

East Lothian  
Integration Joint Board



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

**THURSDAY 26 OCTOBER 2017  
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

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**Voting Members Present:**

Mr P Murray (Chair)  
Councillor S Kempson  
Councillor F O'Donnell  
Councillor S Akhtar  
Councillor J Williamson (substitute for Cllr Currie)  
Mr A Joyce  
Ms M Whyte

**Non-voting Members Present:**

Dr M Flynn  
Mr D King  
Mrs M McKay  
Ms M McNeill  
Dr R Fairclough  
Mr D Small  
Ms F Duncan  
Ms A MacDonald  
Mr T Miller  
Ms S Saunders

**ELC/NHS Officers Present:**

Ms J Ogden-Smith  
Mr P Currie

**Guest**

Mr W Ramsay

**Clerk:**

Mrs F Stewart

**Apologies:**

Councillor S Currie  
Ms F Ireland  
Mr B Davies  
Mr A Wilson

**Declarations of Interest:**

Dr M Flynn declared an interest in Item 8 as he is a GP in North Berwick

## **1. MINUTES OF THE MEETINGS OF THE EAST LoTHIAN INTEGRATION JOINT BOARD ON 24 AUGUST AND 28 SEPTEMBER 2017**

The minutes of the meetings on 24 August and 28 September 2017 were agreed as a true record of the meetings.

## **2. MATTERS ARISING FROM THE MINUTES**

### **24 August 2017**

**(Item 4) NHS Healthcare Governance Committee** - David Small advised that the Scottish Government had asked for the IJB Workforce Plan by the end of March 2018. The Plan, when finalised, would be shared with all concerned and come back before the IJB. Councillor O'Donnell enquired how the Plan would work with the National Workforce Plan, Health Board Plan and the Local Plan and Mr Small advised that there was a risk of duplication. However, the Plans did not have the same remit. The IJB plan would focus on integration and how staff would work together.

**(Item 5) PPRC and A & G** – David Small advised that an Internal Audit Report on Non-Residential Charging (in social care) had gone to the Council's Audit and Governance Committee on 26 September 2017. This report, which also featured on the agenda of the IJB Audit and Risk Committee on 24 October 2017, aimed to address charging anomalies.

**(Item 8) Third Sector Membership, Participation etc** – Jane Ogden-Smith updated the Board on the Belhaven Forum and advised that there would be another two forums in Musselburgh and North Berwick. It was hoped these would be diverse groups, for example, including local Councillors, representatives of day centres and friends groups. Young people would also be encouraged to become involved. The Musselburgh Forum would be chaired by Councillor O'Donnell and the Belhaven and North Berwick Forums would be chaired by Peter Murray.

**(Item 6) IJB Annual Report 2016/17** – Margaret McKay enquired how accessible this report was to the wider public. Jane Ogden-Smith advised that the report was available to view on the Council's website and could be accessed via social media. There had also been press releases. However, Ms Ogden-Smith stated that additional ways of circulating information would be explored. The Chair agreed it was important that the report was available to as many people as possible and suggested that a summary report on the numbers accessing the report online would be useful. Councillor O'Donnell proposed that Council Officers could also offer to visit community groups to provide information on the Annual Report.

### **28 September 2017**

There were no matters arising.

## **3. CHAIRS REPORT (VERBAL)**

The Chair stated that he had recently attended the Belhaven Forum with David Small and Councillor O'Donnell. They had also attended a Dunbar Community Council

meeting and more such visits were planned. He described the meetings as interesting and valuable in providing useful feedback.

The Chair advised that he, together with David Small and Jane Ogden-Smith, had recently met with the East Lothian Courier to clarify how the newspaper could benefit from access to information on any developments concerning the IJB and health and social care services. The Chair also advised that the Chair of NHS Lothian, Brian Houston, had recently visited, and been impressed by, the new East Lothian Community Hospital which was due to be completed in 2020.

The Chair recommended members read the NHS Audit Report issued today (26 October 2017). He described it as a helpful report which would enable people to focus on the important issues.

Finally, the Chair advised that he and Marilyn McNeill had recently attended a meeting of the South Lanarkshire Health and Social Care Forum and invited her to provide feedback to the Board. Ms McNeil issued copies of the Forum's Public Engagement Strategy and explained the strengths of the Strategy's structure. She advised that four area planning groups fed into the Strategic Commissioning Group which in turn fed into the Integration Joint Board. The Chair of the Forum had stated that 60 groups had representation within the structure and that 10,000 people had been contacted at some level, enabling good outcomes. David Small indicated that East Lothian was much smaller than South Lanarkshire. The IJB had already agreed its plan would be based on an east and west of the county and there were six wards and six area partnerships. In his view, East Lothian would therefore more naturally fit into six or two planning groups.

The Chair suggested that it would be a useful exercise for the IJB to assess its infrastructure against the South Lanarkshire model and David Small agreed to carry this out. For members' information, Jane Ogden-Smith circulated a copy of East Lothian's current Health and Social Care Partnership Engagement, Planning and Delivery Cycle together with a copy of the Engagement and Planning Structure 2017.

Councillor O'Donnell stated Councillor Currie had asked for an Engagement paragraph to be included in the IJB report template and David Small replied that this request was being actioned.

#### **4. FEEDBACK FROM THE DEVELOPMENT SESSION ON CARERS (VERBAL)**

Margaret McKay provided feedback on the development session which was held at the Brunton Hall on 28 September.

Mrs McKay advised that the session had covered carer awareness and talks had been given on what it was like to be a carer. A presentation had followed on the introduction of the Carers (Scotland) Act 2017. Mrs McKay stated that when groups focussed on prevention, carers were one of the key preventions. She circulated a Carers of East Lothian leaflet and urged members to read the article by Tom who cares for his wife Margaret who has dementia. Mrs McKay urged support for the care at home programme and stated that, when the Council and the IJB considered transfers of resources, it was important to support carers.

Alex Joyce thanked Mrs McKay for arranging the development session. He advised that he was the NHS Lothian lead for Carers at Work and that support for carers played a key part in discussions with unions and management.

Councillor Akhtar described the session on carers as challenging and thought provoking and added that it would be useful to have an update on the Carers Strategy.

The Chair stated that he had found the development session particularly useful and enlightening. The session had made him more aware of the difficulties facing carers and of how important it was to look after the wellbeing of carers.

## **5. HSCP PERFORMANCE REPORT AND DIRECTIONS UPDATE**

The Chief Officer had submitted a report 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. The report also informed the IJB of progress in developing a report template on performance against all the Directions applying in 2017/18. Some of these were continuing Directions from 2016/17, others were new Directions introduced in 2017/18.

Paul Currie summarised the report and provided further detail around the 20 performance indicators for which data was available. He advised that there was not yet an update on the June 2017 figures for the first nine indicators and that the remaining measures were reported as either 2.5% better or within 5% of the Scottish average at September 2017. Only two of the measures were performing less well than before. Mr Currie advised that work was currently being done on how to present performance data using a more customer focussed approach and on how to identify developing trends. It was also hoped that, in future, there would be less paper and more access to information via computer and tablet.

