

East Lothian
Integration Joint Board



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

**THURSDAY 24 AUGUST 2017
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

1

Voting Members Present:

Mr P Murray (Chair)
Councillor S Currie
Councillor S Kempson
Councillor F O'Donnell
Ms F Ireland

Non-voting Members Present:

Ms F Duncan
Dr R Fairclough
Dr A Flapan (Items 2 – 10)
Mr D King (Items 7 – 10)
Ms A MacDonald
Mrs M McKay
Mr D Small
Mr E Stark
Dr J Turvill
Mr A Wilson

ELC/NHS Officers Present:

Mr P Currie

Clerk:

Ms F Currie

Apologies:

Councillor S Akhtar
Mr A Joyce
Ms M McNeill
Mr T Miller
Prof. M Whyte

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 29 JUNE 2017 (FOR APPROVAL)

The minutes of the meeting of the East Lothian Integration Joint Board (IJB) on 29 June 2017 were presented for approval. Paul Currie requested that his name be removed from the sederunt as he had not been present at that meeting. The minutes were approved, subject to this one amendment.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 29 JUNE 2017

Delayed Discharges – Alison MacDonald reported that the June and July census figures showed an improving trajectory - 10 and 12 delayed discharges respectively, against a target of 14. She added that while there continued to be a sustained effort, August had been a more challenging month with the current figure sitting at 23 and the census due next week. Ms MacDonald explained that part of the increase was due to supporting Edinburgh with step down beds and ongoing challenges around availability of care home beds and Hospital at Home.

Councillor Currie asked about the possibility of opening up additional beds in Eskgreen. Ms MacDonald said that this had been looked at but that many of those waiting on discharge from hospital required ongoing nursing care rather than simply residential care. Others had complex needs such as housing or required admission to specialist units. She indicated that the current arrangements regarding step down were short-term and the intention was to repatriate these beds from Liberton Hospital in April 2018.

Margaret McKay asked about the continuing distinction between residential and nursing care and whether this remained appropriate. She also pointed out that many people did not understand the difference between the two. David Small acknowledged her point but said that the Care Inspectorate continued to have separate regulations for residential and nursing care homes. While combining the two may be an option for independent providers, the Council was not allowed to employ nursing staff so their homes were classed as residential. However, he added that the Health & Social Care Partnership offered the opportunity of doing things differently in future and a potential way forward was being considered.

Councillor Currie commented that it was difficult for people to understand why we were not using the capacity available in East Lothian and were instead placing people elsewhere. The Chair acknowledged his remarks and said that these would be covered in discussions about the longer term plans later in the meeting.

(Item 4) Roles of members of the IJB – Councillor O'Donnell asked whether there would be time at today's meeting to discuss the role of IJB members. Mr Small advised that following the June meeting members had been consulted by e-mail and invited to comment on the definitions of their roles. Several members said they had not received this e-mail and Mr Small agreed to check when it was sent out and re-issue if necessary.

(Item 7) Financial update/HRA funding – Councillor Currie sought clarification on whether any underspend incurred by the IJB as a result of work funded via the Housing Revenue Account (HRA) should be retained by the IJB or returned to the HRA budget. He was concerned that should these monies return to the HRA it would result in the IJB

incurring an overspend in future years. Councillor O'Donnell said her understanding of the Administration's policy was that no money would be diverted from the HRA. The Chair and Mr Small agree to seek clarification from the Chief Finance Officer, David King.

(Item 7) Learning Disability – Councillor O'Donnell asked about plans for a future discussion on learning disability. Mr Small said that the intention was to work on preparing the strategy and hold a development session for IJB members before bringing forward a paper on this issue.

(Item 8) Participation and engagement – Councillor O'Donnell sought an assurance that this issue would be included in the action plan to address areas for scope for improvement. Mr Small confirmed that work was underway.

(Item 10) Carers – Margaret McKay asked if it was still the intention to hold a development session on carers in advance of the introduction of new legislation. The Chair confirmed that a session for IJB members had been arranged for 28 September 2017 and he encouraged all members to attend.

3. CHAIR'S REPORT (VERBAL)

The Chair drew members' attention to recently published reports from Audit Scotland and NHS Health Scotland relating to Self Directed Support and achieving excellence in pharmaceutical care.

He reported that he and Mr Small continued to meet regularly with key stakeholder groups to encourage their engagement with the strategic planning process.

Lastly, the Chair referred to the active communities/fitness agenda and how the IJB could better support preventative services in East Lothian. He said he was keen to include this issue more prominently in the IJB's future plans.

Dr Jon Turvill advised that the Physical Activity Planning Group were also focused more towards the preventative agenda and increasing participation in physical activity. The aspiration of a population with better health and wellbeing was also part of the Scottish Government's strategy for health.

4. NHS HEALTHCARE GOVERNANCE COMMITTEE

Fiona Ireland reported on two issues of relevance to the IJB: the requirement for each IJB to have in place a Workforce Plan by the end of 2017; and the proposals for the development of a 'fragile services' register. She explained that the register would allow them to identify where services were very fragile and the reasons for this, e.g. staffing issues, environmental factors, patients not receiving the expected standard of care. It would also allow for the development of strategies to make these services more robust. Ms Ireland advised that she would report back to the IJB when the register was complete.

Dr Turvill asked how the register would be constructed and the proposals for consultation with services. Ms Ireland indicated that things were at an early stage and that the proposals would be discussed at the Strategic Planning Group.

Dr Richard Fairclough said that the register should look at those services provided out with the NHS and not just primary care services. The Chair agreed that it was important to recognise the range of service provision.

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

Mr Small stated that, as there was no longer a voting member of the IJB who was also a member of these committees, he would provide members with a brief summary of any items of relevance.

He reported on the agenda for the Audit & Governance Committee meeting on 20 June 2017. Highlighting an Internal Audit Report on Workforce Planning, he advised that this issue would have implications for the IJB going forward. From the meeting of the Policy & Performance Review Committee on 14 June, he referred to the performance reports but remarked that any information they contained on delayed discharges would have already been reported to the IJB.

Mr Small advised members that a further update on the work of these Committees would be provided to the IJB at its October meeting.

6. INTEGRATION JOINT BOARD ANNUAL REPORT 2016/17

A report had been submitted by the Chief Officer presenting to the IJB the first annual performance report for 2016-17, covering the first year of operation of the IJB.

The Chair advised members that this was a reflective report which would provide the benchmark for future reports and would show how lessons could be learned and applied to improve future performance.

Mr Currie presented the report. He reminded members of the reasons for the delay in publication and he outlined the background to the report and the key content. He stated that, in addition to the full report, a two page summary document would be available and he proposed that the documents be published via the internet and social media, with printed copies being produced on request.

Councillor Currie queried whether the report should include information on the members of the IJB and whether the summary document could be printed and made available in GP waiting rooms and other public areas.

Mr Currie confirmed that a link to the website containing details of the IJB membership could be inserted into the report and that paper copies of the summary document could be provided if the IJB requested it.

Fiona Duncan pointed out that there was no reference to criminal justice services in the report. Mr Small agreed that this should be included and suggested that Mr Currie and Ms Duncan agree a form of words.

Mrs McKay said that the report was very readable but emphasised the importance of equality of access for those who did not use the internet or social media. She suggested that the summary might be produced in a poster format.

Dr Turvill noted that the report was driven by national criteria and asked when the IJB envisaged adding their own criteria and more detail about the variation in experience of services across East Lothian. The Chair suggested that this be discussed during agenda Item 7.

Councillor O'Donnell requested some additions around drug and alcohol prevention, the older people's day care review, carers, information on the financial risk strategy and the Integration Fund. She also suggested reviewing some of the language in the report to make it clearer.

Ms Duncan said that she found it a very readable report and that the only query she had was in relation to Outcome 7 where she suggested further clarity was needed on the dataset and the referrals.

Dr Fairclough felt that the report was well constructed with good quality graphics. Referring to the statistic that 30% of children in East Lothian were living in poverty and the impact this had on mortality rates, he asked how the IJB intended to address this issue. The Chair stated that he would return to this issue later in the meeting.

Mr Currie confirmed that it would be a relatively easy matter to produce printed copies of the summary document in report and poster formats for community outlets. He said he was also look at Dr Turvill's point about providing more detail on variations in results across the county.

The Chair proposed that the IJB approve the publication of the report subject to their comments being taken on board and other options being explored to ensure equal access to the report out with the internet or social media.

Decision

The IJB agreed to:

- (i) Approve the draft annual report for 2016/17, prepared in line with Scottish Government guidance, noting that East Lothian HSCP exceeds Scottish and peer performance on a number of measures.
- (ii) Approve the publication of the draft annual report on the internet and that other options are explored to ensure equal access to the document for those who do not use the internet/social media.
- (iii) Approve the draft summary version of the report and that other options are explored to ensure equal access to the document for those who do not use the internet/social media, taking into account the comments and suggestions of IJB members.

7. HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE

The Chief Officer had submitted a report updating the IJB on the East Lothian Health and Social Care Partnership's (HSCP) performance against an agreed suite of national indicators. The report also informed the IJB of the introduction of new performance measures which were being incorporated into local performance monitoring processes.

Mr Currie presented the report highlighting East Lothian's performance against certain measures and comparisons with national results and peer HSCPs. He said that the report presented analysis on 19 of the 23 national indicators but that data was not yet available for some of the newer indicators. He explained that the indicators could be

added to in future as and when the Partners or the Scottish Government felt that areas of performance required looking into more closely. He invited members' comments on the HSCP's progress against the national indicators and with the Directions.

The Chair said that it was frustrating that some of the performance information was not available and that the reporting timetable did not fit with the life of the IJB: it needed time for the IJB to catch up.

Members raised a number of questions relating to aspects of performance on delayed discharges, access to and satisfaction with GP services, unplanned admissions and mental health services. Mr Currie, Mr Small, Ms MacDonald and Dr Turvill expanded on the results shown and the work being undertaken to address continuing challenges. They also acknowledged that there were variations in experience across the county which needed to be taken into account.

The Chair referred to the solutions being proposed to address issues such as access to GP services and that it would take time to determine the level of their success and whether additional measures were needed.

In response to questions, Mr Small advised that although the performance report was not submitted officially to the Scottish Government, officials did monitor progress and national networks such as CoSLA and SOLACE also kept an overview and engaged with key topics. The Chair added that an event would be held on 31 October 2017 for chairs and depute chairs of IJBs.

Councillor Currie accepted that figures needed to be looked at in the round and that performance on different issues may be interconnected, e.g. access to GP services and increased A&E presentations. However, he said it was also important to look at what the performance figures meant for people in East Lothian, the actions proposed by the IJB and whether performance had improved as a result.

Mr Small reminded members that there was some of the work underway would not show results until next year. Referring to the recommendation contained in the report on extra care housing and re-provision of Abbey and Eskgreen Care Homes and Edington and Belhaven Hospitals, he advised that there was a need to modernise these aspects of care of the elderly in East Lothian. He said that work would be undertaken over the next four months and proposed that arrangements be put in place to ensure full consultation with stakeholders and IJB members in advance of a report being submitted to the IJB in December. He suggested the reintroduction of community engagement fora for North Berwick and Eskgreen, in addition to the current forum at Belhaven.

Mr Small confirmed that neither the Health Board nor the Council could make any changes without the IJB first reaching a decision on its strategic direction for the service.

Decision

The IJB agreed to:

- (i) Note the June 2017 performance report and the progress made against the indicators between the August 2016 and February 2017 reports and this most recent report.
- (ii) Note the work underway with NHS Lothian to support delivery of the Directions for 2017/18 and to monitor progress.

- (iii) Receive a report on the extra care housing and the way forward with re-provision of Abbey and Eskgreen Care Homes and Edington and Belhaven Hospitals at the December 2017 meeting and to ask the Chief Officer to establish engagement fora for this work.
- (iv) Note the development at national level of further performance measures and monitoring processes to incorporate priority need outcomes announced by the Scottish Government and CoSLA. There is an expectation that further measures will be developed as integration work continues.

8. THIRD SECTOR MEMBERSHIP, PARTICIPATION AND DELEGATES IN EAST LOTHIAN

The Chief Officer had submitted a report informing the IJB of the new Third Sector delegate structure facilitated by STRiVE and seeking support for this structure moving forward.

Eliot Stark presented the report outlining the reasons behind the development of the delegate system and how it was intended to work in practice.

Mrs McKay said that she was supportive of the proposal for elected delegates and asked if there would be a pool of people identified. Mr Stark indicated that this was the intention and that the pool would ensure that the Third Sector could benefit from a wide range of expertise.

Responding to questions from Councillor O'Donnell, Mr Stark acknowledged that there would be resource implications for STRiVE and that delegates would need to be provided with training in their roles and responsibilities in relation to community planning and the IJB. He added that while the system was about identifying the right person for the right role, STRiVE were mindful of issues such as diversity and longer term capacity to offer representation in key areas. These issues would be monitored and adjustments would be made as and when necessary.

Decision

The IJB agreed:

- (i) To adopt the Third Sector delegate system with elected Third Sector delegates serving:
 - The Integration Joint Board
 - The Strategic Planning Group
 - The Planning Groups below that
- (ii) That the Strategic Planning Project Teams and further working groups requiring a Third Sector perspective to be serviced by specialist delegates from a delegate pool facilitated by STRiVE
- (iii) That a review of the success of this system should be undertaken after 12 months.

9. IJB AUDIT AND RISK COMMITTEE – MEMBERSHIP AND CHAIRING

The Chief Finance Officer had submitted a report proposing the membership of the IJB's Audit and Risk Committee including a proposition to have as its Chair a non-voting member of the IJB.

David King summarised the background to the report and the proposed changes to the membership and terms of reference for the Audit and Risk Committee.

Councillor Currie expressed concerns about his availability for meetings and the effect that this may have on the quorum for each meeting. The Clerk advised that the quorum was three out of the five members which would allow for the occasional absence of members. Councillor Currie agreed to remain a member of the Committee.

Decision

The IJB agreed to:

- (i) Approve the revised terms of reference for the Audit and Risk Committee;
- (ii) Approve the membership of the Audit and Risk Committee; and
- (iii) Approve the appointment of the Chair of the Audit and Risk Committee.

10. FINANCIAL POSITION – 2017/18 UPDATE AND FUTURE PLANNING

The Chief Finance Officer had submitted a report updating the IJB on the year to date (June 2017) financial position; putting forward propositions in relation to a review of the health budget setting model for the IJB and around the financial planning model for 2018/19; and a proposal to develop a multi-year financial plan to support the IJB's Strategic Plan.

Mr King presented the report outlining the financial position as at June 2017, the current forecast overspend for 2017/18 and proposals for recovery actions. He also invited members' views on proposals for a review of the health budget setting model and future financial planning, including the production of a multi-year financial plan.

The Chair encouraged members to give their support to the continuation of a dialogue between officers and the Partners to improve financial processes and consider how the IJB could better support its transformational programme and ensure that the right priorities are set for the community it serves.

Ms Ireland noted that despite the requirement for the IJB to understand the potential impact of recovery plans on services, there still appeared to be a lack of detail in the report. Looking ahead to 2017/18 she agreed that there was a need to understand the costs of the services the IJB wanted to deliver, as well as how the plans at Board, IJB and national level interact. Without this knowledge the IJB would not get to the point of service transformation.

Councillor Currie commented on the importance of getting the necessary resource transfer, however challenging, to support the transformation of services. He noted that in the current financial year the IJB was already at the point of implementing recovery plans and he wondered when they would get to the point of doing things differently.

However, he agreed with the proposals for multi-year financial planning as a way of setting out how the IJB intended to achieve improvements in the longer term and where it was looking to make future efficiency savings.

Councillor O'Donnell observed that unless the IJB began to invest in public health and prevention, services would not be sustainable in the longer term but that this would mean spending money in the short term. She also asked when further information would be available regarding pressures within set aside services.

Mr King acknowledged the members' concerns about recovery plans, budget transfers and moving from managing pressures to service transformation. He agreed that further information was required on these issues. He added that dialogue was underway regarding future health budget modelling which he viewed this as a positive step.

In response to a further question from Councillor O'Donnell regarding social care policy, Mr Small stated that the IJB's role was to set the vision and the Council's role was to procure it. However, the IJB was mindful of the need to ensure that there was no conflict between the two.

Decision

The IJB agreed to:

- (i) Note the outline financial position for the first three months of the current financial year.
- (ii) Support the proposal to review the health budget setting model and consider a review of the adult social care budget setting model.
- (iii) Support the proposal to redesign the financial planning model in 2018/19.
- (iv) Support the development of a multi-year financial plan.

Agenda Item 6 – Additional Note

Referring to Dr Fairclough's point about child poverty which he raised during Item 6, Mr Small said that he would review the East Lothian Child Poverty Commission report published in 2016 and consider whether the IJB needed to reset its priorities.

Signed

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Peter Murray
Chair of the East Lothian Integration Joint Board



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 28 SEPTEMBER 2017
ESK ROOMS 1 & 2, BRUNTON HALL, MUSSELBURGH

Voting Members Present:

Mr P Murray (Chair)
Councillor S Currie
Councillor S Kempson
Councillor F O'Donnell
Councillor Akhtar
Mr A Joyce

Non-voting Members Present:

Dr M Flynn
Mr D King
Mrs M McKay
Ms M McNeill
Mr D Small
Mr A Wilson

ELC/NHS Officers Present:

Mr B Davies

Clerk:

Ms F Currie

Apologies:

Ms F Duncan
Dr R Fairclough
Mr E Stark
Dr J Turvill
Prof. M Whyte

Declarations of Interest:

None

1. CLINICAL DIRECTOR MEMBERSHIP OF THE IJB

A report was submitted by the Chief Officer asking the IJB to agree to the replacement of Dr Jon Turvill, NHS Lothian Clinical Director non-voting member of the IJB, on a temporary basis. David Small presented the report outlining the reasons for the change in membership.

Decision

The IJB agreed to the appointment of Dr Morgan Flynn as the Clinical Director non-voting member of the IJB in place of Dr Turvill, on a temporary basis.

2. IJB ANNUAL ACCOUNTS 2016/17

A report was submitted by the Chief Finance Officer advising that the IJB had prepared accounts for the financial year 2016/17, that these had been audited by the IJB's independent auditors and that the auditors had reported their view to the IJB's Audit & Risk Committee at their meeting on 12 September 2017.

David King presented the report and summarised the content and procedure for preparation and sign off of the annual accounts for 2016/17. As chair of the Audit & Risk Committee, Margaret McKay acknowledged the unqualified audit opinion and the complimentary comments received from the external auditors on the preparatory work undertaken by staff and their engagement with the audit process. Mrs McKay noted the recommendations contained within the auditors' report and that these would form the basis of work going forward.

Mr King added that action plan prepared by the external auditors, including reflections from officers, would be reviewed in detail by the Audit & Risk Committee and an update on progress would be presented to the IJB next year.

The Chair confirmed that following discussions with Mrs McKay, Mr King and Mr Small it had been agreed that the Audit & Risk Committee would have oversight of these matters.

Responding to a question from Marilyn McNeill, Mr King explained that the IJB did not own any assets and therefore the figure shown on the accounts was 'nil'.

Decision

The IJB agreed to:

- (i) Note the opinion of the Independent Auditors on the IJB's annual accounts for 2016/17.
- (ii) Note the recommendation of the IJB's Audit & Risk Committee that the annual accounts be approved by the IJB.
- (iii) Approve the IJB's annual accounts for 2016/17.

Signed

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Peter Murray
Chair of the East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 October 2017
BY: Chief Officer
SUBJECT: HSCP Performance Report and Directions Update

5

1 PURPOSE

- 1.1 To update the Integration Joint Board (IJB) on the East Lothian Health and Social Care Partnership's (HSCP's) performance against the agreed suite of indicators.
- 1.2 To inform the IJB of progress in developing a report template on performance against all the Directions applying in 2017/18. Some of these are continuing Directions from 2016/17, others are new Directions introduced in 2017/18.
- 1.3 Any member wishing additional information should contact the authors of the report in advance of the meeting.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Discuss the attached September 2017 performance report (appendix 1) and note changes in some indicators since the last report up to the period June 2017.
- 2.2 Note the development of a monitoring template (appendix 2) for the Directions and the intention to continue development of Directions reporting through the year.
- 2.3 Allow the development of more informative trend data, which is intended to be more informative than some of the current data. An example would be table 2 in this report which as currently formatted shows a snapshot in time and can be difficult to interpret, an alternative layout which allows for trends to be displayed is being developed and will be brought before IJB. Through the offices of the Group Service Manager for Planning and Performance a Data Performance Group has been established, which is tasked with both reviewing the HSCP regular reporting needs and better analysing and dissemination techniques.

3 BACKGROUND

- 3.1 As previously reflected on, joint work between HSCP officers, the Local Intelligence Support Team (LIST) and the Information Services Division (ISD) Health and Social Care Team developed a combined dataset to provide information on service users' journeys through the health and social care system, the associated costs of this service utilisation and users' demography.
- 3.3 The resulting data has provided East Lothian HSCP with a rich resource which was used in the development of the IJB Strategic Plan and other strategies, has supported performance monitoring across a range of measures and was utilised in the development of Directions.
- 3.4 The first Performance Report was considered by the IJB in August 2016. The last report, up to July 2017, was considered by the IJB in August 2017.
- 3.5 The September 2017 Performance Report presents analysis on 19 of the 23 National Indicators (table 1). As previously reported, data is not yet available for indicators: 10, 21, 22, and 23.

Indicator	Performance Jun 2017	Performance Sep 2017
1. Percentage of adults able to look after their health very well or quite well	95.2%	95.2%
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible	86.3%	86.3%
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	83.4%	83.4%
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	81.7%	81.7%
5. Percentage of adults receiving any care or support who rate it as excellent or good	83.9%	83.9%
6. Percentage of people with positive experience of care at their GP practice	84.7%	84.7%
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	92.4%	92.4%
8. Percentage of carers who feel supported to continue in their caring role.	47.7%	47.7%
9. Percentage of adults supported at home who agree they felt safe.	87.9%	87.9%
11. Premature mortality rate (per 100,000 population)	319.9	374.6
12. Rate of emergency admissions for adults (per 100,000)	9,398	9,562.5
13. Rate of emergency bed days for adults (per 100,000)	114,152	119,762.9
14. Readmissions to hospital within 28 days of discharge (per 1,000)	95.2	99.8
15. Proportion of last 6 months of life spent at home or in community setting	86.2	86.0
16. Falls rate per 1,000 population in over 65s.	18.5	18.78
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	76.2	77%
18. Percentage of adults with intensive needs receiving care at home. (2015/16)	65.6%	66%
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000)	1,164	1,163.9
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	23.3%	23.8%

National Indicators

- 3.6 Indicators 1 to 9 come from the 2015/16 Health and Care Experience Survey (which replaced the GP and Local NHS Services Patient Experience Survey) published by the Scottish Government in July 2016. It remains the case that as the survey only reports every two years, new data will not be available to update the tables until 2018. Data is also still awaited for indicator 10 – ‘Percentage of staff who say they would recommend their workplace as a good place to work’ which has not yet been reported on. Similarly, measures 21, 22 and 23 do not yet have data available (covering ‘% of people admitted to hospital from home, who are discharged to a care home’, ‘% of people discharged from hospital within 72 hours of being ready’, and ‘expenditure on end of life care.’
- 3.7 Indicators 11 to 20 come from the ISD Health and Social Care Team’s ‘*Core Suite of Indicators for Integration*’ dataset. AS noted in a previous report some data is not directly comparable to the August 2016 Performance Report as updated methodology is used for some indicators.
- 3.8 The RAG (red/amber/green) status in table 1 is used to show performance against the Scottish average. Green indicates that the East Lothian HSCP has a value of at least 2.5% better than the Scottish average; amber indicates that the performance is within 5% of the Scottish average and red is based on the performance being 2.5% worse than the Scottish average. These percentage bands were agreed by the Partnership.
- 3.9 For measure 8 – ‘Percentage of carers who feel supported to continue in their caring role’ IJB members will recollect there was strong comment at the February 2017 meeting that this important measure had unacceptably low attainment but because of the RAG approach described above was given a green, and therefore misleading status. For this reason, this measure has not been given a RAG label.
- 3.10 Table 2 presents the performance for East Lothian in comparison to Scotland and a peer group of equivalent local authority areas. It also looks at community prescribing, expenditure on social care and support to people over 65. East Lothian performs particularly well on the prescribing indicators.

Applicable Performance Measures

- 3.11 Further performance measures are in the process of being incorporated into the existing local performance monitoring processes.

These measures cover:

- Those Directions which are in operation and require monitoring during 2017/18;
- National Health and Wellbeing Outcomes for Integration Joint Boards;
- Integration Planning and Delivery Principles;

- East Lothian Health and Social Care Partnership Strategic Objectives;
- Health and Social Care Delivery Plan Actions;
- Integration Priorities;
- Measuring Performance under Integration.

Measuring Performance Under Integration

3.12 The last and newest of this suite of measures 'Measuring Performance under Integration' is the focus of current development by the Scottish Government Ministerial Steering Group. Associated validated data is provided by ISD to each HSCP. Appendix 3 shows the latest East Lothian performance for the first four of the six measures for the period October 2014 to June 2017:

- Unplanned admissions.
- Occupied bed days for unscheduled care.
- A&E performance.
- Delayed discharges.

