



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 April 2018
BY: Chief Officer
SUBJECT: Changes to the Non-Voting Membership of the IJB

1

1 PURPOSE

- 1.1 To ask the IJB to agree to the replacement of Danny Harvie, independent sector non-voting member of the IJB, on a temporary basis and to note a further change to the non-voting membership.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- (i) agree to the appointment of Peter McCormack, as the independent sector representative and non-voting member, in place of Mr Harvie, on a temporary basis; and
 - (ii) note that Judith Tait has replaced Sharon Saunders as Head of Children's and Adult Services at East Lothian Council and non-voting member of the IJB.

3 BACKGROUND

- 3.1 Mr Harvie is currently the independent sector non-voting member on the IJB. However, Mr Harvie is unfortunately temporarily unable to attend meetings. The Chair and Chief Officer of the IJB have reached an agreement that Scottish Care will provide a replacement independent sector member on a temporary basis. They have nominated Peter McCormack.
- 3.2 Judith Tait replaced Sharon Saunders as Head of Children's and Adult Services with East Lothian Council and NHS Lothian with effect from 3 April 2018. The IJB agreed in April 2016 that the post holder for Head of Children's and Adult Services should be appointed as an advisor and non-voting member.

4 ENGAGEMENT

- 4.1 The temporary appointment of a replacement independent sector representative was discussed at recent meetings of the IJB and a nomination was sought from an appropriate body. Appointment to the role of Head of Children’s and Adult Services is a matter for East Lothian Council.

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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| DATE | 17 April 2018 |



MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 22 MARCH 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

2

Voting Members Present:

Mr P Murray (Chair)
Councillor S Akhtar
Ms F Ireland
Councillor S Kempson
Councillor F O'Donnell
Mr A Joyce (Items 1 – 14)
Councillor J Williamson* (substitute)

Non-voting Members Present:

Ms P Dutton (Items 2 – 15)
Mr D King
Ms A MacDonald
Mrs M McKay
Ms M McNeill
Mr T Miller
Ms S Saunders
Mr D Small
Dr J Turvill
Mr A Tweedy* (substitute) (Items 5 – 15)

ELC/NHS Officers Present:

Mr P Currie
Mr B Davies
Ms T Leddy
Ms J Ogden-Smith

Clerk:

Ms F Currie

Apologies:

Councillor S Currie*
Ms F Duncan
Dr A Flapan
Ms E Johnston*
Ms M Whyte

Declarations of Interest:

Mrs Margaret McKay declared an interest in Item 13 in relation to her role with Carers of East Lothian. She indicated that she would leave the Chamber during this item.

Ms Marilyn McNeill declared an interest in Item 13 and would also leave the Chamber during this item.

The Chair advised that Mr Andrew Tweedy, acting as substitute for Elaine Johnston, would also be required to declare an interest and leave the Chamber during Item 13.

Sederunt: Ms Penny Dutton left the Chamber.

1. CHANGE TO THE NON-VOTING MEMBERSHIP OF THE IJB

The Chief Officer had submitted a report asking the IJB to agree to the replacement of Andrew Wilson, East Lothian Council's staff representative non-voting member of the IJB.

David Small presented the report with the recommendation that the members approve the change as outlined.

Decision

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

Sederunt: Ms Dutton returned to the Chamber.

The Chair formally welcomed Ms Dutton and Councillor John Williamson to the meeting and advised members of a change to the Agenda order – Item 14 would be taken immediately following Item 10.

The Chair also noted that it was Sharon Saunders' last meeting as she was about to move roles within the Council. He thanked Ms Saunders for her many eloquent and thoughtful contributions and wished her well in her new role.

2. MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD ON 22 FEBRUARY 2018

The minutes of the meeting on 22 February 2018 were approved.

3. MATTERS ARISING FROM THE MINUTES OF 22 FEBRUARY 2018

The Chair advised that he and Mr Small had taken on board the comments made by Councillor Currie at the last meeting and the report on HSCP grant funding (Item 13) would be heard in public.

Delayed Discharges – Mr Small reported that the figure for February 2018 was 15. He said it continued to be a very busy period and that he would provide the March figure at the next meeting.

Councillor Fiona O'Donnell reiterated her previous thanks to Alison MacDonald and her team and all staff across the Partnership in recognition of their efforts. The Chair also added his thanks.

Independent Sector Representative/ Non-Voting member of the IJB – Mr Small said that he had contacted Scottish Care who had indicated that they would be willing to provide an interim representative to replace Mr Harvie but had yet to provide that person's name.

(Item 3) Executive Committee of IJB Chairs and Vice Chairs – the Chair advised that he had been elected Chair of this Committee and, as part of his duties, had attended a meeting of the Ministerial Strategy Group in Edinburgh.

(Item 3) Hospital to Home – the Chair reported that following their meeting, Dr Andrew Coull had confirmed that he was content with the current working relationships in East Lothian and would instead concentrate his efforts with the Edinburgh IJB.

(Item 8) Re provision of Hospitals and Care Homes – Councillor O'Donnell referred to a petition launched by Councillor Currie which sought support for the maintenance of a council owned care home for Musselburgh.

Mr Small said that no decision had yet been taken and that the IJB had agreed simply to consult on the potential model of care. The business case for each individual proposal would require to be approved by the IJB. The Chair added that the consultation on the range of options did not exclude public sector provision.

Ms Jane Ogden-Smith provided an update on the consultation process. She explained that a rolling programme of engagement would begin shortly with Forum meetings, radio and TV adverts and information boards, pop-up events and posters in Council and NHS facilities across the county. A working group had been set up to plan the arrangements for wider community engagement through local community groups. The draft consultation document would shortly go live on the Council's consultation hub webpage seeking people's views on the type of care they would like to have when they get older.

The Chair also advised that Bruce Dickie had met with Health Improvement Scotland who had agreed to source information from other IJBs and to support the economic analysis of the individual business cases.

4. CHAIR'S REPORT (VERBAL)

The Chair reported on the recent meeting of the Ministerial Strategy Group, which he had attended in his role as Chair of the Executive Committee of IJB Chairs and Vice Chairs, and his meetings with a representative from CoSLA and the Chair of the Chief Officers Executive.

He referred to his recent visits to St John's Hospital, Livingston and the Royal Edinburgh Hospital and the relevance of the care of elderly residents to the IJB's social care responsibilities. He also updated members on the First Minister's visit to the new East Lothian Community Hospital site.

The Chair thanked members for their attendance at the recent briefing session on the HSCP Community Grants report. He concluded his report with mention of the recent NHS Lothian development day which had included a presentation by the Chief Executive

on the regional agenda. He suggested that the IJB may find it useful to consider this topic in more detail at a future meeting.

Sederunt: Mr Andrew Tweedy joined the meeting.

5. NHS HEALTHCARE GOVERNANCE COMMITTEE UPDATE (including the East Lothian HSCP Healthcare Governance Arrangements report)

Fiona Ireland attended the meeting where the East Lothian HSCP Healthcare Governance Arrangements report was well received and commended in terms of the progress made to date. She referred to other papers presented by other IJBs/HSCPs and advised that the overall message was about the importance of measuring outcomes and the impact on patients, as well as the processes in place.

Alison MacDonald outlined the content of the report which had been presented to the NHS HGC and was now being shared with the East Lothian IJB members. She summarised the key themes and the work being undertaken across the various health services.

The Chair reminded members that this report was being shared with the IJB to assist the members in considering what they would like to see by way of oversight of healthcare governance issues, in addition to that provided by the NHS HGC. He said that 5 IJBs had set up their own Healthcare Governance Committees but it was for the members to decide whether this additional level of oversight was necessary.

Mr Small said that there needed to be clarity about where the responsibility of the Health Board ended and where the IJB's began. In addition, there were issues relating to social care which also impacted on healthcare and there needed to be a process for bringing this information to the attention of the IJB. It would be for the members to decide whether to rely on the existing NHS HGC, to create a new Committee or to bring these issues directly to the IJB.

Ms MacDonald and Sharon Saunders responded to questions from members on aspects of the report including mental health services, drug and alcohol services and arrangements for obtaining feedback from staff, patients and wider service users.

The Chair invited members to note the content of the report and the intention of the IJB to consider mechanisms by which it receives its assurance in relation to governance arrangements. Mr Small said he would bring forward a proposition to the IJB at its August 2018 meeting.

Decision

The IJB agreed:

- (i) To note the contents of the report;
- (ii) To note the intention to give further consideration to the issue of healthcare governance; and
- (iii) That the Chief Officer would bring forward a proposition to the IJB at its meeting in August 2018.

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

Mr Small reported that neither Committee had met since the IJB's meeting on 22 February. However, he said it was likely that a report on Delayed Discharges would be presented at the Policy & Performance Review Committee's June meeting. He also indicated that a request had been received for a report on reprovision of care home and hospital services but that it would be premature to present this report to the Committee before the IJB had considered the consultation.

7. DIRECTIONS 2018/19

The Chief Officer had submitted a report providing an update on the IJB's programme for issuing Directions to its partners for 2018/19.

David King presented the report indicating that while it was the IJB's policy to agree and issue Directions before the end of the financial year, a lot of the detailed work was still ongoing. He briefly outlined the process from the Strategic Plan, through agreement of financial plans, to Direction-setting, delivery plans and then monitoring and review. He advised members that it was proposed to hold a development session on 26 April to review the draft Directions and gain an understanding of the links between each part of the process. A short business meeting would follow this session at which it was hoped that the IJB would agree its Directions for 2018/19.

Mr King added that, in the meantime, the current Directions would remain in place and the Partners would be advised accordingly.

Decision

The IJB agreed:

- (i) To postpone the issuing of the 2018/19 Directions to the IJB's partners;
- (ii) To a development session and business meeting on 26 April 2018 to discuss and agree a set of Directions for 2018/19; and
- (iii) To ask the Chief Officer to inform the partners of this position and to instruct that the current Directions will remain extant until superseded.

8. MELDAP/SUBSTANCE MISUSE SERVICES – SERVICE DEVELOPMENT AND FINANCIAL PLAN UPDATE FOR 2018/19

The Chief Officer had submitted a report providing the IJB 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). The report also presented an update on ongoing SMS service development and made recommendations for Directions to be issued for NHS Lothian and East Lothian Council setting priority actions for delivery of SMS in East Lothian during 2018/19.

Ms Saunders presented the report summarising the financial overview, service provision and development plans and the SMS and MELDAP service priorities for 2018/19. She explained that the development work was part of a longer term plan which included work that had yet to be formalised and that would require further exploration and reporting to the IJB. In the meantime, she invited members to agree the recommendations as outlined in the report.

Ms Saunders responded to questions from members providing further details of the development plans relating to children and young people's services, advocacy services and the allocation of funding and reserves.

The members welcomed the continuation of this important service, particularly the work being undertaken in relation to children and young people. The Chair concurred wholeheartedly adding that the IJB would continue to do all it could to support this service.

Decision

The IJB agreed:

- (i) To note the anticipated resource allocation to East Lothian Council's SMS in 2018/19;
- (ii) To approve the resource allocation funding recommendations on the application of the total SMS resource available in 2018/19;
- (iii) To approve the recommendations in the report for East Lothian IJB Directions to NHS Lothian and East Lothian Council respectively for delivery of centrally and locally provided SMS to ELHSCP in 2018/19; and
- (iv) To note SMS progress reports will be brought forward during 2018/19.

9. FINANCIAL POSITION - UPDATE

The Chief Finance Officer had submitted a report providing an update on the IJB's financial position for 2017/18 based on the information currently available to the IJB.

Mr King presented the report outlining the most recent forecast out-turns from the partners. He explained that NHS Lothian had previously forecast an overspend but that a proposal had been put forward to the NHS Board to cover any NHS overspend and that the healthcare budget relating to the IJB would end the year in at least a break-even position. East Lothian Council had also forecast an overspend in the Adult Wellbeing budget. Mr King outlined the options available but advised that no decision had yet been taken on how to address this. He invited members to note the current position.

Mr King responded to questions from Councillor Akhtar and Councillor Williamson on the potential use of MELDAP reserves to off-set the IJB's overspend and the implications of the recurring overspend in the Adult Wellbeing budget.

The Chair confirmed that, should the IJB be asked to agree to the use of MELDAP reserves, a report would be brought forward outlining the potential impact for the MELDAP service.

Mr Small added that the IJB needed a longer term financial plan to look at the pressures and how to achieve the delivery of longer term strategic plans. He said that the decision to shift the balance of care from healthcare to social care services had been successful to a degree but had also created pressure within social care budgets.

The Chair suggested that this was the point at which the IJB needed to look more closely at the Set Aside budget and to what extent monies from this could be transferred to community services.