Mr Currie introduced Bill Ramsey, a principle information analyst, who is employed by National Services Scotland to develop and advise on the presentation of data. Mr Ramsey advised that his role had been expanded to include work with GP clusters and that he was also working with NHS Lothian Analytical Services. He invited members to advise how he could support them with their data collection and offered to give a more detailed presentation at a future meeting.

In response to a question from Councillor Akhtar on Measuring Performance Under Integration, Mr Ramsey stated that the two remaining measures were still in development (end of life care and the balance of spend across institutional and community services) and agreed to check on the progress of these charts. Dr Fairclough noted the performance indicator for the percentage of people with a positive experience of care at their GP practice and stated that access was often an issue with patients. He asked if more in depth figures were available for this indicator and Mr Currie agreed to provide further information on satisfaction levels. Dr Fairclough stated that GPs would prefer local evaluation and it was hoped that more regular surveys would produce more meaningful results. The Chair added that the IJB aimed to develop more informative trend data and improve analysing and dissemination techniques. Councillor Williamson enquired how experience performance data was collected and Mr Ramsey replied that the Scottish Government carried out a sample every two years of around 50,000 people. Extrapolated to East Lothian this would mean about 1,000 people responded. The results could only provide a 'snapshot' of performance. More detailed information on the survey was available on line.

## **Decision**

The IJB agreed to:

- i. Discuss the September 2017 performance report and note changes in some indicators since the last report up to the period June 2017;
- ii. Note the development of a monitoring template for the Directions and the intention to continue development of Directions reporting through the year; and
- iii. Allow the development of more informative trend data, which was intended to be more informative than some of the current data. Through the office of the Group Service Manager for Planning and Performance, a Data Performance Group had been established, which was tasked with both reviewing the HSCP regular reporting needs and better analysing and dissemination techniques.

## **6. FINANCIAL POSITION – UPDATE**

The Chief Finance Officer had submitted a report which considered the current (at month 5) financial position of the IJB as far as the information was available.

David King summarised the report. He stated that the IJB had received a report in June updating the financial assurance for its 2017/18 budget. This report noted that the IJB was required to break-even and that it was unlikely that either NHS Lothian or East Lothian Council would be able to make further funding available to support any in-year pressures.

Mr King stated it was important that partners understood the financial position and what actions were being taken in the current budget year. He had reported at the August meeting that the IJB was forecasting a net overspend based on a break even position in Adult Social Care and an overspend in NHS. However the Council's Adult Wellbeing budget was now showing an overspend and the NHS core services, managed on behalf of the IJB, was breaking even. Mr King explained how the IJB financial management worked on a net basis and advised that, where an overspend was forecast, partners had to prepare a recovery plan. The Chief Officer and Chief Finance Officer are implementing the first stage of the process set out in the Scheme of Integration and a recovery plan would be brought back to the IJB at its next meeting.

The Council was due to report its Quarter 2 performance figures in November 2017 and a more detailed financial report would be brought to the IJB in December.

The Chair stated that that, where an overspend was forecast, an intervention policy should be implemented as early as possible.

Councillor O'Donnell stated that it was important to understand how funds were being spent. She expressed concern that there would not be sufficient funds to meet the needs of the community without additional resource and advised that a 4% cut to the Revenue Support Grant for 2018/19 had been reported. Councillor O'Donnell also considered that the set aside budget was key to the integration process.

David Small stated that data and analysis were essential to the success of operations. He added that operational teams, where necessary, were already working to deliver recovery plans.

## **Decision**

The IJB agreed to:

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

## **7. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17**

The Chief Social Work Officer had submitted a report 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 provided an overview of regulation and inspection, and significant social policy themes current over the past year.

Fiona Duncan, Chief Social Work Officer, advised that her report had been presented to Council in August 2017 and highlighted a number of matters of interest to the IJB. On Children's Services, she advised that there had been an increase in the number of children on the Child Protection Register. A significant number of these children were on the register due to the impact of parental substance misuse. Ms Duncan also reported that the Council did not have sufficient fostering and adoption places to meet the demand, despite a sustained recruitment drive. Consequently, the Council had had no alternative but to look to external placements in greater numbers.

In respect of Adult Support and Protection, Ms Duncan advised that the number of referrals increased year on year. During 2016/17, there had also been two Large Scale Investigations within East Lothian and three Initial Case Reviews.

Ms Duncan reported that statutory mental health work and activity continued to grow, particularly in relation to Guardianship Orders and the Mental Welfare Commission have acknowledged the pressure these applications put on local authority mental health officers.

Ms Duncan stated that the report presented both opportunities and challenges. Staff training provided an opportunity for all services to work together better and action would be taken to relieve the pressure on Officers where possible. Ms Duncan stated that the root of many problems in society was inequality and that the Council had a duty to protect the most vulnerable.

Ms Duncan was pleased to advise that HSCP staff had won two awards; the Council's Domiciliary Care Team won Team of the Year Award in the Council's Star Awards and ELSIE (East Lothian Service for Integrated Care for the Elderly) was voted Team of the Year in NHS Lothian's annual Celebrating Success Awards.

The Chair congratulated both services on their success and stated that it was clear that there was a lot of important work being done.

## **Decision**

The IJB agreed to note the 2016/17 Annual Report of the Chief Social Work Officer.

## **SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION**

The Integration Joint Board unanimously agreed to exclude the public from the following business containing exempt information by virtue of Paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation).

### **Progress with Direction D12d**

The members discussed issues concerning Direction D12d with a view to a report being brought forward to a future meeting of the IJB.





Signed

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Peter Murray  
Chair of the East Lothian Integration Joint Board





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 21 December 2017  
**BY:** Chief Officer  
**SUBJECT:** The 2018 General Medical Services Contract in Scotland

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## 1 PURPOSE

- 1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with a brief summary of the 2018 General Medical Services Contract proposals and timescales and a proposal for implementation arrangements.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- (i) Note the key content in the proposals for the new General Medical Services Contract in Scotland.
  - (ii) Support the model for implementation.

## 3 BACKGROUND

- 3.1 The Scottish Government and the Scottish General Practitioners' Committee of the British Medical Association have agreed the proposed terms of the 2018 General Medical Services contract offer (Blue Book) (Appendix 2).
- 3.2 The contract is part of the Scottish Government's plans to transform primary care services in Scotland. A brief initial summary of the sections of the Blue Book is attached (Appendix 3).
- 3.3 A co-produced *draft* Memorandum of Understanding (MOU) between the Integration Authorities (IA), the Scottish General Practitioners' Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government is being developed setting out an agreed approach that, if accepted by the profession, will support the implementation of the General Medical Services (GMS) contract in Scotland from April 2018 (Appendix 4).