Charts will be available in due course for the remaining two measures:

- End of life care.
- The balance of spend across institutional and community services.

Directions

3.13 The Directions operating in 2017/18 comprise those 2016/17 Directions which were continued into the following year and new Directions (appendix 2).

3.14 NHS Lothian has allocated to named officers responsibility for delivering and reporting on specific Directions. A similar arrangement is not considered necessary for Directions allocated to East Lothian Council as most delivery is through the Chief Officer in their role as Director of Health and Social Care.

3.15 Work continues on all Directions. Areas which have made notable progress during this year include: development of the community hospital (D01a) carers' strategy (D02d & D14a) primary care (D01a&b,D10a to c) housing with care (D12b):

- The community hospital build at Roodlands is delivering to the agreed timetable, with the outpatients department scheduled for completion in early 2018. As this completes it will assist in delivering those Directions supporting repatriation of patients from Edinburgh
- Preparatory work for the Carers' Strategy is underway including engagement with stakeholders
- The Musselburgh Primary Care Access Service continues to progress through its development phase
- The care home team service is to extend its service to the Gullane and Haddington areas

- LEGup support has been allocated to three practices to support population growth.
- Work is accelerating on the development of a vision for the future of Eskgreen, Abbey, Edington and Belhaven and engagement with stakeholders has commenced.

Table 2 - Comparison of each National Indicator between East Lothian HSCP/Peer Group/Scotland Performance

INDICATOR	● East Lothian	* Peer Group Average	▲ Scotland	
1. Percentage of adults able to look after their health very well or quite well	95.2%	94.6%	94.0%	
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.	86.3%	81.9%	84.0%	
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	83.4%	77.6%	79.0%	
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.	81.7%	76.7%	75.0%	
5. Percentage of adults receiving any care or support who rate it as excellent or good	83.9%	80.7%	81.0%	
6. Percentage of people with positive experience of care at their GP practice.	84.7%	86.7%	87.0%	
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	92.4%	83.7%	84.0%	
8. Percentage of carers who feel supported to continue in their caring role.	47.7%	42.6%	41.0%	
9. Percentage of adults supported at home who agree they felt safe.	87.9%	82.9%	84.0%	
10. Percentage of staff who say they would recommend their workplace as a good place to work.*	Not yet available.			
11. Premature mortality rate (per 100,000 population)	374.6	412.0	439.7	
12. Rate of emergency admissions for adults (per 100,000)	9,562.5	12,524.9	12,264.9	
13. Rate of emergency bed days for adults (per 100,000)	119,762.9	125,922.7	124,663.4	
14. Readmissions to hospital within 28 days of discharge (per 1,000)	99.83	104.34	98.99	
15. Proportion of last 6 months of life spent at home or in community setting.	86.02	87.35	87.24	
16. Falls rate per 1,000 population in over 65s.	18.78	20.17	21.62	
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	77%	81%	84%	
18. Percentage of adults with intensive needs receiving care at home.	66%	64%	62%	
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged. (per 1,000)	1163.9	879.8	841.6	
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	23.8%	25.3%	24.7%	
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*	Not yet available.			
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*	Not yet available.			
23. Expenditure on end of life care.*	Not yet available.			

Shaded data cells show where the most recent Scotland figure is not yet available, so the previous year's figure is shown

4 POLICY IMPLICATIONS

4.1 There are no new policy implications arising from 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 the economy

6 RESOURCE IMPLICATIONS

6.1 Finance

6.1.1 There are no financial resource implications arising from this report.

6.2 Personnel

6.2.1 Processes are being developed as part of the restructure of the planning and performance function of the Health and Social Care Partnership which will monitor and regularly report on the indicators within the performance report which will incorporate new measures as these arise.

7 BACKGROUND PAPERS

7.1 Appendix 1 - HSCP Performance Report Update.

7.2 Appendix 2 - Monitoring template for performance - East Lothian Integration Joint Board Directions for 2016/17 and 2017/18.

7.3 Appendix 3 - Measuring Performance under Integration Measures

AUTHOR'S NAME	Paul Currie
DESIGNATION	Strategic Programme Manager
CONTACT INFO	paul.currie@nhslothian.scot.nhs.uk
DATE	16 October 2017
AUTHOR'S NAME	Gordon Gray
DESIGNATION	Assistant Strategic Programme Manager
CONTACT INFO	gordon.gray@nhslothian.scot.nhs.uk
DATE	16 October 2017

Appendix 1 - HSCP Performance Report Update



East Lothian Health & Social Care Partnership Performance Report for the Integration Joint Board September 2017 update

Produced by:

Bill Ramsay, Principal Information Analyst (ISD, LIST)

Catriona Young, Senior Information Analyst (ISD, LIST)

Christina Wraw, Senior Information Analyst (ISD, LIST)

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Introduction

With the creation of the Health and Social Care Partnerships in Scotland there has been a need for data intelligence to support planning, decision making and service redesign to meet the needs of local communities.

The East Lothian Health and Social Care Partnership has worked closely with the Local Intelligence Support Team (LIST) and the Health and Social Care Team within Information Services Division (ISD) in linking and integrating the NHS and Social Care datasets. This new dataset provides information on each person's journey through the health and social care system with associated costs and service utilisation, as well as providing demographic information.

The integrated health and social care dataset offers the Partnership a deeper understanding of care needs within communities and awareness of the different pathways that people travel through within the NHS and Social Care. This intelligence feeds into the Strategic Plan and other strategies and helped to inform the development of Directions for East Lothian Health and Social Partnership to deliver best value while ensuring the population receives the best health and social care services.

This is the fourth Performance Report produced for the East Lothian Integration Joint Board and presents analysis on:

- National Indicator results for East Lothian
- Community Prescribing
- End of Life
- Home care for people aged 65 +
- Healthcare Expenditure.

Subsequent performance reports will need to take into account new performance requirements and outcome measures arising from the recent Health and Social Care Delivery Plan and joint SG/COSLA letters concerning performance monitoring.

Please note that this report is for Management Information purposes only.

Data for East Lothian and its associated Local Authority peer group have been presented for the most up to date financial year, 2016/17. There are exceptions to this which have been stated within the notes of each indicator.

Scotland results for 2016/17 have been presented if the indicator has been officially released into the public domain by ISD. If the indicator has not been officially published for 2016/17, then the most recent published data has been included.

Core Suite of Indicators for Integration

Context

The National Health and Wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of

outcomes focuses on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals. The nine Health and Wellbeing Outcomes are:

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 reducing any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

More information about the outcomes is available at:

www.gov.scot/Publications/2015/02/9966/downloads

Integration Authorities are responsible for planning and delivering a wide range of health and social care services and accountable for delivering the national health and wellbeing outcomes. Each Integration Authority will be required to publish an annual performance report, which will set out how the national health and wellbeing outcomes are being improved. The first Performance Report for the East Lothian Integration Joint Board should be published by July 2017.

Several of the indicators reflect progress towards more than one of the national health & wellbeing outcomes. All of the outcomes and indicators are considered as important as each other, and so the suite needs to be considered as a package and not a set of individual unrelated indicators.

Core indicators

The indicators have been developed in consultation with a wide range of stakeholders across all sectors, with significant input from COSLA and agreement of the Ministerial Steering Group. It should be noted that the

indicators will develop and improve over time, and that some of them still require data development.

The indicators have been, or will be, developed from national data sources so that the measurement approach is consistent across all areas. They can be grouped into two types of complementary measures:

(a) **Outcome indicators based on survey feedback**, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality. While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information.

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.*

(b) **Indicators derived from organisational / system data** primarily collected for other reasons.

11. Premature mortality rate.
12. Rate of emergency admissions for adults.
13. Rate of emergency bed days for adults.
14. Readmissions to hospital within 28 days of discharge.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. Proportion of care and care at home services rated 'good' or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*
23. Expenditure on end of life care.*

* Indicator under development by the Scottish Government and ISD

The Health and Social Care team within ISD will publish the National Indicators on a quarterly basis before the first performance reports are due by July 2017. The first publication was on 2nd August 2016 and was based on 13/14 data. The publication was updated in November 2016 and the indicators are now based on 15/16 data.

All Partnerships have been benchmarked against one another, however the analysis has not been broken down by locality as the SOURCE team have processed data to this geography level yet. The Local Intelligence Support Team (LIST) has supported the East Lothian Health and Social Care Partnership by providing timely data and comparing each indicator to East Lothian's peer group as well as Scotland. The audience can see if East Lothian is comparing well to its peers, or if further improvement is required.

Differences from June 2017 Report

For the National Indicators, the data has now been taken from the ISD Health & Social Care team's (SOURCE) Core Suite of Indicators for Integration dataset. This is different from the June 2017 Performance Report, as the SOURCE team has now published the indicators for 2016/17. The methodology for some indicators has since been clarified and updated since the August 2016 report.

Table 1 below shows the differences between the June report and the September 2017 report.

Table 1: Summary view of changes from June.

INDICATOR	Updates to Data from June
1. Percentage of adults able to look after their health very well or quite well	NA
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.	NA
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	NA
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.	NA
5. Percentage of adults receiving any care or support who rate it as excellent or good	NA
6. Percentage of people with positive experience of care at their GP practice.	NA
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	NA
8. Percentage of carers who feel supported to continue in their caring role.	NA
9. Percentage of adults supported at home who agree they felt safe.	NA
11. Premature mortality rate (per 100,000 population)	Updated with 2016
12. Rate of emergency admissions for adults (per 100,000)	Updated for 16/17
13. Rate of emergency bed days for adults (per 100,000)	Updated for 16/17
14. Readmissions to hospital within 28 days of discharge (per 1,000)	Updated for 16/17

15. Proportion of last 6 months of life spent at home or in community setting.	Updated for 16/17
16. Falls rate per 1,000 population in over 65s.	Updated for 16/17
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	Updated for 16/17
18. Percentage of adults with intensive needs receiving care at home.	Updated for 15/16
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged. (per 1,000)	Updated for 16/17
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	Updated for 16/17

National Indicators for East Lothian Health and Social Care Partnership

Table 2 below shows a breakdown of the National Core Indicators for Integration for East Lothian Health & Social Care Partnership. The data for indicators 1 to 9 have come from the 2015/16 Health and Care Experience Survey which was published by the Scottish Government in July 2016. This survey is published bi-annually with the next publication due in 2017/18. Data for Indicators 11 onwards is for 2016/17 unless otherwise specified.

A RAG (red/amber/green) status has been used as a means to compare the performance of the East Lothian Health and Social Care Partnership to the Scottish average. Green indicates that the Partnership has a value of at least 2.5% better than the Scottish average; amber indicates that the performance is within 5% of the Scottish average and red is based on the performance being 2.5% worse than the Scottish average. The percentage points were decided by the Partnership.

It remains the case that no data has yet been published for indicators 10, 21, 22 and 23 as the data sources and methodology are still being developed by the Scottish Government and ISD.

Table 2: Breakdown of National Indicators for East Lothian H&SCP

Indicator	Performance Jun 2017	Performance Sep 2017
1. Percentage of adults able to look after their health very well or quite well	95.2%	95.2%
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible	86.3%	86.3%
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	83.4%	83.4%
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	81.7%	81.7%
5. Percentage of adults receiving any care or support who rate it as excellent or good	83.9%	83.9%
6. Percentage of people with positive experience of care at their GP practice	84.7%	84.7%
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	92.4%	92.4%
8. Percentage of carers who feel supported to continue in their caring role.	47.7%	47.7%
9. Percentage of adults supported at home who agree they felt safe.	87.9%	87.9%
11. Premature mortality rate (per 100,000 population)	319.9	374.6
12. Rate of emergency admissions for adults (per 100,000)	9,398	9,563
13. Rate of emergency bed days for adults (per 100,000)	114,152	119,763
14. Readmissions to hospital within 28 days of discharge (per 1,000)	95.2	99.8
15. Proportion of last 6 months of life spent at home or in community setting	86.2	86.0
16. Falls rate per 1,000 population in over 65s.	18.5	18.8
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	76.2	77%
18. Percentage of adults with intensive needs receiving care at home. (2015/16)	65.6%	66%
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000)	1,164	1,164
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	23.3%	23.8%

East Lothian in comparison to Scotland & Peer Group

Table 3 compares the outcome of each indicator to that of a peer group and Scotland.

The scatter plots to the right of the table illustrate where East Lothian (the blue dot) lies in relation to both the Peer Group (red cross) average and the Scotland (purple triangle) values.

Table 3: Comparison of each National Indicator result for East Lothian Partnership to the peer group and Scotland

INDICATOR	● East Lothian	* Peer Group Average	▲ Scotland	
1. Percentage of adults able to look after their health very well or quite well	95.2%	94.6%	94.0%	
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.	86.3%	81.9%	84.0%	
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	83.4%	77.6%	79.0%	
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.	81.7%	76.7%	75.0%	
5. Percentage of adults receiving any care or support who rate it as excellent or good	83.9%	80.7%	81.0%	
6. Percentage of people with positive experience of care at their GP practice.	84.7%	86.7%	87.0%	
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	92.4%	83.7%	84.0%	
8. Percentage of carers who feel supported to continue in their caring role.	47.7%	42.6%	41.0%	
9. Percentage of adults supported at home who agree they felt safe.	87.9%	82.9%	84.0%	
10. Percentage of staff who say they would recommend their workplace as a good place to work.*	Not yet available.			
11. Premature mortality rate (per 100,000 population)	374.6	412.0	439.7	
12. Rate of emergency admissions for adults (per 100,000)	9,562.5	12,524.9	12,264.9	
13. Rate of emergency bed days for adults (per 100,000)	119,762.9	125,922.7	124,663.4	
14. Readmissions to hospital within 28 days of discharge (per 1,000)	99.83	104.34	98.99	
15. Proportion of last 6 months of life spent at home or in community setting.	86.02	87.35	87.24	
16. Falls rate per 1,000 population in over 65s.	18.78	20.17	21.62	
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	77%	81%	84%	
18. Percentage of adults with intensive needs receiving care at home.	66%	64%	62%	
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged. (per 1,000)	1163.9	879.8	841.6	
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	23.8%	25.3%	24.7%	
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*	Not yet available.			
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*	Not yet available.			
23. Expenditure on end of life care.*	Not yet available.			

Shaded data cells show where the most recent Scotland figure is not yet available, so the Scotland figure for the previous year is shown.

Individual Indicators

Indicators 1 – 9:

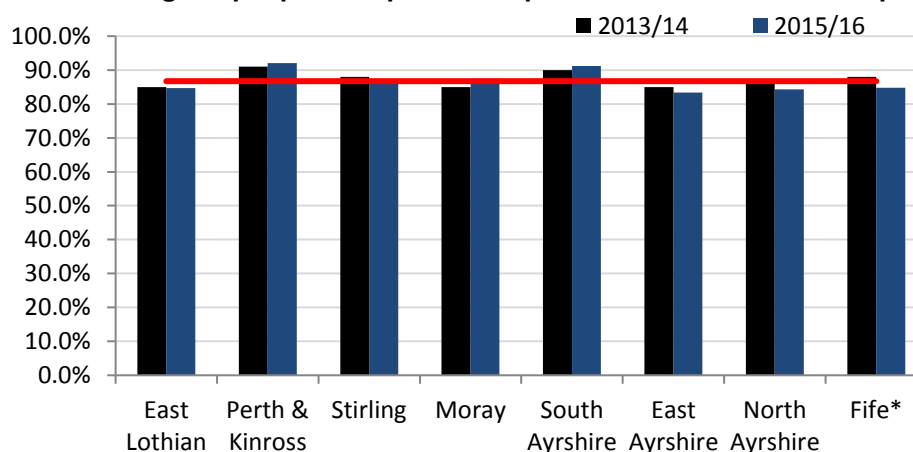
The data for these indicators is from the Scottish Government's Health and Care Experience Survey, the most recent data of which is available at: <http://www.hace15.quality-health.co.uk/>.

This survey is sent to a random sample of patients registered with Scottish practices, of which 1,921 replied for East Lothian (out of 9,345 sent to East Lothian residents). Of those who replied:

- 40% were male and 60% were female;
- 9% were aged 17-34, 17% were aged 35-49, 34% were aged 50-64 and 41% were 65 and over;
- 65% did not have any limiting illness or disability.

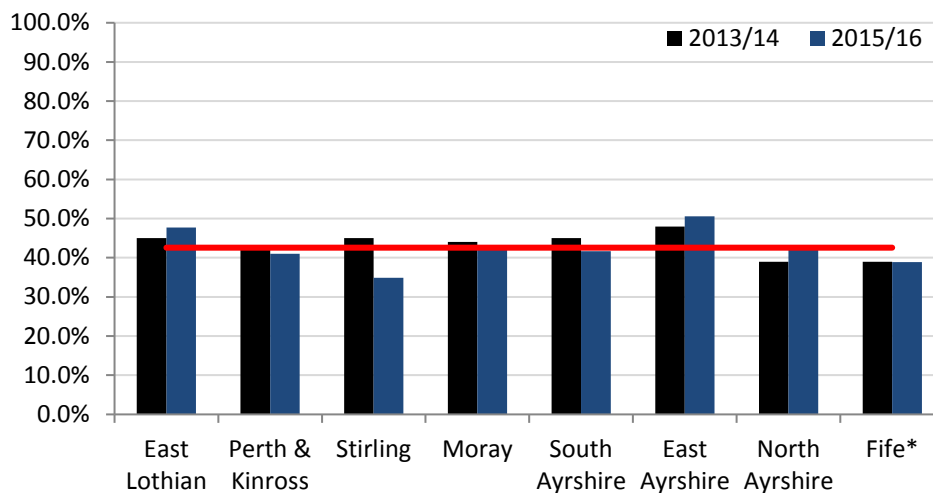
East Lothian responses are generally more positive than for both the peer group and Scotland as a whole. The two shown below are those where there is either a lower number than the Scotland average, or where the positive response rate was low in general (i.e. both for East Lothian and across Scotland as a whole).

Chart 1: Percentage of people with positive experience of care at their GP practice.



The red line in Chart 1 shows the peer group average for the 2015/16 survey response. Not only does East Lothian have a lower positive response than the peer group in general, but there has been a decrease compared to the 2013/14 response.

Chart 2: Percentage of carers who feel supported to continue in their caring role.



East Lothian has shown a positive gain for the new survey; however the number of carers who feel supported is still low. The rate across Scotland as a whole is 41%, which East Lothian is above. Further work needs to be carried out to understand why carers feel unsupported, and what can be done to help them in this challenging role.

A breakdown of the remaining indicators is available on request.

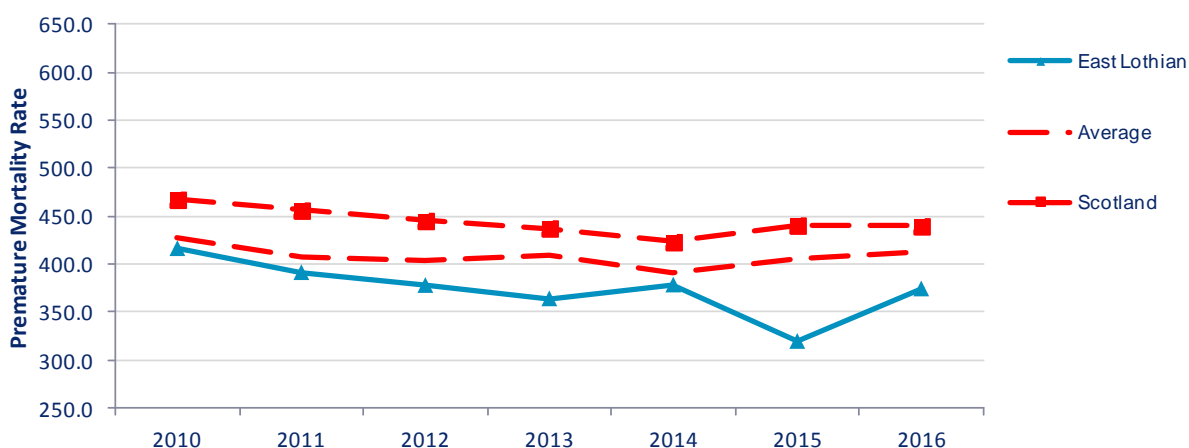
Indicator 10: Percentage of staff who say they would recommend their workplace as a good place to work

This indicator is under development by the Scottish Government.

Indicator 11 – Premature Mortality

Chart three below shows that the premature mortality rate in East Lothian lies below both the peer group average and the Scotland level, showing that East Lothian is doing well in keeping premature mortality low, as is the peer group as a whole. The rate for East Lothian shows an increase in 2016, but otherwise has shown a downwards trend over the last 6 years.

Chart 3: Premature mortality rate (per 100,000 population).

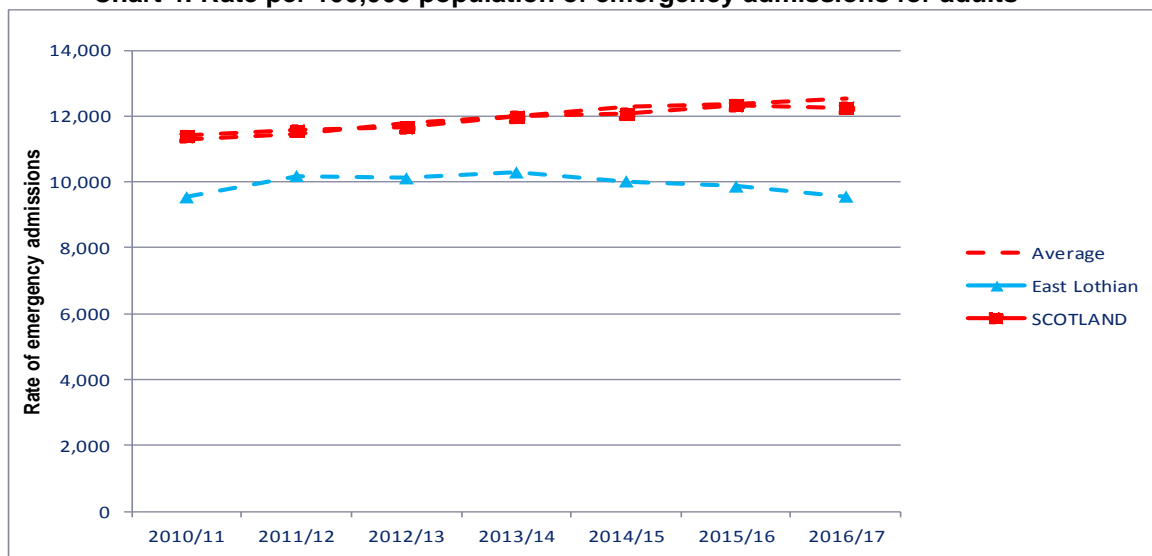


Indicator 12: Emergency Admissions

Chart 4 shows emergency admissions for Scotland and the peer group have been gradually increasing since 2010/11, however for East Lothian the rate

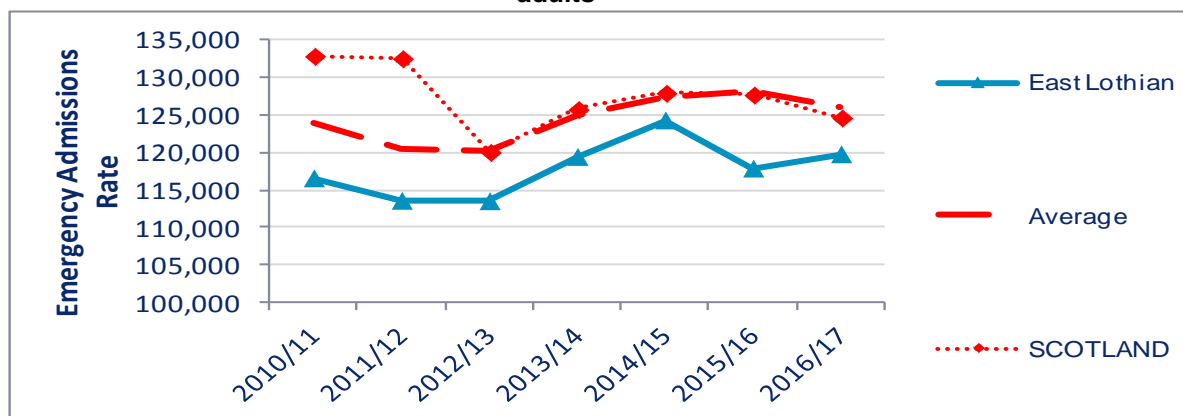
has been dropping slightly from 2013/14. The rate for East Lothian is below the Scotland level and peer group average.

