

East Lothian
Integration Joint Board



**MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD**

**THURSDAY 30 MARCH 2017
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

Voting Members Present:

Mr A Ash
Councillor S Akhtar
Councillor S Currie (items 1 – 10)
Councillor Goodfellow (items 1 – 11)
Councillor D Grant
Ms F Ireland
Mr P Murray

Non-voting Members Present:

Ms F Duncan (items 6 – 15)
Dr R Fairclough
Dr A Flapan (items 5 – 15)
Mr D King
Ms A MacDonald
Mrs M McKay (items 1 – 9)
Mr T Miller
Ms S Saunders
Mr D Small
Mr E Stark

ELC/NHS Officers Present:

Mr M Bonnar
Mr P Currie
Mr B Davies
Ms J Ogden-Smith

Clerk:

Ms F Currie

Apologies:

Mr A Joyce
Mr D Harvie
Ms M McNeill
Mr A Wilson

Declarations of Interest:

Mr E Stark declared an interest in relation to Item 7 – Integrated Care Fund.

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 23 FEBRUARY 2017

The minutes of the East Lothian Integration Joint Board meeting of 23 February 2017 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 23 FEBRUARY 2017

The following matters arising from the minutes of the meeting held on 23 February were discussed:

Carer's Strategy - Councillor Shamin Akhtar asked when work would begin on the Strategy. Bryan Davies advised that a Strategy Officer was now in post and would shortly begin working with partners and stakeholders.

Cost of Care at Home – In response to a question from Councillor Jim Goodfellow, David Small circulated a briefing note to members regarding an article in the East Lothian Courier on 23 March 2017. The article focused on the average hourly rate for care at home for older people for East Lothian Council compared to other councils. Mr Small summarised the response contained in the briefing note which detailed the factors affecting the average rate and why direct comparisons between councils were not always helpful.

A brief discussion followed regarding the costs of care, the conditions of service for care providers, the expectations of service users in relation to reliability, continuity and quality of care provision, and whether a lower cost per hour suggested that the Council was getting better value for money than other local authorities who charged more. Mr Davies explained some of the measures in place to improve the relationship with care providers and the level of service. He also confirmed that regular surveys were undertaken to assess the views of service users on the type and quality of care they receive.

Mr Small added that while the IJB had overall responsibility for delivery of the Strategic Plan it was for the Council to determine the details of care contracts. He acknowledged that there may come a point where this might impact on the IJB's ability to deliver its priorities but matters had yet to reach that stage.

Ministerial Steering Group – Mike Ash provided an update to members on the work of the Group in reviewing health and social care targets and indicators. He reported that the Group had taken on board comments and would provide a revised list which may contain more than the current six performance indicators.

3. CHAIR'S REPORT

The Chair said he would reserve his remarks to the end of the meeting.

Valedictory

On behalf of all of the members of the IJB, Mr Small expressed his sincere thanks and appreciation to Donald Grant and Mike Ash, both of whom would shortly step down from the East Lothian IJB. He praised their commitment and drive which he said had

been instrumental in advancing change over the past 5 years through the Community Health Partnership, the Shadow Board and culminating in the establishment of the IJB. Mr Small concluded that these partnerships had been stronger as a result of their efforts and would be diminished by their departure. He wished them both well for the future.

4. NHS HEALTHCARE GOVERNANCE COMMITTEE

Fiona Ireland reported that she had not been able to attend the last meeting of the NHS Healthcare Governance Committee. However, she had received feedback on the discussion and confirmation that District Nursing across the Lothian area and wider primary care priorities would be included as standing items on the agenda for future meetings.

Mr Small also advised members that there would be a 'Second Summit on Primary Care' taking place on 4 May 2017. While he understood that many of the Councillors would be occupied by the local government elections, he encouraged other members to attend. Further details would be circulated to members via e-mail.

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

Councillor Goodfellow advised members that there had been no items of significance to the IJB on the agendas of the most recent meetings of the Policy & Performance Review Committee and the Audit & Governance Committee.

6. DELAYED DISCHARGES

The Chief Officer had submitted a report updating the IJB on performance on delayed discharges in East Lothian.

Alison MacDonald presented the report. She outlined the key points of the report and provided additional context to each of the 15 delayed discharges. She acknowledged that there was a personal story behind each number and assured members that the focus was on addressing each person's individual needs. She added that a lot of good work had gone into reducing the delayed discharge figure from 61 to 15 and she hoped that this would continue to decrease over the coming months.