- 3.4 A national code for GP Premises sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GPs providing their practice premises (Appendix 5).
- 3.5 A poll of the profession will inform a vote on the contract proposals, the outcome of which will be known on 18 January 2018.
- The key principles in the proposals are:
  - A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises.
  - A new workload formula for practice funding and income stabilisation for GPs.
  - Reducing GP workload through HSCPs employing additional staff to take on roles currently carried out by GPs.
  - Reducing risk to GPs through these measures.
- 3.6 Overall the Scottish Government has committed at least £250m over the next four years to the implementation of the contract. The financial offer to GPs is to be set out in two phases with a vote on each. In phase 1 a new allocation formula has been developed which is intended to be more representative of GP workload. £23m will be used in 2018/19 to fund all practices up to the level of the formula (all GP practices have been provided with information as to how this affects them). Practices currently earning more will be protected. In Phase 2 (subject to another vote) a minimum income guarantee for a full time GP will be introduced along with reimbursement of practice and premises expenses.
- 3.7 The funding will also be used to fund HSCP and NHS Board implementation of their responsibilities including development and employment of additional staff, meeting same day demand, transferring vaccinations, pharmacists and links workers.
- 3.8 The premises code essentially sets out a programme that aims over time to remove the need for GPs to own their own premises or to lease from private landlords. These responsibilities will shift to NHS Boards. £40m has been set aside for the next four years to provide interest free loans to resolve premises issues that are affecting practice sustainability and preventing growth.
- 3.9 While the 2018 GMS contract is aimed at providing robust and sustainable in-hours GP services it is vital that it does not deliver any unintended consequences for the current fragile GP out of hours service. The contract includes an "opt in" rather than an "opt out" for out of hours. This could be an area of risk. The National GP Out of

Hours Operations group will work with the Scottish Government, SGPC, IJBs and NHS Boards to ensure that any uncertainty about how the new contract will affect out of hours and patient access to 24/7 care is resolved quickly.

- 3.10 Should the proposals go ahead there will be the need for an integrated implementation plan across NHS Lothian for the delivering the GMS contract in Scotland. The contract proposal sets out the responsibilities of the NHS Board, HSCPs and the GP Sub Committee. Each HSCP will be required to develop a Primary Care Improvement Plan as part of their Strategic Planning processes and this will be implemented alongside the NHS Board arrangements for delivering the contract. All the plans are to be developed collaboratively with advice and support from GPs and explicitly agreed with the GP Sub-Committee of the Area Medical Committee (and in the context of the arrangements for delivering the new GMS contract explicitly agreed with the Local Medical Committee) and be in place by the end of July 2018.
- 3.11 The new contract sets out complex changes that will have to be negotiated and managed at both HSCP and NHS Board level over the next three years. The existing infrastructure in the Board, HSCPs and GP Sub Committee is inadequate for this task.
- 3.12 A proposed structural approach to the implementation of the contract is set out at Appendix 1. The roles of the parts of the system are summarised in the appendix.
- 3.13 It is proposed that the each Chief Officer should be a member of the Oversight Group and that it be co-chaired by Chief Officer/GP Sub Committee/NHS Lothian Director.
- 3.14 Subject to discussion with the GP sub committee, it is proposed that the GP sub committee members should comprise the chair and a member from each HSCP in order to ensure strong local connections for the GP sub Committee. The local member would work closely with each HSCP's GP engagement structures and primary care planning structures.
- 3.15 It is proposed that a role of Director of Primary Care Contract Implementation is established in NHS Lothian in order to lead this process. It is likely that additional resources will also be required in the HSCPs, the PCCO and the Finance function to support this work.
- 3.16 The Director would work on behalf of all stakeholders and the costs would be top sliced from the total resources available to implement the contract from 2018 to 2021
- 3.17 It is proposed that following IJB and GP Sub Committee discussions the proposed implementation approach will be presented to the NHS Board in February 2018.

## **Key Risks**

- 3.18 The contract may introduce new risks in finance, manpower, premises and out of hours. These will be considered and a risk register for the implementation will be developed.

## **Risk Register**

- 3.19 The issue of General Practice sustainability is included on the NHS Lothian Corporate Risk Register and HSCP risk registers as high or very high. This risk will be reviewed in light of the development of the new contract.

## **4 ENGAGEMENT**

- 4.1 The IJB has discussed the issues in primary care and approved primary care priorities. These have been developed together with the GP involvement structures. A number of papers relating to primary care have been discussed and supported with a wide range of stakeholders at the Primary Care Forward Group, Primary Care Joint Management Group, NHS CMT, NHS Healthcare Governance Committee and NHS Board.
- 4.2 Going forward HSCPs will be responsible for local engagement and the NHS Board for Lothian wide engagement.

## **5 POLICY IMPLICATIONS**

- 5.1 As above.

## **6 INTEGRATED IMPACT ASSESSMENT**

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

## **7 RESOURCE IMPLICATIONS**

- 7.1 Financial – There will be resource implications in terms of implementing the 2018 GMS contract. The intention is that the detail of this is worked up over the coming weeks. It is proposed that these costs are funded from within the total resources available for contract implementation.
- 7.2 Personnel – none
- 7.3 Other – none

## 8 BACKGROUND PAPERS

8.1 None.

### List of Appendices

Appendix 1: Proposed implementation structure

Appendix 2: Contract offer <http://www.gov.scot/Publications/2017/11/1343>

Appendix 3: Summary of sections of the Blue Book

Appendix 4: Draft MOU <http://www.gov.scot/Resource/0052/00527517.pdf>

Appendix 5: Premises Code

<http://www.gov.scot/Resource/0052/00527533.pdf>

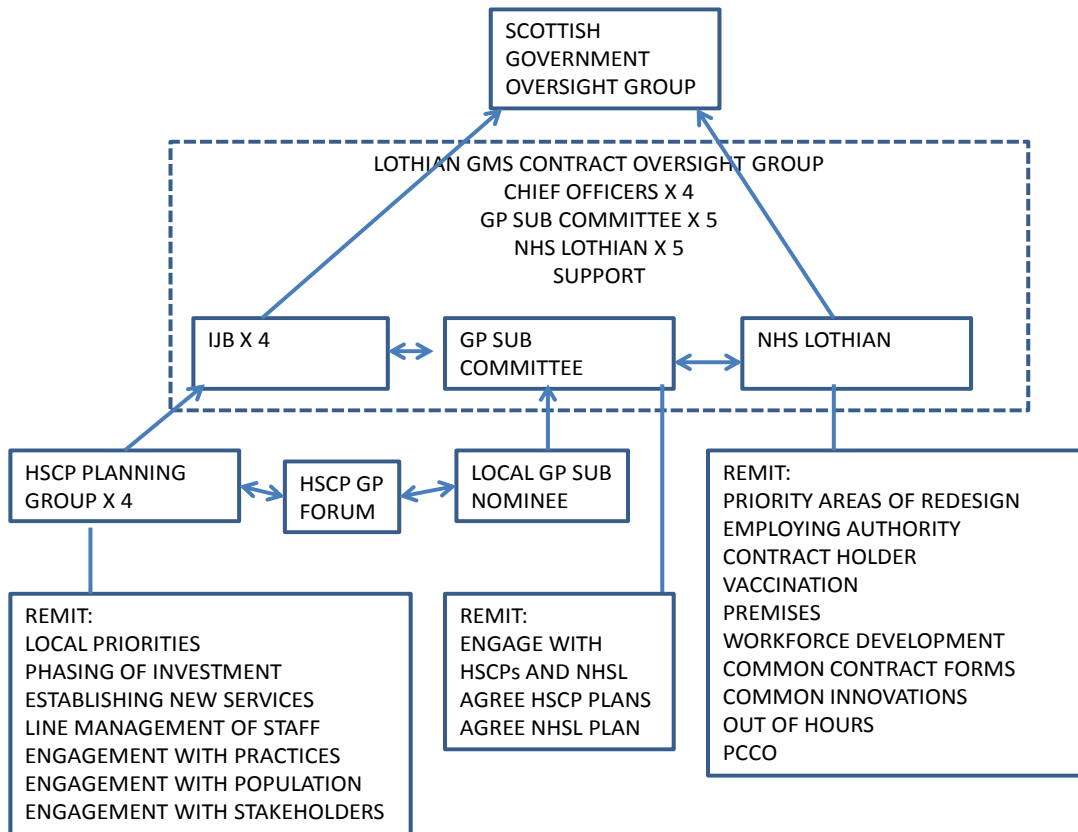
<b>AUTHOR'S NAME</b>	David Small
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<b>DATE</b>	14 December 2017





