advance of the meeting.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note end of year progress against the 2016-17 Directions and the decision taken to either end, continue, or replace each of these individual Directions.
- 2.2 The IJB is asked to agree the proposed 2017-18 Directions which require NHS Lothian and East Lothian Council to take action with partners across a range of priority services.
- 2.3 The IJB is asked to note that each partner responsible for delivering a Direction is required to report on progress with these quarterly, or as frequently as required by the IJB for the purposes of monitoring achievement.

3 BACKGROUND

- 3.1 The Public Bodies (Joint Working)(Scotland) Act 2014 sets out the process by which an Integration Joint Board delivers its Strategic Plan by issuing 'directions' to the Local Authority and the Health Board as appropriate. The IJB's policy states that Directions will be issued for each delegated function and for the allocation of the associated financial resource to support delivery of directions.

- 3.2 At its meeting of 31st March 2016 East Lothian IJB agreed its 2016-17 directions, aligned to the Strategic Plan. The Chief Officer issued these Directions on behalf of the IJB to East Lothian Council and NHS Lothian in March 2016 for the financial year 2016/17.
- 3.3 Progress against these Directions was reported at the 21 December IJB meeting as set out in table 1 below. Attainment against the 2016-17 Directions is unchanged since the December report.

Table 1 – Directions for 2016/17 and outcomes at March 2017

2016/17 Direction	Actions	Outcome
NHS Lothian Community Services	D01a to D01g	Achieved - 4 In Process - 2 Not Yet Achieved - 1
East Lothian Council Delegated Functions	D02a to D02h	Achieved - 2 In Process - 5 Not Yet Achieved - 1
NHS Lothian Set Aside	D03a and D03b	In Process - 2
NHS Lothian Hosted Services	D04a and D04b	Achieved - 2 In Process - 5
Resource Transfer	D05	Achieved
Integrated Care Fund	D06	Achieved
Delayed Discharge Fund	D07 -	Achieved
Integration Fund	D08	Achieved
Strategic Programmes	D09	Not Yet Achieved

- 3.4 Following discussion in the Strategic Planning Group, Strategic Plan Programme Board and IJB and taking into consideration the outcomes and targets applying to the IJB and the requirements of the Strategic Plan, a final list of Directions are proposed below in section 3.7.
- 3.5 In order to make it clearer for the partners, the following 2016-17 Directions will be ended or replaced by alternatives: D01c, D01e, D01f, D02a, D02b, D02c, D02e, D06 and D07.
- 3.6 Those Directions which continue from 2016-17 into 2017-18 are: D01a, D01b, D01d, D01g, D02d, D03a, D03b, D04a, D04b, D05, D08, D09.
- 3.7 The proposed 2017-18 Directions are summarised below. These focus on a smaller number of areas compared to the preceding year and focus on 'headline' Directions which are supported by a range of more specific Directions:

10 - Directions to NHS Lothian on Primary Care

D10a - Preparations for the new GMS arrangements (supersedes Directions D01e and D01f, aligned with Directions D01g, D04a, D04b)

D10b - support to Clusters (new Direction)

D10c - Primary Care Strategy (new Direction).

11 - Directions to NHS Lothian and East Lothian Council on reducing use of acute services and increasing community provision

D11a - Emergency Assessment Services and Emergency Admissions (new direction)

D11b - Occupied Bed Days (new Direction)

D11c - Delayed Discharges (supersedes Direction D07)

D11d - End of Life Care (new Direction)

D11e - Transfer of AHP resource from Secondary Care (new Direction)

D11g – Contracts for Care at Home (new Direction)

12 - Directions to NHS Lothian and East Lothian Council on shifting the balance of care for care groups

D12a - Contracts for Care at Home (supersedes Directions D02a and D02b)

D12b - Extra care housing (new Direction)

D12c - Day services for older people (supersedes Direction D02e)

D12d - reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals (supersedes Direction D01c and D02c)

D12e - Integrated Care Fund Review (supersedes Direction D06).

13 - Directions to NHS Lothian to support delivery of Modern Outpatients recommendations

D13a - Redesign of diabetes services and further development of care of Type 2 diabetes in primary care (new Direction)

14 - Direction to NHS Lothian and ELC on support to carers

D14a - Finalisation and implementation of the East Lothian Carers' Strategy and preparation for the Carers' Act (aligned with Direction D02d)

15 - Directions to NHS Lothian on drug and alcohol services and mental health

D15a - Allocation to ELHSCP of the full 12% of Drug and Alcohol funding (new Direction)

D15b - Redesign of MELDAP (new Direction)

D15c - Provision of adult mental health services (new Direction)

D15d - Provision of Older adult mental health services (new Direction)

16 - Direction to NHS Lothian and East Lothian Council on Community Justice

D16a - Work with the Reducing Reoffending Board (new Direction)

3.8 Further detail on the 2017-18 Directions is given in Appendix 1.

4 POLICY IMPLICATIONS

4.1 There are no new policy implications arising from this paper. Existing policy with regards to the production of Directions and the obligations these place on NHS Lothian and East Lothian Council remains extant.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or the economy

6 RESOURCE IMPLICATIONS

6.1 Financial - Directions for 2017/18

6.1.1 The IJB's policy on directions lays out that each direction – per the appropriate regulations that support the Public Bodies (Joint Working) (Scotland) Act 2014 – will show the financial resources (the budget) to be used to achieve that direction. A format for this resource analysis has been agreed with the partners and this was used to populate the individual directions issued in March 2016 and also to prepare a summary position. For 17/18 rather than having the financial values embedded in individual directions, these financial elements will be held in a summary table but with a clear connection to the individual direction. This will allow a relatively simple update of the financial position should this be required.

6.1.2 The directions use two sets of financial information:

- The social care element was based on the formal offer from East Lothian Council based on the Council's budget as set on 22 February 2017. This offer included the IJB's share of the Social Care Fund and the IJB agreed with the Council as to how that fund was to be used.
- The health service element was based on indicative financial planning values. NHS Lothian will set its 2017/18 budget at its meeting on 5 April 2017. It is not expected that the final position will be materially different from the indicative values.

6.1.2 It is recognised that budgets in the Directions have to be both meaningful and also reconcilable to the overall resources available to the IJB. As discussed above, an appropriate process is being developed to manage this and will be brought back to the IJB for discussion.

6.2 Personnel

6.2.1 A mechanism needs to be identified within the Planning and Performance function in the Health and Social Care Partnership to support regular monitoring of progress in delivering the Directions.