Mrs McKay observed that the current position was no surprise and the question was what should the IJB do about the continuing issue of the overspend/inadequate funding of social care services year on year.

The Chair agreed that reducing the reliance on the acute service as a result of an increase in community services required the transfer of funds, however he said this had to be balanced by the dilemma of ongoing demand for acute beds. A thorough review of all budgets was required if additional funding was to be made available for social care services.

Councillor O'Donnell indicated that there had been efforts by the Council to put the budget on a more sustainable footing, however if the funding being offered by the Scottish Government to deliver new obligations was not sufficient, this would be likely to place additional pressure on the social care budget for next year. She added that although there were currently no figures on underspends in other areas she was confident that the Council would make a decision on social care to support the IJB.

Mr Small stated that although the obligations in relation to care at home and the Living Wage were manageable, the budgetary implications of the Carers Act were still uncertain.

Decision

The IJB agreed to note the current position.

Following advice from the Chair, Mrs McKay and Mr Tweedy declared an interest in Item 14, as it related to the Integrated Care Fund and Social Care Fund. Mrs McKay and Mr Tweedy left the Chamber.

10. INTEGRATED CARE FUND, SOCIAL CARE FUND, PRIMARY CARE INVESTMENTS – 2017/18

The Chief Officer had submitted a report providing an update on the IJB's use of and proposed future utilisation of the Integrated Care Fund, Social Care Fund and Primary Care Investments.

Mr Small presented the report which he said outlined three distinct propositions. He began with the proposals in relation to the Integrated Care Fund and summarised its possible use for existing services and in commissioning terms. He also responded to questions from members regarding the Link Worker Service and agreed to provide further information as it became available.

Mr Small then outlined the proposals in relation to use of the Social Care Fund. He reminded members of the IJB's previous use of this Fund to underpin pressures within social care and to provide additional capacity within the service, although these services were still overspent. He also provided details of progress on delayed discharges, in the form of a short paper, and the overall trends in Care at Home hours outstanding and the number of Care Home places purchased for over 65s. Overall, analysis suggested that the use of the services had saved the equivalent of 20 beds in acute care.

The Chair invited members to agree the recommendations in relation to the use of the Integrated Care Fund and the Social Care Fund. These were agreed.

Sederunt: Mrs McKay and Mr Tweedy returned to the Chamber.

Mr Small then summarised the proposals for use of the Primary Care Investments. He advised that local investment of these funds had allowed the testing of innovative approaches to sustain and develop primary care and he outlined some of the individual projects. He advised of the impact of the new GP contract and that when the actual funding amount was known a report would be brought back to the IJB.

Decision

The IJB agreed to:

- (i) note the projected position for 2017/18;
- (ii) the proposed utilisation of the Integrated Care Fund in 2018/19;
- (iii) move the Social Care Fund into the IJB's baseline; and
- (iv) note the position on the use of the proposed Primary Care Investments.

14. MEASURING PERFORMANCE UNDER INTEGRATION – MSG INDICATORS – PROGRESS IN 2017 AND OBJECTIVES FOR 2018/19

The Chief Officer had submitted a report informing the IJB 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.

Paul Currie presented the report summarising the process by which the MSG objectives were introduced and the targets for 2017/18. He outlined the IJB's attainment against these targets and its ambitions for 2018/19. Mr Currie also advised members that next month would see the release of the social care indicators and the IJB would be asked to show its activity in this area. He said there had already been a lot of discussion on how to improve the patient journey and about the shift to home care. The key to delivering action on these objectives would be the IJB's Directions for 2018/19.

In response to questions from Councillor O'Donnell, Mr Currie advised on issues relating to data gathering and engagement. Mr Small indicated that to have a minor injuries (MI) clinic in the Community Hospital would require the closure of existing local MI clinics and enhanced services in general practices and would therefore reduce rather than improve access for service users.

Councillor O'Donnell also asked about end of life care. Ms MacDonald explained that work was ongoing with MacMillan to increase capacity for care at home while still taking account of some people's preference and/or requirement for hospital care.

Mrs McKay questioned the narrow focus of the targets and also the apparent discrepancy between the data and her own knowledge of the use of hospice care. She also emphasised the need to consider the impact of increased care at home on carers themselves.

The Chair stated that the holistic nature of the annual delivery plans and their attention to targets should address any concerns about narrow focus. Ms MacDonald agreed that there were people from east Lothian that were cared for in hospices and that this may not have been reflected in the timeframe for the data.

Mrs McKay said that it may be more important to consider whether this was a more desirable outcome than hospital or care at home.

The Chair said that it was important that people had a choice and Dr Jon Turvill agreed adding that where the system sometime fell down was when a crisis occurred and the fall-back position was to admit the person to acute care. He said that there needed to be improvements in 24 hour palliative care to support carers and to ensure that people could have confidence that they could continue to be cared for at home.

In response to a question from Andrew Tweedy, Mr Currie advised that the IJB could decide its own additional targets. Mr Tweedy commented that targets were often the driving force for activity so it was important to get the right indicators.

Ms Ireland suggested it might be in the IJB's interests to have Directions which disrupted the pathway to A&E by reassigning services and she asked whether it would be possible to have an indicator on this. Mr Small replied that it was for the IJB to decide on its indicators and Directions.

Decision

The IJB agreed to:

- (i) note attainment to date by East Lothian Health and Social Care Partnership (ELHSCP) against the 2017/18 MSG Integration objectives;
- (ii) note that Strategic Planning Group members were informed of the ELHSCP's performance for 2017/18 and agreed to the proposed MSG Integration objectives for the 2018/19 period; and
- (iii) adopt the proposed targets for the 2018/19 period and for these to be formally communicated to the MSG.

Sederunt: Alex Joyce left the meeting.

11. EAST LoTHIAN IJB ENGAGEMENT STRATEGY 2017-20

The Chief Officer had submitted a report outlining the key elements of the East Lothian Engagement Strategy 2017-2020.

Ms Ogden-Smith presented the report reminding members of the key role of engagement and summarising the background to the development of the Strategy, which had itself been subject to significant engagement and revision. She advised that the document outlines the aims of the Health and Social Care Partnership (HSCP), the engagement mechanisms and how these can be used to maximise participation and improve links with harder to reach communities.

Councillor Williamson and Marilyn McNeill both raised the fact that the East Lothian Community Care Forum was referenced in the Strategy but, as part of a later agenda item, the IJB was being asked to consider that the Forum's funding be withdrawn.

The Chair noted this point. Ms Ogden-Smith advised that the Strategy was an organic document which would change as stakeholders and resources changed. She also responded to further questions from members on the content of the Strategy.

Mrs McKay welcomed the Strategy which she said was clear and comprehensive. She also supported to intention to monitor and review its implementation. The Chair agreed the importance of reviewing the document to ensure that it remained current. Although no timescale had been set down, he suggested that there should be an initial review in 6 months.

In response to a suggestion from Councillor O'Donnell regarding the possibility of working with local students, the chair suggested that she discuss this further with Ms Ogden-Smith.

Mr Tweedy raised a note of caution about the impact on staff time. He stated that meaningful engagement could be time-consuming and staff needed the time to ensure it was done well.

The Chair asked members to consider the recommendations in the report with the addition of an initial review of the Strategy after 6 months.

Decision

The IJB agreed:

- (i) To note the contents of the Engagement Strategy.
- (ii) To endorse the Strategy
- (iii) That an initial review take place after 6 months.

12. CARERS STRATEGY AND POLICIES

The Group Service Manager, Rehabilitation and Access, had submitted a report outlining the progress made to date on the development of the East Lothian Carers Strategy in line with the legislative requirements of the Carers (Scotland) Act 2016 that would commence on 1 April 2018.

Trish Leddy presented the report. She began by advising members of an amendment to the recommendations: she indicated that the recommendation to note that the report would be shared with East Lothian Council's Cabinet had been deleted.

Ms Leddy then summarised the contents of the report including the legislative background, the development work completed to date and the opportunity to pilot and review the Strategy between its publication in April 2018 and it coming into law with the publication of the reviewed Strategic Plan in 2019.

In response to questions from members Ms Leddy provided details of arrangements for engagement with young carers and the provision of respite/short break care.

Mrs McKay said that although the Strategy was welcome it should not be seen as the end of the process but rather a starting point for looking at where we are now, considering where we want to get to and how we will get there. She also stated that the provision of respite/short breaks should not be driven by legislation but by the needs of carers.

The Chair agreed that this raised an important point about shaping service which would be picked up in the discussion on Directions in April.

Decision

The IJB agreed to note the content of the report with regards to the context and background to the Carers (Scotland) Act 2016 and the requirement to develop and publish a local Carers Strategy by 1 April 2018.

Sederunt: Mrs McKay, Ms McNeill and Mr Tweedy left the Chamber.

13. REVIEW OF THE HSCP COMMUNITY GRANT FUNDING

The Chief Officer had submitted a report informing the IJB and seeking their 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.

Bryan Davies presented the report outlining the background to the review process. He explained that the Best Value review template was approved by Internal Audit and the organisations were provided with officer support to complete the template. Crucially, all of the information was provided by the organisations themselves. He added that this was the first stage in a broader review process and that those organisations who had demonstrated Best Value/Strategic Fit would go on to complete a service redesign within the next 12 months. He referred members to the list of organisations proposed for disinvestment and those proposed for continued investment.

Councillor Williamson asked about the feedback given to organisations following the review and whether they had been given the opportunity to address issues in order to qualify for funding.

Mr Davies advised that some feedback had been given and there had been the opportunity to provide additional evidence. Giving the opportunity for improvement was not part of the review process and the purpose of the review had been clearly outlined to organisations well in advance of it taking place. However, he said that those organisations who had successfully secured funding would have the opportunity for further improvement as part of the broader service redesign phase.

Councillor O'Donnell raised concerns regarding the statements that there would be "no impact" from the withdrawal of funding for some of the organisations and service users.

Mr Davies indicated that in most cases alternatives were available, such as alternative means of engagement with service users by individual organisations and, in the case of Capability LAC, the HSCP had been aware of their intention to withdraw for some time and alternative services had been identified for clients.

Councillor O'Donnell sought advice from the Clerk in relation to a possible amendment to the recommendations as they related to the East Lothian Community Care Forum (ELCCF). The Clerk advised that this should be done at the beginning of the debate.

Mr Davies reminded members of the brief for the review – Best Value and/or Strategic Fit – and reiterated that there were alternatives open to the Partnership.

Mr Small confirmed that other means of engagement were available and referred to Edinburgh University as a potential source of independent analysis.

The Chair said that his concern was that the IJB had yet to decide on the issues for which it required independent analysis and from where this should be commissioned. He said that this left a question over the future involvement of the ELCCF and whether the IJB had enough information to make a decision on its funding at this meeting.

Ms Ireland asked what impact each of the organisations had had in East Lothian and suggested that this was the way to determine whether or not to disinvest.

Mr Small indicated that the last commissioned work from the ELCCF had been undertaken in 2016/17. Ms Ireland said that the question was then of what value was this work to the IJB.

Mr Davies said that the IJB had to consider whether the HSCP should fund this work within its current budgetary pressures. Mr Small added that any change to the proposals would have significant impact on budgets which were already part of the 2018/19 financial plan. If the IJB decided to fund these organisations it would have to find the money from savings elsewhere.

Councillor O'Donnell said that she appreciated the financial pressures and the information provided at the briefing session, as well as the hard work of Mr Davies and his team. However, she was concerned that the value of the knowledge of local people and local issues built up by the ELCCF was being lost in the midst of financial pressures. She felt it would be difficult to commission a service with similar knowledge elsewhere and she believed that the ELCCF would offer a Strategic Fit over the next few years.

Councillor O'Donnell proposed the following amendment to the report recommendations: that funding for the East Lothian Community Care Forum should be subject to a 20% reduction in 2018/19 with a review after 6 months and a final decision on future funding to be taken at the end of 12 months. Councillor Akhtar seconded the amendment.

The Chair stated that in his view he did not consider this to be the best way forward. He proposed an alternative amendment: that the IJB accept the need for independent analysis work and consider the ability of any group to carry out such work, with the intention of coming to a considered view on the East Lothian Community Care Forum for the IJB's April meeting.

The Chair moved Councillor O'Donnell's amendment to a formal vote:

For: 3
Against: 3
Abstentions: 0

The Clerk advised the members that, in line with Standing Order 9.9, where there is an equality of votes the Chair of the IJB will bring consideration of the matter to a close for that meeting and will give direction to the Chief Officer to review the matter with the aim of addressing any concerns and developing a proposal upon which the IJB can reach a decision. This proposal would be brought to the April meeting.