Ms MacDonald responded to questions from members providing further information on multi-disciplinary assessments to identify the most suitable care packages and the involvement of non-professional carers. She also confirmed that she was aware of the 72 hour target indicator but not of any date having been set for its achievement.

Mr Ash commented that the report from the Scottish Government Working Group, due out later in the year, may provide more clarity on this matter.

Councillor Stuart Currie commented that if someone is assessed as being ready for discharge it was unacceptable that they should be kept in hospital. Referring to the regular fluctuations in the figures he said that he would like to see a more consistent improvement. He did not question the level of commitment shown by staff but he pointed out that the target was 0.

Dr Richard Fairclough agreed that in an ideal world the aim would be to reach 0. However, as a community GP, he would prefer to see people discharged with an appropriate care package in place rather than discharged too early and risk a failure in care resulting in readmission to hospital. In his view, it was worthwhile spending a few more days to get things right.

Mr Davies and Ms MacDonald referred to new procedures in place to try to avoid some delayed discharges, such as leaving open existing care packages for those people on short-term admissions and developing care packages at a much earlier stage.

Dr Jon Turvill added that avoiding unnecessary hospital admissions in the first place would also help matters.

Mr Small agreed that consistency was important but reminded members that the figures were influenced by a range of factors including seasonal fluctuations.

The Chair welcomed members' comments and noted the work ongoing to continue reducing the delayed discharge figure.

Decision

The IJB agreed to note the recent improving trend on performance.

7. DELAYED DISCHARGE FUND AND INTEGRATED CARE FUND

The Chief Officer had submitted a report updating the IJB on utilisation of the Delayed Discharge Fund and the Integrated Care Fund in 2016/17 and presenting propositions for their use in 2017/18.

Paul Currie presented the report. He outlined the main points of the report, summarising some of the key projects and proposals for the development of future initiatives. He reminded members of the importance of early intervention in the acute care process to avoid delayed discharges and the need to further develop out of hours services, and improve engagement with family and support networks to avoid unscheduled admissions.

Mr Murray asked about the overlap between some services and the possibility of a review and restructuring to avoid duplication.

Ms MacDonald advised that many of the services had been set up in response to demand but acknowledged that there was overlap and that this would be looked at as part of a broader review aimed at developing more flexible community-based services.

Mr Ash noted that the Delayed Discharge Fund was now part of the base budget and asked why the same had not been done for the Social Care Fund, given that the Scottish Government had made provision for this to happen.

Mr Small reminded him that there may be a potential change to the money coming from the Government. Mr King said that holding it separately gave the opportunity to use it for transformation; however, it could be brought into the baseline if members preferred this option.

Ms Ireland supported Mr Ash's comments stating that the only way to transform district nursing and community provision was to bring it in as part of the core budget. She said that the impact of keeping these services separate needed to be fully considered.

Margaret McKay welcomed the report as a useful synopsis. She noted that the amount of money for carers was small and that the emphasis had been placed on care packages. Mr King advised that there was also a modest amount for the Carers' Strategy which had been missed out of the report in error. This would be reinstated.

In response to further questions on funding, Mr Small advised members that there was limited money available and choices would have to be made on what was possible. He added that it would be very important for the IJB to meet its commitments in relation to dementia sufferers and their families, as they were not doing so at present.

Councillor Currie said that baseline budgets and tracking outcomes were both important. He also supported the funding of the Carers' Strategy but questioned whether the agreed budget would be sufficient.

Mr Murray was concerned that IJB should concentrate its own priorities rather than those imposed by others.

Mr Ash said that his understanding was that the Scottish Government was trying hard to make money available in the baseline budget. He agreed with the idea of a transformation fund but it should not be limited to the Social Care Fund.

Decision

The IJB agreed to:

- (i) Note the range of initiatives made possible by the Delayed Discharge Fund and the Integrated Care Fund 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;
- (ii) Support the continuing development of the initiatives into the next financial year;
- (iii) Support the incorporation of the Delayed Discharge funding into the baseline operational budget to continue the services it supports.

8. PRIMARY CARE PRIORITIES IN EAST LOTHIAN

The Chief Officer had submitted a report informing the IJB 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.

Mr Currie presented the report. He outlined the background and key proposals for primary care development.

The members raised questions around the lack of developer's contribution for healthcare services in the new Blindwells settlement and the proposals for GP services.

Mr Currie said it was his understanding that Phase 1 of the development fell outside of the scope for section 75 contributions but that this may be an option for Phase 2.

Mr Small added that while the new Local Development Plan (LDP) included a clear framework for section 75 contributions for healthcare, the Blindwells planning application was dealt with under the 2008 LDP which did not include this provision. However, he had been assured that the phases of the development which come forward under the new LDP will be subject to section 75 agreements.