**Appendix 1  
Proposed implementation structure - Draft**

**LOTHIAN IMPLEMENTATION APPROACH**





## Appendix 3

### Main points from each section of the contract offer

#### 2. THE ROLE OF GPs IN SCOTLAND – EXPERT MEDICAL GENERALISTS

##### Key Points

- The GP as expert medical generalist will focus on undifferentiated presentations, complex care and quality and leadership. All are equally important.
- GPs will lead and be part of an extended team of primary care professionals.
- GPs will have more time to spend with the people who need them most.

#### 3. PAY AND EXPENSES

##### Key Points

- A new practice income guarantee will operate to ensure practice income stability.
- A new funding formula that better reflects GP workload will be introduced from 2018 with additional investment of £23 million.
- A new minimum earnings expectation will be introduced from 2019.

#### 4. MANAGEABLE WORKLOAD

##### Key Points

- GP and GP Practice workload will reduce.
- New staff will be employed by NHS Boards and attached to practices and clusters.
- Support for redesign of services for urgent and unscheduled care (to reduce GP workload)
- Paramedic home visiting service
- Additional professional clinical services including acute MSK physio and CMHN service
- Priorities include *pharmacy support* in practices and *vaccinations transfer*.
- Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
- There will be national and local oversight of service redesign and contract implementation involving SGPC and Local Medical Committees.
- OOH – move to an opt in service for practices that chose to provide out of hours
- Enhanced Services – no expansion but no major changes to existing

#### 5. IMPROVING INFRASTRUCTURE AND REDUCING RISK

##### Key Points

- The risks associated with certain aspects of independent contracting will be significantly reduced.

- GP Owned Premises: new interest-free sustainability loans will be made available, supported by additional £30 million investment over the next three years.
- GP Leased Premises: there will be a planned transition to NHS Boards leasing premises from private landlords
- New information sharing agreement, reducing risk to GP contractors.

## **6. BETTER CARE FOR PATIENTS**

### Key Points

- The principles of contact, comprehensiveness, continuity and co-ordination of care for patients underpin the proposals.
- GP time will be freed up for longer consultations where needed – improving access for patients.
- There will be a wider range of professionals available in practices and the community for patient care.

## **7. BETTER HEALTH IN COMMUNITIES**

### Key Points

- GPs will be more involved in influencing the wider system to improve local population health in their communities.
- GP clusters will have a clear role in quality planning, quality improvement and quality assurance.
- Information on practice workforce and activity will be collected to improve quality and sustainability.

## **8. THE ROLE OF THE PRACTICE**

### Key Points

- General practice nursing will continue to have a vital role under the proposed new contract.
- There will be new enhanced roles for practice managers and practice receptionists.
- In addition, a number of clarifications and improvements to the underpinning GMS and Primary Medical Services (PMS) regulations will be made.



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 21 December 2017  
**BY:** Chief Finance Officer  
**SUBJECT:** Finance Update – December 2017

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## 1 PURPOSE

- 1.1 The purpose of this report is to lay out the current financial position for the IJB and the actions being taken by the management team.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to
- Note the current position
  - Consider the recovery plans including an IJB directed recovery plan.
  - Support the recovery actions

## 3 BACKGROUND

- 3.1 At its March meeting the IJB received a report laying out the financial assurance around its proposed 2017/18 budget. In summary, the financial assurance considered the budgetary offers made by partners to the IJB and examined an analysis of the financial challenges within these offers. This analysis showed that a total of c. £3.8m of financial pressures had been identified with c. £3.3m of plans available to support these pressures and therefore this left a projected £0.5m 'gap' for which plans had (at that time) still to be identified.
- 3.2 The gap described above was c. £300,000 within the Set Aside budget and c. £200,000 within social care service with other services forecasting a balanced position albeit with a considerable efficiency challenge.

- 3.3 The March financial assurance report to the IJB also noted that there was no financial risk sharing agreement in 2017/18 in that any overspends would not automatically be supported by the partners as had happened in 2016/17. That said, the IJB decided to accept the budgetary offer in order to continue to develop and deliver its strategic plan and the operational service management teams of the partners would work towards a break-even position.
- 3.4 The 2017/18 financial position was reported to the IJB at its meetings in August and October. The October report laid out a projected overspend within the health services of c. £479,000 and noted that, although the quarter one forecast was not available from East Lothian Council the operational reports suggested an unbalanced position. The IJB asked its partners to continue to develop and deliver their in-year recovery plans.
- 3.5 East Lothian Council has now reported the six month position for the Adult Wellbeing services and, given that the IJB position is not the same as the Adult Wellbeing position, provided the IJB with a financial position. This shows an overspend against the IJB's social care budget of c. £581k. The Council has not, as yet, developed an out-turn forecast but has directed that the Adult Wellbeing Management Team deliver a recovery plan to bring the position back to break-even. The recovery actions are discussed further below
- 3.6 The pressures within social care are driven by two issues –
- Full, recurrent delivery of the brought forward recovery programmes
  - An operational overspend within the budgets for older people's care home places and care packages, the Council's care homes and some specialist placements.
- 3.7 The NHS has provided an updated forecast for the health elements of the IJB's budgets and this is:-

	Annual Budget £m	Forecast Out-turn £m	Variance £m
Core	67.2	66.8	0.4
Hosted	14.6	14.5	0.1
Set Aside	21.0	21.5	-0.6
<b>Total</b>	<b>102.7</b>	<b>102.8</b>	<b>-0.1</b>

That is an overspend of c. £128,000 which is driven entirely by the Set Aside services being offset by underspends in Core and Hosted. This is an improved position from both the opening budget setting forecast and the information available to the IJB in October.