The Chair brought the discussion to a close and invited members to consider the recommendations set out in the report, except where they related to the East Lothian Community Care Forum.

Decision

The IJB agreed:

- (i) To the removal of HSCP grant funding from organisations (with the exception of the East Lothian Community Care Forum) which do not meet Best Value requirements and/or did not demonstrate sufficient Strategic Fit following the review process.
- (ii) 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.

- (iii) 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.

Sederunt: Mrs McKay, Ms McNeill and Mr Tweedy returned to the Chamber.

15. MINUTES OF OTHER GROUPS OF RELEVANCE TO THE IJB (FOR NOTING)

a) Community Justice Partnership – 23 November 2017

The minutes of the meeting of the Community Justice Partnership held on 23 November 2017 were presented to the IJB for noting.

b) IJB Audit & Risk Committee – 12 December 2017

The minutes of the meeting of the IJB Audit & Risk Committee held on 12 December 2017 were presented to the IJB for noting.

Mrs McKay commented in her role as Chair of the Committee. She observed that a number of agenda items for the IJB had reflected or emanated from discussions at the Committee, particularly in relation to mechanisms for reviewing and monitoring Directions. She said that the Committee were currently teasing out the issues of where certain risks lie, who holds the responsibility for them and how they impact on the delivery of the Strategic Plan.

Mrs McKay also acknowledged the work of the Council's Internal Audit Team. She advised that the audit plan for 2018/19 had been agreed and it included a review of participation and engagement. She said it was reassuring to see the links between the areas of focus for the Committee and the issues being discussed by the IJB.

The Chair acknowledged Mrs McKay's contribution as Chair of the Committee and he also thanked Mr King for his paper on Risk Management.

Signed

Peter Murray
Chair of the East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 April 2018
BY: Chief Officer
SUBJECT: Proposed Directions for 2018/19

4

1 PURPOSE

- 1.1 To present to the East Lothian Integration Joint Board a proposed set of Directions to be issued to NHS Lothian and East Lothian Council on 30 April 2018.
- 1.2 To present progress against all Directions at the end of 2017/18.
- 1.3 To present a proposed Annual Delivery Plan for 2018/19.
- 1.4 Any member wishing additional information should contact the authors of the report in advance of the meeting.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note end of year progress against all the Directions operating through 2017-18 and approve the recommendation to either end, continue, or replace certain of these Directions (table 1).
- 2.2 Agree the proposed Directions which will apply in 2018-19 (sections 3.5 and 3.6).
- 2.3 Approve the Annual Delivery plan for 2018/19 (appendix 1).
- 2.4 Note that each partner responsible for delivering a Direction is expected to report on progress quarterly, or as frequently as required by the IJB for the purposes of monitoring achievement.
- 2.5 Note that the new Directions for 2018/19 and the revised Directions list brought forward from the preceding two years (appendix 2) are intended to reflect the work priorities for 2018/19 agreed at the 22 February 2018 IJB meeting (table 2).

3 BACKGROUND

- 3.1 The Public Bodies (Joint Working)(Scotland) Act 2014 sets out the process by which an Integration Joint Board delivers its Strategic Plan by issuing 'Directions' to the Local Authority and the Health Board as appropriate. The East Lothian IJB's policy states that Directions will be issued for each delegated function including the allocation of the associated financial resource.
- 3.2 At its meeting of 30 March 2017 East Lothian IJB agreed its 2017/18 Directions. The Chief Officer issued these Directions on behalf of the IJB to East Lothian Council and NHS Lothian in March 2017 for the financial year 2017/18.
- 3.3 Progress against the Directions operating in 2017/18 was reported through the year to the Integration Joint Board and the Strategic Planning Group. End of year progress is summarised in table 1 below. It should be noted that not all directions are intended to deliver in one financial year and a number concern ongoing service delivery. As with the preceding year, the Directions for 2018/19 will clearly ask for updates on progress.

Table 1 – All Directions operating in 2017/18 and outcomes at April 2018

| 2017/18 Directions | Outcomes |
|---|---|
| NHS Lothian Community Services: D01a*, D01b*, D01d*, D01g* | Achieved - 2 No Longer Relevant - 2 Related New Directions (for 18/19) - D01h, D10i |
| East Lothian Council Delegated Functions: D02d*, D02f, D02g*, D02h* | Achieved - 1 In Process - 1 No Longer Relevant – 2 Related new Direction (for 18/19) – D02i |
| NHS Lothian Transfer of IJB Resources: D03a*, D03b* | No Longer Relevant - 2 Related New Direction (for 18/19) - D03c |
| NHS Lothian Hosted Services: D04a, D04b* | In Process - 1 No Longer Relevant - 1 Related New Directions (for 18/19) - D10d |
| Resource Transfer: D05a, D05b | Achieved - 2 |
| Integration Care Fund: D08* | Achieved |
| Strategic Programmes: D09 | In Process |

| | |
|--|--|
| Primary Care: D10a*, D10b, D10c* | In Process - 1 Related New Direction (for 18/19) - D10d |
| Acute Services/Increasing Community Provision: D11a, D11b, D11c, D11d, D11e, D11f* | In Process - 5 Not yet achieved - 1 |
| Shifting the Balance of Care: D12a, D12b, D12c, D12d, D12e, D12f | In Process – 6 Related New Direction (for 18/19) - D12g |
| Delivery of Modern Outpatients D13a* | Not Yet Achieved Related New Direction (for 18/19) - D13b |
| Support to Carers: D14a | In Process - 1 |
| Drug and Alcohol Services and Mental Health D15a*, D15b, D15c, D15d | In Process - 3 Not yet achieved – 1 Related New Directions (for 18/19) - D15e, D15f |
| Community Justice: D16a | In Process - 1 |

*Directions proposed for **discontinuation** at end of 2017/18 – described in more detail in appendix 2.

3.4 Following discussion in the Strategic Plan Programme Board, Strategic Planning Group and IJB concerning priorities for 2018/19 and taking into consideration the outcomes and targets applying to the IJB during 2018/19 (such as the Ministerial Strategic Group for Health and Community Care (MSG) objectives – see Appendix 3) the requirements of the Strategic Plan and service improvement requirements, a final list of Directions are proposed below in section 3.5 and 3.6.

3.5 Active Directions from 2016/17 and 2017/18 continuing into 2018/19

Directions Continuing from 2016/17

- D02f** - Establish a housing and health and social care planning interface group.
- 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.
- D05a** - East Lothian Integration Joint Board direct NHS Lothian to make payments to East Lothian Council in line with the agreed payment schedule.

- D05b** - East Lothian Integration Joint Board directs East Lothian Council to provide social care services as outlined and within and in accordance with agreed budgets.
- 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.

Directions continuing from 2017/18

Direction to NHS Lothian on Primary Care

- D10b** - Support to Clusters.

Directions to NHS Lothian and East Lothian Council on reducing use of acute services and increasing community provision:

- D11a** - Emergency Assessment Services and Emergency Admissions.
- D11b** - Occupied Bed Days.
- D11c** - Delayed Discharges.
- D11d** - End of Life Care.
- D11e** - Transfer of AHP resource from Secondary Care.

Directions to NHS Lothian and East Lothian Council on shifting the balance of care for care groups:

- D12a** - Contracts for Care at Home.
- D12b** - Extra care housing.
- D12c** - Day services for older people.
- D12d** - reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals.
- D12e** - Integrated Care Fund Review.
- D12f** - Transfer of services of Ward 2 Belhaven Hospital to Ward 3 or Ward 1 Belhaven Hospital (**new Direction** in January 2018).

Direction to NHS Lothian and East Lothian Council on support to carers:

- D14a** - Finalisation and implementation of the East Lothian Carers' Strategy and preparation for the Carers' Act.

Directions to NHS Lothian on drug and alcohol services and mental health:

- D15b** - Redesign of MELDAP.
- D15c** - Provision of adult mental health services.
- D15d** - Provision of older adult mental health services.

Direction to NHS Lothian and East Lothian Council on Community Justice

- D16a** - Work with the Reducing Reoffending Board.

3.6 New Directions for 2018/19

Direction to NHS Lothian on Community Services

D01h - Deliver the new East Lothian Community Hospital within the agreed timeframe to include the agreed bed base and the agreed inpatient and outpatient services within a deliverable financial model (**new Direction** - replaces D01a) .

Direction to East Lothian Council on Delegated Services

D02i – Provide 12 months of funding to organisations that passed the Section 10 grants review to support planned service redesign (**new Direction** – replaces D02h).

Direction to NHS Lothian on Transfer of Budget from Midlothian IJB

D03c - Deliver to East Lothian IJB in the 2019/20 financial year the full effect of the financial resources released through the repatriation of East Lothian residents from Midlothian Community Hospital (**new Direction** - replaces D03a and D03b).

Directions to NHS Lothian on Primary Care

D10d - To produce by July 2018 a Primary Care Improvement Plan for East Lothian covering all delivery arrangements for all aspects of the new GMS Contract (includes development of the Primary Care Strategy) (**new Direction** - replaces D04b, D10a and D10c, supersedes D01e and D01f, aligned with D01g, Do4a).

D10i - To deliver the Harbours Medical Practice Business Case (**new Direction** - replaces D01d).

Direction to NHS Lothian and East Lothian Council on shifting the balance of care for care groups:

D12g - Review community services for adults with complex needs (**new Direction**).

Direction to NHS Lothian to support delivery of Modern Outpatients recommendations:

D13b - Redesign of diabetes services and further development of Type 2 diabetes care in primary care. In addition, NHS Lothian to cooperate with other east region partners and the Diabetes Managed Clinical Networks to develop a regional approach to the prevention and reversal of Type 2 diabetes (**new Direction** - replaces D13a).

Directions to NHS Lothian on drug and alcohol services and mental health:

D15e - Transfer to ELHSCP the full revenue resource for substance misuse services, including the 12% share of Scottish Government recurrent funding (**new Direction** - supersedes D15a).

D15f - ELHSCP to support centrally delivered drug and alcohol services at the current level for 2018/19 and to indicate within quarter 3 if any changes are required to services for 2019/20 (**new Direction**).

D15g - ELHSCP to implement in 2018/19 locality based services to enhance assertive outreach in primary care to improve the service offer across East Lothian (**new Direction**).

Direction to NHS Lothian and East Lothian Council to make resources available to support the production of a revised Strategic Plan:

D17a - The IJB intends to review its Strategic Plan and to finalise a supporting Financial Plan. The IJB requires that the partners provide appropriate financial resources to support this work (**new Direction**).

3.7 Further detail on the suite of 2018/19 Directions is given in Appendix 4. This is the document that will be issued to partners on 30 April 2018.

3.8 Table 2 below shows which of the directions operating through 2018/19 will directly contribute to the delivery of the IJB's priorities agreed at the meeting of the 22 February 2018.

Table 2 – Directions supporting the 2018/19 IJB Priorities

| IJB Priorities for 2018/19* | Direction/s Contributing to Delivery of Priorities |
|--|---|
| Development and delivery of the Financial Plan for 2018/19 and beyond. | D03c, D09, D15e, D17a |
| Commence reprovision of Abbey and Eskgreen Care homes and Edington and Belhaven hospitals and provision of extra care housing. | D02f, D12a, D12d, D12f |
| Review Community Services for Adults with complex needs to develop a transformation programme. | D02i, D12a, D12c, D12e, D13b |
| Implement the Carers Strategy. | D14a |
| Deliver the Primary Care Strategy and New GP Contract Implementation Plan. | D04a, D10b, D10d, D10i, D15g |

| | |
|---|------------------------------|
| Review actions intended to deliver Delayed Discharges/ Emergency Admissions/A&E improvements. | D11a, D11b, D11c, D11d, D11e |
| Commence review of the IJB's 2016-19 Strategic Plan. | D17a |

* Described in more detail in Appendix 1

4 ENGAGEMENT

4.1 There has been significant engagement of IJB members and partners in this work. The IJB's Strategic Planning Group has been involved in discussions on the re-setting of priorities and the form of Directions. This includes internal and external stakeholders. Both NHS Lothian and East Lothian Council have been involved in discussions on the priorities and the shape of directions.

5 POLICY IMPLICATIONS

5.1 There are no new policy implications arising from this paper. Existing policy with regards to the production of Directions and the obligations these place on NHS Lothian and East Lothian Council remains extant.

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 the economy.

6.2 There is an expectation that individual Directions which result in service change will be appraised by the partner/s introducing the change, with action taken accordingly.

