



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 22 March 2018
BY: Chief Officer
SUBJECT: Change to the Non-Voting Membership of the IJB

1

1 PURPOSE

- 1.1 To ask the IJB to agree to the replacement of Andrew Wilson, East Lothian Council's staff representative non-voting member of the IJB.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to agree to the appointment of Penny Dutton as the Council's new staff representative non-voting member of the IJB, in place of Mr Wilson.

3 BACKGROUND

- 3.1 As prescribed by the Integration Joint Board (IJB) Order 2014 No. 285, each IJB is required to appoint representatives of the staff of the constituent authorities engaged in the provision of services under integration functions. In this case, East Lothian Council and NHS Lothian.
- 3.2 Mr Wilson was appointed as the Council's staff representative non-voting member of the IJB in 2015. Following a meeting of union representatives in February 2018, it is proposed that Mr Wilson be replaced by Penny Dutton and that this change in IJB membership should take effect from March 2018.

4 ENGAGEMENT

- 4.1 As above, this proposal was discussed and agreed at a meeting of union representatives.

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial – there are none.

7.2 Personnel – there are none.

8 BACKGROUND PAPERS

8.1 None.

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East Lothian
Integration Joint Board



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

**THURSDAY 22 FEBRUARY 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

2

Voting Members Present:

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

Non-voting Members Present:

Ms F Duncan
Dr R Fairclough
Dr A Flapan
Dr M Flynn
Ms E Johnston
Mr D King
Ms A MacDonald
Mrs M McKay
Ms M McNeill
Ms S Saunders
Mr D Small
Mr A Wilson

ELC/NHS Officers Present:

Mr P Currie
Mr B Davies
Mr B Dickie

Clerk:

Ms F Currie

Apologies:

Ms F Ireland
Mr T Miller

Declarations of Interest:

None

The Chair asked for the IJB's agreement to postpone consideration of Item 12 to the next meeting on 22 March. He explained that there had been problems with the circulation of papers which meant that some members had not had prior sight of the report.

Councillor Stuart Currie expressed concern that the report was to be considered in private when similar reports to Council had been considered in public. The Chair said that he would give further thought to this before the next meeting and he apologised to members for the postponement. The IJB agreed to postpone Item 12 to their next meeting.

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD ON 21 DECEMBER 2017

The minutes of the meeting on 21 December 2017 were agreed.

2. MATTERS ARISING FROM THE MINUTES OF 21 DECEMBER 2017

Delayed Discharges – Mr Small reported that the figure for January 2018 was 16. He said that it was a remarkable achievement by the staff to hold numbers steady during what had been a very busy period.

Councillor Fiona O'Donnell asked to put on record the IJB's thanks to Alison MacDonald and her team in recognition of their efforts. The Chair agreed wholeheartedly and offered his thanks to the team.

(Item 6) Belhaven Hospital – Ms MacDonald reported that there were currently 8 patients in Ward 3 - being reconfigured to support the transfer of Ward 2 – and meetings had taken place with them and their families to discuss options. Plans were in place for 6 of the patients and work was continuing with the remaining 2.

Ms MacDonald said that positive engagement with independent providers had freed up the Hospital to Home team to work with Belhaven patients. She also reported that a series of group and one-to-one meetings had taken place with the staff and planning work would continue. She added that some staff viewed the changes as an opportunity to transfer to community-based services.

She concluded that minor renovation work in Ward 3 would be completed by April when it would be reopened as a stepdown and GP access facility. Current bed capacity meant that no patients would have to be decanted to Edinburgh during the process.

(Item 7) General Medical Services Contract – the Chair advised that an update would be provided as part of Item 7 on the agenda.

(Item 8) MELDAP Reserves – Mr Small said this would be covered as part of Item 9.

(Item 11) The Roles of Members of the IJB – the Chair advised members that this work was still ongoing and would be completed upon receipt of the guidance note on the role of Carers representatives on IJBs. Margaret McKay said that the final report and role description would be signed off at the end of March but that in addition there needed to be thought given to the induction and other support provided to representatives on IJBs who were not part of any organisation.

The Chair added that he was conscious that there had been no representative of the independent sector present at the IJB for some time but that this was being addressed.

3. CHAIR'S REPORT (VERBAL)

The Chair informed members that, in addition to a business meeting on 22 March 2018, there would be a development session on transformational change involving a presentation by an organisation called SNOOK. *[POST MEETING NOTE: The development session will now take place on Thursday 26 April 2018.]*

Executive Committee of IJB Chairs and Vice Chairs –included 10 members representing IJBs across Scotland. The Chair confirmed that he was one of the members and that the Committee would shortly elect its own Chair and Vice Chair. The Chair of the Executive Committee would also represent IJBs on the Ministerial Steering Group.

Royal Edinburgh Hospital – the Chair reported on his visit to the hospital which provides psychiatric in and outpatient services. He said he was very impressed with the staff and the range of services on site.

Hospital to Home - the Chair said he hoped to arrange a meeting between the 3 Lothian IJB Chairs and Vice Chairs and Medicine of the Elderly Consultant, Dr Andrew Coull, to discuss possible efficiencies for the Hospital to Home services across Lothian. Dr Coull had suggested that there could be improvements in their interactions with other services.

4. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

The Chair informed members that Fiona Ireland had provided a brief update by e-mail in which she indicated that of the items discussed at the most recent meeting there had been little of direct relevance to the IJB.

The Chair also advised that Ms Ireland had raised a separate point relating to Item 8 on the agenda and the provision of palliative care beds for those individuals who needed to be admitted to hospital for symptom control. Ms MacDonald indicated that the provision of step-up care was part of the overall thinking and a variety of models were being considered.

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

Mr Small reported that delayed discharges and balance of care had been included in the Q2/Q3 performance report presented to the Policy and Performance Review Committee (PPRC) on 21 February 2018. Fiona Duncan had given a presentation on the East and Midlothian Public Protection Committee Annual Report for 2016/17 which had been well received by the PPRC. Mr Small agreed to circulate the web link to the section of the report relevant to the IJB. He also said that reprovisions/balance of care may be added to the PPRC's future work plan.

The Internal Audit Plan for 2018/19 was approved at the Audit & Governance Committee meeting on 20 February and this included several audits on aspects of social care.

6. INTERNAL AUDIT REPORT – IJB STRATEGIC PLAN

The Chief Finance Officer had submitted a report laying out the management responses and actions to a report by the IJB's Internal Audit team on the management and delivery of the IJB Strategic Plan 2016-19.

The Chair emphasised the importance of the IJB being kept informed of the reports being presented to the Audit & Risk Committee (A&RC) and to ensure that where there were areas of crossover between the partners, as with audit reports, that there was no duplication of effort.

Mr Small reminded members that the IJB was a separate body with separate governance arrangements and that while the partners' own internal audit teams continued to support the A&RC, the overall governance was a matter for the committee. He advised members that this particular report had been presented to the A&RC at their meeting in December 2017. He referred members to the recommendations made by Internal Audit and to the actions which had been taken since the completion of the report.

Bryan Davies expanded on the role and remit of the Data Group whose aim was to ensure a more organised and proactive approach to reporting.

Mrs McKay said that as Chair of the A&RC she was pleased that the committee was now well established. She agreed that the issue of the gathering and interpretation of data was a key concern, as was understanding why timescales for actions were sometimes missed.

Decision

The IJB agreed to:

- Note the contents of this report.
- Support the actions as described.

7. REVISED PRIORITIES – 2018/19 AND BEYOND

The Chief Officer had submitted a report to seek the approval of the IJB for the HSCP to focus on areas of priority activity through 2018/19 and beyond.

Mr Small presented the report outlining the background to the proposals and summarising the proposed priorities for 2018/19 which included development and delivery of the financial plan, re-provision of care homes and hospitals, a review of community services for adults with complex needs and implementing the Carers Strategy.

In response to questions from members Mr Small explained that a further report would be presented to the IJB on shifts in the balance of care quantifying specific actions and inviting the IJB to debate the value of any proposed change and whether it will be possible to achieve the resource transfer to support it. The Chair added that person-

centred cost base information from NHS Lothian would help to make things clearer and identify the resources to move.

Mr Small also advised that if the reprovion proposals for care homes and hospitals were approved at today's meeting a working group would be established to ensure engagement with other services such as housing and planning. As regards to the sites identified in the Local Development Plan (LDP), much would depend on the timing of sites coming forward. However, it would be important to specify what the IJB wanted to achieve as part of its Primary Care strategy, for example establishing a GP practice at Blindwells, ensuring that other practices were able to keep their lists open and increasing access to services.

The Chair added that the IJB must ensure that work on other important areas was not diluted and would continue to be taken account of when progressing priorities such as the Carers Strategy.

Councillor Currie observed that during the planning approval process for Blindwells it was felt that no developer contribution was required. He found that very surprising given the size of the development. In his view, it would be better to impose a developer contribution for health services even if it was later determined not to be required.

Mr Small reminded Councillor Currie that Blindwells had been approved under the previous LDP which did not allow for developer contributions for health services. However, the new LDP would allow this if a direct link could be established between the housing development and the need for additional primary care services.

The Chair acknowledged Councillor Currie's point but reminded members that the IJB had no control over the consideration of planning applications.

Ms Duncan urged the importance of fairness and equity and said that the IJB must not lose sight of the balance required between priorities and other work such as community prevention programmes. It must ensure that there were opportunities for these proposals to be brought forward.

Decision

The IJB agreed:

- (i) 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:
- (ii) 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 reprovion 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.
- (iii) To note that these priorities will also influence some activities in 2017/18.
- (iv) That this list of priorities should be reviewed during 2018/19 to ensure continued relevance and to take account of any new developments.
- (v) To 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.

8. REPROVISION OF HOSPITALS AND CARE HOMES

The Chief Officer had submitted a report to seek IJB agreement to the draft proposals for the reprovizion of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes and to seek agreement to consult on the proposals.

Mr Small presented the report briefly outlining the background and advising members of a proposed change to the report recommendations: 2.1, which sought approval of detailed models of care, should not be considered and members asked only to consider recommendations 2.2 – 2.4 which related to a consultation and next steps.

Alex Joyce agreed to propose the amendment to the recommendations and this was seconded by Moira Whyte. The IJB agreed the amendment.

Bruce Dickie, NHS Lothian, gave a presentation on the background and context of the review to establish a strategy for the reprovizion of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes. He outlined the model of Extra Care Housing (Housing with Care) already being used in other areas and how this might look in East Lothian. He also provided details of the proposed consultation process and next steps.

The Chair reminded members that the IJB was only being asked to give its approval for a consultation and that a further report would be submitted with detailed proposals for a model of care.

Marilyn McNeil said that her experience of discussions in the Forums had given her confidence that new types of accommodation would be explored and she hoped for good outcomes from the consultation process.

Members asked a number of questions about the scope of the consultation and list of consultees, whether feedback would be available from users of existing Housing with Care facilities and whether issues such as palliative care and respite/short term care would be included in the proposals.

Mr Small and Mr Dickie reassured members that they intended to consult as widely as possible with the public, local and national organisations and using a broad range of means. Mr Small acknowledged the need to consider options for palliative care and short term care and Mr Dickie confirmed his intention to source further feedback from existing Housing with Care facilities.

In response to further questions, Mr Small and Mr Dickie provided information on housing benefit and tenancy arrangements. Mr Dickie acknowledged the need to provide housing advice to tenants and agreed to discuss the implications of the re-provision with housing colleagues. Mr Small confirmed that there were no plans to close existing facilities before the new provision was ready.

Mr Dickie outlined proposals for consultation with staff in existing facilities and acknowledged the importance of staff expectations and anxieties over the changes.

Mrs McKay gave details of a facility in Tranent which offered short break (respite) provision in a housing development setting. However, she expressed concern that the process seemed to be concentrating on just one model of care. She also raised the issue of support for dementia sufferers and the provision of 'care in the moment' for those severely affected by the disease. She noted that nursing home facilities were being expanded by the independent sector, but that the costs were becoming too high for many people.

The Chair thanked Mrs McKay for her comments and the members for their questions. He said that it had never been their intention to focus only on one model of care but rather that Housing with Care would be part of a suite of options. He agreed that the consultation needed to be as wide spread and inclusive as possible and he acknowledged the comments made regarding the need for clarity on the timescales and next steps.

Decision

The IJB agreed:

- (ii) To consult on this strategy for the four facilities with a three month consultation phase (March to May 2018).
- (iii) That following consultation, a final and updated report will be brought back to the IJB in June 2018.
- (iv) 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.

9. 2018/19 FINANCIAL UPDATE (VERBAL)

The Chief Finance Officer reported on the current financial position and the developments since the IJB's meeting in December 2017.

David King informed members that NHS Lothian's most recent monthly forecast projected an overall overspend of £84,000 but coming principally from the Set Aside budget. The health board were in the process of preparing their final financial report to be presented in March. He advised that the Council's Quarter 3 financial position showed an overspend of £800,000 in the Adult Wellbeing service.

Mr King concluded that, based on this information, the IJB was not likely to end the financial year at a break even position and that discussions would be required with the

partners to determine the action required. He said he would report back to the IJB at its meeting on 22 March.

Mr Small indicated that the Council's month 10 position had improved slightly but there would continue to be a significant overspend at the year end.

Councillor Currie referred to the sum of £1m provided to the IJB last year to balance the budget and observed that if this was given on a non-recurring basis then the IJB were effectively beginning the following financial year with an underlying overspend.

Mr King acknowledged this point but indicated that by the time of his report in March the IJB would have a better idea of the overall position.

10. FINANCIAL ASSURANCE 2018/19

The Chief Finance Officer had submitted a report laying out the current position of the financial assurance exercise undertaken on the 2018/19 budgetary settlement and proposition made by the IJB's partners.

Mr King presented the report referring to the key tests of financial assurance and the timing of the partners' budget-setting processes. He informed members that the Council had provided an offer for 2018/19 based on the settlement received from the Scottish Government and its own budget approved on 13 February. NHS Lothian had provided an indicative position. Efficiency savings would require to be made and it would be for the IJB to determine whether the financial offers were fair and reasonable given the existing pressures in the system.

Councillor Currie said that it would be for the A&RC to determine the adequacy of the settlements. He commented that at the last A&RC meeting the members had debated what might happen if the IJB accepted the offer. Would it be implicit that the IJB considered the money adequate and that the expected efficiencies would be made. Or could the IJB accept the offer with caveats.

Mr Small said that comparing this year's report to last year the IJB was carrying an improved position into 2018/19. Despite this improvement, he acknowledged that such things could not be fixed in one year. He agreed that further information was required to understand the implications and that it would be important to bring issues to the IJB as early as possible in the new financial year to allow adjustments to be made to the ongoing position.

The Chair agreed that the trajectory was long-term. He added that although some of the changes were having an effect it did not detract from the challenges ahead and these would be reflected in the budget and implications for Directions.

Decision

The IJB agreed 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.

11. OUTLINE THREE YEAR FINANCIAL PLAN 2018/19, 2019/20 AND 2020/21

The Chief Finance Officer had submitted a report that further develops the IJB's financial strategy and presents an outline draft of a three year financial plan for the IJB.

Mr King presented the report summarising the background to the creation of the plan, the input provided at the recent financial workshop for IJB members and how preparing a longer-term financial plan would allow the IJB to issue longer-term Directions.

Councillor O'Donnell said that the IJB needed to maintain the pressure in terms of transformational change and the shift in associated resources.

The Chair indicated that this was an area where gathering patient information was very important and would put the IJB in a strong position to increase the momentum of change.

Mr Small added that this report looked at the financial themes that were required to be worked through to develop changes to services.

Elaine Johnston said in relation to the delivery of work programmes by partnership working the IJB needed to understand who was responsible for delivering specific outcomes and what those outcomes were. She said this would be useful in getting a sense to what extent the IJB could influence improvements and she referred to services in other areas being delivered by third sector organisations.

The Chair referred to a report from England on the delivery of services by third sector organisations. Councillor Currie commented that it could be difficult handing on some services to third sector organisations.

Decision

The IJB agreed to note the report and support the continued development of both the financial strategy and the financial plan.

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 Other Groups of Relevance to the IJB (For Noting)

The IJB agreed to note the minutes of the meeting of the MELDAP Strategic Group held on 3 October 2017.

**EAST Lothian Health & Social Care Partnership
Healthcare Governance Arrangements**

1 Purpose of the Report

- 1.1 The report invites the Committee to consider the healthcare governance arrangements in East Lothian Health and Social Care Partnership (ELHSCP).

2 Recommendations

- 2.1 The Committee is recommended to:

- 2.1.1 Accept that the governance arrangements for East Lothian HSCP as described in this paper provide moderate assurance to committee members.
- 2.1.2 Support the plans for the continuing development in East Lothian HSCP of assurance and governance structures and processes which are designed to strengthen the integration of health and social care governance
- 2.1.3 Approve the proposal for all HSCPs to provide an annual report to the committee in September of each year, in order to align with the requirement for the IJB to provide an annual report to the Scottish Government in June.

3 Discussion of Key Issues

- 3.1 East Lothian HSCP serves a wide geographical area with many rural parts and has an increasingly ageing population. The HSCP is responsible for health and social care services, including core primary care and community services and acute inpatient and outpatient services from Roodlands Hospital.
- 3.1.1 The HSCP also has responsibility for the management of Lothian Unscheduled Care Service (LUCS) and the Primary Care Contractors Organisation (PCCO) on behalf of all the HSCPs in Lothian. Through hosted management arrangements both LUCS and PCCO report directly to the Healthcare Governance Committee.
- 3.1.2 Services are managed through the East Lothian HSCP Core Management Team, whose membership comprises the ELHSCP Director, Head of Older People and Access/Chief Nurse, Head of Children and Adults Services, Clinical Director and Chief Social Work Officer with support from the Head of Finance and planning colleagues. The organisational structure for the partnership is detailed in Appendix 1.

3.1.3 The range of services covered by the HSCP include:

- District Nursing
- Care Homes
- Homecare
- Hospital at Home
- Re-ablement, including rapid response teams
- Social Work
- AHP Services – physiotherapy and occupational therapy
- Community Learning Disabilities
- Day Hospitals
- Community Mental Health and Substance Misuse
- Older Peoples' Mental health
- Lothian Unscheduled Care Service (Hosted)
- Primary Care Contractors Organisation (Hosted)

3.1.4 The Integration Joint Boards (IJB's) Integration Scheme and Strategic plan acknowledge the Health Board and Council have existing mechanisms to demonstrate accountability to the Scottish Government and the public. They also commit to the East Lothian Integration Joint Board developing new and existing methods of professional performance management and governance, covering arrangements for the protection of people of all ages, as well as strategic planning and community planning across East Lothian.

3.2 Systems and processes are in place throughout ELHSCP to deliver and monitor person centred, safe and effective care through operational management structures with clear escalation routes as required to the Core Management Team.

The Health Board and Council have existing mechanisms to demonstrate accountability to the Scottish Government and the public. The Integration Joint Board will integrate new and existing methods of professional performance management and governance. These will include arrangements for the protection of people of all ages, as well as strategic planning and community planning across East Lothian.

The East Lothian IJB has recently established a Health and Care Governance Group (HCGG) in accordance with the requirements of the Integration Scheme for East Lothian. This group will seek assurance through operational management on the quality and safety of services in order to provide assurance to patients, service users, clinical and care staff, managers and Integration Joint Board members that:

- **Delivery of Person Centred Services:** The planning and delivery of services take full account of the perspective of patients and service users learning from feedback, external review and complaints
- **Shared Learning:** We share the outcome and learning from adverse events or incidents across NHSL and ELHSCP via established routes
- **Improvement:** We learn from feedback and evidence to inform service redesign and service development.
- **Professional development:** The professional standards of staff working in integrated services are maintained and that appropriate professional leadership

is in place. All staff are encouraged and have access to training which maintains skills and competencies.

- **Safe:** Current and future services will be based on evidence and risks identified and well managed. Unacceptable clinical and care practice will be detected and addressed
- **Escalation Process:** Current services have clear escalation processes for both operational management and professional issues. This is embedded within the ELHSCP management structure.
- **Effective:** The Health and Social Care Standards – My Support, My Life 2017 will inform the HSCPGG work plan along with clinical and care standards, Patient Quality visits and all external and internal review reports.

3.3 The Health and Social Care Partnership Governance Group (HSCPGG) is chaired by the Chief Nurse and includes representation from key professional groups:

- Medicine
- Nursing
- Social Work
- Allied Health Professions (AHPs)
- Communications
- Healthcare Planning
- Others as required

3.3.1 These individuals will support the development of the HSCPGG and will contribute to the monitoring and assurance processes. The group is in the developmental stages and meets monthly.

3.4 Work continues through the HSCPGG to develop a meaningful Health and Social Care professional governance framework. The Partnership has developed a first draft of a framework which was shared at a staff event on the 29th January 2018. Attendees heard from the Chief Nurse, the IJB Chair and Vice Chair along with a contribution from NHS Lothian Quality and Safety Assurance Lead) on plans for development of governance processes. To take forward the roll-out of governance processes the HSCP Management Team has invested in additional professional support.

3.5 All services have been asked to complete a 'Service Governance Profile' template created using the draft HIS Quality Assurance Framework and the 2017 Health and Social Care Standards. This will allow services to articulate how quality is measured in their service and therefore provide assurance and to priorities areas for improvement. This information will be collated for the partnership to build a comprehensive picture of good practice and other related documents such as Duty of Candour.

3.6 This document is to be completed by early March. The information from the completed profiles will allow the project team to identify good practice, any existing assurance processes and gaps within services and will highlight any significant differences in data capture between Health and Social Care services that may create a vulnerability/risk. Once this initial fact-finding exercise is complete two service areas have agreed to pilot the suggested monitoring process. This exercise will identify the system by which the HSCPGG will receive and analyse relevant data on behalf of the IJB. A staff 'Launch Event' will be arranged in late spring 2018.