- 3.8 The key drivers behind the health position remain largely the same as those reported in the October paper – that is overspends in junior

medical staffing, gastroenterology and general medical in the set aside budget.

3.9 NHS Lothian Finance and Performance Review Committee at its meeting on 15<sup>th</sup> November 2017 received a paper entitled 'Impact of IJB financial performance on NHS Lothian'. This report noted the steps available to the IJB as laid out in the integration scheme in the event of an overspend being forecast – these (along with a commentary) are:-

1. **That the partners prepare a recovery plan.** Although the Social Care position is at month six and not an out-turn forecast, the adult wellbeing service has been marked as high risk (that is at a high risk of an overspend) and has prepared a recovery plan. The NHS Lothian forecast position has improved since the start of the financial year although the pressure remains within Set Aside. NHS Lothian has intimated that, at this time, it seems unlikely that the set aside position can be recovered. The health position's return to break-even would now be based on underspends in core and hosted supporting the overspend in set aside.
2. **That the IJB prepares a recovery plan.** In practical terms at this time in the financial year there is not a great deal of scope however such a plan is considered at 3.13 below. It may be worth considering if the IJB should draw up such plans for 18/19 early in the financial year as a contingency position.
3. **That the IJB uses any underspend in 'one arm' of its budget to underpin overspends in the other.** Given the position above this is not an option at this time. However, the health position has improved since the start of the financial year and it may improve further. It's also worth considering that the IJB has a very modest influence over the set aside budget and that any overspend in set aside is shared amongst the Lothian IJBs and does not necessarily reflect the IJB's usage of that resource.
4. **That the partners make additional funds available to the IJB.** In 2016/17, both partners provided additional resources to cover 'their' element of the overspend. No such agreement exists in 2017/18 but discussion are underway between the IJB and its partners.
5. **That the IJB is provided with brokerage (a loan) by the partners.** This is a very poor position for the IJB – the IJB has no realistic way of repaying such a loan and if, as an example, the loan was to be repaid through the 18/19 budgetary allocation then could the IJB accept a budget that was clearly 'insufficient'?

The NHSiL Finance and Resources paper is attached to this report for information.

It should be noted that East Lothian IJB and HSCP are still formally at step one above. However, the Chief Officer and the Chief Finance Officer are examining the other options and discussing these informally with the partners.

## Recovery plan

- 3.10 'Recovery plan' is a generic term used above to address both the overall financial challenge to be managed by the IJB and operational pressures arising in year. The IJB is fully aware of the underlying position wherein financial resources are reducing (in real terms) over the next few years along with increased demands driven by demography and population expectation. The IJB is addressing these challenges through its financial strategy and its financial plan and this strategy is based on the principles of full operational integration, fundamental service redesign and moving from institutional care to care in a community based setting. This work to be underpinned by a prioritisation of service delivery and some difficult decisions will be required as to how resources are prioritised.
- 3.11 In operational terms delivering this change in the service delivery model is difficult and unforeseen operational issues can mean that the financial plan cannot be delivered in year and the operational units will then have to take decisions to reduce expenditure in year and it is possible that some of these actions may not be in line with the IJB's own financial or service strategy.
- 3.12 As was discussed above, the Adult Wellbeing service, based on its month six position has been flagged as 'high risk' and a recovery plan has been asked for. In the current financial year Adult Wellbeing has been challenged by the efficiency targets set in 2016/17 and carried forward into 2017/18. This was reported to the IJB as part of the 2016/17 out-turn along with financial assurance for 2017/18. East Lothian Council removed the planned efficiency target for 2017/18 in recognition of this overall pressure and the additional resources from the Social Care Fund (both the 2016/17 allocation and the 2017/18 allocation) has allowed the service to redesign some services following the IJB's overall principles.
- 3.13 The original efficiency programme and an update at the beginning of December 2017 was as follows:

EXISTING EFFICIENCY PROGRAMME	PLANNED VALUE	ACTUAL VALUE 17/18
Redesign of care at home framework	1,053	1,195
Maximise income collection/charges	425	250
Efficient Workforce Management	70	150
Transport Costs	75	25
Miscellaneous	418	333
Total	2,041	1,953



It should be noted that although there appears to be minimal slippage on the programme, some efficiencies did not deliver in the first 8 months of 2017/18 and will deliver in the later months of the year. Therefore this slippage in timing will affect the year to date position negatively.

The HSCP has considered further actions as part of a recovery programme and these are summarised below:

RECOVERY PROGRAMME	PLANNED VALUE
Residential care purchasing	50
Reductions in temporary and agency staffing	50
Slippage on Day Centres Spend	25
NHS funding	?
Further review of temporary staff	To be completed
Care Homes cost control	80
Review of SDS respite budgets	To be completed
Recharge of invoices	24
Total	

- 3.14 As was discussed above, step two is for the IJB to prepare a recovery plan. Of necessity this will have to either utilise funds that had been planned to be carried forward or to stop projects in train but wherein commitments are not yet finalised. For example, utilising the MELDAP reserve held by the Council on behalf of the IJB to support the social care position. This is valued at 190k. The IJB should consider if it would wish to issue such a plan but it should be recognised that this is unlikely to resolve the entirety of the pressure.
- 3.15 In summary the financial position in adult social care remains challenging and there is a high risk that the budget will not break even. The HSCP management team is focused on improving the position and further recovery actions will be explored.
- 3.16 It should be remembered that the IJB is not an operational unit nor is it a Board of management and the partners remain responsible for the operational delivery and their management teams are dealing with these financial issues on a daily basis. The role of the IJB is to direct the delivery of its Strategic Plan and it must allow the partners' management teams to deliver the operational services that support that plan

- 3.17 Although the forecast out-turn is not yet available, there are clearly a range of challenges being addressed and further information will be provided to the IJB at its January meeting. The IJB would wish to break even but it is possible, in theory, for either or both partners to break-even and for the IJB to be overspent – if, for example, ELC supported the social care overspend from their reserves but did not allocate any additional funds to the IJB. However, such a position would not benefit the partners since the partners would have to reflect the IJB's overspend in their accounts and (in their operational budgets) account for the overspend in their own books.
- 3.18 Discussions are underway between the Chief Officer, the Chief Finance Officer and the partners and these are being progressed on the basis that the IJB is supported to break-even (assuming that the partners can break-even) and that the IJB will not achieve this through brokerage. Progress on this matter will be reported back to the IJB at its next meeting.

#### **4 ENGAGEMENT**

- 4.1 The IJB holds its meetings in public and the Partners have made the financial information publically available.

#### **5 POLICY IMPLICATIONS**

- 5.1 There are no new policy implications in the above report.

#### **6 INTEGRATED IMPACT ASSESSMENT**

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

#### **7 RESOURCE IMPLICATIONS**

- 7.1 Financial – note above
- 7.2 Personnel – none
- 7.3 Other – none

#### **8 BACKGROUND PAPERS**

- 8.1 Finance report presented to the IJB at its October 2017 meeting.