7 RESOURCE IMPLICATIONS

Financial - Directions for 2018/19

7.1 The IJB's policy on Directions lays out that each Direction – in line with the regulations associated with the Public Bodies (Joint Working) (Scotland) Act 2014 - will show the financial resources (the budget) to be used to achieve that Direction. A format for this resource analysis has been agreed with the partners and this was used to populate the individual Directions issued in March 2016 and also to prepare a summary position. For 2017-18 the decision was taken to present the financial elements in a

summary table but with a clear connection to the individual Direction. This approach has also been taken for 2018/19.

7.2 All Directions issued by East Lothian IJB use two sets of financial information:

- The social care element was based on the formal offer from East Lothian Council based on the Council's Adult Services Budget as set on 22 February 2017. This offer included the IJB's share of the Social Care Fund and the IJB agreed with the Council as to use of that fund.
- The health service element was based on indicative financial planning values as presented to the Finance and Resource Committee in March 2018. NHS Lothian will set its 2018/19 budget at its meeting in April 2018. It is not expected that the final position will be materially different from the indicative values.

Personnel

7.3 There are no personnel implications directly associated with the recommendations contained in this paper.

8 BACKGROUND PAPERS

Appendix 1 - **Annual Delivery Plan for 2018/19**

Appendix 2 - **Directions Summary for 2018/19**

Appendix 3 - **22 March 2018 IJB Paper on MSG Indicators**

Appendix 4 - **Proposed Suite of Directions for 2018/19**

| | | |
|----------------------|--|-----------------------|
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| DATE | 19 April 2018 | |

East Lothian Integration Joint Board



Annual Delivery Plan 2018/19

East Lothian Integration Joint Board

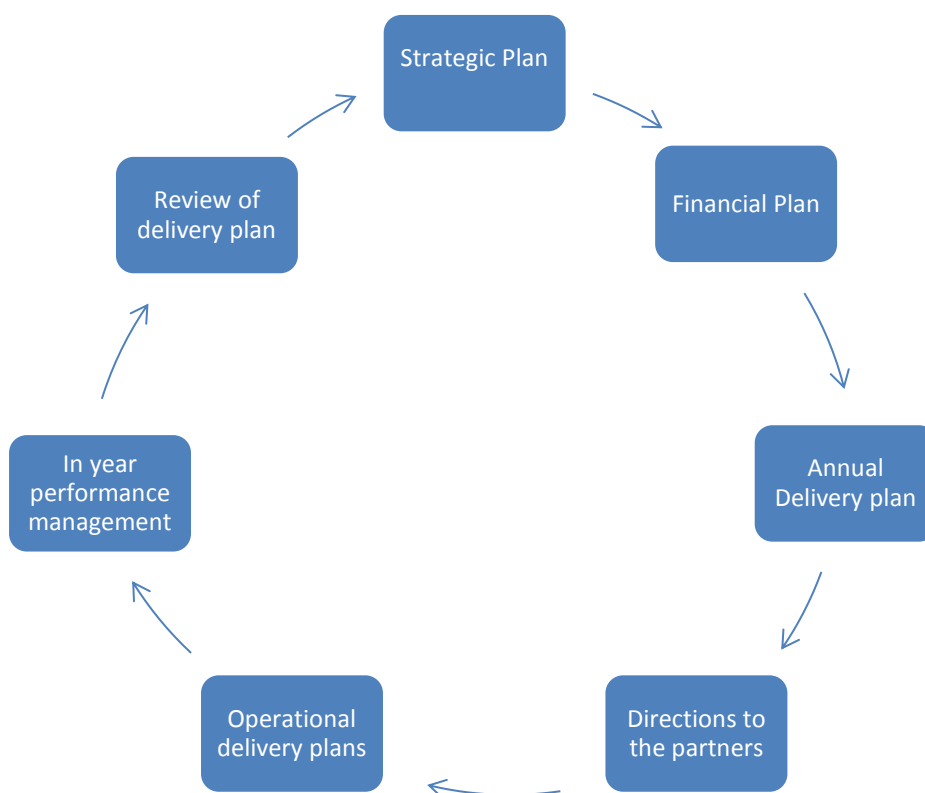
Annual Delivery Plan – 2018/19

1. Introduction

- 1.1 The IJB agreed its current Strategic Plan at its meeting of 25th February 2016. The Strategic Plan is a multi-year document running from 2016 to 2019 and although the current plan remains in force until 2019 it is important to recognise that not only the environment in which the IJB delivers its delegated functions will change but also that operational constraints may mean that the plan cannot be fully delivered as envisaged.
- 1.2 Good practice suggests that the IJB should prepare an annual delivery plan – that is a clear statement of how it will deliver the overall strategic plan taking into account any changes in either the operating environment or reflecting any service delivery issues.

2. Annual Delivery Plan

- 2.1 At its March 2018 meeting, the IJB was presented with a report which included a diagram laying out the strategic planning process in East Lothian. This is shown below



- 2.2 This diagram presents, as a high level summary, the annual process of the delivery of the IJB's Strategic Plan including a system of performance review of the delivery which itself will inform any changes or revision to the plan.
- 2.3 This diagram will be further developed to show its connections with and contribution to all the elements of work delivered by the HSCP.
- 2.4 In summary, the IJB's Strategic Plan is the key document which lays out the IJB's vision for the delivery of the functions that have been delegated to it by the partners. A financial plan is then prepared that shows how the delivery of the Strategic Plan will be resourced and these plans are then brought together in an annual delivery plan to drive the production of the IJB's directions to the partners in the year. The directions are, of course, the mechanism by which the IJB actually delivers its Strategic Plan and are the key interface between the IJB and its partners. The partner's service teams will then draw up operational delivery plans laying out how the directions will be delivered and these will feed into the overall performance management process which then becomes part of the feedback loop to revise and review the Strategic Plan and its priorities as necessary.
- 2.5 This delivery plan operates at a high level, laying out the areas of focus for delivery in-year. The details of actions, timescales and financial envelopes are laid out in the directions.

3. Revised priorities

- 3.1 At its February 2018 meeting, the IJB agreed to a set of revised priorities for 2018/19. This paper laid out:-

'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 Improvement 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 Primary Care Transformation Fund and Mental Health Primary Care Fund initiatives.

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.'*

Thus, the delivery plan for 2018/19 will focus on the areas described above although, as the final paragraph notes this will not exclude work on these other areas.

4. Underlying Principles

- 4.1 The February paper also recapitulated the underlying themes which will continue to be addressed:-

'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'

Appendix 2 - Directions Summary for 2018/19

| ‘Retired’/Achieved/Replaced Directions | Directions Continuing from Previous Years | New Directions |
|--|---|----------------|
| D01a - East Lothian Community Hospital (retired - replaced by D01h). | | |
| D01b - ‘Decant programme’ from Liberton Hospital (achieved) | | |
| D01d - Deliver business cases for Prestonpans and Harbours Medical Practices (retired - replaced by D10i). | | |
| D01g - Develop and implement a prescribing budget calculation (retired - being replaced by new NHS Lothian budget model). | | |
| D01h - Finalise delivery of the new East Lothian Community Hospital (new Direction - replaces D01a). | | |
| D02d - Develop and implement a new Carers Strategy for East Lothian (retired - replaced by D14a). | | |
| D02f - Establish a housing and health and social care planning group (continuing Direction). | | |
| D02h - Complete a review of all current Section 10 grants (replaced by D02i). | | |
| D02i – provide 12 months of funding to organisations that passed the Section 10 grants review to support planned service redesign. | | |
| D03a - Ensure the repatriation of East Lothian residents from Liberton Hospital in Edinburgh with the associated shift in aligned financial resources to the IJB (retired). | | |
| D03b - Repatriate East Lothian residents from Midlothian Community Hospital and transfer financial resources to the IJB (replaced by D03c). | | |
| D03c - Deliver to East Lothian IJB in 2019/20 the financial resources released through the repatriation of East Lothian residents from Midlothian Community Hospital (new Direction - replaces D03a and D03b). | | |
| D04a - Support local delivery of the national review of primary care out of hours services (continuing Direction). | | |
| D04b - Deliver the Transitional Quality Arrangements for the GMS contract (replaced by D10d). | | |
| D05a - NHS Lothian to make payments to East Lothian Council in line with the agreed payment schedule (continuing Direction) | | |
| D05b - East Lothian Council to provide services in accordance with agreed budgets (continuing Direction). | | |
| D08 - NHS Lothian to delegate the Integration (Social Care) Fund to the IJB (retired). | | |
| D09 - NHS Lothian to provide information on all resources identified within NHS Lothian’s Strategic Programmes budget (continuing Direction). | | |
| D10a - Preparations for the New GMS Arrangements (retired - replaced by D10d) | | |
| D10b - Support to Primary Care Quality Clusters (continuing Direction) | | |
| D10c - Primary Care Strategy (retired - replaced by D10d) | | |

| |
|---|
| D10d - Production of a Primary Care Improvement Plan for East Lothian (New Direction - replaces D04b, D10a and D10c, supersedes D01e and D01f and aligned with D01g, D04a). |
| D10i - Delivery of the Harbours Medical Practice business case (new Direction - replaces D01d). |
| D11a - Emergency Assessment Services and Emergency Admissions (continuing Direction). |
| D11b - Occupied Bed Days (continuing Direction). |
| D11c - Delayed Discharges (continuing Direction). |
| D11d - End of Life Care (continuing Direction). |
| D11e - Transfer of AHP resource from Secondary Care (continuing Direction). |
| D12a - ELC delivered care at home services (continuing Direction). |
| D12b - Extra care housing (continuing Direction). |
| D12c - Day services for older people (continuing Direction). |
| D12d - Reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals (continuing Direction). |
| D12e - Integrated Care Fund Review (continuing Direction). |
| D12f - Transfer of services within Belhaven Hospital (new Direction in January 2018). |
| D12g - Review community Services for adults with complex needs (new Direction). |
| D13a - Redesign of type 2 diabetes services (retired – replaced by D13b). |
| D13b - Redesign of diabetes services and regional approach to prevention activities (new Direction - replaces D13a). |
| D14a - Production of the East Lothian Carers' Strategy and Carers' Act preparation (continuing Direction). |
| D15a - Allocation to ELHSCP of the full 12% of Drug and Alcohol funding (retired - replaced by D15e). |
| D15b - Redesign of MELDAP (continuing Direction). |
| D15c - Provision of adult mental health services (continuing Direction). |
| D15d - Provision of older adult mental health services (continuing Direction). |
| D15e - Transfer to ELHSCP of the full revenue resource for substance misuse services, including the 12% share of Scottish Government funding (new Direction - replaces D15a). |
| D15f - ELHSCP to support centrally delivered drug and alcohol services at the current level for 2018-19 and to indicate within Quarter 3 if any changes are required to services for 2019-20 (new Direction). |
| D15g - ELHSCP to implement in 2018-19 locality based services to enhance assertive outreach in primary care to improve the service offer across East Lothian (new Direction). |
| D16a - Work with the Reducing Reoffending Board (continuing Direction). |
| D17a - Review of the 2016/19 Strategic Plan (new Direction). |

Appendix 3 – 22 March 2018 IJB Paper on MSG Indicators

East Lothian Integration Joint Board



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

5 PURPOSE

- 5.1 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.

6 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).
- 6.2 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.

7 BACKGROUND

- 7.1 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.

- 7.2 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.
- 7.3 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.
- 7.4 Source is currently working on development of data items, definitions and guidance for a revised dataset to include social care.
- 7.5 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 |

- 7.6 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.
- 7.7 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).