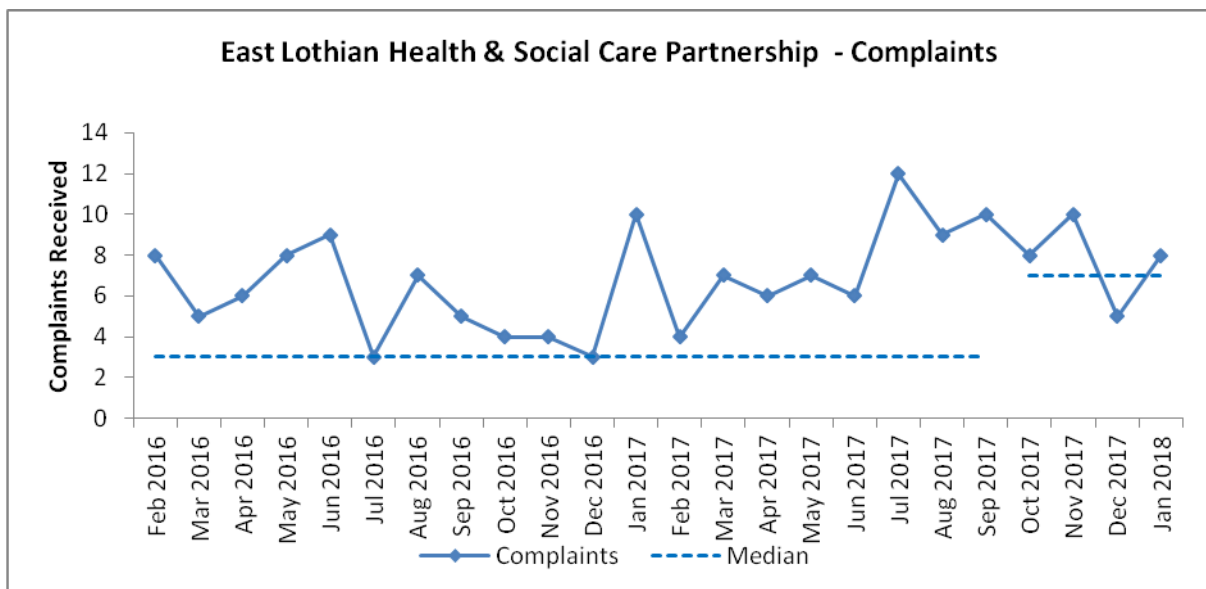
3.7 The Core and Extended Management teams bring together a multidisciplinary team led by the Joint Director to identify and implement improvements in the quality or safety of patient care or services and to deliver the priorities of the Strategic Plan. The work priorities are set out in a programme with clear milestones for monitoring progress. This group includes Social Care to ensure it can support both the NHS and Council requirements.

3.8 Inspections are also included as a standing item for the monthly meeting of the Senior Management Team and any other Healthcare Governance issues escalated and addressed as required.

3.9 Complaints

3.9.1 Complaints data is routinely presented as set out in chart 1 below. There continues to be effective management of complaints at a local level. All external review reports are discussed at CMT, and the Health and Care Governance Group. Following any inspection, an action plan, with timescales, is developed and agreed for implementation.

Chart 1 - Number of complaints received each month



3.9.2 Based on the data above, the median complaints are up from 3 to 6 per month from October 2017.

3.10 Adverse Events

3.10.1 NHS Lothian Adverse event policy and procedure is followed using the DATIX system and a local process for management of significant adverse events (SAEs) has been agreed and is set out in appendix 3.

3.10.2 The Joint Senior Management Team which meets monthly reviews adverse events, to support reviews and to share learning across both Health and Social Care. The group identified improvement actions to manage the review of significant adverse events and are progressing with additional training and support for relevant managers.

3.10.3 In addition, data is reviewed at the HSCP Extended Management Team, which is chaired by the Joint Director and attended by the Clinical Director, Chief Nurse and the Heads of Service. Improvements plans are submitted and monitored by this group and learning shared with the service management teams to ensure trends and themes of adverse events are cascaded and used to inform improvement work as well as monitoring action plans to completion. Learning is shared through a number of fora, as noted in the local process flowchart (Appendix 3). The data to March 2017 is set out in charts 2 and 3 below.

Chart 2 - Reported Adverse Events

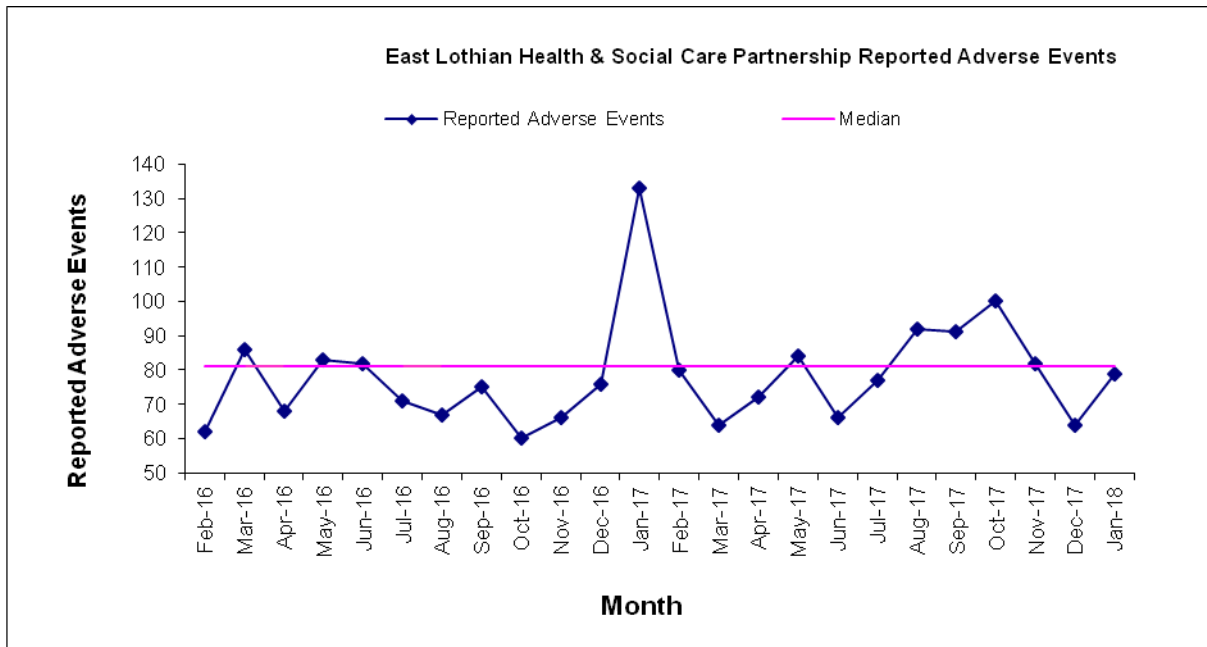
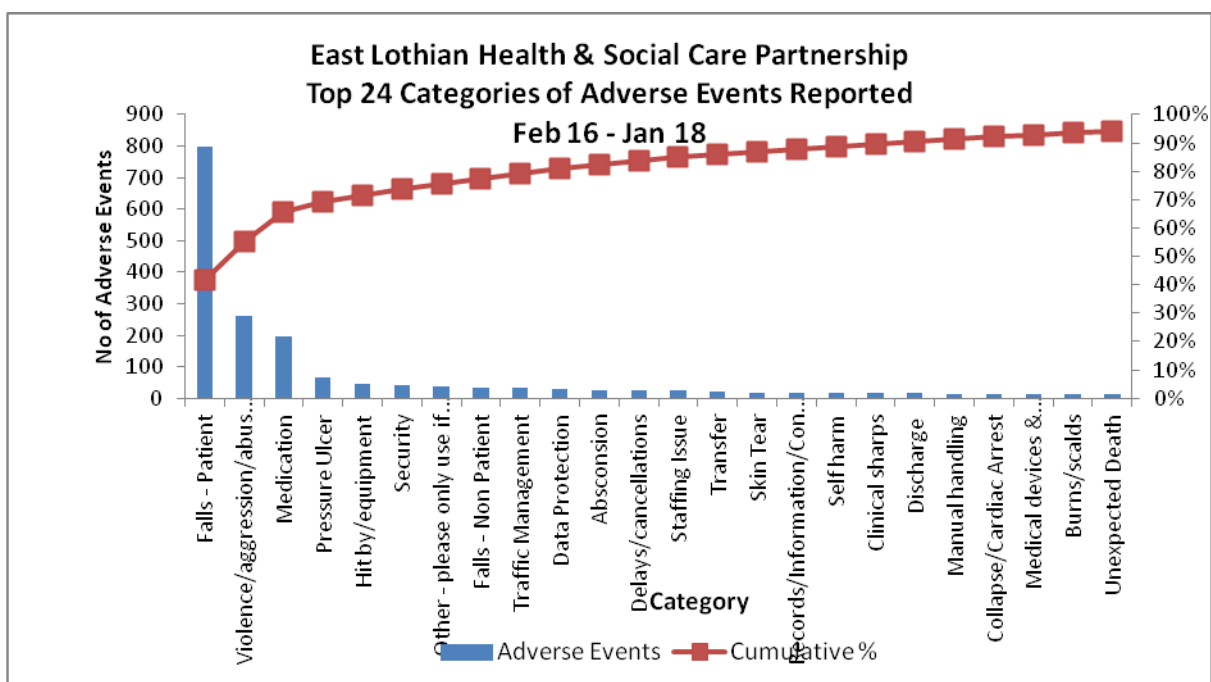


Chart 3 - Categories of Adverse Events Reported



3.10.4 The median number of adverse events has remained stable over the past 2 years at 81 per month, with the exception of a spike in Jan 2017 mainly due to increase in adverse events in 3 wards across a small number of patients:

- Liberton Step Down Unit - 13 falls, across 3 different patients
- Lammerlaw HBCCC Dementia Unit - 6 falls from 2 different patients
- Belhaven Ward 2 GP admission ward - 8 falls and 8 violence and aggression (V&A) events from one patient (who was transferred to a more appropriate setting at the end of the month).

Chart 4 - Adverse Events Reported with Serious Harm

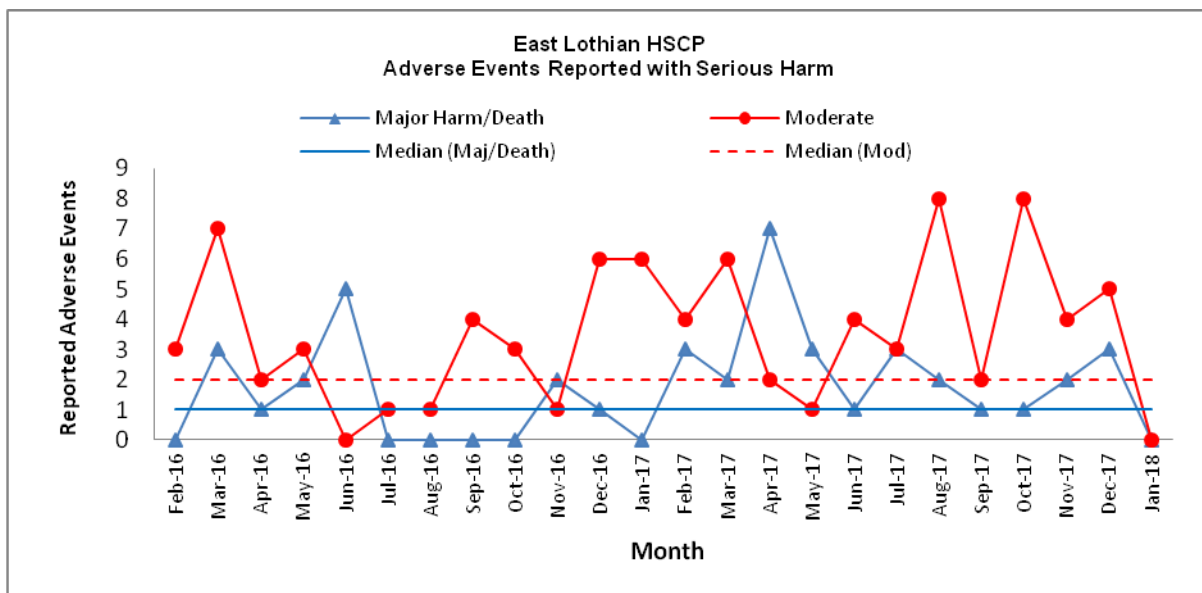
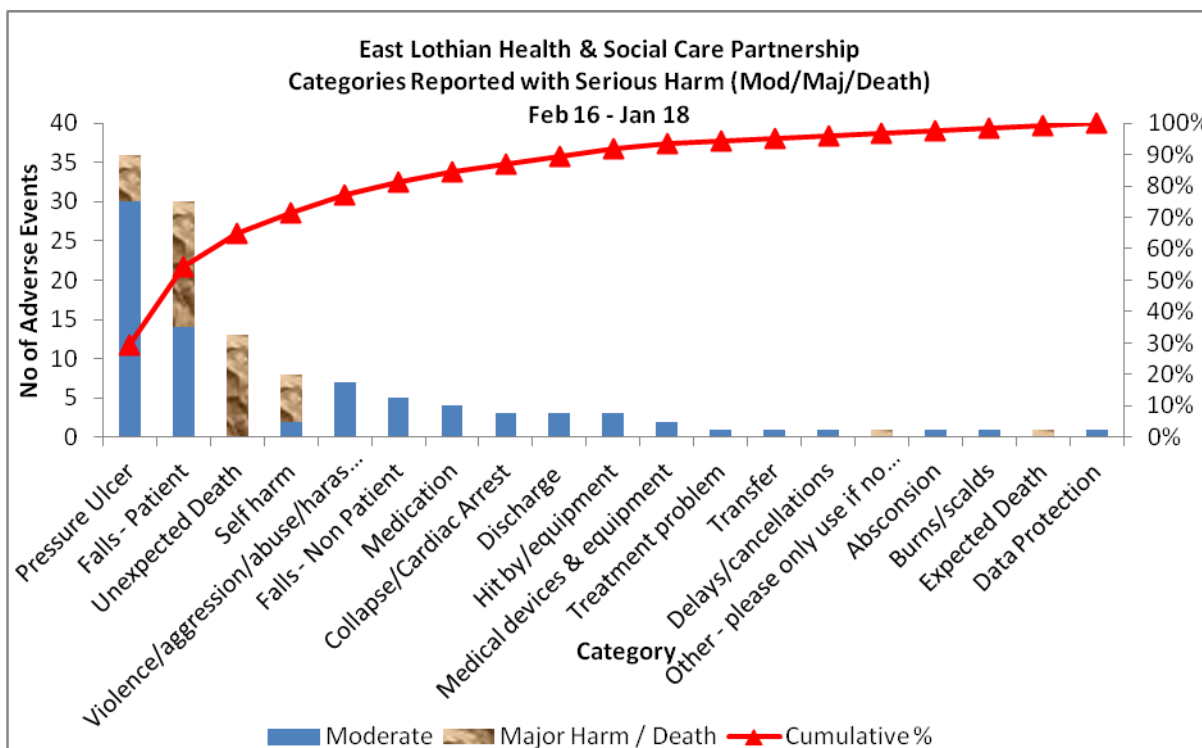


Chart 5 – Categories of Adverse Events



- 3.10.5 Adverse events resulting in serious harm these have remained stable at 2 per month and major harm/death 1 per month: Over the past 24 months there have been
- pressure ulcers: 36
 - falls :28
 - unexpected death: 12
 - self harm (suicides): 8
 - V&A: 7

3.11 Unexpected deaths in mental health services and substance abuse

- 3.11.1 There is a recognised upward trend nationally in drug related deaths (DRDs) with the increase being seen predominantly in middle aged individuals. The understanding is these are individuals for whom long term substance misuse has caused complex medical complaints. It is expected that these figures will continue to rise in the immediate term.
- 3.11.2 East Lothian has witnessed a year on year increase from 3 reported DRDs in 2006, rising to 11 in 2016.
- 3.11.3 From the period 1 April 2017 until 25 January 2018 there have been 16 DRDs. It is expected this will result in a year-end position of double the number of deaths recorded in 2016.
- 3.11.4 The workplan in development with MELDAP (Midlothian and East Lothian Drug and Alcohol Project) and East Lothian is identifying opportunities to deliver assertive outreach services, maximise substance misuse service expertise to GP clusters and local areas and build further peer support networks.
- 3.11.5 East Lothian HSCP has responsibility for the provision of the following services:
- Community Mental Health Service
 - Intensive Home Treatment Team
 - Older Adults Mental Health Team
 - Psychological Therapies Service (currently provided jointly with Midlothian)
 - Substance Misuse Service.
- 3.11.6 East Lothian HSCP recruited to a Group Service Manager (GSM) post with responsibility for all of the above services. The post holder took up position at end of August 2017.
- 3.11.7 An over-arching Operational Management Group was established in December 2017 with team leads from all services and representation from medical staff, staff partnership, AHPs, Psychology, Mental Health Officers and social work colleagues. The group meets 4 weekly, with performance, clinical and care governance established as key standing agenda items.
- 3.11.8 Substance Misuse Services are responsible for the delivery of the A11 Local Delivery target, access to services within 3 weeks.

3.11.9 At 22 February 2018 the service reported 16 breaches of the target, with the longest wait being 64 days. There is an agreed improvement plan in place, which includes assessment and consideration of the issues, including staffing, affecting the case load. Further work is also underway to deliver a clear patient pathway for individuals with mental health co-morbidity.

3.12 Community Mental Health Team/Intensive Home Treatment Team

3.12.1 The service is experiencing significant pressure, with TRAK data indicating an average of 1,032 appointments arrived per month throughout 2017 with 127 admissions in the period 1 April 2017 through to 31 January 2018. The longest average length of stay is 19 days.

3.12.2 In General Adult Psychiatry, a staffing establishment of 3.5 WTE Consultants, currently holds a case load of 837 patients. Work is at a very early stage to review the case load management between the respective teams with a view to maximising access to specialist mental health assessment and increasing the advisory support to Primary Care. The redesign of the service also aims to address a sustainability issues with the provision of Dialectical Behaviour and Behavioural Family Therapies.

3.13 Psychological Therapies.

3.13.1 East Lothian Psychological Therapy Service (PTS) continues to work towards achieving the A12 target, access to Psychological Therapies within 18 weeks.

3.13.2 The service, as at end February 2018 reports 89 breaches of the target, from a total of 200. Work is underway with colleagues across Lothian to maximise use of computer based Cognitive Behavioural Therapy (CBT) to address issues in accessing CBT support.

3.13.3 East Lothian and Midlothian are in the process of disaggregating the PTS service to establish teams discrete to their respective HSCPs. With the imminent retirement of the current Team Lead, work is underway with Staff Partnership to consider options which will maximise the capacity of front line staff whilst providing appropriate levels of leadership.

3.14 Patient and Staff Experience Data

3.14.1 This data is collated through a range of different sources. In terms of staff experience, the output from the annual staff survey is reviewed at the East Lothian Partnership Forum and Core Management team, with key areas identified for further focus. In addition, 'iMatter' is being rolled out across East Lothian HSCP and action plans have been developed.

3.14.2 Work continues to gain the views from patients and service users across a range of ELHSCP services, using a variety of means including patient stories, survey feedback, discharge questionnaires etc. This feedback is used to review and develop services based on experiences of patients and service users who have accessed the service. .

There have been some particular service pressures affecting delivery of services in East Lothian and the HSCP response to managing some of this risk are described in following information.

3.15 Primary Care

- 3.15.1 Over recent years general practice has been under pressure due to the growing volume and complexity of workload, GP and other staff recruitment and retention issues and premises and infrastructure (including IT) issues. This has increased the risk of knock on effects on secondary care (particularly A&E) and on of disruption to patient pathways. The HSCP is exploring different approaches to primary care service delivery to address demand and other issues.
- 3.15.2 The new GP contract goes some way to recognise the risk of increased demand to sustaining the business model of independently managed GP Practices.
- 3.15.3 Early evidence from the recently enlarged Riverside Practice (which has incorporated the former Eskbridge Practice) would suggest that larger practices are more financially and organisationally stable. Support to smaller practices from independent business advisors is also being provided to help GP practices to adapt to current conditions and to the impending implementation of the new GP contract.
- 3.15.4 The Collaborative Working for Immediate Care (CWIC) service is a development by East Lothian Health and Social Care Partnership in partnership with NHS 24. It offers a new way to respond to same day demand in primary care through the development of an expanded multi-disciplinary practice team. The approach is designed to improve access for all patient groups, whether they have established health concerns or are seeking help for a new problem.
- 3.15.5 CWIC is currently providing a single point of contact and access for a patient population of circa 19,000. The service has been designed with flexibility to serve the remaining Musselburgh practice (Inveresk) and to meet projected list size growth of circa 8,000 across the area over coming years. The service also provides Advanced Nurse Practitioner and Advanced Physiotherapy support to a further two practices.
- 3.15.6 Options for expansion of the CWIC service are being appraised and clinical governance established as part of the development of a cohort of expert staff able to respond in time of need to other practices in East Lothian.
- 3.15.7 The service has embedded twice weekly clinical supervision sessions and has internal escalation policies in place for clinicians with additional escalation policy in place utilising virtual clinics in Riverside Medical Practice and emergency access to duty doctor.

3.16 Initial Service Evaluation

- Evaluation fields being recorded for each patient and will be reported on by QIT and an information analyst from ISD
- Clinical supervision and case study discussion, feedback from virtual clinics, Care measure planned for April.

- Patient and carer experience - patient satisfaction questionnaire developed with QIT,
- Staff experience – QIT is developing a questionnaire.
- A questionnaire capturing service-user characteristics, presenting complaint, investigations, medical escalation, and onward referral is completed by clinicians after each service-user encounter in CWIC.
- Service-users are asked to fill in a service user experience questionnaire.
- The responses from both the form and the questionnaire allowed themes to be highlighted (for the period Oct 2017-Jan 2018).

3.17 **Initial Results for CWIC**

Positive outcomes of CWIC:

- Appropriate capture of urgent orthopaedic and psychiatric referral (all practitioners)
- Improved user journey through appropriate referrals (all practitioners)
- Improved 3rd sector links to facilitate user support (Mental Health Occupational Therapy Practitioner)
- Potential hospitalisation avoided with quick medication review (Advanced Nurse and Physiotherapy Practitioners)
- Preliminary positive user feedback (all practitioners)

Challenges for CWIC:

- Utilisation and demand for CWIC is high, especially for the Advanced Physiotherapy Practitioner.
- It is predicted this demand will increase.
- In contrast, the mental health component of CWIC provision has not been fully utilised.

3.17.1 Preliminary results showed that service users benefitted from CWIC through improved user journeys and appropriate onward referrals with positive service user feedback. The imbalance in demand management has been recognised and changes have been implemented to address this.

3.18 **External Review of East Lothian HSCP Services**

3.18.1 The key challenges facing East Lothian HSCP relate to pressures associated with capacity and demand due to increasing population and demographic change compounded with staff shortages and recruitment difficulties in primary care, mental health and community nursing disciplines. These challenges are impacting on the sustainability of services and are recorded on the local and corporate risk registers. There are a range of actions both locally and on a pan-Lothian level to address these pressures and they are also reported through the Core Management Team and onward to the IJB.

4 Key Risks

4.1 The establishment of the Health and Care Governance Group, existing Quality Improvement groups and associated processes will serve to manage and mitigate against any risks which arise from subjects discussed in this paper.