7 BACKGROUND PAPERS

7.1 Appendix 1 provides more detail on the 2017-18 Directions.

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DATE	20 March 2017

East Lothian Integration Joint Board - Budget Settlement at March 2017

	£000's	Direction	Function	
			Integrated	Set Aside
Social Care Services				
Adult Wellbeing	42,563	D02, D11, D12,D15, D16	Core	Set Aside
HRA	1,094	D02	Core	
	<u>43,657</u>			
Health Services				
Core				
Community AHPS	1,027	D01	Core	
Community Hospitals	8,827	D12	Core	
District Nursing	2,230	D01	Core	
GMS	12,247	D10	Core	
Health Visiting	1,327	D01	Core	
Mental Health	2,381	D15	Core	
Other	5,350	D12	Core	
Prescribing	21,227	D01	Core	
Resource Transfer	3,227	D05	Core	
	<u>57,843</u>			
Hosted				
Public Health	164	D04	Core	
Strategic Programmes	283	D09	Core	
AHP Dietetics	315	D04	Core	
AHP Other	84	D04	Core	
AHP Podiatry	387	D04	Core	
AHP Rehabilitation	549	D04	Core	
Complex Care	377	D04	Core	
Geriatric Medicine	40	D04	Core	
GMS	1,102	D10	Core	
Learning Disabilities	1,852	D04	Core	
Lothian Unsched. Care Serv.	1,131	D04	Core	
Mental Health	1,662	D15	Core	
Mental Health & Wellbeing	243	D15	Core	
Oral Health Services	1,223	D04	Core	
Other	(158)	D04	Core	
Psychology Service	690	D04	Core	
Rehabilitation Medicine	601	D04	Core	
Sexual Health	581	D04	Core	
Substance Misuse	666	D15	Core	
UNPAC	794	D04, D15	Core	
	<u>12,586</u>			
Acute Set Aside				
A & E (outpatients)	1,585	D11		Set Aside
Cardiology	3,598	D03		Set Aside
Diabetes	266	D13		Set Aside
Endocrinology	78	D03		Set Aside
Gastroenterology	897	D03		Set Aside
General Medicine	6,627	D11		Set Aside
Geriatric Medicine	3,364	D11		Set Aside
Infectious Disease	1,701	D03		Set Aside
Management	307	D03		Set Aside
Rehabilitation Medicine	429	D03		Set Aside
Respiratory Medicine	103	D03		Set Aside
Therapies	1,263	D11		Set Aside
Wgh Surgery	64	D03		Set Aside
	<u>20,282</u>			
Social Care Fund	6,240	D08	Core	
Total	140,608			

Directions which have no specific budget
D 14 - Carers Strategy

Appendix 1 – Proposed 2017/18 Directions

East Lothian Health & Social Care Partnership



East Lothian Integration Joint Board 2017-18 Directions

1. Policy Context

National Guidance - 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. East Lothian Integration Joint Board (IJB) requires a mechanism to action the Strategic Plan; this mechanism takes the form of binding directions from the Chief Officer as outlined below from the Integration Joint Board to one or both of NHS Lothian and East Lothian Council. All directions issued are pursuant to Sections 26 to 28 of the Public Bodies (Joint Working) Act 2014 and the appropriate element of East Lothian IJB's Integration Scheme.

East Lothian IJB's Approach to Directions 2017-18 - For Directions to successfully deliver their expected outcomes, they need to be considered and enacted in a genuine spirit of partnership working between the IJB, East Lothian Council and NHS Lothian. There is a clear commitment by the IJB not to create financial turbulence and instability in the delivery of direct services. During 2016-17 the Partnership sought to work in close collaboration with both NHS Lothian and Midlothian Council to ensure delivery of the Directions without unintended consequences for other parts of the system. As the IJB moves into its second year of operation it must adopt decisive leadership in reshaping health and social care services to continue to move towards local management and local delivery of these services, while delivering efficiencies. The 2017-18 Directions below set out the ambitions of the IJB.

The [East Lothian Strategic Plan 2016-19](#) outlines the direction of travel for the development of health and social care services in the county. In many areas the Plan remains at a high level to allow further work to be undertaken with key partners about how to achieve the

desired changes outlined in the Plan i.e. to reduce reliance on Acute Hospitals and Care Homes through strengthening Primary Care and Care at Home services. NHS Lothian and East Lothian Council are asked to develop and implement action plans which will enable the direction of travel outlined in the Strategic Plan to be realised with a particular emphasis on all services seeking to address Health Inequalities. The Council and NHS Lothian are also asked to fully engage in the development of approaches to realise the ambition of much stronger locality working, initially with a focus on services to older people.

East Lothian Integration Joint Board (IJB) must ensure that mechanisms are in place to action the Strategic Plan through its binding Directions to one or both of NHS Lothian and Midlothian Council and through action arising from the Directions.

Addressing inequalities - There are significant pockets of poverty across East Lothian. Although there is more deprivation in the west of the county, 50% of people experiencing poor health do not live in the most deprived areas¹. Also, there is evidence that being part of a specific group, including those with 'protected characteristics' under equalities legislation, for example people with disabilities, minority ethnic groups and the LGBT community can increase the likelihood of poor life chances.

East Lothian Health and Social Care Partnership will consider the impact of its policies and services on health inequalities and wider social inequalities by:

- Providing universal services which are proportionate to needs and complement these with flexible, targeted specialised services as required (e.g. for those who are most vulnerable and/or have the highest needs)
- Improving accessibility of services
- Taking a person-centred, needs-driven approach to planning, delivery and evaluation of services
- Developing policies and approaches which consider the impacts upon wider determinants of health and wellbeing (income, employment, housing, transport, community resources, natural and built environments etc)
- Avoiding price barriers to accessing services wherever possible and minimise price barriers where they are unavoidable
- Increase preventative and community-based resources.

¹ As defined by the Scottish Index of Multiple Deprivation

2. Financial Context

The financial resource allocated to each delegated function in a direction is a matter for the Integration Joint Board to determine. East Lothian IJB is constituted under Local Government regulations and as such, under the Local Government in Scotland Act 2003, has a duty to make arrangements to secure best value. It is expected that NHS Lothian and East Lothian Council will deliver the functions as directed in the spirit of this obligation.

The financial values ('budgets') within this direction are based on the offers made to East Lothian IJB by NHS Lothian and East Lothian Council in March 2017. It is understood that the finalisation of the 2017/18 financial plans by both partners continues and that the totality of these budgets includes efficiency schemes under development. Notwithstanding the indicative nature of these budgets East Lothian IJB will not sanction expenditure in excess of these amounts without further discussion and agreement. It is recognised that financial plans for 2018/19 and 2019/20 are not yet available.

The financial position for 2017-18 is challenging, with both NHS Lothian and East Lothian Council facing major financial pressures. It is recognised that the initial proposals on allocation of the Set Aside and Hosted Services budgets will require more detailed work to ensure parity but also to take account of significant differences in need and in the availability of local resources. A key direction of travel will be to disinvest in institutional care including bed-based hospital care and care homes for older people.

The IJB is required both to deliver financial balance in each and every year and to financially plan to deliver recurrent balance. Achieving a firm financial footing is critical to the success of the IJB and its Strategic Plan and to its ability to drive system-wide reforms such that it can deliver against its financial duties whilst improving outcomes for the East Lothian population. Central to this is the need to ensure that the IJB creates financial headroom to ensure it can maintain financial resilience. NHS Lothian and East Lothian Council are therefore required to share information on financial performance of delegated services to allow the IJB to gain assurance that said services are currently being delivered sustainably within approved resources and that the anticipated initial payments will be sufficient for the IJB to carry out its integration functions.