Dr Turvill declared an interest as a member of one of the GP practices involved in discussions over the provision of a small 'seed' practice which would eventually migrate to Blindwells. He said that the Cockenzie practice was close enough geographically to the Blindwells site although public transport links may have to be reviewed.

Mr Murray commented that this report pointed the IJB in the right direction and offered a model which may be able to meet future demand across the county. He agreed with proposals for a multi-disciplinary approach but was concerned that the message was not being relayed strongly enough internally or externally. He said that the IJB needed to ensure that whatever primary care model was put in place it supported a reduction in acute beds.

Councillor Currie observed that the Blindwells development would progress over the coming years but he would have preferred to see a section 75 contribution for healthcare. In terms of access to primary care services in Musselburgh, he supported the idea of a roll-out of the new model which would allow time to build community confidence. He emphasised the importance of continued dialogue with the community to promote the new services and demonstrate how these could benefit local people.

Ms Ireland supported the 8 priorities set out in the report but had concerns about the funding for these services. She said it would be helpful to see figures for each of the priorities.

Mr Small advised that further money would be available and a follow-up report would be presented to the IJB when these sums were known. In the meantime, he said it was important that the IJB saw these proposals as they would be reflected in the Directions for 2017/18.

Dr Fairclough welcomed a report which prioritised GP services and said that the focus should be on a multi-disciplinary approach. He agreed with other members that funding remained a concern and urged the IJB to consider carefully how it spent money across the county and not to perpetuate existing health inequalities. He acknowledged the need to be realistic about the challenges of delivering these services and the importance of getting the message across that a change to services did not necessarily mean a reduction in services.

Decision

The IJB agreed to:

- (i) Note that general practitioner managed services across East Lothian remain under pressure as a result of a number of local and national factors;
- (ii) Approve plans to focus primary care development input and available funding on the following priority areas:
 - Musselburgh Primary Care Access Service
 - East Lothian Care Home Team

- Primary care nursing training
- Practice-based pharmacists
- LEGup support for list size growth
- Provision of IT hardware
- Future planning for a new practice at Blindwells
- Diabetes LES

9. SET ASIDE INVESTMENT PROPOSALS FOR 2017-18

The Chief Officer had submitted a report presenting to the IJB the NHS Lothian and acute hospitals Set Aside investment proposals for 2017-18 and seeking approval to secure outcomes from planned developments which are of benefit to East Lothian residents and which shift the balance of care.

Dr Turvill presented the report outlining in detail the background to and reasons for the recommendations.

Dr Fairclough welcomed the shift towards community-based care but expressed his concern that the necessary resources would not follow and that this would create an increased risk of failure.

Mr Ash said that the IJB should continue its dialogue and make it clear to NHS Lothian that it cannot support its proposals as they stand and that money not invested in acute beds must be passed on to the IJB.

Mr Murray urged caution noting that it would be a significant challenge to get to 85% bed capacity. However, he accepted that a community-based solution was needed.

Dr Andrew Flapan said that he appreciated the views of members however NHS Lothian had a requirement to deliver medical care and to meet waiting time targets. Acute medical units were not long stay units and moving patients elsewhere in the hospital could result in the cancellation of admissions for routine operations.

Mr Small accepted these arguments but reminded members that the report was asking them to consider exploring alternatives and not to agree movement in budgets.

Councillor Currie observed that there were consequences to every decision and that the whole point of integration was to make different choices to improve outcomes. He referred to concerns expressed by constituents about the distance they were required to travel to hospital and the difference it would make if services were delivered in East Lothian. He accepted that part of the IJB's role was to assess the risks but he urged members not to delay too long in making their decision.

Dr Fairclough reiterated his concerns about funding and additional pressures on primary care services. Dr Turvill supported this view and reminded members that it was not simply resources but also manpower and putting in place the mix of staff to deal with demands in a different way.

Decision

The IJB agreed:

- (i) To note the intention of NHS Lothian (articulated in its financial plan) to establish additional beds in the Acute Medical Unit (AMU);
- (ii) To note NHS Lothian's intention to fund the continuing expansion of insulin pump provision and its inclusion in the NHS Lothian financial plan;
- (iii) 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;
- (iv) 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.

10. DRUG AND ALCOHOL FUNDING IN EAST LoTHIAN 2016/17 AND 17/18

The Chief Officer had submitted a report providing an update to the IJB 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.