4.2 Risk Register

There are no new risks identified through this paper. Risks relating to pressures within services are included in the operational risk register.

5 Impact on Inequality, Including Health Inequalities

5.1 There are no implications for health or other inequalities from the issues raised in this paper.

6 Duty to Inform, Engage and Consult People who use our Services

6.1 This paper is merely providing factual information, possibly with additional commentary, with **no** proposals for action or change that will impact on patients or service users.

7 Resource Implications

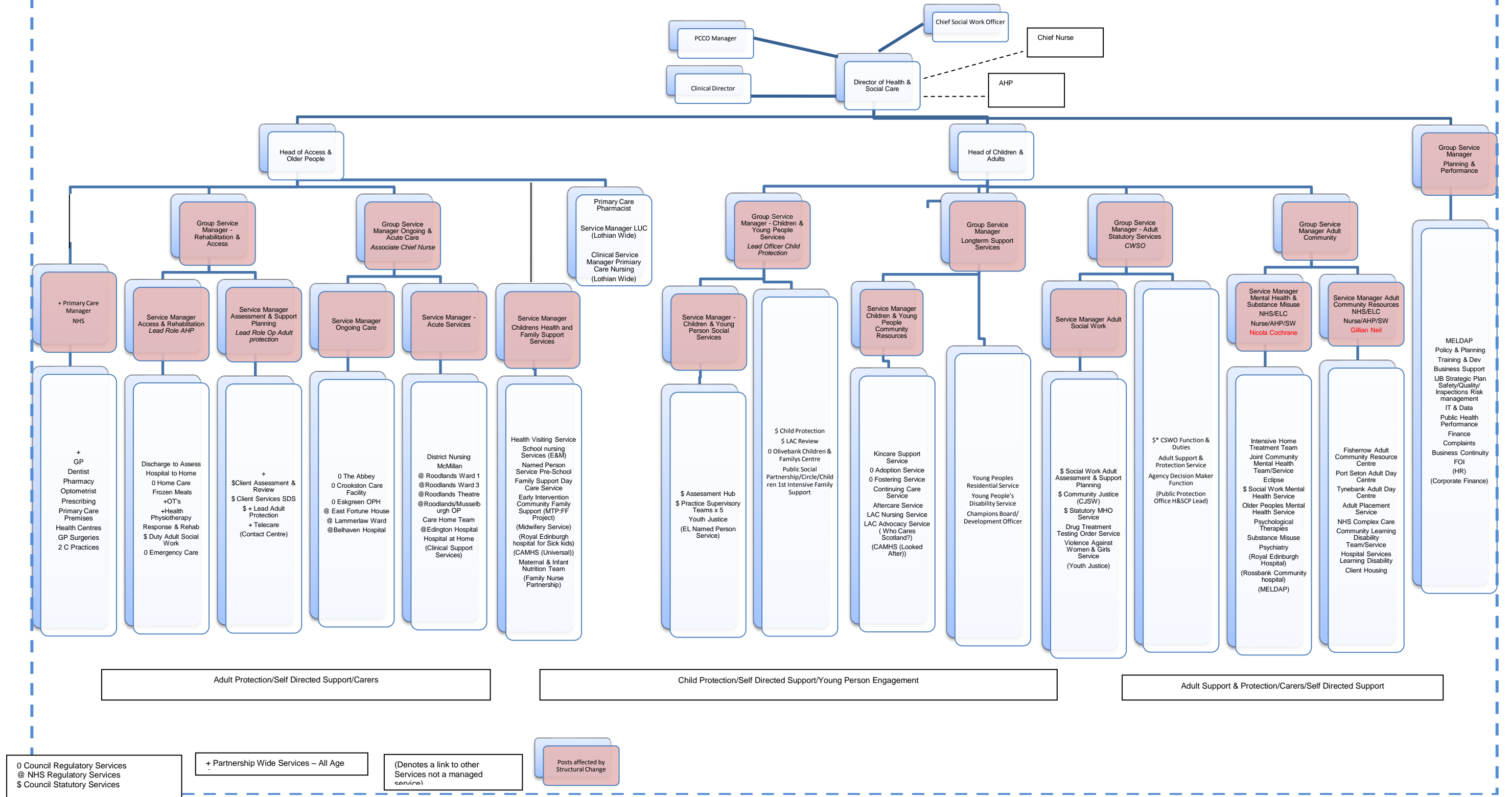
8.1 Support from various corporate services will be required to establish and develop reporting mechanisms in East Lothian. This is in line with the Schemes of Integration for the IJBs which commit NHS Lothian to resourcing such work in each IJB area.

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List of Appendices

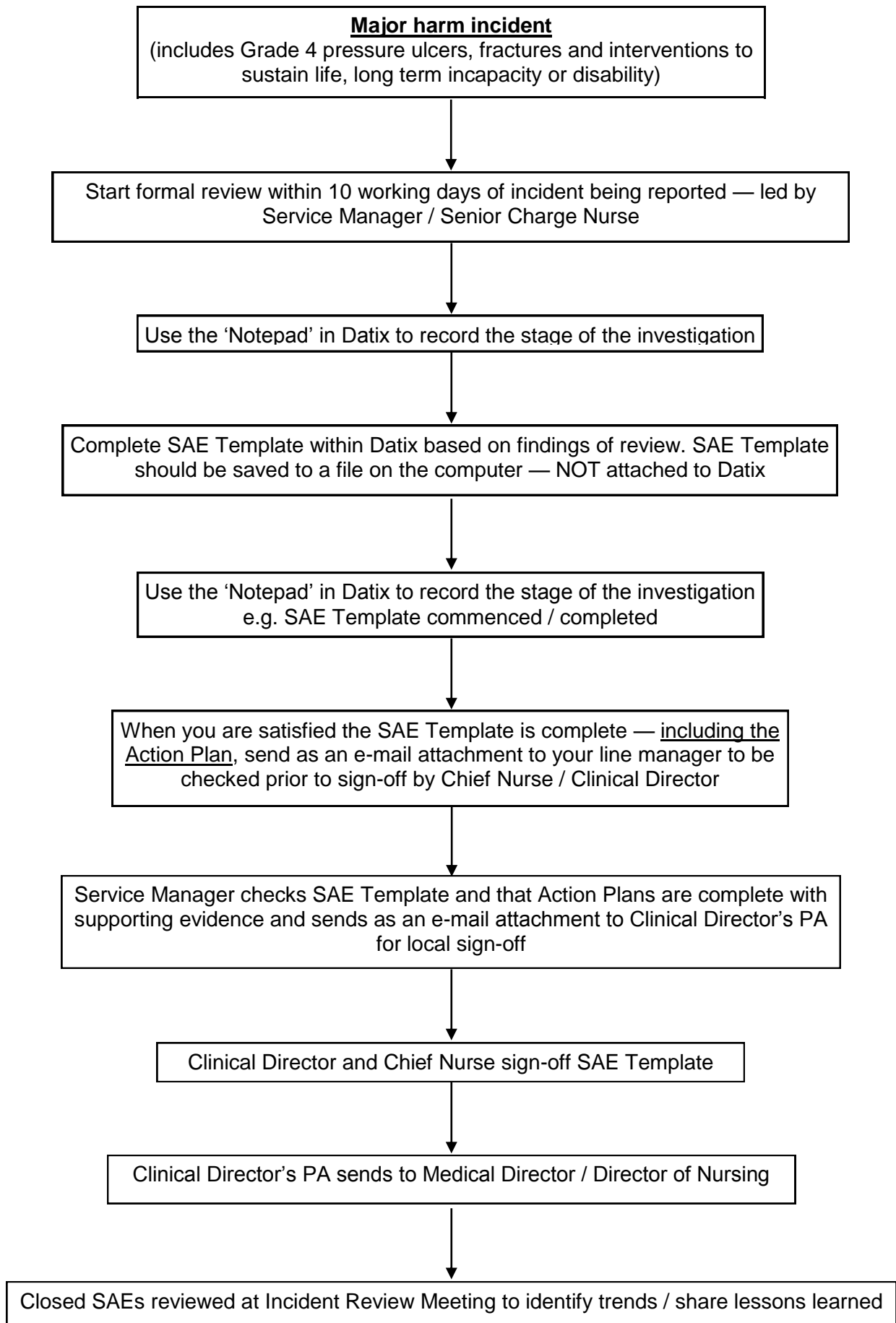
Appendix 1: Organisational Structure Chart East Lothian HSCP

Appendix 2: East Lothian HSCP Flowchart for Management of Significant Adverse Events



FLOWCHART FOR SAE COMPLETION AND SIGN-OFF

Appendix 2





REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 22 March 2018

BY: Chief Officer

SUBJECT: Directions 2018/19

7

1 PURPOSE

1.1 This report provides an update on the IJB's programme for issuing directions to its partners for 2018/19.

2 RECOMMENDATIONS

2.1 The IJB is asked to:-

- Agree to postpone the issuing of the 2018/19 directions to the IJB's partners
- Agree to a development session and business meeting on 26th April 2018 to discuss and agree a set of directions for 2018/19
- Ask the Chief Officer to inform the partners of this position and to instruct that the current directions will remain extant until superseded.

3 BACKGROUND

3.1 Directions are a key part of the delivery of the IJB's Strategic Plan. The directions – made to the partners, East Lothian Council and NHS Lothian – are the mechanism by which the IJB delivers (in operational terms) the functions that have been delegated to the IJB in line with the approach and principles laid out in the IJB's Strategic Plan.

3.2 The IJB has a policy on directions, which (simply) lays out:-

- That directions will be issued prior to the beginning of the financial year
- That all directions will be approved by the IJB.

- That Directions will be issued to the partners by the Chief Officer on behalf of the IJB
- 3.3 A great deal of preparatory work to develop the 18/19 directions has been undertaken, but there is a concern that the totality of the planning circle has not been fully completed and as the directions seek further and more challenging changes to the current service delivery model that the IJB requires further time to consider this.
- 3.4 Appendix 1 lays out – at a high level – the steps and element of the planning cycle and it can be seen that the directions are produced from the financial plan and as a result of the development of the delivery plan. The ‘control loop’ is then closed through the performance management and a reflection of the delivery of the directions and this continues to be developed and the IJB has already received reports on this work.
- 3.5 It is therefore proposed that a development session/business meeting is held on 26th April to discuss in detail and agree the 18/19 directions and to ensure that the directions are fully developed in partnership and that the IJB can be assured that they will support the delivery of the IJB’s Strategic Plan.

4 ENGAGEMENT

- 4.1 The IJB’s meetings are held in public and the IJB’s paper are accessible on-line.

5 POLICY IMPLICATIONS

- 5.1 There are no further policy implications arising from this paper

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 Quarterly reporting reports to the IJB

Appendix

IJB – Planning cycle

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DATE	16 March 2018





REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 22 March 2018

BY: Chief Officer

SUBJECT: MELDAP/Substance Misuse Services – Service Development and Financial Plan Update for 2018/19

8

1 PURPOSE

- 1.1 This report provides the Integration Joint Board with an update on the total resource available to East Lothian Health and Social Care Partnership (ELHSCP) in the financial year 2018-19 for substance misuse services (SMS). It also presents an update on ongoing SMS service development and makes recommendations for Directions to be issued to NHS Lothian and East Lothian Council setting priority actions for delivery of SMS in East Lothian during 2018/19.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i note the anticipated resource allocation to East Lothian's SMS in 2018/19 as outlined in Section 3.1;
 - ii approve the resource allocation funding recommendations in Section 4 on the application of the total SMS resource available in 2018/19;
 - iii approve the recommendations in Section 5 for East Lothian IJB Directions to NHS Lothian and East Lothian Council respectively for delivery of centrally and locally provided SMS to ELHSCP within 2018/19; and to
 - iv note SMS progress reports will be brought forward during 2018/19.

3 BACKGROUND

Financial Overview

- 3.1 The Scottish Government have indicated that they will make an additional £20m available nationally within 2018–19 to address drug

and alcohol issues. ELHSCP, at 1.9% of the Scottish population, can expect to receive £380,000. Formal confirmation of this additional resource is expected in March 2018.

This will inflate the total revenue available to EL HSCP for SMS to £2,390,861, as detailed in Table 1 below.

TABLE 1

Revenue Source 2018/19	£
East Lothian Council	129,200
Scottish Government recurring funding @ pcnrac 12%	1,066,456
ELHSCP– 12% of NHS Lothian core funding	815,205
Additional Scottish Government revenue for 2018 - 19	380,000
TOTAL REVENUE	2,390,861

3.2 Current practice separates out the revenue allocations into Alcohol and Drug Partnerships (MELDAP) and NHS Lothian Core funding. Historically East Lothian has not received their full 12% allocation of care monies. In 2017/18 EL HSCP received £658,787. This paper assumes that that ELHSCP secure their full 12% allocation, i.e. £815,205 as reflected in Table 1 above and as agreed pan-Lothian by the four IJB Chief Officers and NHSL in 2017/18.

Service Provision and Development Plans

3.3 ELHSCP and MELDAP are currently implementing the SMS Recovery Hub. This is situated within the Esk Centre, Musselburgh and comprises the core SMS team and additional services commissioned through MELD, 3rd sector partners. Integration of these services will enable more robust collaborative management of our main capacity for first point of access to SMS services. Further integration of service response within the hub is the recommended development of a link worker to work alongside housing colleagues to develop the “Housing First” model of support to individuals experiencing homelessness.

3.4 East Lothian has seen a continued rise in the numbers of drug related deaths throughout the county. Whilst this is a national trend, it is recognised that more local engagement and visibility of services, such as assertive outreach, would improve our ability to reach out to and support individuals with substance misuse issues.

3.5 It is a key recommendation of this plan that the new investment is applied to the implementation of locality based services supporting Primary Care, with teams in Dunbar, Haddington, North Berwick and Tranent/ Prestonpans, intent on providing additional community-based GP/Special Interest, Community Psychiatric Nursing and Peer Support/Assertive Outreach capacity.

- 3.6 This will enable greater affiliation with the respective GP cluster, with the expectation that the patient pathways provide patient flow from the main SMS team back to the respective locality for the individual, supported through their GP and the locality team. This would enable us to robustly manage the capacity of the core SMS team and consistently deliver access to services within the LDP target of 21 days.
- 3.7 Another main initiative is the integration of the offer of support to individuals in custody through enhancing the capacity for partnership work with Community Justice colleagues to address and reduce re-offending.

Addressing Further Gaps

- 3.8 Services for Children & Young People: It has long been the intention of MELDAP to enhance service provision, early intervention and prevention services to children and young people. It is proposed that alongside continuation of the current young people provision, we will initiate a young people's service to address alcohol and drugs use and misuse and its core include medical, psycho-social and specialist harm reduction interventions that build resilience and reduce the immediate and long term harm caused by the misuse of substances.
- 3.9 Independent advocacy for people experiencing difficulties related to substance misuse: The expectation of availability of independent advocacy services to people with substance misuse issues was included in the Scottish Government "Road to Recovery" 2008, Scotland's national policy. To date EL has not provided this service and it is intended to introduce independent advocacy services in 2018/19.
- 3.10 Service Quality and Performance Reporting: ELHSCP and MELDAP have initiated dialogue with centrally provided services to reach agreement on quality and performance reporting. Throughout 2018/19 it has been agreed that the HSCP and MELDAP will receive quarterly reports detailing activity, patient outcomes and financial targets. This will enable far more robust oversight in the coming year, and allow the ADP and the HSCP to take more informed decisions about future investment or disinvestment in the centrally delivered services. For this coming financial year it is recommended that we continue to support the central services at the current level. Pan Lothian services – delivered centrally are:
- Milestone House: residential rehab for individuals with alcohol related brain damage
 - LEAP: Lothian and Edinburgh Abstinence Programme
 - RITSON clinic – inpatient alcohol detox
 - Harm reduction team and pharmacological support
 - Primary Care services, NES contract, Alcohol Brief Interventions etc.

SMS and MELDAP Service Priorities 2018/19

- 3.11 The range of the ambition for East Lothian Substance Misuse Services is significant however there is confidence that this can be achieved through the proposed allocation of revenue in 2018/19 as detailed in Table 2.

TABLE 2

Service Area	£
Lothian centrally delivered services	634,194 With 5 areas of investment totalling £99,880 to be placed under review in 2018/19
MELDAP - Core ADP office	59,000
Core SMS team	573,563
MELD/ELCA	293,269
New Locality SMS teams	252,077
Recovery and Post Treatment services	203,970
Children and Young Peoples services	274,707
Reducing Re-offending and Court Support	40,000
Housing First model	60,000
Total Financial Commitment	2,390,780

HSCP Directions

- 3.12 This update report seeks the support to progress this ambition through the ELHSCP governance processes with the intention of informing the EL Directions for 2018/19 as follows:

Recommendations:

- 3.13 In recognition that SMS services are delegated in their entirety to HSCPs for strategic planning and delivery, it is recommended that the revenue resource in full, as detailed at Table 1, is transferred to ELHSCP.
- 3.14 ELHSCP request establishment and allocation of the “core spend” reaches the full 12% allocation as agreed in 2017/18 i.e. £815,205.
- 3.15 It is proposed that ELHSCP will continue to support centrally delivered services at the current level for 2018/19, with the expectation that quarterly reports detailing patient activity and outcomes, plus financial targets, are received. ELHSCP will seek to give indications within Quarter 3 of any changes to their required use and financial commitment for 2019/20.
- 3.16 ELHSCP is, as outlined in 3.2 and 3.3 above, required to progress implementation of the locality based services to enhance Primary Care and assertive outreach to be a core focus of the enhanced SMS offer to the East Lothian public in 2018/19.

4 POLICY IMPLICATIONS

- 4.1 There are no new policy implications arising from this report. The financial and service development update provided in this report enables implementation of the MELDAP Strategic Plan and supports East Lothian's delivery of SMS to meet national and local strategic drivers. Service developments within the SMS also contribute to the delivery of the East Lothian Community Justice Local Outcome Improvement Plan.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 The subject of this report has not been through the Integrated Impact Assessment process as it provides update and progress reporting on SMS delivery within East Lothian. Any specific service developments which require it will complete the Integrated Impact Assessment process as and when proposals come forward.

6 RESOURCE IMPLICATIONS

- 6.1 Financial – The assumed resource allocation to ELHSCP for provision of SMS is summarised in Section 3.1 above. All service commitments and developments outlined within this report will be delivered within approved allocated resources.
- 6.2 Personnel – Any staffing or service redesign activity arising out of implementation of Directions will be subject to appropriate operational management and organisational governance arrangements.
- 6.3 Other – Oversight of the delivery of SMS in East and Midlothian, through the MELDAP Strategic Plan, is undertaken within the MELDAP Strategic Group. The ELHSCP SMS and MELDAP service development priorities outlined in this progress report comply with the MELDAP Strategic Plan.

7 BACKGROUND PAPERS

- 7.1 21 December 2016
Item 8 - Drugs and Alcohol Funding in East Lothian 2016/17

30 March 2017
Item 10 - Drug and Alcohol Funding in East Lothian 2016/17 and 2017/18

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DATE	14 March 2018



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 22 March 2018
BY: Chief Finance Officer
SUBJECT: Financial Position - Update

9

1 PURPOSE

- 1.1 This report provides an update on the IJB's financial position for 2017/18 based on the information currently available to the IJB.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the current position.

3 BACKGROUND

- 3.1 At its March 2017 meeting, the IJB agreed its opening budget position for 2017/18. The IJB had undertaken a detailed financial assurance process and, using the financial information provided by the partners, this established the following financial risk:-

Partner	Estimated Pressures £m	Plans Available £m	Plans to be developed £m
East Lothian Council	2	1.8	0.2
NHS Lothian	1.8	1.5	0.3
	3.8	3.3	0.5

- 3.2 It was accepted that this level of risk was, in principle manageable and the IJB accepted that assurance of the operational management teams that they would endeavour to deliver break-even in year.
- 3.3 At its meetings in July '18, August '18, October '18 and December '18 the IJB received an update on the in-year (2017/18) financial position. The early papers (July and August) reported issues within the health budget but noted that the social care budget was expected to break-

even. However as the year progressed the health position improved but financial pressures in social care were reported along with an indication that the IJB may therefore not break even. The October and December papers laid out the actions described in the Integration Scheme in the event of an overspend forecast and reported the actions taken by the Chief Officer and the Chief Finance officer to address these.

- 3.4 A key element of these actions is the preparation of a recovery plan and an outline health recovery plan was reported in the October paper with the social care recovery plan reported in the December report.
- 3.5 NHS Lothian produces a forecast out-turn position for the health element of the IJB on a monthly basis. The most recent report available (based on the month 10 position) shows a projected out-turn overspend of c. £84,000, broken down as follows:-

	£000's
Core	462
Hosted	72
Set Aside	-618
Total	-84

Variance over/(under)

- 3.6 East Lothian Council have now completed their quarter three position, which reports an overspend for Adult Wellbeing of £802,000. The Council also have undertaken a year-end out-turn forecast and adult wellbeing will not break-even. The 17/18 out-turn projection is an estimate of c. £850,000 of an overspend. It should be noted that this is the position for Adult Wellbeing and not for the IJB – the two budgets not being the same – but for the purposes of this exercise the out-turn position are not likely to be materially different.
- 3.7 On this basis, for 2017/18 the IJB will be overspent by c. £1.0m.
- 3.8. Although the steps laid out in the Integration Scheme in the event of an overspend being forecast were laid out in the December report, it is worthwhile reiterating these and describing the current position:-
1. **That the partners prepare a recovery plan.** This has happened and although the Health Position has recovered (albeit not yet broken even) the social care position has not recovered
 2. **That the IJB prepares a recovery plan.** This was not considered practical but the recovery plans were reported to the IJB and the IJB has supported the work of the partnership. That said, East Lothian Council has carried into 17/18 a reserve for the drug and alcohol services (MELDAP) which are allocated to the IJB. There remains a significant balance in this reserve in 17/18 and these

funds could be used (on a non-recurrent basis) to support the IJB's overall 2017/18 financial position.

3. **That the IJB uses any underspend in 'one arm' of its budget to underpin overspends in the other.** Given the position above this is not an option at this time.
4. **That the partners make additional funds available to the IJB.** In 2016/17, both partners provided additional resources to cover 'their' element of the overspend. Informal discussions have taken place with NHS Lothian and it is understood that the Health Board will be recommended to provide additional support to the IJB, although this decision has not yet been made. Discussions are currently underway with the Council
5. **That the IJB is provided with brokerage (a loan) by the partners.** This is not a recommended position for the IJB. The IJB has no realistic way of repaying such a loan and if, as an example, the loan was to be repaid through the 18/19 budgetary allocation then it is doubtful whether the IJB could accept a budget that was clearly 'insufficient'?

