

East Lothian  
Integration Joint Board



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

**THURSDAY 21 DECEMBER 2017  
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

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**Voting Members Present:**

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

**Non-voting Members Present:**

Ms F Duncan  
Dr M Flynn  
Ms E Johnston  
Mr D King  
Ms A MacDonald  
Mrs M McKay  
Mr T Miller  
Ms S Saunders  
Mr D Small  
Mr A Wilson

**ELC/NHS Officers Present:**

Ms J Ogden-Smith  
Mr P Currie

**Visitors:**

Mr D Melly, Audit Scotland

**Clerk:**

Ms F Currie

**Apologies:**

Dr R Fairclough  
Dr A Flapan  
Ms M McNeill

**Declarations of Interest:**

None

## 1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD ON 26 OCTOBER 2017

The minutes of the meeting on 26 October 2017 were agreed, subject to an amendment on page 8 - the summary of the private discussion. (Further detail is provided at the end of these minutes.)

## 2. MATTERS ARISING FROM THE MINUTES OF 26 OCTOBER 2017

**(Item 4) Carers Strategy** – Councillor Shamin Akhtar asked for an update on progress. David Small advised that work was underway and that the Strategy should in place by the end of the financial year. Jane Ogden-Smith added that the consultation would be available on the Council's website (Consultation Hub) until the end of the month. Margaret McKay observed that the membership of the working group had fluctuated which had slowed things down. She said that it was important to involve those out with the voluntary sector and she suggested that it might be possible to develop policies out with the formal meeting structure.

**(Item 6) Financial Position** – Councillor Fiona O'Donnell asked if it would be possible for members to receive information on how spending relates to individual Directions. Mr Small indicated that the Directions link directly to the IJB's budget and the monies provided by the two Partners. He said that the paper at Item 8 on the Agenda would provide more information on the current position.

Councillor O'Donnell commented that if the IJB had a budget overspend then it was not spending the amounts originally set for the delivery of its Directions. Having access to this information would allow members to understand where exactly the IJB was overspending.

David King acknowledged these comments and accepted that he did not always bring all of the detailed figures to the IJB. However, he advised that there would be a finance development session in January 2018 which would allow discussion on this and other matters. The Chair thanked Councillor O'Donnell and confirmed that action would be taken to address this issue.

**(Item 3) Engagement Strategy** – Mr Small reported that officers had been looking at the South Lanarkshire model and how this might be structured for East Lothian. He said that a draft would be prepared and presented to a future meeting of the IJB.

**(Item 5) Performance Reporting** – Mr Small reminded the IJB that at the last meeting it had been agreed that further information on satisfaction levels would be circulated to members. Paul Currie confirmed that this had been done

**(Item 5) Scottish Government Data Group** – Mr Currie said that the Group had met and was looking at improving reporting, analysis and dissemination techniques.

**Delayed Discharges** – Mr Small advised that the census figure for November was 17 and that good progress was being made. He praised Alison MacDonald and her team for their efforts.

## 3. CHAIR'S REPORT (VERBAL)

The Chair said that he and Councillor O'Donnell had attended a meeting for Chairs and Vice Chairs of IJBs to discuss the issue of finance. Details of the outcome of this meeting had been circulated to members.

In addition, he had attended a meeting of the Belhaven Forum, but would provide more details of this under item 6, and the newly instituted North Berwick Forum. He reported that the group in North Berwick had made an encouraging start with a good dialogue opening up between the various parties. Mr Small agreed that the discussion had been very positive and added that the next meeting would consider the issue of care homes.

Councillor O'Donnell reported on the Musselburgh Forum meeting and the group's desire to be involved and engaged in the process.

The Chair also reported on his attendance at the recent Audit & Risk Committee meeting and advised that the Internal Audit Strategy report would be brought to the next IJB meeting.

Lastly, the Chair said he had met with the other Lothian IJB Chairs to look at how they could work together more effectively. The example they considered was Hospital to Home and the potential efficiencies that could be made across the system.

#### **4. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)**

Fiona Ireland advised that the East Lothian IJB had been the first to bring a paper to the Committee describing governance arrangements for the IJB. The Committee was particularly interested in the care element and asked that the paper be brought back when this had been further developed.

Alison MacDonald added that there had been discussion around the overlap with other Lothian IJBs, who each have responsibilities for clinical governance, and how to identify a collective framework.

#### **5. EAST LOTHIAN COUNCIL POLICY & PERFORMANCE REVIEW COMMITTEE AND AUDIT & GOVERNANCE COMMITTEE (VERBAL)**

Mr Small reported that there had not been a meeting of the Council's Policy & Performance Review Committee since the last IJB. However, the Audit & Governance Committee had met in November and had considered the Health & Social Care Partnership Risk Register. Mr Small said that this Risk Register had also been mentioned at the Audit & Risk Committee meeting earlier in the month and it had been agreed that a development session would be arranged.

#### **6. OPTIONS FOR FUTURE PROVISION OF WARD 2 BELHAVEN HOSPITAL**

The Chief Officer had submitted a report for the IJB to consider the options for the future provision of the 12 beds currently provided within Ward 2 of Belhaven Hospital in order to address current unacceptable risks to patients and staff arising from the layout and environment of the ward.

The Chair provided clarification of Option No. 5, which had been developed following the views expressed at the Belhaven Forum meeting on 28 November 2017. This information had been circulated but when it was clear that it did not meet with the approval of

members on the Forum it had been withdrawn. The Chair also outlined the procedure for dealing with this item of business. He said that Ms MacDonald would introduce the report and take questions from members. This would be followed by a statement from Stephen Bunyan, longstanding member of the Belhaven Forum and comments from IJB members.

Ms MacDonald presented the report going over the background and proposed options in some detail. She added that in response to a request from one of the members she had prepared some additional information regarding bed numbers. She circulated a paper copy of the information and outlined the key figures.

A lengthy debate followed during which Ms MacDonald answered questions regarding previous investment in Ward 2, implications for the loss of beds and the capacity of other services to provide alternatives, the impact on patients and the proposed transition arrangements. Ms MacDonald also provided information on how the options would impact on the provision of other services such as palliative care, and on future proposals for improvements and expansion of care at home.

Mr Bunyan reported that the Forum had discussed all of the proposed options for Ward 2 at their meeting on 28 November and he highlighted a number of points which had been identified by the members. Concerns had centred on the impact of losing 12 beds and the potential transport difficulties for families in travelling further afield to visit relatives. However, some members had favoured the idea of moving to alternative forms of care – either at home or in other facilities across the county. Whatever option was chosen members were very keen to ensure that transition arrangements were clear and were handled sensitively. Mr Bunyan advised that while the Forum members had failed to reach a consensus view on their preferred option, they had agreed that Ward 2 was no longer fit for purpose and that something needed to be done to address this urgently.

The Chair thanked Mr Bunyan for his comments and acknowledged that it was an almost impossible task to get consensus from such a variety of views. He added that the Forum members had had every opportunity to submit their views in advance of this meeting and that officers had been as transparent as possible.

Alex Joyce thanked Ms MacDonald for her report. He was of the view that NHS Lothian were unlikely to agree to fund the full refurbishment of Ward 2. He referred to the assurances given on bed capacity through alternative care home provision and Hospital to Home services and, while he accepted that there were still some concerns, he considered that Option 3 was the best way forward.

Ms Ireland acknowledged the contribution of staff in the hospital who had continued to deliver high quality care in a difficult environment. She said it was very important to provide care which was fit for purpose and to take a productive and planned approach to services. She stated that the only solution which was fit for purpose was Option 3.

Councillor Susan Kempson appreciated the attachment to Ward 2 within the community and that people may see this as the thin end of the wedge. However, she observed that closure had been on the horizon for a while and that Option 3 did not mean the loss of clinical activities but rather their provision elsewhere. She said that there would be additional benefits from the provision of a community hub in the Ward 2 building and that this would also provide an opportunity to assess health and social care requirements for future increases in population.

Thomas Miller agreed that Ward 2 was no longer fit for purpose, however, he reminded members that work was currently being done on the preprovision of Abbey, Belhaven, Eddington and Esk Green and he questioned whether today's decision was premature.

Mrs McKay observed that whenever a move might be problematic or risky carers would always be concerned about the potential impact on their relatives. She noted that whatever option was chosen it would involve moving patients and this risk could not be avoided. She concluded that what was most important was how any move was managed and working with patients and carers to achieve the best outcome.

Councillor O'Donnell thanked those who had commented and those who had e-mailed her with their views. She said that one of the main concerns was on the potential loss of bed capacity. However, she said she was reassured that there were options for people not from Dunbar to move closer to their homes. She believed that dignity, respect and choice were at the heart of good care and that the current ward environment compromised that, regardless of the efforts of staff. She concluded that in her view Option 3 was the right way forward. She was reassured that work on delayed discharges was going well and that this would continue. She also reiterated Mrs McKay's point on the importance of engagement with patients and carers.

Councillor Stuart Currie wanted to know how the situation in Ward 2 had been allowed to get to this point. He noted from the report that although some of the work required was substantial, other issues were minor and he wanted to know why these had not been addressed sooner. He believed that there had been no substantial investment in the work as there had been no interest in securing a long-term future for the ward. His concern was that once beds were lost they could not be brought back and whatever the option agreed today, there would be a loss of beds. He acknowledged the views expressed but referred to the example in Musselburgh where the community had waited 5 years for a new care home to be built. He concluded that, although not perfect, Option 4 was the best way forward.

Councillor Akhtar echoed Mr Bunyan's point that the ward was no longer fit for purpose and she said she felt reassured by the information provided within the report that option 3 would provide the required capacity while allowing the hospital to continue its three main support functions. She viewed this solution as a proactive way to achieve improved and increased access to care at home and she underlined the importance of staff working closely with families during the transition period.

Ms Ireland referred to previous discussions within the IJB about improvement and transformation of services. She observed that this was the first opportunity for the IJB to genuinely transform care for people in East Lothian.

The Chair drew the discussion to a close. He echoed Ms Ireland's last point and moved to the approval of the recommendations. The members agreed unanimously to support recommendations (i) and (iii).

The Chair agreed to a request from Councillor Currie that the vote on recommendation (ii) would be taken by a show of hands:

For: 7  
Against: 1  
Abstentions: 0

## **Decision**

The IJB agreed to:

- i) Discuss the options for future provision of Ward 2 at Belhaven Hospital
- ii) Support the delivery of the recommended Option No. 3, as described in the report
- iii) Note the engagement with representatives of the Dunbar area and the Belhaven Forum.

Councillor Currie asked that it be formally recorded that, in relation to recommendation (ii), he had supported Option No. 4.

## **7. THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND**

The Chief Officer had submitted a report to provide the IJB with a brief summary of the 2018 General Medical Services Contract proposals and timescales and a proposal for implementation arrangements.

Mr Small presented the report advising members that the new contract proposed a major change to general practice. He referred them to the details of the proposals set out in the report and outlined one or two of the key changes. He said that the proposals were supported by the Scottish Government and the British Medical Association (BMA) and would be voted on by GPs in January 2018. He also indicated that while the NHS would take the lead in negotiations, GPs from East Lothian had been involved in discussions at sub-committee and forum level and there was a proposal to establish a Lothian General Medical Services Oversight Group.

In response to questions from members, Mr Small advised that if the new contract was not approved then the current arrangements would remain in place. Dr Morgan Flynn explained that the GP vote would take place in two stages: the first stage would be in January 2018 and the second would take place 18 months later. Mr Small reiterated that this was a national agreement and that local issues such as future arrangements for services, premises, and interactions with other practitioners would be discussed and agreed at local level.

In response to further questions, Dr Flynn provided information on the practice funding formula, caps on patient registration and the need for modernisation of GP practices to make any new contract sustainable.

### **Decision**

The IJB agreed to:

- i) Note the key content in the proposals for the new general medical Services Contract in Scotland
- ii) Support the model for implementation.

## **8. FINANCE UPDATE – DECEMBER 2017**

The Chief Finance Officer had submitted a report laying out the current financial position for the IJB and the actions being taken by the management team.

Mr King presented the report outlining the current position. He advised that while NHS Lothian were forecasting a modest overspend in the set aside budget, there was likely

to be a slight underspend elsewhere. East Lothian Council's most recent figures suggested there would be overspend in the social care budget. If this remained the case, then the IJB's budget would be overspent and it must prepare appropriate recovery plans. Mr King explained that discussions were ongoing with the partners and, in the meantime, the IJB needed to consider what other actions should be put in place.

Mr Small referred members to the information provided in the report on the existing efficiency plans. He indicated that a significant amount of savings were to be made in the second part of the year and, in the meantime, there had been slippage on delivery of efficiency savings in the first part of the year. Recovery plans had been drawn up but further action was needed. He drew member's attention to one option which was to use currently uncommitted MELDAP reserves.

Councillor O'Donnell expressed concern about the pressures facing the IJB in 2018/19 such as the rise in the living wage. She asked if any financial modelling had been done. Mr Small explained that growth could be modelled but it was not as easy to quantify some future costs such as those related to the implementation of the Carers Act.

Councillor O'Donnell also asked whether it would be possible for the IJB to use MELDAP reserves, specifically allocated by Government, to address pressures elsewhere. She added that the Council would want to know for the future is money ring-fenced to the IJB were not likely to remain ring-fenced.

Councillor Akhtar commented that MELDAP needed to take a long-term view and look at how this might impact its ability to deliver services. She emphasised the importance of continuing to support one of the most vulnerable groups in the community.

The Chair acknowledged these remarks and indicated that he was seeking clarification on whether the IJB would be able to utilise the MELDAP reserves.

Councillor Currie agreed that if the reserves were to be used elsewhere the IJB needed to know the impact on services. Referring to the recovery plans, he asked if there would be additional resources available similar to last year and, what would happen if there were no additional funds and the IJB failed to address the current year overspend.

Mr Small advised that there were no additional funds this year as the sum provide last year was non-recurring. He said that the IJB had to get to as close as possible to a break even position and then look at other options, e.g. the MELDAP reserves.

Mrs McKay referred to the number of young carers supporting their families where parents had drug and alcohol issues. She urged that this issue be addressed in terms of support for young carers. She said that the needs of children were often overlooked and that it would be a matter of concern if this issue was not being adequately addressed.

Sharon Saunders advised that any proposals for the use of MELDAP reserves would have to be discussed at its strategic planning group so that any impact on other long term plans could be properly considered. She also referred to the previous point raised regarding Government funding and MELDAP's own annual reporting on the use of its funding as further issues to be taken into account. She agreed that clarification was needed before any decision could be taken by the IJB.

## **Decision**

The IJB agreed to:

- i) Note the current position
- ii) Consider the recovery plans including an IJB directed recovery plan
- iii) Support the recovery plans.

The Chair requested that it be formally noted that he would write to the Council seeking clarification on whether the IJB could use the MELDAP reserve as part of its recovery plan. He also agreed to Councillor O'Donnell's request that a report would be brought back to the IJB with an impact assessment.

## **9. 2018/19 INITIAL FINANCIAL OUTLINE**

The Chief Finance Officer had submitted a report laying out a very high level expression of the potential financial challenges that the IJB will face based on the 'do nothing' option.

Mr King presented the report summarising the key points in relation to the process and timetable for receiving budget propositions from the Partners, the impact of the Scottish Government financial settlement and the likely financial pressures for 2018/19. He said that further detail and implications would be presented to members at a development session on 25 January 2018.

Mr Small outlined changes to the Council's budget-setting process for the coming year and said its budget should be agreed in February 2018. NHS Lothian should have a draft budget in place by February with final propositions to be agreed later in the year. He suggested that a development session on finance might take place in January. He reminded members that the Partners each had a legal obligation to produce a balanced budget and it would be important to consider how this would affect the IJB's delegated functions and forward plans.

Mr King added that the IJB would need to give consideration to how it negotiates with its Partners and to make a realistic assessment of the resources needed to implement its plan.

Councillor Currie referred to the discussion which took place at the Audit & Risk Committee and that if the IJB accepted the offer then it must also accept the efficiency savings and the fact that some things may not be possible. He asked whether the requests which CoSLA had made of the Scottish Government in relation to Health & Social Care were included in the figures.

The Chair stated that the IJB must ensure that any figures reflect its transformation ambition and the need to do things differently and that any decisions could be defended if challenged by the Scottish Government or others.

Councillor Currie observed that real transformation of services could not be achieved in the short-term.

Mr Small said that the Strategic Planning Group had discussed revised priorities and what the IJB might 'de-escalate' to live within current budgets but still improve services.

### **Decision**

The IJB agreed to note the contents of the report.



## **10. CHANGE TO THIRD SECTOR MEMBERSHIP OF THE EAST LOTHIAN INTEGRATION BOARD**

The Chief Officer had submitted a report informing members of a change to the Third Sector membership of the IJB.

The Chair welcomed Elaine Johnston as the new Third Sector representative, replacing Eliot Stark.

Ms Johnston introduced herself and reminded members of the new process to identify Third Sector delegates for all planning & strategic groups and the IJB. Shae said that this larger pool of delegates offered the opportunity for a wider representation, a broader view and more engaged discussion.

### **Decision**

The IJB agreed to note the change in membership.

## **11. THE ROLES OF MEMBERS OF THE IJB**

Mr Small reported that Marilyn McNeill had provided very helpful feedback based on the experiences of other IJBs and had put forward some suggestions regarding the indication process for members.

Mrs McKay advised that a meeting of Carer representatives from all IJBs had discussed and prepared a draft role description. This would be signed off in February 2018 and made available to all IJBs.

The Chair said that it was his and David Small's intention to formalise the role of IJB members. Mr Small added that they would take in account the feedback from Ms McNeill and Mrs McKay and he suggested that Ms Johnston may also provide input from a Third Sector perspective. Ms Johnston indicated that the Third Sector Alliance, the countrywide organisation, may provide useful some information

### **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).

### **Minutes of the Meeting of the East Lothian Integration Joint Board on 26 October 2017 (Amendment to Private Item or Business)**

The minutes of the meeting on 26 October 2017 were agreed, subject to an amendment to the summary of the private discussion.





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 22 February 2018  
**BY:** Chief Finance Officer  
**SUBJECT:** Internal Audit Report – IJB Strategic Plan

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## 1 PURPOSE

- 1.1 This report lays out the management responses and actions to a report by the IJB's Internal Audit team on the management and delivery of the IJB's Strategic Plan 2016-19.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- Note the contents of this report.
  - Support the actions as described.

## 3 BACKGROUND

- 3.1 The IJB's Audit and Risk committee received a report from the IJB's Chief Internal Auditor at its meeting on 12<sup>th</sup> December 2018 regarding the IJB's Strategic Plan. The summary report is attached as Appendix 1.
- 3.2 The audit report discusses the Internal Audit finding from its review of the IJB's strategic plan, the objective of which was to ensure that the arrangements in place for the implementation of the IJB's Strategic Plan were operating effectively.
- 3.3 Following discussion at the Audit and Risk Committee and given the centrality of the strategic plan to the IJB's business it was agreed to bring this report, its findings and the agreed management actions to the attention of the IJB..
- 3.4 Internal Audit categorise the recommendations in their reports into three elements:-

- High – recommendations which are fundamental to the system and require immediate action.
- Medium – recommendation to improve the efficiency and effectiveness.
- Low – recommendations concerning minor items.

The recommendations in this report fall into the medium category.

3.5 In summary, the report expressed concerns around the mechanism for monitoring and reporting the progress and implementation of the Strategic Plan and the processes to review and update the strategic plan. The Chief Officer agreed with these recommendations and has taken actions to address them.

3.6 The actions agreed are:-

*Recommendation 3.3.1 - Consideration should be given to reviewing and refreshing the Strategic Plan to ensure that it continues to be an accurate reflection of the IJB's priorities.*

Resulting actions:

The mechanism for reviewing and updating the IJB's strategic plan is through the Strategic Planning Group supported by the Strategic Planning Programme Board. Further, the recent establishment of the specific strategy groups focussed on the different elements of the of the overall strategic plan will aid the reviewing and refreshing of the Plan. The arrangements for these groups has been revised to ensure that they are able to support the review of the financial plan. The Strategic Plan is, in principle, for three years although as issues arise these are being brought to the IJB. That said, a workplan is being developed to ensure that the plan is properly updated. This action to be completed by March 2018.