- 7.8 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.
- 7.9 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.
- 7.10 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.
- 7.11 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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| DATE | 07-03-18 |

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

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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

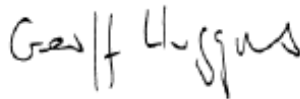
nature of their service relative to others. We are still working on the structure and format of that data. For now, we attach high level data covering a number of the areas (**Annex A**). Again we would intend to use the conversation on Friday to discuss the structure and format of the data with the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



GEOFF HUGGINS
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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 | <u>2016/17 change:</u> 1% decrease in overall total compared to 2015/16 | <u>2016/17 change:</u> 2% decrease in overall total compared to 2015/16 | <u>2016/17 change:</u> 2% increase in overall total compared to 2015/16 | <u>H&SC reasons:</u> 5% increase in 2016/17 compared to 2015/16 <u>Patient/Carer/Family-related:</u> 3% increase in 2016/17 compared to 2015/16 <u>Code 9 reasons:</u> 2% increase in 2016/17 compared to 2015/16 | <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. | 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% |
| Objective | <u>2017/18 change:</u> 4% reduction in overall total compared to 2015/16 <u>Expected 2017/18 total:</u> 16,320 admissions <u>2018/19 change:</u> 7% reduction in overall total compared to 2015/16 | <u>2017/18 acute change:</u> 6% reduction in acute total compared to 2015/16 <u>Expected 2017/18 acute total:</u> 291,400 bed days <u>2018/19 acute change:</u> 10% reduction in acute total compared to 2015/16 | <u>2017/18 change:</u> 4.5% reduction in overall total compared to 2015/16 <u>Expected 2017/18 total:</u> 31,990 attendances <u>2018/19 change:</u> 6.5% reduction in overall total compared to 2015/16 | <u>All reasons, 2017/18:</u> 10% reduction in total compared to 2015/16 <u>Expected 2017/18 total:</u> 85,500 bed days <u>All reasons, 2018/19:</u> 17% reduction in total compared to 2015/16 <u>Expected 2018/19 total:</u> 78,850 bed | Increase percentage of time spent in community in L6M to 89.5% by 2018/19. | Expect to maintain 2015/16 proportion of people living at home until 2018/19. |

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

| | | | | | | |
|--------------|---|--|---|--|--|--|
| | | GLS and Mental Health figures similar to same quarter in 2015/16. | Average A&E % seen within 4 hours similar to same quarter in 2015/16. | | | |
| 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 Health & Social Care Partnership



East Lothian Integration Joint Board 2018/19 Directions

1. Policy Context

National Guidance - The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. East Lothian Integration Joint Board (IJB) requires a mechanism to action the Strategic Plan; this mechanism takes the form of binding directions from the Chief Officer as outlined below from the Integration Joint Board to one or both of NHS Lothian and East Lothian Council. All directions issued are pursuant to Sections 26 to 28 of the Public Bodies (Joint Working) Act 2014 and the appropriate element of East Lothian IJB's Integration Scheme.

East Lothian IJB's Approach to Directions 2018/19 - For Directions to successfully deliver their expected outcomes, they need to be considered and enacted in a genuine spirit of partnership working between the IJB, East Lothian Council and NHS Lothian. There is a clear commitment by the IJB not to create financial turbulence and instability in the delivery of direct services. During 2017/18, as in the year before, the Partnership sought to work in close collaboration with both NHS Lothian and East Lothian Council to ensure delivery of the Directions without unintended consequences for other parts of the system. As the IJB moves into its third year of operation it must maintain leadership in reshaping health and social care services to continue to move towards local management and local delivery of these services, while delivering efficiencies. The Directions which operate in 2018/19 set out the ambitions of the IJB.

The [East Lothian Strategic Plan 2016-19](#) outlines the direction of travel for the development of health and social care services in the county. In many areas the Plan remains at a high level to allow further work to be undertaken with key partners about how to achieve desired changes, such as reducing reliance on Acute Hospitals and Care Homes by strengthening community, primary care and care at home services. NHS Lothian and East Lothian Council are asked to develop and implement action plans which will enable the direction of travel outlined in the Strategic Plan to be realised with a particular emphasis on all services taking action to address Health Inequalities in all its manifestations. East Lothian Council and NHS Lothian are also asked to fully engage in the development of approaches to realise the ambition of much stronger locality working, maintaining a focus on services to older people.

East Lothian Integration Joint Board (IJB) must ensure that mechanisms are in place to action the Strategic Plan through its binding Directions to one or both of NHS Lothian and East Lothian Council and through action arising from the Directions. The new Strategic Plan which is to be developed in the second half of 2018/19 will also require to be supported and auctioned by East Lothian Council and NHS Lothian as partners.

Addressing inequalities - There are significant pockets of poverty across East Lothian. Although there is more deprivation in the west of the county, 50% of people experiencing poor health do not live in the most deprived areas¹. Also, there is evidence that being part of a specific group, including those with 'protected characteristics' under equalities legislation, for example people with disabilities, minority ethnic groups and the LGBT community can increase the likelihood of poor life chances.

East Lothian Health and Social Care Partnership will consider the impact of its policies and services on health inequalities and wider social inequalities by continuing to:

- Provide universal services which are proportionate to needs and complement these with flexible, targeted specialised services as required (e.g. for those who are most vulnerable and/or have the highest needs)
- Improve accessibility of services
- Take a person-centred, needs-driven approach to planning, delivery and evaluation of services
- Develop policies and approaches which consider the impacts upon wider determinants of health and wellbeing (income, employment, housing, transport, community resources, natural and built environments etc)
- Avoid price barriers to accessing services wherever possible and minimise price barriers where they are unavoidable
- Increase preventative and community-based resources.

¹ As defined by the Scottish Index of Multiple Deprivation

2. Financial Context

The financial resource allocated to each delegated function in a direction is a matter for the Integration Joint Board to determine. East Lothian IJB is constituted under Local Government regulations and as such, under the Local Government in Scotland Act 2003, has a duty to make arrangements to secure best value. It remains the expectation of the IJB that NHS Lothian and East Lothian Council will deliver the functions as directed in the spirit of this obligation.

The financial values ('budgets') associated with the Directions will be finalised once the offers made to East Lothian IJB by NHS Lothian and East Lothian Council are known for the 2018/19 year. It is understood that the finalisation of the 2018/19 financial plans by both partners continues and that the totality of these budgets includes efficiency schemes under development. Notwithstanding the current indicative nature of budgets, East Lothian IJB will not sanction expenditure in excess of these amounts without further discussion and agreement.

The financial position for 2018/19 will be challenging, with both NHS Lothian and East Lothian Council continuing to face major financial pressures. It is recognised that the initial proposals on allocation of the Set Aside and Hosted Services budgets for 2018/19 will require more detailed work to ensure parity but also to take account of significant differences in need and in the availability of local resources. A key direction of travel remains to disinvest in institutional care, including bed-based hospital care and care homes for older people.

The IJB is required to deliver financial balance in each and every year and to financially plan to deliver recurrent balance. Achieving a firm financial footing is critical to the success of the IJB and its Strategic Plan and to its ability to drive system-wide reforms. Central to this is the need to ensure that the IJB creates financial headroom to ensure it can maintain financial resilience. NHS Lothian and East Lothian Council are therefore required to share information on financial performance of delegated services to allow the IJB to gain assurance that said services are currently being delivered sustainably within approved resources and that the anticipated initial payments will be sufficient for the IJB to carry out its integration functions.

3. Growth in demand

The IJB has examined a number of factors to estimate anticipated growth including population and non-demographic growth, estimated looking at historical trends and extrapolated. Our plans acknowledge rising year-on-year activity and growth demand. In monitoring directions, the IJB will continue to undertake further analysis of the assumptions applied as they develop including:

- Whether the total budget and activity aligned to each programme is realistic and achievable
- Whether the split of budget and activity assumed for individual programmes is sensible
- Further examination of thresholds and any assumed increases or reductions.

As a fundamental principle there should be neither disinvestment nor further investment in delegated services without being subject to full discussion and agreement with East Lothian IJB.

4. Compliance and Performance Monitoring

In order to ensure East Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring of our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB. NHS Lothian and East Lothian Council will provide performance information for relevant services on a regular basis through the year so that the IJB can develop a comprehensive performance management and reporting system.

In addition to the specific commitments set out in East Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian will provide the Integration Joint Board with any information which the Integration Joint Board may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

For each service which the IJB issues Directions for, NHS Lothian and East Lothian Council will, as appropriate through its officers, provide an annual report in the final quarter of financial year 2018/19 on how it:

- Assesses the quality of services it provides on behalf of the IJB
- Ensures the regular evaluation of those services as part of an integrated cycle of service improvement.

NHS Lothian is expected to provide performance monitoring data in line with the Lothian Integration Dataset.

In addition, for each service which the IJB issues Directions for, NHS Lothian and East Lothian Council will, as appropriate through its officers, provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the Integration Joint Board to NHS Lothian in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.

The IJB also directs NHS Lothian to provide costed activity analysis for all delegated functions as they pertain to the East Lothian population.

5. NHS Lothian Acute Hospitals Plan

The key objective of integration, to shift the balance of care from hospital and care home provision to community provision requires careful planning with the acute sector in collaboration with the other three IJBs in Lothian. As plans are developed the IJB will require a better understanding of East Lothian's current and expected use of all set-aside resources (beds and outpatient facilities). Following this, new or updated Directions may be issued in-year to initiate necessary changes. This approach will aim to maintain the stability of service delivery as NHS Lothian, the acute hospital service and partners work together on the finalisation and implementation of the Hospital Plan.

6. NHS Hosted Services

Progress has been made in identifying opportunities for integrated management arrangements to locally deliver some services such as substance misuse. For those services which, because of economies of scale, such an approach is not considered viable, arrangements will be developed which strengthen a whole system approach within East Lothian. As arrangements develop, further Directions will be issued as appropriate. In the meantime, NHS Lothian Hosted Services are asked to take account of the general direction of travel described in the Strategic Plan.

7. Impact of Directions on other Lothian IJBs

East Lothian Integration Joint Board's Strategic Plan and aligned financial plan acknowledge the need to plan collaboratively on a prudent and realistic basis; this recognises the importance of maintaining current joint planning and risk sharing strategies across Lothian.

8. New Directions for 2018/19

The Directions below, which are described in more detail in the following pages, set out the new Directions it is planned to issue for 2018/19. As service development and delivery plans progress during the year and as funding allows, new or revised Directions will be issued.

For those services which are not covered by a specific Direction the expectation is that NHS Lothian and East Lothian Council will continue to provide these services to a high quality within current budgets, endeavouring to meet national and local targets and following the strategic objectives laid out in the Strategic Plan.

Directions to NHS Lothian on Community Services

D01h - Deliver the new East Lothian Community Hospital within the agreed timeframe to include the agreed bed base and the agreed inpatient and outpatient services within a deliverable financial model (**new Direction** - replaces D01a).

Direction to East Lothian Council on Delegated Services

D02i – Provide 12 months of funding to organisations that passed the Section 10 grants review to support planned service redesign.

Direction to NHS Lothian on Transfer of Budgets from Midlothian IJB

D03c - Deliver to East Lothian IJB in the 2019/20 financial year the full effect of the financial resources released through the repatriation of East Lothian residents from Midlothian Community Hospital (**new Direction** - replaces D03b).

Directions to NHS Lothian on Primary Care:

D10d - NHS Lothian to produce by 31st July 2018 a Primary Care Improvement Plan for East Lothian covering all delivery arrangements for all aspects of the new GMS Contract. This Plan should be used as the starting point for the development of the East Lothian Primary Care Strategy (**new Direction** - replaces D04b, D10a and D10c, supersedes D01e and D01f and aligned with D01g, D04a)

D10i - With the finalisation of the Prestonpans Medical Practice extension NHS Lothian and its estates department are directed to focus on the delivery of the Harbours Medical Practice business case and the planned extension (**new Direction** - replaces D01d).

Direction to NHS Lothian on shifting the balance of care for care groups:

D12f - Transfer of services of Ward 2 Belhaven Hospital to Ward 3 or Ward 1 Belhaven Hospital (**new Direction** in January 2018).

D12g - NHS Lothian and East Lothian Council to review community Services for Adults with complex needs to develop a transformation programme (**new Direction**).

Direction to NHS Lothian to support Delivery of Modern Outpatients recommendations:

D13b - Redesign of diabetes services and further development of Type 2 diabetes care in primary care. In addition, NHS Lothian to cooperate with other east region partners and the Diabetes Managed Clinical Networks to develop a regional approach to the prevention and reversal of Type 2 diabetes (**new Direction**).

Directions to NHS Lothian on drug and alcohol services and mental health:

D15e - Transfer to ELHSCP of the full revenue resource for substance misuse services, including the 12% share of Scottish Government recurrent funding and additional funding for 2018/19 (**new Direction** – supersedes D15a)

D15f - ELHSCP to continue to support centrally delivered drug and alcohol services at the current level for 2018-19, with a requirement that quarterly reports detailing patient activity and outcomes, plus progress towards financial targets, are produced.

In addition, ELHSCP will indicate within Quarter 3 if any changes are required in their use of and financial commitment to centrally delivered drug and alcohol services for 2019– 20 (**new Direction**).

D15g - ELHSCP to implement in 2018-19 locality and recovery based services to enhance assertive outreach in primary care to improve the service offer across East Lothian (**new Direction**).

Direction to NHS Lothian and East Lothian Council to make resources available to support the production of a revised Strategic Plan:

D17a - The IJB intends to review its Strategic Plan and to finalise a supporting Financial Plan. The IJB requires that the partners provide appropriate financial resources to support this work (**new Direction**).

9. Directions continuing from 2016/17 and 2017/18

The Directions below, which continue from 2016/17 and from 2017/18, are described in more detail in the following pages.