Chart 4: Rate per 100,000 population of emergency admissions for adults



Indicator 13: Bed Days for Emergency Admissions

Chart 5: Rate per 100,000 of occupied bed days following an emergency admission for adults

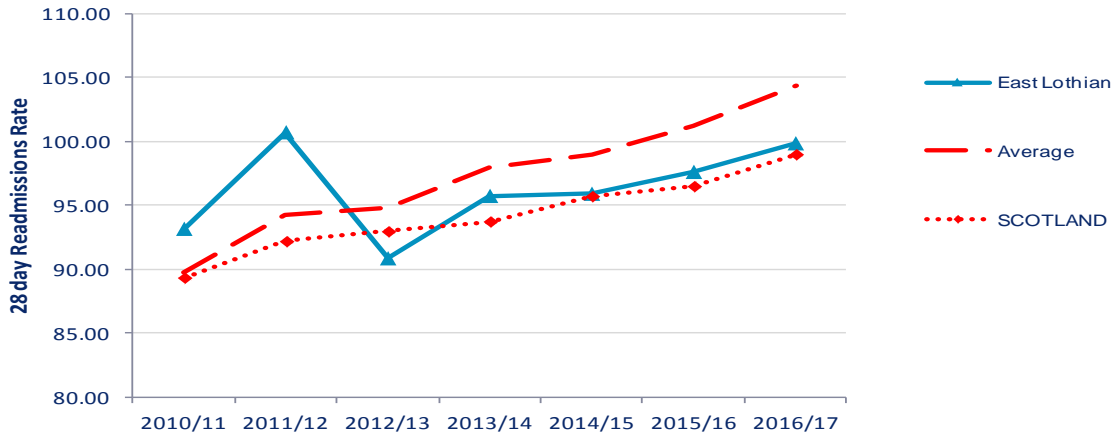


Compared to emergency admissions, which was shown in Chart 4, the emergency bed day rate for East Lothian is more in line with the Scotland average, indicating while there are less emergency admissions in the first place, the people are then staying in hospital as long as in other areas. The rate has been fluctuating over the years, while near the peer and Scotland levels in 2013/14 and 2014/15 it then dropped well below in 2015/16 but increased again in 2016/17.

Indicator 14 – Readmissions

East Lothian lies generally around the Scotland average, and the rate of readmissions appears to have flattened off, as with Scotland, from 2013/14.

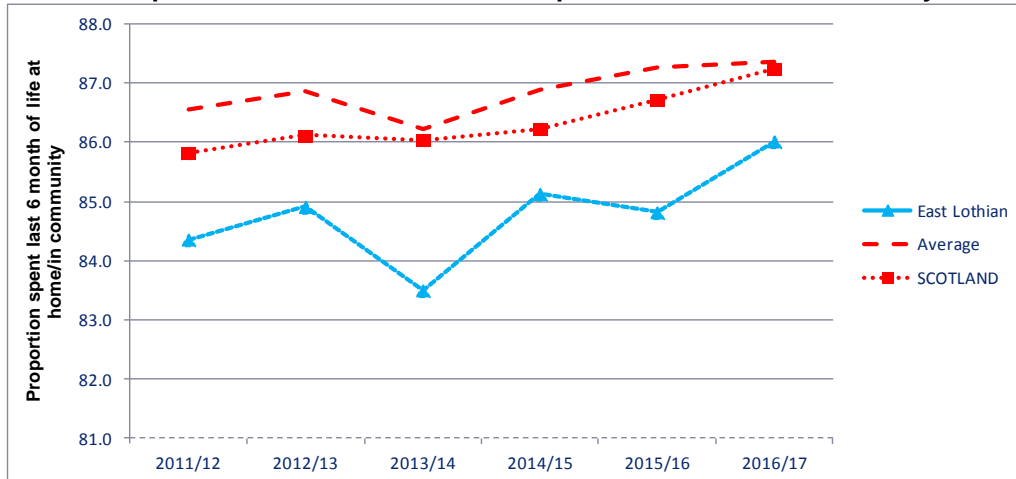
Chart 6 – Readmissions to hospital within 28 days of discharge



Indicator 15 – Last 6 months spent at home

Chart 7 shows East Lothian’s performance is below that of Scotland and the peer group for the proportion of the last six months of life spent at home. There is a higher proportion of people spending this time within hospital instead of being managed within the community.

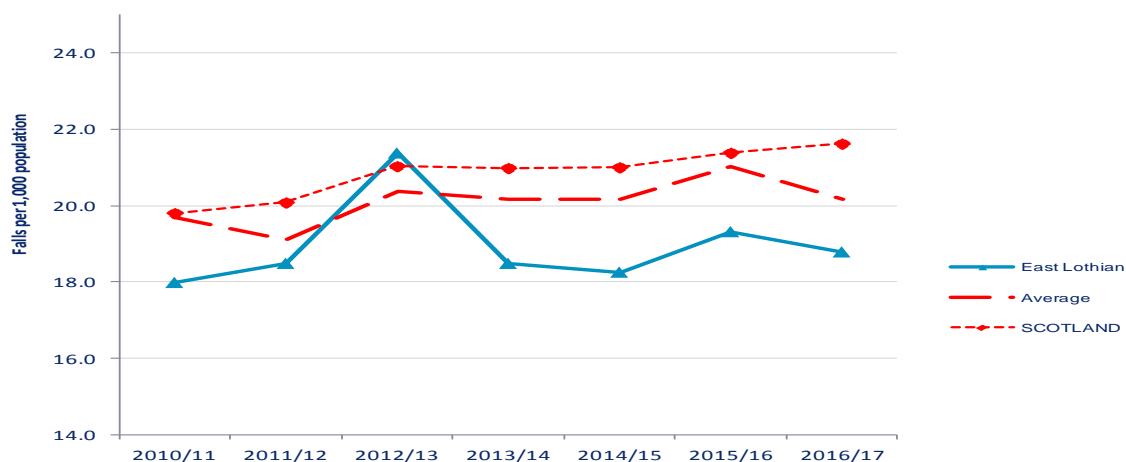
Chart 7: Proportion of last 6 months of life spent at home or in community setting



Indicator 16 – Hospital admission following a fall for over 65s

From Chart 8 it can be seen that East Lothian on the whole has been lower than Scotland, for the rate of falls in the 65+ age group, although there was a peak in 2012/13. While the rate has fluctuated slightly, it has remained below Scotland and the peer group average from 2012/13 onwards.

Chart 8: Falls rate per 1,000 population in over 65s.



Indicator 17 – Care services graded ‘good’ or better

This data comes from the Care Inspectorate, who advise this indicator is developmental. They are keen to engage with any stakeholders regarding the definition for this indicator.

Chart 9: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

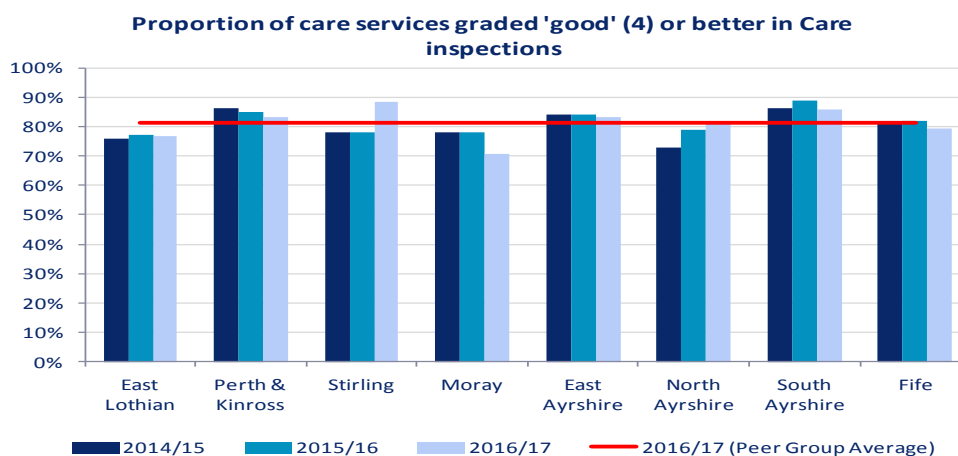
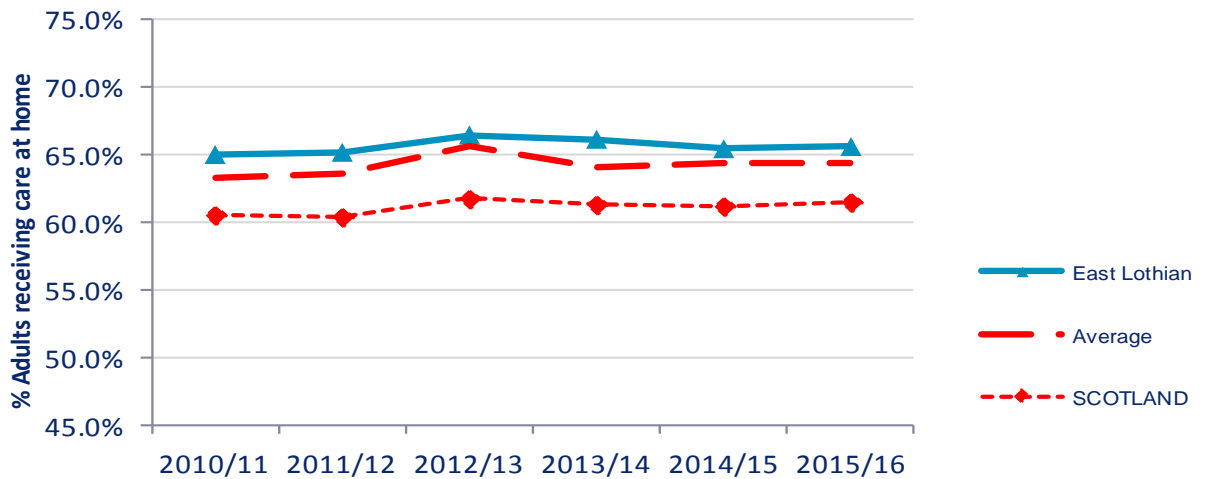


Chart 9 above shows that East Lothian does not have as many services graded good or above in inspections as their peer group (the average is shown by the red line). The Scotland average is very similar to the peer group average. There has, however, been a slight increase from the previous year.

Indicator 18 – Adults with intensive needs receiving care at home.

Chart 10 shows that both East Lothian and the peer group are well above the Scotland level. There has been very little fluctuation over the six years shown, although figures now are slightly higher than they were in 2010/11.

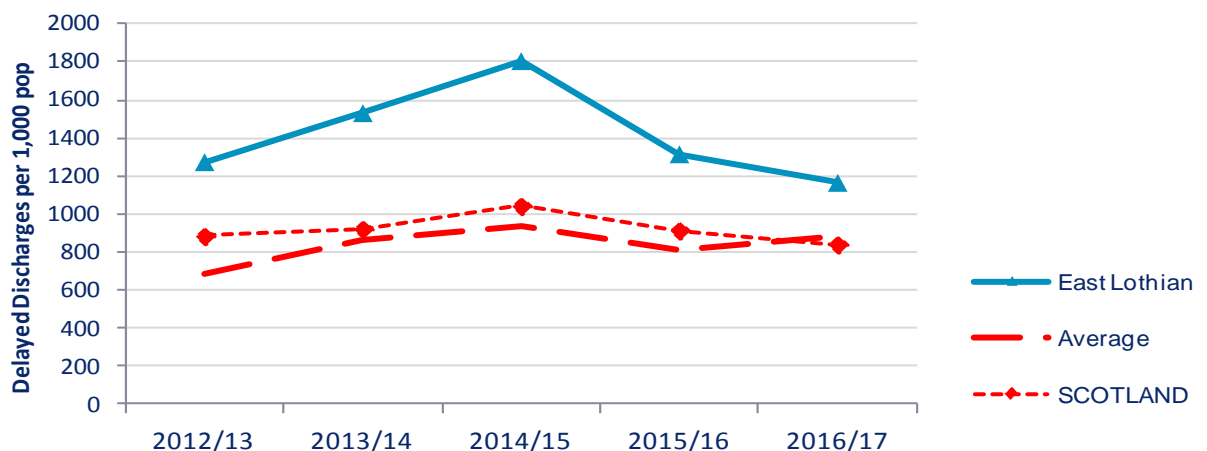
Chart 10: Percentage of adults with intensive needs receiving care at home.



Indicator 19: Number of days people aged 75+ spend in hospital when they are ready to be discharged.

Chart 11 shows that for occupied bed days per 1,000 of people aged 75+, East Lothian has shown considerably higher levels than the peer group; and also well above the Scotland level. However there has been a significant drop in the last two years indicating that interventions are beginning to have an impact on reducing delays, with East Lothian no longer the highest in the peer group.

Chart 11: Number of days per 1,000 people aged 75+ spend in hospital when they are ready to be discharged.



Delayed Discharges: Occupied Bed Days and Costs

Table 4 and chart 12 below compares the number of occupied bed days (OBDs) and total cost of delayed discharges from 2012/13 to 2016/17 for patients aged 18 and above, and aged 75 and above for all specialties and all delay reasons.

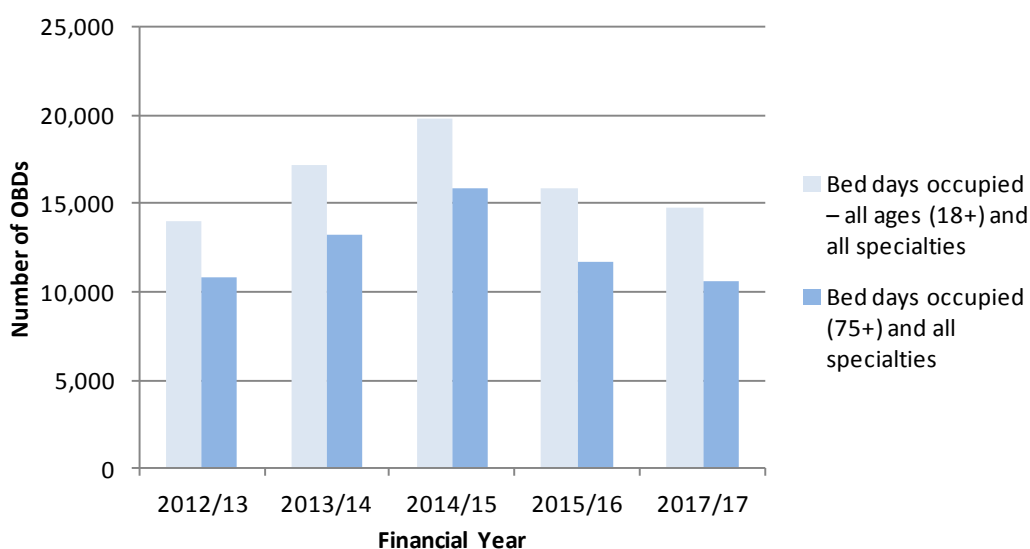
The number of OBDs increased by 40% between 2012/13 and 2014/15 from 14,044 to 19,800. However, since 2015/16, the number of OBDs has decreased by 25% to 14,762. This decrease can partly be attributed to a change in definitions and guidance in July 2016.

Table 4: Comparison of occupied bed days and expenditure for delayed discharges in East Lothian from 2012/13 to 2015/16

	2012/13	2013/14	2014/15	2015/16	2016/17
Bed days occupied – ages 18+, all specialties and all delay reasons	14,044	17,179	19,800	15,829	14,762
Bed days occupied 75+, all specialties and all delay reasons	10,829	13,259	15,868	11,710	10,609
Total Cost – all ages 18+, all specialties and all delay reasons	£2,357,85 5	£4,133,83 3	£4,504,03 3	£3,345,19 5*	£3,119,70 2*
Total Cost 75+, all specialties and all delay reasons	£1,759,47 7	£2,397,44 4	£3,492,52 9	£2,189,77 0*	£1,992,34 7*

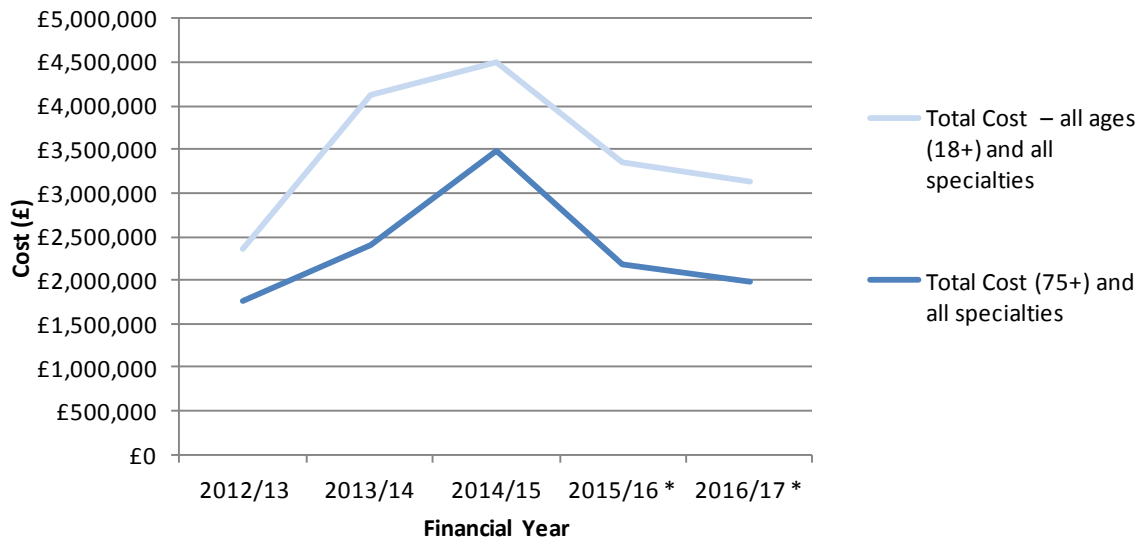
* Costs for 2015/16 and 2016/17 have not been published and have been estimated from the average bed day cost between 2012/13 to 2014/15.

Chart 12: Number of days per 1,000 people aged 75+ spend in hospital when they are ready to be discharged.



The expenditure on delayed discharges between 2013/14 and 2012/13 nearly doubled, yet the bed days did not increase at the same rate. This may be due to delays in certain specialties being more expensive than others. It is also worthy of note that the costs for older people is half of the total expenditure, yet they account for around 43% of the occupied bed days. This shows that the cost per bed day for older people is more expensive than for people aged 74 years and below.

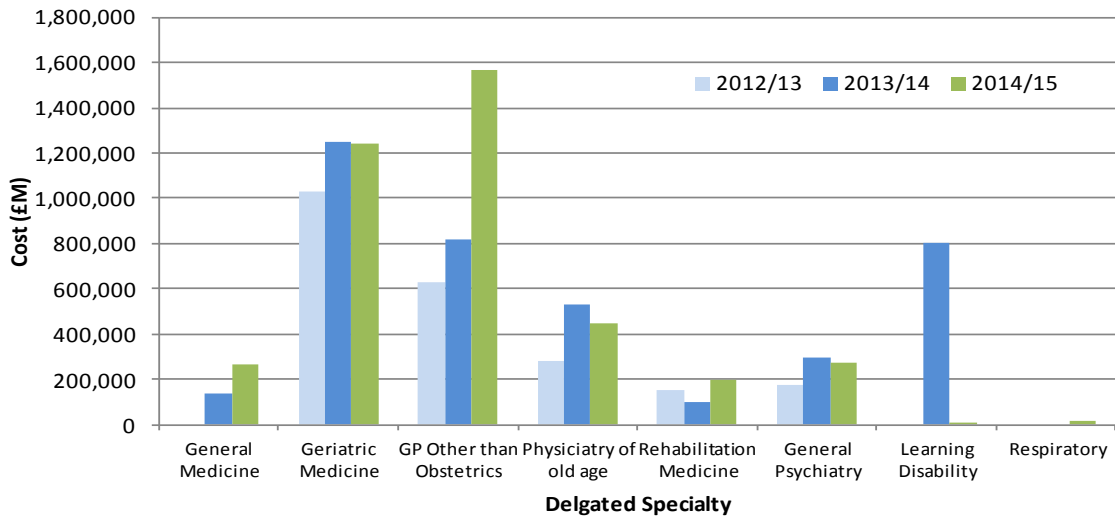
Chart 13: Comparison of expenditure on Delayed Discharges between 2012/13 and 2016/17



Costs of delayed discharges by delegated specialty for patients aged 18 and above

The data for chart 14 below has not been updated since the August 2016 report as ISD has not published costs data for 2015/16 onwards. Just over £4 million was spent on Delayed Discharges in 2014/15 on patients aged 18 and above who were admitted to a Delegated Specialty. This represents 88% of the total expenditure of Delayed Discharges across all specialties (£4.5 million in 2014/15). The highest expenditure was within GP other than Obstetrics with a total expenditure of £1.5 million.

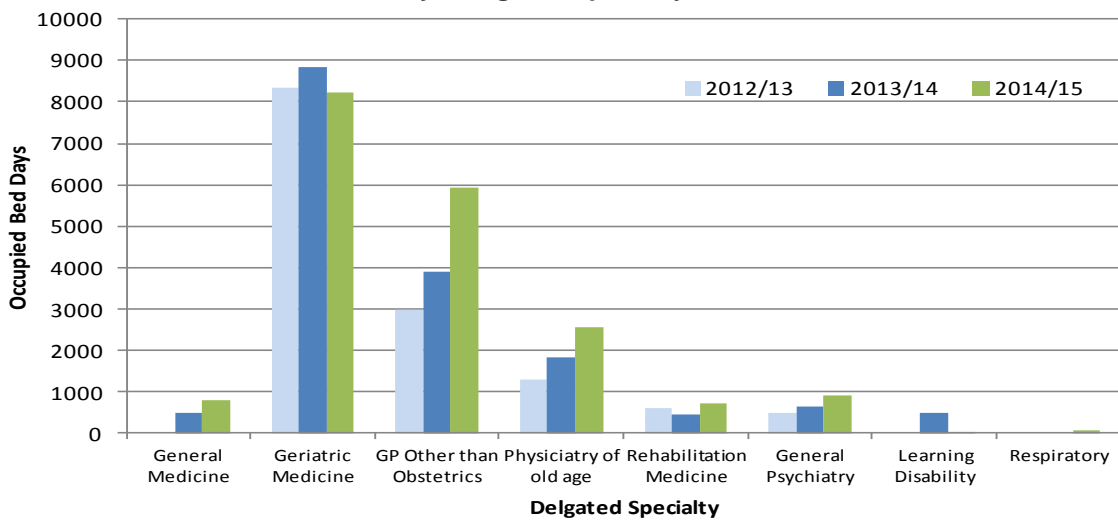
Chart 14: Expenditure on delayed discharges split by delegated specialty



Number of occupied bed days by delegated specialty

The data for chart 15 below has not been updated since the August 2016 report as ISD has not published costs data for 2015/16 onwards. It shows the number of occupied bed days by delegated specialty for patients aged 18 and above.

Chart 15: Occupied bed days for delayed discharges for patients aged 18 and above by delegated specialty

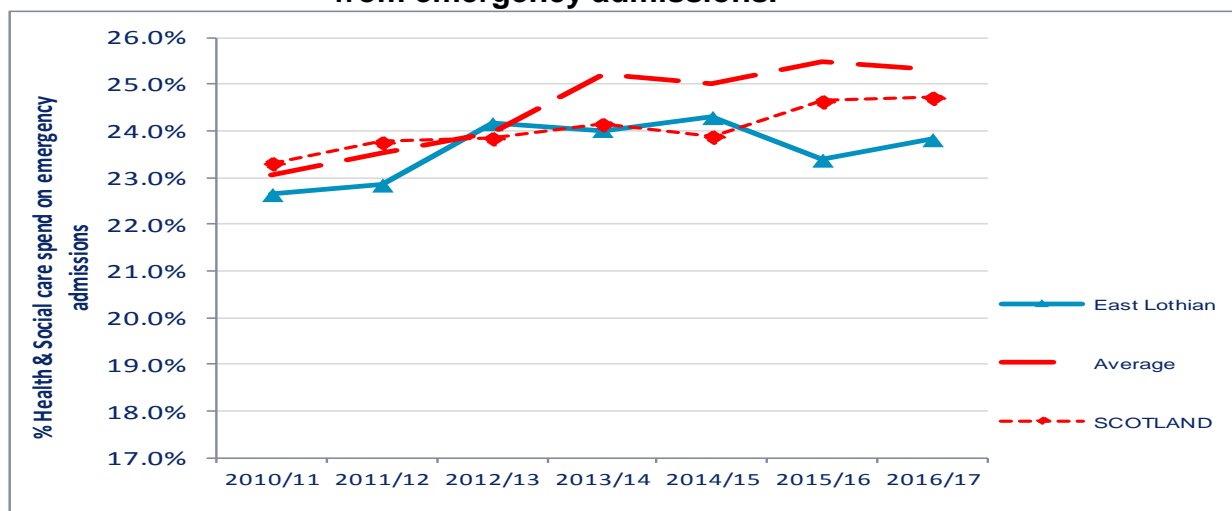


Geriatric medicine has the highest proportion of occupied bed days, although the number has decreased below the 2012/13 level.

Indicator 20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.

Chart 16 shows an increasing variation in the percent spend on emergency admissions over the last seven years. East Lothian in particular has seen some fluctuation in recent years, with a drop of over 2% in 2015/16, then an increase again in 2016/17.

Chart 16: Percentage of health and care resource spent on hospital stays from emergency admissions.



Sources

1. National Health and Wellbeing Indicators 1 to 20: ISD Health and Social Care Team publication of Core Indicators for Integration. Available on a password protection section of the ISD website – for access contact nss.Source@nhs.net.
2. Delayed Discharges costs and occupied bed days: Health and Social Care Team, Source Tableau Outputs, Delayed Discharges workbook and ISD Delayed Discharges publication:
3. End of Life: ISD, Patient Level Information Costings System file on patient activity and costs, 2014/15
4. Healthcare Expenditure for East Lothian Partnership: ISD publication:
5. Community Prescribing: Prescribing Information System
6. Percentage of people receiving care at home aged 65 and above: These figures are taken from a variety of sources, including ISD's care homes publication, the Scottish Government's Home Care publication, NRS for population data and SMR01 for bed days.