3. Growth in demand

The IJB has examined a number of factors to estimate anticipated growth including population and non-demographic growth, estimated looking at historical trends and extrapolated. Our plans acknowledge rising year-on-year activity and growth demand. In monitoring directions, the IJB will continue to undertake further analysis of the assumptions applied as they develop including:

- Whether the total budget and activity aligned to each programme is realistic and achievable
- Whether the split of budget and activity assumed for individual programmes is sensible
- Further examination of thresholds and any assumed increases or reductions.

As a fundamental principle there should be neither disinvestment nor further investment in delegated services without being subject to full discussion and agreement with East Lothian IJB.

4. Compliance and Performance Monitoring

In order to ensure East Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB and NHS Lothian and East Lothian Council will provide performance information for relevant services so that the IJB can develop a comprehensive performance management system.

In addition to the specific commitments set out in East Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian will provide the Integration Joint Board with any information which the Integration Joint Board may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

For each service which the IJB issues Directions for, NHS Lothian and East Lothian Council will as appropriate through its officers, provide an annual report in the final quarter of financial year 2017-18 on how it:

- assesses the quality of services it provides on behalf of the IJB
- ensures the regular evaluation of those services as part of an integrated cycle of service improvement.

NHS Lothian is expected to provide performance monitoring data in line with the Lothian Integration Dataset

In addition, for each service which the IJB issues Directions for, NHS Lothian and East Lothian Council will as appropriate, through its officers, provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the Integration Joint Board to NHS Lothian in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.

The IJB also directs NHS Lothian to provide costed activity analysis for all delegated functions as they pertain to the East Lothian population.

5. NHS Lothian Acute Hospitals Plan

The key objective of integration, to shift the balance of care from hospital and care home provision to community provision requires careful planning with the acute sector in collaboration with the other three IJBs in Lothian. As plans are developed the IJB will require a better understanding of East Lothian's current and expected use of all set-aside resources (beds and outpatient facilities). Following this, new or updated Directions may be issued in-year to initiate necessary changes. This approach will aim to maintain the stability of service delivery as NHS Lothian, the acute hospital service and partners work together on the finalisation and implementation of the Hospital Plan.

6. NHS Hosted Services

Progress has been made in identifying opportunities for integrated management arrangements to locally deliver some services such as substance misuse. For those services which, because of economies of scale, such an approach is not considered viable, arrangements will be developed which strengthen a whole system approach within East Lothian. As arrangements develop, further Directions will be issued as appropriate. In the meantime, NHS Lothian Hosted Services are asked to take account of the general direction of travel described in the Strategic Plan.

7. Impact of Directions on other Lothian IJBs

East Lothian IJB's Strategic Plan and aligned financial plan acknowledge the need to plan collaboratively on a prudent and realistic basis; this recognises the importance of maintaining current joint planning and risk sharing strategies across Lothian.

8. 2017-18 Directions

The Directions below, which are described in more detail in the following pages, set out the changes which need to take place in the design and delivery of services for the residents of East Lothian. As further service development and delivery plans are developed during the year and as funding allows, new or revised Directions will be issued. For those services which are not covered by a specific Direction the expectation is that NHS Lothian and East Lothian Council will continue to provide these services to a high quality within current budgets, endeavouring to meet national and local targets and following the strategic objectives laid out in the Strategic Plan.

10 - Directions to NHS Lothian on Primary Care

D10a - Preparations for the New GMS Arrangements (supersedes D01e and D01f, aligned with D01g, Do4a, D04b)

D10b - Support to Primary Care Quality Clusters (New Direction)

D10c - Primary Care Strategy (New Direction)

11 - Directions to NHS Lothian and ELC on reducing use of acute services and increasing community provision

D11a - Emergency Assessment Services and Emergency Admissions (New Direction)

D11b - Occupied Bed Days (new Direction)

D11c - Delayed Discharges (supersedes D07)

D11d - End of Life Care (new Direction)

D11e - Transfer of AHP resource from Secondary Care (new Direction)

D11f - Contracts for Care at Home (new Direction)

12 - Directions to NHS Lothian and ELC on shifting the balance of care for care groups

D12a - ELC delivered care at home services (supersedes D02a and D02b)

D12b - Extra care housing (new Direction)

D12c - Day services for older people (supersedes D02e)

D12d - Reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals (supersedes D01c and D02c)

D12e - Integrated Care Fund Review (supersedes D06)

13 - Directions to NHS Lothian to support delivery of Modern Outpatients recommendations

D13a - Redesign of diabetes services and further development of care of Type 2 diabetes in primary care (new Direction)

14 - Direction to NHS Lothian and ELC on support to carers

D14a - Finalisation and implementation of the East Lothian Carers' Strategy and preparation for the Carers' Act (aligned with D02d)

15 - Directions to NHS Lothian on drug and alcohol services and mental health

D15a - Allocation to ELHSCP of the full 12% of Drug and Alcohol funding (new Direction)

D15b - Redesign of MELDAP (new Direction)

D15c - Provision of adult mental health services (new Direction)

D15d - Provision of older adult mental health services (new Direction)

16 - Direction to NHS Lothian and ELC on Community Justice

D16a - Work with the Reducing Reoffending Board (new Direction)

These directions will remain in place until varied, revoked or superseded by a later direction in respect of the same function.

Directions for 2017-18

10 - Directions to NHS Lothian on Primary Care (D10a, D10b, D10c)

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D10a-2017 (preparations for the new GMS arrangements)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	Supersedes D01e and D01f, aligned with D01g, D04a, Do4b
7	Type of function	Integrated

8	Function(s) concerned	<p>All East Lothian independent contractor managed GP services (Sections 17j and 17c) and East Lothian Health and Social Care Partnership directly managed services (Section 2c).</p> <p>Service priorities as set out in the developing East Lothian Primary Care Strategy.</p>
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D10a - NHS Lothian to work with East Lothian Health and Social Care Partnership, GPs and their representatives, Primary Care Contractor Organisation and partners to prepare for the introduction of the elements of the New GP Contract in 2017 while maintaining support to practice teams across the county to meet the primary care needs of patients.</p>
9.a	Target and Measurement of Progress	<p>Target - A target or targets will be agreed once information is received from the Scottish Government on the requirements of the new GP contract. This information is expected to be released in stages in April and October 2017.</p> <p>Measurement - Approaches will be developed as appropriate to monitor progress against the agreed targets.</p>

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D10b-2017 (East Lothian GP quality clusters)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Integrated
8	Function(s) concerned	The development of East Lothian's two GP Quality Clusters in the west and the east of the county.

9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D10b - NHS Lothian to allocate to East Lothian Health and Social Care Partnership its proportionate share of all funds allocated for the development and support of GP Quality Clusters and to work with the partnership to develop quality improvement activities in general practice.</p>	
9.a	Target and Measurement of Progress	<p>Target -</p> <p>Measurement -</p>	<p>Production of a workplan by East Lothian Quality Clusters setting out planned actions to improve quality in individual practices and across the cluster areas.</p> <p>Monitoring of delivery of quality improvement actions within each area against the workplan and their outcomes.</p>

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D10c-2017 (East Lothian Primary Care Strategy)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Integrated
8	Function(s) concerned	All East Lothian independent contractor services (General Practice, Pharmacy, Dentistry and Optometry) and East Lothian Health and Social Care Partnership directly managed primary care services.