Sharon Saunders reminded members that a report had been submitted to a previous meeting of the IJB regarding the reduction in funding. Since then further work had been undertaken and this most recent report connected to the proposed Directions for 2017/18 which would be discussed later in the meeting.

Martin Bonnar presented the report. He outlined the main points drawing members' attention to the operational transfer of the East Lothian element of the pan-Lothian substance misuse service and the savings agreed by the MELDAP Strategic Group in January 2017.

Mr Small and Mr King responded to questions from members regarding the implications of the budget allocations from the Scottish Government and NHS Lothian outlining the reasons for seeking to maintain the 12% share of the budgets.

Councillor Akhtar asked several questions relating to prevention, additional budgets and the proposals for a recovery Hub. Ms Saunders provided further detail on the service model and how this would link in with other services in the Esk Centre and the Brunton Hall. She recognised the need to look further at services in the east of the county and said that proposals would be developed and brought back to the IJB.

Dr Turvill reported that as a GP he had already noticed a knock on effect of the anticipated budget cuts in local services, particularly in staffing levels and increased waiting times. He noted that any further deterioration in services would impact not only GP services but other primary and secondary care services too.

Mr Bonnar acknowledged these anxieties and reiterated that securing a 12% allocation would allow the IJB to mitigate the anticipated cuts to a much greater extent.

Mr Small advised that there would be a meeting of IJB Chief Officers in the coming week and with members agreement he would take these proposals to that meeting.

Decision

The IJB agreed to:

- (i) 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;
- (ii) 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;
- (iii) 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

Sederunt: Councillor Currie left the meeting.

11. INITIAL POSITION STATEMENT ON THE USE OF SOCIAL CARE FUND TO SUPPORT ADDITIONALITY IN SOCIAL CARE PROVISION

The Chief Finance Officer had submitted a report informing the IJB 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.

Mr Davies presented the report. He summarised the background to the use of the Social Care Fund and drew members' attention to some of the examples of additionality achieved during 2016-17. Further work was required on tracking how the money was being spent and this would form part of the follow up report in June. He also said that there would be the opportunity, after the year end, to produce a financial analysis and comparison between 2015/16 and 2016/17.

In response to questions Mr Davies provided clarification of some of the terms in the report.

Ms Ireland asked if it would be possible to have a more detailed analysis of the figures and outcomes and Mr Davies said he would aim to include this in the June report.

Peter Murray commented that, in his view, additionality was about doing things differently and not simply doing more of the same. Mr Small reminded him that the IJB had previously agreed that additionality could include doing more of the same.

Councillor Goodfellow observed that this could be the case where a component of the population was increasing, for example the elderly, and this required an increase in existing services.

Decision

The IJB agreed to:

- (i) Note the interim position statement on the use of the Social Care Fund;
- (ii) 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.

Sederunt: Councillor Goodfellow left the meeting.

12. BUDGET SETTING 2017/18

The Chief Finance Officer had submitted a report setting out for the IJB the 2017/18 budget propositions from East Lothian Council and NHS Lothian. The report also examined the projected financial pressures for 2017/18 which had been developed by East Lothian Council, NHS Lothian and the IJB.

Mr King presented the report. He referred to the report presented to the IJB on 23 February 2017 and the progress made since that meeting. He outlined in detail the budget propositions from East Lothian Council and NHS Lothian, the Social Care Fund and the key financial pressures identified for 2017/18. He also referred to the Scottish Government's recent guidance stating that IJBs should have in place a 3 year financial plan and he said he hoped to provide a draft outline to the members at the June meeting.

The Chair welcomed the proposal to formulate a 3 year financial plan.

Mr Ash asked whether Mr King considered that the money offered in the set aside budget was an equitable share of the pressures overall and whether he was asking the IJB to accept the budget on that basis. Mr King confirmed that his recommendation was that the IJB accept the proposals and that he was confident this represented an equitable share of the pressures.

Mr Murray said that it would be helpful to see figures showing the savings and the impacts of these budget proposals. Mr King replied that further information would become available later in the year but in the meantime the process needed to move forward.

Mr Small acknowledged members' concerns about gaps in the information but reminded them that the financial seminar held in January had considered these matters.

Ms Ireland reiterated that the IJB must have information on high level plans to address these pressures.

Mr Ash said that Mr King's role as section 75 officer was to examine the information and give advice. He took assurance from the information provided and Mr King's recommendation. He agreed that it was up to the members to decide whether to accept

the advice given but his understanding was that the purpose of this paper was to allow the IJB to move forward and issue Directions for 2017/18.