Further Information

The majority of the information presented in this report was sourced from published national data from the following organisations.

Information Services Division: www.isdscotland.org
Scottish Government: www.gov.scot/Topics/Statistics
National Records of Scotland: www.nrscotland.gov.uk
See the Notes and Caveats section for details of specific sources.

Appendix 2 - Monitoring template for performance - East Lothian Integration Joint Board Directions for 2016/17 and 2017/18

2016/17 Directions

01 - Directions on Community Hospital Developments

- D01a** - Deliver a new integrated East Lothian Community Hospital, with an agreed bed base and a defined range of safe and effective inpatient and outpatient services fit for future demographic growth within a deliverable financial model.
- D01b** - Continue to support a 'decant programme' aligned to a new East Lothian Community Hospital to facilitate early reprovision and earliest repatriation of East Lothian patients from Liberton and Midlothian Hospitals
- D01c** - Replaced by Direction D12e
- D01d** - Deliver business cases for Prestonpans and Harbours Medical Practices in line with the East Lothian Primary Care Premises Strategy.
- D01e** - Replaced by Direction D10a.
- D01f** - Replaced by Direction D10a.
- D01g** - Develop and implement a prescribing budget calculation which more accurately reflects demographic change and need across Lothian.

02 - Directions on Community Delivered Care Services

- D02a** - Replaced by Direction D12a.
- D02b** - Replaced by Direction D12a.
- D02c** - Replaced by Direction D12d.
- D02d** - Develop and implement a new Carers Strategy for East Lothian and an aligned commissioning strategy by December 2016 meeting the requirements of the Carers (Scotland) Bill and the principles of Best Value.
- D02e** - Replaced by Direction D12c.
- D02f** - Establish a housing and health and social care planning interface group to deliver the key actions and priorities from the Strategic Plan's Housing Contribution Statement and needs assessment, including a clear understanding and recognition of delegated functions and budgets as they pertain to the IJB.

D02g - Complete a scoping exercise and bring forward operational and funding proposals to the IJB for a redesigned model of reablement by September 2016.

D02h - Complete a review of all current Section 10 grants against an agreed prioritisation framework to ensure strategic fit and best value and bring forward proposals for investment and disinvestment to the IJB by December 2016.

03 - Directions on Repatriation of East Lothian Residents

D03a - Ensure the repatriation of East Lothian residents from Liberton Hospital in Edinburgh accompanied by an associated shift in aligned financial resources to the IJB.

D03b - Ensure the repatriation of East Lothian residents from Midlothian Community Hospital with the associated shift in aligned financial resources to the IJB.

04 - Directions on Primary Care

D04a - Delivery of the key recommendations of the national review of primary care out of hours services.

D04b - Delivery of the key actions of the Transitional Quality Arrangements for the GMS contract in Scotland.

05 - Directions on Resource Transfer

D05a - Payments by NHS Lothian to East Lothian Council in line with the agreed payment schedule.

D05b - Provision by East Lothian Council of services as outlined and in accordance with the agreed budgets.

06 - Direction on the Integrated Care Fund

D06 - Replaced by Direction D12e.

07 - Direction on the Delayed Discharge Fund

D07 - Replaced by Direction D11c.08 - Direction on the Integration Fund

D08 - Delegation of the agreed budget for the Integration (Social Care) Fund to the IJB.

09 - Direction on the Strategic Programme Budget

D09 - Identification of human and financial resources and activity within NHS Lothian's Strategic Programmes budget within the financial year 2015/16.

2017-18 Directions

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 - Re-provision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals (**supersedes D01c and D02c**)

D12e - Integrated Care Fund Review (**supersedes D06**)

13 - Direction 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**)

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

Directions for 2016-17

Directions on Community Hospital Developments (D01a, D01b, D01c (replaced by Direction D12e), D01d, D01e (replaced by Direction D10a) D01f (replaced by Direction 10a), D01g)

Function(s) - Integrated function.

Direction D01a. - Continue to support an Outline Business Case, Final Business Case and Financial Close for a new integrated East Lothian Community Hospital which includes an agreed bed base and a defined range of safe and effective inpatient and outpatient services fit for future demographic growth within a deliverable financial model.

Target - Delivery of the new Community Hospital.

Measurement - Completion of the business case and commencement and successful completion of the 4 phases of the building within the planned timeframe.

Performance - The new integrated East Lothian Community Hospital business case reached financial close in October 2016. This allowed commencement of the construction of the new hospital within the current Roodlands Hospital grounds. A new car park was completed in February 2017 as the first of 4 phases of development.

Phase 2, a new outpatient department is due to complete in February 2018. Phase 3 will see the rest of the hospital constructed by late 2019 and under Phase 4 the remaining buildings will be demolished and further parking and landscaping completed early in 2020.

The hospital bed model is based on current requirements including the repatriation from Edinburgh hospitals of appropriate East Lothian patients who can be cared for locally. The bed base will have the capacity to expand for expected demographic and population growth in East Lothian. It is anticipated that by 2023-2032 a further 20 beds will be opened in the new hospital.

An increase in the Outpatient Department will assist with further repatriation of services and work is ongoing to develop this in time for a 2019 opening.

The financial model continues to be reviewed by both the IJB and NHSL

Function(s) - Integrated function.

Direction D01b. - Continue to support, develop and agree a 'decant programme' aligned to a new East Lothian Community Hospital to facilitate early reprovision and earliest repatriation of East Lothian patients from Liberton and Midlothian Hospitals.

Target -. No specific closure date has been set for Liberton, but the wider NHS Lothian Strategic Plan expects it to cease inpatient activity during 2018.

Measurement – Tracking of patient numbers and locations.

Performance – In the past up to 30% of admissions to Liberton 124 beds specialising in care for the frail elderly were direct GP referrals. Increasingly, as a result of system pressures acute patients were transferred from the Royal Infirmary of Edinburgh. Liberton was also the main site for ongoing frailty and orthogeriatric rehabilitation taking patients from Midlothian, East Lothian and north Edinburgh.

Liberton currently accommodates East Lothian (20 beds) and City of Edinburgh HSCP patients who have completed their acute and rehabilitation episode of care. A new model of intermediate care with GP cover has been developed for those patients who no longer require acute hospital care and who are clinically stable but have ongoing rehabilitation needs that cannot be met at home. It also has a 'step down' unit for patients on the journey back to community based care.

Following the completion of the East Lothian Community Hospital in early 2020, it is expected that East Lothian HSCP patients will move from the Liberton site. Arrangements are in place with the LIST ISD team to track patients on a weekly basis during the transitional phase.

Function(s) - Integrated function.

Direction D01d. - Deliver business cases for Prestonpans and Harbours Medical Practices in line with the East Lothian Primary Care Premises Strategy.

Target - To provide each practice with suitable extensions to modernise, extend and improve existing practice facilities and to provide sufficient flexibility to respond to predicted local population growth.

Measurement – Availability of premises.

Performance – Prestonpans Medical Practice: During 2016/17 work commenced on a £2 million extension and refurbishment to provide purpose-built spaces for patients and staff. This comprised new treatment rooms, a community consulting room and health care assistant rooms. The extension opened in April 2017.

Harbours Medical Practice, Cockenzie: In August 2017, following approval of the business case earlier in the year Lothian Capital Investment Group approved funding to support the formal design and planning of an extension to the practice to provide a modern, fit for purpose extension. Work on this aspect of the project is now underway

Function(s) - Integrated function.

Direction D01g. - Develop and implement a prescribing budget calculation which more accurately reflects demographic change and need across Lothian.

Target - .

Measurement - .

Performance - The NHS Lothian Prescribing Forum is currently invited to consider a model of budget setting for future approaches to setting Practice budgets in Lothian. East Lothian is represented on the Forum. A model for 18/19 is being considered by a small group with representation from finance, medicines management team and pharmacy. East Lothian would welcome the opportunity to contribute to this group.

During the year a deep dive exercise was performed by the prescribing advisor on two practices in East Lothian. This revealed that a few expensive medicines can make a significant impact on budget performance. The fact that the model does not take into account high cost medicines may accounts for some of the overspend in practices using the weighted capitation budget model.

Directions on Community Delivered Care Services (D02.a (replaced by Direction D12a) D02b (replaced by Direction D12a) D02c (replaced by Direction D12d) D02d, D02e - Replaced by Direction D12c) D02f, D02g)

Function(s) - Integrated function.

Direction D02d. - Develop and implement a new Carers Strategy for East Lothian and an aligned commissioning strategy by December 2016 which fully address the requirements of the Carers (Scotland) Bill and the principles of Best Value.

Target - .

Measurement - .

Performance - Development and preparation for the East Lothian Carers' Strategy continues and is expected to be finalised by 1st April 2018 as set down in the Carers (Scotland) Act 2016.

To date activities have included a 'Big Breakfast' event attended by relevant stakeholders, care support service providers from public, third and voluntary sectors, carers and cared-for people. Following event feedback the Eligibility Criteria Framework, broadly based upon the National Carer Organisations framework, was accepted by the Core Management Team as a model of best practice. The Eligibility Criteria was published in-line with legislative requirements and is out to consultation from 1st October 2017 to 31st December 2017.

A Working Group meets fortnightly and includes within its remit; programme management, governance of the project and finance and demand of service requirements. It will also develop specific workstreams as the project progresses: communications and public awareness; real choice and commissioning; Third Sector role; workforce support, training and development; information and systems and monitoring and evaluation

A workstream will also be established to address issues regarding supply of data and information for the Scottish Government's Carers Census. The Carers Census consultation that East Lothian participated in identified a number of gaps in data and information provision within East Lothian and the working group will look to address these.

A Carers' Strategic Group (with representation from a number of public, third and voluntary sector organisations) will look at the delivery of duties that include: adult carer support plans; young carer statements; local eligibility criteria; carer involvement; local carer strategy and information and advice services for carers. It will also develop and maintain relationships with other relevant strategic programmes to ensure progress on the Carers Strategy is publicised.

A development session on the Carers Strategy, led by an IJB Board member with responsibility for Carers Strategy was attended by Carers of East Lothian, East Lothian Young Carers and ELHSCP officers.

Adult carer support plans are currently being piloted by Carers of East Lothian and Adult Wellbeing, ELHSCP. Young Carer statements are under development by Young People and Children's Services and relevant carer organisations, as well as young carers.

Function(s) - Integrated function.

Direction D02f. - Establish a housing and health and social care planning interface group to deliver the key actions and priorities from the Strategic Plan's Housing Contribution Statement and needs assessment, including a clear understanding and recognition of delegated functions and budgets as they pertain to the IJB.

Target -

Measurement -

Performance - A Housing and Health and Social Care Planning Interface Group will be established, to initially consider and approve the draft report referred to in IJB Direction 12b. The first inaugural meeting of the Group will take place during the Local Housing Strategy formal Consultation period (January-February 2018) and meet a minimum of twice a year thereafter.

- Proposed terms of reference for the Group are drafted and will be agreed at the first formal meeting.

Function(s) - Integrated function.

Direction D02g. - Complete a scoping exercise and bring forward operational and funding proposals to the IJB for a redesigned model of reablement by September 2016.

Target -

Measurement -

Performance - The scoping exercise is complete and the report making recommendations for operational change was submitted at the end of August 2017 as planned. This was presented to the Senior Management Team and accepted. The next steps will be to set up a Project Board by the end of the year to implement the changes. The first step following the Board's establishment will be to identify a small area to pilot the model.

Function(s) - Integrated function.

Direction D02h. - Complete a review of all current Section 10 grants against an agreed prioritisation framework to ensure strategic fit and best value and bring forward proposals for investment and disinvestment to the IJB by December 2016.

Target -

Measurement -.

Performance - Best Value and Strategic Fit Reviews have commenced and one review, of Individual Cash Management Solutions (ICMS) has completed. The PID for external provision review has been agreed by the HSCP Procurement Board, which has also agreed to review external commissioned services together with the review of Internal Day Resources centres, including Shared Lives. A Communication Plan and Project Plan are being developed, including a 'political think piece' - to be presented in November 2017. Stakeholder engagement on the review of external commissioned services and the review of Internal Day Resources centres will take place at the same time.

A Needs Assessment (for 'Services to Support Community Outcomes') will be completed by February 2018, taking into account a number of factors, including: financial model for community provision, charging and transport policy and future need. A recommendation will be made in March 2018 and redesign and commissioning of services will take place over 2018/19.

Community planning and Area Partnerships will be asked to join the project team as the project develops. Finance will be involved at an early stage to assist with cost modelling.

Directions on Repatriation of East Lothian Residents (D03a, D03b)

Function(s) - Set aside.

Direction D03a. - Within the framework and objectives of the plan being developed by the joint Liberton Hospital group ensure the repatriation of East Lothian residents from Liberton Hospital in Edinburgh with the associated shift in aligned financial resources to the IJB, based on agreed activity data, to match this. The indicative financial resource is c.£540k.

Target - No specific timeframe

Measurement - Shift in the financial resource

Performance – The repatriation of East Lothian patients from Liberton Hospital has largely been completed. The cohort of patients still moving through the 20 beds on the site are transitioning from acute care to community based care, either in their own home, a care home or 'step down' unit.

Function(s) - Set aside.

Direction D03b. - As part of an agreed decant programme ensure the repatriation of East Lothian residents from Midlothian Community Hospital with the associated shift in aligned financial resources to the IJB, based on agreed activity data to match this. The indicative financial resource is c. £1 million.

Target - .

Measurement - .

Performance – Repatriation of East Lothian patients from Midlothian Community Hospital is progressing with patients moving into East Lothian based accommodation.

It is expected that in the run up to completion of the East Lothian Community Hospital in 2020 East Lothian HSCP will have repatriated all patients currently in Midlothian Community Hospital. Arrangements are in place with the LIST ISD team to track Patients to monitor progress in their relocation.

Directions to NHS Lothian on Primary Care (D04a, D04b)

Function(s) - Integrated (hosted)
Direction D04a. - Continue to work collaboratively to support and accelerate local delivery of the key recommendations of the National Review of Primary Care Out of Hours Services.
Targets - . Measurement - .
Performance – A Programme Manager was appointed by Lothian Unscheduled Care Service in August 2018. This colleague is in the process of meeting with representatives of services to review current provision and to inform planning to deliver the recommendations of the National Review. HSCP colleagues will continue to work with LUCS and will, as required, engage with the Lothian working group for the National Review.

Function(s) - Integrated (hosted)

Direction D04b. - Continue to work collaboratively to support and accelerate local delivery of the key actions of the Transitional Quality Arrangements for the GMS contract in Scotland.

Target - .

Measurement - .

Performance – The HSCP successfully delivered the required GMS Transitional Quality Arrangements actions with the support of the Primary Care Contracts Organisation.

Directions on Resource Transfer (D05a, D05b)

Function(s) - Integrated function.

Direction D05a. - East Lothian Integration Joint Board directs NHS Lothian to make payments to East Lothian Council in line with the payment schedule outlined in Section 10 of this Direction.

Target - .

Measurement - .

Performance - A separate overarching finance paper will be discussed at the 26th October 2017 IJB meeting

Function(s) - Integrated function.
Direction D05b. - East Lothian Integration Joint Board direct East Lothian Council to provide services as outlined and within and in accordance with the budgets outlined in Section 10 of this Direction.
Target - . Measurement - .
Performance - A separate overarching finance paper will be discussed at the 26 th October 2017 IJB meeting

Direction D06 on the Integrated Care Fund - Replaced by Direction D12e.

Direction D07 on the Delayed Discharge Fund - Replaced by Direction D11c.

Direction on the Integration Fund - D08

Function(s) – Integrated function.

Direction D08. - East Lothian Integration Joint Board directs NHS Lothian to delegate the agreed budget for the Integration (Social Care) Fund to the IJB in line with the proposal from East Lothian Council.

Target - .

Measurement - .

Performance - A separate overarching finance paper will be discussed at the 26th October 2017 IJB meeting

Direction to NHS Lothian on the Strategic Programme Budget - D09

Function(s) – Integrated function.

Direction D09. - Provide a full analysis on the detail of human and financial resources identified within NHS Lothian's Strategic Programmes budget within the financial year 2015/16, including an analysis of resource and activity as it relates to all delegated functions. The analysis should be available by September 2016.

Target - .

Measurement - .

Performance - A separate overarching finance paper will be discussed at the 26th October 2017 IJB meeting

Directions for 2017-18

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

Function(s) - 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).

Service priorities as set out in the developing East Lothian Primary Care Strategy.

Direction 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.

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.

Measurement - Approaches will be developed as appropriate to monitor progress against the agreed targets.

Performance – Progress on this Direction has not been possible as formal information has not yet been received on the new GP contract arrangements. Necessary action will be undertaken with the Primary Care Contracts Organisation, the local HSCPs and other partners once information is available.

Function(s) - The development of East Lothian's two GP Quality Clusters in the west and the east of the county.

Direction 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.

Target - Production of a workplan by East Lothian Quality Clusters setting out planned actions to improve quality in individual practices and across the cluster areas.

Measurement - Monitoring of delivery of quality improvement actions within each area against the workplan and their outcomes.

Performance - Two Cluster Groups were established in the west and east of the county and lead members of the Clusters have received Quality Improvement Training. The Cluster groups meet regularly and are developing a workplan on key areas.

Quality improvement projects have been launched across the Clusters relating to pain management, respiratory disease, wound management and prescribing.

Projects are ongoing looking at efficiency of service delivery in primary care – including analysing High Health Gain data, improving administrative processes and patient signposting. Outcomes of projects are being analysed using a quality improvement methodology.

Function(s) - 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.

Direction 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.

Target - Completion of an East Lothian primary care strategy by December 2017

Measurement - Monitoring of delivery of the actions set out in the strategy against the relevant timeframes.

Performance - Aspects of primary care service redesign continue, most notably within the Musselburgh area where a test of change has been initiated with the Musselburgh Primary Care Access Service in partnership with NHS 24.

The Care Home Team has now expanded and is working within new areas, including Gullane and will extend into Haddington soon to support the newly built care home.

Work continues with individual practices to support population growth and to respond to acute needs by providing support. A new Primary Care Strategic Group is being set up in anticipation of the imminent recruitment of the Primary Care Services Manager. This group will involve relevant stakeholders and help formalise a strategy. The Quality Improvement projects at present involve the testing of utilisation of Allied Health Professional staff to deliver primary care services in a non-GP dependent model. Areas undergoing evaluation include patient satisfaction with access, referrals, admissions, prescribing and other outcome measures.

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

Function(s) - 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).

Specifically the services concerned are:

- 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.

Direction 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.

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.

Target - 10% reduction in emergency assessment activity and emergency admissions for East Lothian residents

Measurement - Emergency assessment numbers and emergency admissions arising from A&E presentation

Performance – Since October 2016 the HSCP has seen a reduction in emergency assessment and admissions, predominantly in the 15 to 74 age groups but also in the 75's and over.

Figures covering October 2016 to latest published data, for July 2017 shows a drop of 5%.

Function(s) - Occupied bed days for East Lothian residents arising from all episodes of unscheduled care.

Direction 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.

Target - Reduce occupied bed days by 10% for 2018 compared to 2017.

Measurement - Occupied Bed Days.

Performance - Across two measures related to Occupied Bed Days, the HSCP is making progress in reducing the length of stay

 Unscheduled admissions in acute care have reduced by 2% reduction over the period October 2016 to July 2017

 Delayed Discharges have reduced by 57% over the period October 2016 to July 2017

Function(s) - 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.

Direction 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.

Target - Deliver zero delays over 2 weeks by the end of 2017-18 while working towards no delays over 72 hours.

Measurement - Monthly national census reflecting performance by the partnership.

Performance – The target of zero delayed discharges over 2 weeks continues to be challenging in East Lothian. No partnership across Scotland meets the target.

Over the last 12 months the number of delayed discharges has reduced from a high of 61 in August 2016 to 29 in September 2017. The HSCP is working towards having no more than 14 patients delayed in their discharge as well as trying to ensure that no person waits longer than 2 weeks.

Function(s) - 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.

Direction 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.

Target - Reduce by 10% the number of occupied bed days in the last six months of life that are spent in acute hospital settings

Measurement - Location of care for people receiving end of life care.

Performance - The partnership has made steady progress in delivering increased care at home or in a homely setting in the last 6 months of life as opposed to in acute hospitals. Such acute hospital delivered care has reduced to 12.2% in 2016-17 from a base figure in 2013-14 of 14.8%. Correspondingly the percentage of people spending their last 6 months of life in the community has increased from 83.5% in 2013/14 to 86.2% in 2016/17.

The information above is around % of the adult population, which is not the same as the intended target of a reduction of 10% in Occupied Bed Days. There are acknowledged complications in measuring lengths of stay across hospitals, in care homes, or in their own home as this information can only be measured by accessing records retrospectively following death.

Function(s) - Acute service based Allied Health Professional (AHP) posts and associated services delivered in acute settings.

Direction 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.

Target - East Lothian to receive a proportionate share of the identified AHP resource by the last quarter of 2017/18

Measurement - The increase in whole time equivalent AHP numbers in community settings resulting from staff redeployment.

Performance – Discussions continue with leads for centrally provided AHP services to quantify the resource which might be released from acute settings and redirected to East Lothian community settings.

A consensus event in October 2017 brought together HSCP and AHP representatives to discuss how best to deliver Directions seeking to bring increased AHP resource into the HSCPs. The formal outcomes of this event are awaited.

Function(s) - All East Lothian Council commissioned care at home services.

Direction 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.

Target - At the point of contract review all care at home services will be commissioned on the basis of the new model.

Measurement - Number of services delivered under the revised arrangements.

Performance - A new framework for care at home services commenced as planned from 1st April 2017, following a procurement exercise conducted between January 2017 and March 2017. This framework will run for five years with the possibility of an extension for a further two years.

A mix of private and voluntary organisations, a local Social Enterprise organisation and specialist providers (15 providers in total) were awarded a place on to the new Care at Home Framework.

From April 2017 to September 2017 work focussed on supporting transitioning arrangements for the coordination of care delivered to individuals from a provider leaving the framework to new providers coming onto the framework. This process has almost completed within the six month allotted timeframe with transfers relating to two providers over to SDS Option 2 arrangements still to be completed.

Work is now underway to embed the new model of delivery into the on-going care at home service delivery. These include:

- Developing the Personal Budget model with clients in receipt of support from providers at Care Inspectorate Grade 4 and above. This includes developing a budget and support package focussed on client outcomes and providing flexibility for both parties in terms of how this support is delivered.
- Payment of providers delivering personal budget model support on a 13 week schedule.

- Developing the legal paperwork linked to SDS Option 2 contracts and 'Gain Share' mechanism.
- Running collaborative allocation meetings where care runs are reorganised to maximise capacity
- Developing a 7 day 'retainer' mechanism to ensure that packages of care stay open in the community for up to seven days while someone is in hospital.

Monitoring is under development using a balanced scorecard and key performance indicators to highlight good performance and providers that are breaching contract terms. Information will begin to be available from October and will be reported on via the monthly core management performance report.

12 - Directions to NHS Lothian and ELC on shifting balance of care for care groups (Directions 12a, 12b, 12c, 12d, 12e)

Function(s) - All care at home services delivered by East Lothian Council

Direction 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.

Targets - 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

Measurement - Number of days each client waits for assessment, number of days awaiting care following assessment and percentage reviewed every 3 months.

Performance - The targets identified have not yet been achieved. The current programme of service redesign and the delivery of performance data will assist in addressing the barriers to achieving the target.

Function(s) - All extra care housing for all client groups across East Lothian.

Direction 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.

Target - To finalise by June 2017 the report, associated workplan and delivery timetable.

Measurement - Report production and delivery of recommendations within the agreed timeframe.

Performance – The housing need and demand assessment for older people was completed. One key recommendation of the report was to review all sheltered housing for older people in East Lothian. The exercise will cover all aspects of sheltered housing including council, registered social landlords and private sector stock across the county and will tie into the overall review of housing support services. The project will:

- Undertake a strategic review of sheltered housing for older people in East Lothian by end February 2018, looking at including demand and supply; service provision and delivery; funding arrangements and wider community benefits.
- Provide quantitative and qualitative evidence in the form of a comprehensive review to provide a focus for future investment and action, to maximise the potential of existing sheltered housing

The housing thematic group will receive regular updates on the progress of the review and will sign off the review report before it is brought to the IJB for approval towards the end of the 2017/18 financial year.

The report is nearing completion, however key data currently remains unavailable. Mechanisms are in place to try to access this data in the short-term where possible.

- The report comprises a key element of a suite of documents, prepared to inform and underpin the Local Housing Strategy

2018-23. A six week formal Consultation on the draft Strategy will close in February 2018. During this Consultation period, the draft report will be considered and approved by the newly established Housing, Health and Social Care Planning Interface Group (IJB Direction 2f).

- East Lothian Council and the IJB will subsequently be asked to approve the report as part of a suite of documents underpinning the Local Housing Strategy 2018-23 and as a key source of evidence to inform the forthcoming Strategic Plan, by end March 2018.

Function(s) - East Lothian Council and East Lothian Health and Social Care Partnership delivered day services for older people.

Direction 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.

Target - Deliver increased capacity across all areas so reducing waiting times for day services.

Measurement - Percentage of older people assessed as needing day services that are in receipt of a service.