- 3.9 Even if non-recurrent support is provided from the partners, given this position and that reported in 2016/17, there appears to be a recurrent underlying pressure within the social care budgets. This was recognised in the IJB's initial financial outlook for 2018/19 which was presented to the IJB as part of the overall financial planning paper at its last meeting. The IJB will have to assure itself that the partnership has the appropriate plans in place to balance the social care budgets that have been delegated to it by the IJB.

4 ENGAGEMENT

- 4.1 The IJB's meetings are held in public and its papers are available on line.

5 POLICY IMPLICATIONS

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

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 Reports to the IJB as discussed above.

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DATE	16 March 2018



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 22 March 2018

BY: Chief Officer

SUBJECT: Integrated Care Fund, Social Care Fund and Primary Care Investments – 2017/18

10

1 PURPOSE

- 1.1 This report provides an update on the IJB's use of and proposed future utilisation of the Integrated Care Fund, Social Care Fund and Primary Care Investments.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- Note the projected position for 2017/18
 - Agree the proposed utilisation of the Integrated Care Fund in 2018/19
 - Agree to move the Social Care fund into the IJB's baseline
 - Note the position on the use of the proposed Primary Care Investments

3 BACKGROUND

- 3.1 The IJB has had investment and transformation funds made available to it over the past few years. These are:-
- The Integrated Care Fund (£1.7m) – The proposed utilisation of this was agreed by the IJB at its March 2017/18 meeting. These funds have been used, broadly, to support and develop community based services which underpin the IJB's strategy to change the balance of care
 - The Social Care Fund (£6.3m). These funds were made available by the Scottish Government to both support additional costs in the delivery of social care through the delivery of the living wage to all workers delivering social care and to provide additional capacity within the social care system. This fund is managed by the IJB and a series of

reports were made to the IJB in 2016/17 laying out the proposed utilisation of these funds.

- Primary Care Investments (£0.4m in 2017/18). The Scottish Government has made additional resources available to the IJB to develop and support capacity in General Practice and this has been further supported by NHS Lothian. Broadly in 2017/18, this totalled £0.2m from the SG and £0.2m from NHSL. NHS Lothian are continuing to provide additional support and in 2018/19 will provide the IJB with c. £480,000 on a recurrent basis to support this work. The Scottish Government is committed to investing an additional £250m (on a national basis) in Primary Care by the end of the current parliament. In 2018/19 £110m (nationally) will be made available to support the new GMS contract and, of that sum, c. £45m (nationally) will be made available to the Integration Authorities to deliver the infrastructure to support the new GMS contract and the provision of additional capacity in Primary Care. Of this £45m, it is estimated that c. £750,000 will be made available to East Lothian IJB.

Integrated Care Fund

3.2 Two new areas of investment were agreed in 2017/18.

- The Older Peoples' Day Centres received investment of £215,000 from the ICF from April 2017 for three years in order to support a new model of payment for the ten day centres which is equitable and links funding to available places thus supporting a growth in day centre places and stabilising the provision. The extra investment also supports other added value measures such as respite places for carers and protocols to support interventions by other professions within the units. Progress has been positive in this first transition year with a number of centres opening for one extra day per week thus offering extra places. Work is also underway to develop a robust dataset in order to fully evidence what is being delivered for the extra investment. In 2017/18 there will be a shortfall in the use of the £215,000 allocated. It is proposed that a paper is brought to the IJB in early 2018/19 to give a more detailed outline of developments.
- The Strive GP Link Worker Service was also funded. In light of Scottish Government Plans for investment in GP provision to include the Link Worker role in that funding this should be freed up in 2018/19.

3.3 It is proposed that all other ICF investments are rolled forward into 2018/19 and are reviewed as necessary.

3.4 The IJB is aware that throughout 2017/18 there has been a Best Value/Strategic Fit review of East Lothian Council commissioned services with resulting proposals for continued investment and some disinvestment. This review project has been sizeable and means that a review of ICF and NHSL commissioned provision has not been possible. It is proposed that current ICF and NHSL funded

commissioned services be continued for a further 12 months, from April 2018 to March 2019 in order to conduct a review of these services next year.

3.5 Appendix 1 lays out the financial details.

Social Care Fund

3.6 At its meeting in March 2016, the IJB agreed the utilisation of the £4.3m funding allocated to the IJB for the Social Care Fund. In principle half of this funding would be used to underpin current pressures within social care, including the delivery of the living wage to all staff (regardless of who employed them) who were delivering care. The remaining half would be used (broadly) to provide additional capacity in social care. However, the initial estimate of the costs of delivering the living wage to both care at home staff and staff in care homes was too low and at its September 2016 meeting the IJB agreed to increase its contribution towards 'pressures' by £820,000 which would fully fund the costs incurred in delivering the living wage. As part of the 2017/18 Scottish Government settlement, an additional £1.8m was made available to the IJB to resolve the full year effects of the living wage delivery, to cover the living wage uplift and the provide additional resources to deliver sustainability within the commissioned care sector. Any resources not required to be used to cover pressures in 2017/18 would therefore be available to invest in additional capacity. It was possible in 2017/18 to provide an additional £0.9m of funding to support additional capacity and this was put into the operational social care budgets.

3.7 The position is as follows:-

	2016/17	2017/19	Total
	£000's	£000's	£000's
Pay awards etc	464		464
Living Wage (inc NCHC)	1570	913	2483
Other pressures	971	70	1041
Pressures	3005	983	3988
Add'n Capacity	1365	887	2252
Total	4370	1870	6240

These funds are, effectively, part of the baseline operational budget and, since the SCF is now a recurrent part of the IJB's baseline it is suggested that the SCF is now considered to be part of the baseline position.

Primary Care Investments

- 3.8 Primary Care Transformation Fund, Mental Health Primary Care Fund and local investment allowed the testing in 2017/18 of innovative approaches to sustain and develop primary care. These approaches have been introduced as services and will be core to development of support to general practice and redirection of activity as articulated through the new GP Contract.
- 3.9 This local development work by the Collaborative Working for Immediate Care (CWIC) team in partnership with NHS 24 and a Musselburgh Practice has focussed on a new approach to respond to same day demand in primary care through the establishment of an expanded multi-disciplinary practice team, shifting the emphasis from GP-dependent models of primary care. It gives patients access to and develops the roles of Advanced Nurse Practitioners and Nurse Practitioners, Advanced Physiotherapy Practitioners and Mental Health Nurses and provides access to social care or the third sector where indicated.
- 3.10 In addition, a nurse-led care home team has released some GPs from their traditional role of providing primary care services to care home residents. The Care Home Team manages all aspects of primary care support, responding to resident's acute concerns and managing long term conditions. The service, which currently operates in the west of the county, is in the process of expanding to cover other care homes.
- 3.11 Work is underway to further develop the above initiatives with a view to extending provision to other practices. Funding needs to be secured in 2018/19 to maintain and expand both services
- 3.12 It is expected that all initiatives previously funded by the Scottish Government will be expected to be continued and developed in the funding for HSCPs to implement the new Scottish GMS Contract. This will be the subject of the GMS Improvement Plan that will be presented to the IJB in June 2018.
- 3.13 Appendix 2 lays out the financial details.

4 ENGAGEMENT

- 4.1 The strategy and the policy, having been adopted by the IJB will be published on the IJB's website

5 POLICY IMPLICATIONS

- 5.1 There are no further policy implications arising from this paper

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 – discussed above
7.2 Personnel – none
7.3 Other – none

8 BACKGROUND PAPERS

- 8.1 None

Appendices

- 1. Use of Integrated Care Fund**
- 2. Use of Primary Care Investments 2017/18**

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East Lothian Partnership

Integrated Care Fund - projected actual 2017/18 and proposals 2018/19

	2017/18 Proposal £000's	2017/18 Projected £000's	2018/19 Proposal £000's
Available	1,760	1,760	1,760
Commitments			
Winter	100	100	100
Coagucheck	56	56	56
ELSIE II	800	800	800
Respite & Rehab	99	99	99
Day Centres	215	136	215
Vol Orgs	392	336	392
	1,662	1,527	1,662
Slippage	98	233	98

Vol Orgs 2017/18 relating to ICF	£000's
Volunteer development	166
Carers of East Lothian	90
Alzheimer Scotland	80
	<hr/> 336

**Primary Care
Development 2017/18**

East Lothian IJB

Sources	£000's
PCTF	139
PC -MH	62
NHSil Invest	240
Total	<u>441</u>

Applications	
Corporate LES - Diabetes	43
Corporate LES - Phlebotomy	43
Corporate - ANP Training	19
LegUp	25
Infrastructure & IT	20
Care Homes	120
PC Hub programme	171
	<u>441</u>



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 22 March 2018
BY: Chief Officer
SUBJECT: East Lothian IJB Engagement Strategy 2017-20

11

1 PURPOSE

- 1.1 To outline the key elements of the East Lothian Engagement Strategy 2017-2020.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- Note the content of the strategy
 - Endorse the strategy.

3 BACKGROUND

- 3.1 Engagement is key to everything that we do and the purpose of this strategy is to ensure that:
- we have a clear and effective participation and engagement approach which is at the heart of reforming health and social care services locally
 - enables the Partnership's vision and how it works to become a reality
 - informs decision making processes that drive strategy and inform the carrying out of delegated functions.
- 3.2 The strategy establishes what the IJB understands by engagement, and sets out the mechanisms we can use to involve as many people as possible. It also underlines our commitment to working within the National Standards Community Engagement.
- 3.3 It has itself been subject to considerable engagement and revision, including rigorous and welcome scrutiny by our partners in the third

sector who represent service-users or provide advocacy. The purpose of this was to move the strategy from an aspirational document to one that is deliverable.

3.5 The strategy looks at the engagement networks available and, in particular, the Health and Social Care Area Forums and Strategic Groups. It outlines our priorities for 2018/19 and beyond.

3.6 The strategy confirms our commitment to engagement in terms of:

- resources
- meeting protocols
- support networks
- engagement methods
- monitoring and evaluation
- building capacity.

4 ENGAGEMENT

4.1 We engaged actively with partners during the development of this strategy, and the document illustrates where this engagement contributed to the strategy (see Section 3). It was also opened up to public consultation initially but elicited very little response.

5 POLICY IMPLICATIONS

5.1 Our commitment to this engagement strategy will help to shape local services and inform our strategic vision, and in particular, to better deliver all of our Strategic Objectives.

6 INTEGRATED IMPACT ASSESSMENT

6.1 Not applicable in this instance. This document is designed to promote inclusive practice and reduce inequalities in representation.

7 RESOURCE IMPLICATIONS

7.1 Financial – engagement is written into each new project development and will be resourced on a project by project basis.

7.2 Personnel – can be managed within existing staffing.

8 BACKGROUND PAPERS

8.1 The East Lothian IJB Engagement Strategy 2017-2020 is attached with this cover paper.

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East Lothian
Integration Joint Board



Engagement Strategy

2017-2020

Contents

	Page
Section 1: East Lothian Health and Social Care Partnership Strategic Aims	3
Section 2: What does ‘involvement’ look like?	4
Section 3: Developing this strategy	9
Section 4: The East Lothian IJB Engagement Strategy 2017-2020 – Engagement mechanisms	11
Section 5: The way forward	17
Section 6: Conclusion	22
Appendix 1: Meeting the National Standards for National Engagement	23
Appendix 2: Scottish Health Education Participation Toolkit	26

Section 1: East Lothian Health and Social Care Partnership Strategic Aims

Introduction

The East Lothian Shadow Integration Joint Board (IJB) carried out the first major health and social care engagements between 2013 and 2015, when we undertook an extensive programme of information and engagement sessions for staff on what the new East Lothian Health and Social Care Partnership would look like. During the same period, we consulted with the general public, service-users, the third and independent sectors, staff and elected representatives on the strategic vision for the East Lothian Integration Joint Board. This enabled us to set out the following strategic aims. East Lothian IJB and East Lothian Health and Social Care Partnership (ELHSCP) are committed to ensuring that services:

- are joined-up for service-users
- take account of the particular needs of individual service-users and their circumstances in different parts of the county
- respect our service-users' rights and take account of their dignity
- take account of the way that our service-users participate in their communities
- protect and improve our service-users' safety
- improve the quality of our services and ensure that they are planned and delivered locally in a way that is engaged with our communities
- anticipate needs and prevent them from happening
- make the best use of the available facilities, people and other resources.

Engagement plays a key role

Engagement is key to everything that we do and the purpose of this strategy is to ensure:

- we have a clear and effective participation and engagement approach which is at the heart of reforming health and social care services locally
- enables the Partnership's vision and how it works to become a reality
- Inform decision making processes that drive strategy and inform the carrying out of delegated functions.

Why it is important to consult and engage

*Engagement is about 'developing and sustaining a working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences'. **National Standards for Community Engagement***

'The duty of public involvement covers all Health Boards, Special Health Boards and the Common Services Agency when they are providing a service to the public which they are responsible for. This also includes when services are provided on their behalf, for example by a contractor, to the public.' **CEL 4 (2010)**

'The Community Empowerment Act will help to empower community bodies ... by strengthening their voices in the decisions that matter to them. It will also improve outcomes for communities by improving the process of community planning, ensuring that local service providers work together even more closely with communities to meet the needs of the people who use them.' **Community Empowerment Act (Scotland) 2015**

Section 2: What does ‘involvement’ look like?

In this section, we will look at different types of involvement, and the legal and policy background that we are working in.

Engagement

So let us begin by looking at what is understood by ‘engagement’. It is now accepted that public services that involve their users are likely to be of higher quality and more relevant to the communities they serve. The Scottish Government has built the principle of community engagement into policy and guidance to public services. This is most notable for Community Planning through which the Local Government Scotland Act requires all public services to work together. The guidance on the act states:

'Community planning is essentially a process to secure greater engagement from communities in the planning and delivery of services'.

In addition, the Best Value 2 Community Engagement Framework produced by Audit Scotland emphasises the need for good quality community engagement practice at all levels and in particular in relation to:

- Commitment of organisations to engaging with communities
- How well organisations understand the needs and aspirations of communities
- How well communities are involved in decision-making
- How well communities are involved in planning, monitoring and evaluating services
- Demonstrating what community engagement has achieved.

So that we are clear about what we mean by engagement, we intend to work to the [National Standards for Community Engagement](#). These are good-practice principles designed to support and inform the process of community engagement, and improve what happens as a result. They also underpin the NHS CEL4 Guidance issued in 2010.

National Standards for Community Engagement

- Inclusion –We will identify and involve the people and organisations that are affected by the focus of the engagement
- Support – we will identify and overcome any barriers to participation
- Planning – there is a clear purpose for the engagement which is based on a shared understanding of community needs and ambitions
- Working together – we will work effectively together to achieve the aims of the engagement
- Methods – we will use methods of engagement that are fit for purpose
- Communication – we will communicate clearly and regularly with people, organisations and communities affected by the consultation.

Figure 2: National Standards for Community Engagement



The Community Empowerment Act (Scotland) 2015

Overall, the Act empowers community bodies through the ownership or control of land and buildings, and by strengthening their voices in decisions about public services.

Designated community planning partners must now include the whole range of public services that engage and work with communities. Partners include colleges, Police Scotland, health boards, enterprise agencies such as Scottish Enterprise and Highlands and Islands Enterprise, Historic Environment Scotland, health and social care integration joint boards, national park authorities, regional strategic bodies in further and higher education, Scottish Environment Protection Agency, the Scottish Fire and Rescue Service, Scottish Natural Heritage, Scottish Sports Council, Skills Development Scotland, regional transport partnerships and Visit Scotland.

We must work together as partners to produce a Local Outcomes Improvement Plan (LOIP). This sets out the local outcomes with greatest priority, forming the agenda for action. These proposed outcomes will be described, along with a statement on how it is proposed they will be achieved, when actions will be carried out, and how the plan responds to the needs and circumstances of people in the area. In preparing a local outcomes improvement plan, a community planning partnership must consult appropriate community bodies and must take account of any representations in this way. LOIPs complement the IJB's strategic vision.

Participation requests

Participation requests are potentially of great value for communities that:

- Have identified a need, issue or opportunity to tackle inequality,
- Want to contribute to regeneration or economic development
- Want to improve health or wellbeing.

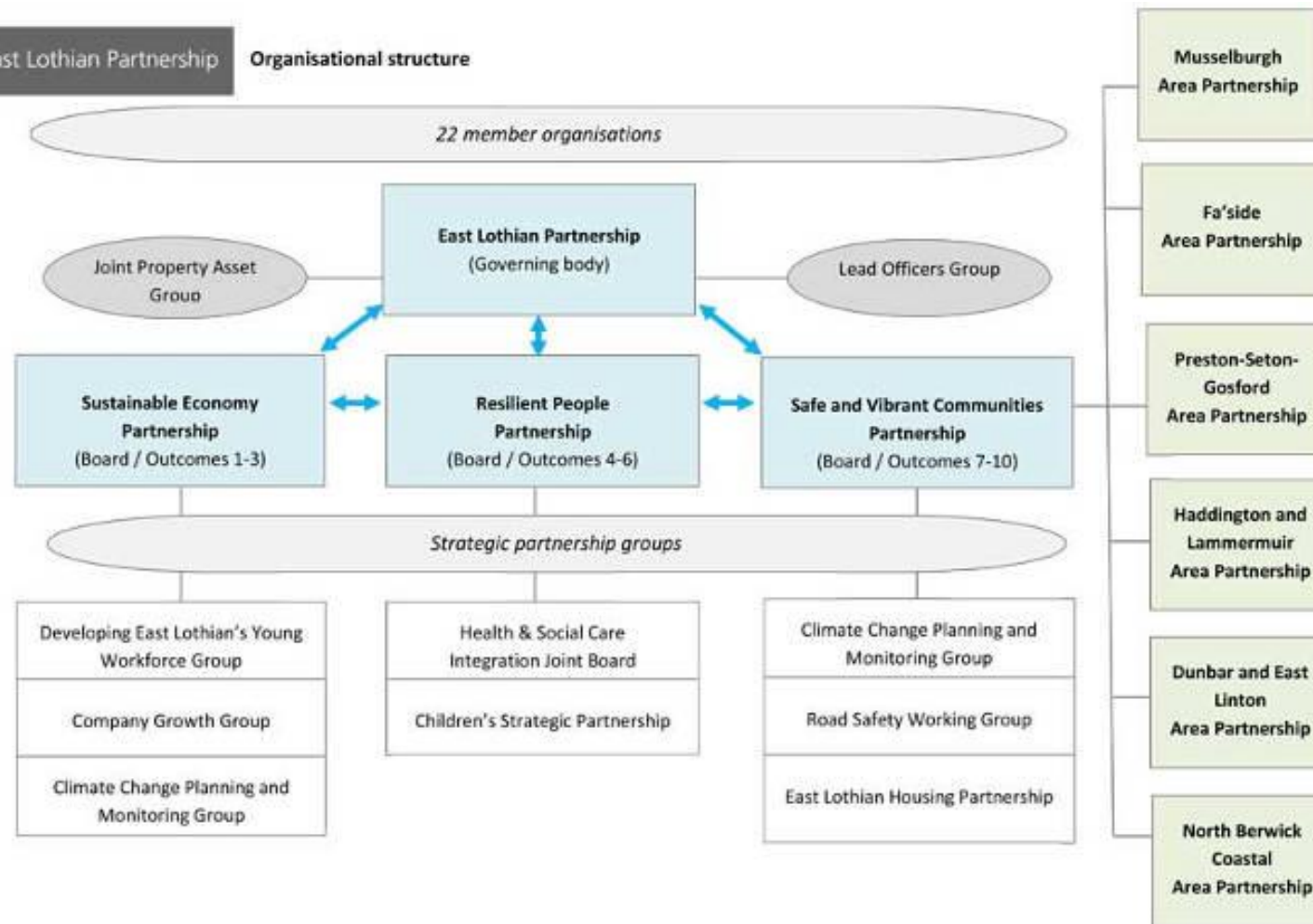
The Act gives communities the power to set the agenda and the way needs, issues or opportunities are understood. It also sets out a process whereby a community body can request that a service is improved, or to help improve a service, if it believes this is needed. The Act is clear that the public sector body that provides the service 'must agree to the request unless there are reasonable grounds for refusing it.'

Public service providers include local authorities, colleges and universities, health boards, Scottish Enterprise, HIE, the police, the fire service, Scottish Natural Heritage, regional transport partnerships, national parks, and the Scottish Environment Protection Agency must service participation requests when they are made in line with the legislation. IJBs may have responsibilities for those services delegated to them by the local authority and NHS Health Board.

However, participation requests are not a substitute for having an engagement strategy. Any feedback gained through facilitating a participation request would play a role in informing future strategic development

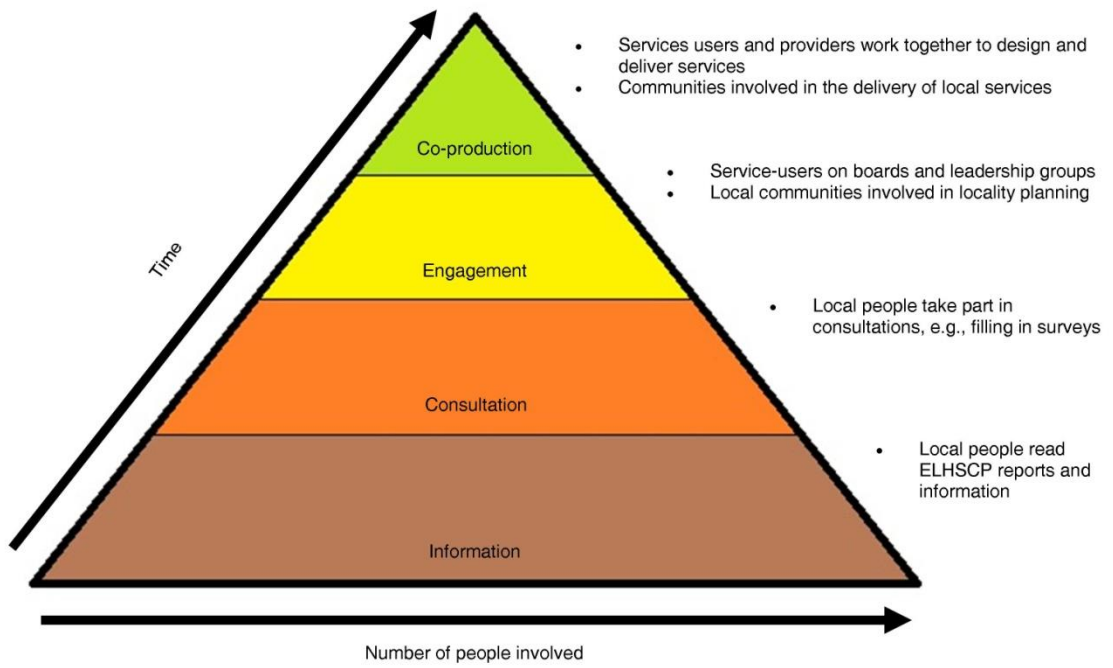
Consultation and co-production

- **Consultation** is the process by which people are asked their opinions. Consultation requires a commitment to listen, give due weight to the views expressed and feedback outcomes to the people consulted.
- **Co-production** means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change. [New Economics Foundation].