Mr Murray accepted Mr Ash's point but agreed with Ms Ireland that information was missing and this was the time to have these discussions.

Mr Small stated that the Directions were drafted on the basis that there would be a balanced budget and although the IJB did not have all of the information on the Set Aside budget yet, Mr Ash's point about the section 75 officer was valid.

Decision

The IJB agreed to:

- (i) Accept the formal budget proposition from East Lothian Council;
- (ii) Accept the indicative budget proposition from NHS Lothian;
- (iii) Receive a further report at the June IJB meeting further detailing the financial management propositions for 2017/18.

13. PROPOSED DIRECTIONS FOR 2017-18

The Chief Officer had submitted a report presenting to the IJB a proposed set of Directions to be issued to NHS Lothian and East Lothian Council in March 2017.

Mr Currie presented the report. He advised members that the Directions for 2017/18 were an amalgamation of those that were new and those carried forward from 2016/17. He said that information had been given to the partners and discussions had taken place to ensure that they understood what the IJB was asking them to do. He referred to the list of Directions contained in the report, the related budgets and the process for performance monitoring. He reminded members that further Directions may come forward during the year and that these would be presented to the IJB for approval.

Mr Murray said that it would be helpful to have further information about where the savings were being drawn from and what benefits were expected from additionality.

Mr Small agreed that this could be looked at and in the meantime, he reminded members that it was up to the IJB to decide which Directions to approve and that, following further discussions on efficiencies at the June meeting, the IJB could decide to issue further Directions.

Mr Ash noted that these Directions were based on the information provided in the report for the previous agenda item. He said he hoped that as performance monitoring information came forward the efficiencies would become clearer allowing the IJB the opportunity to issue revised Directions, should that be necessary. He suggested that this should be discussed with the partners so that they understand their requirement to provide information to allow the IJB to do what it needs to do.

Decision

The IJB agreed to:

- (i) 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.

- (ii) Approve the proposed 2017-18 Directions which require NHS Lothian and East Lothian Council to take action with partners across a range of priority services; and
- (iii) 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.

14. CHANGES TO THE VOTING MEMBERSHIP AND CHAIR OF EAST LOTHIAN INTEGRATION JOINT BOARD AND NHS MEMBERSHIP OF THE AUDIT AND RISK COMMITTEE

The Chief Officer had submitted a report asking the IJB to note the changes to NHS Lothian membership, to agree appointment of a Chair and to agree transitional arrangements for the approval of minutes.

Mr Small confirmed that Mr Ash would be moving on to Edinburgh IJB from 1 April and would be replaced by Professor Moira White. He also reminded members that the Chairmanship of the IJB would switch from East Lothian Council to NHS Lothian as of 1 April and he sought a nomination from the NHS Lothian voting members.

Mr Ash advised that the NHS Lothian nominee was Peter Murray. His nomination as Chair was approved by the IJB members.

Mr Small then sought approval for Fiona Ireland to replace Mr Murray on the Audit and Risk Committee. This was also approved.

The Clerk also outlined the proposals for transitional arrangements for the approval of minutes as a result of the impending local government elections and likely change in voting membership.

Decision

The IJB agreed to:

- (i) Note that Mr Mike Ash is to be replaced by Professor Moira White an an NHS Lothian voting member from 1 April 2017;
- (ii) The appointment of Peter Murray as the Chair of the IJB for two years from April 2017;
- (iii) Fiona Ireland replacing Peter Murray as an NHS member of the Audit and Risk Committee; and
- (iv) 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.

15. RESERVES POLICY

The Chief Finance Officer had submitted a report providing the IJB with a draft Reserves Policy for consideration and approval.

Mr King presented the report. He briefed members on the requirement for the IJB to have in place a Reserves Policy and sought their approval of the draft provided.

Decision

The IJB agreed to:

- (i) Note the contents of the report; and
- (ii) Approve and adopt the draft reserves policy as laid out in the annex to the report.

VALEDICTORIES

Councillor Grant reflected on his involvement in health and social care, from the initial discussions around integration of services in 2012 to the establishment of the East Lothian IJB in 2015. He said he was confident that the IJB would continue to go from strength to strength. He offered his sincere thanks to Mike Ash, to members of the IJB and to colleagues in the Council and NHS Lothian for their support and wished them well for the future.

Mr Ash offered a formal vote of thanks to the Chair for his leadership which he said had exemplified how the partnership should work on both a personal and professional level. He also acknowledged the contributions of the staff within the Council and NHS Lothian.

Signed

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Councillor Donald Grant
Chair of the East Lothian Integration Joint Board