Performance - Since agreement to further invest in older peoples' day care from April 2017 a number of measures are underway in order to develop the day services and to maximise the range of services being delivered and the extra day service places available.

To support the necessary changes various work streams within the development plan are underway in year one of the three year strategy for day centres. Existing service level agreements have been extended in year one while the new service level agreements are put in place.

The new funding formula as agreed has been in operation and has seen an increase in funding for a number of day centres as a result of them moving from 4 to 5 days.

Work continues to identify suitable premises for two of the day centres and options are currently being explored in relation to one centre while a solution for the other centre has been agreed for the next 2 or so years. Progress has been made in standardising the lease and maintenance arrangements across all of the centres. A capital bid is being developed for day centres for the longer-term needs.

Support is being provided from the Local Intelligence Support Team (LIST) from Information Services Division (ISD) to develop robust datasets across all ten centres in order to quantify the increased service provision since investment. It is expected that measures will be available by quarter three.

Function(s) - All services currently delivered through Eskgreen Care Home and Abbey Care Home and Edington Hospital and Belhaven Hospital.

Direction 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.

Target - Complete by January 2018 all reviews of provision across the 4 settings and prepare a plan to develop and coordinate future service provision.

Measurement - Completion of reviews and production of an agreed delivery plan.

Performance - A strategic vision is under development for the reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals. This vision will set out a proposed model of care as a starting point and this will be widely consulted upon in preparation for the subsequent development of a business case.

The vision will take account of the strategic assessment of extra care housing need for older people in East Lothian and the review of Sheltered Housing. It will also take account of the future NHS bed requirements in the East Lothian Community Hospital Business Case, overall care home provision and the size and nature of the care home market in East Lothian. In addition, it will take account of the strategic direction and principles contained in the IJB Strategic Plan, the Council Plan, The Scheme of Establishment, the NHS Lothian Plan and the Health and Social Care Delivery Plan.

It is anticipated that the strategic vision will be presented to the IJB in December 2017. If this is agreed then the strategic vision will be consulted upon in early 2018 and a business case developed thereafter.

Function(s) - All delegated functions as they pertain to the annual East Lothian Integrated Care Fund Plan.

Direction 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.

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.

Performance - A separate overarching finance paper will be discussed at the 26th October 2017 IJB meeting

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

Function(s) - 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:

- Consultant Diabetologist-led outpatient clinics
- Diabetes Specialist Nursing support
- Diabetic Foot Clinic
- 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.

Direction 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.

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.

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.

Performance - The complexity of identifying and re-directing resource has proven to be a rate-limiting step. Consideration is being given to how best to identify a discrete clinical area and invest resource in test of change there, before progressing to the more substantial area of type 2 diabetes. One element being examined is primary care diagnosis of dementia.

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

Function(s) - All NHS Lothian, East Lothian Council and East Lothian Health and Social Care Partnership delivered services in support of carers.

Direction 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.

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.

Targets - 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.

Measurement - Number of needs assessments each month and outcome of assessments.

Performance - Development and preparation for the East Lothian Carers' Strategy continues and is expected to be finalised by 1st April 2018 as set down in the Carers (Scotland) Act 2016.

To date activities have included a 'Big Breakfast' event attended by relevant stakeholders, care support service providers from public, third and voluntary sectors, carers and cared-for people. Following event feedback the Eligibility Criteria Framework, broadly based upon the National Carer Organisations framework, was accepted by the Core Management Team as a model of best practice. The Eligibility Criteria was published in-line with legislative requirements and is out to consultation from 1st October 2017 to 31st December 2017.

A Working Group meets fortnightly and includes within its remit; programme management, governance of the project and finance and demand of service requirements. It will also develop specific workstreams as the project progresses:

communications and public awareness; real choice and commissioning; Third Sector role; workforce support, training and development; information and systems and monitoring and evaluation

A workstream will also be established to address issues regarding supply of data and information for the Scottish Government's Carers Census. The Carers Census consultation that East Lothian participated in identified a number of gaps in data and information provision within East Lothian and the working group will look to address these.

A Carers' Strategic Group (with representation from a number of public, third and voluntary sector organisations) will look at the delivery of duties that include: adult carer support plans; young carer statements; local eligibility criteria; carer involvement; local carer strategy and information and advice services for carers. It will also develop and maintain relationships with other relevant strategic programmes to ensure progress on the Carers Strategy is publicised.

A development session on the Carers Strategy, led by an IJB Board member with responsibility for Carers Strategy was attended by Carers of East Lothian, East Lothian Young Carers and ELHSCP officers.

Adult carer support plans are currently being piloted by Carers of East Lothian and Adult Wellbeing, ELHSCP. Young Carer statements are under development by Young People and Children's Services and relevant carer organisations, as well as young carers.

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

Function(s) - Alcohol and drug services for residents of East Lothian

Direction 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.

Target - East Lothian IJB to secure its share of all drug and alcohol monies.

Measurement - Amount of budget provided through both routes.

Performance - In May 2017, the four Chief Officers of the Integration Joint Boards in Lothian agreed to a phased implementation of the updated NRAC (NHS Scotland Resource Allocation Committee)/prevalence formula used to identify funding streams for alcohol and drugs services. This resulted in East Lothian's previous 10% share of NHS Lothian monies increasing to 11% in 2017/18. This will increase to 12% in 2018/19.

In August 2017, MELDAP (Midlothian and East Lothian Drug and Alcohol Partnership) were advised that IJB Chief Officers/Chief Financial Officers had agreed that Alcohol and Drugs Partnership (ADP) funding would continue using the same financial processes as in previous years. It is hoped that agreement can be achieved that all drug and alcohol funding [ADP and NHS Core funding] will be delegated to the area IJB/ADPs for 2018/19.

Function(s) - Alcohol and Drug services for residents of East Lothian

Direction 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 the needs of East Lothian residents who are dependent on any substance.

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.

Performance – MELDAP (Midlothian and East Lothian Drug and Alcohol Partnership) have been able to suspend proposed savings from local services in East Lothian. As a result, MELDAP will take the opportunity to pilot and then develop a Peer Support service within East Lothian primary care practices. It will also develop a young people's service.

MELDAP will continue with the development of a Recovery Orientated System of Care with improved provision for people with co-occurring disorders by setting up a Recovery Hub and model of service delivery in Musselburgh covering the West Sector with an East Sector Satellite Hub potentially in Haddington. Service development work is underway working towards delivery in Spring 2018.

Since 2012, the MELDAP area has met and exceeded the HEAT (Health Improvement, Efficiency, Access, Treatment) A11 Standard that 90% of people are seen within 3 weeks (referral to treatment).

However, in the fourth quarter of 2016/17, for the first time since 2012, the MELDAP area failed to attain 90%, meaning the NHS Substance Misuse Service in East Lothian is in breach of the standard. The service has advised MELDAP that they have taken remedial action that will aim to meet the standard by the end of quarter 3 - 2017/18.

Achievement of Waiting times for the MELDAP area was 74.86% from January 2017 to March 2017. This reduced to 70.65% from April 2017 to June 2017.

Performance for the East Lothian Substance Misuse Service - Drugs was: 25% in the period January 2017 to March 2017, increasing to 38.46% over the period April 2017 to June 2017.
Performance for the East Lothian Substance Misuse Service – Alcohol was: 33.33% in the period January 2017 to March 2017, decreasing to 23.53% over the period April 2017 to June 2017.

Function(s) - Mental health services for residents of East Lothian

Direction 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 to:

- 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.

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.

Measurement - Progress against all developments will be assessed using quality improvement methodology (test of change) activity levels and location of service delivery.

Performance - Within the Adult CMHT we are currently operating a single point of referral phase one, next steps is not get to the right person first time as current practice is to be seen by a consultant which in many cases is inappropriate. (discussions required locally)

Street triage is fully implemented and all teaching sessions were well attended, next steps is to go back and evaluate

In reach model continues within Hermitage and early data would suggest this model supports safe, efficient and effective early discharge with the support from IHTT if required

Musselburgh Access Hub - The Mental Health Nurse and Occupational Therapist took up post early September, we have drafted an operational policy which continues to require changes going forward as the balance of care shifts. The hub continues to grow with various professions now in post and staff continue to express their enthusiasm and commitment to the service early feedback from Service Users is very good and encouraging for staff going forward. Further to Mental Health staff we are now in the position to enhance the model to include a band 6 Substance Misuse Nurse post 3 half days per week to support people with Substance Misuse concerns within the Musselburgh area this post like the MH posts will be supported by the local EL SMS in relation to professional links and operationally managed through MPAS.

Function(s) - Older Adults' Mental Health Services for residents of East Lothian

Direction D15d. - NHS Lothian to:

- Work towards closure of Hopetoun Day Unit and the review and redesign of resources to develop an integrated Mental Health Service which will deliver person centred holistic care to older residents of East Lothian.
- 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.**

Target - To develop the availability of primary care based dementia diagnosis as well as the provision of one year of post diagnostic support.

To work towards application of the 5 pillars approach.

Measurement - The number of dementia diagnoses and the proportion receiving post-diagnostic support.

Performance -

ELHSCP held a consultation event with staff in relation to the closure of Hopetoun Day Hospital, this went very well with rich discussion and generation of new ideas moving forward. Hopetoun day hospital has now closed operating as a day hospital and has not received referrals since June 2017 and the staff have been on training and enhancing their skills by attending numerous locally held events within Day centres with a key focus on how the staff can support the day centres to manage service users displaying distressful behaviours

New

Empat (Mental Health Care Home Team) remodelling continues we recently met with Richard Murray in relation to the data collection for the Newcastle model as this is included within Psychological therapies Heat Standing. Staff continue to support the Care Homes successfully

The ELHSCP increased the number of Dementia Post Diagnostic Support (PDS) link workers from one to two from April 2017. This will enable the current waiting list for the 12 months post diagnostic support programme to be reduced in size for all people diagnosed with Dementia across EL. NHS Lothian analytical support services via Richard Murray have been in discussion with the service on how best to capture and utilise our data locally to inform service provision. With Alzheimer's Scotland, we held a half day session for dementia carers and their relatives, looking at the sort of service they require and how this fits in with the 3rd Scottish National Dementia Strategy 2017-2020.

16 - Direction to NHS Lothian and ELC on Community Justice

Function(s) - All Health and Social Care Services for people who have committed offences including (but not exclusive to):

- Criminal Justice Social Work
- Alcohol & Drug Services
- Mental Health Services
- GPs
- Public Health Services
- A&E Services
- Prison Health Services.

Direction 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:

- Improved Community Understanding and Participation in Community Justice
- Strategic Planning and Partnership Working
- Equitable Access to Services
- Evidence Based Interventions.

Target - Delivery of agreed Community Justice Outcomes

Measurement - A range of Community Justice Indicators

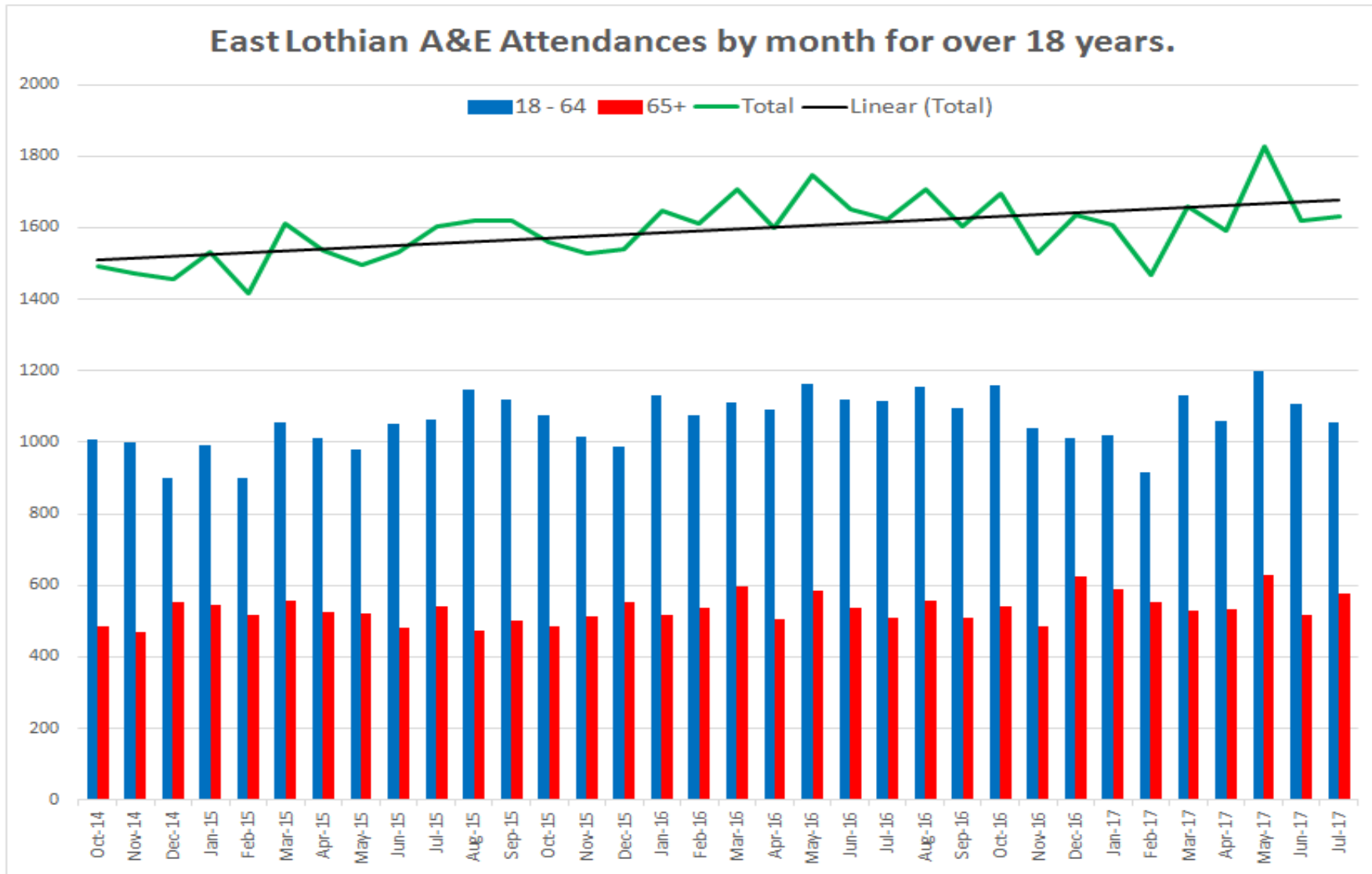
Performance – The East Lothian Community Justice Plan was produced using the views and perceptions of communities, to improve community understanding and participation in community justice and understanding of the unpaid work programme.

Arrangements are in development to share information and provide appropriate services, on a timely and enabling basis. This will aid partners' in strategic and collaborative planning and delivery of services, so improving access to these services for

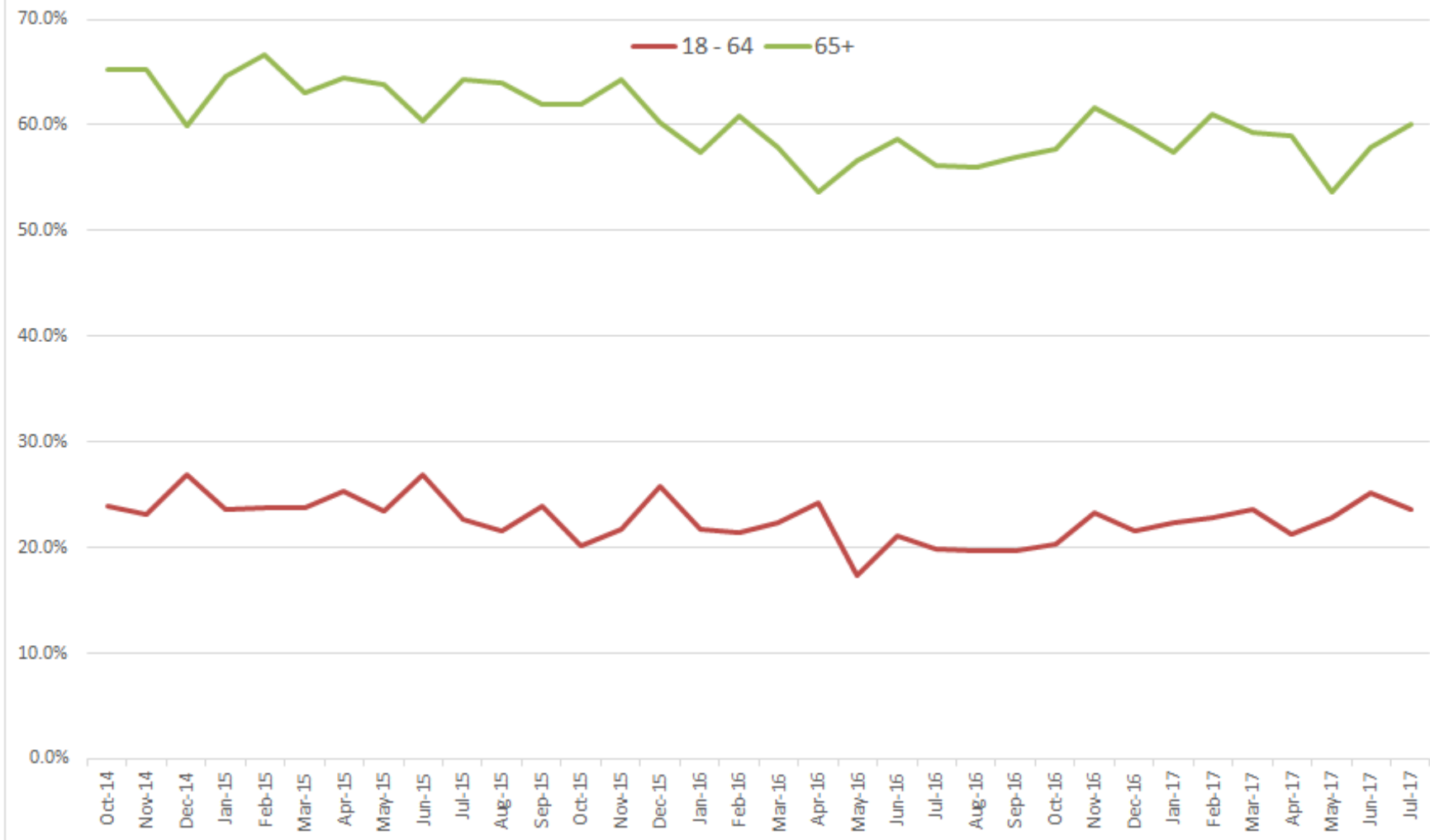
people who require: welfare; health and wellbeing; housing or employability support.

In East Lothian effective interventions are being delivered to prevent and reduce the risk of further offending. These focus on areas such as diversion and peer support and in further developing citizenship in young people.

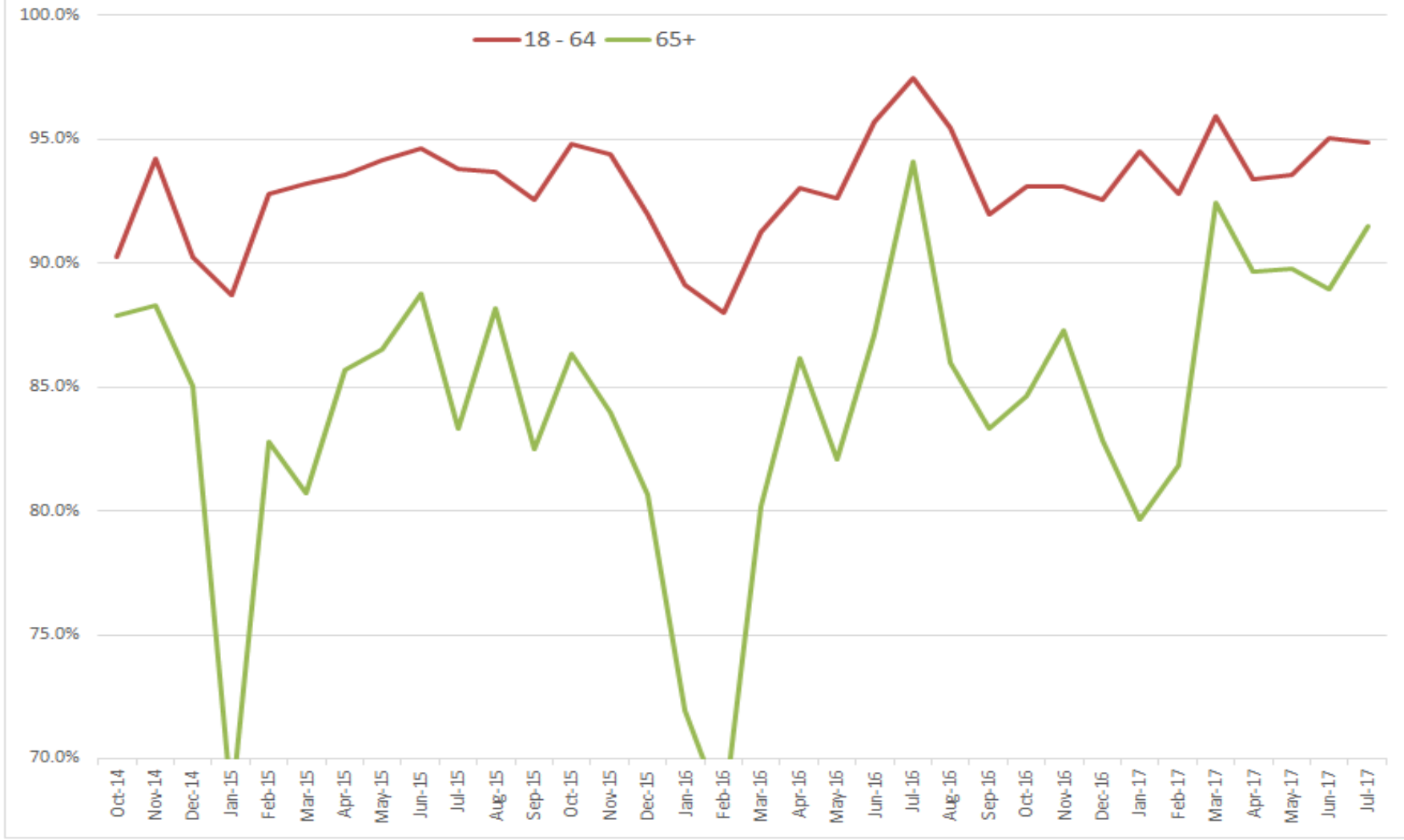
Appendix 3 - Measuring Performance under Integration Measures



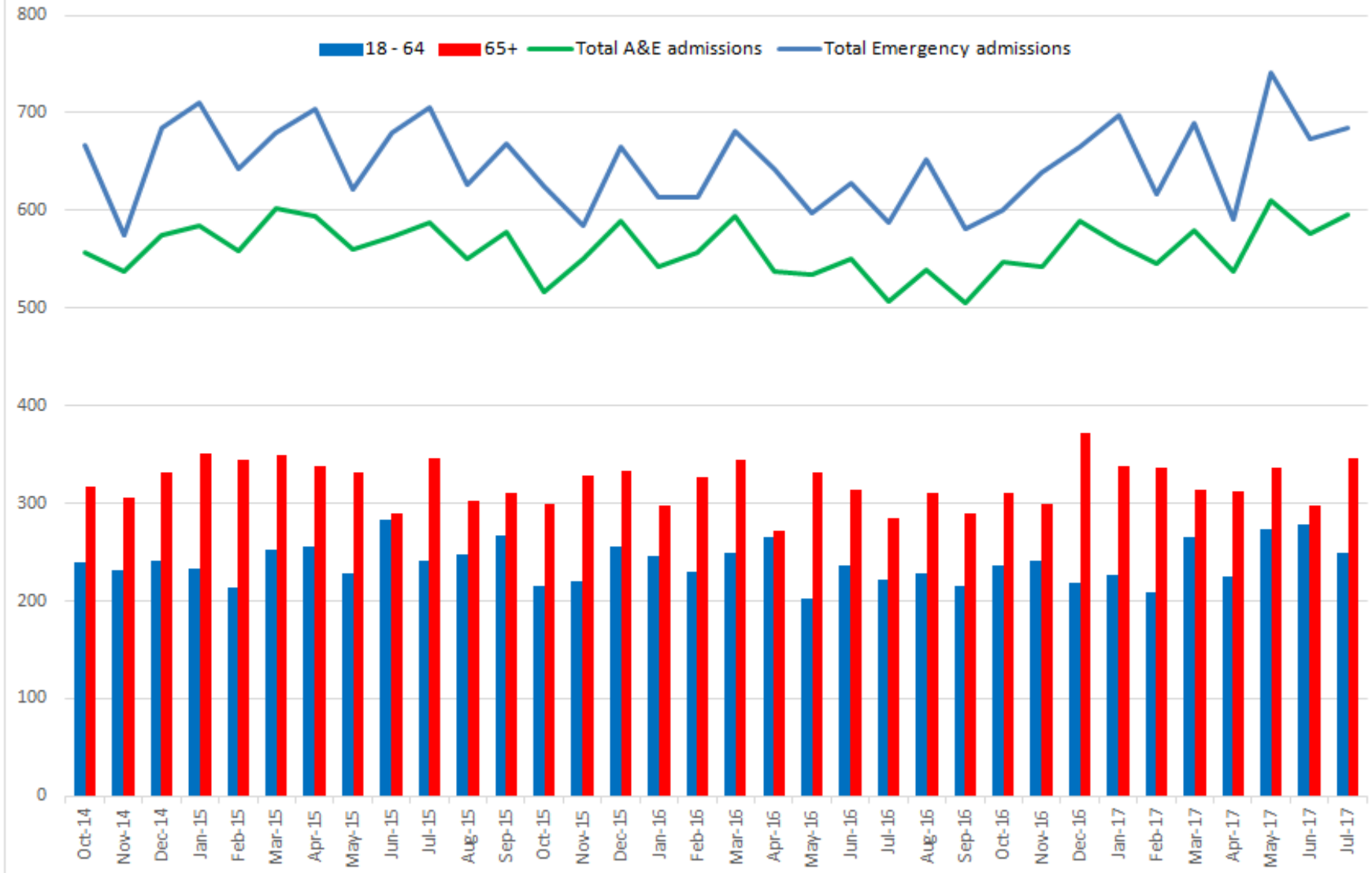
East Lothian percentage admitted from A&E by month for over 18 years.