ELP organisational structure and member participation / July 2015

Figure 1: A model for community engagement



Section 3: Developing this strategy

This strategy supersedes the 2014-2018 Communications and Engagement Strategy adopted by the East Lothian Shadow IJB in 2014. ELHSCP consulted with the public and a wide range of third sector and other providers in March 2017 and the feedback was encouraging but there was clearly a lot of work still to be done. The key findings from feedback included:

- Making the list of stakeholders more explicit, including groups and individuals that represent carers, and patients and service-users
- Paying of out of pocket expenses would be appreciated (and a big step forward) but if you start adding in replacement care and transport there is a danger that the process becomes so costly and unwieldy that it could actually become a barrier to engagement.
- Scheduling meetings at mutually convenient times and then not rearranged to fit the convenience of paid staff
- Issuing papers in good time to allow non-professionals an opportunity to familiarise themselves with the issues
- Encouraging support networks for users and carers to enable them to explore issues and extrapolate from their personal experience to the wider policy issues at hand
- Welcoming the stress on using the most appropriate tools (and the imagination and range of options outlined) but most of the methods listed are short term, consultation style tools. Consultation is undoubtedly part of what is needed but if we want to move towards engagement and coproduction we need to find other tools
- Welcoming the commitment to providing feedback and to monitoring and reviewing the quality of engagement
- Reporting on what had happened under the engagement process. There is a requirement that papers to the IJB outline cost and equalities implications (although in many instances these will be nil). Could we also make it an expectation that the papers list engagement processes have informed the paper? In many instances these may be nil but in other areas it would be important to know
- Strengthening the strategy sharing feedback, impact and evaluation
- Having the vision and the confidence to involve service users/patients and carers as 'partners'
- The routes of engagement with the H&SC Partnership seem to be a one-way system where stakeholders are

Feedback

East Lothian Community Care Forum welcomes this document. In general we support the full document and its intention and aspiration to follow the guidelines set down through the standards of Community Engagement. However, we think the document falls short of having a specific local agenda and commitments for East Lothian residents who use health and social care services. It is an aspirational document and lacks the vision and the confidence to involve service users/patients and carers as 'partners'. It shows ways of how it will consult with service users/patients and carers but not at a level of real engagement or co-production.

Cares of East Lothian: Make the list of stakeholders more explicit, including groups and individuals that represent (1) carers, (2) Patients and service-users

and

Most people are generally happy to participate provided they feel that their input is respected and will influence the outcomes as appropriate. Payment of out of pocket expenses would be appreciated (and a big step forward) but if you start adding in replacement care and transport there is a danger that the process becomes so costly and unwieldy that it could actually become a barrier to engagement.

invited to give views through a variety of means as stated in the National Standard - Method.

We have taken what you told us to heart and have tried to provide the level of information you have asked for.

Section 4: The East Lothian IJB Engagement Strategy 2017- 2020 – Engagement mechanisms

Stakeholders

We are all stakeholders in health and social care. Therefore, as many of us as possible need to be engaged in strategic planning for health and social care in East Lothian. This includes through:

- Area Partnerships
- Community Councils
- East Lothian Tenants and Residents Panel and Tenants and Residents Associations
- Patient involvement groups (Scottish Health Council, local Patient Participation Groups)
- Third-sector organisations
- Interest and advocacy groups (for example, Carers of East Lothian , East Lothian Community Care Forum, CAPS, EARS, CHANGES, STRIVE)
- Service-providers (through the East Lothian Providers’ Forum)
- Community Planning groups (for example, Resilient People)
- Our staff and unions (for example, Unison)
- Elected members, MPs, MSPs
- Professional regulatory bodies.

Strategic groups

As well as this, we have established a number of strategic groups to help us to deliver our Strategic Directions. Directions are the instructions about resources that the East Lothian Integration Joint Board (IJB) issues to East Lothian Council and NHS Lothian each year to allow the IJB and the Partnership to deliver integrated health and social care in East Lothian. The new strategic structure comprises a multi-stakeholder themed Strategic Group and a corresponding Working Group, which consists of key officers from the Partnership. Each group has a proposed-focused remit as set out below.

East Lothian Health and Social Care Partnership Director David Small says:

‘This is a real milestone in ELHSCP’s development. It means that we can start working closely with stakeholders to plan for what’s happening this year, next year and years ahead. Working strategically will help us to make the best of our resources, which is critical in the current financial climate. More importantly, the planning groups give us the opportunity to make sure that stakeholders are equal partners in planning, enabling us to develop innovative, flexible and responsive answers that really meet the health and social care needs of people in East Lothian.

Proposed Strategic Group 2018/19 Priorities

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.

These priorities will be supported by the Workforce Plan, the Finance Plan and the Engagement Plan. 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.

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. 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.

Voluntary sector representation on the seven strategic groups is being coordinated through Strive. They have developed a system which will provide a pool of nominated voluntary sector organisations that the groups can draw upon to ensure voluntary sector representation. Strive will also develop a system whereby outcomes and key messages from the work of the strategic groups will be disseminated to the wider voluntary sector. Voluntary sector organisations who are not members of Strive will be invited to join groups by partnership officers.

Service-user representation on the seven strategic groups is being coordinated through East Lothian Community Care Forum (ELCCF). As well as supporting individual service users to attend groups, ELCCF will also feed back and link with wider service user groups.

Carer representation on the seven strategic groups is being coordinated through Care of East Lothian (CoEL). As well as supporting individual carers to attend groups CoEL will also feedback and link with wider carer groups.

Any voluntary sector organisations, service users and carers who are still involved in the previous planning groups will be contacted by officers within the partnership to discuss their future involvement.

People who are interested in becoming involved in these group can find out more by contacting

- East Lothian Health and Social Care Partnership - elhscp@eastlothian.gov.uk
- Strive - info@strive.me.uk
- East Lothian Community Care Forum - info@elccf.org
- Carers of East Lothian - centre@coel.org.uk

It has been decided that some of the groups will be foregrounded for periods of time, for example, the Carers' Strategy Group meets most frequently of all the groups at present as it has to facilitate the implementation of the Carers' Act. Other groups will meet more and less frequently in line with priorities.

Local Health and Social Care Forums

We want to make sure that local communities can engage with us **on major health and social care** developments that affect their immediate areas. This is particularly important given the work now underway to reprovide the services in the Dunbar, North Berwick and Musselburgh.

We have already established as forum to engage on matters at Belhaven hospital. We hope to expand the remit of this Forum soon and have already set up North Berwick Area and Musselburgh Health and Social Care Forums. We would initially be establishing them for a period of two years that can be extended if ELHSCP and the Forums deem it necessary. The new forums will contribute to the vision of the reprovioning process. The vision will inform the business case for the reprovion and will include:

- Development of a proposed model of care
- Strategic assessment of extra care housing need for older people and a review of sheltered housing
- Assessment of future NHS bed requirements in the new East Lothian Community Hospital
- Assessment of the scale care home provision and the care home market in East Lothian

- Establish how the reprovion will deliver the ELHSCP strategic vision and directions, the Council Plan, the Single Outcome Agreement, the NHS Lothian Plan, and the health and social care delivery plan.

The vision will focus on:

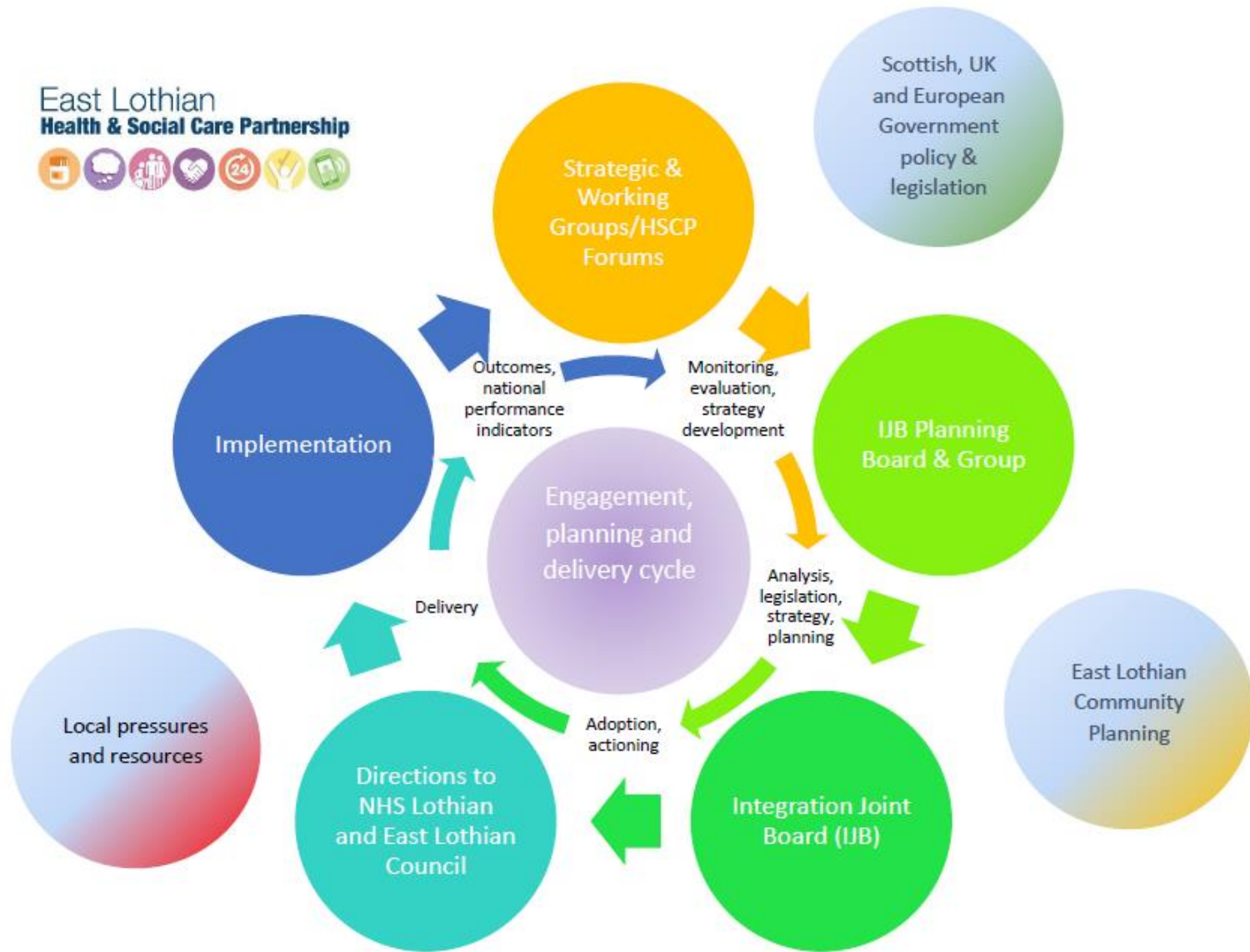
- Current issues with the physical environment of Belhaven, the Edington, the Abbey Care Home and Eskgreen Care Home
- Best practice and innovation in how to meet the needs of older people in East Lothian
- Best practice and innovation in health and social care integration and joint working
- A joint strategy to meet health and social care needs
- Financial matters.

We hope that the Forum process will run as set out below.

- Forums should be broadly representative and equitable.
- The forums will discuss and agree action plans with ELHSCP. The plan should contribute to ELHSCP decision making and service provision and development.
- The forums will provide feedback on the community's needs, concerns and interests, and challenge ELHSCP constructively whenever necessary.
- The forums should give the community a voice in the organisation and delivery of their local health and social care.
- The forums should promote good health and higher levels of health and social care literacy by encouraging and supporting activities within the community and promoting public awareness of good health and social care, delivery and planning.
- The forums should liaise with local patient participation groups, community groups and the Local Area Partnership in their areas.

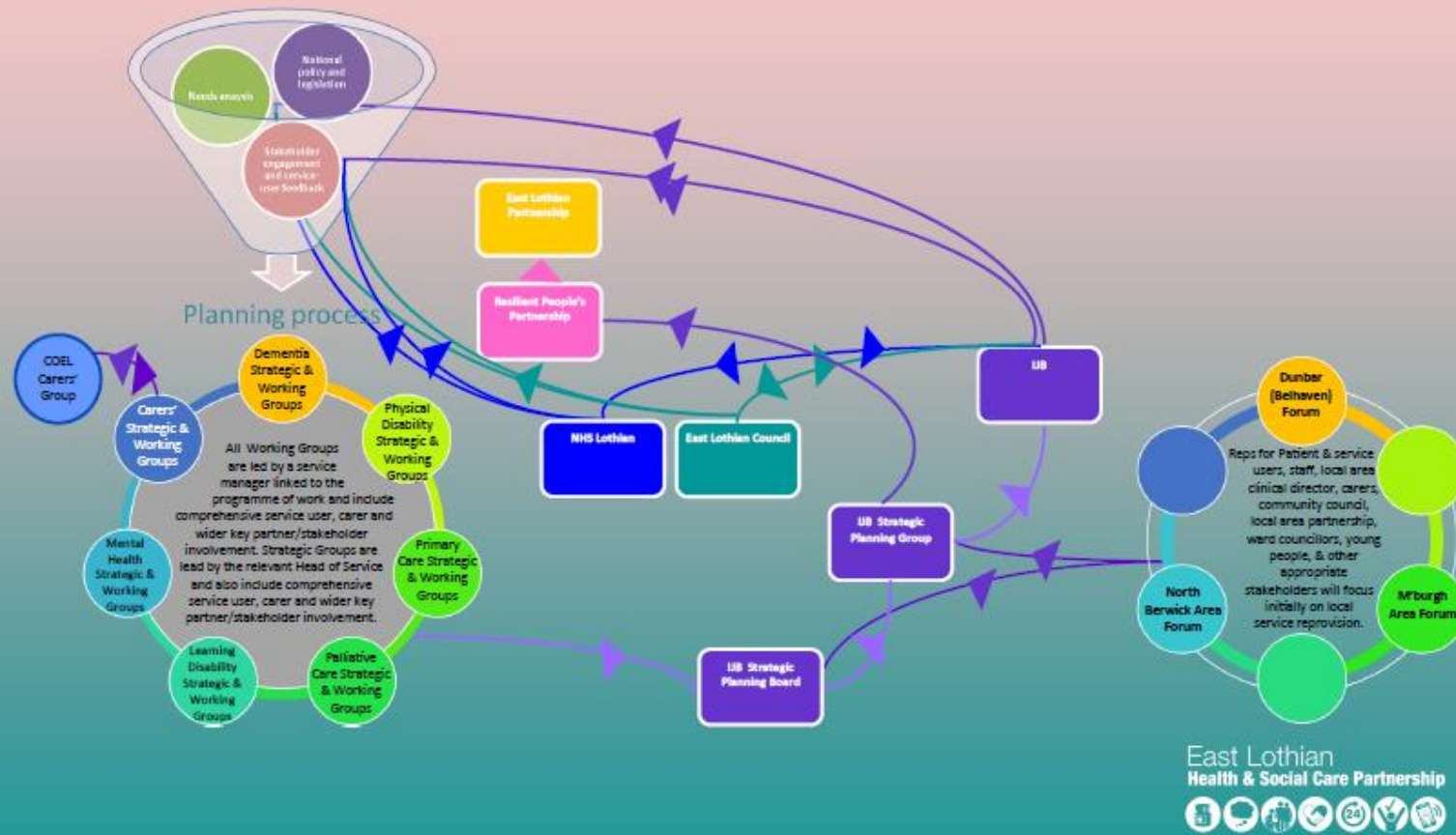
Membership of the forums will be open to include:

- patient and service users representatives
- staff representatives
- the local area clinical director/s
- community councils
- local area partnership representative
- ward councillors
- young people's representatives
- carers
- other appropriate stakeholders, for example third sector advocacy and advice groups.



EAST LoTHIAN INTEGRATION JOINT BOARD/
EAST LoTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

ENGAGEMENT AND PLANNING STRUCTURE 2017



Section 5: The way forward

Being clear

In this time of ever-increasing austerity, staff shortages and growing demographic pressures, we need to be very clear when we are engaging that everyone taking part is clear what financial or resource restrictions apply, so that the result of the engagement is achievable. Some of the information will not always be palatable or what people want to hear. However, at this critical time, it is more important than ever that people are fully engaged, understand the financial and resource impacts of decisions on their services and services that other people use which will be affected by the shifting of resources. Engagement should be about the long-term impact of decisions about services on service-users and the wider community. It is our job to make sure that people have as much information as possible help them to reach informed and thoughtful conclusions.

Resources

We commit to:

- drawing up individual engagement strategies for all major projects that have Project Initiation Documents (PIDs)– these can be requested by anyone wishing more information
- including information about budget (for example, room hire, events, travel expenses, catering)
- including information about any work that other agencies are undertaking for us in relation to engagement on such a project
- including information about what engagement has taken place in the relevant IJB, Lothian NHS Board and East Lothian Council papers
- sharing this information online wherever we can
- using, area partnership, citizens' panel, schools, tenants' networks, third-sector and provider networks to engage with patients, service-users and families
- making as much use of free channels, for example, media releases, social media etc to gain publicity and stimulate participation and engagement
- making better use of existing resources, for example, feedback for comments and complaints, customer satisfaction post cards
- making better use of staff who visit patients and service-users to help administer questionnaires

Meetings

- Ensuring that meetings are arranged at times that suit participants (bearing in mind that there will still be people who have difficulty attending)
- Looking at other ways people can take part, for example, by videoing and sharing meetings
- Having online meetings (chat room or Skype/FaceTime), particularly for focus groups
- Sharing the discussion at meetings with a wider audience soon after so that people who are interested still have time to consult
- Ensuring that people have access to any papers to be discussed at meeting at least 5 working days beforehand so that they have adequate time to prepare

- Ensuring that there is a single point of contact – anyone wishing to find out more about meetings, schedules, engagement opportunities – should email elhscp@eastlothian.gov.uk or phone 01620 827 750

Support networks

- Encouraging users and carers to be more aware of support networks to enable them to explore issues and personal experiences (for example, the Carers of East Lothian group supporting the Carers’ Strategy development)

Engagement methods

- We will identify and overcome any barriers to participation - we will ensure that there is suitable transport, carer in place for dependants where necessary, personal assistance or personal care, suitable and accessible venues and appropriate catering, access to interpreters, communication aids
- We will use a wide range of engagement techniques appropriate to people’s needs (for more information, see Appendix 1 and also the Scottish Health Council Engagement Toolkit), and will carry out both short- and longer-term engagement
- We will make full use of the East Lothian Consultation Hub as a central point of information to ensure that stakeholders and the general public can follow the consultation and engagement process for each project and be able to comment and access feedback

Monitoring and evaluating engagement activities

- We will ensure that we find out how people feel about the various engagement activities they take part in, monitor uptake and usefulness of feedback from various sources, and continue to work with partners in the third sector for their feedback and experience.

Building capacity

- Working with partner organisations to access new representative voices from their networks
- Sourcing training, for example, Scottish Health Council/Chest, Heart and Stroke Association modules for patients/service-user representatives joining strategic groups and forums for the first time
- Issuing guidance to ELHSCP staff about the National Standards for Community Engagement to ensure that engagement is carried out to a consistently high standard
- Providing access to the appropriate training for staff undertaking engagement (for example, VOICE)
- Encouraging medical practices in East Lothian who do not currently have their own Patient Participation Groups (PPGs) to consider setting them up (in line with their obligations under the new GP contract) and the ELHSCP will provide advice and some limited support to help them in this. (Currently, only six out of 16 practices have established PPGs)
- Encouraging the work of the Routes to Community Engagement Group in stimulating interest amongst service-users to set up their own groups independently of ELHSCP, which would enable them to raise matters with ELHSCP rather than always being approached by us

- Making strenuous efforts to locate new voices in the harder to reach communities – this could be people who are physically or socially isolated. This might be something we could pursue with a partner agency like STRiVE.

Section 6: Conclusion

We want engagement to be a key element of every project plan, big or small, and be able to report what engagement process was undertaken in committee papers and reports. We want to make sure that staff and participants understand the standards to which they should work and build capacity where necessary. Resources have to be allocated and barriers to access taken down. Our chief aim must be to make sure that any engagement process provides participants with all the facts in a clear and impartial manner so that people can make truly informed judgments.

Much of the good practice outlined here has been demonstrated in projects like the Care at Home procurement consultation (more info at http://www.eastlothian.gov.uk/info/1347/social_care_and_health/1746/developing_care_at_home_services/4) and the current Carers' strategy engagements (see East Lothian Consultation Hub - <https://eastlothianconsultations.co.uk/>) but we want to be able to build our engagement activities, ensure consistency and good practice, reach new audiences and make sure that our strategic vision is demonstrably backed by good quality engagement activities that enable people to express themselves, and use their both own experiences and impartial and unimpeachable information and data to make informed choices. These choice will be about the services they use, the services they want and the impact of maintaining or reshaping services on the groups they represent and on the wider community.

Appendix 1 – meeting the National Standards for National Engagement

National Standard: Inclusion

We will identify and involve the people and organisations that are affected by the focus of the engagement

Our stakeholders

We are all stakeholders in health and social care. Therefore, as many of us as possible need to be engaged in strategic planning for health and social care in East Lothian. This includes through:

- Area Partnerships
- Community Councils
- East Lothian Tenants and Residents Panel and Tenants and Residents Associations
- Patient involvement groups
- Third-sector organisations
- Interest and advocacy groups
- Service-providers
- Community Planning groups (for example, Resilient People)
- Our staff and unions
- Elected members, MPs, MSPs
- Professional regulatory bodies.

National Standard: Support

We will identify and overcome any barriers to participation.

It is key that we remove or reduce any practical barriers which make it difficult for people to take part in engagement activities.