2016/17 Directions continuing through 2018/19

- D02f** - Establish a housing and health and social care planning interface group.
- 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.
- D05a** - East Lothian Integration Joint Board direct NHS Lothian to make payments to East Lothian Council in line with the agreed payment schedule.
- 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.
- 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.

2017/18 Directions continuing through 2018-19

10 - Directions to NHS Lothian on Primary Care

D10b - Support to Primary Care Quality Clusters.

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

D11a - Emergency Assessment Services and Emergency Admissions.

D11b - Occupied Bed Days.

D11c - Delayed Discharges.

D11d - End of Life Care.

D11e - Transfer of AHP resource from Secondary Care.

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

D12a - ELC delivered care at home services.

D12b - Extra care housing.

D12c - Day services for older people.

D12d - Re-provision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals.

D12e - Integrated Care Fund Review.

D12f - Transfer of patients of Ward 2 Belhaven Hospital to Ward 3 Belhaven Hospital (issued as a new Direction in 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

14 - Direction to NHS Lothian and East Lothian Council on support to carers

D14a - Finalisation and implementation of the East Lothian Carers' Strategy and preparation for the Carers' Act (**replaces D02d**).

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

D15b - Redesign of MELDAP

D15c - Provision of adult mental health services

D15d - Provision of older adult mental health services

16 - Direction to NHS Lothian and East Lothian Council on Community Justice

D16a - Work with the Reducing Reoffending Board

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

10. Directions 'retired' or replaced for 2018/19

The Directions below have been replaced by other Directions, so will no longer operate through 2018/19.

D01a - Continue to support an Outline Business Case, Final Business Case and Financial Close for a new integrated East Lothian Community Hospital (**replaced by D01h**).

D01b - Continue to support, develop and agree a 'decant programme' from Liberton and Midlothian Hospitals. (**achieved**)

D01d - Deliver business cases for Prestonpans and Harbours Medical Practices (**replaced by D10i**).

D01g - Develop and implement a prescribing budget calculation which more accurately reflects demographic change and need across Lothian (**being replaced by new NHS Lothian budget model**).

D02d - Develop and implement a new Carers Strategy for East Lothian (**replaced by D14a**).

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 (**replaced by D02i**).

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

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 (**replaced by D03c**).

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 (**replaced by D10d**).

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.

D10a - Preparations for the New GMS Arrangements (**replaced by D10d**).

D10c - Primary Care Strategy (**replaced by D10d**).

D15a - Allocation to ELHSCP of the full 12% of Drug and alcohol funding (**replaced by D15e**).

Directions Applying in 2018/19

Continuing Direction

New Direction

01 - Direction to NHS Lothian on East Lothian Community Hospital (Direction D01h)

| | | |
|---|--|---|
| 1 | Implementation date | 30 th April 2018 |
| 2 | Reference number | EL IJB/NHSL/D01h 2018 (East Lothian Community Hospital) |
| 3 | Integration Joint Board authorisation date | 26 th April 2018 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this direction supersede or amend or cancel a previous Direction? | Replaces Direction 01a |
| 7 | Type of function | Integrated |

| | | |
|----|-------------------------------|---|
| 8 | Function(s) concerned | All adult health services planned and delivered by East Lothian Integration Joint Board which are only delivered within the geographical boundaries of the East Lothian Health and Social Care Partnership as they relate to adult primary and community health services and defined as health care services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. This includes additional functions exercisable in relation to health services as they relate to provision for people under the age of 18 as defined in East Lothian Integration Joint Board's Final Integration Scheme (February 2015) |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board direct NHS Lothian to continue to provide health services as delivered at time of issue of this direction in pursuance of the functions outlined in Section 7 and Section 8, with ancillary support as required for effective functioning of those services within the associated budget noted below, for the population of East Lothian.</p> <p>Specifically over the course of the financial year, East Lothian Integration Joint Board direct NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and approval:</p> <p>D01h. Deliver the new East Lothian Community Hospital within the agreed timeframe to include the agreed bed base and the agreed inpatient and outpatient services within a deliverable financial model.</p> |

02 - Direction to on East Lothian Council Delegated Functions (Direction D02f, D02i)

| | | |
|---|--|---|
| 1 | Implementation date | 1 st April 2016 |
| 2 | Reference number | EL IJB/ELC/D02f-2016 (East Lothian Council delegated functions) |
| 3 | Integration Joint Board authorisation date | 31st March 2016 |
| 4 | Direction to | East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this direction supersede or amend or cancel a previous Direction? | N/A |
| 7 | Type of function | Integrated function |

| | | |
|----|-------------------------------|--|
| 8 | Function(s) concerned | <p>All services planned and delivered by East Lothian Integration Joint Board which are only delivered within the geographical boundaries of the East Lothian Health and Social Care Partnership as they relate to adult social care services and defined as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions East Lothian Council has chosen to delegate to the Integration Joint Board as defined in East Lothian Integration Joint Board's Final Integration Scheme (February 2015).</p> <p>Social work services for adults and older people Services and support for adults with physical disabilities and learning disabilities Mental health services Drug and alcohol services Adult protection and domestic abuse Carers support services Community care assessment teams Support services Care home services Adult placement services Health improvement services Aspects of housing support, including aids and adaptations Day services Local area co-ordination Respite provision Occupational therapy services Re-ablement services, equipment and telecare Criminal Justice Social Work services including youth justice The Chief Officer in East Lothian will be the lead operational director for these services</p> |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs East Lothian Council to continue to provide social care services as delivered at time of issue of this direction in pursuance of the functions outlined in Section 7 and Section 8, with ancillary support as required for effective functioning of those services within the associated budget noted below, for the population of East Lothian.</p> <p>Specifically over the course of the financial year 2016-2017, East Lothian Integration Joint Board direct East Lothian Council to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and approval:</p> <p>D02.f Establish a housing and health and social care planning interface group to deliver the key actions and priorities from the Strategic Plan's Housing Contribution Statement and needs assessment, including a clear understanding and recognition of delegated functions and budgets as they pertain to the IJB.</p> |

| | | |
|---|--|---|
| 1 | Implementation date | 1 st April 2016 |
| 2 | Reference number | EL IJB/ELC/D02i-2018 (East Lothian Council delegated functions) |
| 3 | Integration Joint Board authorisation date | 31st March 2016 |
| 4 | Direction to | East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this direction supersede or amend or cancel a previous Direction? | N/A |
| 7 | Type of function | Integrated function |

| | | |
|----|-------------------------------|--|
| 8 | Function(s) concerned | <p>All services planned and delivered by East Lothian Integration Joint Board which are only delivered within the geographical boundaries of the East Lothian Health and Social Care Partnership as they relate to adult social care services and defined as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions East Lothian Council has chosen to delegate to the Integration Joint Board as defined in East Lothian Integration Joint Board's Final Integration Scheme (February 2015)</p> <ul style="list-style-type: none"> Social work services for adults and older people Services and support for adults with physical disabilities and learning disabilities Mental health services Drug and alcohol services Adult protection and domestic abuse Carers support services Community care assessment teams Support services Care home services Adult placement services Health improvement services Aspects of housing support, including aids and adaptations Day services Local area co-ordination Respite provision Occupational therapy services Re-ablement services, equipment and telecare Criminal Justice Social Work services including youth justice <p>The Chief Officer in East Lothian will be the lead operational director for these services</p> |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board direct East Lothian Council to continue to provide social care services as delivered at time of issue of this direction in pursuance of the functions outlined in Section 7 and Section 8, with ancillary support as required for effective functioning of those services within the associated budget noted below, for the population of East Lothian.</p> <p>Specifically over the course of the financial year 2018-2019, East Lothian Integration Joint Board direct East Lothian Council to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and approval:</p> <p>D02i - Where the 2017/18 Section 10 Grant reviews showed an organisation was providing Best Value and demonstrating Strategic Fit, a further period of funding of no more than 12 months should be provided. During this period, the organisations so funded must undergo service redesign to improve their financial position as well as the outcomes of the service.</p> |

| | | |
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| | | |
| 9.a | Target and Measurement of Progress | <p>Target - All organisations receiving an extension of grant funding must complete, within 12 months, an appropriate service review to deliver financial efficiencies and service improvements.</p> <p>The Community Support Project must complete a need assessment by October 2018 to establish what model and level of community provision is required across East Lothian. 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 to move people away from unnecessary use of statutory services.</p> <p>Measurement –</p> <ul style="list-style-type: none"> • Completion of suitable service delivery reviews • Amount of funding released • Delivery of service efficiencies. |

03 - Direction to NHS Lothian on Set Aside (Direction D03c)

| | | |
|---|--|--|
| 1 | Implementation date | 30 th April 2016 |
| 2 | Reference number | EL IJB/NHSL/D03c-2018 (NHS Lothian Set Aside) |
| 3 | Integration Joint Board authorisation date | 26 th April 2018 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers. |
| 6 | Does this direction supersede or amend or cancel a previous Direction? | N/A |
| 7 | Type of function | Set aside |
| 8 | Function(s) concerned | <p>All adult acute hospital health services planned by East Lothian Integration Joint Board and defined as hospital services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and in East Lothian Integration Joint Board's Final Integration Scheme (February 2015).</p> <p>Accident and Emergency services provided in a hospital</p> <p>Inpatient hospital services relating to the following branches of medicine:</p> <ul style="list-style-type: none"> a) General medicine b) Geriatric medicine c) Rehabilitation medicine |

| | | |
|-----|------------------------------------|--|
| | | <p>d) Respiratory medicine e) Psychiatry of learning disability</p> <p>Palliative care services provided in a hospital Services provided in a hospital in relation to an addiction or dependence on any substance Mental health services provided in a hospital except secure forensic mental health services Services provided on the three acute hospital sites and related hospitals within NHS Lothian (Royal Infirmary of Edinburgh, Western General Hospital and St. John's Hospital) will be operationally managed by the relevant site director.</p> |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board direct NHS Lothian to continue to provide health services as delivered at time of issue of this direction in pursuance of the functions outlined in Section 7 and Section 8, with ancillary support as required for effective functioning of those services within the associated budget noted below, for the population of East Lothian.</p> <p>Specifically over the course of the financial year 2016-2017, East Lothian Integration Joint Board direct NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs:</p> <p>D03c. Deliver to East Lothian IJB in the 2019/20 financial year the full effect of the financial resources released through the repatriation of East Lothian residents from Midlothian Community Hospital.</p> |
| 9.a | Target and Measurement of Progress | <p>Target - Identify all funds associated with East Lothian patients accommodated within Midlothian Community Hospital and reach agreement with relevant parties for transfer of these funds to East Lothian IJB within an acceptable timeframe.</p> <p>Measurement - Amount of funding released.</p> |

04 - Direction to NHS Lothian on Hosted Services (Direction D04a)

| | | |
|---|--|---|
| 1 | Implementation date | 1 st April 2016 |
| 2 | Reference number | EL IJB/NHSL/D04a-2016 (NHS Lothian Hosted Services) |
| 3 | Integration Joint Board authorisation date | 31st March 2016 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this direction supersede or amend or cancel a previous Direction? | N/A |
| 7 | Type of function | Integrated (hosted) |
| 8 | Function(s) concerned | <p>A range of delegated functions defined as health care services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and including additional functions as they relate to provision for people under the age of 18 as defined in East Lothian Integration Joint Board's Final Integration Scheme, require them to be provided as part of a single Lothian-wide service, commonly referred to as "hosted services". These services will be managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as a Joint Director of NHS Lothian</p> <p>The services are:</p> <p>Sexual Health Hosted AHP Services</p> |

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| | | <p>Hosted Mental Health Rehabilitation Medicine Learning Disabilities Substance Misuse Oral Health Services Hosted Psychology Service Complex Care Lothian Unscheduled. Care Service. Other Strategic Programmes</p> |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board direct NHS Lothian to continue to provide health services as delivered at time of issue of this direction in pursuance of the functions outlined in Section 7 and Section 8, with ancillary support as required for effective functioning of those services within the associated budget noted below, for the population of East Lothian.</p> <p>Specifically over the course of the financial year 2016-2017, East Lothian Integration Joint Board direct NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and/or approval:</p> <p>D04 a. 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.</p> |

05 - Direction to NHS Lothian and East Lothian Council on resource Transfer (Directions D05a, D05b)

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| 1 | Implementation date | 1 st April 2016 |
| 2 | Reference number | EL IJB/NHSL/D05a, D05b-2016 (Resource Transfer) |
| 3 | Integration Joint Board authorisation date | 31st March 2016 |
| 4 | Direction to | NHS Lothian and East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this direction supersede or amend or cancel a previous Direction? | N/A |
| 7 | Type of function | Integrated function |
| 8 | Function(s) concerned | All delegated functions as they pertain to human and financial resources incorporated within resource transfer payment budgets. |