*Recommendation 3.4.1 - Management should ensure that appropriate monitoring and reporting arrangements are in place to provide an overview to the IJB of the progress being made in implementing the Strategic Plan Implementation Programme. Management should ensure that delivery plans and business action plans are prepared on an annual basis clearly outlining the priorities to be addressed in the coming year.*

Resulting actions:

An East Lothian Data Group has been established and has held several meetings to develop its remit and focus. This group has a remit which will support the development of a range monitoring and reporting mechanisms including operational performance for the management team, performance against the IJB Strategic Plan, performance against Directions, performance against Government targets and Indicators, performance against our local delivery plan and clinical and care

governance. This data group has membership from across the H&SCP within planning and performance, ISD / List, Health Promotion, Primary Care and Chief Finance Officer. (See proposed remit attached in appendix 2)

Updates on the progress of the implementation of the Strategic Plan will be reported to the IJB. The implementation of the Strategic Plan is delivered through the IJB's directions and an update on the progress with the directions is reported to the IJB and the IJB's directions are formally presented to the IJB for agreement before they are issued to the Partners. An annual delivery plan will be prepared for reporting to clearly show how the plans for that particular year will achieve the Strategic Plan and to reflect on any changes in year that may be required as circumstances change.

*Recommendation 3.5.1 - Management should review the Strategic Planning arrangements in place to ensure that roles and remits, accountability structures and governance are operating in accordance with the Strategic Planning Framework. Management should ensure that adequate arrangements are in place for the regular reporting of the progress being made by project groups with responsibility for delivering defined packages of work.*

Action.

Individual Strategy groups for Carers, Dementia, Mental Health, Learning Disability, Primary Care, Dementia and Palliative Care are in the process of being set up which will report to the Strategic Planning Programme Board to the IJB's Strategic Planning Group. A generic Terms of Reference is being developed which will describe the remit of the strategy groups and how they will receive strategic priorities to work on as well as report on progress. A template will be developed for the purpose of this reporting which will ask for details on progress as well as evidence of tangible benefit to the health inequalities and early intervention and prevention agendas. Regular reports on this progress will be presented to the Strategic Planning Programme Board

## **4 ENGAGEMENT**

- 4.1 The established Data Group for East Lothian includes all relevant personnel within the IJB, ELH&SCP and partners to develop robust joint reporting and monitoring of progress. The Strategy Groups are multi-stakeholder in membership.

## **5 POLICY IMPLICATIONS**

- 5.1 The development of a local Health & Social Care Delivery Plan for 2018/19 will be crucial in supporting the monitoring of progress against the current Strategic Plan while we begin to give some thought to the next iteration of the Strategic Plan beyond 2019.

## **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 – None  
7.2 Personnel – None  
7.3 Other – None

## **8 BACKGROUND PAPERS**

- 8.1 Internal Audit Report (appendix1)  
8.2 Data Group development of Remit and Workplan (appendix 2)

<b>AUTHOR'S NAME</b>	David King
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	david.king@nhslothian.scot.nhs.uk
<b>DATE</b>	14 February 2018



**REPORT TO:** East Lothian IJB – Audit and Risk Committee

**MEETING DATE:** 12 December 2017

**BY:** Chief Internal Auditor

**SUBJECT:** Internal Audit Report – IJB Strategic Plan

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## **1 PURPOSE**

- 1.1 To inform the Audit and Risk Committee of the recently issued audit report on the IJB Strategic Plan.

## **2 RECOMMENDATION**

- 2.1 That the Audit and Risk Committee note the contents of the Executive Summary and Action Plan.

## **3 BACKGROUND**

- 3.1 A review of the IJB Strategic Plan was recently undertaken as part of the Audit Plan for 2017/18.
- 3.2 The objective of the audit was to ensure that the arrangements in place for the implementation of the IJB Strategic Plan were operating effectively.
- 3.3 The main findings from our audit work are outlined in the attached report.

## **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

6.3 Other - None

**7 BACKGROUND PAPERS**

7.1 None

<b>AUTHOR'S NAME</b>	Mala Garden
<b>DESIGNATION</b>	Chief Internal Auditor
<b>CONTACT INFO</b>	01620 827326
<b>DATE</b>	06 December 2017



## **EAST LoTHIAN IJB – INTERNAL AUDIT IJB STRATEGIC PLAN**

### **1. EXECUTIVE SUMMARY**

#### **1.1 Introduction**

As part of the Audit Plan for 2017/18, a review was undertaken of the arrangements in place for the implementation of the IJB Strategic Plan. A summary of our main findings is outlined below.

#### **1.2 Areas where Expected Controls were Met**

- The Public Bodies (Joint Working) (Scotland) Act 2014, sets out the framework for integrated adult health and social care services. The Act places a duty on the IJB to develop a Strategic Plan. The IJB's Strategic Plan 2016-2019 was approved in February 2016.
- The Strategic Plan provides the strategic direction of how health and social care services will be shaped in East Lothian. The Plan outlines the transformational changes and key actions that require to be undertaken to achieve this vision.
- A Strategic Planning Framework is in place for the management and delivery of the Strategic Plan – the Framework outlines the roles and remits of the Strategic Planning Group (SPG), the Strategic Planning Programme Board (SPPB) and specific themed project groups.

#### **1.3 Areas with Scope for Improvement**

- The monitoring and reporting arrangements in place for providing an overview to the IJB on the progress being made in implementing the priorities outlined in the Strategic Plan Implementation Programme require review. *Risk – failure to monitor progress on the implementation of the Strategic Plan.*
- The arrangements in place for preparing delivery plans and business action plans require review – there was a lack of evidence to indicate that plans were being prepared on an annual basis as set out in the Strategic Plan. *Risk – failure to outline priorities to be addressed in the coming year.*
- The Strategic Planning arrangements in place require review to ensure that roles and remits, accountability structures and governance are operating in accordance with the Strategic Planning Framework. *Risk – failure to adopt a robust and cohesive approach.*
- There had been delays in establishing project groups with responsibility for delivering defined packages of work. *Risk – failure to deliver on priorities within the agreed timescales.*
- There was a lack of arrangements in place for reviewing and refreshing the Strategic Plan. *Risk – failure to reflect current priorities.*

#### **1.4 Summary**

Our review of the IJB's Strategic Plan has identified some areas with scope for improvement. Detailed findings and recommendations are contained in our main audit report.

**Mala Garden**  
Chief Internal Auditor

**December 2017**

**EAST LoTHIAN IJB – INTERNAL AUDIT  
IJB STRATEGIC PLAN**

**ACTION PLAN**

<b>PARA REF</b>	<b>RECOMMENDATION</b>	<b>GRADE</b>	<b>RESPONSIBLE OFFICER</b>	<b>AGREED ACTION</b>	<b>RISK ACCEPTED/ MANAGED</b>	<b>AGREED DATE OF COMPLETION</b>
3.3.1	Consideration should be given to reviewing and refreshing the Strategic Plan to ensure that it continues to be an accurate reflection of the IJB's priorities.	Medium	IJB Chief Officer	Agreed – to be part of planning for 2018/19		March 2018
3.4.1	<p>Management should ensure that appropriate monitoring and reporting arrangements are in place to provide an overview to the IJB of the progress being made in implementing the Strategic Plan Implementation Programme.</p> <p>Management should ensure that delivery plans and business action plans are prepared on an annual basis clearly outlining the priorities to be addressed in the coming year.</p>	Medium	IJB Chief Officer	<p>Agreed – update on progress to be provided to the IJB</p> <p>Agreed – Delivery Plans to be prepared</p>		<p>December 2017</p> <p>March 2018</p>
3.5.1	Management should review the Strategic Planning arrangements in place to ensure that roles and remits, accountability structures and governance are operating in accordance with the Strategic Planning Framework.	Medium	IJB Chief Officer	Agreed		February 2018

<b>PARA REF</b>	<b>RECOMMENDATION</b>	<b>GRADE</b>	<b>RESPONSIBLE OFFICER</b>	<b>AGREED ACTION</b>	<b>RISK ACCEPTED/ MANAGED</b>	<b>AGREED DATE OF COMPLETION</b>
<b>3.5.1 (cont)</b>	<b>Management should ensure that adequate arrangements are in place for the regular reporting of the progress being made by project groups with responsibility for delivering defined packages of work.</b>	<b>Medium</b>	<b>IJB Chief Officer</b>	<b>Agreed – updates to SPPB and reports on overall progress to the IJB on a quarterly basis</b>		<b>February 2018</b>

### **Grading of Recommendations**

In order to assist Management in using our reports, we categorise our recommendations according to their level of priority as follows:

Level	Definition
<b>High</b>	Recommendations which are fundamental to the system and upon which Management should take immediate action.
<b>Medium</b>	Recommendations which will improve the efficiency and effectiveness of the existing controls.
<b>Low</b>	Recommendations concerning minor issues that are not critical, but which may prevent attainment of best practice and/or operational efficiency.

### Membership and development of the remit of East Lothian H&SCP Data Group

#### 1. Membership of the group

- Bryan Davies            Group Service Manager, Planning & Performance
- Paul Currie            Strategic Planning & Performance Manager
- Bill Ramsay            ISD / LIST team Lead
- Gordon Gray            Assistant Programme manager
- Andy Jackson            Assistant Director of healthcare Planning
- Philip Conaglen        Public Health Consultant
- Alastair Clubb            Management GP
- Mike Archibald        Information Systems & Business Manager
- Graham Bell            Information Systems Administrator
- David King              Chief Finance Officer EL/ML IJBs.

#### 2. Development of the Remit

The remit of the group will develop over time as was the experience of other data groups in other areas but it was agreed that the aim of this group should be to support a strategy for moving the approach from being responsive to data and information requests to developing improvement approaches for data.

#### 3. Development of a Workplan

##### 3.1 Initial work :

- Progressing with developing better reporting synergy involving the different data sourcing bodies and reporting times.
- Improving data quality. Audit how data is captured and input in all service areas and identify / close gaps.
- Scoping the potential for and establishing data linkages, e.g. between Chi and Mosaic. Data project needed to identify potential for marrying social work and health (patient and GP) client identifiers.

##### 3.2 Development of IJB / Direction Reporting

The following priorities were identified as needing to be developed in relation to IJB and Direction reporting.

- Developing a robust high-level dashboard suit of data with the ability to drill down for the different reporting requirements.
- Developing a 'project approach' to monitoring progress against and the achievement of Directions.
- Developing the quarterly and annual IJB reports in order to furnish the IJB with the information it requires to see.

### 3.3 Operational Reporting

The following priorities were identified in relation to reporting on service performance to the Core Management team and operational managers.

- Auditing of data against each level of dashboard and being clear about the sources used.
- Developing the current reporting format in order to maximise the usefulness of the report for managers.

### 3.4 East Lothian Scorecard

This scorecard is currently put together for NHS Lothian by the List team. It contains familiar data, largely NHS data which is pulled from Track. It is also used for MSG monthly reporting.

Initial thoughts re the remit of this group in relation to the above scorecard could be:

- Filter down the relevant data.
- Issue to chief officers and senior managers for prior scrutiny and warning about what is being reported.
- Decide on the data relevant to EL / identified for sharing.
- Decide how best it can be used once gathered.

It was acknowledged that developing EL use of the scorecard would also help with routine data gathering and operational reporting.

### 3.5 Requests for information

Discussed the need to coordinate a range of requests for information that come into the Partnership from various sources including SG. These are requests for information other than FOI requests. Agreed that there is a need to:

- Log all requests for information.
- Coordinate responses.
- Identify sources used to respond.
- Store all requests received.

### 3.6 Audit and Clinical & Care Governance

Discussed the need for the data group to support the development of a suite of indicators for the partnership that will tell us about how we are performing in key areas of clinical and care governance in order to sufficiently report to the two high-level committees within the council and health board. This work needs to form part of the remit of the data group.







**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 22 February 2018  
**BY:** Chief Officer  
**SUBJECT:** Revised Priorities - 2018/19 and Beyond

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7

## 1 PURPOSE

- 1.1 To seek the approval of the IJB for the HSCP to focus on areas of priority activity through 2018/19 and beyond.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Agree the need for the IJB and therefore the HSCP to be more focused on a smaller number of high impact areas and those of national or local priority which:
- 2.2 Agree the areas it is proposed to focus on in 2018/19 and beyond:
- Development and delivery of the Financial Plan for 2018/19 and beyond.
  - Commence re-provision of Abbey and Eskgreen Care homes and Edington and Belhaven hospitals and provision of extra care housing.
  - Review Community Services for Adults with complex needs to develop a transformation programme.
  - Implement the Carers Strategy.
  - Deliver the Primary Care Strategy/ New GP Contract Implementation Plan.
  - Review actions intended to deliver Delayed Discharges/ Emergency Admissions/A&E improvements.
  - Commence review of the 2016-19 Strategic Plan.
  - Note that these priorities will also influence some activities in 2017/18.

- Agree that this list of priorities should be reviewed during 2018/19 to ensure continued relevance and to take account of any new developments.
- Note that the Scottish Government has asked each partnership to provide new targets against the 6 indicators for integration and these will be presented at the IJB meeting in March 2018.

### 3 BACKGROUND

- 3.1 Continuing financial pressures, combined with increasing demands on services arising from changing demography, including an aging and growing population and increasingly complex presentations of long term conditions have placed high demands on services during 2017/18 for all life stages.
- 3.2 The East Lothian Health and Social Care Partnership Strategic Plan 2016-19 sets out the strategic priorities for the partnership. These priorities were developed through a strategic needs assessment and following consultation.
- 3.3. During 2017/18 planning began for the development of work across a range of strategic areas. In parallel to this, consideration was given to how best to focus the HSCP's limited commissioning, planning and strategy resource on priority areas, while delivering on the principles of the Strategic Plan.

#### **Proposed 2018/19 Priorities**

- 3.4 Discussion in the Strategic Planning Programme Board and the Strategic Planning Group has acknowledged the need to ensure financial and officer resources are focussed in 2018/19 financial year on a more limited range of priorities. The priorities below are those which deliver against financial pressures and which support service change and delivery of local, regional and national priorities:
- **Development and delivery of the Financial Plan for 2018/19 and beyond**, by developing the IJB role in taking the decisions required to operate within the resources available.
  - **Commence re-provision of Abbey and Eskgreen Care homes and Edington and Belhaven hospitals and provision of extra care housing** after reaching a final decision on the strategic direction and priority actions by locations following conclusion of consultation in June 2018. Establish projects to produce and implement business cases, with a target date of March 2019 for production of the first business case.
  - **Review Community Services for Adults with complex needs to develop a transformation programme.** This will encompass: day services; housing; repatriation of out of area placements; night-

time support/use of technology enabled care; alternatives to statutory services; and Royal Edinburgh Hospital bed numbers.

- **Implement the Carers Strategy**, in conjunction with all relevant partners.
  - **Deliver the Primary Care Strategy/New GP Contract Implementation Plan**, following completion of the local Implementation Plan by July 2018. This will set out the phasing of clear priorities developed in agreement with GP sub-committee and NHS Lothian, covering local workforce issues and evaluation of the 2016/17 and 2017/18.
  - **Review actions intended to deliver Delayed Discharges/Emergency Admissions/A&E improvements**, including: delayed discharge trajectory; impact of Hospital at Home 24/7 on A&E and admissions; proposed use of empty beds at East Lothian Community Hospital to support whole system capacity and a review of the impact on set aside budgets.
  - **Commence review of 2016-19 Strategic Plan**, following consultation with all partners, as well as community, third sector and service users' representatives.
- 3.5 These priorities will be supported by the Workforce Plan, the Finance Plan and the Engagement Plan.
- 3.6. The continuing refocusing of work away from strategy development in the remainder of 2017/18 and through 2018/19 will slow up, but not suspend entirely, progress in the important areas of:
- Palliative Care
  - Dementia
  - Mental Health
  - Learning Disabilities
  - Physical Disabilities and Sensory Impairment
  - Older People's Day provision.
- 3.7 Opportunities will be taken through the year to support operational colleagues in all the above areas to carry out service improvement work that does not require formal strategy development.
- 3.8 In all the work through the year care will be taken to ensure the existing cross cutting priorities of prevention and reducing inequalities articulated in the East Lothian Health and Social Care Partnership Strategic Plan will feature throughout the delivery of the priorities described above, but will not be developed as separate strategies.

- 3.9 The 2018/19 priorities will be reviewed regularly through the Strategic Planning Programme Board, Strategic Planning Group and Integration Joint Board to ensure that areas are not 'ignored' and to take account of and to respond to changed circumstances.

#### **4 ENGAGEMENT**

- 4.1 The engagement plans set out in the Engagement Strategy will be activated as appropriate across all of the priority areas. These priorities have been discussed with stakeholders through the Strategic Planning Group.

#### **5 POLICY IMPLICATIONS**

- 5.1 The proposals in this paper will be delivered to maintain compliance with the strategic direction described in East Lothian Health and Social Care Partnership Strategic Plan.

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

- 6.1 The recommendations within this paper have not been the subject of an Integrated Impact Assessment. Individual priorities will be assessed as necessary at an appropriate stage in the year and impact assessments conducted as appropriate. This will ensure any unintentional negative consequences are identified for any group/s allowing ameliorative action to be taken.

#### **7 RESOURCE IMPLICATIONS**

- 7.1 Financial – each of the priority areas will be separately assessed for any financial implications and reported on as necessary.
- 7.2 Personnel – each of the priority areas will be separately assessed (in partnership with staff side where indicated) and reported on as necessary.

#### **8 BACKGROUND PAPERS**

- 8.1 East Lothian Health and Social Care Partnership Strategic Plan ([http://www.eastlothian.gov.uk/downloads/file/11117/ijb\\_strategic\\_plan\\_2016-19](http://www.eastlothian.gov.uk/downloads/file/11117/ijb_strategic_plan_2016-19))

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**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 22 February 2018  
**BY:** Chief Officer  
**SUBJECT:** Reprovision of Hospitals and Care Homes

8

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## 1 PURPOSE

- 1.1 To seek IJB agreement to the draft proposals for the reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes and to seek agreement to consult on the proposals.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to support the draft proposals within the final report:
- **NHS community beds** – to be reprovided in extra care housing
  - **Day Treatments** – consider whether this should be provided in the East Lothian Community Hospital
  - **Minor Injuries** – commission a separate review of this service
  - **Nursing Home Care** - to be reprovided in extra care housing
  - **Residential Care** - to be reprovided in extra care housing
  - **Residential Respite** - to be reprovided in extra care housing
- 2.2 The IJB is asked to agree to consult on this strategy for the four facilities with a three month consultation phase (March to May 2018).
- 2.3 The IJB is asked to agree that following consultation, a final and updated report will be brought back to the IJB in June 2018.
- 2.4 The IJB is asked to note that the final proposals, to be presented in June 2018, will be presented to the IJB, NHS Board and East Lothian Council for approval since the functions delegated to the IJB do not include housing, or capital budgets and physical assets. Responsibility for these key elements rests with NHS Lothian and East Lothian Council.

### **3 BACKGROUND**

- 3.1 This report is the product of the East Lothian IJB Directions section 12d - "***Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey care homes***. NHS Lothian and East Lothian Council to set up projects to deliver the reprovision of the above care homes and community hospitals".
- 3.2 An interim update on this reprovision was discussed at the IJB meeting on the 26<sup>th</sup> October 2017.
- 3.3 A Project Board chaired by the Chief Officer and with representation from health, social care, council and trade unions has had oversight of the development and progress of this report.
- 3.4 A range of meetings with key stakeholders has taken place, along with attendance at the Health and community care forums in Dunbar, Musselburgh and North Berwick. The meetings are listed in the attached report.