9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D10c - NHS Lothian to develop with partners a primary care strategy to prioritise actions across all primary care services in East Lothian to stabilise and develop these services, through service redesign and quality improvements, in order to respond to population growth, increasing demand on services and increasing complexity of care.</p>	
9.a	Target and Measurement of Progress	<p>Target -</p> <p>Measurement -</p>	<p>Completion of an East Lothian primary care strategy by December 2017</p> <p>Monitoring of delivery of the actions set out in the strategy against the relevant timeframes.</p>

11 - Directions to NHS Lothian and ELC on reducing use of acute services and increasing community provision (D11a, D11b, D11c, D11d, D11e, D11f)

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D11a-2017 (review of emergency assessment services)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Set-aside
8	Function(s) concerned	All Emergency Department (accident and emergency) services planned by East Lothian Integration Joint Board and defined as hospital services, as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and in East Lothian Integration Joint Board's Final Integration Scheme (February 2015).

		<p>Specifically the services concerned are:</p> <ul style="list-style-type: none"> • Emergency assessment services in Edinburgh • Emergency admissions arising from attendance at the Emergency Departments in the two acute hospitals or the Minor Injuries Unit at the Western General Hospital.
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>NHS Lothian to continue to provide Emergency Department services for the population of East Lothian as delivered at the time of issue of this direction.</p> <p>In addition, over the course of the financial year 2017-2018, East Lothian Integration Joint Board direct NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and approval:</p> <p>D11a - NHS Lothian and its acute services to work with officers of the East Lothian Health and Social Care Partnership and other HSCPs to review the provision of emergency assessment services in Lothian, with a view to streamlining this provision.</p> <p>NHS Lothian and its acute services to provide data on the pattern of emergency admission of East Lothian residents to secondary care and to work with officers of the East Lothian Health and Social Care Partnership to develop alternatives, where appropriate, to such admissions. Any resource freed up by a reduction in emergency admissions will be used to support alternative, community based services.</p>
9.a	Target and Measurement of Progress	<p>Target - 10% reduction in emergency assessment activity and emergency admissions for East Lothian residents</p> <p>Measurement - Emergency assessment numbers and emergency admissions arising from A&E presentation</p>

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D11b-2017 (reduction in occupied bed days)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Set-aside
8	Function(s) concerned	Occupied bed days for East Lothian residents arising from all episodes of unscheduled care.
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D11b - NHS Lothian to reduce the length of stay for all patients admitted following unscheduled admission. This is to be achieved by a reduction in delayed discharges, avoidable admission and inappropriately long stays in acute hospital and through the development of locally available community services and facilities.</p>

9.a	Target and Measurement of Progress	Target - Reduce occupied bed days by 10% for 2018 compared to 2017. Measurement - Occupied Bed Days.
1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D11c-2017 (delayed discharges)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual. To provide services to all service users and carers within the geographical boundaries of East Lothian which: <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	Supersedes D07
7	Type of function	Set-aside
8	Function(s) concerned	All actions intended to reduce delayed discharges (defined as 'a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date') of East Lothian residents from acute hospital beds. Also, through these actions move towards delivering reductions in delayed discharges to

		reliably achieve timely discharge from hospital in order to meet the 2 week standard.
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D11c - NHS Lothian to delegate to the IJB the agreed budget for the Delayed Discharge Fund and working with East Lothian Council to continue to make progress towards delivery of delayed discharge targets and a reduction in occupied bed days, through the provision of alternatives to inpatient care.</p>
9.a	Target and Measurement of Progress	<p>Target - Deliver zero delays over 2 weeks by the end of 2017-18 while working towards no delays over 72 hours.</p> <p>Measurement - Monthly national census reflecting performance by the partnership.</p>

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D11d-2017 (end of life care)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Integrated
8	Function(s) concerned	Palliative care delivered to East Lothian residents by the East Lothian community palliative care teams, hospice-provided specialist palliative care community services and hospital-based specialist palliative care teams.

9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D11d - NHS Lothian to work with the Managed Clinical Network for Palliative Care, hospital, community and third sector palliative care services to provide specialist assessment of East Lothian patients in their own homes, care homes or community hospitals to maximise the delivery of patient-centred end of life care at home or in a homely setting.</p>	
9.a	Target and Measurement of Progress	<p>Target -</p> <p>Measurement -</p>	<p>Reduce by 10% the number of occupied bed days in the last six months of life that are spent in acute hospital settings</p> <p>Location of care for people receiving end of life care.</p>

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D11e-2017 (Transfer of AHP Resource from Secondary Care)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Set-aside
8	Function(s) concerned	Acute service based Allied Health Professional (AHP) posts and associated services delivered in acute settings.
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D11e - NHS Lothian to provide information on the numbers of AHPs and associated resources in acute settings and to work with East Lothian HSCP to plan for the redeployment of appropriate numbers of these AHPs and associated resources to community settings to avoid admission and to support discharge of East Lothian residents.</p>

9.a	Target and Measurement of Progress	<p>Target -</p> <p>Measurement -</p>	<p>East Lothian to receive a proportionate share of the identified AHP resource by the last quarter of 2017/18</p> <p>The increase in whole time equivalent AHP numbers in community settings resulting from staff redeployment.</p>

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D11f-2017 (commissioned care at home services)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	East Lothian Council
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	Aligned to D02a
7	Type of function	Integrated
8	Function(s) concerned	All East Lothian Council commissioned care at home services.
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D11f – East Lothian Council to proceed to procure care at home services on the basis of the new and agreed model of care and associated revised commissioning and tendering process.</p>

9.a	Target and Measurement of Progress	Target - Measurement -	At the point of contract review all care at home services will be commissioned on the basis of the new model. Number of services delivered under the revised arrangements.
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12 - Directions to NHS Lothian and ELC on shifting balance of care for care groups (Directions 12a, 12b, 12c, 12d, 12e)

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D12a-2017 (East Lothian Council delivered care at home services)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	East Lothian Council
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	supersedes D02a and D02b
7	Type of function	Integrated
8	Function(s) concerned	All care at home services delivered by East Lothian Council

9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D12a - East Lothian Council to develop its protocols to simplify and speed up the process for assessing and acting on an individual client's needs for care at home.</p>
9.a	Target and Measurement of Progress	<p>Targets -</p> <ol style="list-style-type: none"> 1. Clients to be assessed for care at home within 7 days of request/referral. 2. If, following assessment, care at home is required this will be provided within 7 days. 3. Reassessment of clients will be carried out every 3 months <p>Measurement -</p> <p>Number of days each client waits for assessment, number of days awaiting care following assessment and percentage reviewed every 3 months.</p>

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D12b-2017 (extra care housing)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	East Lothian Council
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Integrated
8	Function(s) concerned	All extra care housing for all client groups across East Lothian.
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D12b - East Lothian Council to finalise the extra care housing report and to develop a plan with partners to deliver all its recommendations to improve housing provision for people with care needs.</p>

9.a	Target and Measurement of Progress	Target -	To finalise by June 2017 the report, associated workplan and delivery timetable.
		Measurement -	Report production and delivery of recommendations within the agreed timeframe.