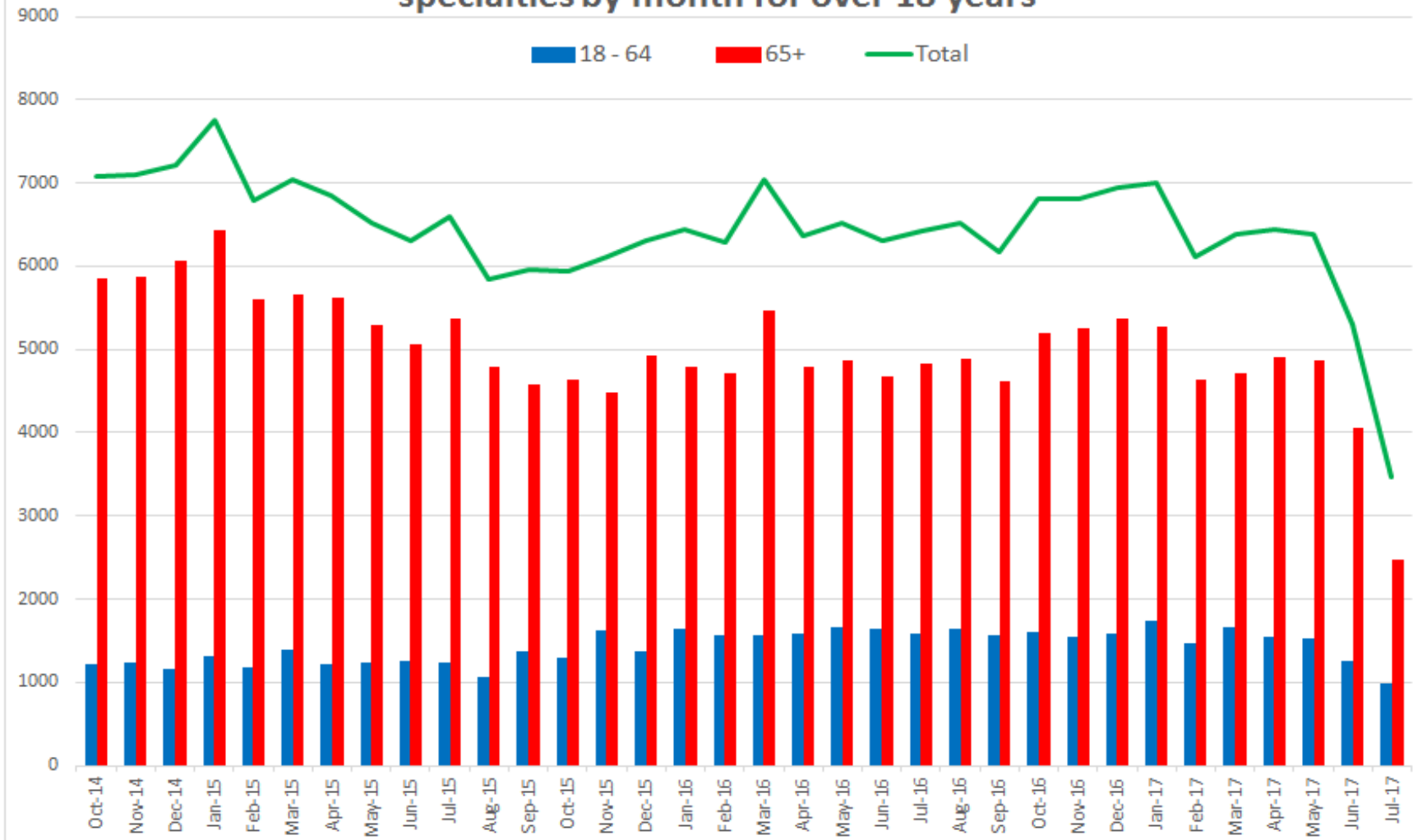
East Lothian seen within 4 hours by month for over 18 years.



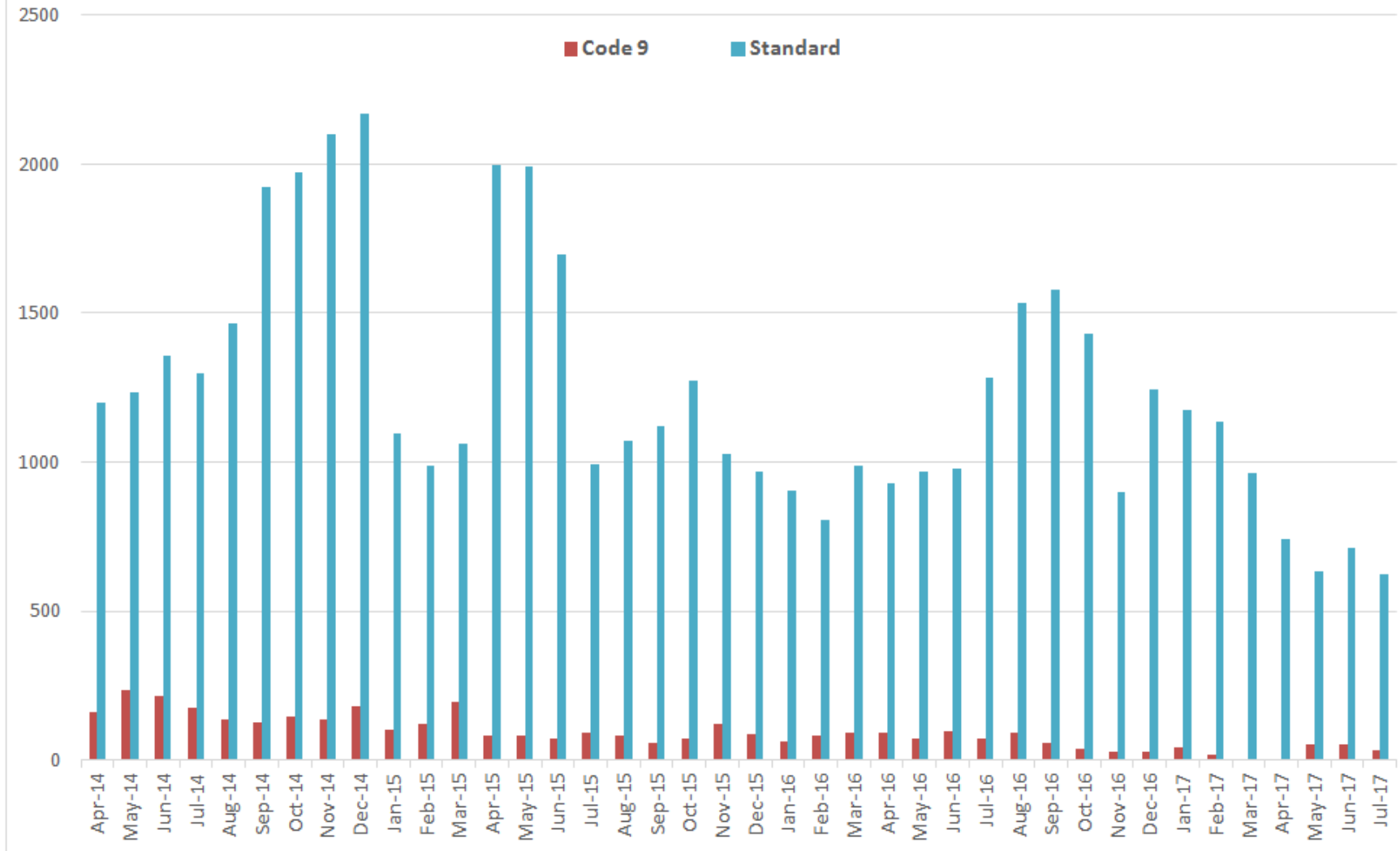
East Lothian A&E Admissions by month for over 18 years.



East Lothian number of unscheduled hospital bed days; acute specialties by month for over 18 years



East Lothian Monthly Delayed Discharges Bed Days





REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 October 2017
BY: Chief Finance Officer
SUBJECT: Financial Position – Update

6

1 PURPOSE

- 1.1 This paper considers the current (at month 5) financial position of the IJB as far as the information is available.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the financial position accepting the indicative nature of the information.
2.2 Require the Chief Officer to ensure that the steps laid out in the integration scheme to manage overspends are delivered.

3. BACKGROUND

- 3.1 At its June 2017 meeting the IJB received a report updating the financial assurance for its 2017/18 budget. This report noted that the IJB is required to break-even in year and that it was unlikely that either NHS Lothian or East Lothian Council would be able to make any further non-recurrent funding available to support any in-year pressures.
- 3.2 At its August 2017 meeting the IJB received an update on the year to date position at June 2015. This showed an overspend of c. £0.5m to month 3 in the health element of the IJB's budget and a break-even position in the social care element of the IJB's budget.
- 3.3 NHS Lothian have now provided the IJB with an projected out-turn forecast for the health element of the IJB based on the month 5 position and this shows the following :-

	Variance £m
Core	48
Hosted	154
Set Aside	(652)
Total (net)	(497)

All figures variances
(unfavourable)/favourable

The key drivers behind this position are as follows (all within Set Aside):-

- Gastroenterology is forecast to overspend by £114k. This due to a recurring medicines pressure being driven by an increasing numbers of patients.
- General Medicine is forecast to overspend by £111k The overall pressure comprises an element of legacy efficiency schemes and higher than planned nursing spend driven by recruitment problems, high sickness absence and increased acuity of a small number of patients
- Junior Medical is forecast to overspend by £357k This primarily relates to A&E at the RIE and St John's and Acute Medicine and Medicine of The Elderly on all sites. The gap is driven by the requirement for additional staff to deliver 7 day working, non compliant rotas and the use of locum staff for trainee gaps.
- The forecast reflects recovery actions totalling £1m which are planned to take effect from August.

3.4 The Council does not receive monthly finance updates, but is provided with quarterly forecasts of the out-turn position based on the current actuals at each quarter-end. The second quarter's information is not yet available however financial management information is available for the Adult Wellbeing service at the end of month 5. The complete analysis of this information is not yet finished, but the indicative position suggest that there has been an unfavourable movement in the financial position and the Adult Wellbeing service – which was already flagged as a medium risk service at quarter 1– will be asked to provide a recovery plan to deliver a break-even position in year. The IJB will recall that the social care budgets delegated to the IJB are not simply those of the Adult Wellbeing service but the Adult Wellbeing services are the core of the social care budgets of the IJB

3.5 The IJB's integration scheme lays out the process to manage overspends. An overspend having been forecast the steps are:-

- The partners prepare a recovery plan, this failing then

- The IJB prepares a recovery plan, this failing then
- The partners provide additional resources, this failing then
- The partners make 'interim funding' available to the IJB with repayment in future years

3.6.1 It should be noted that not every element of the NHS or Adult Wellbeing budgets are overspent, the value above is a net position – that is that the overspends are netted off against any underspends on individual budget lines. Given that the financial model requires further development – this was also discussed in the August report – and the overall financial management arrangements continue to be developed it is proposed that in 2017/18 the IJB financial management is dealt with on a net basis.

3.6.2 As was discussed above, the IJB has a forecast overspend in 2017/18 in total within its Health budgets and there is an indication of a financial risk within the social care budgets. The Chief Officer and the Chief Finance Officer have been working through the process to manage overspends laid out in the Integration Scheme, the current position being :-

- NHS Lothian – the IJB understands that there are no further proposals at this time to bring the set aside budgets back into balance. This will mean that, the IJB itself should now prepare a recovery plan for the set aside services. In practical terms this is probably unrealistic, however discussions are underway with NHS Lothian to identify any further areas wherein the IJB can support recovery. It should be noted that the IJB's core and hosted services are currently projected to support an element of the set aside overspend, if this position were to improve (that is be further underspent) this would in effect be further support to the set aside position.
- East Lothian Council – the Director of Health and Social Care has been tasked, given the financial risk status of the service, to deliver a break-even position and to deliver any required recovery plans. This position will be reported to the IJB at its December meeting when the quarter two review position will be available from Council colleagues

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 – any implication for personal will be examined as the financial plan is developed.

7 BACKGROUND PAPERS

- 7.1 Previous financial reports to the IJB

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	David.king@nhslothian.scot.nhs.uk
DATE	16 October 2017



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 October 2017
BY: Chief Social Work Officer
SUBJECT: Chief Social Work Officer Annual Report 2016/17

7

1 PURPOSE

- 1.1 To provide the IJB with the Annual Report of the Chief Social Work Officer (CSWO) 2016/17 on the statutory work undertaken on the Council's behalf. The report also provides an overview of regulation and inspection, and significant social policy themes current over the past year.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the 2016/17 Annual Report of the Chief Social Work Officer.

3 BACKGROUND

- 3.1 The requirement that every local authority should have a professionally qualified CSWO is contained within Section 45 of the Local Government (Scotland) Act, 1994. The particular qualifications are set down in regulations. This is one of a number of officers, roles or duties with which local authorities have to comply. The role replaced the requirement in Section 3 of the Social Work (Scotland) Act, 1968 for each local authority to appoint a Director of Social Work.
- 3.2 This report is prepared in line with the guidance on the role of the CSWO published by the Scottish Government in 2011 – 'prepare an annual report to the local authority on all the statutory, governance and leadership functions of the role'.
- 3.3 The CSWO Advisor to the Scottish Government, in consultation with CSWOs, the Care Inspectorate, Social Work Scotland and the Scottish Government, created this template for the annual CSWO report. This template is designed to create parameters around the information provided. It does not ask for new information to be produced but is designed to draw out key information in a more focussed way and to create a more analytical and reflective report. The template was amended in May 2017.

4 POLICY IMPLICATIONS

- 4.1 2016/17 saw significant pressures on all social work services particularly through increasing demand, more complex care needs, and a very challenging budget.
- 4.2 This year involved major restructuring within the management structure of the Health and Social Care Partnership with the aim of making service delivery more efficient and effective than before. There was an opportunity to look at service provision across the county and begin planning and developing better services to those who require it.
- 4.3 This report covers all statutory services particularly child protection; adult protection; criminal justice (including Multi Agency Public Protection Arrangements: MAPPA); and violence against women and girls.
- 4.4 This report aims to highlight the good work that is going on East Lothian, as well as the challenges that we are facing. Whilst there will be some difficult decisions to be made over the next few years, I am of the opinion that we are developing a flexible and committed workforce that can adapt to these challenges.

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 – none
- 6.2 Personnel – none
- 6.3 Other – none

7 BACKGROUND PAPERS

- 7.1 The Annual Chief Social Work Officer Annual Report 2016/17 is attached.

AUTHOR'S NAME	Fiona Duncan
DESIGNATION	Chief Social Work Officer
CONTACT INFO	fduncan@eastlothian.gov.uk 01620 827897
DATE	15 October 2017



EAST LOTHIAN COUNCIL

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17

August 2017



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1. PREFACE

Chief Social Work Officer

Under the Social Work (Scotland) Act 1968, all Local Authorities have to appoint a Chief Social Work Officer (CSWO). The CSWO has specific remits with regard to statutory decision making. Further, they must ensure that appropriate guidance and advice is given to the local authority to enable it to discharge its statutory functions in relation to social work and social care. The CSWO has overall responsibility for social work practice and standards – whether provided directly by the local authority or in partnership with other agencies.

The CSWO must:

- Provide professional advice to the Chief Executive and Elected Members, on statutory duties including corporate parenting; child protection; adult protection; and managing high risk offenders.
- Take the final decision on behalf of the local authority on a range of statutory matters (ie. adoption; secure accommodation; guardianship).
- Ensure that only registered social workers undertake functions defined in legislation (ie. Mental Health Officers; management of offenders; etc).
- Ensure that governance arrangements are in place for the management of complex issues and balance risk with need and civil liberties.

The CSWO Annual Report

In 2014, a new national template for the CSWO Annual Report was introduced. The intention of this template was to support the Chief Social Work Adviser in the Scottish Government to collate an overview Summary Report for the whole of Scotland, based on the key content of the 32 CSWO Reports. Additional guidance was issued in May 2017.

The template provides a structure for the annual CSWO report, which covers the financial year. Its intention is to clearly, and succinctly, set out:

- how social work services are being delivered in the local authority area
- what is working well
- what is not working well
- how the LA is planning for and delivering change
- highlight innovative and good practice
- highlight areas of challenge.

Links to more detailed/strategic reports are encouraged so the reader can refer to these.

2. SUMMARY OF PERFORMANCE (Key Challenges, Developments and Improvements 2016/17)

1. East Lothian Council's 10-year strategic plan, drawn up in 2013, is currently being reviewed to take account of the challenges and opportunities faced by the Council. The Draft Council Plan 2017 - 2022 is being amended following the Council Elections held in May 2017.
2. Originally, the strategic direction was to be over the next 5 years, with focus on the following themes:
 - Growing our Economy – to increase sustainability and inclusive economic growth as the basis for a more prosperous East Lothian.
 - Growing our People – to give children the best start in life and protect vulnerable and older people.
 - Growing our Communities – to give people a real say in the decisions that matter most and provide communities with the housing, transport links, community facilities and environment that will allow them to flourish.
 - Growing our Capacity – to deliver excellent services as effectively and efficiently as possible within our limited resources.
3. The updated draft plan is intended to cover the next 10 years. The aim is to tackle inequalities of outcome, particularly for groups of people who do less well than others because of socio-economic inequality.
4. The overarching objectives are to reduce inequalities across our area; tackle poverty; and work to prevent problems and act quickly when problems start.
5. The Draft Council Plan focuses on several themes:
 - To be prosperous
 - To be community-minded
 - To be fair
6. The Council remains committed to reducing inequality and breaking the cycle of poverty by prioritising measures that will contribute to inclusiveness and growth. The plan stresses the need for a partnership approach involving the Council (including the Health and Social Care Partnership (HSCP)), businesses and third sector and other public sector partners, communities and citizens of the county if these objectives are to be realised.

Current Challenges

7. The Local Government Benchmarking Framework National Report 2015/16 (published in February 2017), states that during the past 6 years, Scottish Councils have faced a reduction in funding in real terms, of 11%.

- 8.** Due to financial and service demand pressures that the Council now faces, the service has to ensure that not only is it in a position to respond to these pressures, but is also able to utilise opportunities as they arise. Efficiencies have been made in the workforce and in improving service delivery processes. Further, the Council actively collaborates with partners in service redesigns that will help deliver services more efficiently and effectively.
- 9.** For East Lothian, challenges include:
- A growing elderly population and children and young people population resulting in additional care needs
 - Whilst relatively affluent, there are rising levels of poverty and inequalities in the county
 - Through medical advances, a welcome, but increasing number of people with complex needs are living longer; managing this need and demand is one of the Council's biggest challenges
 - Increasing demand being put on housing provision to cater for individual needs as well as being affordable to all
 - Responding to national government policy and legislative changes; these include Public Bodies (Joint Working)(Scotland) Act 2014; Community Empowerment (Scotland) Act; Community Justice (Scotland) Act 2016; Children and Young Peoples (Scotland) Act 2014; Carers (Scotland) Act 2016; etc.
- 10.** The Council has continually adapted to address the above challenges. Significant organisational and governance change, with the introduction on 1st April 2016 of the HSCP organisation and management arrangements is a prime example of this collaborative approach. This included the integration of the management of social work and health services through the Director of Health and Social Care supported by two Heads of Service, for Children and Adult Services and for Older People and Access Services.
- 11.** 2016/17 built on this with the introduction of jointly appointed NHS Lothian and East Lothian Council Group Service Managers and Service Managers across the services. This will ensure effective and experienced management is in place. Going forward, local services will be remodelled jointly by the Council and NHS Lothian, to ensure that service delivery becomes more flexible, efficient, and appropriate for need and delivers improved outcomes for service users.
- 12.** Delayed Discharges presented an ongoing challenge in 2016/17, with an unprecedented number of delays over the summer of 2016. Contributory factors for this (mainly due to staffing pressures) included restrictions on access to care homes and difficulties with supply of care at home. The position improved substantially in the second half of 2016/17, with the HSCP consistently ahead of the improvement target trajectory. The HSCP will be expected to continue its improved position in relation to delayed discharges during 2017/18.
- 13.** The Council's Transformation Team are working closely with the HSCP to remodel key processes in assessment and service delivery to improve public experience and create more efficient services. The Transformation Programme

has been ongoing in East Lothian for several years with the aim being to maximise benefits via improvements in service delivery through utilising staff skills more effectively and productively, thus increasing capacity.

14. The HSCP and the Council's Development Services completed a strategic analysis of future needs for Housing with Care for Older People in response to a growing and ageing population. An operational Health, Housing and Social Care Group has also been established to better plan and deliver short and medium term housing solutions for all adult clients, but with particular focus on those with complex needs.

Health and Social Care Partnership (HSCP) and Integration Joint Board (IJB)

15. 2016/17 was the first full year of operation of the IJB with delegated budgets and issuing of Directions to the NHS Lothian Health Board and the Council to support delivery of the IJB's Health and Social Care Partnership Strategic Plan 2016-2019.
16. All services other than Children's Social Work Services are now delegated functions of the IJB, although Children's Social Work Services are managed as part of the HSCP. Local management of previously centrally managed NHS Lothian adult health services (Learning Disabilities, Substance Misuse and Mental Health), transferred to the IJB on 1st April 2017. These will be developed in partnership with social work services to secure improved service access, service delivery and better outcomes for clients.
17. Children's Services, including school nursing and health visiting services continue to develop links and relationships within the Partnership. Work continues to promote cross cutting service areas and maximising shared and mutually beneficial opportunities, particularly in relation to early intervention and prevention work.
18. The Children and Young People's Services Plan, approved in April 2016, was updated for submission to Scottish Government and re-publication in April 2017, to comply with the statutory requirements of the Children & Young People's (Scotland) Act 2014.
19. Work was undertaken throughout 2016 in preparation for Criminal Justice Authorities (CJAs) being abolished in April 2017, and being replaced with Community Justice Scotland.
20. The Reducing Re-offending Group was set up to report to the Reducing Re-offending Board. This Board sits alongside the Safe and Vibrant Communities Planning Partnership. The East Lothian Community Justice Local Outcome Improvement Plan 2017-20 was submitted to the Scottish Government in March 2017. This forms the basis of how all agencies and stakeholders are going to work together to help reduce inequalities; have effective intervention programmes in place; and ultimately, help to reduce re-offending by individuals in the county.

21. A Clinical and Care Governance Group (CCGG) has been established to provide clear and robust governance within the HSCP. The group will ensure that there is effective clinical and care governance within the Partnership, providing assurance to the Council and NHS Lothian Board, patients, service users, unpaid carers and their families, clinical and care staff, managers, and members of the IJB.

Key Developments and Challenges Going Forward into 2017/18



22. The Scottish Historical Child Abuse Inquiry was set up on 1st October 2015 to look at the abuse of children in care. The Inquiry intends to raise public awareness of the abuse of children in care and provide an opportunity for public acknowledgement of the victims' experiences. An East Lothian Inquiry Oversight Group has been established to help deliver all functions relating to the Inquiry and will provide strategic and operational direction and prepare for any East Lothian Council contributions to the Inquiry. Suitable systems are in place and key contacts identified.
23. Maintaining and effectively implementing the Children and Young People's Act and the 'Getting it Right for Every Child' wellbeing framework through joint service systems, priorities and efficiencies between Children's Services and Education Services remains a priority. A review of the effective operation of this cross-service partnership working will be a priority during 2017/18.
24. Children's Services are facing significant financial pressures stemming from a long-term trend of increasing population and case referrals. Demand for foster care placements, including children's complex additional support needs and disability, external placements and secure placements in Children's and Education Services remains above budget. Benchmarking analysis is underway supported by the Improvement Service and Social Work Scotland to establish the comparative national context for the pressures being experienced locally.