### **4 ENGAGEMENT**

- 4.1 In developing these proposals there has been extensive engagement with a wide range of stakeholders (councillors, executive team members, carer groups, and the 3 health and community care forums (Dunbar, Musselburgh and North Berwick).
- 4.2 A presentation on the overall vision and outlining the proposals were taken to the 3 forums in *Dunbar on 30<sup>th</sup> January, Musselburgh on 8<sup>th</sup> February and North Berwick on 13<sup>th</sup> February 2018*. This vision has been received positively with forum members highlighting and suggesting ways in which these proposals could be realised in their local communities. They have also been helpful in challenging thinking on this work and thereby improving the vision presented today. This "confirm and challenge" approach has been and will continue to be extremely important in further developing this strategic vision.
- 4.3 The forum events have emphasised that ongoing engagement is central to the approach and will continue during the consultation period (March to June) and in the co-production to develop these proposals into business cases. The forum members have welcomed this early involvement and are keen to be able to influence the ongoing stages of this work.

### **5 POLICY IMPLICATIONS**

- 5.1 Policy direction at a national and local level is to Shift the Balance of care from institutional care to care in the community and to enable people to live longer at home or in a homely setting. This reprovision

and proposals for the Community Hospitals and Care Homes support this national policy.

- 5.2 This re-provision responds to the IJB's East Lothian Strategic Plan (2016-2019) which has identified the key aim to shift resources from institutional care and acute care in to communities, to enable delivery of improved outcomes for the people of East Lothian.
- 5.3 Further, it contributes toward the Scottish Government's 2020 vision for everyone to live longer healthier lives at home or in a homely setting and the Single Outcome agreement (SOA) in further shifting the balance of care.
- 5.4 It also supports the proposition in the East Lothian draft Local Housing Strategy (currently under consultation) to develop 300 extra care housing units for older people over the next five years.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1. As this is a strategic vision for services there has not been an integrated impact assessment. This would be undertaken as part of any future business case process.

## **7 RESOURCE IMPLICATIONS**

If the proposals are agreed, individual business cases will be required for each development. The business case process will include assessment of unit costs in both capital and revenue terms and assessment of affordability.

- 7.1 **Financial** – The current revenue budgets for the four facilities will be considered to be part of the assets available when planning for re-provision of the facilities. The sites involved will also be considered to be assets as part of the re-provision strategy. A financial assessment will be undertaken as part any future business case development for all facilities.
- 7.2 **Workforce issues** - will be assessed as part of business case development. Given the proposal will focus on a new model of care there will be a need to develop a workforce with competencies and skills required to provide care in different environments and in new ways of working. A workforce development programme should be developed to help establish workforce with capacity with the requisite skills and competencies to support these new developments.

## 8 BACKGROUND PAPERS

8.1 **Attached** – Re provision of Belhaven and Edington Community hospitals and Abbey and Eskgreen Care Homes (February 2018).

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East Lothian Integration Joint Board

**Reprovision of  
Belhaven and Edington Community Hospitals  
Eskgreen and Abbey Care Homes**

February 2018

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## Executive Summary

1. East Lothian Integration Joint Board has asked NHS Lothian and East Lothian Council to develop a strategy for the reprovision of Belhaven and Edington Community Hospitals and Abbey and Eskgreen Care Homes. The facilities are located in Dunbar, North Berwick and Musselburgh.
2. These facilities provide a range of services including NHS community beds (step down care, palliative care, NHS respite, day treatments), residential care beds, nursing home beds, residential respite care, palliative care and minor injuries (not all the facilities provide all these services). The Edington site also accommodates North Berwick Medical Practice.
3. At present there are 104 beds in the facilities. This will reduce to 93 when changes in Belhaven Hospital are implemented.
4. All the facilities have physical challenges. All require significant upgrades, to meet the expectation for modern care standards. This will become more challenging in light of the new care standards.
5. The revenue budgets associated with the existing facilities are currently £6.5m per annum.
6. The sites at Abbey, Eskgreen and Edington are very constrained and have no opportunity for redevelopment. The site at Belhaven has some adjacent land owned by NHS Lothian which could offer scope for redevelopment. East Lothian Council also owns the Wireworks site in Musselburgh which could offer scope for development, but is constrained. Identification of a full range of site options will form part of the business cases.
7. East Lothian will see a significantly growing older population in the coming years with a growing need for care and support.
8. Policy direction at a national and local level is to shift the balance of care from institutional care to care in the community and to enable people to live longer at home or in a homely setting.
9. In many areas Extra Care Housing has been developed as an alternative to institutional care. This has included direct reprovision of care homes into extra care housing and provision of 24/7 personal and clinical care. There is strong evidence<sup>1</sup> of improved outcomes such as psychological well-being, memory and social interaction for Extra Care residents. .
10. The East Lothian Local Housing Strategy (draft for consultation) proposes the development of 300 extra care housing places over the next 5 years to meet the needs of the growing older population.
11. It is proposed that in Dunbar, North Berwick and Musselburgh there should be extra care housing developments of 60 to 70 units. These would allow for reprovision of the existing facilities plus a contribution to the 300 units increase in the Local Housing strategy.
12. The specific proposals for the range of services currently provided is:

<sup>1</sup> Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Care Charitable Trust

- a. NHS community beds – to be reprovided in extra care housing
  - b. Day Treatments – consider whether this should be provided in the East Lothian Community Hospital
  - c. Minor Injuries – commission a separate review of this service
  - d. Nursing Home Care - to be reprovided in extra care housing
  - e. Residential Care - to be reprovided in extra care housing
  - f. Residential Respite - to be reprovided in extra care housing
13. Since the Edington site also houses the North Berwick Medical Practice which is also not fit for purpose, plans for North Berwick will have to include the future location of the medical practice.

If the proposals are agreed, individual business cases will be required for each development. The business case process will include assessment of unit costs in both capital and revenue terms and assessment of affordability.

14. It is proposed that the IJB agree to consult on this strategy for the four facilities. Following consultation a final strategy will be brought back to the IJB in June 2018. Since the functions delegated to the IJB do not include housing, or capital budgets and physical assets responsibility for key elements also rests with NHS Lothian and East Lothian Council.

## 1. Introduction

East Lothian Integration Joint Board asked NHS Lothian and East Lothian Council to undertake a review to establish a strategy for the reprovision of services in Belhaven and Edington Hospitals and Eskgreen and Abbey Care Homes.

The remit for this work<sup>2</sup> was developed and agreed between the Director of East Lothian Health and Social Care Partnership and the Deputy Chief Executive, Communities and Partnerships, of East Lothian Council.

Its key aim is to bring together national and local strategies to produce a strategy for the reprovision of Abbey (North Berwick) and Eskgreen (Musselburgh) care homes and Edington (North Berwick) and Belhaven (Dunbar) hospitals.

The overall policy direction of this work is to shift the balance of care<sup>3</sup> from bed based service provision to supporting individuals to remain at home or in a more homely setting.

## 2. What are the services being considered for reprovision?

The current services being considered within this reprovision are as follows.

	Type of facility	Places or beds available	Additional information
<b>Belhaven Hospital</b> Beveridge Row, Dunbar EH42 1TR  <i>Managed by East Lothian Health and Social Care Partnership</i>			The hospital is comprised of 3 ward buildings and an administration block. The wards do not meet modern standards. There is an area of land owned by NHS Lothian adjacent.
Ward 1	Care Home with Nursing beds	11 beds	Places are purchased by East Lothian Council from NHs Lothian
Ward 2	Community beds supported by General Practice.	11 beds 1 day care bed Used for respite, palliative care and step-down care.	A decision has been taken by the IJB to move Ward 2 to ward 3. Belhaven will then have 23 beds in total.
Ward 3	Care Home with Nursing beds <sup>4</sup>	12 beds	See above.

<sup>2</sup> See appendix 1.

<sup>3</sup> 2009 Improving outcomes by Shifting the Balance of care Shifting the Balance of care delivery group

<sup>4</sup> Beds were originally a mix of Care Home with Nursing care and Continuing Care but due to decreasing demand currently all care home with nursing care

<p><b>Edington Hospital</b></p> <p>54 St Baldred's Road NORTH BERWICK EH39 4PU</p> <p><i>Managed by East Lothian Health and Social Care Partnership</i></p>	<p>Community beds supported by General Practice.</p>	<p>9 beds</p> <p>Used for respite, palliative care, step down.</p> <p>24 x hour Minor injuries unit.</p>	<p>Beds are being used for step down care and awaiting care packages or await Care home placements.</p> <p>There is some use for palliative care support.</p> <p>The beds are housed in a 1920's building that also houses the Health centre to the rear. The site is small and constrained.</p>
<p><b>The Abbey</b></p> <p>10 Old Abbey Road North Berwick EH39 4BP</p> <p><i>Managed by East Lothian Health and Social Care Partnership</i></p>	<p>Care Home for Older People</p>	<p>30 place (28 residential and 2 respite). The service has 28 single rooms and one double room.</p> <p>Sixteen of the bedrooms have en-suite toilet and wash hand basin facilities.</p>	<p>The accommodation is built in the grounds of a 15th Century convent and has been extended from the original building to provide additional bedrooms and living areas. Accommodation is arranged on two floors.</p> <p>There are two lifts in this Building, however the First Floor Level is not linked between the Extension and the Original Building therefore only one lift serves each area.</p> <p>General upgrade works are required.</p>
<p><b>Eskgreen Care Home</b></p> <p>Old People's Home 10 Shorthope Street Musselburgh EH21 7DB</p> <p><i>Managed by East Lothian Health and Social Care Partnership</i></p>	<p>Care Home for Older People</p>	<p>30 place (27 residential and 3 respite). No rooms have ensuite facilities.</p>	<p>It is a large three storey building with lift access to all floors.</p> <p>There is only one lift and this requires to be replaced. General upgrade works are required.</p>

In terms of the bigger picture for beds in East Lothian, there are 17 care homes in East Lothian with circa 635 beds. This is a mix of independent and East Lothian HSCP provision. Some are small with around 10-15 beds and others with up to 60 beds.

A new care home is nearing completion in Haddington, whilst one in Gullane is expanding. One care home is expected to leave the market within the next 12 months. There will be a net increase in bed places in the next 12 months.

The East Lothian Community Hospital development is currently under construction and will see an increase in NHS beds from 78 to 132 to account for population growth and repatriation of activity from Edinburgh hospitals.

### 3. Background

The future provision of services at Abbey, Eskgreen, Belhaven and Edington has been under consideration for a number of years.

The following strategies set out the strategic perspective and history of this work.

**East Lothian Older People Strategy, Living Better in Later Life (2009-20)**<sup>5</sup> Although this strategy has been superseded by the IJB strategic plan, its long term vision for the development and delivery of health and social care services for older citizens in East Lothian up to 2020 is still valid. The strategy stated:

*“Doing nothing is therefore not an option. Equally, while working more collectively and efficiently will yield economies, the extent of the challenge we face will require a more fundamental rethink and redesign of our services.”*

The Older Peoples strategy set out proposals for changing the way services are provided, emphasising working closely with partners across housing, adult social care, health and community services including the voluntary and private sectors and working together with service users.

The aim and vision of the Older People’s strategy remains:

- *Plan services that ensure we meet the needs of East Lothian’s growing and ageing population.*
- *Reshape services for older people to enable them to live independently, with support whenever necessary.*
- *Reduce isolation and improve health and well-being amongst older people and their carers.*
- *Raise standards of service to deliver effective and efficient services in a challenging financial climate.*

The Older People strategy supported the national themes identified in Shifting the Balance of Care<sup>6</sup> which focused upon the commitment to radically rebalance the model of care to deliver better outcomes for older people. With a smaller proportion of older people needing to move permanently to NHS Continuing Care facilities or care homes to access the care and treatment they need.

**Public Bodies (Joint Working) (Scotland) Act 2014.** In accordance with the provisions of the Act, there is a requirement for Integration Joint Boards to realise a shift in the balance of care in their areas and prepare a strategic plan, providing the direction for reshaping existing health and social care services.

**Scottish Governments 2020 vision**<sup>7</sup> for everyone to be able to live longer healthier lives at home, or in a homely setting and that we will have a healthcare system.

<sup>5</sup> Living Better in Later Life East Lothian’s Older People’s strategy for 2009-2020.

<sup>6</sup> 2009 Improving outcomes by Shifting the Balance of care Shifting the Balance of care delivery group.

<sup>7</sup> 2011 Scottish Government 2020 Vision, Achieving sustainable Quality in Scotland’s Healthcare.

**The Single Outcome Agreement (SOA)** for the East Lothian Partnership sets out ten outcomes to be achieved across the county by 2023 including “in East Lothian we live healthier, more active, independent lives”.

**The East Lothian IJB Strategic Plan 2016-2019**<sup>8</sup> aims to shift resources from institutional care and acute care in to communities to enable the delivery of improved outcomes for the people of East Lothian. Its priorities are to deliver more care closer to home; address the variation in the use and delivery of health and social care services; develop a strong focus on prevention and ensure best value for money.

**The East Lothian Local Housing Strategy January 2018 Consultation Draft** proposes an increase of 300 extra care housing places for older people over the next five years in order to meet the needs of the growing population in a homely setting rather than an institutional setting.

In summary:

The need to provide these services differently is the culmination of several years’ worth of strategy development and engagement. The emphasis is clear.

- Responding to increases in the number of older people in east Lothian.
- Shifting the balance of care from bed based to community based provision.
- Provide care closer to home.
- Supporting more independent living.
- Raising standards of service, including facilities fit for modern service provision.

#### **4. Shifting the balance of care in East Lothian**

As part of the agenda to shift the balance of care in East Lothian there has been considerable progress already. This has made significant improvement in supporting people to return home more quickly from hospital, to remain at home longer, to help prevent admission to hospital and support those receiving palliative care.

Community services in East Lothian have developed significant provision to support more individuals to be supported to have their care at home and in the local community.

There has been considerable investment in a number of new initiatives that comprise the “ELSIE” project (East Lothian Services for Integrated Care of the Elderly), and have collectively brought about a change in the way care is delivered to the residents of the county, allowing those requiring care to be cared for in their own home environment. In addition a new care at home contract has improved access to care packages.

The creation of an NHS step down care unit in Crookston Care Home has also influenced the way in which services support patients waiting for packages of care and care home places. Both the

<sup>8</sup> [http://www.eastlothian.gov.uk/download/downloads/id/11117/ijb\\_strategic\\_plan\\_2016-19](http://www.eastlothian.gov.uk/download/downloads/id/11117/ijb_strategic_plan_2016-19)

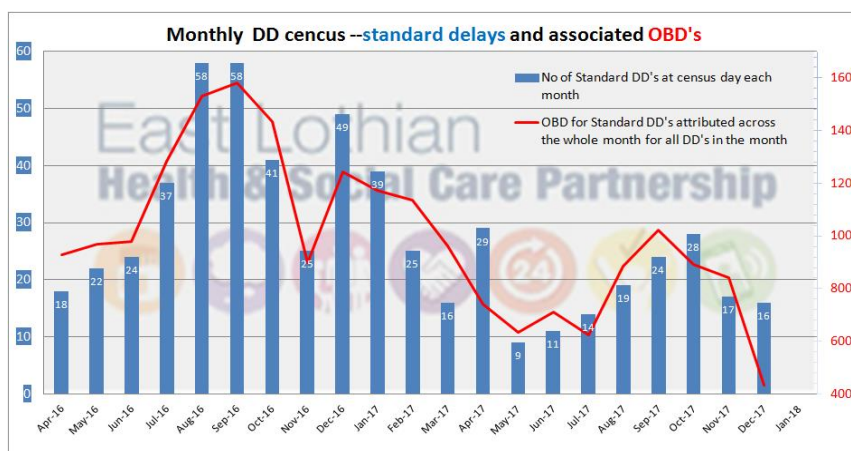


Edington hospital in North Berwick and Belhaven Hospital in Dunbar also play a role in this by providing some step down care.

The tables below show the improvement made in East Lothian in shifting the balance of care away from use of hospital beds.

### Hospital Delayed Discharges

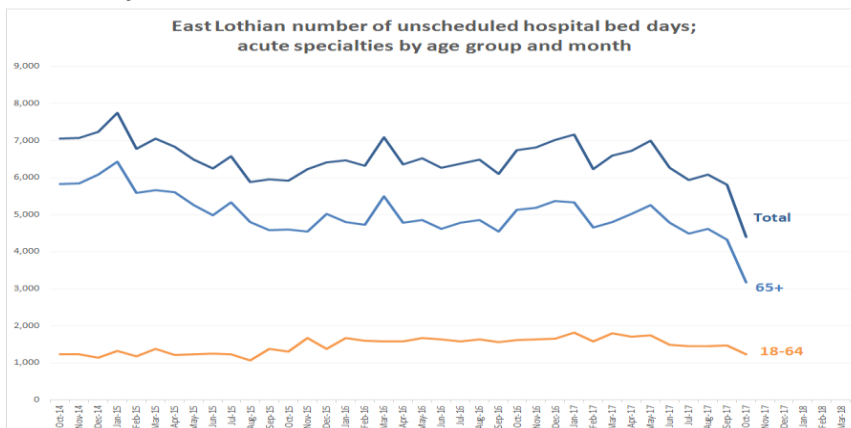
East Lothian Health and Social Care Partnership has seen a decrease in the number of patients/clients experiencing a delay in their hospital discharge and in the bed days they occupy. The graphic below shows both the individual patients being recorded as a delay at the monthly census point and the occupied bed days this equates to.



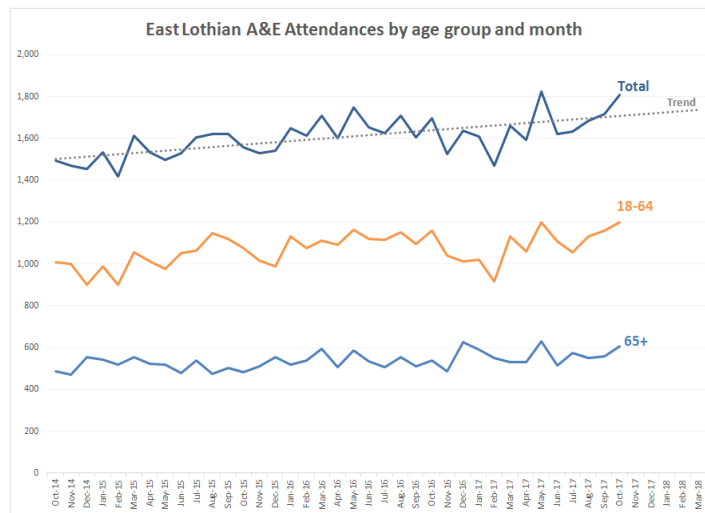
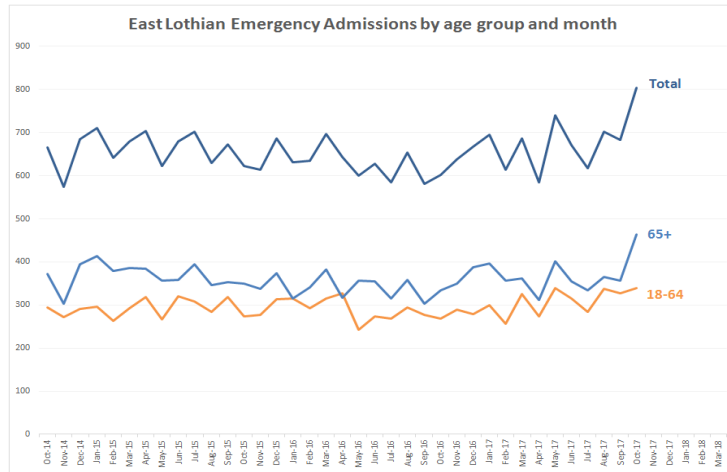
Hospital bed days associated with unscheduled care in acute specialties is reducing overall –mostly associated with reductions in the over 65 population as the graphic below shows.