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| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian and East Lothian Council as follows:</p> <p>D05a. NHS Lothian to continue to make payments to East Lothian Council in line with the agreed payment schedule.</p> <p>D05b. East Lothian Council to provide services as outlined and within and in accordance with the budgets outlined in Section 10 of this Direction.</p> |
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09 - Direction to NHS Lothian on Strategic Programmes (Direction D09)

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| 1 | Implementation date | 1 st April 2016 |
| 2 | Reference number | EL IJB/NHSL/D09-2016 (NHS Lothian Strategic Programmes) |
| 3 | Integration Joint Board authorisation date | 31st March 2016 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>To provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this direction supersede or amend or cancel a previous Direction? | N/A |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | All delegated functions as they pertain to human and financial resources incorporated within NHS Lothian Strategic Programmes budget |

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| 9. | Required Actions/Directions | <p>Specifically over the course of the financial year 2016-2017, East Lothian Integration Joint Board directs NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes:</p> <p>D09a. Provide a full analysis on the detail of human and financial resources identified within NHS Lothian's Strategic Programmes budget within the financial year 2018/19, including an analysis of resource and activity as it relates to all delegated functions. The analysis should be available by September 2018.</p> |
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10 - Directions to NHS Lothian on Primary Care (D10b, D10d, D10i)

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D10b-2017 (East Lothian GP quality clusters) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | The development of East Lothian's two GP Quality Clusters in the west and the east of the county. |

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| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D10b - NHS Lothian to allocate to East Lothian Health and Social Care Partnership its proportionate share of all funds allocated for the development and support of GP Quality Clusters and to work with the partnership to develop quality improvement activities in general practice.</p> |
| 9.a | Target and Measurement of Progress | <p>Target - Production of a workplan by East Lothian Quality Clusters setting out planned actions to improve quality in individual practices and across the cluster areas.</p> <p>Measurement - Monitoring of delivery of quality improvement actions within each area against the workplan and their outcomes.</p> |

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| 1 | Implementation date | 30 th April 2018 – New Direction |
| 2 | Reference number | EL IJB/NHSL/D10d-2017 (Primary Care Improvement Plan and Primary Care Strategy) |
| 3 | Integration Joint Board authorisation date | 26 th April 2018 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | New Direction for 2018/19 (replaces D04b, D10a and D10c, supersedes D01e and D01f and aligned with D01g, Do4a). |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Development of primary care, introduction of the new GP contract, primary care strategy |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D10d - NHS Lothian to produce by 31st July 2018 a Primary Care Improvement Plan for East Lothian covering all delivery arrangements for all aspects of the new GMS Contract. This Plan should be used as the starting point for the development of the East Lothian Primary Care Strategy.</p> |

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| 9.a | Target and Measurement of Progress | <p>Target -</p> <p>Involvement of all stakeholders in the improvement plan development</p> <p>Production of an Improvement Plan by 31st July 2018, setting out how all GMS contract requirements will be delivered and plans for delivery of locally required service developments.</p> <p>Commence implementation of the Improvement Plan from August 2018.</p> <p>Measurement -</p> <p>Production of the Improvement Plan by the due date and progress in delivering the GMS contract requirements.</p> |
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| 1 | Implementation date | 30 th April 2018 – New Direction |
| 2 | Reference number | EL IJB/NHSL/D10i-2017 (Harbours Medical Practice Extension) |
| 3 | Integration Joint Board authorisation date | 26 th April 2018 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | New Direction for 2018/19 (replaces D01d). |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Development of primary care premises, responding to population growth, introduction of the new GP contract. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D10i – With the finalisation of the Prestonpans Medical Practice extension, NHS Lothian and its estates department are directed to focus on the delivery of the Harbours Medical Practice business case and the planned extension.</p> |

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| 9.a | Target and Measurement of Progress | Target - Conclusion of full business case in 2018/19 and agreement on timeline for building work to commence. Measurement - Availability of business case and project timeline. |

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

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D11a-2017 (review of emergency assessment services) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction |
| 7 | Type of function | Set-aside |
| 8 | Function(s) concerned | <p>All Emergency Department (accident and emergency) services planned by East Lothian Integration Joint Board and defined as hospital services, as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and in East Lothian Integration Joint Board's Final Integration Scheme (February 2015).</p> <p>Specifically the services concerned are:</p> |

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| | | <ul style="list-style-type: none"> • Emergency assessment services in Edinburgh • Emergency admissions arising from attendance at the Emergency Departments in the two acute hospitals or the Minor Injuries Unit at the Western General Hospital. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>NHS Lothian to continue to provide Emergency Department services for the population of East Lothian as delivered at the time of issue of this direction.</p> <p>In addition, over the course of the financial year 2017-2018, East Lothian Integration Joint Board direct NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and approval:</p> <p>D11a - NHS Lothian and its acute services to work with officers of the East Lothian Health and Social Care Partnership and other HSCPs to review the provision of emergency assessment services in Lothian, with a view to streamlining this provision.</p> <p>NHS Lothian and its acute services to provide data on the pattern of emergency admission of East Lothian residents to secondary care and to work with officers of the East Lothian Health and Social Care Partnership to develop alternatives, where appropriate, to such admissions. Any resource freed up by a reduction in emergency admissions will be used to support alternative, community based services.</p> |
| 9.a | Target and Measurement of Progress | <p>Target - 10% reduction in emergency assessment activity and emergency admissions for East Lothian residents</p> <p>Measurement - Emergency assessment numbers and emergency admissions arising from A&E presentation</p> |

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D11b-2017 (reduction in occupied bed days) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction |
| 7 | Type of function | Set-aside |
| 8 | Function(s) concerned | Occupied bed days for East Lothian residents arising from all episodes of unscheduled care. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows::</p> <p>D11b - NHS Lothian to reduce the length of stay for all patients admitted following unscheduled admission. This is to be achieved by a reduction in delayed discharges, avoidable admission and inappropriately long stays in acute hospital and through the development of locally available community services and facilities.</p> |
| 9.a | Target and Measurement of Progress | <p>Target - Reduce occupied bed days by 10% for 2018 compared to 2017.</p> <p>Measurement - Occupied Bed Days.</p> |

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D11c-2017 (delayed discharges) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Superseded by D07 |
| 7 | Type of function | Set-aside |
| 8 | Function(s) concerned | <p>All actions intended to reduce delayed discharges (defined as 'a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date') of East Lothian residents from acute hospital beds.</p> <p>Also, through these actions move towards delivering reductions in delayed discharges to reliably achieve timely discharge from hospital in order to meet the 2 week standard.</p> |

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| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D11c - NHS Lothian to delegate to the IJB the agreed budget for the Delayed Discharge Fund and working with East Lothian Council to continue to make progress towards delivery of delayed discharge targets and a reduction in occupied bed days, through the provision of alternatives to inpatient care.</p> | |
| 9.a | Target and Measurement of Progress | <p>Target -</p> <p>Measurement -</p> | <p>Deliver zero delays over 2 weeks by the end of 2017-18 while working towards no delays over 72 hours.</p> <p>Monthly national census reflecting performance by the partnership.</p> |

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D11d-2017 (end of life care) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Palliative care delivered to East Lothian residents by the East Lothian community palliative care teams, hospice-provided specialist palliative care community services and hospital-based specialist palliative care teams. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D11d - NHS Lothian to work with the Managed Clinical Network for Palliative Care, hospital, community and third sector palliative care services to provide specialist assessment of East Lothian patients in their own homes, care homes or community hospitals to maximise the delivery of patient-centred end of life care at home or in a homely setting.</p> |

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| 9.a | Target and Measurement of Progress | Target - | Reduce by 10% the number of occupied bed days in the last six months of life that are spent in acute hospital settings |
| | | Measurement - | Location of care for people receiving end of life care. |

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D11e-2017 (Transfer of AHP Resource from Secondary Care) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction |
| 7 | Type of function | Set-aside |
| 8 | Function(s) concerned | Acute service based Allied Health Professional (AHP) posts and associated services delivered in acute settings. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D11e - NHS Lothian to provide information on the numbers of AHPs and associated resources in acute settings and to work with East Lothian HSCP to plan for the redeployment of appropriate numbers of these AHPs and associated resources to community settings to avoid admission and to support discharge of East Lothian residents.</p> |
| 9.a | Target and Measurement of Progress | Target - East Lothian to receive a proportionate share of the identified AHP resource by the last quarter of 2017/18 |

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| | | Measurement - | The increase in whole time equivalent AHP numbers in community settings resulting from staff redeployment. |
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12 - Directions to NHS Lothian and East Lothian Council on shifting balance of care for care groups (Directions 12a, 12b, 12c, 12d, 12e)

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D12a-2017 (East Lothian Council delivered care at home services) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction - supersedes D02a and D02b |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | All care at home services delivered by East Lothian Council |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs East Lothian Council as follows:</p> <p>D12a - East Lothian Council to develop its protocols to simplify and speed up the process for assessing and acting on an individual client's needs for care at home.</p> |

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| 9.a | Target and Measurement of Progress | <p>Targets -</p> | <ol style="list-style-type: none"> 1. Clients to be assessed for care at home within 7 days of request/referral. 2. If, following assessment, care at home is required this will be provided within 7 days. 3. Reassessment of clients will be carried out every 3 months <p>Measurement -</p> <p>Number of days each client waits for assessment, number of days awaiting care following assessment and percentage reviewed every 3 months.</p> |

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D12b-2017 (extra care housing) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | All extra care housing for all client groups across East Lothian. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs East Lothian Council as follows:</p> <p>D12b - East Lothian Council to finalise the extra care housing report and to develop a plan with partners to deliver all its recommendations to improve housing provision for people with care needs.</p> |
| 9.a | Target and Measurement of Progress | <p>Target - To finalise by June 2017 the report, associated workplan and delivery timetable.</p> <p>Measurement - Report production and delivery of recommendations within the agreed timeframe.</p> |

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D12c-2017 (day services for older people) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction - Superseded D02e |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | East Lothian Council and East Lothian Health and Social Care Partnership delivered day services for older people. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs East Lothian Council as follows:</p> <p>D12c - East Lothian Council to finalise and implement the strategy for day services for older people in order to improve access to and quality of day services across the county while delivering service efficiencies.</p> |
| 9.a | Target and Measurement of Progress | <p>Target - Deliver increased capacity across all areas so reducing waiting times for day services.</p> <p>Measurement - Percentage of older people assessed as needing day services that are in receipt of a service.</p> |

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D12d-2017 (reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian and East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction - Superseded D01c and D02c |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | All services currently delivered through Eskgreen Care Home and Abbey Care Home and Edington Hospital and Belhaven Hospital. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian and East Lothian Council as follows:</p> <p>D12d - NHS Lothian and East Lothian Council to set up projects to deliver the reprovision of Eskgreen and Abbey Care Homes and Edington and Belhaven Hospitals and to deliver on the recommendations of the Housing with Care report.</p> |
| 9.a | Target and Measurement of Progress | <p>Target - Complete by January 2018 all reviews of provision across the 4 settings and prepare a plan to develop and coordinate future service provision.</p> <p>Measurement - Completion of reviews and production of an agreed delivery plan.</p> |

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D12e-2017 (Integrated Care Fund review) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction - supersedes D06 |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | All delegated functions as they pertain to the annual East Lothian Integrated Care Fund Plan. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board has previously directed NHS Lothian (Direction D06) to delegate the agreed budget for the Integrated Care Fund to the IJB in line with the agreed annual Integrated Care Fund Plan.</p> <p>East Lothian Integration Joint Board now directs NHS Lothian as follows:</p> <p>D12e - NHS Lothian to delegate the agreed budget for the Integrated Care Fund to the IJB, to review the achievements of the Integrated Care Fund in 2016/17 and based on this, to develop a revised Integrated Care Fund Plan for 2017/18.</p> |

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| 9.a | Target and Measurement of Progress | Target - Complete by June 2017 a review of the 2016/17 integrated care fund and prepare a revised Integrated Care Fund plan. Measurement - Completion of the review and production of a revised plan. | |