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D12c-2017 (day services for older people)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	East Lothian Council
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	Supersedes D02e
7	Type of function	Integrated
8	Function(s) concerned	East Lothian Council and East Lothian Health and Social Care Partnership delivered day services for older people.
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D12c - East Lothian Council to finalise and implement the strategy for day services for older people in order to improve access to and quality of day services across the county while delivering service efficiencies.</p>

9.a	Target and Measurement of Progress	<p>Target -</p> <p>Measurement -</p>	<p>Deliver increased capacity across all areas so reducing waiting times for day services.</p> <p>Percentage of older people assessed as needing day services that are in receipt of a service.</p>
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1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D12d-2017 (reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian and East Lothian Council
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	Supersedes D01c and D02c
7	Type of function	Integrated
8	Function(s) concerned	All services currently delivered through Eskgreen Care Home and Abbey Care Home and Edington Hospital and Belhaven Hospital.

9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D12d - NHS Lothian and East Lothian Council to set up projects to deliver the reprovision of Eskgreen and Abbey Care Homes and Edington and Belhaven Hospitals and to deliver on the recommendations of the Housing with Care report.</p>	
9.a	Target and Measurement of Progress	<p>Target -</p> <p>Measurement -</p>	<p>Complete by January 2018 all reviews of provision across the 4 settings and prepare a plan to develop and coordinate future service provision.</p> <p>Completion of reviews and production of an agreed delivery plan.</p>

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D12e-2017 (Integrated Care Fund review)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	Supersedes D06
7	Type of function	Integrated
8	Function(s) concerned	All delegated functions as they pertain to the annual East Lothian Integrated Care Fund Plan.
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board has previously directed NHS Lothian (Direction D06) to delegate the agreed budget for the Integrated Care Fund to the IJB in line with the agreed annual Integrated Care Fund Plan.</p> <p>East Lothian Integration Joint Board now directs:</p>

		D12e - NHS Lothian to delegate the agreed budget for the Integrated Care Fund to the IJB, to review the achievements of the Integrated Care Fund in 2016/17 and based on this, to develop a revised Integrated Care Fund Plan for 2017/18.	
9.a	Target and Measurement of Progress	Target -	Complete by June 2017 a review of the 2016/17 integrated care fund and prepare a revised Integrated Care Fund plan.
		Measurement -	Completion of the review and production of a revised plan.

13 - Directions to NHS Lothian to support delivery of the Modern Outpatients recommendations

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D13a-2017 (Redesign of diabetes services)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	East Lothian Council
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Set-aside
8	Function(s) concerned	<p>All adult diabetes health services planned for and delivered to residents of East Lothian, within the geographical boundaries of the East Lothian Health and Social Care Partnership and elsewhere across Lothian. Specifically the services concerned are:</p> <ul style="list-style-type: none"> • Consultant Diabetologist-led outpatient clinics • Diabetes Specialist Nursing support • Diabetic Foot Clinic

		<ul style="list-style-type: none"> • Dietetics Services for diabetes • Diabetic Retinopathy Screening • Psychology support to people living with diabetes • Structured education for people living with diabetes • Professional education on diabetes care to primary care colleagues • Services provided by health professionals that aim to prevent diabetes.
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board direct NHS Lothian to continue to provide diabetes specialist and associated services at Roodlands Hospital as delivered for the population of East Lothian at time of issue of this direction.</p> <p>Over the course of the financial year 2017-2018, East Lothian Integration Joint Board direct NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and approval:</p> <p>D13a - NHS Lothian and its diabetes specialist services to work with officers of the East Lothian Health and Social Care Partnership to maintain delivery of diabetes outpatient clinics within Roodlands hospital and to develop local primary care delivery of high quality diabetes diagnosis, care, treatment and patient education to improve outcomes for people living with diabetes. In carrying out this work, all opportunities will be taken to redirect diabetes resources from acute hospital services to community services.</p>
9.a	Target and Measurement of Progress	<p>Target - By the end of 2017/18, all non-complex Type 2 patients from East Lothian currently receiving diabetes care in acute hospital clinics will receive this care in a primary care setting, with appropriate resource following the patient.</p> <p>Measurement - The SCI-DC diabetes register will be used to identify Type 2 patients receiving care in acute settings at the beginning of 2017/18 and to monitor progress in these patients transferring to primary care.</p>

14 - Direction to NHS Lothian and ELC on support to carers

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D14a-2017 (support to carers)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian and East Lothian Council
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	Aligned with D02d
7	Type of function	Integrated function
8	Function(s) concerned	All NHS Lothian, East Lothian Council and East Lothian Health and Social Care Partnership delivered services in support of carers.

9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D14a - NHS Lothian and East Lothian Council to finalise and implement the East Lothian Carers' Strategy, working with East Lothian Health and Social Care Partnership, third sector and other partners to plan delivery of the strategy's priorities.</p> <p>In addition, partners are to work together to assess unpaid carers' needs, to deliver a range of relevant support services in order to help to reduce any negative impact of a caring role on an individual's own health and well-being and to prepare for the Carers' Act in 2018.</p>
9.a	Target and Measurement of Progress	<p>Targets -</p> <ul style="list-style-type: none"> 1 - Produce a Carers' Strategy by the third quarter of 2017-18 2 - Deliver a needs assessment of unpaid carers' needs by the third quarter of 2017-18 3 - Ensure all unpaid carers receive an assessment of their needs within 4 weeks of referral or self-referral. <p>Measurement -</p> <p>Number of needs assessments each month and outcome of assessments.</p>

15 - Directions to NHS Lothian on drug and alcohol services and mental health (Directions 15a, 15b, 15c, 15d)

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D15a-2017 (drug and alcohol funding)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Integrated
8	Function(s) concerned	Alcohol and Drug services for residents of East Lothian
9.	Required Actions / Directions	East Lothian Integration Joint Board directs:

		D15a - NHS Lothian to make available to East Lothian IJB, a 12% share of the Scottish Government Drugs and Alcohol Funding for ADPs as well as 12% of the NHS Lothian core budget spent on Alcohol and Drugs.	
9.a	Target and Measurement of Progress	Target -	East Lothian IJB to secure its share of all drug and alcohol monies.
		Measurement -	Amount of budget provided through both routes.

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D15b-2017 (redesign of MELDAP)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Integrated
8	Function(s) concerned	Alcohol and Drug services for residents of East Lothian
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D15b - NHS Lothian to allocate the available share of ADP and NHS Lothian core funding for the development by MELDAP (within the finances available) of redesigned and locally managed and community delivered prevention, recovery and treatment services to meet</p>

		the needs of East Lothian residents who are dependent on any substance.	
9.a	Target and Measurement of Progress	Target -	To maintain service delivery while completing the service redesign exercise by August 2017
		Measurement -	Recording of client numbers and client location following the service redesign in comparison with numbers over the previous year. Ongoing monitoring of service uptake.