### Hospital Patient activity

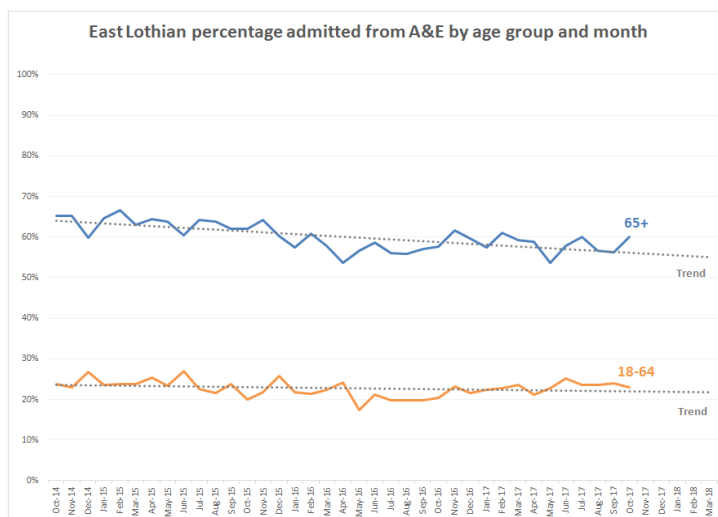
ISD data as reported to the Scottish Ministerial Steering group this data is normal 4 months in arrears



This is despite a steady increase in both emergency admissions and A&E attendances as the two following graphics indicate.



However the numbers attending A&E, that go on to get admitted is reducing- suggesting improved triage both at the acute sites and in services being available locally



The development and expansion of these teams has shifted the balance of care from secondary care to the community see Appendix 3.

## 5. Drivers for change

### **Increasing demand and the need to respond**

In 2012, there were 100,850 people living in East Lothian, and this is projected to grow by 23% between now and 2037. This is one of the highest increases in any local authority area in Scotland.

All demographic trends indicate that in future older people will live longer. However it is anticipated that a smaller working age population will be available to supply the care sector workforce to support older people.

For Older People across East Lothian aged 65+ the population is expected to increase<sup>9</sup> by 37% to 2026 and 72% to 2037. Within the 65+ age band the greatest increase occurs for the 85+ age band which sees an increase<sup>10</sup> of 68% to 2026 and 162% to 2037.

However, there is variation across the county with four distinct demographic patterns emerging:

**High Numbers and Steady Growth:** Musselburgh currently has the highest number of older people aged 65+ and this is projected to grow at a steady rate, with this area projected to have the highest numbers of older people in East Lothian by 2026. While this is a substantial increase in numbers, it represents a relatively low % increase compared to other areas.

**High Numbers, Substantive Growth and Significant % Change:** Fa'side is projected to experience the most substantive change across the county,. It is projected to have the second highest number of older people age 65+ by 2026, the largest increase in number terms and high % increases for all groups of older people.

Evidencing a similar picture to Fa'side although to a lesser extent, Preston / Seton / Gosford is projected to have the second highest increase in numbers of older people by 2026, with the area projected to face substantial change in relation to high % change for all groups of older people.

**Low Numbers and Significant % Change:** Dunbar & East Linton and Haddington & Lammermuir are both characterised by relatively low numbers of older people aged 65+. While each of these areas is projected to experience significant % increases in people age 65, numbers of older people in Dunbar & East Linton are generally projected to be the lowest across the county by 2026, with Haddington & Lammermuir projected to have the second lowest numbers of people aged 65+.

**High Numbers, Low Growth (High % Growth for 85+):** North Berwick Coastal currently has the second highest number of older people aged 65+, although is generally projected to have the lowest projected % increase across the county to 2026. The exception to this is for older people aged 85+, with North Berwick Coastal projected to have the highest increase in numbers.

### **Facilities – current state**

All the current facilities have physical challenges and are either no longer fit for purpose or require significant upgrade. The accommodation is inadequate, there is little or limited scope for flexibility in

<sup>9</sup> From a 2012 baseline

<sup>10</sup> From a 2012 baseline

use or for refurbishment (e.g. changes to en-suite provision and access for hoisting equipment in the care homes).

- Rooms- in both the hospitals and care homes allow little manoeuvrability to support staff and patients/residents if equipment is required (e.g. hoists or bathing).
- Multi-bed areas in the community hospitals, with inadequate bed spacing raise infection control issues. In some cases, curtains are the only barrier providing any form of privacy.
- There is a lack of privacy and dignity for patients/residents generally but particularly in end of life care.
- Lack of private or quiet room facilities (e.g. Edington hospital) in some services for patients and relatives.
- Limited storage space (e.g. Eskgreen care home), resulting in equipment being stored inappropriately in corridors, day rooms or shower rooms.
- Infection control concerns partly relating to poor facilities and fabric.

### **National and local policy**

National and local policy set out in section 3, is a key driver for this work.

### **Workforce**

To meet the needs of older people and shift the balance of care whilst the working population is shrinking relatively will require the development of new roles and ways of working. The staff currently providing care in the four facilities are a major asset and will be a key resource in ensuring quality care for the future.

### **Sites**

The sites occupied by the Abbey, Edington and Eskgreen offer limited scope for development of services and new sites will be required. The Edington site also houses the North Berwick Medical Practice in not fit for purpose facilities. The site occupied by Belhaven has some NHS owned land adjacent that does offer the potential for redevelopment. East Lothian Council owns the Wireworks site in Musselburgh that also offers potential for development. All the sites should be considered to be resources available.

However, a full site assessment would be undertaken as part of a business case development to look at all site options to ensure they would meet requirements of any new care model and design.

### **Inequalities**

Developing a sustainable model of care for the reprovision of these services as part of a bigger picture of the needs of the population for the future will contribute toward more equal access for older people to these services and to support to help them live at home or in a homely setting for as long as possible.

### **Poor outcomes**

Reducing unplanned admissions and working to prevent admission, reducing delayed discharges will improve outcomes. Developing a new model of care for these services to focus upon people staying supported at home for as long as possible and receiving care as close to home will help to improve outcomes and wellbeing.

### **Quality**

NHS Lothian is committed to the Triple Aim of improving quality, improving population health and reducing cost. East Lothian Council is committed to the East Lothian Way and to service excellence. The IJB will commission services based on quality of care and ensure that individuals are empowered to choose services on the basis of quality and outcomes.

### **Financial**

The pressure on health and social care budgets will intensify over the coming years. Providing care in out of date and inefficient facilities prevents future financial flexibility.

### **Making better use of resources**

The re-provision of these services will allow the development of a new model of care. This will be further developed through the production of business cases ensuring the use of resources for positive gain in quality of services (e.g. currently limited by not fit for purpose buildings where services are restricted by the older design of hospital or care home buildings) and use of sites.

## **6. Risks faced by current services**

Some key risks for current services are:

### **Sustainability**

The buildings are not fit for purpose and have major issues in relation to the impact that they have on the delivery of care to patients. Refurbishment or upgrading will have limited, short term gain only. The ongoing maintenance costs will rise in response to deterioration and to any changes to standards in areas such as infection control and inspection.

### **Financial and Economic**

The continued maintenance and upkeep of older buildings that are not fit for purpose and are not designed with modern care and quality requirements in mind will continue to put pressure on budgets.

## **Patient safety and Quality of Care**

Current reports on Patient Quality Indicators (PQI) highlight the lack of building compliance and risk in trying to provide high quality care in these hospitals. Care Inspectorate reports have highlighted the environmental issues within the care homes.

## **Service continuity**

There are already issues identified within Belhaven ward 2 which led to the decision to transfer services to ward 3. There have been significant impacts on service provision at Abbey and Eskgreen from lift failure and heating system problems.

## **7. Wider NHS Lothian and East Lothian Council Context**

The New East Lothian community hospital development<sup>11</sup> is currently being built. It will accommodate services currently provided from Roodlands Hospital, Herdmanflat hospital and Midlothian Community hospital and repatriate activity from Edinburgh Hospitals.

NHS Lothian strategic plan and capital plan does not envisage that NHS beds in Belhaven and Edington hospitals would be reprovided in hospital facilities.

East Lothian Council strategies do not include the construction of new care homes and the capital budget has a limited budget for care homes. The Council's Local Housing Strategy consultation draft proposes 300 new extra care housing places for older people to meet the needs of the growing population and to allow for reprovisions.

## **8. What are the vision, aims and objectives for the future of these services?**

The model of care and reprovision that is developed will require to achieve the new Health and Social Care standards<sup>12</sup>. These standards are based on human rights and wellbeing.

The key standards are:

- I experience high quality care and support that is right for me
- I am fully involved in all decisions about my care and support
- I have confidence in the people who support and care for me
- I have confidence in the organisation providing my care and support
- I experience a high quality environment if the organisation provides the premises

<sup>11</sup> 2016 July NHS Lothian Finance and Resources Committee East Lothian Community Hospital Combined Outline and Full Business Case.

<sup>12</sup> 2017 Health and Social Care Standards, My Support, My Life, Scottish Government.

These headline standards have a full set of descriptive statements that show what achieving that outcome will look like. They are underpinned by 5 principles:

- Dignity and respect
- Compassion
- Be Included
- Responsive care and support
- Wellbeing

A strategy for the future for any service and model of care for East Lothian will be working towards achieving these standards. Both the Care Inspectorate and Healthcare Improvement Scotland will take account of these standards when carrying out their inspections and quality assurance functions. Whatever model of care or provision of service is identified in East Lothian must focus upon these standards and outcomes.

## 9. Finance

The current revenue budgets for the four facilities are set out below. It is noted that the budgets associated with Belhaven will reduce by c £0.5m with the changes to Wards 2 and 3. These resources will be considered to be part of the assets available when planning for reprovision of the facilities. Land and buildings book values for NHS facilities have been shown, but these have still to be obtained for Council facilities.

	NHS Lothian		East Lothian Council		Total
	Belhaven	Edington	Abbey	Eskgreen	
	Budget	Budget	Budget	Budget	
<b>Capital</b>	£ 1,684,444	£ 329,613	£ -	£ -	
Land	£ 267,500	£ 100,000			
Building	£ 1,416,944	£ 229,613			
<b>Revenue</b>	£ 2,216,258	£ 739,391	£ 1,691,177	£ 1,882,045	£ 6,528,871
Staffing	£ 1,827,684	£ 629,802	£ 1,062,000	£ 1,177,000	£ 4,696,486
Running	£ 302,263	£ 91,097	£ 580,000	£ 623,000	£ 1,596,360
Depreciation	£ 86,311.32	£ 18,492	£ 49,177	£ 82,045	£ 6,292,846
Beds number	35	9	29	30	
Cost per bed/unit	£ 63,322	£ 82,155	£ 58,316	£ 62,735	

## 10. Workforce

Workforce issues will require to be assessed as part of business case development. Given the proposal will focus on a new model of care there will be a need to develop a workforce with competencies and skills required to provide care in different environments and in new ways of working. A workforce development programme should be developed to help establish workforce with capacity with the requisite skills and competencies to support these new developments. There is potential to consider new health and social care roles, joint training, career development opportunities, professional development and improving skills and competencies, This will require more detailed consideration and planning during the production of a business case.

## 11. Telecare and telehealth care implications

In considering and designing new and innovative services to achieve the goals set out above telehealth and telecare services and their development will be important in providing services to support people in their own homes. The National Telehealth and Telecare Delivery Plan for Scotland<sup>13</sup> (currently being updated) sets out a number of developments and key actions to help people with long term conditions to live independently at home by supporting them to manage their own health and care. There are potentially 5 areas of priority<sup>14</sup>:

1. Help a person feel safer and more secure (community and personal alarms, door and floor pad sensors)
2. Aids to daily living (gadgets, reminders and prompts)
3. Helping with assessment of need (for example, 'Just Checking'<sup>15</sup> which helps monitor activities and movement within a home)
4. Tracking devices – for example – GPS, to monitor a person's movement when they are at risk.
5. Helping to manage a long term condition (e.g. vital signs) - telehealth.

These can help support a person in their own home to be more secure and safe and may reduce the need for some elements of personal care.

## 12. Alternatives to Institutional Care<sup>16</sup>

The East Lothian draft Local Housing strategy proposes that there should 300 additional "extra care housing" places for older people over the next five years and that this can include re-provision of existing services. Extra care housing has been used widely in some areas to meet the care needs of a growing elderly population.

<sup>13</sup> 2012 A national Telehealth and Telecare Delivery Plan for Scotland to 2015, Driving Improvement, Integration and Innovation

<sup>14</sup> 2016, Institute of Public Care, Predicting and managing demand in social care, Professor John Bolton.

<sup>15</sup> Just Checking is an easy-to-use online activity monitoring system that helps people stay independent in their own home

<sup>16</sup> The Housing LIN website – has been used extensively in this section to help provide, definition, background and understanding to Extra Care housing.



In researching extra care housing, it has become clear that there is no 'one definitive model'.

Some examples of the types and range of models developed elsewhere have been provided in Appendix 4.

These may not be definitive models for East Lothian. But they offer understanding of the designs and options that are available. In East Lothian there may be different models in different parts of the county. These models can partly be developed locally as part of the consultation and engagement process.

The term 'Housing with Care or extra care' housing is used to describe developments that comprise self-contained homes with design features and support services that enable self-care and independent living as well as personal care and NHS care. It comes in a huge variety of forms and may be described in different ways, for example 'very sheltered housing', 'housing with care', 'retirement communities' or 'villages'. Occupants may be owners, part owners or tenants and all have legal rights to occupy underpinned by housing law (in contrast to residents in care homes)<sup>17</sup>.

Extra care housing can take different design forms from a development of single storey apartments or bungalows to flats or properties within a retirement village. Schemes have a variety of different services, including emergency alarm service, personal care, nhs care, restaurants/dining rooms, domestic support and other amenities such as hairdressing.

Increasingly extra care housing is recognized as an essential component of joint commissioning by health and social care. Extra care housing is now being used for intermediate care and rehabilitation and as an alternative to care home and hospital as well as for longer term housing.

### **What are the Core ingredients of extra care housing?**

There is broad agreement that there is a core set of ingredients that are part of extra care<sup>18</sup>. They are:

- **Purpose-built or for example, redesign and refurbishment of existing sheltered housing facilities to support**, accessible building design that promotes independent living and supports people to age in place.
- Fully **self-contained** properties where occupants have their own front doors, and tenancies or leases which give them security of tenure and the right to control who enters their home
- Staff facilities for use by **staff serving the scheme** and sometimes the wider community
- Some **communal spaces** and facilities
- Access to **care and support services 24 hours** a day
- Community alarms and other **assistive technologies**
- **Safety and security built into the design** with fob or person-controlled entry

<sup>17</sup> Housing LIN website

<sup>18</sup> The 2003 Housing LIN factsheet

Some extra care developments have additional facilities, some of which may be open to the local community at for example, restaurant and gym facilities, meeting rooms and public areas.

Use of telecare devices is becoming more common in extra care housing developments: for example, fall detectors for people who are prone to falling or devices for people with dementia who may wander.

### **What are the models, size and scale of extra care housing?**

Some extra care housing is large scale and may contain up to 300 properties or more. Larger developments tend to have more facilities and services. They include 'extra care villages' and 'continuing care retirement communities'. At the other end of the scale, there are very small developments of 6 apartments or bungalows, sometimes in the grounds of a care home or in rural areas. Property types include apartments, bungalows, houses or a mix and may be developed in all kinds of modern or vernacular styles.

### **Different terms and kinds of developments**

Discussion about extra care housing uses different terms to describe certain kinds of extra care buildings or site layouts, for example:

- **Very sheltered or enhanced sheltered housing:** reflecting additional care and support needs of older residents in sheltered housing (but not high enough levels to require extra care housing)
- **Extra Care and Assisted Living:** Typically, purpose built blocks of flats with communal facilities and space for care and other services to be delivered
- **Hub and spoke:** as above but with a greater focus on designing for wider community use, and therefore probably larger communal facilities available for the wider community
- **Close Care:** Typically, purpose built blocks of flats or bungalows linked to a care home
- **Retirement Village:** purpose built extra care within a larger retirement village concept with a range of dwelling types and facilities
- **Specialist:** extra care designed to accommodate a particular group, for example people with dementia
- **Separated:** general extra care but with a specialist wing or unit (for example for people with dementia, or learning disability)

### **Care, Support and Housing management**

One of the key differences between Extra Care schemes is whether the care, support and housing management are delivered as a combined service by one provider or whether there is a separation between care provider and housing/support provider (or some other variation). This may be driven by the approach taken to the procurement of these services and it will also affect the contracting arrangements.

This will be a consideration in any extra care housing development and procurement. All Extra Care housing is by nature a fusion of housing, housing support and personal care (which may also include day care and leisure activities) and in some cases nursing care. It frequently involves more than one organisation in service delivery and several organisations, including housing provider, health care, social care, local authority housing may be involved in commissioning and funding. Partnership is therefore central to Extra Care housing.

## Funding

There are sources of funding to assist clients with the cost of extra care housing. There are two separate components; housing costs and care costs.

Funding can be available for rent and some support costs through the Housing Benefit system. Other costs such as “hotel costs” and Council Tax will usually be paid by the tenant.

Free personal care is available for everyone aged 65 and over in Scotland who have been assessed by the local authority as needing it.

Free nursing care is available for people of any age who have been assessed as requiring nursing care services.

The table below shows the capital and revenue costs of extra care housing developments in Duns and Eyemouth in the Scottish Borders. Scottish Borders also developed Dovecot Court extra care housing in Peebles to reprovide a Council Care Home.

	Borders Council - ECH Units	
	Duns	Eyemouth
	Financial Appraisal	Financial Appraisal
<b>Capital</b>	£ 4,530,000	£ 5,328,000
<b>Revenue</b>	£ 764,600	£ 657,234
Beds number	30	36
Annual Cost per bed/unit	£ 25,487	£ 18,257
Weekly Cost per bed/unit	£ 490	£ 351

*Both sites are owned by Scottish Borders Council*

In capital terms this compares with £9m spent by East Lothian Council to build the new 60 bed Crookston Care Home in Tranent.

**In revenue terms this shows a significantly lower unit cost than the current facilities and more work is needed to ensure similar budget headings are being compared.**

Any new facility, purpose built refurbishment of existing sheltered housing facilities would be assessed as part of a business case. This would be against financial criteria (e.g. affordability and value for money) and non-financial criteria (e.g. delivery of strategic objectives, quality of care, patient and carer experience, adherence to service model, patient and staff safety).

## **Research into Extra Care Housing**

Appendix 4 provides details of research into the benefits and costs of extra care housing. In summary these show improvements in outcomes for clients, reduced admissions and stays in hospital, reduced personal care costs.

## **Care Inspectorate registration**

Discussions have been held with the Care Inspectorate to ascertain the potential registration requirements of any new model that incorporated extra care housing. A key reference will be the new Health and Social Care standards 2018.

Essentially there are 3 care levels all requiring registration that will be inspected against the new standards. Work will be needed to determine which category (ies) these new services would fall into

1. Housing Support service.
2. Care at Home.
3. Care Home.

## **13. Engagement and feedback**

A wide range of meetings and discussions took place as part of the development of this strategy and these are listed at:

[http://www.eastlothian.gov.uk/info/1347/social\\_care\\_and\\_health/1857/east\\_lothian\\_health\\_and\\_social\\_care\\_area\\_forums](http://www.eastlothian.gov.uk/info/1347/social_care_and_health/1857/east_lothian_health_and_social_care_area_forums)

## **14. Key proposals**

Below are outlined key proposals to be consulted upon.

The IJB will commission services for Dunbar, Musselburgh and North Berwick through agreeing a new model of care for the re-provision of Belhaven, Abbey, Edington and Eskgreen.

Re-providing the current care home and community hospital beds into extra care housing will help to meet the needs of an increasing older population whilst shifting the balance of care and achieving more care at home or in a homely setting.

### **Beds in Community hospital provision**

As set out earlier in the report there are a number of functions in the two hospitals.

**Palliative care** support is crucial in offering some patients the choice of where they wish to be as part of an end of life pathway. Alternatives could be developed as part of extra care housing along with current provision in care homes, at home and clinical provision. Therefore, a person in a fit-for-purpose designed extra care house should have the option to remain in their extra care house

facility as long as their needs can be met. Currently palliative care support is provided in both the care homes and community hospitals. It is intended that the development of Extra Care Housing would build on this expertise to support people to stay in their own home for as long as possible and having the choice to receive their palliative support in extra care housing. The support that could potentially be provided within an extra care housing facility would form part of a range of options for palliative care needs, which will be individual to patient and family choice.

**Step Down Care.** Both hospitals offer care for people awaiting a package of care or a care home place after acute hospital admission. This could be provided in extra care housing.

**Day bed** - There is a single day bed facility at Belhaven hospital to support, for example, blood transfusion, to prevent individuals having to travel to Edinburgh for such treatment. There could be consideration given to whether this facility is offered within other the new Community hospital.