- 25.** All of the Council's home care services for all adult client groups were retendered during 2016/17. The Council and IJB agreed the model to be tendered and the HSCP worked closely with Council Legal and Procurement teams to tender over 20,000 hours of care at a cost per annum of c£19m. The new contracts came into place in April 2017 and resulted in an increase in the number of providers and in their capacity to meet growing care needs.
- 26.** The new home care model is structured to improve capacity, incentivise quality, improve uptake of Self Directed Support (SDS) and create a more stable provider base. There are now 15 providers on the framework. 2017/18 will focus on implementation and transition for clients from the previous to the new framework.
- 27.** In 2016/17, plans were finalised for the re-modelling of older people's day centres. In February 2017, proposals were presented to the IJB with recommendations to support the re-modelling work with further investment from the Integrated Care Fund to achieve greater community capacity, prevention and early intervention and flexible support for older people in need of day care. This work will continue apace in 2017/18.
- 28.** Neighbourhood Networks have been established in East Lothian to promote a personal outcomes approach for adult clients and reduced dependence on packages of care. To date, networks have been set up in three locations in East Lothian. However, these now need to develop and expand if they are to sustain in the future.
- 29.** The HSCP will commence work on the re-provision of Council-run care home services in North Berwick, Musselburgh and Dunbar. This will be carried out in partnership with NHS Lothian and in the context of the strategic Housing with Care Analysis carried out in 2016/17.
- 30.** In line with the Government focus on reducing custodial sentences by improving community sentencing options, as well as improving services for women, East Lothian's Criminal Justice Service has been improving service delivery by creating a more flexible workforce and working alongside partners in the community to deliver group work programmes for both men and women. Through community justice and partnership working, the opportunity to create more innovative practice now exists. The Criminal Justice Team will play a crucial role in helping drive forward East Lothian's Local Outcome Improvement Plan as part of the community justice agenda.
- 31.** Looking ahead there will be ongoing challenges for social work services in East Lothian in 2017/18, including further implementation of Self Directed Support; process changes in social work assessment and delivery; joint Council and NHS Lothian service reviews; engaging clients and communities in service developments and management of expectations; and working within a constrained financial position.

- 32.** 2017/18 will see the HSCP work with the new Council Administration to identify new ways of working which promotes individual choice, tackles inequality and encourages change, whilst working within efficiencies and budget control measures.
- 33.** Service reviews and management structure developments will take place during the next year as the HSCP moves into its next phase of integrated service development. Opportunities exist to make service delivery more efficient and effective by reducing and removing barriers between services. Pathways are being identified that will make the service user journey more seamless and effective.
- 34.** Within the Council and HSCP, there is a very dedicated and committed workforce. Through them, innovation and creativity in service delivery continues, particularly when faced with challenges and difficulties. Utilising their skills and knowledge to improve service delivery within the challenges we face is something that the Transformation Team will continue working with us on.
- 35.** It is of note that the Council's Domiciliary Care Team won the Team of the Year Award in the Council's annual Star Awards. Further, ELSIE (East Lothian Service for Integrated Care for the Elderly) project, which is based at Roodlands Hospital, Haddington, was voted Team of the Year in NHS Lothian's annual Celebrating Success Awards.

3. PARTNERSHIP WORKING (Governance and Accountability Arrangements)

- 36.** The CSWO role and function is not affected by the integration of health and social care as detailed in the Public Bodies (Joint Working)(Scotland) Act 2014.
- 37.** Following restructuring within the HSCP, the CSWO post is now combined with the Group Service Manager post for Statutory Adult Services. The CSWO reports directly to the Chief Executive of the Council and to the Director of the Health and Social Care Partnership (HSCP). These arrangements are on a formal basis although unplanned ad hoc meetings occur as and when required.
- 38.** The CSWO, whilst not a member of the Council's Management Team, determines attendance as and when necessary. The CSWO regularly participates in other strategic fora e.g. Full Council, Policy Performance Review Committee, etc, thus ensuring that Elected Members and Senior Officials are appropriately advised and briefed, involved in scrutinising performance and service delivery, as well as being aware of service developments.
- 39.** The CSWO is a non-voting member of the IJB giving professional advice regarding social work and social care provision. This helps inform Board members who are from a range of backgrounds and may be unfamiliar with some of social work responsibilities and functions. Throughout 2016/17, the IJB has focussed on implementing and achieving the Directions as stated in the Strategic Plan 2016/19. A review of the Directions for 2016/17 was undertaken with a view to changing the approach for 2017/18 to ensure that Directions reflect current national, East Lothian and NHS Lothian strategic priorities. The CSWO has been able to advise and comment on these.
- 40.** Children's Services are not a delegated function of the IJB. As such, alternative governance arrangements for strategic direction of children's services have been put in place through the Council and the East Lothian Community Planning Partnership. The CSWO is a member of the Children's Strategic Partnership and the Looked After Children Corporate Parenting Group. These formal meetings provide strategic direction and accountability.
- 41.** A clinical and care governance group has recently been established. Core members include the CSWO, the Chief Nurse, the Clinical Director, and the lead Allied Health Professional. This group ensures clear and robust oversight of practice within East Lothian, including guidance and advice on professional standards and expectations across the HSCP. This is crucial for staff working in integrated services. As the partnership develops this group will drive innovative learning and practice, with active involvement of the appropriate professional governing bodies.

- 42.** East Lothian and Midlothian have a joint Public Protection structure which enables close collaboration across all sectors of the public protection agenda. The overarching body is the Critical Services Oversight Group (CSOG) whose membership consists of senior officers, including CSWOs and Chief Executives from both authorities. Beneath this sits the East Lothian and Midlothian Public Protection Committee (EMPPC) which provides a scrutiny role in overseeing the four improvement plans – Adult Support and Protection, Child Protection, Offender Management, and Violence Against Women and Girls. The Committee reports to CSOG. The CSWO sits on both the Committee and CSOG.
- 43.** Beneath the EMPPC are three sub-groups – the Performance and Quality Improvement Group; the Learning and Practice Development Group; and the Offender Management Group. These groups provide the performance framework, self-evaluation and improvement drivers from which practice is scrutinised with focus on outcomes rather than outputs – they evidence that services are making a difference in people’s lives. Further, staff training is monitored to ensure that staff groups are equipped to recognise and deal with situations appropriately.
- 44.** Lead operational roles for Adult and Child Protection have been identified and allocated to specific posts within the HSCP management structure to enable formal information exchange between services and the CSWO. This gives the CSWO oversight in relation to all public protection matters across the client lifespan. The CSWO can then give appropriate advice to the Chief Executive, to Elected Members of the Council and to IJB Board Members, with regard protection issues.

4. SOCIAL SERVICES DELIVERY LANDSCAPE

East Lothian Profile

- 45.** East Lothian has a population of 103,050 (2015) which is expected to grow by 23.3% between 2012 and 2037. The number of people aged over 65 is forecast to grow by 72.2% during this period, whilst the number of 0-15 year olds is projected to increase by 27.5%. These increases will bring differing pressures and needs within the community.
- 46.** Life expectancy rates are good indicators of significant health inequalities. In East Lothian, there is an 8-year difference between males and a 12-year difference between females across the county in comparison to the national average.
- 47.** The greatest concentration of deprivation is in the towns in the west of the county (i.e. Prestonpans, Musselburgh, Tranent and Wallyford). However, whilst it makes sense to target these areas with regard to service delivery, those who experience disadvantage or inequalities do not all live in these areas and focused work is required in other areas.
- 48.** The East Lothian school exclusion rate for primary and secondary school pupils was above the Scottish rate in both 2012/13 and 2014/15. Excluding children from school has a marked affect on them with a direct correlation between school exclusion and instances of youth offending. Reducing school exclusions is detailed in improvement plans for education, children services, and community justice.
- 49.** While the misuse of alcohol and drugs affects all communities, the greatest level of harm is experienced by people living in East Lothian's most deprived communities. In East Lothian the estimated number of individuals with problem drug use (between the ages of 15-64 years), is 880: 580 male and 300 female. Compared to national figures, this would indicate a slightly larger percentage of female users in East Lothian.
- 50.** Some 1800 children are estimated to live in East Lothian households where one or both parents have some level of problematic parental alcohol misuse. It is estimated that some 400 children live with a parent with some form of problematic drug use. The consequence of this misuse is that many of these children fail to thrive with others living with an increased level of risk and harm.
- 51.** Whilst older East Lothian residents do not face a higher risk of hospital admission than other areas, their risk of delay in getting home is higher and this can lead to loss of independence and greater dependence on support from statutory services. Addressing this is a priority for the HSCP.
- 52.** In summary, East Lothian is faced with a growing population; an aging population; longer life expectancy for all – which includes long-term conditions medical

conditions and complex needs – as well as a marked difference between east and west of the county in terms of most and least deprived areas.

- 53.** For social work services working within the HSCP, a key aim is to target and address those who experience inequalities and neglect. However, to do so requires multi-agency responses as the fundamental causes of neglect are linked to education, employment, housing and income. Further, the demographic dynamics that make up East Lothian (particularly age profile and geographical layout) present particular dilemmas that need to be addressed in order for service delivery to be effective and efficient.
- 54.** In summary, East Lothian is going through a significant period of change with regards demographics. In turn, this is resulting in major infrastructure developments including housing; medical practices; schools; etc. All this will have an impact on social work services as demand will increase whilst we are faced with austerity measures. It is for this reason that much of our focus over the past year has been to restructure the workforce and work closely with the Transformation Team to ensure that we are getting the best out of ourselves, for the benefit of East Lothian citizens.

Service Delivery and Commissioning

- 55.** Early intervention and tackling inequalities are key priorities for ELC and the HSCP. Key examples include:
- Shifting the balance of care for older people from hospitals to care homes (ie. ELSIE: East Lothian Service for Integrated Care for the Elderly))
 - Using technology enabling people to remain safely in their homes
 - Programmes aimed at improving skills and employability to improve positive destinations for school leavers
- 56.** Whilst the above examples have been around for a few years, local government funding and population growth etc, have emphasised the need for us to think more creatively and innovatively. Through the Transformation Programme, we are systematically looking at service redesigns and options appraisals. This improvement journey is enabling us to be smarter and more creative whilst increasing capacity through better use of our skills and knowledge.
- 57.** The HSCP has given us an opportunity to build on prevention and early intervention initiatives by targeting priorities within our communities. Further, opportunities exist to redirect resources from acute health services to those in the community e.g. Hospital 2 Home; reablement.
- 58.** Improving resilience and capacity within our local communities is at the heart of East Lothian's plan. Through the Poverty Commission, Area Partnerships, Community Councils, and Emergency Planning, we are working in partnership with each other to improve understanding of what all of our roles are in the area of prevention and early intervention whether it be protecting one's own health or improving flood defences in your own home. All of these factors encourage

ownership and involvement and are crucial at this time of reducing resources but growing demand.

- 59.** We are making good progress in reducing delayed discharge through multi-disciplinary weekly meetings. We are able to identify individual needs and set up packages of care that are appropriate and necessary. However, we have to work closely with care at home providers as demand often outstrips supply.
- 60.** Care at Home plays a crucial role in helping people retain their independence. An average of 22,465 hours of Care at Home is provided each week, for approximately 1400 people. Of this, 93.5% of those hours are purchased from external suppliers. Unfortunately, demand outstrips supply with approximately 1500 hours of unmet need per week.
- 61.** The aim of self-directed support is to give people greater choice and control over the type of social care support they require. In East Lothian, we work closely with our partners in the private and voluntary sectors. Fifteen providers are now on the home care service framework. We are encouraging providers to work together to help increase maximum efficiencies within service delivery (eg. working in smaller areas thus reducing travel time).
- 62.** Unemployment is relatively low in East Lothian. This can make recruitment within the social care sector difficult due to competition from other commercial businesses who can offer better financial and working options. Further, the care at home sector continues to be vulnerable to changes in business structure including mergers and acquisitions and sometimes to concerns about quality of service. Not only is managing these issues resource intensive, assessing risk of harm (physical and emotional) to service users is at the heart of any of our concerns.
- 63.** A Strategic Housing Group and a Housing, Health and Social Care Operational Group have both been established. These are focussing on developing appropriate models and plans for housing, based on identified needs of service users. An analysis of future need for extra care housing for older people was completed. A similar review for adults (under 65's) is progressing during 2017/18.
- 64.** Developments in relation to community justice are welcome. During 2016/17, the newly formed Reducing Reoffending Group and Board met to produce the Local Improvement Outcome Plan (LOIP) for East Lothian, as part of the community justice agenda. The LOIP not only aims to increase community understanding and involvement, but clearly identifies partnerships as being crucial to tackling inequalities, discrimination and lack of opportunities for those who have committed offences. Improving access to housing, education and employment, and health services are regarded as priorities if re-offending is to be reduced. During 2017/18, multi-agency base-line performance data will be collated to inform the LOIP outcome indicators to enable progress to be mapped.

Service User and Carer Engagement

- 65.** Visibility of children and young people's involvement and engagement in service development and community planning has improved significantly with the creation of the care-experienced Champion's Board, supported by Life Changes Trust, and the pilot Tranent Primary Schools Streets Ahead project, supported by the Children's Parliament.
- 66.** The extended use of the online Viewpoint LAC questionnaire during 2016 enabled all young people who were looked after, the opportunity to express their views. These were then reported against GIRFEC wellbeing indicator outcomes – individually to inform the child's planning process but also collectively, to inform the Corporate Parenting agenda within the Children's Strategic Partnership and the wider community partnership.
- 67.** As part of the programme to recommission home care services, there was significant engagement with service users, carers and advocates in late 2015/16, continuing into 2016/17. This was designed to enable stakeholders to influence the models of care that were commissioned and to inform people about progress and likely changes.
- 68.** Throughout 2016/17, there was a co-production approach and review relating to day care provision for older people. Working collaboratively with the East Lothian Association of Day Centres, the 10-day centres themselves, and other stakeholders including Elected Members, the IJB, in early 2017, approved a report detailing how day centre provision would be provided for the next 3 years.
- 69.** The HSCP is committed to ensuring that service users and carers are at the heart of helping to inform and shape service delivery within the county, via a plethora of engagement and consultation channels. The HSCP web pages and social media activity maintain up-to-date information and guide members of the public to appropriate health and social care services available within East Lothian.

5. RESOURCES

- 70.** East Lothian Council continues to face significant challenges to deliver services due to increasing demand (and complexity of need) and unavoidable pressures such as welfare and pension reform, uplifts to the living wage, Pay Awards and constraints on national settlements.
- 71.** During 2016/17, the Council provided Social Work services covering Adults and Children's, with a total budget of over £66.1 million (Adults - £52 million and Children's - £14 million). Included within this budget was an additional £1 million of non-recurring support to Adult Services, which was provided by the Council during 2016/17 to support the delivery of a recurring programme of efficiencies. Expenditure commitments during the year based on full cost of service totalled £66.6 million (Adults - £52 million and Children's £14.5 million), resulting in an underspend of £0.06 million for Adults and an overspend of £0.50 million for Children's Services.
- 72.** During the year, both services faced significant challenges from increased demand, complexity in care packages and wider unavoidable pressures such as uplifts in the Living Wage. Further, services had to adapt increasing demand from the Community.
- 73.** In addition, to managing these demands, the Adults service was also tasked with delivering a programme of challenging efficiency savings designed to deliver improved service outcomes for individuals. Whilst the full extent of these savings was not realised, (in part due to implementation delays), the full delivery of the programme will continue in 2017/18. It is anticipated that with the assistance of the additional investment provided by the Council during the year, recurring savings can be realised.
- 74.** Additional investment to the partnership was also provided by NHS Lothian to help address overspends caused by increasing demand. Whilst the additional investment from both bodies has been appreciated, it is acknowledged that more efficiencies will be required whilst balancing recurring need and increased and more complex care amongst all client groups, within the totality of available resources.
- 75.** To enable the Council to deliver these savings, a major HSCP transformation and efficiency programme has been established which includes a wide range of reviews of internal processes, as well as service redesign. During 2016/17, a challenging efficiency programme was identified but was unable to achieve the planned level of recurring efficiencies. Consequently, a further enhanced programme has been established for 2017/18.
- 76.** A wide number of improvements have already been implemented across all service areas during the past year. In Adult Services, significant efforts were made

in 2016/17 to improve financial processing linked to client financial assessment, client billing, debt management, provider payment and inter-authority recharging.

- 77.** A pilot was introduced in 2016, which aimed to introduce a new way for providers to invoice for the care and support they delivered on our behalf, improving the efficiency of financial processing and freeing staff time to do other tasks. It should also help to support timely and accurate year-end forecasting. These changes realised some benefits in 2016/17 and the full year effect will be felt in 2017/18.
- 78.** In Children's Services, significant pressures have continued from increased external fostering and secure placement demands, as well as increased complex care packages. In 2017/18, there will be a review of the joint processes with Education that result in these pressures, including benchmarking activity and costs nationally supported by the Improvement Service and Social Work Scotland.
- 79.** Digital Transformation is significant in achieving both efficiencies and improved service delivery. HILDA (Help Independent Living and Daily Activities), launched in April 2017, is an online self-management and self-assessment service supporting people who are keen to explore the wider range of options and supports available to them by providing information on a range of assistive equipment to support independence and safety in the home. This diverts and decreases demand on statutory services.
- 80.** The Telecare Service was successful in achieving Scottish Government Technology funding to develop Technology Enabled Care (TEC) in East Lothian. The funding has supported the recruitment of a TEC Development Officer post for 1 year to review the existing Telecare/Telehealth strategy and to scope the existing services in East Lothian during 2017.
- 81.** Annual funding for the Criminal Justice Service remained unchanged for 2016/17. However, the Scottish Government provided additional money for enhancing community sentencing options (thus reducing the need for custody) as well as developing services for women. Within East Lothian, £20k was used to develop and enhance the women's group programme, Connect, as well as using £50k additional funding to establish a men's group programme, Nexus.
- 82.** In 2016, the Scottish Government announced that drugs and alcohol funding would reduce by 23%. Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) reviewed its commissioning priorities to emphasise local access to treatment and post treatment recovery orientated services. An earmarked reserve has been established over recent years by the Council, and during 2016/17, MELDAP were able to use some reserves to help smooth the transition for these budget and service redesign changes to ensure that the service can be delivered within recurring resources going forward. The plan for 2017/18 was supported by the IJB.

83. During this time, a Drugs and Alcohol Thematic Inspection Review took place. From this, the Care Inspectorate were positive about this process:

“Despite the complex challenges facing the ADP, it had successfully worked in partnership to realign a large proportion of their budget to post treatment and recovery focused services evidencing agility and ability to jointly meet changing priorities”.

(Care Inspectorate Report 2016)

84. In summary, the challenge for Social Work services is to adapt service models to deliver within agreed budgets and meet increasing demand as well as responding to increasing complexity of care and need. Within this challenge, the services will use all opportunities to maximise efficiencies whilst attempting to maintain appropriate levels of provision.

85. Key to this is investment across both service areas in prevention/early intervention, as well as the continued partnership working with our partners, including the NHS. This is critical to ensuring that demand pressures can be maintained within available resources as well as ensuring positive outcomes for individuals.

6. SERVICE QUALITY AND PERFORMANCE (including Delivery of Statutory Functions)

- 86.** In 2014, the East Lothian and Midlothian Public Protection Team was established. The aim was to take forward an integrated 'lifespan' approach to all aspects of public protection covering all ages and stages of life. East Lothian and Midlothian Public Protection Office (EMPPO) in Musselburgh became the base for the Public Protection Team in 2014, joined by Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) later that year.
- 87.** Committee structures across Public Protection were streamlined, and East Lothian and Midlothian Public Protection Committee (EMPPC) established in July 2014 to replace the Adult Protection Committee, Child Protection Committee, Offender Management Group and Violence Against Women Partnership.
- 88.** As the Public Protection Office has evolved, so has the process for assessing practice and performance. Through the Public Protection Performance framework, more robust scrutiny is being achieved.
- 89.** Through the Quality Improvement Sub-group, a quality indicator framework, quarterly figures are reported. The framework allows for effective and robust performance monitoring including written commentary that explains what the figures actually mean. Further, shared learning between East and Midlothian is encouraged and is a major positive to result from this joint approach.
- 90.** Performance is reported to the Policy, Performance and Review Committee on a bi-annual basis. The CSWO presents this report.
- 91.** Findings from initial and significant case reviews are reflected in our Learning and Development Plan. All improvement plans are reported to the EMPPC and the Critical Services Oversight Group. This ensures that strategic governance and scrutiny takes place.
- 92.** Within Social Work services, we have an ongoing commitment to providing quality services. Emphasis is placed on self-evaluation; audit reviews (internal and external); peer reviews; service user engagement; and involvement of the Care Inspectorate.
- 93.** The Council actively use benchmarking data made available through the Local Government Benchmarking Framework to help inform assessment of performance on a national level. Learning from other areas in Scotland, and further afield informs local service development. This is reported to the Policy, Performance and Review Committee within the Council for scrutiny and governance.
- 94.** The CSWO has monthly meetings with the Chief Executive. Discussion on social work performance, quality standards and scrutiny of task are always on the agenda.

Care Inspectorate

- 95.** The Joint Inspection of Older People's Services in East Lothian took place between June and October 2015. The Care Inspectorate report was published in May 2016. From this, an improvement plan as drawn up to take forward the recommendations made by the Inspectorate.
- 96.** The above plan focussed on 9 recommendations ranging from improving delayed discharge indicators through to ensuring all unpaid carers are offered a carer's assessment.
- 97.** An updated progress report is due in the next month. It is expected that several of the recommendations will have been completed whilst the others are all in the process of improving outcomes. This report will be discussed fully with our new Lead Inspector.
- 98.** The Care Inspectorate carried out a number of announced and unannounced inspections across all sections of social work and social care services. Within Children's Services, we continue to deliver services in an extremely professional and qualitative manner, which is demonstrated by the following:

Children's Services: Care Inspectorate quality gradings (2016/2017):

Service	Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
Adoption Service	26 Feb 2017	5- Very Good	Not assessable	Not assessed	5 – Very Good
Fostering Service	26 Jan 2017	5- Very Good	Not assessable	Not assessed	5 – Very Good
Housing Support Service	21 Dec 2016	5 - Very Good	Not assessable	5 - Very Good	Not Assessed
Lothian Villa	26 May 2016	6 -Excellent	5 -Very Good	Not assessed	Not assessed
Olivebank	25 Oct 2016	4 - Good	Not Assessed	4 - Good	Not Assessed

- 99.** Within Adult Services, inspections have been ongoing both in terms of Council owned services, and those of independent sector providers. There have been 14 inspections of Council Services throughout the year, including The Abbey Residential Home; Crookston Residential Home, Eskgreen Residential Home, The Adult Placement Service and the Council's Home Care Service.
- 100.** There was an inspection carried out in ELC's Domiciliary Care Service (Housing Support Service) in October 2016. The service was rated 4 – Good, for all quality standards. This shows a significant improvement over the previous inspections in 2014/15.

101. Tynebank Resource Centre (Adult Complex Needs Support Service) received three 5s – Very Good; and one 4 – Good; when inspected in April 2016.

102. The HSCP analyses inspection rating for partner providers and the recent record for care at home and care homes is below.

Care Homes for Older People (NCHC) Register							
Name of Establishment	Provider	Care Type	Date of CI report	Care Inspectorate Quality Grades			
				Care & Support	Environment	Staffing	Management & Leadership
Private Homes							
Astley House	Fairfield Care Homes Ltd	Nursing	29/08/2016	5	5	5	5
Belhaven Nursing Home	NHS Lothian/East Lothian Council	Nursing	06/05/2016	3	4	4	3
Carberry	Carberry House Care Home	Residential	16/02/2017	5	4	5	5
			09/08/2016	4	3	5	5
Drummohr	HC-One	Nursing	16/11/2016	3	3	4	4
Fidra Nursing Home	Randolph Hill Care Homes Ltd	Nursing	20/12/2016	2	3	2	2
Florabank Residential Home	Florabank Home Limited	Residential	02/06/2016	5	4	5	5
Lammermuir House	Tamaris (RAM) Limited	Nursing	16/01/2017	4	3	3	4
			30/06/2016	3	3	3	3
Levenhall Nursing Home	Renaissance Care (Scotland) Limited	Nursing	16/12/2016	4	4	5	5
Muirfield Nursing Home	Randolph Hill Care Homes Ltd	Nursing	14/12/2016	3	3	3	3
			08/10/2016	3	3	3	3
St. Anne's Care Home	Sisters Of Charity Of St Paul The Apostle	Residential	07/12/2016	4	4	4	4

Tranent Nursing Home	HC-One Limited	Nursing	10/11/2016	3	4	3	4
			18/05/2016	1	1	1	2
Tyneholm Stables	Embrace	Nursing	16/05/2016	4	4	3	3
Crookston	ELC	Residential	15/08/2016	5	5	5	5
Eskgreen	ELC	Residential	13/07/2016	4	3	3	3
Hilton Lodge			13/05/2016	6	6	6	6

103. In general, this shows a stable or improving position with inspection outcomes for the independent sector in East Lothian. In those exceptions where rates have not improved or have worsened, the HSCP has worked closely with the Care Inspectorate and providers to minimise risk and improve services.

104. To ensure quality assurance and acceptable standards within care homes, multi-agency quality in care, care home meetings take place on a bi-monthly basis. The Lead Officer from the Public Protection Office chairs this. The Care Inspectorate are invited to this meeting. If concerns remain, a Multi-Agency Strategy Meeting will be arranged. The care home may be placed under Large Scale Investigation (LSI) if concerns are significant.

105. During 2016/17, one private sector Older People’s Care home and one care at home provider were placed under large scale investigation due to concerns about the quality of care. One children’s Initial Case Review led to an Internal Significant Case Review, which will report to the Care Inspectorate in June 2017.