Examples of support issues to be addressed include:

- Suitable transport
- Caring for dependants (for example, childcare or care of older people)
- Personal assistance or personal care
- Suitable and accessible venues and appropriate catering
- Access to interpreters
- Communication aids
- Meetings and events organised at appropriate times
- Access to social media, video conferencing and online resources where appropriate
- Out-of-pocket expenses

National Standard: Planning

There is a clear purpose for the engagement, which is based on a shared understanding of community needs and ambitions.

To meet this standard, we need to ensure that:

- Partners are involved at the start of the process in identifying and defining the focus that the engagement will explore
- There is a clear and agreed engagement plan in place
- All available information which can affect the engagement process has been shared and used to develop the community engagement plan
- Partners agree what the outcomes of the engagement process should be, what indicators will be used to measure success, and what evidence will be gathered
- The timescales for the engagement process are realistic
- There are sufficient resources to support an effective engagement process.

National Standard: Working Together

We will work effectively together to achieve the aims of the engagement.

To meet this requirement, we have to ensure that:

- The roles and responsibilities of everyone involved are clear and understood
- Decision-making processes and procedures are agreed and followed
- The methods of communication used during the engagement process meet the needs of all participants
- Information that is important to the engagement process is accessible and shared in time for all participants to properly read and understand it
- Communication between all participants is open, honest and clear
- The community engagement process is based on trust and mutual respect
- Participants are supported to develop their skills and confidence during the engagement.

National Standard: Method

We will use methods of engagement that are fit for purpose.

We will use:

- Methods that are appropriate for the purpose of the engagement
- method are acceptable and accessible to participants
- A variety of methods throughout the engagement to make sure that a wide range of voices is heard
- creative methods which encourage maximum participation and effective dialogue.

We will evaluate and adapt methods, if necessary, in response to feedback from participants and partners.

- targeted short-life working groups
- focus groups
- Citizens/Health panels
- public meetings
- questionnaires
- online surveys
- social-media campaigns
- video case studies
- partner and stakeholder group consultation and engagement networks.

We would also like to look at other approaches such as participatory budgeting and community action research, blogs and My Place events.

National Standard: Communication

We will communicate clearly and regularly with the people, organisations and communities affected by the engagement.

To meet this requirement, we need to ensure that:

- Information on the community engagement process, and what has happened as a result, is clear and easy to access and understand
- Information is made available in appropriate formats
- Without breaking confidentiality, participants have access to all information that is relevant to the engagement
- Systems are in place to make sure the views of the wider community continuously help to shape the engagement process
- Feedback is a true representation of the range of views expressed during the engagement process
- Feedback includes information on: the engagement process; the options which have been considered; and the decisions and actions that have been agreed, and the reasons why.

Examples of current good practice include providing regular feedback through the Consultation Hub, on the ELHSCP web pages, in newsletters and by video and podcast. These are all areas we are very keen to explore further.

National Standard: Impact

We will assess the impact of the engagement and use what we have learned to improve our future community engagement.

How will we know we have met this Standard?

- The outcomes the engagement process intended to achieve are met
- Decisions which are taken reflect the views of participants in the community engagement process
- Local outcomes, or services, are improved as result of the engagement process
- Participants have improved skills, confidence and ability to take part in community engagement in the future
- Partners are involved in monitoring and reviewing the quality of the engagement process and what has happened as a result
- Feedback is provided to the wider community on how the engagement process has influenced decisions and what has changed as a result
- Learning and evaluation helps to shape future community engagement processes.

East Lothian Health and Social Care Partnership is keen to ensure it uses the right channels and materials to engage with different groups. We will identify, listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded or vulnerable.

Where required and appropriate we will use methods such as easy read formats of literature, offer translations of information and go along to community groups to talk about the work of the HSCP rather than relying on people to read material. **(East Lothian Communications and Engagement Strategy 2014 –**

Appendix 2: Scottish Health Education Participation Toolkit

The Participation Toolkit, now in its third edition, has been compiled to support NHS staff to involve patients, carers and members of the public in their own care and in the design and delivery of local services. It offers a number of tried and tested tools along with some more recently developed approaches.

Contents

Before you start:

- [Participation: what is it and why do it?](#)
- [Planning your engagement activity](#)
- [Checklist of ethical issues](#)
- [Venue accessibility checklist](#)
- [Useful resources and websites](#)
- [Ice breakers to get a discussion started](#)
- [Selecting a suitable tool for your purposes](#)

The Participation Tools

- [After Action Reviews](#)
- [Ask Me 3 and Ask 3 Questions](#)
- [Citizens' Juries](#)
- [Comments Cards](#)
- [Digital Stories](#)
- [Displays and Exhibitions](#)
- [Dragons' Den](#)
- [Electronic Questionnaires](#)
- [Electronic Voting](#)
- [Emotional Touchpoints](#)
- [Focus Groups](#)
- [Graphic Facilitation](#)
- [Head, Heart, Carrier Bag and Dustbin](#)
- [Mystery Shopping](#)
- [Nominal Group Technique](#)
- [Open Space](#)
- [Patient Diaries](#)
- [Planning for Real](#)
- [Presentations and Talking to Groups](#)
- [Process Mapping](#)
- [Public Meetings](#)
- [Reflective Log](#)
- [Remote Service Futures Game](#)
- [Round-Table Workshops](#)
- [Solution Circles](#)
- [Storytelling](#)
- [Surveys and Questionnaires](#)

- Talking Mats
- Teach-back
- Users' Panels
- World Café
- Written Information

What next?

- Producing a report of findings
- Patient and service user feedback

East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 22 March 2018

BY: Chief Officer

SUBJECT: Review of HSCP Community Grant Funding

13

1 PURPOSE

- 1.1 To inform the Integration Joint Board and to seek agreement to the outcome of the December 2017 'Best Value and Strategic Fit' reviews of East Lothian HSCP grant funded and externally provided community support services.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to agree the removal of HSCP grant funding from organisations which do not meet Best Value requirements and/or did not demonstrate sufficient Strategic Fit following the review process.
- 2.2 The IJB is asked to agree that those organisations meeting Best Value and Strategic Fit requirements should have their grant funding renewed for only 12 months in the first instance and further, that the organisations should undergo a service redesign process to deliver further efficiencies in 2019/20.
- 2.3 The IJB is asked to note that following the reviews, a broader needs assessment will be carried out on all internally and externally provided Community Support. The outcome of the needs assessment will shape the services to be delivered and grant funding arrangements to provider organisations from 2019/20 onwards.

3 BACKGROUND

- 3.1 The IJB asked East Lothian Council to review community grants in 2017/18. The work was overseen by the Health and Social Care Procurement Board. The Board set the following aims in the work:

- that East Lothian Health and Social Care Partnership is obtaining Best Value¹ from services it commissions
- That the provision of services is equitable across different client groups
- That services are in line with the East Lothian IJB Directions (appendix 1) and;
- That services deliver on the priorities of the IJB Strategic Plan 2016-19².

It was agreed that delivery of all these elements by externally commissioned HSCP grant funded community services would demonstrate robust strategic fit.

3.2 The review process was divided into 4 distinct areas:

- Community supports review
- Financial support for Independent Living Fund and Direct Payment user review
- Independent advocacy review and interface agencies review.
- Housing support review (not part of IJB delegated authority)

3.3 All reviews used a Best Value review template (appendix 2) to ensure they were robust and fair in their conclusions. In completing the template, views and opinions were sought from service providers as well as service users and carers where appropriate.

3.4 All provider organisations were informed of the review in September 2017. A further letter in early February informed them of the intention to take the review recommendations to the IJB on 22nd February with a subsequent decision to table the proposals at the March 22nd IJB meeting. A communication plan has been developed to inform press, service users, stakeholders and the public of the outcomes of the review. This plan will be put in place following the IJB March IJB meeting.

3.5 All organisations involved in the review have a contract with East Lothian Health and Social Care Partnership with a three months' notice period.

3.6 Where the review showed an organisation to be providing Best Value and demonstrating Strategic Fit a further period of funding of no more than 12 months is proposed. During this period of funding, the organisations will be asked to undergo service redesign to improve their financial position as well as the outcomes of the service.

¹ An approach to ensure a balance between cost and quality considerations in service provision across all public services.

² http://www.eastlothian.gov.uk/downloads/file/11117/ijb_strategic_plan_2016-19

- 3.7 Following these reviews, the Community Support Project will complete a Needs Assessment by October 2019 to establish what model and level of community provision is required across East Lothian for the future. The needs assessment will be based on the premise that mainstream community services can be better used to support people to integrate into their communities and move people away from or avoid necessarily having to use statutory services.
- 3.8 Table 1 below sets out the recommendations of the review process.

Table 1 – Outcome of the Review Process

Proposals for disinvestment

Organisation	Funding Per Annum	Recommendation of Review	Impact on org. and service users
Macmerry Lunch Club	£742	Remove Funding April 2018 (plus unused monies one off £1,600)	Org – no impact as not meeting. Service users – can access Pencaitland and Haddington lunch clubs.
North Berwick Voluntary Car Scheme	£944	Remove Funding June 2018 (10 month saving)	Org – medium as loss represents 10% of total income. Service users – org. will likely continue
Strive; Community Connections (befriending service)	£14,359	Remove Funding June 2018	Org – minimal as funding small % of total funding. And unable to match fund. Service users – will transfer to alternative service.

East Lothian Community Care Forum	£53,154	Remove Funding June 2018	Org – major impact. Service user engagement through alternative means.
Capability LAC service	£87,167	Remove Funding April 2018	Org – no impact. Capability indicated intention to withdraw. Service users – transferred to other org. NBC to be supported and managed.

Proposals for continued investment for 12 months

Alzheimer's Dementia Café	£4,568	Continue funding in 2018/19, with further review to develop synergies with Post Diagnostic Link Worker support.
Pink Ladies	£5,000	Continue funding in 2018/19, with further review
East Lothian Young Carers	£10,693	Continue funding in 2018/19, with further review
RVS Good Neighbours	£14,676	Continue funding in 2018/19, with review of overall contract management of RVS
LCIL – Independent Living Services	£32,076	Continue funding in 2018/19, with further review
EARS	£32,625	Continue funding in 2018/19, with further review for all advocacy organisations
Partners In Advocacy	£42,800	Continue funding in 2018/19, with further review for all advocacy organisations

Changes	£46,263	Continue funding in 2018/19, with further review
Stepping Out	£60,207	Continue funding in 2018/19, with further review
Neighbourhood Networks	£62,000	Continue funding in 2018/19, with further review.
Carers of East Lothian	£63,502	Continue funding in 2018/19, with further review
CAPS (Advocacy)	£77,830	Continue funding in 2018/19, with further review for all advocacy organisations
Cameron Cottage	£280,000	Continue funding in 2018/19, with further review of Care Provider to ensure best value
East Lothian and Mid Women's Aid	£70,000	Continue funding in 2018/19, within a three year SLA
Lunch Clubs (Wallyford & Whitecraig and Pencaitland)	£3,157	Review still outstanding
RNIB	£61,887	Review still outstanding - ongoing with Midlothian
Deaf Action	£50,025	Review still outstanding - ongoing with Midlothian
Scottish Huntingdon's Association	£7,159	Review still outstanding
Total Funding	£1,080,839	

Table 2 - Summary of Resource Released Following Review

Funding to be ended in June 30th 2018	9 month efficiency
£157,966	£140,852
2018/19 Total	£140,852 (includes fye for 2 providers)

4 ENGAGEMENT

- 4.1 All service providers involved in the review were contacted at the start of the review process and were allocated a Strategy Officer from the HSCP who worked with them in the completion of the Best Value Review templates.
- 4.2 A communication plan has been developed to inform the press, service users, stakeholders and the public of the outcomes of the review.

5 POLICY IMPLICATIONS

- 5.1 This review of community commissioned provision ensures that current commissioning arrangements are adhering to current strategic priorities as outlined in the current Strategic Plan as well as preparing the way for a re-modelling of future community provision to be influenced by key strategies being developed, an overall review of community provision and a resulting needs assessment.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report has been through the Integrated Impact Assessment process and no negative impacts have been identified as a result of alternative measures having been put in place.

7 RESOURCE IMPLICATIONS

- 7.1 Financial – The projected full year effect efficiencies by April 2018/19 will be £157,966 from the total annual budget of £1,080,839 for community grant funding. This is equivalent to 13%. Total realised in 2018/19 will be £140,852.
- 7.2 Personnel – Implications for the staff teams within the services proposed for de-commissioning from June 2018.
- 7.3 Other – none

8 BACKGROUND PAPERS

8.1 Appendix 1 - IJB Directions

8.2 Appendix 2 - Best Value Review Template

AUTHOR'S NAME	Bryan Davies
DESIGNATION	Group Service Manager – Planning & Performance
CONTACT INFO	bdavies@eastlothian.gov.uk 01620 827 894
DATE	15.03.18

Appendix 1

IJB Directions Operating in 2018-19

New Directions for 2017/18

10 - Directions to NHS Lothian on Primary Care

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

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

D10c - Primary Care Strategy (New Direction)

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

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

D11b - Occupied Bed Days (new Direction)

D11c - Delayed Discharges (supersedes D07)

D11d - End of Life Care (new Direction)

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

D11f - Contracts for Care at Home (new Direction)

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

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

D12b - Extra care housing (new Direction)

D12c - Day services for older people (supersedes D02e)

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

D12e - Integrated Care Fund Review (supersedes D06)

D12f - Transfer of patients of Ward 2 Belhaven Hospital to Ward 3 Belhaven Hospital (issued January 2018)

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

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

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

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

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

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

D15b - Redesign of MELDAP (new Direction)

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

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

16 - Direction to NHS Lothian and ELC on Community Justice

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

Continuing Directions from 2016/17

D01a Continue to support an Outline Business Case, Final Business Case and Financial Close for a new integrated East Lothian Community Hospital.

D01b Continue to support, develop and agree a 'decant programme' from Liberton and Midlothian Hospitals

D01d Deliver business cases for Prestonpans and Harbours Medical Practices.

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

D02d Develop and implement a new Carers Strategy for East Lothian.

D02f Establish a housing and health and social care planning interface group.

D02g Complete a scoping exercise for a redesigned model of re-ablement

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

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

D03b Ensure the repatriation of East Lothian residents from Midlothian Community Hospital with the associated shift in aligned financial resources to the IJB, based on agreed activity data to match this.

- D04a** Continue to work collaboratively to support and accelerate local delivery of the key recommendations of the national review of primary care out of hours services.
- D04b** Continue to work collaboratively to support and accelerate local delivery of the key actions of the Transitional Quality Arrangements for the GMS contract in Scotland.
-

- D05a** East Lothian Integration Joint Board direct NHS Lothian to make payments to East Lothian Council in line with the payment schedule outlined in Section 10 of this Direction
- D05b** East Lothian Integration Joint Board direct East Lothian Council to provide services as outlined and within and in accordance with the budgets outlined in Section 10 of this Direction.
-

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

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

Appendix 2

Best Value Review Template

BEST VALUE and STRATEGIC FIT REVIEW

A. Provider Details	
Name of Service Provider	
Name of Service	
Date Service established in East Lothian	
Last Review Completed	

B. Contract Information & Service Delivery	
Contract Type	
Strategic Relevance/Policy Alignment Please evidence how your organisation/service provides Best Value and meets strategic aims as set out in the East Lothian H&SC Partnership IJB Strategic Plan 2016 – 2019: http://www.eastlothian.gov.uk/downloads/download/2307/east_lothian_health_and_social_care_partnership_strategic_plan_summary	

Background to Service <ul style="list-style-type: none"> • Company/Project Aims & Objectives • Target Market 			
Service Delivery <ul style="list-style-type: none"> • Current provision (No's) • Analysis of work & outcomes met • Future Plans • Other Information 			
Service Delivery <ul style="list-style-type: none"> • Quality of Care & Support • Quality of Staffing • Quality of Management & Leadership 	State Grade	Summary of Care Inspectorate Comments	Previous Years Grades

C. Regulation	
Contract Compliance <ul style="list-style-type: none"> • Insurances • Company status • Financial viability • Invoicing • Care Inspectorate/ Other Registration 	Summarise Evidence

D. Cost and Quality	
Cost of Service <ul style="list-style-type: none"> Hourly Rate Funding Received 	
Quality of Service <ul style="list-style-type: none"> Internal Quality Assurances measures in place Accredited quality system in place Details of Improvement Notices / Close Monitoring in the past 4 years? 	

E. Service User	
Stakeholder Involvement <ol style="list-style-type: none"> Level of Influence in Care / Support Plan Level of influence in Service Delivery Level of influence in Service Management Level of influence in Service Governance 	
Individual Service Reviews <ul style="list-style-type: none"> are regular and demonstrated are meaningful and effective 	
	Y/N
	Y/N

Satisfaction is expressed by		
• Service Users	Y/N	
• Council Staff	Y/N	
• Representative Organisations	Y/N	
• Care Staff	Y/N	

F. Staff Management	
1. Recruitment, Selection and Retention	
2. Company/Branch Management Structure	
3. Ongoing CPD	
4. Regular Staff Meetings	
5. Staff Exit Interviews	

G. Staff Training		
	INDUCTION	ONGOING TRAINING
Adult Support and Protection		
Child Protection		
Risk Management		
Equalities		
Infection Control		
Manual Handling		

Medication		
Others (as relevant)		

H. Evidence of Best Value	
Vision & Leadership:	
Effective Partnerships:	
Governance & Accountability:	
Use of Resources:	

Performance Management:		
I. Summary of Findings		
J. Recommendations		
K. View of Provider		
NAME;EAST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP	SIGNED	DATE



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 22 March 2018
BY: Chief Officer
SUBJECT: Measuring Performance under Integration – MSG Indicators - Progress in 2017 and Objectives for 2018/19

14

1 PURPOSE

- 1.1 To inform the Integration Joint Board of progress in delivering the Ministerial Strategic Group for Health and Community Care (MSG) objectives in 2017/18 and the proposed objectives for 2018/19.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note attainment to date by East Lothian Health and Social Care Partnership against the 2017/18 MSG Integration objectives (Table 2).
- 2.2 Note that Strategic Planning Group members were informed of the HSCP's performance for 2017/18 and agreed to the proposed MSG Integration objectives for the 2018/19 period (appendix 4).
- 2.3 Agree to adopt the proposed targets for the 2018/19 period (appendix 4) and for these to be formally communicated to the MSG.

3 BACKGROUND

- 3.1 In January 2017 a joint Scottish Government and COSLA letter (appendix 1) on behalf of the Ministerial Strategic Group for Health and Community Care (MSG) announced the intention to track performance by Integration Authorities in delivering integration through the monitoring of 6 initial measures through 2017/18 as follows:

- (1) unplanned admissions;
- (2) occupied bed days for unscheduled care;
- (3) A&E performance;
- (4) delayed discharges;
- (5) end of life care; and

- (6) the balance of spend across institutional and community services.
- 3.2 Feedback to the Scottish Government noted the indicators were very health focussed and would not capture the important role of social care in improving patient outcomes. Following discussions it was agreed that other, more social care focussed measures would be developed in due course.
- 3.3 ISD (Information Services Division) is currently consulting on the merger of the Scottish Government Social Care Survey and ISD's 'Source' Team social care data collection.
- 3.4 Source is currently working on development of data items, definitions and guidance for a revised dataset to include social care.
- 3.5 At the time of the MSG measures being introduced each of the four IJBs in Lothian agreed on their local targets for the six measures. East Lothian's 2017/18 targets supplied to the Scottish Government are shown in table 1.

Table 1 – East Lothian MSG Targets for 2017/18

Unplanned Admissions	Unplanned bed days	A&E performance	Delayed discharges	End of Life Care	Balance of care
Reduce emergency admissions by 5% by 2018.	Reduce unscheduled bed days by 10% in 2018 compared to 2017.	Maintain 95% 4 hour compliance target from March 2018.	Reduce delayed discharges bed days by 50% in period July – Dec 2017 compared to same 2016 period. Also target to reduce number of delayed discharges by 50% by Dec 2017 compared to Dec 2016.	No more than 10.5% of L6M spent in large hospital by 2018/19.	98% of over 75s to be supported in non-acute setting

- 3.6 Through 2017/18 ISD issued regular data updates for each of the indicators. This information was processed by the Local Intelligence Support Team (LIST) colleagues attached to East Lothian HSCP and supported monitoring and reporting of progress in East Lothian.
- 3.7 By September 2017 the trend for A&E attendances continued to show rising activity along with those seen within 4 hours (with wide fluctuations in the over 65s). However, the trend for admissions from A&E was downward, unscheduled hospital bed days continued to fall, along with delayed discharge bed days (with between year and in year fluctuations).
- 3.8 Data for end of life care and balance of care proved more difficult for ISD to accurately capture and validate, meaning only 4 of the 6 measures (unplanned admissions / occupied bed days for unscheduled care / A&E

performance / delayed discharges) could be looked at with any confidence at that time. Data gathering for these last two measures has improved.

- 3.9 In November 2017 a further joint Scottish Government and COSLA letter (appendix 2) was issued. This asked for Integration Authorities to report back on their agreed objectives for 2018/19 by the 31st January 2018, to allow for reporting to the 21st March MSG meeting.
- 3.10 As many IJBs (East Lothian included) did not have business meeting dates to suit this deadline the MSG Secretariat requested instead that draft objectives were provided, with final objectives to be shared with the MSG after IJB agreement. The draft 2018/19 objectives for East Lothian have been shared as requested with Scottish Government colleagues who have been informed that the approved objectives will be issued following the 22 March Integration Joint Board meeting.
- 3.11 East Lothian's draft objectives for 2018/19 are given in appendix 4. This document also reflects on attainment to date for 2017/18. This is summarised in table 2 which presents the latest data covering the period April 2017 to October 2017.

Table 2 - Attainment (April to October 2017) against the 2017/18 MSG Indicators

Unplanned Admissions	Unplanned bed days	A&E performance	Delayed discharges	End of Life Care	Balance of care
<p>11% reduction in overall total compared to same period in 2016.</p> <p>TARGET – 5% reduction</p>	<p>0.9% increase in unplanned bed days (acute specialties) compared to same period in 2016.</p> <p>10.8% reduction in mental health specialties compared with same period in 2016.</p> <p>43.3% reduction in GLS bed days compared with same period in 2016.</p> <p>TARGET – 10% reduction</p>	<p>0.9% increase in overall total attendances compared to same period in 2016.</p> <p>Average A&E compliance 93.9% seen within 4 hours compared to 93.5% for same period in 2016.</p> <p>TARGET - maintain 95%</p>	<p>33.1% reduction in all reason delayed bed days, compared to same period in 2016</p> <p>37.8% reduction in H&SC+P/C/F reasons compared to same period in 2016</p> <p>73.9% increase in Code 9 reasons compared to same period 2016.</p> <p>TARGET – 50% reduction in delayed discharge bed days and 50% reduction in delayed discharges.</p>	<p>Community: 85.7%</p> <p>Palliative: 0.9%</p> <p>Community Hospital: 1.7%</p> <p>Large Hospital: 11.7%</p> <p>For 2016/17 11.7% of care in the last 6 months of life was in a large hospital</p> <p>TARGET - No more than 10.5% of L6M spent in large hospital</p>	<p>Acute Setting: 1.5%</p> <p>Community Hospital: 0.3%</p> <p>Hospice: 0.0%</p> <p>Care Home: 5.2%</p> <p>Home: 9.7% (supported)</p> <p>Home: 83.3% (unsupported)</p> <p>In 2016/17 total being supported out of acute settings was 98.5%</p> <p>TARGET - 98% of over 75s to be supported in non-acute setting</p>

4 ENGAGEMENT

- 4.1 No specific engagement activities are planned in the course of agreeing and delivering the proposed 2018/19 MSG Objectives.