**Proposal for beds in Community hospitals<sup>19</sup>:** Include palliative care and step down care in the specification for extra care housing re-provision of Abbey, Edington, Belhaven and Eskgreen.

### **North Berwick Medical Practice**

Since the Edington site also houses the North Berwick Medical Practice in facilities which are also not fit for purpose, plans for North Berwick will have to include the future location of the medical practice.

### **Minor injuries**

There is a 24 hour minor injuries unit currently provided on the Edington hospital site in North Berwick. Local analysis of this work shows work load that may not be appropriate for such a service. It is a small provision without 24 hour medical support and diagnostic services that may be seen in other such facilities. This requires assessment of the risks and benefits of locating such provision in a housing based community facility. Therefore, it is proposed that a separate, review of the Minor Injury service, its usage, throughput, risks and benefits is undertaken separately. This should consider comparisons with other similar minor injury provision in Scotland. A report should be provided to the Integration Joint Board.

**Proposal for minor injuries:** A separate, review of Minor Injuries unit should be undertaken.

### **Respite Services**

There is residential and inpatient respite provision in all 4 facilities. The issue of respite has been highlighted throughout the engagement process.

It is proposed that the use of extra care housing for respite should be considered as part of the re-provision business cases.

<sup>19</sup> Excluding Care Home with Nursing beds purchased via East Lothian Council

**Proposal:** Include respite in the specification for extra care housing re-provision of Abbey, Edington, Belhaven and Eskgreen.

### Care Homes

Abbey and Eskgreen Care Homes provide long term residential care. Belhaven Hospital provides nursing home care that is purchased from NHS Lothian by East Lothian Council. All have teams of dedicated staff, which is reflected in their Care Inspectorate reports. They provide a high level of care to their residents despite the physical challenges of the buildings. New facilities would allow care staff to improve the care they are able to offer, meet modern expectations and meet new Care Inspectorate standards. In line with the Local Housing strategy could be extra care housing provided in the Dunbar, Musselburgh and North Berwick areas to meet the needs currently met in the long term residential and nursing home provision in the three facilities. The model currently being developed for extra care housing on the Herdmanflat site in Haddington will include a level of service equivalent to residential care and will also contribute toward the Local Housing Strategy target of 300 places over 5 years.

**Proposal:** in line with the Local Housing Strategy, transform current capacity with new models of care in Dunbar, Musselburgh and North Berwick to develop Extra Care Housing with a number of places in each to have enhanced social and health care input for those with the greatest need.

### Transformation of current NHS and Council provision to new model of Extra Care Housing/Sheltered Housing and Care Home.

	Current	Extra Care Housing/Sheltered Housing/	Total
North Berwick	39	60+	60+
Dunbar	24	60+	60+
Musselburgh	30	60+	60+
<b>Total</b>	<b>93</b>	<b>180</b>	<b>180</b>

The aim is to re-provide existing and increase future capacity under the Extra Care Housing model which is in line with the East Lothian Council Draft Housing Strategy (2018)<sup>20</sup>. The proposal and approach to have 60/70 in each of Dunbar, Musselburgh and North Berwick would contribute towards the development of 300 units by 2023.

<sup>20</sup> 2018 East Lothian Council, Local Housing Strategy **Priority Outcome 4: A wider range of specialist housing is provided to enable independent living where appropriate** - Develop 300 units of specialist accommodation for older people over a five-year period to 2023 (60 units per annum).

## 15. Proposed outline timetable and next steps

Draft programme of next steps.

Key Stage	Board/Committee and organisation	Timescale
Strategic Vision	Integration Joint Board	22nd February 2018
Consultation process	Various meetings and events	March - May 2018
Final Proposals Following Consultation	Integration Joint Board NHS Lothian East Lothian Council	June – July 2018
Start of development of business cases	Project management process, system and governance to be in place.	July 2018 onwards
Produce business case	Business case development and approval.	June - September 2019 <i>- indicative</i>
New Builds (if identified)	Procurement process for Build and contractual arrangements for Extra Care Housing. Housing/Care/Support provider.	Approximately 3-5 years - <i>indicative</i>

# Appendices

## Appendix 1 – Remit for Project Board

### REMIT FOR DEVELOPMENT OF STRATEGIC VISION FOR

#### REPROVISION OF EDINGTON & BELHAVEN HOSPITALS ABBEY AND ESKGREEN CARE HOMES

The vision will form the first stage of the business case process for the reprovosion. It is intended to be the basis for the “strategic assessment” required in the NHS capital planning process and will be presented to the IJB, Council and NHS Lothian for agreement.

The vision will set out a proposed model of care/framework as a starting point and basis for further model development based on ongoing consultation and engagement.

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 (due March 2018)<sup>21</sup>

It will take in to consideration the future NHS bed requirements in the East Lothian Community Hospital Business Case<sup>22</sup>. It will take account of overall care home provision and the size and nature of the care home market in East Lothian (*as outlined in the draft Housing Need and Demand Assessment of Particular Needs Groups in East Lothian – June 2017*). It will take account of the strategic direction and principles contained in the IJB strategic plan, the Council Plan, The SOA, the NHS Lothian plan and the Health and Social Care Delivery plan and other relevant strategic plans and guidance.

The vision will take account of existing bed numbers in the four facilities and include assessment of the additional capacity that could be added to contribute to meeting future need (*as outlined in the draft Housing Need and Demand Assessment of Particular Needs Groups in East Lothian – June 2017*)..

The vision will include an assessment of future care home bed numbers in East Lothian and the impact of a new model of care.

It will consider:

- The current issues with the physical environment in the four facilities.
- Examples of good practice and innovation in how to meet the needs of older people in the community.
- Examples of good practice and innovation in health and social care integration and joint working
- Joint staffing models that may require to be considered to meet health and care needs
- The financial issues (capital and revenue) including cost effectiveness and unit cost where this may be available for comparisons<sup>23</sup>.
- The work should include engagement with internal and external stakeholders including local forums in the communities involved.

It will deliver:

<sup>21</sup> PID identifies March 2018 as completion of review

<sup>22</sup> East Lothian Community Hospital Combined Business Case and Full Business Case June 2016 – presented to NHS Lothian Finance and Resources Committee 13<sup>th</sup> July 2016.

<sup>23</sup> Full financial analysis will be undertaken as part of any future business case development.



- Potential models of service for the future based on the *draft Housing Need and Demand Assessment of Particular Needs Groups in East Lothian – June 2017*
- An initial scope of the options for procuring reprovion
- An initial scope of the current sites available
- An assessment of the relative priority of the reprovions which may take in to consideration issues with current building and care delivery concerns
- The report should be complete by the end of February 2017<sup>24</sup>.
- The ongoing development, review and agreement of this strategic review will be directed by the East Lothian Health and Social Care Partnership Project Board Hospitals and Care Homes reprovion. The work will report in to the project board chaired by the Director of Health and Social Care.

Revised 27<sup>th</sup> November 2017

## Appendix 2 - Policy and Guidance and Strategic context

The following policy guidance and documentation provides a brief reference to relevant policy and guidance with respect to the IJB Directions and Strategic plan.

### The East Lothian Strategic Plan 2016-19<sup>25</sup>

Key aim is to shift resources from institutional and acute care into communities, to enable the delivery of improved outcomes for the people of East Lothian. It sets out the changes and improvements that the East Lothian HSCP wants to make over the next few years, key priorities and the transformational change required to achieve its joint vision, to enable all adults to: *“Live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use”*.

The Plan sets out four immediate short term priorities for East Lothian:

1. **Deliver more care closer to home** – actively tackle the rise in unplanned or avoidable hospital admissions and significantly reduce delayed discharges from hospitals to home or a homely setting
2. **Address the variation in the use** and delivery of health and social care services across the county and tackling inequality
3. Develop a strong **focus on prevention** and low level support
4. Ensure **best value for the public purse** through more effective partnership working

### The Single Outcome Agreement (SOA)

Sets out ten outcomes to be achieved across the county by 2023 including outcome 6: ‘in East Lothian we live healthier, more active, independent lives’. This covers a range of groups including people who become frail, being able to live as safely and independently as possible in the

<sup>24</sup> Timeline revised from November 2017 as agreed at the first meeting of the Project Board meeting 14<sup>th</sup> November 2017

<sup>25</sup> [http://www.eastlothian.gov.uk/download/downloads/id/11117/ijb\\_strategic\\_plan\\_2016-19](http://www.eastlothian.gov.uk/download/downloads/id/11117/ijb_strategic_plan_2016-19)

community and have control over their care and support. The SOA states the priority is to focus resources where they are most needed, to shift the balance of care to services which provide an enhanced quality of life for people in their own homes and communities, and to invest in early intervention to reduce demand for more costly crisis intervention.

### **East Lothian's Older People's Strategy, Living Better in Later Life**

Aligned with the SOA, East Lothian's Older People's Strategy, Living Better in Later Life (2009-20) committed to developing a radically re-balanced model of care to deliver better outcomes for older people who need services. It envisaged that in the future, a smaller proportion of older people would need to move permanently into NHS continuing care facilities or care homes to access care and support. Quicker access to community services would be put in place, ensuring people used hospital services only when necessary and improvements made to discharge pathways when leaving hospital.

The Strategy set out a vision to shift the balance of care by maintaining (not increasing) the provision of care home and NHS continuing care places and increasing intensive home support, as population and demand grows.

### **Integrated Joint Board Strategic Plan**

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. East Lothian Integration Joint Board (IJB) requires a mechanism to action the Strategic Plan; this mechanism takes the form of binding directions from the Chief Officer.

### **The 2017 Integrated Joint Board Direction**

The Strategic Plan 2016 to 2019 is the key strategic document that outlines the direction of travel for the development of health and social care services in the county. In many areas the Plan remains at a high level to allow further work to be undertaken with key partners about how to achieve the desired changes outlined in the Plan e.g. to reduce reliance on Acute Hospitals and Care Homes through strengthening Primary Care and Care at Home services.

The relevant section of the IJB Directions are copied below to help set out the context of the overall focus for shifting the balance of care for care groups. Within this are 5 directions that will contribute towards this goal – in summary:

1. Care at Home improvements
2. Complete and deliver a report on Extra Care Housing
3. Implement new strategy for Day services for Older People
4. Re-provision of Eskgreen, Abbey Care Homes and Edington and Belhaven hospitals – **the specific focus of this paper.**
5. Proposed delegation of Integrated Care Fund Review

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

1. **D12a** - *ELC delivered care at home services (supersedes D02a and D02b)* - - 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.
2. **D12b** - **Extra care housing** (new Direction) - 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.
3. **D12c** - **Day services for older people** (supersedes D02e) - 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.
4. **D12d** - **Reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals (supersedes D01c and D02c)** - 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.
5. **D12e** - **Integrated Care Fund Review (supersedes D06)** - - 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.

The Strategic vision for the reprovision of the Care Homes and local Hospitals is set within a vision and goal to shift the balance of care for care groups. The reprovision work is responding to directions 12a, 12b and more directly to 12d.

<sup>26</sup> **The Scottish Government Budget scrutiny committee** chose as part of its consideration of the Scottish Governments budget for 2016/17 the integration of health and social care. In response to questions raised as part of the scrutiny process East Lothian IJB has adopted three overarching performance measures which define the key aspects of transformational work outlined in our strategic plan. These are

1. % of over 65s living safely at home: an amalgamated indicator of unscheduled bed days, including delayed discharges, care home utilisation and care at home hours.
2. % spend of integrated budget on institutional care versus community care
3. Slope index of inequality measurement

In delivering each of these measures in addition to the national health and wellbeing measures, the IJB have highlighted the work focusing upon two key areas which are intended to shift resources (through IJB Directions) over the lifetime of the Strategic Plan.

<sup>26</sup> 2016 -2017 Scottish Government Budget scrutiny Committee NHS East Lothian

These are:

- Unscheduled bed days attributed to delayed discharges, using costed activity data.
- Unscheduled bed days in the last 6 months of life, using costed activity data.

The progress set out under section 12 of the Directions and consequently the reprovion of the Care Homes and Community Hospitals will contribute towards the reduction in unscheduled bed days attributable to delayed discharges and bed days in the last 6 months of life. Reproviding the current services in a different approach will contribute toward achieving the % spend of integrated budget on community care provision and less on institutional care.

### **Draft Local Housing Strategy 2018-2023 - Priority Outcomes; Key Issues and Challenges and Actions**

The Consultative Draft Local Housing Strategy 2018-2023 was presented to Cabinet in January 2018 to seek Cabinet approval of the consultation exercise. This was agreed.

This is a key strategic document directly relevant to this reprovion. The report outlines how the draft LHS supports the East Lothian Health and Social Care Strategic Plan and reprovion.

The Draft Local Housing strategy is the starting point of a process with a long-term vision to

- Increase independent living at home or in a homely setting (i.e. a care home) for particular needs groups.
- The anticipated long-term outcomes are to reduce reliance on acute hospital care, prevent admissions where appropriate and reduce delayed discharge, in accordance with the IJB Strategic Plan 2018/2019.

In practice, integration means increased emphasis on enabling people to stay in their own homes or a more 'homely' setting. This builds on more than a decade of policy aiming to 'shift the balance of care' from hospital and institutional settings such as care homes, to care in the home and community. In particular, it augments the Scottish Government **Reshaping Care for Older People initiative**<sup>27</sup>, aimed at improving services for older people by shifting care towards anticipatory care and prevention.

The report identifies that demographic change and future demographic projections across the county now make the case for change urgent, with existing health and social care systems no longer considered adequate to meet the increasing needs and growing expectations of an ageing population. It recognises existing models of care must change in order to meet new challenges.

In practical terms, the ability to meet an increasingly high level of need across East Lothian within a sector which is experiencing change and with ongoing financial pressures is a key challenge for the East Lothian HSCP. It is recognised there is need to reduce reliance on acute hospital provision, prevent unplanned hospital admissions and cut down on delayed discharge, which are all of

<sup>27</sup> <http://www.gov.scot/Topics/Health/Support-Social-Care/Support/Older-People/ReshapingCare>

particular concern. This is not an efficient use of resources, placing additional strain on already stretched hospital provision and is not a positive outcome for people who could be living independently in their own home or in a more 'homely' setting.

In addition it states that health, housing and social care services for older people are looked at holistically, pressure points identified in terms of unmet need across the system and services reshaped in accordance with existing need and future projected demand. The focus on a strategic re-provision of these services allows a holistic approach to be taken.

It is recognised that suitable housing including specialist housing and housing related services, can be a critical element in reconfiguring and modernising long term care provision for older people. Housing with care in particular can play an important role in accommodating a proportion of older people who would otherwise be frequent users of acute services. The advantage of using housing with care for rehabilitation or intermediate care as opposed to a hospital environment or someone's own home is that the living environment is designed to support people who can manage independently with care and support and rehabilitation but who cannot go home as their home is unsuitable. Having bathrooms and kitchens to help people self-care provides an ideal environment to build daily living skills and confidence, whereas it is difficult for hospitals to do this.

Housing with care (or extra care housing) based solutions can provide older people with a more suitable and safer environment than in their own homes. Many people who move into specialist housing for intermediate care decide to move in permanently as it is so beneficial to their quality of life.

The actions identified for Priority outcome 4 of the Draft LHS report - *A wider range of specialist housing is provided to enable independent living where appropriate, Older People – Key Issues / Challenges and Actions* – are listed below.

- To see develop 300 units of specialist accommodation for older people over a five-year period to 2023 (60 units per annum). This could include care homes, extra care housing or sheltered housing, which could be purpose built or remodelled from existing provision & developed by the public or private sector.
- Carry out a comprehensive review of sheltered housing
- Explore potential models of rural care provision to enable more effective delivery of care
  - Investigate the implications of significant projected numbers of older couple households for specialist housing
- Ensure mainstream accommodation is future proofed as far as possible, built to a standard to accommodate wheelchair users & capable of being adapted to suit a range of needs
- Embed a culture change in relation to a more proactive, preventative approach to adaptations i.e. early identification of aids required to prevent delayed discharge.
- Target the provision of housing information and advice at 'younger' older people, with housing health checks carried out from age 55 across all tenures
- Target resources more effectively in relation to the provision of practical assistance & low-level interventions / support

- Increase capacity building within communities to support older people to remain in their own homes for longer & live independently i.e. community health; day activities; befriending services; respite care & support for carers.

All the actions identified as part of priority 4 outcome of the Local Housing Strategy are relevant to support the strategic vision and review of Eskgreen, Abbey, Edington and Belhaven hospitals.

### **Contribution to IJB Strategic aims**

The 2016 East Lothian Integration Joint Board (IJB) Strategic Plan<sup>28</sup> describes the changes and improvements in health and social care services that they wish to make over the next few years. The plan is underpinned by a number of national and local policies, strategies and action plans. Following extensive consultation and feedback on the draft strategic plan, immediate key priorities for East Lothian in the short term will focus on:

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

The re-provision of Abbey and Eskgreen Care Homes and Edington and Belhaven hospitals will contribute towards the achievement of the key IJB priorities. A new model will help address variation by identifying the use and delivery of health and social care services to allow delivery of care closer to home and in conjunction with the ongoing development of community based services help develop earlier intervention to people who require this support.

### **In Summary**

The re-provision of Abbey, Eskgreen Care Homes and Belhaven and Edington Hospitals is consistent in a local and national context.

The need to look at a holistic picture of health, social care and housing is important in respect of reviewing services and responding to increased need, increased population and increased demand.

## **Appendix 3 - Shifting the Balance of Care – teams in East Lothian**

**Hospital to home team** provides packages of care in the community, The service is led by the Senior Charge Nurse, has 18 fulltime band 3 carers , two registered nursing staff , previously, these packages would alternatively be provided by social care and private care agencies . A re-ablement model is used which leads to a reduction in the need for care through time, at times stopping the package of care altogether. By using this approach it maximises, maintains and can improve a

<sup>28</sup> 2016 East Lothian Health and Care Partnership , Integrated Joint Board Strategic Plan 2016-2019

person's independence by empowering them to return to the activities of daily living and maintaining their independence. To date the hospital to home team have stopped 50 care packages, reduced 28 care packages and have supported 7 palliative patients who were cared for at home and died at home. The service has scored 97% satisfaction rates by patients and their families, 429 patients over the last 2 years have received the services of the team.

**Hospital at home service** led by a Lead clinician seeks to support the twin goals of avoiding unnecessary Hospital admissions, and where an admission is necessary, to support the patient's prompt Discharge from hospital back to their own home in the community. The service brings together the multidisciplinary team (MDT) and integrates this around the needs of the patient, setting goals and implementing a care plan to reach these goals through continuous review and monitoring that takes place at the daily huddle where all members of the team lead meet to discuss progress. The service provides an urgent assessment that is responsive and able to provide monitoring and intervention for patient with an acute episode of illness that would otherwise require to an acute hospital admission, working with all members of the multidisciplinary team to get the patient seen in the right place at the right time by the right person who reviews the patient on a regular basis. The service works with teams who already exist within the community, such as the district nurses and general practitioners to achieve the best outcome for the patient within their own home setting.

Although the service originally had difficulty maintaining medical staff input they have successfully recruited a half time lead clinician , a GP who provides two sessions per week and a full time Staff Grade doctor, to support the service which has provided care for over 800 patients to date.

**The care home team** provide support and guidance to the 17 care homes in East Lothian. They identify training needs and provide education, facilitate access to specialist services when required. They work closely with East Lothian Council when concerns are raised or investigated.

The aim of the service is to help maintain quality care, improve standards of care, aide staff to access the skills & knowledge needed to care for their residents, prevent unnecessary hospital admissions, facilitate hospital discharge for complex cases and to improve links and access to secondary care services. They work in conjunction with other teams to ensure that residents within the care home setting are supported to remain within their home.

**Discharge to assess and plus** provides early discharge from hospital, to facilitate getting patient home from hospital when it is safe to do so, working with the patient to identify ongoing support and continue their rehabilitation in their home. The level of support depends on patient needs and ongoing continuous assessment carried out the allied health professionals to ensure that the patients reach their optimum.