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<b>DATE</b>	14 December 2017



Finance and Resources Committee  
15 November 2017

Director of Finance

## IMPACT OF IJB FINANCIAL PERFORMANCE ON NHS Lothian

### 1 Purpose of the Report

- 1.1 The purpose of this report is to inform the committee of the work ongoing to establish the impact of the four IJB outturn positions on the financial results of NHS Lothian.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

### 2 Recommendations

- 2.1 Committee members are asked to note the following:
  - **Endorse** the interpretation of the IJB integration schemes for dealing with projected financial oversends;
  - **Acknowledge** the financial options available to NHS to meet IJB projected financial overspends;

### 3 Discussion of Key Issues

- 3.1 This report has been produced following a request from the F&R committee to fully understand the accounting treatment of IJB performance on NHS Lothian. The review has been undertaken in partnership with our external auditors (Scott Moncrieff )and in conjunction with the four Chief Financial Officers.
- 3.2 The review needs to consider both the impact on the Board's financial performance and the consolidated disclosure position in the annual accounts, as governed by Joint Venture accounting rules.
- 3.3 The report is structured into the following sections:
  - Detailed breakdown of IJB outturn in 16/17 and associated annual accounts treatment;
  - Explanation of the escalation flowchart for dealing with IJB overspends;
  - NHS Lothian options for managing IJB overspends in 17/18.

#### **IJB Financial Performance in 2016/17**

- 3.4 In 2016/17 all four IJBs required additional funding from NHS Lothian to deliver a balanced set of annual accounts. Following discussion at the F&R Committee the recommendation was accepted to provide further in year funding to enable all four IJBs to breakeven. Council partners also agreed to make similar allocations to meet Social Care funding pressures that would be jointly covered within the IJB accounts. The additional allocations are detailed in Table 1 and were allocated to primarily offset additional GP prescribing and set aside pressures.

**Table 1: Additional resource provided to IJBs by NHS Lothian 2016/17**

<b>Integrated Joint Bodies</b>	<b>Additional Flexibility £'000</b>
East Lothian IJB	1,054
Edinburgh IJB	2,457
Mid Lothian IJB	855
West Lothian IJB	1,840
<b>Total</b>	<b>6,206</b>

- 3.5 As part of the Edinburgh IJB strategic plan a reserve of £3.7m was retained from the Social Care Fund in 2016/17. Their strategic plan recognised that the funding would be held over until 17/18 for service investment. The ability to retain reserves is available to the IJBs, however, this approach is not available under NHS accounting treatment.
- 3.6 The accounting guidance for managing reserves is covered in IAS 28 – Investments in Associates and Joint Arrangements. The adoption of this treatment resulted in the primary financial statements of both the Council and the Health Board being amended for the additional disclosure required to accurately reflect their interest in the IJB, using the equity method of accounting. The impact of this on NHS Lothian consolidated financial statements was that the balance sheet showed an investment reserve of £1.845m (Edinburgh Council show the corresponding 50% joint venture share in their financial statements).
- 3.7 NHS Lothian has no access to this reserve as this is purely an accounting entry in the consolidated accounts as per accounting standards. The establishment of this reserve had no impact on the Revenue Resource Limit of NHS Lothian in 2016/17. Following discussion with Scott Moncrieff on the treatment of any future IJB overspend it was clarified that under Joint Venture accounting both the Council and the Health Board require to split the deficit 50/50 and present in the balance sheet as a negative investment reserve.

**Escalation flowchart for managing an IJB overspend**

- 3.8 IRAG (Integrated Resource Accounting Guidance) guidance states that any IJB overspend should be managed by the risk arrangements covered in the individual Integration Schemes. Some other Boards have it embedded in the scheme that as part of the process the overspend will be covered by the 2 parties by additional contributions as per the % of the original contribution. The Lothian schemes do not have this direction in their agreements.
- 3.9 Whilst there is nothing in any of the 4 schemes that specifically states that the IJB cannot overspend (unlike some other schemes in Scotland) there is the general understanding that forecast overspends will be managed and resolved by the IJB and its partners.
- 3.10 All of the Integration Schemes document an escalation process for resolution of forecasted overspends. This process is the same for each of the 4 schemes and is shown in Appendix 1 as a flow chart. The following sections of this report describe each of the four stages of the escalation process and the impact on NHS Lothian and the IJB.

### **Stage 1 - Operational partner takes remedial action**

- 3.11 Where a forecast overspend is projected, the Operational partner (Health Board or Council) would be expected to develop a suite of recovery actions to bring expenditure in line with available resource. Any remedial actions should be signed off by the IJB and considered against the extant or emerging directions to ensure convergence.

### **Stage 2 - CFO develops recovery plan - approved by IJB**

- 3.12 Where the recovery actions identified by the operational partner (above) have failed to achieve a balanced position, the CFO is required to develop a recovery plan, which would then be approved by the IJB Board.

### **Stage 3 - IJB can use a) underspend on the 'other arm' of the operational budget and/or b) IJB Utilise a reserve**

- 3.13 If the recovery plan measures are unsuccessful the IJB may have other options available to it, both of which relate to the utilisation of flexible resource rather than cost reduction.
- 3.14 The IJB may have an opportunity to utilise an underspend on the other element of the IJB delegated budget. In practice this would mean that there was an adjustment between the notional budgets delegated to the NHS and Council. The underspending Partner has its operational budget reduced and this is transferred to the overspending partner. The relevant Partner would show this as income in the consolidated financial accounts.
- 3.15 All parties have to agree to any redetermination of budgets/payments. If all adjustments are done at budgetary level in terms of delegated budgets then no cash transfers occur and the service level budgets will continue to show the overspend at operational service area. However, if a cash payment is made (as has been the case in some Boards in Scotland) then this would involve a transfer of resources between Partners that would alter the operational service area as well as the IJB financial position.
- 3.16 As a second option the IJB would have the discretion to utilise any reserves that it might be holding. Effectively Edinburgh IJB would have this option in 2017/18 if their £3.7m reserve was not already committed.

### **Stage 4 - Additional payment by Partners or brokerage**

- 3.17 If the above measures still do not support the achievement of an IJB breakeven position there is the option of a Partner increasing the delegated budget to the IJB in year either as a one off 'payment' (as done by NHSL in 2016/17) or as brokerage to be recovered from future years budget(s).
- 3.18 If NHSL were unable to make additional payment and elected to allow the overspend this may mean that the IJB was overspent for that year. The balance sheet treatment of any deficit would result in both stakeholder bodies having to establish a negative investment reserves for 50% of the deficit.
- 3.19 The schemes are written in such a way that all efforts are to be undertaken by Partners with the IJB to resolve overspends and if this was not possible then the IJB should follow documented dispute/mediation arrangements as documented in all 4 schemes.
- 3.20 As highlighted in section 3.9 the schemes say the same for managing and resolving budget variances. Any differences in individual IJB Boards approach will be in

interpretation, the respective financial position of all the Partners and the nature of the relationships between the Partners.