5 POLICY IMPLICATIONS

- 5.1 The proposed objectives are supportive of the MSG's requirements, and principles and priorities in the East Lothian Health and Social Care Partnership Strategic Plan. As the 2017/18 objectives were supported by associated Directions, it is intended that this will apply for the 2018/19 Directions which are in development.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The recommendations within this paper have not been the subject of an Integrated Impact Assessment as any necessary change to any aspect of service delivery which arises from the proposed MSG objectives will be assessed as necessary at an appropriate stage in the year.

7 RESOURCE IMPLICATIONS

- 7.1 Financial – there are not thought to be any financial implications associated with the recommendations as delivery of the objectives will be a direct outcome of existing service delivery.
- 7.2 Personnel – there are no personnel implications arising from the proposed objectives.

8 BACKGROUND PAPERS

- 8.1 Ministerial Steering Group letters:

Appendix 1 - Joint Scottish Government/COSLA Letter of January 2017

Appendix 2 - Joint Scottish Government/COSLA Letter of January 2017

Appendix 3 - MSG Guidance on Objectives Preparation

- 8.2 Proposed objectives for 2018/19

Appendix 4 - MSG Indicators – Progress in 2017 and Objectives for 2018/19

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COSLA

To: Chief Officers – Integration Authorities

19 January 2017

Dear Colleagues

MEASURING PERFORMANCE UNDER INTEGRATION

The Ministerial Strategic Group for Health and Community Care (MSG) discussed how to measure progress under integration at its meetings on 16 November and 21 December.

At the meeting on 21 December MSG agreed that for 2017/18 we will track across Integration Authorities:

- (1) unplanned admissions;
- (2) occupied bed days for unscheduled care;
- (3) A&E performance;
- (4) delayed discharges;
- (5) end of life care; and
- (6) the balance of spend across institutional and community services.

You are each invited to set out your local objectives for each of the indicators for 2017/18 by the end of February. MSG has agreed that it will receive a quarterly overview on progress across the whole system and you are asked to produce your objectives on that basis. We are meeting with the Executive Group of Chief Officers on Friday and will discuss what national support you would want us to offer for this process. Our objective will be to adapt and use existing data collection methodologies where possible and to establish a clear process for the work.

When we met on 16 December we had indicated that as a minimum we would provide data for each partnership covering each of the indicators. The data would show the position for all partnerships to enable individual Integration Authorities to understand the shape and

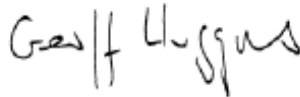
nature of their service relative to others. We are still working on the structure and format of that data. For now, we attach high level data covering a number of the areas (**Annex A**). Again we would intend to use the conversation on Friday to discuss the structure and format of the data with the intention of writing shortly after to all Chief Officers with the necessary material.

MSG noted that the approach for future years may change as a consequence of the Review into Targets and Indicators being undertaken by Sir Harry Burns and also as data sources for particular areas of service delivery improvement. It also noted that most key service delivery areas under integration have a direct impact on these higher level system indicators. In particular, it is important that we are able to understand both the contribution of social care and primary care services to these higher level system indicators, but also how they support important outcomes in respect of independent living and the protection and maintenance of health.

Local partnerships are already using a wide range of data to support their commissioning and delivery activity and will continue to operate under the duties in the 2014 Act in respect of public reporting. This process is not intended to duplicate or substitute for that process.

The Local Delivery Plan (LDP) Guidance for 2017/18 has been issued to NHS Chief Executives and sets the expectation that Boards and regional planning partnerships ensure that their objectives and plans are consistent with Integration Authority plans. Similarly, given the interaction with the hospital system you will need to ensure that your objectives and plans are consistent with NHS Board and regional plans for 2017/18.

Yours sincerely



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Scottish Government



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To: Chief Officers Integration Authorities

22 November 2017

Dear Colleagues

UNDERSTANDING PROGRESS UNDER INTEGRATION

We are writing to provide you with an update on our work to develop a plan for sharing progress updates on integration with the Ministerial Strategic Group for Health and Community Care (MSG).

We wanted firstly to thank you for sharing your local objectives on the initial six indicators in February. As you know, we used this information to provide MSG with a summary overview of Integration Authority ambitions around these indicators, progress to date and some of the challenges facing Integration Authorities in delivering on their objectives. MSG appreciated the time you took in developing and sharing your local objectives to support them in their role in providing political leadership for, and oversight of, integration.

Since then we have been considering how best to provide regular progress updates to MSG. With the agreement of the Chief Officer network, we established a small working group comprising lead officers for strategic commissioning and performance in Integration Authorities, Chief Finance Officers, data analysts and SG officials. The group has met three times to discuss possible approaches and suggested a potential framework for providing future updates to the MSG. This framework is outlined below.

During our discussions, we've reflected in some detail on a number of issues, for instance, how best to balance the presentation of a manageable number of common data points for all areas with more bespoke narrative insights that can help to draw out the richness of local variation; how to explore specific themes such as end of life care; how to explore the quality of service user experience; how best to recognise normal fluctuations in performance, particularly between frequent reporting dates. We've also shared experiences on setting local objectives.

Based on these discussions, the working group has suggested the following outline framework for sharing regular progress updates with MSG based on four key elements:

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- a) Quarterly data on the six indicators but in time building on these indicators for example to reflect the contribution of primary and social care.
- b) Comparison between progress in Integration Authorities and projections set out in local plans, and also with the likely result had no changes been made
- c) Overarching narrative summary, drawing out emerging themes from across Integration Authorities
- d) Local illustrations, inviting individual Integration Authorities to contextualise their progress with a presentation to the group and opportunity for discussion. Over time we aim to involve a wide range of Integration Authorities depending on the purpose / theme of the MSG meeting.

Taking account of the proposed framework, we have agreed with the working group and Chief Officers that we will co-produce a paper providing an update on progress for the next MSG meeting on 13 December, drawing on the recent annual performance reports, and will invite one or two partnerships to present at the meeting.

Beyond this meeting, we have agreed with the working group and Chief Officers that it would be helpful to provide MSG with an updated overview of local objectives and ambitions relating to the six indicators. We are aware that some Integration Authorities will have reviewed and updated their objectives since sharing them in February. You are therefore each invited to share your updated objectives for 2018/19 by 31 January 2018, following which we will provide an overview, with input and support from the working group and partnerships, for MSG for their meeting on 21 March 2018. We recognise that, as before, you will want to engage a range of partners in this process.

To support the process, we have developed draft guidance and a suggested format for sharing objectives with advice from the working group, ISD and others. This should help to simplify the task locally and will provide consistency across information shared. As before we would anticipate that there would be local support for developing objectives from the LIST team and other local analysts drawing on collective advice on best practice around developing objectives.

We will work with the working group and Chief Officers to expand the range of indicators used going forward. In view of the move to a single national social care dataset, we have agreed with the working group that we should feed in views around about the social care data collected to ensure that it provides intelligence which supports the planning and delivery of integrated services.

We would be grateful if you would provide your updated 2018/19 local objectives for MSG by 31 January 2018 to be sent to NSS.Source@nhs.net. We recognise that you will want to agree these objectives with your IJB, so if that is not possible within the timescale, we would be happy to accept interim objectives. We would welcome any feedback on this approach and the guidance – please contact my colleague Fee Hodgkiss fiona.hodgkiss@gov.scot or 0131 244 5429.

Yours faithfully



Alison Taylor
Deputy Director
Integration Division



Paula McLeay
Chief Officer Health and Social Care
COSLA

Appendix 3 - MSG Guidance on Objectives Preparation

1.1 Guidance on preparing and sharing local objectives around six indicators for MSG

1.2 Introduction

This document provides guidance on preparing and sharing local objectives around the six indicators agreed with the Ministerial Strategic Group for Health and Community Care (MSG). We have developed this document with the advice of the MSG data working group comprising representatives from Partnerships. The objectives will be used to produce trajectories for each individual Partnership and returned by ISD on a quarterly basis alongside baseline figures and data submitted during the previous quarter e.g. SMR information.

As well as helping to illustrate the progress of Health and Social Care Integration, it is important that the indicators and the data outputs meet the needs of local areas and so feedback around this is welcomed. It is likely that, with consultation, further indicators will be included in the future but these six will allow initial analysis to be undertaken of expected future trends.

1.3 Assistance

Excel outputs containing figures for each of the indicators will continue to be sent by ISD on a monthly basis. The footnotes attached to these tables explain how the indicators have been defined. As before, and if desired, we would anticipate that there would be local support available from the LIST team and other local analysts, drawing on collective advice on best practice for developing objectives. These various forms of assistance may be of particular benefit to those Partnerships who did not provide objectives previously.

1.4 Format for sharing objectives

In order to help summarise planned objectives for each of the 6 main indicators, we have provided a suggested format in [Appendix A](#) for Partnerships to use to share their updated objectives. This should help to simplify the task locally and will provide consistency across information shared by Partnerships, as well as making it possible to create standard outputs for all Partnerships. The attached table provides a standard format for each Partnership to share key pieces of information but is intended to act as a summary only, with more detailed plans/objectives contained within the main body of the Partnership plan.

It is understood that some areas may set different objectives for adults (18+) and children and, where that is the case, two tables should be completed. Where all objectives are the same for both adults and children, only one table is required. If preferred, objectives can also be provided separately for 18-74 and 75+.

The information below contains guidance on how to complete each section of the table with an illustrative example available in [Appendix B](#) (this is not based on real data). This guidance does not provide an exhaustive list of ways in which the table should be completed but it does outline the type of information required to ensure accurate trajectories can be calculated. If there are no updates to plans/objectives previously provided then Partnerships can simply reattach these but they are asked to complete the table following the guidance provided in this document.

1.5 Indicator descriptions

Objectives should be returned for each of the following indicators:

1. Number of emergency admissions into Acute (SMR01) specialties.

2. Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.
3. Number of A&E attendances **and** the percentage of patients seen within 4 hours.
4. Number of delayed discharge bed days. An objective can be provided to cover all reasons for delay or separate objectives for each reason type i.e. Health and Social Care, Patient/Carer/Family-related, Code 9.
5. Percentage of last 6 months of life spent in the community.
6. Percentage of population residing in non-hospital setting for all adults and 75+. A suggested further breakdown would be: care home, at home (supported) and at home (unsupported).

For details on how figures are derived for each of these indicators, please see the footnotes beneath the tables in the accompanying spreadsheet *Integration-performance-indicators-v0.9*. A further update to this spreadsheet will be made available at the end of November. For those Partnerships wishing to provide monthly projections, space will be made in that spreadsheet which can be returned along with the summary table in [Appendix A](#).

1.6 Baseline

Within the baseline section, Partnerships should provide a brief summary of recent trends in the data; this should be based on the monthly Excel spreadsheets sent by ISD. It should take into account the last 1 to 3 years and will offer some context for the objectives provided in the next section. It is expected that the baseline for most Partnerships will be the year prior to Health and Social Care Integration (2015/16), but this may not be the case for all areas.

1.7 Objective

Each Partnership is requested to share details of how they expect activity to change in the future, focussing up until the end of 2018/19 as a minimum. In order to calculate meaningful trajectories, the following information is required:

1. **Expected change (increase/decrease/remain the same).** This could be a percentage change or an actual number e.g. reduce by 5%/reduce by 1,500, as long as the measure is clear
2. **The baseline period the change is based on.** For example, a 3% reduction in overall unscheduled bed day figures in 2017/18 *compared to 2015/16*. It is important to note whether the baseline refers to calendar or financial year and that the baseline and change measures are comparable
3. **Expected figures.** As a result of parts 1 and 2 above, this will be the final total figures expected during the period in question. For example, 310,000 unscheduled bed days are expected during 2018/19. Providing this figure will make it easier to see the expected final outcome.

Further examples of how this could be presented (including the change and the baseline it relates to) are:

- Month to month percentage changes in emergency admissions during 17/18 and 18/19 will match those seen during 15/16. Please see attached spreadsheet for monthly breakdowns.

- Compared to 2017 calendar year, gradually reduce overall delayed discharge bed days by 10% by 2019 calendar year's end.
- Gradually increase percentage of care delivered in community to 88.5% in 2019/20.

The more detail provided in this section should reduce the need to make assumptions and increase the accuracy of the planned trajectories. Please see [Appendix B](#) for further detailed examples.

1.8 Information on how objectives will be achieved

Each Partnership is asked to provide a brief summary of specific programmes, which are planned or have already been implemented that will help to achieve these objectives. It is expected that further detail will need to be included in the main body of the Partnership plan and, if helpful, hyperlinks can be added to these sections within the table.

1.9 Progress

This section will be completed by ISD/LIST analysts and returned to Partnerships on a quarterly basis. As much as possible, it will focus on the same baseline as the objective, highlighting how the data has changed over the course of the last quarter(s). It will also refer to the objective to assess whether or not the desired progress has been made. Presenting this information will be reliant on receiving objectives in the appropriate format, as described in the [Objective](#) section.

Notes

Please include any information or background notes which are important to highlight in relation to the objectives provided. This might be to offer some form of context to the objectives or to help explain some of the nuances around local data collection. The following list contains several specific examples but Partnerships are asked to provide any information they believe to be relevant:

- SMR completeness issues due to a new IT system being implemented which affect the baseline data between September-December 2016
- Step-up and step-down beds included within the bed days figures
- Ward attenders or patients attending Combined Assessment Units included within emergency admission figures

Again, if more detail is provided in the main body of the Partnership plan then hyperlinks can be provided to those sections and a simple summary included within the table.

1.10 Next steps

The next update to the Excel spreadsheets will be sent by ISD at the end of November and will contain data up to September 2017; this data should be used to help develop objectives. Please look at the "Completeness" tab for information around the completeness of SMR data within each Health Board.

We would be grateful if you could share your objectives by 31 January 2018. Please send to NSS.Source@nhs.net. If you have any questions about the process, please get in touch with your local LIST analyst or contact Martin McKenna in ISD NSS.Source@nhs.net

Appendix A – Table

MSG Improvement Objectives – summary of objectives for Adults and Children

East Lothian	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
Baseline						
Objective						
How will it be achieved?						
Progress (updated by ISD)						
Notes						

Appendix B – Example

MSG Improvement Objectives – summary of objectives for Adults and Children

Partnership A	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
Baseline	<p><u>2016/17 change:</u> 1% decrease in overall total compared to 2015/16</p>	<p><u>2016/17 change:</u> 2% decrease in overall total compared to 2015/16</p>	<p><u>2016/17 change:</u> 2% increase in overall total compared to 2015/16</p>	<p><u>H&SC reasons:</u> 5% increase in 2016/17 compared to 2015/16</p> <p><u>Patient/Carer/Family-related:</u> 3% increase in 2016/17 compared to 2015/16</p> <p><u>Code 9 reasons:</u> 2% increase in 2016/17 compared to 2015/16</p>	<p><u>2016/17 change:</u> Percentage of time spent in community in L6M increased from 86.1% in 2015/16 to 87.2% in 2016/17.</p>	<p>Proportion of people (all ages) living at home has gradually increased from 97.8% in 2013/14 to 99.1% in 2015/16. For the same time period for 75+, there has been an increase from 83.8% to 85.6%</p>
Objective	<p><u>2017/18 change:</u> 4% reduction in overall total compared to 2015/16</p> <p><u>Expected 2017/18 total:</u> 16,320 admissions</p> <p><u>2018/19 change:</u> 7% reduction in overall total compared to</p>	<p><u>2017/18 acute change:</u> 6% reduction in acute total compared to 2015/16</p> <p><u>Expected 2017/18 acute total:</u> 291,400 bed days</p> <p><u>2018/19 acute change:</u> 10% reduction in acute total compared to</p>	<p><u>2017/18 change:</u> 4.5% reduction in overall total compared to 2015/16</p> <p><u>Expected 2017/18 total:</u> 31,990 attendances</p> <p><u>2018/19 change:</u> 6.5% reduction in overall total compared to</p>	<p><u>All reasons, 2017/18:</u> 10% reduction in total compared to 2015/16</p> <p><u>Expected 2017/18 total:</u> 85,500 bed days</p> <p><u>All reasons, 2018/19:</u> 17% reduction in total compared to 2015/16</p> <p><u>Expected 2018/19</u></p>	<p>Increase percentage of time spent in community in L6M to 89.5% by 2018/19.</p>	<p>Expect to maintain 2015/16 proportion of people living at home until 2018/19.</p>

	<p>2015/16 <u>Expected 2018/19</u> total: 15,810 admissions</p>	<p>2015/16 <u>Expected 2018/19</u> acute total: 279,000 bed days</p> <p>Maintain number of bed days seen in GLS and Mental Health specialties in 2015/16 during 2017/18 and 2018/19</p> <p><u>Expected 2017/18</u> GLS total: 8,000 bed days <u>Expected 2018/19</u> GLS total: 8,000 bed days <u>Expected 2017/18</u> Mental Health total: 52,000 bed days <u>Expected 2018/19</u> Mental Health total: 52,000 bed days</p>	<p>2015/16 <u>Expected 2018/19</u> total: 30,980 attendances</p> <p>Maintain average A&E % seen within 4 hours (95.3%) in 2015/16 during 2017/18 and 2018/19</p>	<p><u>total:</u> 78,850 bed days</p>		
How will it be achieved	Falls prevention, Care and Repair, Home Safe Initiative					
Progress (updated by ISD)	<u>April to September 2017 update:</u> 3% reduction in overall total compared to same period in	<u>April to September 2017 update:</u> 6% reduction in acute total compared to same period in	<u>April to September 2017 update:</u> 5% reduction in overall total compared to same period in	<u>April to September 2017 update:</u> 12% reduction in all delayed bed days, compared to same	Information presented annually – update will be included once data for this period	Information presented annually – update will be included once data for this period

	2015/16	2015/16 GLS and Mental Health figures similar to same quarter in 2015/16.	2015/16. Average A&E % seen within 4 hours similar to same quarter in 2015/16.	period in 2015/16	becomes available.	becomes available.
Notes	Ward attenders included within admissions	Step-up and step-down beds included within figures. See section 2.1 for details.				

Appendix 4 - MSG Indicators - Progress in 2017 and Objectives for 2018/19

MSG Improvement Objectives - Planned 2018/19 objectives for adults in East Lothian HSCP

East Lothian	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
Baseline	<p><u>2016/17 change</u></p> <p>3.8% reduction in overall total compared to 2015/16</p>	<p><u>2016/17 change</u></p> <p>3.3% increase in overall emergency bed days(acute specialties) compared to 2015/16</p> <p>7.5% increase in unplanned bed days within mental health compared to 2015/16</p> <p>40.1% reduction in Geriatric Long Stay unplanned bed days</p>	<p><u>2016/17 change</u></p> <p>2.8% increase in A&E attendances compared to 2015/16</p> <p>Average % seen within 4 hours improved to 93.1% compared to 2015/16 average of 91.7%</p>	<p><u>2016/17 change</u></p> <p><u>All Delay Reasons</u></p> <p>6.7% reduction compared to 2015/16</p> <p><u>H&SC + Patient/Carer/Family-related reasons</u></p> <p>4.9% reduction in 2016/17 compared to 2015/16</p> <p><u>Code 9 reasons</u> 34.2% reduction in 2016/17 compared to 2015/16</p>	<p><u>2016/17 change</u></p> <p>Percentage of time spent in community in L6M increased from 83.5% in 2013/14 to 85.7% in 2016/17</p> <p>Percentage of time spent in large hospital in L6M decreased from 13.3% in 2013/14 to 11.7% in 2016/17</p>	<p><u>2016/17 change</u></p> <p>Proportion of people (all ages) living at home (supported and unsupported) has slightly increased from 99.1% in 2013/14 to 99.2% in 2016/17.</p> <p>For the same time period for those 75+, there has been an increase from 92.3% to 93.0%</p>
Objectives in 2017/18	<p>1. <i>Unplanned admissions</i></p> <p>Reduce unplanned admissions by 5%.</p>	<p>2. <i>Occupied bed days for unscheduled care</i></p> <p>Reduce by 10% occupied bed days for unscheduled care.</p>	<p>3. <i>A&E</i></p> <p>Maintain 95% 4 hour compliance target in accident and emergency from March 2018.</p>	<p>4a & 4b <i>Delayed Discharges (including those delayed due to Adults With Incapacity)</i></p> <p>4a. Reduce delayed discharge bed days by 50% in period</p> <p>Jul – Dec 2017 compared to same 2016 period.</p> <p>4b. Reduce number of delayed discharges by 50% by Dec 2017 compared to Dec 2016.</p>	<p>5. <i>End of Life Care (e.g. proportion of last 6 months of life spent at home or in a community setting)</i></p> <p>No more than 10% of last 6 months of life spent in a large hospital by 2018/19.</p>	<p>6. <i>Balance of care spend across institutional and community care services</i></p> <p>98% of over 75s to be supported in non-acute setting</p>