In addition there is the following range of services, also providing support

**General Practice in East Lothian** - General practitioners (GPs) treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment. They focus on the health of the whole person combining physical, psychological and social aspects of care.

General practitioners have an important role in looking after patients in their homes and within the communities where they live. They are part of a much wider team whose role includes promoting, preventing and initiating treatment. GPs look after patients with chronic illness, with the aim to keep people in their own homes and ensuring they are as well as they possibly can be.

GPs are often the first point of contact for anyone with a physical or mental health problem and patients can be at their most anxious. Looking after the whole person - the physical, emotional, social, spiritual, cultural and economic aspects through patient-centred approaches is a vital part of any GP's role. This is becoming more important with terminally ill patients often choosing to stay at home

The new **East Lothian Community Hospital** will provide continuing care, mental health, medicine for the elderly and rehabilitation. Planned day care including outpatients, mental health social care, day surgery, diagnostics, hospital to home and hospital at home care services. There will also be shared facilities for gym, therapy kitchen and multifunction rooms. Community services will also be based with carer support, social care and community facilities. These services will combine to support the wider agenda of for older people in East Lothian.

## Appendix 4 – Examples of models of Extra Care Housing

### Varis Court, Moray



Varis Court is a purpose built development with innovative, high quality services for older people including Dementia and Extra Care facilities developed by Hanover in partnership with **Health and Social Care Moray** and Moray Council. The development provides 33 individual flats with additional communal facilities including 2 courtyards. There are a team of staff onsite to assist manage tenancies, provide meals and extra care depending on the tenancy. The dementia friendly properties include bespoke communal facilities including dining area and access to prepared meals, activity and relaxation areas along with staff facilities. Tenants of the extra care flats will have access to care and support provided by onsite staff.

The 33 unit new build was originally commissioned by Adult Community Care Services, on behalf of Health and Social Care Moray, to provide affordable accommodation that meets the demand for



sheltered and extra care housing for older people in the Forres area with complex care needs including dementia.

It has 33 (21 sheltered/extra care, 7 bespoke dementia and 5 augmented care) flats built in 2016 and it an extra care housing scheme with on site care staff, resident management and careline alarm service. It has a life, lounge and social activities. The tenure is rent (social landlord).

The augmented care flats are undergoing a pilot phase to provide care for individuals who may require some nursing support for up to 6 weeks. The new model will provide close to home nursing when home is not an option, but also aims to develop a flexible and adaptable service that will work alongside other health and social care staff to develop support plans that suit the needs of individuals rather than services.

Working in partnership with Forres Health Centre and Hanover (Scotland) Housing Association Ltd, the rationale for this pilot is to use 5 of the 33 units within this development as Augmented Care Units (ACU's) and then test how a new model of care could provide a more sustainable way of delivering health and social care services across Moray.

### **The Orangery – Sussex and Rother District Council**

The Orangery is an extra care scheme for older people in the Sidley neighbourhood of Bexhill on the South coast. It was developed by Amicus Horizon housing association (now Optivo) in partnership with East Sussex County Council and Rother District Council, and opened in April 2016.

Key features of the scheme are:

- Fully-accessible apartments and communal areas
- High-quality design and spec
- Care team based on site
- Close to a local high street
- Important role in the local community
- Sustainable restaurant provision

Bexhill has the oldest population in East Sussex and the highest proportion of residents aged over-85 in England and Wales. Rother District's population over the age of 65 is expected to increase by 48% by 2033. So the area faces a challenge in meeting future health, housing and care needs.

Sidley is a suburb of Bexhill with its own local high street. It's relatively deprived with some of the poorest health indicators in East Sussex. Obesity, substance misuse, high levels of A&E attendance, death rates, social care provision, mental health issues and unpaid caring are all high.

Extra care offers apartment-living to enable people to live independently for longer. Research by East Sussex County Council (ESCC) has shown 64% of extra care residents would otherwise need residential care.<sup>1</sup> but a 2017 housing needs survey of older people – also carried out by ESCC - shows only 6% of people considering a move to specialist accommodation are planning to move into extra care. This suggests not enough people know what extra care is – or how it represents a great ‘ender home’.

The Orangery comprises:

- 58-unit one- and two-bed apartments providing affordable housing (42 affordable rent, 16 • shared ownership)
- specially-adapted accommodation to enable independent living: apartments and communal • areas are fully wheelchair-accessible with walk-in shower rooms
- private outside gardens or balconies on upper floors •
- low-rise design and quality materials, reflecting the local vernacular •
- accommodation for 24/7 onsite care team and landlord staff •
- six additional open market houses, fully wheelchair accessible, the sale income helping • fund the scheme

### **Staffing**

In addition to the 24/7 care team commissioned by ESCC, Optivo have two staff based at The Orangery. They work office hours, with out-of-hours managers available in case of emergency:

The full-time Extra Care Project Manager is responsible for the building as whole, identifying and resolving issues when they arise.

The part-time Extra Care Officer works directly with residents in an intensive housing management and support role. She also supports residents in running activities and developing the social life of the scheme.

Because of the complexity of the residents living in Extra Care, staff have training to deal with things such as hoarding; anti-social behaviour; safeguarding; learning disabilities; dementia; identification of the need for mobility equipment; bereavement support and much more.

These scheme-based staff roles are supported 80% by rental income, 20% by service charges.

Optivo also have specialist teams who provide services to all residents, including those at The Orangery. They include anti-social behaviour; money matters (financial inclusion), lettings, tenancy sustainment, housing management and home ownership.

### **Calderdale Council**

In Calderdale, Together Housing and Abbeyfield run extra care housing schemes. “The schemes are made up of self-contained flats and other facilities all under one roof. To help people manage in their own homes everything has been carefully designed to suit older people. Care and support

services are also provided, which means that most people can stay in their own home. This is even if they are quite frail, or become more dependent over time.”

### ***Schemes in Calderdale***

The extra-care housing schemes are based at:

- Clement Court in Halifax;
- Willow Court in Elland;
- Mytholm Meadows in Hebden Bridge; and
- Ing Royde in Savile Park.

Eligibility for Extra care housing is available to anybody with care, support and housing needs. Each applicant must have had a care needs assessment and completed a Keychoice housing application. A panel comprising Adults, Health and Social Care, the housing provider (Together Housing 2000 or Abbeyfield) and Housing Services will look at all those factors and consider the application.

### ***Hafod Care Wales***

Hafod care have several services available. A few of these are shown below to highlight the different options available in South Wales.

#### ***Ty Cwm, Merthyr Tydfil***

Ty Cwm provides the people of the Merthyr area with an accommodation option to support independence in later life, or where physical disability or sensory impairment impact on their abilities to take an active role in their community.

Extra Care can be a viable alternative to sheltered accommodation or residential care by encouraging and promoting independent living and providing, wherever possible, a home for life with care and support services that can increase or decrease as the individual’s needs change. It is suitable for single people or couples, where one or both have need of more supportive accommodation.

The scheme comprises of 60 self-contained units (25 one-bedroom and 35 two-bedroom apartments). All accommodation is available for rent on an assured short hold tenancy basis and is built to a high specification, including full wheelchair accessibility.



The Extra Care apartments offer:

- Modern Fitted Kitchens
- Bathroom with walk-in shower (with access from each bedroom and the apartment hallway)
- Spacious main bedrooms in both one and two bed apartments
- Slip resistant flooring in kitchens and bathrooms
- Spacious living room
- Low surface temperature radiators controllable by occupants

In addition to shared lounge facilities, laundry, assisted bathroom and a cycle/scooter store, the scheme also offers a restaurant, hair and beauty salon, IT access, library, communal conservatory and landscaped gardens. The scheme is well placed to enjoy some spectacular views across the Merthyr valley.

For people with sensory impairments there will be a hearing loop in all communal areas and the scheme has been designed to meet the RNIB 'Visually Better' standards. A wealth of development experience has been incorporated to support an enabling environment for tenants of the scheme.

The scheme has been sensitively designed to support residents with early onset dementia to orientate themselves with passive design which includes the use of a variety of identifiable textures, colours and lighting on each floor.

Tenants are supported by a local community alarm service to contact the scheme manager , teams and support staff on site during normal hours of operation (9am-5pm) and the 'lifeline' call centre in the Civic Centre out-of-hours.

Hafod Care provides both the domiciliary care provision and the housing-related support which is attached to the scheme. Domiciliary Care staff are available on site 24 hours a day to give help with personal care and respond supportively to tenants who have emergencies.

To be considered eligible to apply for a tenancy at Ty Cwm Extra Care, individuals need to live in Merthyr or have a close Merthyr connection and are over 50 years of age and be eligible for support from Community Care (Adult Social Services). Potential residents must also be in one of the following situations:

- In hospital
- In a residential home or sheltered housing
- In a vulnerable situation at home
- Unable to cope with essential living tasks

### ***Golau Caredig, Barry***

Golau Caredig provides affordable independent living accommodation for people over 55 in 42 purpose-built one and two-bedroom flats. Individual care and support is provided by 'in house' domiciliary care and a tenant support service. The development is close to Barry town centre and includes several communal facilities including a restaurant, hairdressers, laundrette and multi-use activity area. The scheme was designed following input from the Design Commission for Wales and has been constructed by contractor Leadbitter to achieve BREEAM (Building Research Environment Assessment Method) standards.

### ***Cwrt Hir, Cardiff***

Cwrt Hir is our new close care scheme in Trowbridge, Cardiff. It is located next to two of their existing schemes, Dol y Hafren close care scheme and Woodcroft Residential Care Home.

**Close care schemes** consist of independent flats or bungalows which are built on the same site as an existing care home. They offer a wrap-around care and support service with the added comfort that, if they become more dependent or frail, then support is available to them in their locality.

Cwrt Hir has 13 purpose-built apartments and 3 bungalows which have been carefully designed to allow the highest degree of independence for people over 55 and/or who a physical or sensory impairment. It is suitable for single people or couples, where one or both have need of more supportive accommodation.

Tenants will receive care and support when they need it, in their own flat or bungalow, according to their own needs. Support will be in relation to housing-related advice as well as practical assistance with budgeting, health and lifestyle, domestic abilities, finding education, training and employment opportunities, and accessing local support networks. There is also a dedicated Community Homecare service on site which offers a range of care services from low-level needs to more complex care

requirements. Tenants will be offered additional services (such as meal delivery services, use of specialist equipment and participation in activities being held) from the Care Home if required.

***Broadway Gardens, Bushbury, Wolverhampton***



Broadway Gardens has 56 one and two bedroom apartments (each with one or two bedrooms, hallway, kitchen, living room and shower room) surrounding a host of leisure facilities and social opportunities, set in landscaped gardens in the Bushbury area of Wolverhampton. Broadway Gardens is managed by The ExtraCare Charitable Trust with the housing partner Midland Heart. Anyone over the age of 55 is eligible to apply for a home at Broadway Gardens. Priority is given to local people or those with a local connection.

Dependent on individual circumstances they can support residents with significant assessed care needs. They are able to support people living with dementia whose symptoms are conducive to living in an independent setting. The Team Leader training incorporates a biopsychosocial understanding of dementia so that care planning can be as holistic and individualised as possible. They rely on external statutory and voluntary services to provide any additional specialist dementia and mental health support for our residents.

Residents without care needs are also very welcome. Homes at Broadway Gardens are available for rent. Other services are Community Library (for residents and the neighbourhood), Gym, IT facilities, Guest Suite, Greenhouse, Beauty Room, Hairdressers, Laundry, Lounge, Restaurant, Social Club, Well-being Bathroom, Landscaped Gardens and Communal Parking

***Midlothian Council - Cowan Court Extra Care Housing***



Cowan Court is a specially designed, extra care housing development. It enables people with varying physical and mental health care needs, including dementia, to enjoy prolonged independence in a safe, caring, socially active supportive environment.

Cowan Court has a dedicated on-site team consisting of a team supervisor, care and support staff, an administrator, domestic assistants and a handyman. Care and support staff provide a 24/7 service, responding flexibly to needs identified in individual care and support assessments.

The development includes a two-storey building providing 32 extra care housing units for older people. There are 28 one-bedroom flats and four two bedroom flats, providing housing for couples as well as individuals. The building has been designed in a dementia-friendly way for older tenants.

### ***North East Lincolnshire – Strand Court***



Opened in 2015, Strand Court was commissioned by the North East Lincolnshire Clinical Commissioning Group and developed by Ashley House, with housing management by Inclusion Housing and care management by Lincolnshire Quality Care Services (LQCS).

The £8 million scheme offers 60 specially designed ECH apartments for social rent for frail elderly people needing care and support in East Marsh, Grimsby. The focus has been to provide a good balance of care needs from the commencement of occupancy in order to encourage the development of a positive community life, with opportunities for social interaction and mutual support between residents. Therefore, allocations are based not just on age and assessed and unmet needs but also on the willingness and ability of individuals to benefit from living in extra care housing.

### ***Research outcomes on Strand Court***

Distinctive about this work has been the research undertaken to identify people's experience of wellbeing and satisfaction within the scheme using a new measure of 'relational value' (R<sup>v</sup>). This is a concept rooted in research undertaken as part of a Knowledge Transfer Partnership between the Whole Systems Partnership and Leeds University School of Healthcare Studies. It seeks to identify, measure, monitor and work with positive behaviours that build integrity, respect, fairness, compassion and trust in the local system.

### ***What were the outcomes identified from this study?***

The section below is taken directly from the case study.

Key findings so far:

1. **Care package costs** to the Local Authority for residents were **reduced significantly**.
2. Following taking up residence, although they increased slightly in the following 7-9 months, but were still 16% below pre-admission levels for people with complex needs and 18% below for people with non-complex needs. This compares with increases of 23% and 14% respectively amongst the control group.
3. **Ten of the new residents had previously been in a care home**, and whilst 3 returned there. Over the first 7-9 months there were no 'new' admissions to a care home from the other 46 new residents – amongst the control group 63 were at home at the start of the evaluation period and 6 were admitted to a care home over the same period.
4. An **estimate of savings to the Local Authority** of home care or care home services compared with the likely costs estimated from the Control Group, are £260k pa, which is an **average of c£4,600 per person**.
5. The **death rate amongst residents has been lower** than in the control group, despite similar. age profiles and initial levels of need.
6. The **number of episodes reflecting mental health needs has been significantly lower** for. people in Strand Court when compared with the control group, and the number of **new dementia diagnoses has been higher**.
7. The number of contacts to the local 'single point of access' amongst those with complex needs . has reduced very significantly, by c60%, compared with the year prior to admission.

These findings continue to demonstrate a strong case for 'housing with care' solutions as part of a local economy. Work is ongoing to provide a broader perspective, including the potential to work with a linked dataset to obtain a clearer picture of the impact on health resources. Initial indications from this work do not currently suggest a reduction in hospital admissions on a before and after basis, or in comparison with the control group, although this is being kept under review.

#### **Loreburn Housing Association – Stranraer**





Intergenerational facilities are now also being considered and planned. Loreburn Housing association in Stranraer is designing accommodation to help tackle youth homelessness and provide dementia friendly support.

The scheme will see the creation of eight single-bed and four two-bed dementia friendly, extra care housing. A youth foyer will also be built, providing accommodation for up to 12 young people and will be located right beside the dementia specific accommodation; it will also offer opportunities for intergenerational projects that involve both the young people and older people.

The aim is to help reduce social isolation in older people and increase civic participation for young people. The building will be for the whole community who could use its meeting rooms, breakout spaces and wi-fi.

Work on the new development is expected to start on site in spring 2018 and finish in summer 2019.

### **Intergenerational Housing in Hackney, London**

A housing scheme in Hackney, east London, demonstrates another alternative approach that in this case was required to take account of. Buccleuch House is an intergenerational housing scheme, putting three very different communities side by side in a single block. The scheme's extra care housing has also been designed with the best practice principles of HAPPI in mind. The scheme of 107 apartments has been developed on a site previously occupied by a collection of poor quality bedsits, in the Clapton Common conservation area.

The scheme had one architect but had to accommodate three very different resident groups with their own cultural and physical needs. Hanover Housing Association wanted apartments in an extra care facility for residents over the age of 55, developer Hill wanted homes for sale to first time buyers, and Agudas Israel Housing Association wanted affordable rent and shared ownership homes for the Orthodox Jewish community. Hanover owned the site but needed a balance of market sale homes to cross-subsidise rental homes for commercial success. The outline design is shown below.



This provides another example of developing assisted/extra care housing and the requirements for different cultural and physical needs.

The apartments are split into three elements of the six storey building, with:

- 41 one and two bedroom assisted living apartments for older people, for Hanover, at the southern end of the building
- 38 one and two bedroom private sale apartments, for Hill, at the northern end of the building. These are designed to London Housing Design Guide standards, but were designed for adaptation to Orthodox Jewish requirements, in case that was needed for sales or resales.
- 28 apartments for local Orthodox Jewish residents, for Agudas Israel, in the centre of the building. These are mainly three and four bedroom units and are 10 per cent larger than London Housing Design Guide requirements, in line with Agudas Israel's specification.

#### **Scottish Borders - Dovecot Court (Eildon Housing) Peebles**



Dovecot Court, Peebles is a Housing with Care/Extra Care Housing facility in Peebles. The majority of residents in Dovecot Court were formerly of a local Care Home. The residents were, with their agreement and choice, transferred to Dovecot Court. Dovecot Court is an extra care housing development in Peebles. It is owned by Eildon Housing Association and has been specifically designed with the needs of older people in mind.

Personal care and support is provided by Scottish Borders Cares, Care at Home Staff who are based within Dovecot Court. Support may include a wide range of tasks such as:

- Personal hygiene
- Support with administration of medication
- Assist with washing / bathing / showering
- Continence management
- Rehabilitative programmes

Tenants are also supported by a newly formed committee Friends of Dovecot which assists individuals to engage in social activities both within Dovecot Court and the local community.

As at February 2018 2 more Housing with Care/Extra Care Housing facilities are being planned for development in Scottish Borders area.

### **Longitudinal study – Aston University to compare the needs and care costs of Extra Care residents with those in the community**

A study undertaken by Aston University<sup>29</sup> undertook a 3 year longitudinal study to compare changes over time in care needs and care costs of new Extra Care residents with those of a control sample in the community. It also sought to examine the effects of this integrated approach on perceived health and well-being, cognition, social functioning and independence over time.

Researchers and policy-makers have a limited understanding of the impact of innovative integrated housing, care and support models on the cost of care and support for older people.

### **Conclusions: Highlighted findings from study**

- The Extra Care Charitable Trust model can result in significant savings for NHS budgets – over a 12 month period costs total NHS costs (including GP visits, practice and district nurse visits and hospital appointments and admissions) reduce by 38% for ExtraCare residents who were in the sample across the period. NHS costs for ‘frail’ residents had reduced by 51.5% after 12 months.
- Use of the Extra Care Well-being Service, which provides accessible, relatively informal (drop-in) support, for preventative health-care and ongoing day-to-day chronic illness care increases over the period. At the same time (although not directly related on an individual level), there is a

<sup>29</sup>

Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust

significant reduction in pressure on local GP surgeries, with a 46% reduction in residents' routine or regular GP appointments in year one, supporting the drop-in model.

- The Extra Care model is associated with a significant reduction in the duration of unplanned hospital stays, from an average of 8-14 days to 1-2 days.
- The Extra Care model is likely to offer significant potential savings in the cost of social care for local authority commissioners.
- The cost of providing lower level social care using the Extra Care model was £1,222 less per person (17.8% less) per year than providing the same level of care in the wider community (on average, with variation by local authority) and the cost of higher level social care was £4,556 less (26% less) per person per year).
- Frailty, and especially pre-frail states are malleable - a significant number (19%) of Extra Care residents designated as 'pre-frail' at baseline had returned to a 'resilient' state 18 months later.
- A frail person's average annual care costs were £4720.96 at the 12 month point, as compared to £61.40 for a pre-frail resident (most receiving no formal care), underlying the importance of preventative interventions to reduce the likelihood of a person becoming frail.
- At baseline new residents had more difficulties with cognitive functions, independence, health perceptions, depression and anxiety than controls, but after 3 months these differences have reduced and some have disappeared, with significant improvements in psychological well-being, memory and social interaction for Extra Care residents.
- After 18 months Extra Care residents in general showed a reduction in depression – and those with low mobility, showed the greatest improvement (from their lower initial levels). At the end of this period serious depression can no longer be predicted by a person's mobility; those whose mobility reduced over period did not generally become significantly more depressed, but the overall relationships between mood and mobility were maintained, suggesting positive findings, but still room for more to be done.
- Social interaction, for residents of Extra Care, is not significantly related to mobility difficulties after 12-18 months of residence.