### **2017/18 forecast IJB outturn**

- 3.21 At present all four IJBs are forecasting deficits for 2017/18, totalling circa £9m for the health component. They are currently working their way through the escalation cascade and are working with the operational arms to agree recovery plans. The conclusion of the formal mid year review exercise will assess the achievability of the recovery plans. It is expected that not all four IJBs will be able to deliver a balanced position. The Board will then be required to agree whether to support the IJBs with additional funding and whether any allocation will be in the form of brokerage, which will require to be repaid.
- 3.22 There is also the risk for the Board that any of the health 'arms' of the IJBs generate underspends, which the IJB may request to utilise to offset possible social care overspends. There is a further risk that if the IJB generate an underspend on the health arm that resources are removed from the health system and carried forward in the form of reserves on the IJB balance sheet. The reserves would then be used at the IJBs discretion in future years.
- 3.23 The forecast impact on the year end outturn will be reported to the F&R Committee as appropriate following the the mid year review exercise. The Committee will be asked to approve any additional funding allocations to the IJB's.

## **4 Key Risks**

- 4.1 There is a risk that the financial performance of the IJB impacts on the achievement of the Board's financial and service targets. The risk register accompanying the financial plan includes the potential impact of IJB financial performance on the Boards financial targets.

## **5 Risk Register**

- 5.1 There is nothing further to add to the Risk Register at this stage, although this will be reassessed on an ongoing basis.

## **6 Impact on Inequality, Including Health Inequalities**

- 6.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

## **7 Duty to Inform, Engage and Consult People who use our Services**

- 7.1 As this particular paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

## **8 Resource Implications**

- 8.1 The report results deals principally with the accounting treatment for IJB's financial performance and therefore has no specific resource implications.

Susan Goldsmith

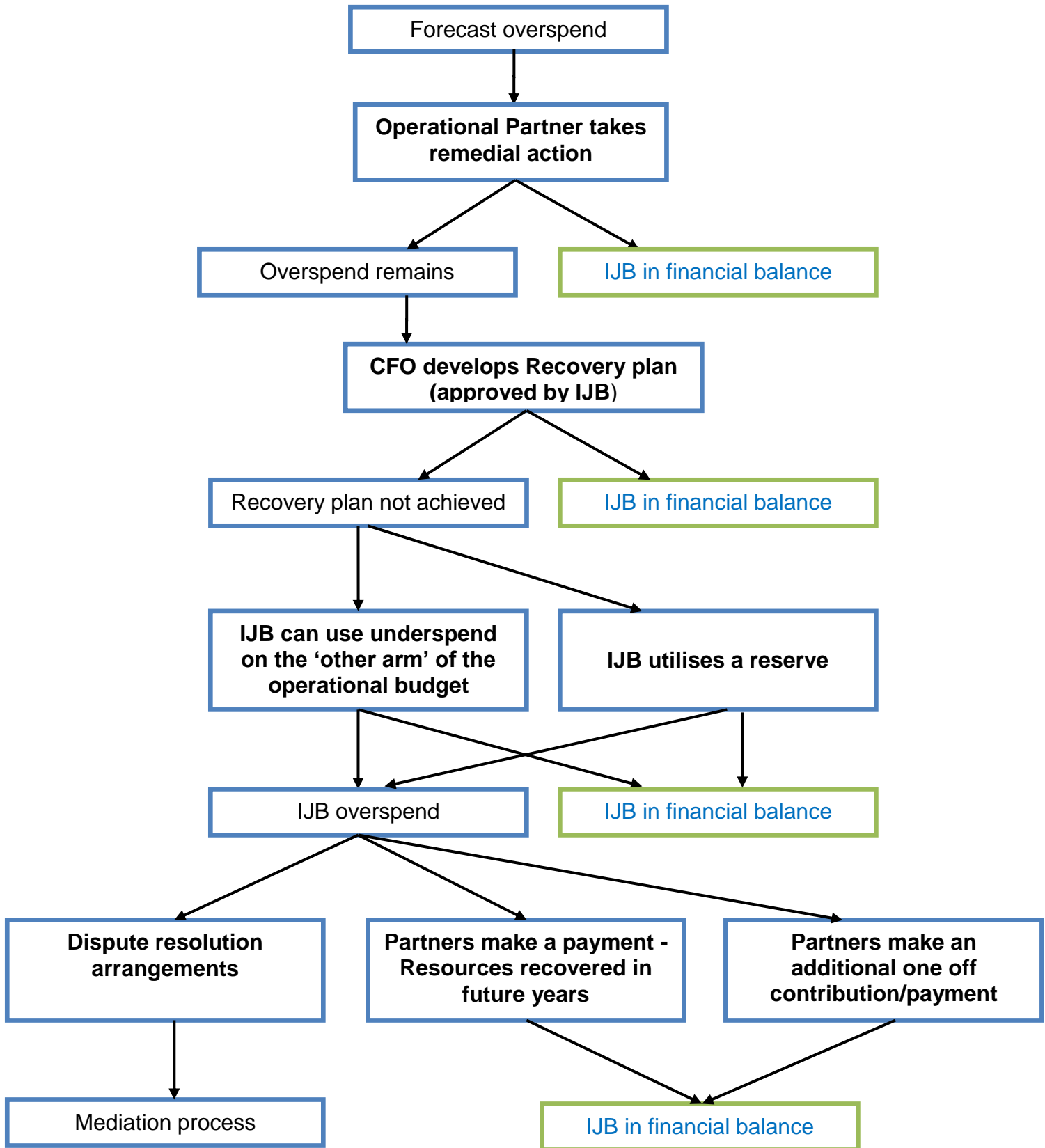
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**Appendix 1: IJB overspend resolution escalation flowchart**







**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 21 December 2017  
**BY:** Chief Finance Officer  
**SUBJECT:** 2018/19 Initial Financial Outline

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9

## 1 PURPOSE

- 1.1 This paper lays out a very high level expression of the potential financial challenges that the IJB will face based on the 'do nothing' option.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the contents of the report.

## 3 BACKGROUND

- 3.1 Both the IJB's Partners are currently finalising their financial plans for 2018/19 and beyond. These plans examine the financial pressures in future years – pay awards, contractual commitments, planned investments and pressures generated by additional demand and also consider if any additional resources will be available to support these pressures. Both partners are projecting significant financial challenges given that any additional resources to support these operational demands are minimal.
- 3.2 The projection of financial pressures is considered in two different ways by the partners :
- NHS Lothian examines all the additional costs that will be incurred in future years (assuming that there are no changes in the delivery model) and then net off any uplift available. This generates a significant financial 'gap' and this gap becomes the efficiency target.
  - East Lothian Council provide uplift to support pay and price changes but then reduce that position by an efficiency target.
- 3.3 Both these processes have projected significant efficiency targets. The achievement of the efficiency targets becomes part of the operational

delivery unit's financial plan and the operational delivery units have been and continue to develop plans to deliver against these targets.