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D15c-2017 (adult mental health services)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian and East Lothian Council
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Integrated
8	Function(s) concerned	Mental health services for residents of East Lothian
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D15c - NHS Lothian and East Lothian Council to develop an integrated Mental Health Team with a single point of referral and triage to ensure mental health service users receive the right support by the right people at the right time, closer to home. This team is</p>

		<p>to:</p> <ul style="list-style-type: none"> • Develop an assertive in-reach model to Hermitage Ward, to support bed closures at the Royal Edinburgh Hospital and to ensure that inpatients from East Lothian have a safe, timely discharge process, with an appropriate social care package determined by their assessed needs. • Develop mental health service input to the Musselburgh Primary Care Centre to improve access to mental health support in primary care, in partnership with primary care teams, community mental health teams, NHS 24 and HSCP and East Lothian Council Strategy Officers. • Work with East Lothian HSCP and Police Scotland to develop mental health 'street triage' as part of responses to the national driver for distress brief interventions.
9.a	Target and Measurement of Progress	<p>Target - To maintain all elements of service delivery while developing the street triage approach by April 2017, the assertive in-reach model by May 2017 and the single point of referral by June 2017.</p> <p>Measurement - Progress against all developments will be assessed using quality improvement methodology (test of change) activity levels and location of service delivery.</p>

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D15d-2017 (older adult mental health services)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Integrated
8	Function(s) concerned	Older Adults' Mental Health Services for residents of East Lothian
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D15d – NHS Lothian to:</p> <ul style="list-style-type: none"> • Work towards closure of Hopetoun Day Unit and the review and redesign of

		<p>resources to develop an integrated Mental Health Service which will deliver person centred holistic care to older residents of East Lothian.</p> <ul style="list-style-type: none"> • Redesign the East Lothian and Midlothian Psychiatric Assessment Team (EMPAT) to further develop the provision of education to all nursing and care homes across the two areas, in support of roll-out of the Newcastle model of Stress and Distress • Develop Dementia Diagnosis within Primary Care and the provision of support from Alzheimer link workers, or Community Psychiatric Nurse on the day of diagnosis. The approach should initially be piloted in two GP practices, one in Tranent and one in Ormiston.
9.a	Target and Measurement of Progress	<p>Target - To develop the availability of primary care based dementia diagnosis as well as the provision of one year of post diagnostic support.</p> <p>To work towards application of the 5 pillars approach.</p> <p>Measurement - The number of dementia diagnoses and the proportion receiving post-diagnostic support.</p>

16 - Direction to NHS Lothian and ELC on Community Justice

1	Implementation date	1 st April 2017
2	Reference number	EL IJB/NHSL/D16a-2017 (community justice)
3	Integration Joint Board Authorisation date	30 th March 2017
4	Direction to	NHS Lothian
5	Purpose and strategic intent	<p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures. To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction, or is it a new Direction?	New Direction
7	Type of function	Integrated
8	Function(s) concerned	<p>All Health and Social Care Services for people who have committed offences including (but not exclusive to):</p> <ul style="list-style-type: none"> • Criminal Justice Social Work • Alcohol & Drug Services • Mental Health Services

		<ul style="list-style-type: none"> • GPs • Public Health Services • A&E Services • Prison Health Services.
9.	Required Actions / Directions	<p>East Lothian Integration Joint Board directs:</p> <p>D16a - NHS Lothian and East Lothian Council to work with the Reducing Reoffending Board over the course of the financial year 2017-2018, to ensure delivery of:</p> <ul style="list-style-type: none"> • Improved Community Understanding and Participation in Community Justice • Strategic Planning and Partnership Working • Equitable Access to Services • Evidence Based Interventions.
9.a	Target and Measurement of Progress	<p>Target - Delivery of agreed Community Justice Outcomes</p> <p>Measurement- A range of Community Justice Indicators</p>

Appendix 1 - Alignment of 2017/18 Directions with National Priorities and Performance Indicators

Priority	Direction																				
	10a	10b	10c	11a	11b	11c	11d	11e	11f	12a	12b	12c	12d	12e	13a	14a	15a	15b	15c	15d	16a
A - National Health and Wellbeing Outcomes for Integration Joint Boards																					
1. People are able to look after and improve their own health and wellbeing and live in good health for longer	✓		✓				✓		✓		✓	✓		✓	✓	✓		✓	✓		
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓			✓	✓	
3. People who use health and social care services have positive experiences of those services, and have their dignity respected	✓		✓	✓			✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓
5. Health and social care services contribute to reducing health inequalities	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓		✓
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being	✓		✓												✓	✓		✓			
7. People using health and social care services are safe from harm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	✓		✓				✓	✓		✓			✓								✓
9. Resources are used effectively and efficiently in the provision of health and social care services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Priority	Direction																				
B - Integration Planning and Delivery Principles (services are provided in a way which)	10a	10b	10c	11a	11b	11c	11d	11e	11f	12a	12b	12c	12d	12e	13a	14a	15a	15b	15c	15d	16a
1. Are integrated from the point of view of service-users	✓		✓				✓	✓	✓			✓	✓		✓	✓	✓	✓	✓	✓	✓
2. Take account of the particular needs of different service-users	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓
3. Take account of the particular needs of service-users in different parts of the area in which the service is being provided	✓	✓	✓				✓		✓	✓	✓		✓		✓	✓		✓	✓	✓	✓
4. Take account of the particular characteristics and circumstances of different service-users	✓	✓		✓			✓		✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓
5. Respects the rights of service-users	✓						✓		✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓
6. Take account of the dignity of service-users	✓						✓		✓	✓		✓			✓	✓		✓	✓	✓	✓
7. Take account of the participation by service-users	✓						✓		✓	✓		✓	✓		✓	✓		✓	✓	✓	✓
8. Protects and improves the safety of service-users	✓	✓	✓	✓			✓		✓	✓			✓		✓	✓		✓	✓	✓	
9. Improves the quality of the service	✓	✓	✓	✓	✓		✓		✓	✓			✓	✓	✓	✓		✓	✓	✓	✓
10. Are planned and led locally in a way which is engaged with the community	✓		✓									✓	✓		✓	✓					
11. Best anticipates needs and prevents them arising	✓			✓	✓	✓			✓							✓					
12. Makes the best use of the available facilities, people and other resources.	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Priority	Direction																				
	10a	10b	10c	11a	11b	11c	11d	11e	11f	12a	12b	12c	12d	12e	13a	14a	15a	15b	15c	15d	16a
C - East Lothian Health and Social Care Partnership Strategic Objectives																					
A. To make universal services more accessible and proportionate to need and to develop our communities.	✓		✓										✓						✓	✓	
B. To improve prevention and early intervention.	✓		✓												✓			✓	✓		
C. To reduce unscheduled care.	✓		✓		✓	✓				✓			✓	✓	✓						
D. To provide care closer to home.	✓		✓				✓	✓	✓	✓	✓		✓	✓						✓	
E. To deliver services within an integrated care model.	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		✓	✓
F. To enable people to have more choice and control.	✓		✓				✓		✓							✓				✓	
G. To further optimise efficiency and effectiveness.	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
H. To reduce health inequalities.	✓	✓	✓						✓									✓	✓		
I. To build and support partnership working.	✓	✓	✓	✓					✓		✓	✓	✓								✓