### **Institute of Public Care – predicting and managing demand in social care and Housing with Care/Extra Care Housing.**

Professor John Bolton of the Institute of Public Care has looked at Predicting and Managing demand in social care<sup>30</sup> and highlighted the availability and nature of Extra Care Housing as a positive factor in helping improve outcomes and manage demand in adult care. Professor Bolton discusses several aspects of Extra Care Housing and highlights changes in Coventry in the 2000's where the number of admissions to care homes halved. This was as a result of new extra care housing facilities and the

<sup>30</sup> 2016 Institute of Public Care, Predicting and managing demand in social care, Discussion paper – Professor John Bolton.

closure of council run residential care homes. Many people who had previously lived within residential care moved to new housing schemes.

Professor Bolton states “If this approach is going to work it has to be based upon the principles of promoting independence and is more likely to be cost effective if new residents might have considered residential care as an alternative”.

Further he says “one should be able to work on the assumption that housing a person in the community and delivering their care and support to them is a lower cost option than residential care. Where the costs are higher there is often an over provision of the care needed”.

Examples of extra care housing

Listed in appendix 4 are several examples of Extra Care Housing. These are not suggested as models for East Lothian although they or elements therein, may be relevant and appropriate to any future development being considered.

## Appendix 5 - List of Contributors

*n.b. This table requires updating*

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**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 22 February 2018  
**BY:** Chief Finance Officer  
**SUBJECT:** Financial Assurance 2018/19

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## 1 PURPOSE

- 1.1 This report lays out the current position of the financial assurance exercise undertaken on the 2018/19 budgetary settlement and proposition made by the IJB's partners.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- Accept East Lothian Council's budget settlement based on the information currently available.
  - Accept NHS Lothian's Indicative proposition on the basis that any revision does not impact significantly on the IJB and that NHS Lothian resolves to the IJB's satisfaction the pressures with the Set Aside budget

## 3 BACKGROUND

- 3.1 The IJB performs a process of financial assurance prior to considering the acceptance of the budget proposition from the partners. The IRAG guidance states that:-

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

- 3.2 The IJB's budget is simply the total of the budget propositions from the two partners – East Lothian Council and NHS Lothian. These partners have delegated a range of functions to the IJB and the IJB must satisfy itself that the resources made available by the partners will allow the IJB to deliver the delegated functions. That said, both partners have a further range of responsibilities outwith those delegated to the IJB and the IJB must consider the totality of their resources along the totality of their responsibilities including those of support the IJB.
- 3.3 The resources available to the partners are largely based on resources allocated by the Scottish Government. All of NHS Lothian's funding flows from the Scottish Government and although East Lothian Council raise income from their Council tax and make some charges to support the delivery of social care services, by far and away the largest element of East Lothian Council's income comes from the block grant. The Partners, and therefore, the IJB are dependent on the financial settlement made by the Scottish Government.
- 3.4 The Scottish Government announced their draft budget for 2018/19 on 14<sup>th</sup> December 2017. This was later amended as part of an agreement between the Scottish Green Party and the government. The revised settlement (in summary is as follows):-
- An uplift for all territorial health boards of 1.5%
  - A further move to NRAC ensuring that all Boards are within 0.8% of their NRAC share
  - £66m to the Councils to support social care pressures – East Lothian share being £1.237m
  - A small increase to the East Lothian Council baseline - £2.2m in total but that includes that £1.2m above.
- 3.5 In addition to the above a series of further investments are planned by the Scottish Government in Primary Care (£110m nationally) and Mental Health (£47m nationally). These values are the overall investment in 2018/19 but non-recurrent investments were made in 17/18 and in total, there is a step-up of £67m in these two areas. These planned investments (and the non-recurrent elements 2017/18) are not in the proposed budget to the IJB from NHS Lothian at this time. As these allocations are made during 2018/19, further details will be provided to the IJB.

### **Budget Settlements**

- 3.6 East Lothian Council set their budget for 2018/19 at their meeting on 13<sup>th</sup> February 2018. This included the details of the budget for the Adult Wellbeing Services which are largely delegated to the IJB. As has been discussed previously, the allocation for the IJB is not the same as that for Adult Wellbeing – an element of the housing support grants not being delegated to the IJB and some HRA services are delegated to the IJB. A value for the IJB is not available at this time however, the



settlement for Adult Wellbeing can be used as a proxy and any further adjustments will not impact on the IJB.

The East Lothian Council settlement for Adult Wellbeing is as follows:-

	£m	Notes
<b>Baseline Budget (excluding SCF)</b>	<b>43.4</b>	
Movements		
Provision for Pay Awards etc	0.5	
Increase in Service Charges	-0.4	1
Share of SG £66m	1.2	2
Uplift for NCHC	0.3	
Add'n investments	0.2	3
Efficiencies	-0.4	4
<b>Net Increase</b>	<b>1.6</b>	
<b>2018/19 Allocation</b>	<b>45.0</b>	

1. The Social Care allocation is net of income. The Council's budget proposes an increase in income the details of which have yet to be agreed, this is the amount attributed to Adult Wellbeing.
  2. As was discussed, as part of its settlement, the Scottish Government made £66m available to Councils to support Social Care. East Lothian's share is £1.2m and all of that has been put into the AWB budget.
  3. Additional resources have been made available by the Council to invest in Adult Social Care.
  4. The partnership management team, as part of the overall re-design have agreed to an efficiency programme which will be delivered by a review of the section 10 grants (£221,000) and a review of the Home Care service (£138,000)
- 3.7 NHS Lothian have been developing their 2018/19 financial plan and this has been discussed to their Finance and Resources committee and their Board. The details behind the financial plan have been fully shared with the IJB. This work is not yet completed and a further revision to the overall financial plan is currently underway. That said, the analysis below is based on the information presented to the Finance and Resource Committee at its meeting in January 2018. It is important to recognise that this financial plan is not balanced – it shows (overall for all of NHS Lothian) a financial gap of £27.8m and an element of that gap is reflected in the analysis of the financial pressures in the health allocation. This is discussed further below.
- 3.8 The position within the health system is not as clear as that within the Council. The NHS are given a series of additional allocations during the financial year and those elements that are part of the IJB's delegated functions are added to the IJB's budget in year. In addition there have been further revisions to the Health Budget setting model (especially within the Set Aside service) and budgets from Liberton hospital being transferred to the IJB. For the purposes of this exercise, the year on year comparison is based on a restated budget.

	£m
Restated 2017/18 baseline	97.548
Per January F&R position	100.67
Uplift	3.122

The Uplift consists of:-

- A reinstatement of the non-recurrent GP prescribing support made in 2017/18
- Pay awards that will support the staff costs in the operational budgets that constitute the IJB's allocation
- A further uplift for GP prescribing to take the opening 18/19 GP prescribing position to break-even.

Although the NHS Lothian budget is not yet finalised, NHS Lothian are proposing to provide additional resource to support capacity in primary care (c. £480,000 although £240,000 was invested non recurrently in 2017/18) and to support further developments in the delivery of GP prescribing (c. £240,000). Neither of these proposed investments are included in the values above. As discussed above this does not include any further elements of the Scottish Government investments indicated in the 2018/19 settlement.

- 3.9 In principle, the IJB should negotiate with the partners as to the allocations that they make to the IJB. In practice this work is undertaken in the dialogue that the Chief Officer has in his role as Joint Director, the issues reflected by the Chief Finance Officer in his operational role and in discussions with the partners that IJB members have in their roles as members of NHS Lothian Board or as Councillors. The IJB has not undertaken a 'formal' set of negotiations as this is considered to be neither practical (given the timescales) nor in the spirit of partnership. That said, this will be reflected in the multi-year financial plan which is discussed further below.
- 3.10 The financial assurance can be considered to consist of two broad elements – is the allocation fair and is the allocation adequate?
- 3.11 The 'fair' element is addressed by examining the allocation proposals (laid out above) and considering if the IJB has received a fair share of the resources available to the partners
- 3.12 East Lothian Council has passed on the additional resources made available to support Social Care by the Scottish Government, has made provisions for pay awards, the cost of the NCHC uplift along with further investments. It has reduced the levels of efficiencies that it had indicated for 2018/19 in the 2017/18 financial plan, this position is considered to be fair.

- 3.13 NHS Lothian, although this is not yet a final position, has made a provision to uplift all the operational pay budgets that fall into the IJB's allocation and has reinstated the GP Prescribing support as above. Further investments will be provided to support capacity in Primary care along with further development work in GP prescribing. There will also be additional resources from the Scottish Government which will pass onto the IJB. This position is considered to be fair.
- 3.14 The adequacy test can be tested by looking at the indicative financial pressures that the financial analysis of the partners provides. The IJB is fully aware of the overall financial constraints and that the current services delivery model is unaffordable and is committed to redesigning that model. The principles behind that redesign are laid out in the IJB's financial Strategy. That said, the IJB has to recognise the current position and to ensure itself that there are clear plans to manage any financial pressures.
- 3.15 The indicative position is as follows:-

	Indicative Budget £m	Projected Expenditure £m	Pressure £m
Adult Social Care	51.81	52.66	-0.85
Health - Core	67.19	67.64	-0.46
Health - Hosted	12.25	12.39	-0.14
Health - Set Aside	21.23	22.14	-0.90
	<b>152.48</b>	<b>154.83</b>	<b>-2.35</b>

- 3.16 The East Lothian Council position has been revised to take into account the adjustments required to move from the AWB position to the IJB's delegation. The Council have indicated that they would expect c. £0.4m of efficiencies to be delivered and this had been agreed by the partnership management team. The final out-turn position for social care is not yet finalised and there is a risk that, even if the position reaches a break-even, the 17/18 position has been underpinned by non-recurrent support. This means that, if no further actions are taken, this means that there may a recurrent pressure in the social care position. For the purposes of planning – and this will be revised once the out-turn position is finalised – a recurrent pressure of £500,000 has been assumed. This plus the achievement of the agreed 18/19 efficiencies has been used as the basis for this position. Details of the 2018/19 efficiency programmes have already been presented to the IJB and further details will be provided at the March 20-18 meeting.
- 3.17 It can be seen that the largest element of pressure within the Health position is within Set Aside. This is not managed by the Partnership

and NHS Lothian has been approached by the Chief Officer and asked to provide plans to deliver a break-even position. As was discussed above, the NHS Lothian financial plan does not balance in this version and this is one of the key elements of that overall gap.

- 3.18 The pressures within Core will be managed by the partnership and further details will be provided at the March IJB when the final NHS Lothian financial plan is agreed. The presumption, at this time, is that the hosted pressures can be managed.
- 3.19 As was reported to the IJB previously, NHS Lothian is working through a new model for IJB budgets which would not only deliver a fair IJB budget but also ensure that the charges against that budget represented the utilisation of these services rather than the current position which is based on notional shares.
- 3.20 Therefore in order to respond to the 'adequacy' issue the IJB has to consider if the efficiency plans will meet the financial pressures and if these plans do not impact on the IJB's ability to deliver its Strategic Plan. This does not seem unreasonable at this time with the very clear exception of the Set Aside position for which the IJB simply does not have adequate assurance. This matter is being actively progressed by the Chief Officer.
- 3.21 The discussion above relates only to the 2018/19 position. Clearly the IJB requires a three year financial plan and this is addressed by a separate report. The partners have been providing indicative three year allocations along with an analysis of the financial pressures and it's clear that the position in 2019/20 and 2020/21 will be significantly challenging.
- 3.22 Work will continue on the 2018/19 financial assurance exercise and a further position, including the projected 2017/18 out-turn will be reported to the March 2018 IJB 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 further policy implications within this report.

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

- 6.1 The subject of this report has not been through the Integrated Impact Assessment process. This work will continue as the financial plans for 2018/19 are finalised.

## **7 RESOURCE IMPLICATIONS**

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

## **8 BACKGROUND PAPERS**

- 8.1 IJB finance report in December 2017

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<b>DATE</b>	14 February 2018





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 22 February 2018  
**BY:** Chief Finance Officer  
**SUBJECT:** Outline Three Year Financial Plan – 2018/19, 2019/20  
and 2020/21

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## 1 PURPOSE

- 1.1 The report further develops the IJB's financial strategy and presents an outline draft of a three year financial plan for the IJB.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- Note the report
  - Support the continued development of both the financial strategy and the financial plan.

## 3 BACKGROUND

- 3.1 The IJB requires to prepare a multi-year financial plan which will lay out how the IJB will resource the delivery of its Strategic Plan. At its August 2017 meeting the IJB agreed to draw up a 'straw man' outline financial plan – that is a financial plan laying out a set of propositions which will both inform the partners of the direction of travel and stimulate discussion around the proposed position.
- 3.2 This proposition was further considered by the IJB at its December meeting, the paper also articulating the IJB's underlying financial strategy – that is a series of principles which will underpin the redesign of the service delivery of the IJB's functions to both manage down the costs and provide capacity to manage further demand.
- 3.3 The IJB held a workshop in January 2018 to discuss the financial planning principles and process around the delivery of the financial

plan. Agreement to the principle that would support the financial strategy and the overall direction of the financial plan was accepted.

- 3.4 There is a difference between the financial strategy and the financial plan. The financial strategy lays out the principles through which the IJB will deliver its financial plan, the financial plan being a statement of what financial resources will be used to deliver the functions that have been delegated to the IJB.
- 3.5 In terms of operational delivery, it's envisaged that the Health and Social Care Partnership will largely be the delivery model for the delegated functions working on the broad premise that any service that can be managed by the partnership should be managed by the partnership.
- 3.6 That said, in the case of some pan-Lothian health services and specifically the Set Aside services the IJB will have to work with the other Lothian IJBs and NHS Lothian to ensure that the goals in the IJB's Strategic Plan are delivered. Clearly the IJB needs to understand how its delegated functions managed in the Acute system can be transformed and will work with the Acute management teams to deliver this transformation. Work is underway with NHS Lothian to ensure that a proper financial model exists to allow funds to be transferred from the Acute system as activity is moved into a community based setting.

### **Financial Context**

- 3.7 Broadly, the financial context is simple. Demand for health and social care services is increasing and the financial (and staffing) resources to deliver health and social care services are decreasing. Demand is driven by improvements in medical technology, increased patient expectation and demographic changes and the UK government's policy of constraining public expenditure has reduced the financial resources available. It's also important to note that health and social care is facing serious staffing shortages – for example it is very difficult to recruit GPs and social care workers.
- 3.8 It's clear that the current delivery model employed by both Health and Social Care is not sustainable in the longer term and the IJB is committed to changing the service delivery model for health and social care to allow it to live within both the financial envelope and to recognise the current staffing issues.
- 3.9 Of course, the IJB remains committed to delivering the highest quality of care and to continue to tackle the issue of inequalities. However, achievement of these goals does not necessarily require the expenditure of more money – the IJB will achieve these goals by changing the delivery model of health and social care to a locally managed, locally delivered, integrated services that support the population on a holistic basis. The IJB will also continue to engage with its public and continue to develop the realistic care, realistic



expectations programme. This will be further explored in the IJB's financial strategy.

- 3.10 At its December 2017 meeting the IJB received a report which was an illustration of the financial challenges and a reflection of the impact of not changing the delivery model. This report highlighted that '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'. Although this work was undertaken before the Scottish Government announced its budgetary proposals for 2018/19 (along with further amendments that have since been made) the financial pressures remain significant.

### **Financial Strategy**

- 3.11 The IJB's financial Strategy will lay out, as was discussed in the October paper and in more detail in the January workshop those underlying principles and mechanisms which themselves will underpin the IJB's financial plan. A summary of these, along with some examples is attached as Appendix 1. It's important to recognise that much of this work is already happening, for example integration of the delivery of services has commenced, the Musselburgh Primary Care hub reflect the proposed redesign of primary care, hospital at home and extra care house change the balance of care.
- 3.12 The IJB will build on the principles of realistic care and realistic expectations and this work will be supported through wide ranging public engagement which will not only explain how the health and social care service delivery is changing but will also engage the public as key elements in the delivery of their own care
- 3.13 The key themes underpinning the financial strategy are :-
- Prioritising the Allocation of Resources
  - Making more efficient use of resources
  - A move from failure demand to prevention
  - A move from hospital care or care homes to community based services
  - A move to improved quality and access
  - A move from working in silos to team working
  - A move from reactive to anticipatory care planning
- 3.14 Both NHS Lothian and East Lothian Council have also produced financial strategies. These plans are complementary to that of the IJB in that they both agree that the current service delivery model requires fundamental redesign.

### **Outline three year financial plan**

- 3.15 Appendix 2 is the first iteration of a high level financial plan for the IJB. This is based on the current information available – that is based on East Lothian Council’s budget and the NHS position as presented to their Finance and Resource committee in January 2018. This plan lays out the current ‘do nothing’ position and illustrates the financial challenges in the system. However, it shows how the principles of a multi-year plan would be presented.
- 3.16 Thus the simple principle behind this financial plan is that the IJB will identify the total resources available to it and then use these resources to deliver its Strategic Plan. The IJB will not plan to spend any more resources than it has available and given the discussion on the pressures arising from the ‘do nothing’ option this will present significant challenges.
- 3.17 This process starts with a proper mechanism through which the IJB agrees the total resources available. The current mechanism by which NHS Lothian and East Lothian Council make offers to the IJB will not change and the IJB will have to undertake financial assurance on the ‘budget’ proposition from the partners however, these propositions will not constitute either health or social care budgets but, as described above, the totality of the resources available to the IJB.
- 3.18 As before, the IJB will have to decide if the financial propositions from the partners are ‘fair’ and equitable. NHS Lothian are currently undertaking further work to establish a ‘fair share’ budget and this process will be more transparent than the current budget setting process. NHS Lothian’s most up-to-date position on this work is laid out in a paper that was presented to the Lothian Finance and Resources committee in November 2017. This is attached for reference (Appendix 3).
- 3.19 The Council’s budget proposition is simpler in that it is basically the budget for adult wellbeing care, although given the principle above the council is actually deciding what resources it will allocate to the IJB having delegated the delivery of social care to the IJB.
- 3.20 The plan does not differentiate between who will deliver, in operational terms, the functions (presented as programmes) and the total against each programme also provides an indication in intent – increased investment, continued investment or reduced investment.
- 3.21 Clearly, given the discussion above regarding the totality of the challenges, even with the application of the changes articulated in the strategic plan there will be financial pressures in individual programmes as (for example) pressures arise from increased pay awards and contractual uplifts along with demand pressures. Against each programme line an indication of the potential pressures which has been extracted from the financial planning details of the partners. It should be remembered that the January ’18 iteration of the NHS Lothian financial plan does not have a break-even position in any of these three years and, although East Council has set a balanced budget for each

of the three years, the efficiency targets included in that plan have been shown as pressures.