- 3.4 Both partners are awaiting the Scottish Government's financial settlement which will be announced in December 2017. In receipt of this settlement both East Lothian Council and NHS Lothian will move to prepare and agree a financial plan (budget) for 2018/19. The Partners have also committed to providing indicative financial plans for the two following financial years.
- 3.5 These plans will then allow the partners to make budgetary offers to the IJB and the partner's analysis of the financial pressures in these budgets will allow the IJB to understand the pressures in the resources available for the functions which have been delegated to it. Both East Lothian Council and NHS Lothian have already provided an indicative budgetary position to the IJB for these three years and this information will be used to prepare the IJB's three year financial plan which will be presented to the IJB in January 2018.
- 3.6 The IJB's financial plan will lay out the indicative resources available to the IJB along with the utilisation of these resources by programme (not by operational provider). This programme analysis will show how the IJB will prioritise its resources and where it will invest and disinvest. The information provided by the partners will allow the IJB to understand where financial pressures require to be managed and the strategy (the mechanism) for managing these pressures will be laid out in the financial strategy.
- 3.7 The themes in the financial strategy are :-
- Full integration of both the management and delivery of the community based services
  - Redesign of services based on a movement from specialist input to multi-disciplinary teams
  - A emphasis on prevention and recovery and not on treatment
  - A clear movement from institutional care and services into community based services

The IJB will be required to prioritise the resources available to it and this may mean that some elements of current services cannot continue.

- 3.8 That said, it is worth examining the totality of the IJB's financial pressures which have been extracted from the partners' indicative financial plans. It's important to note that the partners have not yet completed their plans and the analysis below is to give the IJB an indication of the financial challenge facing the IJB and not a formal statement from the partners.
- 3.9 This projection is based on the following assumptions :-
- Any additional costs incurred through the delivery of the new GMS contract, the implementation of the carers bill and free

personal care for those under 65 are funded fully by the Scottish Government

- That there are no other investments or further developments – for example no additional costs incurred in the re-provision of the Royal Edinburgh Hospital.
- That the two ‘non recurrent’ pressures can be managed in 2018/19 and that the underlying position will be brought back in balance in that financial year. Although the out-turn position for social care is not yet established, it’s clear that there are significant financial pressures. This value in the table is simply a marker and not, at this time, a reflection of the out-turn or the forecast 2018/19 position.
- And this is the ‘do nothing’ option. The IJB and the partnership have already developed and are implementing a series of service resign programmes and this work will continue. The IJB will also seek to prioritise its resources and this analysis simply assumes that all the current services will continue as is.

This projection is based on discussion with the partners but not on their own analyses and positions for 2018/19. This information is not yet available.

- 3.10 Appendix 1 lays this out at a high level and shows the increased costs of service delivery and demand pressures (expressed as demographic pressures) that would arise if no actions were taken by the IJB and its partners less an indicative position of a very modest level of uplift available. As was discussed above there is also an assumption that new legislation and the revised GMS contract are fully funded. In total, over the three years this amounts to increased cost demand of c. £20.4m, and, expressed as a percentage of the IJB’s opening baseline for 2017/18 efficiency targets of 5.7% in 2018/19 , 4.4% in 2019/20 and 4.2% in 2020/21
- 3.11 As was discussed above, the operational units are bringing efficiency plans together and the IJB’s strategic plan and financial strategy are designed to address the matter of financial sustainability. The financial plans will be presented to the IJB at its January 2018 meeting and the outline efficiency plans for 2018/19 at its March 2018 meeting.

## **4 ENGAGEMENT**

- 4.1 The IJB holds its meetings in public.

## **5 POLICY IMPLICATIONS**

- 5.1 There are no new policies above.

## **6 INTEGRATED IMPACT ASSESSMENT**

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

## **7 RESOURCE IMPLICATIONS**

- 7.1 Financial – discussed above
- 7.2 Personnel – none
- 7.3 Other – none

## **8 BACKGROUND PAPERS**

- 8.1 None

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Appendix – projection of 'do nothing' financial gap.

## Outline Financial Gap - Do Nothing Option

	2018/19 £m	2019/20 £m	2020/21 £m	Notes
B/Fwd Pressures				
Social Care	1.00			1
NHS n/r funding	1.80			2
Recurrent Pressures				
Pay Awards	1.64	1.67	1.70	3
ELC Pay Uplift prov'n	(0.36)	(0.36)	(0.36)	4
Demography	1.00	1.20	1.20	5
Living Wage	0.84	1.17	1.21	6
NCHC	0.30	0.31	0.32	7
ELC Prov'n for NCHC	(0.20)	(0.20)	(0.20)	4
New GMS Contract				8
ELC Efficiencies	0.79	0.79	0.79	9
Operational Pressures	1.47	1.90	1.90	10
Carers legislation				11
Free personal care for < 65				12
<b>Total Pressures</b>	<b>8.27</b>	<b>6.47</b>	<b>6.55</b>	
NHSiL Uplift	(0.27)	(0.27)	(0.27)	13
<b>Net pressure</b>	<b>8.00</b>	<b>6.20</b>	<b>6.28</b>	
<b>Gap - % on baseline</b>	<b>5.67</b>	<b>4.40</b>	<b>4.46</b>	

## Notes

- 1 Estimated underlying recurrent gap  
NHSiL - the non-recurrent support tot the GP prescribing budget in 2017/18  
ELC - still to be examined in detail.
- 2 Non-recurrent funding recieved in 2017/18 - GP Prescribing
- 3 Pay Awards for staff employed by partners - increase in IJB cost base
- 4 ELC are proposing to make a contribution to the social care directly employed pay costs increase
- 5 Proxy for increased demand for social care
- 6 Estimated c 4.4%
- 7 Uplift c. 3%
- 8 No further information available at this time - may be funded by SG
- 9 ELC - Indicative financial plan. Efficiency target for social care
- 10 GP Prescribing uplift plus secondary care drugs (in Set Aside)
- 11 No further information available at this time - may be funded by SG
- 12 No further information available at this time - may be funded by SG
- 13 NHSiL Indicative uplift (0.5%)







**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 21 December 2017

**BY:** Chief Officer

**SUBJECT:** Change to Third Sector Membership of the East Lothian Integration Joint Board

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10

## 1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of a change to the Third Sector membership of the IJB.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the change in membership.

## 3 BACKGROUND

- 3.1 At its meeting on 24 August 2017 the IJB agreed to adopt the new Third Sector delegate structure facilitated by STRiVE with elected delegates serving on the IJB, the Strategic Planning Group and any subsidiary Planning Groups. The IJB was also made aware that the Third Sector membership of the IJB may change once this system was adopted.
- 3.2 On 13 December 2017 Eliot Stark, Chief Executive of STRiVE, confirmed that he would be standing down from the IJB with immediate effect and that Elaine Johnston, Co-ordinator at Changes Community Health Project, would be the new Third Sector representative on the East Lothian IJB.

## 4 POLICY IMPLICATIONS

- 4.1 None.

## **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.

## **7 BACKGROUND PAPERS**

- 7.1 Report to the IJB entitled 'Third Sector Participation and Representation in East Lothian' (24 August 2017).

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