Priority	Direction																				
	10a	10b	10c	11a	11b	11c	11d	11e	11f	12a	12b	12c	12d	12e	13a	14a	15a	15b	15c	15d	16a
D - Health and Social Care Delivery Plan Actions																					
1. Reducing inappropriate use of hospital services	✓		✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	
2. Shifting resources to primary and community care	✓		✓					✓	✓					✓	✓		✓		✓	✓	
3. supporting the capacity of community care	✓		✓					✓	✓				✓	✓	✓		✓		✓	✓	✓
4. Building up capacity in primary and community care	✓	✓	✓					✓						✓	✓					✓	
5. supporting development of new models of care	✓	✓	✓	✓				✓					✓		✓		✓	✓	✓	✓	✓
6. Reducing unscheduled care	✓		✓		✓				✓	✓			✓	✓					✓		
7. Improving scheduled care			✓											✓						✓	
8. Improving outpatients			✓					✓							✓				✓		
9. Strengthen relationships between professionals and individuals	✓	✓	✓																	✓	✓
10. Reduce the unnecessary cost of medical action	✓	✓	✓	✓	✓	✓	✓						✓	✓	✓				✓	✓	
11. Supporting national priorities	✓	✓	✓	✓	✓	✓	✓									✓	✓		✓	✓	✓
12. Supporting key public health issues	✓																			✓	
13. Supporting mental health	✓									✓	✓	✓	✓				✓	✓	✓	✓	✓
14. Supporting a more active Scotland	✓											✓									

Priority	Direction																					
	10a	10b	10c	11a	11b	11c	11d	11e	11f	12a	12b	12c	12d	12e	13a	14a	15a	15b	15c	15d	16a	
E - Integration Priorities																						
1. Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges.					✓	✓								✓						✓	✓	
2. Increase provision of good quality, appropriate palliative and end of life care,							✓						✓									
3. Enhance primary care provision,	✓		✓												✓					✓	✓	
4. Reflect delivery of the new Mental Health Strategy	✓		✓									✓	✓							✓	✓	
5. Where children's services are integrated, continue to invest in prevention and early intervention																						
6. Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work,																		✓	✓			✓
7. Ensure provision of the living wage to adult care workers										✓	✓	✓	✓									
8. Continue implementation of Self Directed Support.											✓	✓										
9. Prepare for commencement of the Carers (Scotland Act) 2016 on 1 April 2018.	✓		✓									✓				✓						

Priority	Direction																				
	10a	10b	10c	11a	11b	11c	11d	11e	11f	12a	12b	12c	12d	12e	13a	14a	15a	15b	15c	15d	16a
F - Measuring Performance under Integration																					
1. Unplanned admissions.	✓		✓											✓						✓	
2. Occupied bed days for unscheduled care.				✓	✓	✓								✓					✓		
3. A&E performance.			✓	✓																	
4. Delayed discharges.					✓	✓								✓					✓	✓	
5. End of life care.	✓		✓				✓						✓								
6. The balance of spend across institutional and community services.	✓		✓				✓		✓					✓				✓	✓	✓	

Appendix 2 - Summary of Performance Indicators

A - National Health and Wellbeing Outcomes for Integration Joint Boards

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

- Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer
- Outcome 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
- Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected
- Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Outcome 5. Health and social care services contribute to reducing health inequalities
- Outcome 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
- Outcome 7. People using health and social care services are safe from harm
- Outcome 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
- Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services

B - Integration Planning and Delivery Principles

The main purpose of the principles is to improve the wellbeing of service-users and to ensure services are provided in a way which:

1. Are integrated from the point of view of service-users
2. Take account of the particular needs of different service-users
3. Take account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respects the rights of service-users
6. Take account of the dignity of service-users
7. Take account of the participation by service-users in the community in which service-users live
8. Protects and improves the safety of service-users
9. Improves the quality of the service
10. Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
11. Best anticipates needs and prevents them arising
12. Makes the best use of the available facilities, people and other resources.

C - East Lothian Health and Social Care Partnership Strategic Objectives

- A. To make universal services more accessible and proportionate to need and to develop our communities.
We want to improve access to our services, but equally to help people and communities to help and support themselves too.
- B. To improve prevention and early intervention.
We want to shift and focus services towards the prevention of ill health, to anticipate at an early stage the need for support and to react where possible to prevent crises.
- C. To reduce unscheduled care.
We want to reduce unnecessary demand for services including hospital care.
- D. To provide care closer to home.
We want to deliver safe and effective care as close to home as possible, allowing people to remain in their homes and communities for as long as they can.
- E. To deliver services within an integrated care model.
We recognise the need to make people's journey through all our services smoother and more efficient.
- F. To enable people to have more choice and control.
We recognise the importance of person centred and outcomes focused care planning.
- G. To further optimise efficiency and effectiveness.
We want to improve the quality of our services whilst recognising and addressing the challenging financial constraints we face.
- H. To reduce health inequalities.
We want to reduce inequalities, break the cycle and impact of deprivation and support and protect the vulnerable in our communities.
- I. To build and support partnership working.
We recognise the importance of developing effective and wide ranging strategic partnerships in delivering our ambition, vision and values.

D - Health and Social Care Delivery Plan Actions

Health and Social Care Integration

1. Reducing inappropriate use of hospital services.
2. Shifting resources to primary and community care.
3. Supporting the capacity of community care.

Primary and Community Care

- 4 Building up capacity in primary and community care.
- 5 Supporting development of new models of care.

Secondary and Acute Care

6. Reducing unscheduled care.
7. Improving scheduled care.
8. Improving outpatients.

Realistic Medicine

9. Strengthen relationships between professionals and individuals
10. Reduce the unnecessary cost of medical action.

Public Health Improvement

11. Supporting national priorities
12. Supporting key public health issues
13. Supporting mental health
14. Supporting a more active Scotland

E - Integration Priorities

1. Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible.
2. Increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices, so that people who would benefit from such care access it.
3. Enhance Primary care provision, with particular focus on developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract.
4. Reflect delivery of the new Mental Health Strategy, with particular focus on developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services.
5. Where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.
6. Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8m is transferring to NHS Board baselines for delegation to Integration Authorities.
7. Ensure provision of the living wage to adult care workers and plan for sustainability of social care provision.
8. Continue implementation of Self Directed Support.
9. Prepare for commencement of the Carers (Scotland Act) 2016 on 1 April 2018.

F - Measuring Performance under Integration

1. Unplanned admissions.
2. Occupied bed days for unscheduled care.
3. A&E performance.
4. Delayed discharges.
5. End of life care.
6. The balance of spend across institutional and community services.



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 March 2017

BY: Chief Officer

SUBJECT: Changes to the Voting Membership and Chair of East Lothian Integration Joint Board and NHS Membership of the Audit and Risk Committee

14

1 PURPOSE

- 1.1 This report asks the Integration Joint Board (IJB) to note the changes to NHS Lothian membership, to agree the appointment of a Chair and to agree transitional arrangements for the approval of minutes.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note that Mr Mike Ash is to be replaced by Professor Moira White as an NHS Lothian voting member from 1 April 2017.
- 2.2 Agree the appointment of the Chair of the IJB for two years from April 2017.
- 2.3 Agree that Fiona Ireland should replace Peter Murray as an NHS member of the IJB Audit and Risk Committee.
- 2.4 Agree that the minutes of the most recent meetings, which could not be approved by the IJB or the Audit and Risk Committee before the change in membership, be submitted to the current Chairs for verification and signing.