106. In December 2016, MELDAP received its final report from the Care Inspectorate following the nation-wide Thematic Review of Drug and Alcohol Partnerships. The report entitled *The Quality Principles: Alcohol & Drug Partnership (ADP) Validated Self-Assessment and Improvement* noted 28 Strengths with many of these relating to the strategic functions of the partnership; Leadership and direction, Policy service development and planning. An example of the significant strengths noted:

“The ADP demonstrated a robust approach to self-evaluation and had implemented a quality assurance framework based on the Quality Principles. The outcomes from this work are overseen by an appointed quality assurance officer who highlights any issues of note to the governing groups. There was strong collaboration, transparent and robust governance in place with routine reporting on performance, both internally and externally, to joint accountable bodies”.

(Care Inspectorate, 2016)

107. An introductory meeting with the Care Inspectorate’s new Strategic Lead Inspector for East Lothian took place in May 2017. The contribution that the Lead Inspector can make in supporting the HSCP service and practice development agenda is valued. The Lead Inspector has an open invitation to attend the East Lothian and Midlothian Public Protection Committee to maintain oversight of partnership working and improvement relating to public protection in East Lothian.

Statutory Services

Children’s Services

108. At 31st March 2017, Children’s Services had over 900 allocated cases which meant that one East Lothian child in every 25 (aged 0-18) were involved with the service. The Contact Centre received over 6000 calls in relation to vulnerable children. There were 3,184 referrals during 2016/17, equating to 61 per week. This is a 12% increase on the previous year. The majority of referrals were received from the Police, with the towns of Musselburgh and Tranent being the largest sources.

109. During the year, the number of looked after children decreased slightly from 224 to 222, a fall of 0.9%. This relatively stable out-turn positively reflects the support and early intervention approach the service has worked hard to develop.

110. Child Protection Register numbers are as follows:

2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
66	53	59	31	30	41

111. During the last year, the number of children on the Child Protection Register rose from 30 to 41, a 37% increase. This increase can be attributed to several large families moving into the East Lothian area, with children already on the register. However, as the table above demonstrates, there has been a downward trend of the number of children on the Child Protection Register since 2011, with much of this reduction being attributed to introducing the Signs of Safety strengths-based practice model in 2012.

112. Of those children on the Register, 57% were due to the impact of parental substance misuse.

113. The East Lothian Looked After population of children and young people at the end of 2016/17 comprised 222 as follows:

March 2017	Number	Annual Change	Rate per 1,000*	Scotland Rate per 1,000*
Home Supervision	65	5	3.1	3.8
Foster Care	91	-2	4.3	5.6

Formal Kin Care	46	-2	2.2	4.0
Residential Care	20	-3	0.9	1.
(Secure Accommodation = 2)				
Total	222	-2	10.5	15.1

114. A rise of 5 in the number of children and young people on a home supervision requirement has brought the total to 65. This means that 70.7% of Looked After Children are accommodated away from home, placing pressures on our capacity for local placement of children within East Lothian.

115. Placement Moves for Looked After and Accommodated Children (LAAC) are a key indicator for the service, being closely linked to positive outcomes and general wellbeing. The average number of placement moves for all LAAC has fallen from 2.1 to 1.8 at the end of March 2015 i.e. in 2 years.

116. Increasing demands are contained within the duties and obligations placed on the Council by the Children's and Young People's Act. Particular reference relates to now being responsible for those who were a LAAC, up to the age of 26 years. This is putting increasing demand on the Throughcare and Aftercare Team to provide commensurate support to these young people.

117. The number of children and young people in Formal Kinship Care has risen to 46. If this is combined with children and young people who are with Informal Kin Carers, the total is 118. This is a significant number when compared to the total number of 219 children who are formally looked after.

118. Informal Kinship care includes non-looked after children, who live in an informal kinship care arrangement. These children may be subject to Section 11 of the Children (Scotland) Act 1995 or may be living in a completely private arrangement with extended family, with no local authority involvement at all. Scotland has recognised the important role played by kinship carers in providing secure, stable and nurturing homes for children and young people when they are no longer able to live with their birth parents. Despite the increasing number in Formal Kin Care, numbers in East Lothian are still well below the national average.

119. East Lothian is working in partnership with Children 1st who are commissioned to initiate 20 family group conferences and complete 20 kinship care assessments each year. Further, they have also developed family support provision targeting as early intervention as possible; the aim being to keep children within their wider families thus reducing the need for formal accommodation.

Fostering and Adoption

120. There has been a sustained recruitment drive to attempt to increase the number of Local Authority Foster Carers in East Lothian. Successful recruitment of new foster carers merely replaces those who have retired or reduced their

capacity to offer care placements. Available placements for older children and sibling placements are rare and consequently, the Council has been forced to look to external placements in greater numbers than at any other time. East Lothian has 91 children and young people in foster care and approximately 11% are with external providers.

- 121.** Children's Services actively participated in Adoption Week Scotland's national conference in November 2016. Staff from the Council spoke about Preparation Groups for Fostering and Adoption, with positive feedback being received.
- 122.** A campaign to attract new local foster carers was launched in December 2016 and it is intended that this will result in an increase in recruitment and in the number of local care placements throughout 2017. Work progresses to benchmark and review the package of Foster Carer remuneration and support to enable growth in the Council's local foster care capacity. However, competition with neighbouring local authorities, who are actively recruiting in East Lothian, for carers and market pressures impact on the ability to recruit new carers.

Learning and Developments

- 123.** During the past 2 years, significant time and energy was spent in relation to the Children and Young Persons (Scotland) Act 2014 in respect of the Named Person duty expected to be introduced in August 2016. Following Supreme Court intervention, the Scottish Government undertook to redraft the legislation relating to the Named Person, particularly relating to information sharing requirements over 'wellbeing concerns' about children and young people. The revised legislation and statutory guidance is anticipated to come before Parliament in summer 2017, and further direction is awaited on this.
- 124.** East Lothian took part in the external consultations for the Scottish Government's Child Protection Improvement Programme and look forward to the initial report to Ministers expected in 2017.
- 125.** Under the management of the Public Protection Committee, Initial Case Review and Significant Case Review activities have progressed through 2016/17. From these, learning and improvement actions are embedded in the East Lothian Child Protection Improvement Plan and in the Children's Services Business Plan.
- 126.** Partnership working remains fundamental to service delivery, supporting early intervention and prevention work. For example, in partnership with Children 1st, Family Group Conferences (FGC) and Kinship Care Assessments continue to support strengths based work with families.
- 127.** Within the Youth Offending Service, work is being developed in relation to Early Effective Intervention. Close working with the Police Juvenile Liaison Officers in relation to young people involved in minor offending, has enabled several young people to be diverted from the Court system to work with social work services.

128. Local counter-terrorism procedures under the Prevent framework were activated during 2016/17, responding to one young person’s activities leading to Prevent Professionals Case Conference activity. This resulted in shared learning and improvements to the Prevent Referral Pathway overseen by the Public Protection Office.

Adult Support and Protection

	2015/16	2016/17
Total number of ASP Referrals received	493	633
Total number of investigations	69	159

129. Adult Support and Protection Referrals have risen throughout the year. Out of a total of 633, 159 progressed to investigations. The majority of these referrals came from the Police. However, under further investigation, most are not assessed as adults at risk of harm. Due to this, training is being developed for Police Officers to enable them to assess situations more appropriately.

130. During 2016/17, there were two Large Scale Investigations within East Lothian. One was with a private care provider whilst the other related to a private care home. Both evidenced the need to have capable operational service managers in post in order for service provision to be of an acceptable standard, and for this to be maintained.

131. Three Initial Case Reviews (ICRs) progressed during 2016/17. Although independent of each other, there were similar themes of self-neglect, non-engagement with services and the assumption of capacity without fuller investigation. The combined set of circumstances present agencies with a number of challenges specifically in relation to information sharing; when and how to intervene without the adult’s consent; and the need for a clear comprehensive assessment of risk. Improvement actions are embedded in the East Lothian and Midlothian Adult Support and Protection Improvement Plan as well as informing development and delivery of multi-agency training.

132. The service is working towards developing and delivering inter-agency adult Chronologies with an expected implementation date of 1st December 2017.

133. During the past year, a full review of current Adult Support and Protection operational processes has been undertaken. These have specifically looked at the client journey; duplication of tasks for front line staff; and introducing quality audit processes at the most pertinent stages. Consideration of the Signs of Safety model used in Children’s Services as an appropriate model for use in adult services is underway.

Mental Health

134. Statutory mental health work and activity continues to grow particularly in relation to Guardianship Orders. Demand arising from the growing use of the Adults with Incapacity legislation is of note.

135. The Mental Welfare Commission have commented on this in their Annual Report, highlighting that across Scotland, the number of Welfare Guardianship Orders granted has increased by 99% since 2009/10, whilst private applications have increased 117% during this same period. The Commission acknowledge the pressure that applications are putting on local authorities particularly as it is demand-led.

136. Figures from East Lothian are as follows:

	2016/2017 (New applications)
Financial Guardian	4
Financial and Welfare	21
Private Welfare	15
Local Authority Welfare	20
	2016/2017 (total for year)
Private Welfare	131
Local Authority Welfare	51

137. Recent amendments to the legislation in relation to the statutory expectations of the reviewing of Guardianship Orders means that this is a Local Authority responsibility and not just a MHO duty. The newly published National Mental Health Strategy also identifies an action to:

‘work with key stakeholders to better understand MHO capacity and demand, and to consider how pressures might be alleviated’.

138. An East Lothian Employment and Mental Health event was held in 2016 with the aim of engaging local employers to consider what support they require to support employees who have a mental health concern. While the event was successful and well attended, numbers of local employers participating was small. This remains a challenge aspect of this group.

139. The East Lothian Choose Life Steering Group has a broad local partnership and community planning representation with a clear focus on suicide prevention and on supports for those bereaved by suicide. Collation of data informs the

targeting of resources to those most in need and the continued availability of a suite of suicide prevention awareness courses, free to those resident in East Lothian or employed in East Lothian, continues.

140. Support for those in Emotional Distress is being developed with 2-hour drop-in facilities being provided across East Lothian in community resources from June 2017. The need for this has grown further with some attribution to the introduction of Universal Credits. Staff in public places, including libraries, shared their concerns about the increasing number of people presenting in distress as they struggled to manage their Universal Credit. Supports will be available to assist frontline staff in developing the necessary skills and confidence to respond to people presenting in distress.

141. A new national *Mental Health Strategy: 2017-2027* was published at the end of March 2017, and identifies 40 improvement actions. Of note are actions to work with employers; improve support for those in distress; and to improve the transitions for those young people moving from children to adult services. The HSCP will develop a new Mental Health and Suicide Prevention Strategy during 2017/18.

Adult Services

142. For adults and older people, services are aligned to local and national outcomes. East Lothian's Single Outcome Agreement in Outcome 6 :

"People are enabled to live at home and access opportunities in their communities for as long as possible"

with Outcome 5 being:

"Health and social care services contribute to reducing health inequalities"

143. Adult Services, including older people, are facing significant demands and challenges. To cope with these, the HSCP is :

- retendering the home care service;
- remodelling older peoples day centres
- shifting the balance of care from hospitals to the home
- using technology to assist people in their homes (including night time support)
- enabling Mental Health Officers to focus on their statutory duties by realigning 'reviews' within the wider social work team

144. At the end of March 2017, adult and older people services had completed:

- 7320 referrals (610 referrals per month)
- 217 assessments completed
- 135 reviews completed
- 70 new SDS support plans agreed

145. Operating both an efficiency and budget recovery plan, intent on driving service transformation, with efficiencies linked to packages of care and night-time support provision, continue to be a significant focus for the service.

146. The aim of the HSCP and the Council is that if service provision is more flexible and utilises community supports, this is the most effective way for helping improve the quality of life and maintenance of independent living for individuals in our community.

Criminal Justice Service

147. Criminal Justice have been preparing for a significant change to their working and reporting arrangements with the Criminal Justice Authorities being abolished in April 2017. Community Justice Scotland are now driving forward the community justice agenda, with criminal justice having a key role to play.

148. During 2016/17, the service worked closely with partners to draw up the Community Justice Local Outcome Improvement Plan for East Lothian. This was submitted to the Scottish Government in March 2017.

149. Within East Lothian Criminal Justice Service:

	2015/16	2016/17
Number of reports submitted to the Courts	320	312
Number of new Community Payback Orders (total)	190	207
supervision only	42	52
unpaid work only	102	106
supervision + unpaid work	46	49
Total number of unpaid work hours (made in year)	18,593	21,511
Number of new Drug Treatment and Testing Orders	21	15

150. During 2016/17, there has been a slight decrease in the number of Criminal Justice Social Work reports requested by the Courts. However, statutory work generated from these reports has risen with new Community Payback Orders increasing from 190 to 207. Further, the total number of unpaid work hours in the year increased significantly from 18,593 hours to 21,511 hours.

151. Additional funding was made available to all Criminal Justice Services from the Scottish Government with specific focus on enhancing community sentencing options (and thus reducing custody) as well as designing services that cater for the needs of women offenders.

- 152.** In East Lothian, focus was placed on developing the women's group - Connect - as well as piloting a men's group - Nexus.
- 153.** Accessing suitable accommodation remains a significant issue for those coming out of prison, or in temporary accommodation seeking to enter a permanent tenancy. Due to complex needs (mental health; substance misuse etc), clients' behaviours will often trigger other legislation particularly Anti-Social Behaviour. If evicted, problems often escalate thus increasing the risk of re-offending. Inclusion of the needs of this client group within HSCP Housing Strategic and Operational Planning Group and within the Community Justice LOIP is a positive step and generates enhanced opportunity for partnership involvement during 2017/18.
- 154.** Multi-Agency Public Protection Arrangements (MAPPA) remain firmly in place within East Lothian. A MAPPA Strategic Oversight Group is in place within the Lothian and Borders Community Justice Authority (CJA). Whilst the CJA ceased from 31st March 2017, this Oversight Group continues.
- 155.** The development of a Recovery Orientated System of Care (ROSC) is a core MELDAP priority. The Lothian and Edinburgh Abstinence Programme provided places for 10 people with seven graduating from the 12-week programme. The Starfish Recovery Cafe, in Musselburgh, provided opportunities for people in recovery to meet within a community setting while engaging informally with others in recovery, peer volunteers and peer workers. For 2016/17, the MELDAP Recovery College undertook 41 assessments and provided active engagement for 30 individuals with 19 gaining a qualification.

Complaints

156. Services remain committed to providing a high standard service. To assist improvement, complaints and compliments are analysed and reviewed. During the past year, the following is a summary of the complaints dealt with:

	Stage 1		Not upheld	Partially upheld	Upheld	Moved to Stage 2
Adults Services	37		5	16	15	1
Children's Services	8		5	0	1	2
	Stage 2		Not upheld	Partially upheld	Upheld	
Adults Services	21		11	7	3	
Children's Services	22		16	5	1	

157. Stage 1 complaints are dealt with at the frontline. Within Adults Services, the majority of the complaints related to a delay in service delivery. A consequence of this has been to improve communication with service users and keep them updated on a more frequent basis, thus removing anxiety. Within Children's Services, complaints commonly related to parental access to children.

- 158.** Stage 2 complaints require formal investigation, with some being referred to the Social Work Complaints Review Committee. Within Adults, reasons for the complaint were varied – charging; care package stopped; delays. For Children, the majority of complaints related to access; the named social worker; and service delivery.
- 159.** The Social Work Complaints Handling Procedure changed on the 1st April 2017. This procedure has been developed by social work experts and third sector organisations working closely with the Scottish Public Services Ombudsman (SPSO). The intention is to introduce a standard approach to handling complaints across local authorities. Further, it will closely resemble the complaints process within the NHS, which is also adopting a 2-stage complaints procedure.
- 160.** It is hoped that within HSCPs, this procedure will create a quicker, simpler and more streamlined complaints handling system with early resolution being achieved.

Compliments

- 161.** Compliments are received throughout the year but often not logged. Recording of compliments is being promoted within the workforce, as it is important that compliments are shared and promoted in what is often very challenging work. During this year, 50 compliments were formally logged across both services.

7. WORKFORCE (Planning and Development)

- 162.** Social work services could not function without a skilled and dedicated workforce. Due to the variety of skills and experience required across the whole spectrum, the need for a co-ordinated and planned workforce development programme is a priority.
- 163.** The Council provides statutory training to staff via Workforce Development, through a blend of personal development, face-to-face and online e-learning opportunities. This is co-ordinated and timetabled to ensure that the hundreds of staff across the social care spectrum have completed, and are up-to-date with the training required in their job.
- 164.** Professional Supervision and Performance Review and Development (PRD) meetings afford all staff the opportunity to identify essential personal development. During 2016, a revised PRD template was introduced, resulting in a more user-friendly document and process. Further, the most recent staff survey highlights that those who have had PRDs completed, are more focussed and more aware of issues within the service and the Council itself than when compared with those who have not.
- 165.** Student placements continue to be offered across all social work services. Further, newly qualified workers receive additional assistance to enable them to complete their post registration training and learning (PRTL).
- 166.** Professional Development for Social Work Practice Educators has focused on supporting one practitioner to complete the SCQF Level 11 Practice Education Award at Stirling University. Training for Practice Learning Link Workers was provided for two members of staff.
- 167.** An existing employee was supported to complete the Mental Health Officers Award in June 2016 and another worker commenced the next intake in October 2016. The decision to encourage internal recruitment to the MHO programme arose from difficulties when trying to recruitment externally.
- 168.** The Social Care workforce is one of the main target groups (due to legal requirements) and include: Health and Safety training, Manual Handling, First Aid, Food Hygiene, Infection Control, and Continence Care as well as personal training and development (i.e. Positive Behavioural Management).
- 169.** Ongoing training in Dementia Care is consistent with the Promoting Excellence Knowledge and Skills Framework operating in NHS Lothian. Approximately 80 Care Home workers have completed this training to 'Dementia Skilled' level. Due to the increasing number of people with dementia in the community, this training is now viewed as essential.

- 170.** As part of the Lothian Palliative Care Redesign Project a professional development programme for the service's Care Home and Care at Home staff was delivered in End of Life and Palliative Care throughout 2016. This comprised two elements - firstly single day awareness training and secondly an online advanced module for individuals who have completed single day awareness training. 118 care workers completed the single day awareness sessions. 21 individuals went on to successfully complete the online module.
- 171.** Scottish Vocational Qualification (SVQ) assessment for the Social Services and Healthcare Award at SQA Levels Two, Three and Four continues to be offered for Social Care staff. In the Home Care Service, over 90% of staff are now qualified. This is in readiness for the opening of the SSSC professional register for frontline Care at Home staff in autumn 2017.
- 172.** Registration linked SVQ qualifications also provided for supervisory staff including Professional Development Award (PDA) in Supervisory Management at Level 7 (Scottish Credit and Qualification Framework-SCQF). The Council piloted the new Higher National Certificate (HNC) in Social Services and Healthcare for a group of 8 workers who are on course to receive their awards in June 2017.
- 173.** A full range of Public Protection training has been provided through the East Lothian and Midlothian Public Protection Office including Adult and Child Protection as well as Violence Against Women and Girls training. Multi-agency training is made available to staff working in Adult Support and Protection, focussing on the legislative context and on risk assessment and risk management. In addition, work is progressing to deliver inter – agency Chronologies, for adult clients, with an implementation date of 1st December 2017.

Measure		Q1 2016/ 17	Q2 2016/ 17	Q3 2016/ 17	Q4 2016/ 17
Adult Support and Protection	Number of courses held	7	6	9	7
	Number of attendees	205	169	147	68
Child Protection	Number of courses held	6	3	4	5
	Number of attendees	102	100	76	58
Violence Against Women and Girls	Number of courses held	-	1 ^[1]	1	5
	Number of attendees	-	24	20	76
Public Protection	Number of courses held	-	-	-	1
	Number of attendees	-	-	-	117

^[1] Collation of Violence Against Women and Girls training course data only began in September 2016

174. Within ELC, EMPPC support and facilitate learning informed by practice highlighted through recommendations and outcomes of Initial / Significant Case Reviews. Within this reporting period (2016/17) there have been three initial case reviews. Although independent of each other there were similar themes of self-neglect, non-engagement with services and the assumption of capacity without fuller investigation. The combined set of circumstances present agencies with a number of challenges specifically to information sharing, when and how to intervene without the adults consent and the clear comprehensive assessment of risk. Our findings are reflected in the Child Protection and Adult Support and Protection Improvement Plans.
175. In Children's Services, the "Signs of Safety" strengths-based practice approach continues. During 2016/17, a further six half day courses were offered to non-Children's Services staff as an introduction to this way of working.
176. All Residential Children's Services staff received bespoke training on Child Sexual Exploitation in recognition of the particular role they play with Looked After young people.
177. Due to the disestablishment of the Community Justice Authorities, work is currently underway with regard how best to ensure the criminal justice workforce can access national training. Lothian and Borders CJA had a Training and Development Officer who co-ordinated all training across the area. This post is due to cease in October 2017, and Community Justice Scotland will confirm future arrangements in due course.
178. A HSCP Social Work Conference, with the theme of Resilience, was organised and delivered in January 2017 for approximately 150 Older People, Adult and Children's Services multi-disciplinary HSCP staff. This event was initiated and facilitated by the CSWO. As a result of the very positive feedback, a 2019 Conference is being planned.
179. Employee Engagement results for the HSCP (Council) were positive. Of note:
- ***Am I empowered to make decision and act on them?***
24.86 Strongly Agreed; 56.07% Agreed; and 16.76% Disagreed
(strongly disagreed, minimal)
 - ***My work is interesting and uses my skills and experience***
34.97% Strongly Agreed; 57.8% Agreed; 6.36% Disagreed
 - ***I am encouraged to offer new ideas for improvement***
21.0% Strongly Agreed; 58.4% Agreed; 18.16 Disagreed
180. Moving forward, the HSCP needs all staff to offer new ideas and to use their skills and experience to improve service provision. A good example of this is the Level 1 Falls training, which has been provided to Fire Officers by Occupational Therapy and Physiotherapy staff. This has enabled an increase in awareness and identification of falls risk in the home alongside the benefits of improved

partnership working and referrals across the teams. 45 people identified as a falls risk have been referred to Adult Services by the Fire Service for further assessment since October 2016.

181. A range of fora exist to enable staff involvement and suggestions, ranging from staff bulletins through to notice boards and blogs.
182. The Council was reassessed in March 2017 for the Investors in People Standard and upgraded to Silver Award level.

Workforce Development Initiatives within the HSCP

183. Work is in progress to develop further Workforce Development initiatives across Health and Social Care in 2017. The HSCP has created an Organisational Development and Human Resources Group to oversee this. Any potential changes to training will be brought to the Clinical and Care Governance Group for consultation and discussion, prior to any implementation. Access and Older People's Services within the Partnership are currently reviewing the roles of care support workers across Health and Social Care to ensure alignment of roles and function. In this context, a joint approach is being planned to staff induction.
184. This builds on current joint learning and development for Social Work and Health professionals. For example, the aforementioned End of Life/Palliative Care professional development programme was delivered in East Lothian through a multi professional group involving Social Work, Nursing colleagues and the Third Sector (Marie Curie).
185. Current joint Health and Social Care learning and development projects planned include the delivery of a 'dementia bus' resource for Health and Social Care workers within the Partnership. This virtual dementia experience will raise awareness of the lived experience of individuals living with dementia. It will also demonstrate to participants the benefits of Technology Enabled Care. The resource is being made available for the first time in East Lothian in May 2017.
186. Other joint Health and Social Care Workforce Development initiatives include the delivery of leadership and management training for the broader Partnership workforce. This includes the 'Playing to Your Strengths programme' and the Covey Leadership Programme.
187. The Scottish Social Services Council (SSSC) has just published its Learning Strategy 2017-20. The strategy's vision is that:

"social service workers feel supported by the SSSC, their employers and others to learn and develop throughout their career, and deliver high quality services by taking responsibility for their learning and practice."

188. The Council and HSCP are now actively committed to growing the workforce for the future. School and college placements as well as apprenticeships, give young people an insight into the variety of careers that are potentially open to them should they wish to pursue this. In-house, we are committed to developing our staff in order for them to reach their potential.

189. The registration of the social work and social care workforce is aligned to improving the quality of staff providing services to the people of East Lothian. This is a long-term commitment by the Council and the HSCP to ensure that services can be delivered safely, and to a high standard, whilst encouraging innovation within practice.

Fiona Duncan
Chief Social Work Officer

APPENDIX

Key Documents/Links

The East Lothian Plan Single Outcome Agreement 2013 – 2023 (2013)

http://www.eastlothian.gov.uk/info/200135/community_planning/1750/the_east_lothian_plan_soa_201323

Draft East Lothian Plan 2017 -2022 (2017)

East Lothian IJB: Strategic Plan for Health and Social Care 2016-19 (2015)

http://www.eastlothian.gov.uk/downloads/file/11117/ijb_strategic_plan_2016-19

East Lothian Community Justice Local Outcome Improvement Plan (2017)

<https://eastlothianconsultations.co.uk/policy-partnerships/east-lothian-community-justice-local-outcome-impro/>

The Role of the Chief Social Work Officer – Principles, Requirements and Guidance (2016)

<http://www.gov.scot/Resource/0050/00503219.pdf>

Scottish Social Services Council Learning Strategy 2017 – 2020 (May 2017)

<http://ssscnews.uk.com/2017/05/23/learning-strategy-2017-20/>