<p>Progress (updated by ISD)</p>	<p><u>April to October 2017 update:</u> 11% reduction in overall total compared to same period in 2016. (remaining data for 2017/18 is awaited)</p>	<p><u>April to September 2017 update:</u> 0.9% increase in unplanned bed days (acute specialties) compared to same period in 2016. 10.8% reduction in mental health specialties compared with same period in 2016. 43.3% reduction in GLS bed days compared with same period in 2016. (remaining data for 2017/18 is awaited)</p>	<p><u>April to October 2017 update:</u> 0.9% increase in overall total attendances compared to same period in 2016. Average A&E compliance 93.9% seen within 4 hours compared to 93.5% for same period in 2016.</p>	<p><u>July to November 2017 update:</u> 33.1% reduction in all reason delayed bed days, compared to same period in 2016 37.8% reduction in H&SC+P/C/F reasons compared to same period in 2016 73.9% increase in Code 9 reasons compared to same period 2016.</p>	<p><u>In 2016/17 location of care in the last 6 months of life was:</u> Community: 85.7% Palliative: 0.9% Community Hospital: 1.7% Large Hospital: 11.7% For 2016/17 11.7% of care in the last 6 months of life was in a large hospital (2017/18 data is awaited)</p>	<p><u>In 2016/17 care for the over 75s was delivered in:</u> Acute Setting: 1.5% Community Hospital: 0.3% Hospice: 0.0% Care Home: 5.2% Home: 9.7% (supported) Home: 83.3% (unsupported) In 2016/17 total being supported out of acute settings was 98.5% (2017/18 data is awaited)</p>		
<p>Notes</p>	<p>Based on provisional data up to Nov 2017.</p>	<p>Based on provisional data up to Nov 2017.</p>	<p>This illustrates progress since 2012/13 Progress for 2017/18 was adversely affected by high winter pressures on A&E.</p>	<p>Progress is being made towards the target</p>	<p>Indicators 5 & 6 are only updated annually. Performance for full year 2017/18 will not be available until later in 2018.</p> <table border="1" data-bbox="1462 1273 2089 1426"> <tr> <td data-bbox="1462 1273 1753 1426"> <p>This is an improvement on the 2013/14 performance of 13.3%</p> </td> <td data-bbox="1753 1273 2089 1426"> <p>Progress is being made towards the target</p> </td> </tr> </table>		<p>This is an improvement on the 2013/14 performance of 13.3%</p>	<p>Progress is being made towards the target</p>
<p>This is an improvement on the 2013/14 performance of 13.3%</p>	<p>Progress is being made towards the target</p>							

Proposed Objectives for 2018/19

<p>Proposed 2018/19 Objectives</p>	<p>1. <i>Unplanned admissions</i> Reduce unplanned admissions by a further 5% in 2018/19.</p>	<p>2. <i>Occupied bed days for unscheduled care</i> Reduce by 10% in 2018/19 occupied bed days across all areas of unscheduled care.</p>	<p>3. <i>A&E</i> Reach 4 hour compliance of 95% in Accident and Emergency in 2018/19.</p>	<p>4a & 4b <i>Delayed Discharges (including those delayed due to Adults With Incapacity)</i> 4a. Continue progress towards delivering a 50% reduction in delayed discharge bed days in 2018/19 compared to 2016/17. 4b. Continue work to deliver a 50% reduction in the number of all cause delayed discharges by end of 2018/19 compared to end of 2016/17.</p>	<p>5. <i>End of Life Care (e.g. proportion of last 6 months of life spent at home or in a community setting)</i> Achieve and maintain performance of no more than 10% of last 6 months of life spent in a large hospital by end 2018/19.</p>	<p>6. <i>Balance of care spend across institutional and community care services</i> Maintain performance of 98% of over 75s being supported in non-acute settings through 2018/19.</p>
<p>How will it be achieved?</p>	<p>Through co-ordinated actions of: Primary Care Teams Community Teams Hospital at Home Team Care Home Team Hospital to Home Team taking a proactive role</p>	<p>Through co-ordinated actions of: Primary Care Teams Community Teams Hospital to Home Team</p>	<p>Through co-ordinated actions of: A&E Team Acute Team</p>	<p>Through co-ordinated actions of: Primary Care Teams Community Teams Hospital at Home Team Care Home Team maintaining clients in their care home whilst unwell and not admitting to acute District Nursing Team intervening early to support patients</p>	<p>Through co-ordinated actions of: Palliative Care Team Hospital at Home Team Care Home Team</p>	<p>Through co-ordinated actions of: Care of Elderly Team Primary Care Teams Community Teams Hospital to Home Team Hospital at Home Team</p>

EAST LOTHIAN COMMUNITY JUSTICE
Local Outcome Improvement Plan 2017-2020



15a

ACTION NOTE OF THE COMMUNITY JUSTICE PARTNERSHIP
23 November 2017,
Meikle Room, Town House, Haddington

Partnership Members Present

1. Chair Sharon Saunders Head of Children's and Adult Services
2. Matthew Paden, Local Area Commander Police Scotland
3. Donald Lumsden, Skills Development Scotland
4. Fiona Duncan, Chair, CSWO and Service Manager Adults Statutory Services
5. David Abernethy, Governor, Edinburgh Prison
6. Steven Gourlay, Fire and Rescue Service Scotland
7. Susan Goldsmith, Director of Projects, NHS Lothian

Also in attendance

8. Kate Ralton, Policy Officer, Policy and Improvement

Apologies

9. Fiona O'Donnell, IJB representative

Item no.	Decisions/ Actions	Action By
1	<p>Welcome</p> <p>SS welcomed everyone to the 1st meeting of the CJP and provided context as to the function and formation of the Partnership, its position within EL community planning reporting to the East Lothian Partnership (ELP), supported by the Reducing Reoffending Group. SS thanks everyone for their commitment to the CJP and for their willingness to represent their agency in this community planning arena. SS advised that ELP had remitted SS, as Head of Children and Adult Services within the EL Health & Social Care Partnership to Chair the partnership. Members confirmed that they were content for SS to be confirmed as Chair of the Partnership. The meeting continued with SS as Chair.</p>	
2	<p>Community Justice Partnership</p> <p>SS contextualised the work of the CJP by reference to the East Lothian Plan and in particular to the recently approved Community Justice Local Outcome Improvement Plan (CJ LOIP) , emphasising the significant partnership working required to deliver on the priorities and commitments within the plan. Reference was made to the Reducing Reoffending Group (RRG), the operational multi-agency action and delivery group collaborating over the day to day implementation of the actions contained within the CJ LOIP. The RRG will report to the CJP, with the group’s Minutes being submitted for information and to inform onward priority and direction from the CJP to the RRG. The RRG is currently Chaired by Fiona Duncan, Group Services Manager Adult Statutory Services and Chief Social Work Officer.</p>	

Item no.	Decisions/ Actions	Action By
3	<p>Group Membership and Remit</p> <p>FD reminded the Partnership that the Fiscal Service has moved to be centrally operated and they cannot be permanently represented on every CJP FD will meet the fiscals service regularly. The Fiscals Service has set up regional groups - Reports will be made to the Reducing Reoffending Group on progress which will then feed into CJP.</p> <p>Having confirmed appointment of SS as Chair of the CJP, it was agreed that SS would continue to Chair for 12 months and Matt Paden, EL Police Area Commander, would be Vice/Deputy Chair and in turn would Chair for the following 12 months.</p> <p>Discussion progressed reviewing the draft Terms of Reference for the CJP. It was noted that Community Justice Scotland have published their draft Corporate Plan 2017-20, including a communications plan, which the CJP should consider in finalising the Terms of Reference for the CJP.</p> <p>The CJP asked that:</p> <ul style="list-style-type: none"> > a short vision statement for the CJP be added in to the Terms of Reference > a visual /logo' for the CJP be developed, building upon the logo on the front of the CJ LOIP > membership for the CJP be amended and invitations sent to Employability Services e.g East Lothian Works/Economic Development, Housing Services, Victim Support Services and Community Partnership/Area Partnerships > membership for the RRG be amended to include representation from SCRA, DWP and the Fiscal Service. <p>CJP agreed to meet 3 times in 12 months and to review membership on a regular basis, inviting specific services to attend pertinent to agenda topics and areas of focus.</p> <p>The Partnership acknowledged that whilst the reporting line for the CJP is to ELP, the Integration Joint Board (IJB) for Health and Social Care has direct responsibility for Criminal Justice Services in East Lothian and so the Minutes of the CJP will be reported to both the ELP and the IJB.</p>	
	<p>Action</p> <p>Invite SCRA, DWP and the Fiscal to be represented within RRG. Seek representation as members of the CJP from Housing, Employability, Victim Support, Area partnerships.</p>	<p>FD KR/SS</p>

	<p>Conduct initial rework draft terms of reference, for circulation and comment within 2 weeks of circulation.</p>	<p>KR</p>
	<p>Community Justice Local Outcome Improvement Plan Update</p> <p>The CJ LOIP was discussed. FD advised that the improvement plan within the LOIP has been embedded within the work of the RRG, with lead agency/officers identified for each action. FD reported that collaborative working and partner engagement over the RRG work has been very positive. Henceforth, the Minutes of the RRG will be reported to the CJP.</p> <p>CJP discussed the overview of performance relating to community justice and noted the need to establish a relevant performance and outcomes reporting framework as a priority; whilst reflecting that key indicators are already reported in single agency arenas. CJP asked that benchmarking be undertaken to review performance reporting being undertaken by other Partnerships and to collate an overview of relevant community justice data already collected/reported by agencies. This would then inform a further discussion enabling CJP to take a view on the relevant scope and scale of partnership performance data to be reported upon, to support and evidence delivery of the CJ LOIP outcomes sought.</p>	

Item no.	Decisions/ Actions	Action By
	<p>Resources</p> <p>A discussion relating to the collective resourcing of community justice work took place. CJP members reflected that single agencies have clear resource allocation that supports delivery of collaborative community partnership working on community justice e.g. local Police workforce, local Antisocial Behaviour Community Warden Service, local Criminal Justice Social Work Service. CJP took the view that the co-ordination and use of locally available resources around priorities within the CJ LOIP generated opportunity for increased collaboration. Acknowledgement of programmes and initiatives around prevention, including in the Fire and Rescue Services, were viewed as positive key local assets. CJP wished to review and map available community based resources, to both evidence available community capacity and to aid the Partnership's onward work and collaboration over early intervention and prevention in community justice.</p> <p>Action</p> <p>Map local community resources and report to next meeting.</p>	<p>MP</p>
	<p>Communication</p> <p>Local work has been done to promote community justice e.g. unpaid work communications work. A communications plan is needed. It was agreed that time would be spent at the next CJP meeting to focus on the key components of our communications to then develop the communications plan and finalise 'branding' of community justice which had been used in the production of the CJLOIP. It was noted that the ELC website is under review and due to go live in Feb 2018, and so Community Justice could have a dedicated community page – this is to be explored as part of the communications plan.</p> <p>Action</p> <p>Invite Communication representative to next meeting.</p>	<p>KR</p>
	<p>Action</p> <p>Collate current information relating readily available to and in East Lothian.</p> <p>Review and report on relevant prison-related performance data including relevant Police, NHS and SCRA performance reporting frameworks.</p> <p>Link to AM NHSL for performance information and Phil Conaglen for health inequalities.</p>	<p>KR</p> <p>MP</p> <p>SG</p>

	<p>Information Sharing</p> <p>CJP noted all reports distributed. In future the link to agenda reports will be attached rather than the actual report itself.</p> <p>Reports shared at today’s meeting for information, and for discussion of any relevant aspects relating to CJP in EL, were:</p> <ul style="list-style-type: none"> > Multiagency Public Protection Arrangements – Annual Report 2016-17 > Community Payback Order Annual Report ELC 2016/17 > HM Chief Inspector’s Annual Report 2016/17 > Chief Social Work Officers Report – ELC 2016/17. > Community Justice Scotland – Corporate Plan (Draft) August 2017 <p>Members discussed the MAPPA report, operational structure and its emphasis on multi-agency working - which is viewed as an improvement on previous arrangements - it has helped to provide responses to meet specific needs of offenders, some higher risk, in a relatively small authority and geographic area though some practical issues still exist e.g. placing of some offenders. Partners noted particular issues for future discussions relating to housing for sex offenders and to employment opportunities for ex-offenders.</p> <p>DA referenced the recently published Sustainable Housing Report from SPS and suggested it would be appropriate to have focussed discussion on this at a future meeting.</p> <p>It was viewed that the Community Payback Order report reflects good work undertaken by the Criminal Justice and Unpaid Work Teams and reflects some of the positive changes that can result in the lives of people under community payback orders.</p> <p>Partners agreed to send in links to documents to be referenced in future meetings – these will be shared as and when they are received and referenced with the link detail in the next CJP agenda.</p> <p>Action: SPS Sustainable Housing Report in a web link and distribute to members.</p>	<p>KR</p>
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Item no.	Decisions/ Actions	Action By
	<p>Next Community Justice Partnership Meeting – Proposed Agenda Items</p> <p>Communications for CJP Service mapping early intervention and prevention Existing performance data Housing for Ex-Offenders</p>	
	<p>Any Other Business</p> <p>ELP Review of Community Planning in East Lothian – Partners recognised and wished for efficiency in meetings, to ensure minimal duplication and to enable focussed partnership direction and activity. Partners agreed that individual agency responses will be sent in to comment on the partnership review.</p>	<p>ALL</p>

Date of Next Meeting

**Tuesday 20 February 2018
10 am HMP Edinburgh**



**MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD
AUDIT & RISK COMMITTEE**

**THURSDAY 12 DECEMBER 2017
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

15b

Members Present:

Mrs M McKay (Chair)
Councillor S Currie
Ms F Ireland
Mr A Joyce
Councillor F O'Donnell

Officers Present:

Mr D King
Ms M Garden
Mr S Allan

Others Present:

Mr D Melly, Audit Scotland
Mr P Murray, Chair of IJB
Ms E Scoburgh, Audit Scotland

Clerk:

Mrs L Gillingwater

Apologies:

Mr D Small

Declarations of Interest:

None

1. MINUTES OF THE IJB AUDIT AND RISK COMMITTEE MEETING OF 24 OCTOBER 2017

The minutes of the East Lothian IJB Audit and Risk Committee meeting of 24 October 2017 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING OF 24 OCTOBER 2017

Mr King made reference to the audit workshop, noting that he would raise this matter under Item 7 of the agenda.

3. INTERNAL AUDIT REPORT – IJB STRATEGIC PLAN

A report was submitted by the Chief Internal Auditor informing the Committee of the recently issued audit report on the IJB Strategic Plan.

Mr Allan presented the report, advising of the recent review of the IJB Strategic Plan, and drawing attention to the main findings of the review, which were set out in Appendix 1 to the report. He noted that the recommendations had been accepted by officers.

The Chair highlighted the importance of tracking the areas for improvement to ensure that agreed actions were completed.

In response to questions from Mr Murray, Ms Garden stated that she would have expected certain areas within the Strategic Plan's programme of work to be delivered during 2016/17, and proposed that the IJB should be informed about which aspects of the programme would go ahead in 2017/18. Mr Murray agreed to take this forward with David Small. Ms Ireland commented that a number of the action points had already been discussed at strategic planning groups and she was reassured that progress was being made.

Councillor O'Donnell was concerned that it may be difficult to resource seven strategic planning groups going forward. The Chair suggested that there was a need for the IJB to review its priorities. Mr Murray advised that the IJB would be looking at its areas of focus. Councillor Currie welcomed this, remarking that it was important to focus on key issues so that the IJB could take appropriate action.

Mr King confirmed that he and Mr Small had accepted the comments made by the auditors and that a report would be presented to the IJB addressing these aspects and outlining the future ambitions of the IJB.

Decision

The Committee agreed to note the contents of the executive summary and action plan.

4. UPDATE ON ACTIONS FROM THE ANNUAL ACCOUNTS

A report was submitted by the Chief Finance Officer of the IJB updating the Committee on the actions from the Annual Governance Statement (AGS) and Annual Accounts paper, which was presented to the Committee at its last meeting.

Mr King presented the report, drawing attention to the update on actions since the last meeting.

Councillor Currie asked how progress on actions would be monitored and reported. Mr King made reference to recent financial reports to the IJB, which had highlighted an overspend in operational units. He questioned the IJB's ability to influence the budget over the short term, as such matters were the responsibility of the Council and NHS.

Councillor O'Donnell asked if it would be possible to separate the workforce development plan from participation and engagement, and suggested that there should be a greater focus on delayed discharge. Mr King agreed to this.

In response to a question from Mr Murray on action taken to prevent an overspend on this year's budget, Mr King outlined the difficulties of working with two partner organisations and spoke of the need to agree a means by which to deal with potential overspends at an early stage. The Chair sought assurance that such situations would be reported and asked about the IJB's influence in these matters.

Councillor Currie pointed out that, according to the Independent Auditors' report, the IJB was required to deliver efficiency savings, and asked how this could be done. He also asked about the consequences should the recovery plan could not deliver savings. Mr King advised that the directions required to be more specific. He accepted that the structure was very bureaucratic and that the IJB had limited influence.

Ms Ireland stated that the Committee required information on service delivery costs in order that proper monitoring on expenditure could be carried out. Councillor Currie stressed the need to look at the 2018/19 financial year and beyond. He also noted the need to discuss the NHS offer prior to it being accepted.

The Chair emphasised the need for greater clarity as regards monitoring and reporting. She called for a report to the next meeting of the IJB on its directions and how those expectations would be monitored/reported.

Sederunt: Councillor O'Donnell left the meeting.

Ms Scoburgh made reference to an Accounts Commission report on the integration of health and social care in Scotland, which had covered some of the issues raised during this discussion, particularly governance and risk management arrangements, accountability and future challenges. She noted that there would be a follow-up report in 2018.

Councillor Currie asked if the IJB would have an input to the Council's budget process, which was currently in progress, and which would conclude in February. He was concerned that the Adult Wellbeing budget could be set without any input from the IJB. Mr King reported that David Small was involved in that process, pointing out that it was the role of the IJB to deliver its strategic plan based on the approved budget. Councillor Currie stressed that the IJB had a responsibility to make it clear if the proposed budget was inadequate to deliver services. He stated that the Council had no additional resources to deal with overspends, and that he was concerned that the service would not be able to deliver the required services whilst achieving efficiency savings. He noted that the SNP Group would raise this matter directly with Mr Small.

The Chair advised that the IJB Financial Plan would reflect the issues that had been raised during the discussion, and highlighted the need to consider how, in future, the IJB transformation programme would be presented prior to the budget process. Mr Murray commented that the Internal Audit report was the catalyst for such a discussion and that he would take this forward with Mr Small and Mr King in the first instance. He

anticipated that there would be discussions on the means by which the IJB would operate within the available resources, deal with the Auditor's recommendations and set out the expectations of the IJB in the longer term.

Decision

The Committee agreed:

- i. to note the update; and
- ii. that a report should be submitted to the next meeting of the IJB on its directions, and monitoring/reporting of those directions.

5. RISK MANAGEMENT STRATEGY AND POLICY

A report was submitted by the Chief Finance Officer of the IJB setting out the IJB's risk management strategy and risk policy.

Mr King presented the report, advising that an agreement had been entered into with other IJBs on information sharing as regards internal audit reports and risk registers. He pointed out that the IJB was not responsible for operational risks, unless they became significant, and that everyone involved would have a responsibility for escalating matters, where required.

The Chair questioned whether the Strategy and Policy could be confined to the remit and functions of the IJB, suggesting that the Strategy would need to be aligned with resources.

Councillor Currie asked about the lines of communication in place to ensure that risks were communicated to the Council and NHS, and what measures were in place to ensure that issues were addressed and reported back to the Audit & Risk Committee.

In response to a concern raised by Ms Ireland as regards the IJB not taking account of operational risks and directions, Mr King advised that those risks would be made clear.

The Chair proposed that a workshop should be organised to look at the appetite for risk, rather than referring the Strategy and Policy to the IJB for approval at this stage.

Decision

The Committee agreed that the Risk Strategy and Risk Policy should be discussed further at a workshop, prior to referring them to the IJB for approval.

6. OTHER AREAS OF INTEREST

A report was submitted by the Chief Finance Officer of the IJB presenting other reports of interest to the Committee.

Mr King presented the report, drawing attention to the key messages and recommendations arising from a number of recent reports on: the NHS in Scotland 2016/17; Local Government in Scotland – Financial Overview 2016/17; Professor Sir Harry Burns – Targets and Indicators in Health and Social Care in Scotland; and Health and Sports Committee – Looked Ahead to the Scottish Government Health and Sport Draft Budgets 2018/19..

On longer-term budgeting, Councillor Currie suggested that the IJB should set three-year budgets. He believed this would allow the voluntary sector to plan more effectively as well as making planning for Section 10 funding more straightforward. The Chair commented that it was difficult for the IJB to make changes when they only had a one-year budget. Mr King advised that NHS Lothian had provided an indicative three-year funding offer.

As regards the review on Targets and Indicators in Health and Social Care in Scotland, the Chair noted that Professor Sir Harry Burns had found that levels of inequality were growing in some deprived areas, and that this issue should not be overlooked by the IJB.

Ms Ireland encouraged the Committee to read a recent report from the Public Audit and Scrutiny Committee on a review of workforce planning. Mr King undertook to add this item to the agenda for the next meeting. Ms Scoburgh advised that she would circulate the Accounts Commission's Overview Report to the Committee.

Decision

The Committee agreed:

- i. to note the contents of the report; and
- ii. to consider if any further actions required to be taken as regards issues raised in the highlighted reports.

7. AUDIT AND RISK CHAIRS MEETING – FOLLOW-UP WORKSHOP

A report was submitted by the Chief Finance Officer of the IJB updating the Committee on the meeting of the Chief Internal Auditors of the Lothian IJBs and NHS Lothian.

Mr King reported that an agreement had been reached as regards information sharing. He also made reference to a workshop held in October (a note of which was attached as Appendix 1 to the report), which had looked to develop internal audit arrangements. He noted that a key issue raised was the use of resources.

Ms Garden advised that she was still in discussions with NHS Lothian as to what would be included in the audit plan, and undertook to report back to the Committee on this matter.

Decision

The Committee agreed to note the report.

8. PERFORMANCE MANAGEMENT AND REPORTING

The Chair highlighted the importance of discussing performance management and reporting. She noted that East Lothian was in line with other Scottish authorities in this regard, according to the National Standards survey. However, she questioned the value of the survey, given the small sample size, and sought reassurance that the information received was legitimate. She advised that the survey was due to be taken again and asked the Committee to consider ways of achieving greater participation.

Councillor Currie suggested that it would be useful to look at the sources used by the NHS and the Council for their consultations, and to consider the questions included in

the survey. He indicated that he could discuss this matter with Paolo Vestri, the Council's Service Manager for Corporate Policy and Improvement.

The Chair emphasised the need to have information as regards the evidence on which the data was based, and for the Committee to have a level of comfort with the National Standards survey. She added that this matter could be raised during a forthcoming development session on data.

9. EXTERNAL AUDIT

Ms Scoburgh reported that the 2017/18 audit was now underway. A meeting with Internal Audit would take place on 13 December, and a meeting with Mr King would be held in January, with a view to presenting the audit plan to the Committee in March 2018.

10. AOCB

There were no matters raised.

11. DATE OF NEXT MEETING

Tuesday 5 March 2018 at 2 pm

Signed

Mrs Margaret McKay
Chair of the East Lothian IJB Audit and Risk Committee