3 BACKGROUND

- 3.1 NHS Lothian agreed at its meeting in January 2017 that Professor Moira White should replace Mr Mike Ash as an NHS Lothian voting member of the IJB.
- 3.2 The Scheme of Integration for the IJB states that the Chair will alternate between an East Lothian Council voting member and an NHS Lothian voting member every two years. The Chair is due to be held by an NHS Lothian voting member from April 2017 to March 2019.

- 3.3 The current chair should seek a nomination from amongst the NHS Lothian voting members and should then seek IJB agreement to that nomination.
- 3.4 It is proposed that Fiona Ireland should replace Peter Murray as one of the NHS members of the IJB Audit and Risk Committee.
- 3.5 Members should also note that there will be changes to the East Lothian Council voting membership on both the IJB and the Audit and Risk Committee following the local government elections on 4 May 2017. A further report on changes to the membership will be presented to the IJB's meeting on 22 June.
- 3.6 In accordance with Rule 11.2 of the IJB's Standing Orders and the associated Scheme of Administration, the IJB or its Committees receive and review their minutes for agreement at the following meeting. The minutes are then signed by the Chair who presided at the meeting. It is proposed that the minutes of the most recent meetings, which could not be approved by the IJB or the Committee before the change in membership, be submitted to the current Chair for verification and signing, and that these minutes will be accepted as a true and accurate record. The minutes will thereafter be published on the Council's website.

4 POLICY IMPLICATIONS

- 4.1 There are no policy implications of the paper.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 This report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

6 RESOURCE IMPLICATIONS

- 6.1 There are no resource implications of this paper.

7 BACKGROUND PAPERS

- 7.1 None.

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DESIGNATION	Chief Officer
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DATE	20 March 2017



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 March 2016

BY: Chief Finance Officer

SUBJECT: Reserves Policy

15

1 PURPOSE

- 1.1 The purpose of this report is to provide the IJB with a draft Reserves Policy for consideration and approval.

2 RECOMMENDATIONS

It is recommended that the IJB:

- 2.1 Note the contents of this report.
- 2.2 Approve and adopt the draft reserves policy as laid out in the Annex to this report.

3 BACKGROUND

- 3.1 The IJB approved the Financial Regulations at its meeting in October 2015. These regulations laid out that the IJB may hold reserves and the Chief Finance Officer will prepare a policy to hold and manage any such reserves which will be presented to the IJB for approval.
- 3.2 A draft reserves policy for the IJB is attached to this report and this provides full detail to support the governance for creating and holding revenue reserves for the Integration Joint Board.
- 3.3 Reserves are generally held for 3 purposes:
- i. create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
 - ii. create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves;

iii. create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities

3.4 The Reserves Policy suggests a prudent level of general reserve (i.e. bullets i. and ii. above) be set at around 2% of the Integration Joint Board revenue budget, which equates to approximately £2.2m. This 2% compares to East Lothian Council reserves policy of 4%.

3.5 Whilst this level of general reserve would allow the Integration Joint Board a degree of flexibility this must be proportionate and take cognisance of the level of savings required to be delivered within the revenue budget. Given the unprecedented economic climate in which the Integration Joint Board and partners are operating this will be kept under regular review.

3.6 The proposed 2% should be viewed as an optimum level of reserves, that could be built up over time, recognising the tension between prudent financial planning and budgetary constraints.

3.7 The IJB does not in 2016/17 have the resources to fund a general reserve and is very unlikely to have resources in 2017/18 to allow the creation of such a reserve. That said, the IJB does require a reserves policy and this policy proposes that a target reserve of c. 2% of its annual budget is appropriate.

3.8 The Reserves Policy supports the Financial Regulations which set out the financial governance framework that the Integration Joint Board will operate within.

4 POLICY IMPLICATIONS

4.1 The reserves policy, if approved, will become one of the IJB's policies.

5 EQUALITIES IMPLICATIONS

5.1 Any changes to workforce arrangements will be subject to equality impact assessments.

6 RESOURCE IMPLICATIONS

6.1 There are no resource implications arising from any decisions made on this report.

7 BACKGROUND PAPERS

7.1 IJB's Financial Regulations

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
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DATE	28 th March 2017

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1. Background

1.1 To assist local authorities (and similar bodies) in developing a framework for reserves, CIPFA have issued guidance in the form of the *Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances*. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves. As the East Lothian Integration Joint Board has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes by the Office of National Statistics (ONS), it is able to hold reserves which should be accounted for in the financial accounts and records of the Integration Joint Board.

1.2 The purpose of a reserve policy is to:

- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- identify the principles to be employed by the Integration Joint Board in assessing the adequacy of the Integration Joint Board's reserves;
- indicate how frequently the adequacy of the Integration Joint Board's balances and reserves will be reviewed; and
- set out arrangements relating to the creation, amendment and use of reserves and balances.

1.3 In common with local authorities, the Integration Joint Board can have reserves within a usable category.

2. Statutory/Regulatory Framework for Reserves

Usable Reserves

2.1 Local Government bodies - which includes the Integration Joint Board for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

<i>Usable Reserve</i>	<i>Powers</i>
General Fund	Local Government Scotland Act 1973

2.2 For each reserve there should be a clear protocol setting out:

- the reason / purpose of the reserve;

- how and when the reserve can be used;
- procedures for the reserves management and control; and
- the review timescale to ensure continuing relevance and adequacy.

3. Operation of Reserves

3.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the Integration Joint Board cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
 - future use of funds for a specific purpose, as agreed by the Integration Joint Board; or
 - commitments made under delegated authority by Chief Officer, which cannot be accrued at specific times (e.g. year end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the Integration Joint Board.

4. Role of the Chief Financial Officer

4.1 The Chief Financial Officer is responsible for advising on the targeted optimum levels of reserves the Integration Joint Board would aim to hold (the prudential target). The Integration Joint Board, based on this

advice, should then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

- 5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Financial Officer must take account of the strategic, operational and financial risks facing the Integration Joint Board over the medium term and the Integration Joint Board's overall approach to risk management.
- 5.2 In determining the prudential target, the Chief Financial Officer should consider the Integration Joint Board's Strategic Plan, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.
- 5.3 In light of the size and scale of the Integration Joint Board's responsibilities, over the medium term it is proposed that a prudent level of general reserves will represent approximately 2% of net expenditure. This value of reserves must be reviewed annually as part of the Integration Joint Board Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

- 6.1 The Chief Financial Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 6.2 The level and utilisation of reserves will be formally approved by the Integration Joint Board based on the advice of the Chief Financial Officer. To enable the Integration Joint Board to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.
- 6.3 As part of the budget report the Chief Financial Officer should state:
 - the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
 - the adequacy of general reserves in light of the Integration Joint Board's Strategic Plan, the medium term financial outlook and the overall financial environment;

- an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
- if the reserves held are under the prudential target, that the Integration Joint Board should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.