- 3.22 The IJB's financial plan is based on the assumption of break-even on a year on year basis and although the IJB can create reserves this mechanism has not been considered in this first draft. This plan will become a discussion document in that it will show where the IJB proposes to utilise its financial resources and where it will invest and where it will disinvest. That said, the plan does not, in any meaningful way, propose investments in any programmes, with the exception of those investments planned by the Scottish Government. Given the overall constraints in resources it is proposed that the 'best' position in years one to three for a programme is a (relatively) flat settlement.
- 3.20 The base position in the plan (2018/19) is based on the current operational budgets. Ideally a zero based budgeting exercise would have been undertaken which would have prioritised the overall use of resource and directed the resource accordingly. However, this has not been possible at this time however although the total value for the programme is based on the current budgets this does not mean that individual services budgets will remain the same. The services that deliver each programme will have to deliver the programme using no more than the overall resources for that programme.
- 3.21 The Management Teams will now have to construct operational budgets that fit the resources envelope expressed in the programmes and this will give them the opportunity to redesign their services based on the principles that the IJB has articulated in its financial strategic.
- 3.22 As is described above, the IJB's functions have been gathered into 'programmes'. These programmes are based on those used in local authority planning and reporting with the additional of specific health issues – primary care and set aside. Appendix 2 describes the contents of the programmes
- 3.23 The IJB was previously presented with the Scottish Government advice on prioritisation. Prioritisation is simply the exercise of deciding which services to support within the constrained resources with those services not prioritised not being supported. This recognises that not every service currently being provided can continue to be provided and the SG advice provides a model to undertake this exercise.
- 3.24 It is accepted that the 'programmes' are necessarily at a relatively high level and that each programme will, using the principle and models laid out in the financial strategy have to redesign within the resources elements in the plan. Of course, it is also accepted that these overall resource elements are based on the current budgets and not on a fundamental review of how the total resources available to the IJB should be used (and prioritised). This exercise can be carried out in the next financial year to support a revised plan in future periods.
- 3.25 The plan does not currently recognise any further investments in Health and Social Care as indicated by the Scottish Government in their 2018/19 budget proposition. These elements will be built into subsequent plans once the details have been finalised.

#### **4 ENGAGEMENT**

- 4.1 This work has been widely discussed at the IJB. The principles and ideas have also been laid before the IJB's Strategic Planning Board.

#### **5 POLICY IMPLICATIONS**

- 5.1 There are no further policy implications arising from this report.

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

The subject of this report has not been through the Integrated Impact Assessment process but this process will be undertaken as the plan is further developed.

#### **7 RESOURCE IMPLICATIONS**

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

#### **8 BACKGROUND PAPERS**

- 8.1 Reports to the IJB – August 2017 and December 2017.

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#### Appendices

1. Draft Financial Strategy
2. Draft Financial Plan
3. NHS Lothian – review of IJB budget setting model

## 1. Introduction

The Financial Strategy lays out the principles and process that underpin the IJB's financial plan. These principles support the Scottish Government's overall policy of changing the balance of care and supporting people in their own homes or in a homely setting as far as possible. This is a first draft and will continue to be developed as the principles below are further developed by the operational teams.

## 2. Principles.

There are a range of broad principles that will underpin the financial strategy, these are

### **Prioritising the Allocation of Resources**

Given the financial and staffing constraints it is very likely that some services or elements of services currently offered within Health and Social Care will have to be stopped. It is a very challenging exercise but the IJB's plan will have to look at the outcomes delivered by its services and consider how each service contributes to the overall outcomes as described by the Scottish Government. Some of this work will fall naturally out of the service redesign and the IJB's underlying principles of transparency and engagement with the populations it services should support this process.

#### **1. Making more efficient use of resources**

Part of the NHS Lothian financial strategy is a principle of improved efficiency in every service. Some of this will be delivered by redesign and some may be delivered by advances in technology.

#### **2. A move from failure demand to prevention**

There is little doubt that early intervention, especially in health will both improve that quality of life for individual and often reduce the need to later more costly interventions and treatments. A key part of this is 'co-production' – that is making sure that the individual is fully involved in their health and rather than a recipient of treatment a partner in their overall care.

#### **3. A move from hospital care or care homes to community based services**

This is fundamental to the principle of changing the balance of care – the Scottish Government’s policy is that more care should be delivered in the home or in a homely setting. Institutional services, especially large acute hospitals are not only costly but the experience of the patients is often poor. Not, of course, in terms of the quality of the clinical care but in terms of having to be moved from the individual’s home and then to be returned back into the community a process which can lead to delays in discharge.

#### **4. A move to improved quality and access**

Improved quality of care should lead to better outcomes and mean that individuals do not have to be admitted to institutional services or that they do not have to be readmitted to care unnecessarily. Improved access to the appropriate level of care should support quality and should also support reductions in unnecessary interventions and thus reduce costs.

#### **5. A move from working in silos to team working**

In simplest terms this would entail the creation of a ‘care team’ whose members would support individuals based on the premise that the most appropriate member of the care team intervening where required. The current model often provides a highly trained specialist to support an individual who then refers onto another specialist or to a more generalist support. The system is currently designed around quite specialist services (the ‘silos’) and the redesign will move from a specialist based system into a team based system with specialist support.

#### **6. A move from reactive to anticipatory care planning**

This is an underlying principle to the treatment of individuals with long term conditions or needs. Simply – rather than wait until a crisis and respond to that crisis, a long term anticipatory plan will support the individual through their care path.

### **3. Examples**

Most of the above principles are currently being developed in terms of new services or service redesign. None of the above is new and the partnership management teams have, over the past few years been developing new services and redesigning current services using the above principles.

The whole structure and ethos of the local health and care service has been changed by the creation of the partnership by East Lothian Council and NHS Lothian. This has been further developed by the implementation of a single management team structure wherein managers manage both health and social care services that deliver support to individuals. This has allowed the creation of integrated care teams and generated additional efficiencies and improved the quality and appropriateness of services. In addition to this, services previously managed on a pan-Lothian basis

have been disaggregated (Substance Misuse services and Learning Disabilities services) and moved into the partnership, thus allowing these services to be incorporated into the local teams.

The creation of Step-down beds, hospital at home and hospitals to home have supported the principle of changing the balance and have reduced the bed usage at the Acute hospital sites.

The development of Musselburgh primary care hub has supported improved access to primary care services and the ability to direct individuals to the most appropriate care provider. This development also support capacity in primary care allowing improved access.

The further development of extra-care housing will support many of the above principle – not only changing the balance of care but also providing better anticipatory care

#### **4. Next Steps**

As discussed above, this financial strategy requires further development and a further iteration will be brought back to the IJB as part of the overall development of the financial plan during 2018/19





## East Lothian IJB Financial Plan – 2018/19, 2019/20 and 2020/2

### 1. Introduction

This is the first, draft high level multi year financial plan for the IJB. It shows the totality of the resources that will be available to the IJB and then how the IJB will use these resources to deliver its Strategic Plan.

The use of these resources is laid out on a programme basis and the resources available to each programme in each year shows the intent of the IJB to either invest or disinvest in the overall resources available to each programme.

The operational management teams of the partners will be asked to prepare service budgets that fit into the overall programme envelope. The opening financial plan below is based on the indicative recurrent budgets built up on a service basis, however it may be that the later iterations of the plan will use a zero-based budgeting approach to build up service budgets from scratch but that has not been done at this time.

It should be noted that this plan has been prepared based on the current information provided by the partners – that is on the East Lothian Council's budget for 2018/19 and beyond and the iteration of the NHS Lothian financial plan as presented to the Lothian Finance and Resources committee in January 2018.

The plan is prepared for the next three financial years and is based on information provided by the partners. That information shows an indicative allocation for the IJB along with a subsidiary analysis of the financial pressures, the financial pressures being pay wards, contractual uplifts and operational pressures. This financial analysis has been used to show an indicative financial pressure in all three year. This is, of course, based on the 'do nothing' option and the partners are finalising efficiency plans that will address these pressures along with further service redesign as discussed in the financial strategy

### 2. Detailed Assumptions.

- 2.1 The resources available are based on the current status of the partners' financial plans. These do not take account of any additional health resources as indicated by the Scottish Government in their 2018/19 draft budget. The resources are net of client contributions and other income – the IJB has no authority over charges made by either partner.
- 2.2 The programmes are based on the recurrent service budgets which have been grouped together into programmes, these programmes are

described further below. The programmes are services that provide care for that category of individual and will be provided by both NHS Lothian and East Lothian Council.

- 2.3 In principle the budget against each programme indicates the total amount of the resources that the IJB will use to support the delivery of that programme.
- 2.4 The operational units will be required to lay out delivery budgets that, in accordance with the IJB's financial strategy that will deliver the IJB's delegated functions
- 2.5 The Primary Care programme consists of :-
  - Budgets for the operation of GP Practices across East Lothian (GMS)
  - The IJB's share of a range of support to the GMS budgets which is managed on a corporate basis
  - Budgets for the GP prescribing

It should be noted that the costs of the delivery of the General Pharmaceutical Services, General Dental Services and General Ophthalmic Services do not have budgets as such and are not included in the Primary Care Programme

### **3. Financial Plan**

- 3.1 This is the start of an iterative process and the next steps (see below) identify the further work that requires to be undertaken.
- 3.2 The plan shows the recurrent budgets (expressed in programmes) along with the indicative financial pressures as extracted from the partner's financial planning systems.
- 3.3 There are, in this plan, apparently no further investments in Primary Care. This is function of this particular model and will not be the case in reality. As the East Lothian population increases, the national formula to distribute the national GMS resource will increase the funds to East Lothian. The Scottish Government has also committed to an increase in Primary Care funding over the next few years of c. £250m nationally. As these funds are made available to the IJB, they will be invested in Primary Care services.
- 3.4 The plan is appended to the end of this report.

### **4. Management of Financial pressures**

The financial strategy lays out an approach to redesign and this approach will be used to redesign the services in line with the resource

envelop as above. However, it can be seen from the first version of the analysis above that the two largest elements of pressure lie within Primary Care and Set Aside.

- The Primary Care pressure is GP prescribing, this being generated by a non-recurrent investment in 2017/18 budget and projected increased growth in future years. The Partnership is working with the Partners to identify if any further recurrent resources are available to underpin this pressure and with GPs who are considering a 'de-prescribing' exercise which will reduce demand and therefore prescribing costs. It may be that further efficiencies will have to be delivered, however, to underpin prescribing resources
- The Set Aside position requires further analysis. Although Set Aside services have a significant staffing element (and therefore cost pressures are generated by pay awards in excess of funding uplifts) there are a further range of pressures which the IJB will require to understand further. The IJB has already directed that it will not support additional investments in Set Aside and it will expect resources (and cost pressures) to be released as the IJB's Acute Bed usage reduces.

## 5. Programmes

The programmes are as follows and include both health and social care budgets -

- Older People – social care and health services for older people, including beds in the Edington and Belhaven Hospitals, Care Home beds and district nursing.
- Children's Services – only Health Visiting services are currently delegated to the IJB. These are considered to be the only children's services
- Learning Disabilities – social care and health services for individuals with learning disabilities – much of the health services are currently provided corporately by NHS Lothian (including beds at the REH) although the community element of these services is currently being transferred to the Partnership.
- Physical Disabilities –health services for individuals with physical disabilities largely services delivered on the Astley Ainslie Hospital site
- Mental Health - social care and health services for individuals with mental health issues including acute and rehabilitation beds at the REH.
- Primary Care – this is described above and does not include non-cash limited services (GOS, GPS and GDS)
- Other – costs of management administration and planning and Public Protection and Criminal Justice for the Partnership. The IJB's

share of Dental, Dietetics, Arts Therapies, Smoking Cessation, Family Planning and Podiatry services. There are also a range of budgets for the support to voluntary organisations.

- Acute Set Aside – the delegated services are :-
  - A & E (outpatients)
  - Cardiology
  - Diabetes
  - Endocrinology
  - Gastroenterology
  - General Medicine
  - Geriatric Medicine
  - Infectious Disease
  - Management
  - Rehabilitation Medicine
  - Respiratory Medicine
  - Therapies
- Integrated Care Fund /Social Care Fund – although much of the SCF is currently invested in supporting increased service delivery costs (living wage etc), the IJB wished to retain a governance overview of this investment.
- Substance Misuse Services – health and social care services to support those individuals with misuse issues with drugs and alcohol, including MELDAP

## 6. Next Steps

As was discussed above this is the start of an iterative process. Ideally the plan should reflect changes in investments and changes in priorities expressed in financial terms with a direction of travel obvious over the period of the plan and showing (if applicable) movements between programmes. The following steps are required:-

- Consideration of the delivery of efficiencies laid out above within the current position
- Consideration of prioritisation of the overall resources available to the IJB.
- Engagement with partners and discussion of any reprioritisation of IJB resources
- Engagement from the operational teams regarding their proposals and agreement to deliver services within the agreed financial envelope.
- Further mapping the revised financial plan onto the directions
- Improved financial monitoring and management in year in terms of cost and delivery
- Improvements financial monitoring in terms of outcomes.

East Lothian IJB - Three Year financial Plan ('do nothing') - 2018/29, 2019/20 and 2020/21

Appendix 2

Programme	Recurrent Budget 18/19	Non-Recurrent budget18/19	EL IJB Total Budget 18/19	Projected Recurrent Exp 18/19	Projected Variance 18/19	Budget 19/20	Proj. Exp 19/20	Projected Variance 19/20	Budget 20/21	Proj. Exp 20/21	Project Variance 20/21
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Older Peoples Services	36,927		36,927	36,889	38	36,682	36,745	-63	36,937	36,605	333
Children's Services	1,388		1,388	1,350	37	1,422	1,391	31	1,456	1,433	23
Learning Disabilities	15,973		15,973	16,107	-134	16,011	16,201	-190	16,049	16,555	-506
Physical Disabilities	3,306		3,306	3,292	13	3,319	3,311	8	3,333	3,330	2
Mental Health	8,931		8,931	9,266	-335	9,064	9,504	-440	9,117	9,727	-610
Primary Care	34,369	1,922	36,291	37,294	-1,003	34,427	38,258	-3,831	34,485	39,264	-4,779
Other	20,455	-1	20,454	20,421	33	20,298	20,373	-75	19,978	20,175	-197
Acute Set Aside	21,147	85	21,232	22,122	-890	21,534	22,887	-1,353	21,922	23,704	-1,782
Integrated Care/Social Care Fund	6,130		6,130	6,131	-1	6,130	6,131	1	6,130	6,131	-1
Substance Misuse	1,854		1,854	1,947	-93	1,867	1,993	-126	1,881	2,042	-161
	<b>150,480</b>	<b>2,005</b>	<b>152,485</b>	<b>154,820</b>	<b>-2,335</b>	<b>150,755</b>	<b>156,795</b>	<b>-6,040</b>	<b>151,287</b>	<b>158,965</b>	<b>-7,678</b>



**NHS Lothian**

Finance and Resources Committee  
15<sup>th</sup> November 2017

**Director of Finance**

**UPDATING THE IJB BUDGET AND COST ALLOCATION MODEL**

**1 Purpose of the Report**

- 1.1 This paper seeks endorsement of the proposal to progress an update to the allocation of budget and cost to each IJB within Lothian using a refined allocation model.
- 1.2 This paper sets out the following:
- The current arrangements in place to model and allocate NHS Lothian budgets and costs to each IJB;
  - The proposed changes to modelling and allocating budget and cost to more fairly reflect the resources delegated to and utilised by each IJB;
  - The next steps required in order to ensure these arrangements can be progressed timeously.

**2 Recommendations**

- 2.1 The Committee is recommended to:
- **Agree** the principle to explore the modification of the budget setting model based on an NRAC share;
  - **Endorse** the proposal to utilise patient level data as a means to ascribe costs to IJBs based on the utilisation of services within their patient population.

**3 Discussion of Key Issues**

Current Allocation Model

- 3.1 With the creation of the four IJBs, a budget allocation model was agreed by NHS Lothian through its Finance and Resources Committee in 2015/16, taking effect from 1<sup>st</sup> April 2016. This model has been the basis of financial reporting throughout 2016/17 and 2017/18. The IJBs accepted the principles within the model on the basis that this would be reviewed again in the future.
- 3.2 In summary, the extant allocation model identifies budgets associated with delegated functions, and allocates those budgets to IJBs using an appropriate allocation tool:
- For **Core** services, Partnership budgets are allocated in full to the IJB;

- For **Hosted** services (held within a specific Partnership on behalf of all Partnerships), budgets are allocated to IJBs based on appropriate shares, mainly using PCNRAC;
- For **Set Aside** services (those services operationally managed within Acute services but are functions delegated to the IJB), the same principle is applied as that used for Hosted Services.

3.3 PCNRAC is a derivative of the National Resource Allocation Committee model utilising information from Practice list sizes. Where delegated functions contain services that are used by the wider Lothian population, PCNRAC is a tool which can allocate shares of budget to the IJBs on the following basis:

- Edinburgh 57%
- East Lothian 12%
- Midlothian 10%
- West Lothian 21%

3.4 For costs, the same allocation principles apply. Therefore if PCNRAC is used to allocate a budget in a cost centre, the same PCNRAC calculation will be applied to the expenditure against this budget heading.

3.5 Chief Finance Officers have been fully involved in the construction of the model, and continue to participate in the refinement of allocations. They are also supportive of the principle to modify the model as set out in this paper, although remain concerned with the potential turbulence that a refinement to the model may cause, highlighting a requirement to have measures in place to protect IJBs from any volatility.

#### Challenges of the Current Allocation Model

3.6 Whilst the current model has been useful in supporting agreements around budget setting, financial planning and reporting financial performance in the early years of the IJB, there is recognition that the model would benefit from enhancements, both in relation to the allocation of budgets to the IJB, and distribution of cost.

3.7 NHS Lothian currently receives its allocation from the Scottish Government on an NRAC basis. The current IJB allocation model applies a split which is essentially historical in nature and does not take a holistic view when considering budget allocation. For example, budgets for Core services are allocated directly to each IJB without any consideration of the relative size of those budgets.

3.8 The latest information on NRAC shares at an IJB level in 2017/18 (based on the latest IJB data) are:

- Edinburgh 56.16%
- East Lothian 12.36%
- Midlothian 10.61%
- West Lothian 20.87%

3.9 One of the key tasks of the IJB is to strategically plan healthcare provision for its patient population. To do this, the IJB also needs good information on how its patient group currently utilise services across Lothian. The current cost allocation model does not distinguish this.



- 3.10 Given the current model has been in situ for two years giving IJBs time to settle, it is now an appropriate time to review the allocation principles with the aim of making it more responsive to IJB requirements, whilst recognising those concerns raised around system turbulence.

#### A new approach to setting budget and allocating actual cost to IJBs

- 3.11 It is now proposed that a review to the allocation model be undertaken to provide more robust budget and cost information to the IJBs. The proposal breaks down as follows:
- **Budgets** – The allocation model would be revised to recognise proportionate shares of the total resource included within delegated functions. This would result in an NRAC share of Core, Hosted and Set Aside budgets being allocated to each IJB;
  - **Costs** – Patient level data would be used to create a new proxy for resource utilisation where possible. Costs associated with a specialty would be split across each IJB based on an appropriate usage related weighting, such as occupied bed days for a ward cost. It is recognised that patient level data may not be available across all services, and where this is unavailable an agreement to use NRAC to split actual cost will be pursued as an interim measure.
- 3.12 Allocating costs to an IJB on the basis of usage would reflect the use of services from the relevant population and would allow a better understanding of how resources should be deployed in the future.
- 3.13 It is important that any budget and cost allocation model is clearly understood by both NHSiL and each IJB. The model requires to be tested and any turbulence caused by this change of approach understood and, if required, a transition plan prepared and agreed. Any issues relating to specific budgetary areas within IJBs which may render the application of an NRAC approach inappropriate will also need to be reviewed. Any model revision must also consider the consequent strategic and operational arrangements to support the delivery of the services, and the ongoing reporting support required. And finally the model needs to be agreed by the IJBs.
- 3.14 Timescales for the implementation of any new model will be dependent on a number of factors, and it is not currently expected to have the new arrangements agreed and in place for the 2018/19 financial year.

#### Next Steps

- 3.15 Following agreement by the F+R committee and subsequent support from each IJB, a number of strands of work will be progressed:
- Application and review of NRAC shares to overall delegated (and agreed) budgets;
  - Application of Patient level data to delegated costs to provide an updated share of resources;
  - Agreement on the arrangements for monitoring performance;
  - Agreement with the IJBs on any interim arrangements required to mitigate against turbulence created from the new model;
  - Agreement on the protocols for budget reallocation based on IJB requirements.

#### **4 Key Risks**

- 4.1 There is a risk that the development of budget and actual models do not provide sufficient detail to allow an accurate understanding of the use of resources at IJB level. There is also a risk that the output will create too much potential turbulence that the model cannot be agreed.

#### **5 Risk Register**

- 5.1 At this stage, no further updates need to be added to the Risk Register. This will be reviewed following the conclusion of the modelling process.

#### **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. This will require to be reviewed from any follow up work required.

#### **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 There are no resource implications arising specifically from this report.

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2<sup>nd</sup> November 2017

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