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| 1 | Implementation date | 31 st December 2017 – New Direction |
| 2 | Reference number | EL IJB/NHSL/D12f-2017 (transfer of patients of Ward 2 Belhaven Hospital to Ward 3 Belhaven Hospital) |
| 3 | Integration Joint Board authorisation date | 21 st December 2017 |
| 4 | Direction to | NHS Lothian and East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers. |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | New Direction - seeking to deliver elements of existing Direction D12d - re-provision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals. |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | All services currently delivered through Ward 2 and Ward 3 of Belhaven Hospital. Hospital at Home, Hospital to Home and Community Nursing support for the Dunbar area. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian and East Lothian Council as follows:</p> <p>D12f - NHS Lothian to transfer all patients of Ward 2 Belhaven Hospital to Ward 3 Belhaven Hospital, to work with East Lothian Council to provide current Ward 3 patients with suitable alternative care and accommodation to meet their needs and to convert the vacated Ward 2 premises into a Community Hub for the ELSIE (East Lothian Service for Integrated Care for the Elderly) team to use in serving the Dunbar area</p> |

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| 9.a | Target and Measurement of Progress | <p>Target -</p> <ul style="list-style-type: none"> Establish a Ward 2 transition team at the beginning of January 2018 Complete the transfer of all patients by April 2018 Set up a Dunbar area community hub in the months following the ward transfer. <p>Measurements -</p> <ul style="list-style-type: none"> Successful transfer of all patients Establishment of the new Community hub Redeployment of all affected Ward 2 and Ward 3 staff. |
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| 1 | Implementation date | 30 th April 2018 – New Direction |
| 2 | Reference number | EL IJB/NHSL/D12g-2017 (Review of Community Services for complex adults) |
| 3 | Integration Joint Board authorisation date | 26 th April 2018 |
| 4 | Direction to | NHS Lothian and East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | New Direction for 2018/19 |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Services for adults with complex needs |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian and East Lothian Council as follows:</p> <p>D12g – NHS Lothian and East Lothian Council to review community services for adults with complex needs to develop a transformation programme.</p> |
| 9.a | Target and Measurement of Progress | <p>Targets - Completion of the review and any associated consultation by September 2018.</p> <p>Implementation of review recommendations by the end of 2018-19.</p> |

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| | | Measurement - | Conclusion of the review and consultation. Progress in delivering recommendations. |
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13 - Direction to NHS Lothian to support delivery of the Modern Outpatients report recommendations

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| 1 | Implementation date | 30 th April 2018 – New Direction |
| 2 | Reference number | EL IJB/NHSL/D13b-2017 (Local diabetes service improvements and regional work on prevention of Type 2 diabetes) |
| 3 | Integration Joint Board authorisation date | 26 th April 2018 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | New Direction for 2018/19 |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | All adult diabetes health services planned for and delivered to residents of East Lothian, within the geographical boundaries of the East Lothian Health and Social Care Partnership and elsewhere across Lothian as well as primary care, community and public health functions covering the same area. |

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| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D13b - NHS Lothian and its diabetes specialist services to work with officers of the East Lothian Health and Social Care Partnership to maintain delivery of diabetes outpatient clinics within Roodlands hospital and to develop local primary care delivery of high quality diabetes diagnosis, care, treatment and patient education to improve outcomes for people living with diabetes. In carrying out this work all opportunities should be taken to redesign local diabetes services and to redirect diabetes resources from acute hospital services to community services. In addition, NHS Lothian to cooperate with other east region partners and the Diabetes Managed Clinical Networks to develop a regional approach to the prevention and reversal of Type 2 diabetes (new Direction).</p> |
| 9.a | Target and Measurement of Progress | <p>Target - By the end of 2018/19, all non-complex Type 2 patients from East Lothian currently receiving diabetes care in acute hospital clinics will receive this care in a primary care setting, with appropriate resource following the patient.</p> <p>Target for regional action will be agreed at regional and local level following the conclusion of regional discussions in early 2018.</p> <p>Measurement - The SCI-DC diabetes register will be used to identify Type 2 patients receiving care in acute settings at the beginning of 2018/19 and to monitor progress in these patients transferring to primary care.</p> <p>The measurement for regional action to be agreed at regional and local level following the conclusion of regional discussions in early 2018.</p> |

14 - Direction to NHS Lothian and East Lothian Council on support to carers

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D14a-2017 (support to carers) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian and East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction - aligned with D02d |
| 7 | Type of function | Integrated function |
| 8 | Function(s) concerned | All NHS Lothian, East Lothian Council and East Lothian Health and Social Care Partnership delivered services in support of carers. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian and East Lothian Council as follows:</p> <p>D14a - NHS Lothian and East Lothian Council to finalise and implement the East Lothian Carers' Strategy, working with East Lothian Health and Social Care Partnership, third sector and other partners to plan delivery of the strategy's priorities.</p> |

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| | | In addition, partners are to work together to assess unpaid carers' needs, to deliver a range of relevant support services in order to help to reduce any negative impact of a caring role on an individual's own health and well-being and to prepare for the Carers' Act in 2018. |
| 9.a | Target and Measurement of Progress | <p>Targets -</p> <ul style="list-style-type: none"> 1 - Produce a Carers' Strategy by the third quarter of 2017-18 2 - Deliver a needs assessment of unpaid carers' needs by the third quarter of 2017-18 3 - Ensure all unpaid carers receive an assessment of their needs within 4 weeks of referral or self-referral. <p>Measurement -</p> <p>Number of needs assessments each month and outcome of assessments.</p> |

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

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D15b-2017 (redesign of MELDAP) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Alcohol and Drug services for residents of East Lothian |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D15b - NHS Lothian to allocate the available share of ADP and NHS Lothian core funding for the development by MELDAP (within the finances available) of redesigned and locally managed and community delivered prevention, recovery and treatment services to meet the needs of East Lothian residents who are dependent on any substance.</p> |

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| 9.a | Target and Measurement of Progress | Target - Measurement - | To maintain service delivery while completing the service redesign exercise by August 2017 Recording of client numbers and client location following the service redesign in comparison with numbers over the previous year. Ongoing monitoring of service uptake. |
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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D15c-2017 (adult mental health services) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian and East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Mental health services for residents of East Lothian |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian and East Lothian Council as follows:</p> <p>D15c - NHS Lothian and East Lothian Council to develop an integrated Mental Health Team with a single point of referral and triage to ensure mental health service users receive the right support by the right people at the right time, closer to home. This team is to:</p> <ul style="list-style-type: none"> • Develop an assertive in-reach model to Hermitage Ward, to support bed closures at the Royal Edinburgh Hospital and to ensure that inpatients from East Lothian have a safe, timely discharge process, with an appropriate social care package determined by their assessed |

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| | | <p>needs.</p> <ul style="list-style-type: none"> • Develop mental health service input to the Musselburgh Primary Care Centre to improve access to mental health support in primary care, in partnership with primary care teams, community mental health teams, NHS 24 and HSCP and East Lothian Council Strategy Officers. • Work with East Lothian HSCP and Police Scotland to develop mental health 'street triage' as part of responses to the national driver for distress brief interventions. |
| 9.a | Target and Measurement of Progress | <p>Target - To maintain all elements of service delivery while developing the street triage approach by April 2017, the assertive in-reach model by May 2017 and the single point of referral by June 2017.</p> <p>Measurement - Progress against all developments will be assessed using quality improvement methodology (test of change) activity levels and location of service delivery.</p> |

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| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D15d-2017 (older adult mental health services) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Older Adults' Mental Health Services for residents of East Lothian |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D15d – NHS Lothian to:</p> <ul style="list-style-type: none"> • Work towards closure of Hopetoun Day Unit and the review and redesign of resources to develop an integrated Mental Health Service which will deliver person centred holistic care to older residents of East Lothian. • Redesign the East Lothian and Midlothian Psychiatric Assessment Team (EMPAT) to further |

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| | | <p>develop the provision of education to all nursing and care homes across the two areas, in support of roll-out of the Newcastle model of Stress and Distress</p> <ul style="list-style-type: none"> • Develop Dementia Diagnosis within Primary Care and the provision of support from Alzheimer link workers, or Community Psychiatric Nurse on the day of diagnosis. The approach should initially be piloted in two GP practices, one in Tranent and one in Ormiston. |
| 9.a | Target and Measurement of Progress | <p>Target - To develop the availability of primary care based dementia diagnosis as well as the provision of one year of post diagnostic support.</p> <p>To work towards application of the 5 pillars approach.</p> <p>Measurement - The number of dementia diagnoses and the proportion receiving post-diagnostic support.</p> |

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| 1 | Implementation date | 30 th April 2018 – New Direction |
| 2 | Reference number | EL IJB/NHSL/D15e-2017 (drug and alcohol funding) |
| 3 | Integration Joint Board authorisation date | 26 th April 2018 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | New Direction for 2018/19 - supersedes D15a |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Alcohol and Drug services for residents of East Lothian |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D15e – NHS Lothian to transfer to ELHSCP the full revenue resource for substance misuse services on a local PCNRAC basis, including the 12% share of Scottish Government recurrent funding and additional funding for 2018/19 (new Direction – supersedes D15a)</p> |
| 9.a | Target and Measurement of Progress | Target - East Lothian IJB to receive in 2018/19 its full local PCNRAC share of all drug and alcohol monies, both locally allocated and Scottish Government recurrent and additional funds. |

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| | | <p>The total target amount for 2018/19 is £2,390,861.</p> <p>Measurement - Budget amount provided by NHS Lothian and by Scottish Government.</p> |
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| 1 | Implementation date | 30 th April 2018 – New Direction |
| 2 | Reference number | EL IJB/NHSL/D15f-2017 (use of centrally provided drug and alcohol services) |
| 3 | Integration Joint Board authorisation date | 26 th April 2018 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | New Direction for 2018/19 |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Alcohol and Drug services for residents of East Lothian |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian as follows:</p> <p>D15f - ELHSCP to continue to support centrally delivered drug and alcohol services at the current level for 2018-19, with a requirement that quarterly reports detailing patient activity and outcomes, plus progress towards financial targets, are produced.</p> <p>In addition, ELHSCP will indicate within Quarter 3 if any changes are required in their use of and financial commitment to centrally delivered drug and alcohol services for 2019-20.</p> |

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| 9.a | Target and Measurement of Progress | <p>Target - Ongoing, timely and appropriate provision to East Lothian residents of the full range of centrally provided drug and alcohol services.</p> <p>Measurement - Waiting times for East Lothian residents seeking support from centrally provided services.</p> <p>Quarterly activity and outcome reports for centrally provided services.</p> |
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| 1 | Implementation date | 30 th April 2018 – New Direction |
| 2 | Reference number | EL IJB/NHSL/D15g-2017 (drug and alcohol outreach in primary care) |
| 3 | Integration Joint Board authorisation date | 26 th April 2018 |
| 4 | Direction to | NHS Lothian |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | New Direction for 2018/19 |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Alcohol and Drug services for residents of East Lothian |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs:</p> <p>D15g - ELHSCP to implement in 2018-19 locality and recovery based services to enhance assertive outreach in primary care to improve the service offer across East Lothian (new Direction).</p> |
| 9.a | Target and Measurement of Progress | <p>Target - Establishment during 2018-19 of outreach services within primary care settings.</p> <p>Measurement - Service activity and outcomes for clients in primary care settings across East Lothian. Service user and referrer satisfaction with service provision.</p> |

16 - Direction to NHS Lothian and East Lothian Council on Community Justice

| | | |
|---|---|---|
| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | EL IJB/NHSL/D16a-2017 (community justice) |
| 3 | Integration Joint Board authorisation date | 30 th March 2017 |
| 4 | Direction to | NHS Lothian and East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | Continuing Direction |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | <p>All Health and Social Care Services for people who have committed offences including (but not exclusive to):</p> <ul style="list-style-type: none"> • Criminal Justice Social Work • Alcohol & Drug Services • Mental Health Services • GPs • Public Health Services • A&E Services • Prison Health Services. |

| | | |
|-----|------------------------------------|--|
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian and East Lothian Council as follows:</p> <p>D16a - To work with the Reducing Reoffending Board over the course of the financial year 2018-2019, to ensure delivery of:</p> <ul style="list-style-type: none"> • Improved Community Understanding and Participation in Community Justice • Strategic Planning and Partnership Working • Equitable Access to Services • Evidence Based Interventions. |
| 9.a | Target and Measurement of Progress | <p>Target - Delivery in the year of agreed Community Justice outcomes.</p> <p>Measurement - A range of Community Justice performance indicators and service outcome measures</p> |

17 - Direction to NHS Lothian and East Lothian Council to Deliver a Revised Strategic Plan

| | | |
|----|---|---|
| 1 | Implementation date | 30 th April 2018 – New Direction |
| 2 | Reference number | EL IJB/NHSL/D17a-2017 (strategic plan) |
| 3 | Integration Joint Board authorisation date | 26 th April 2018 |
| 4 | Direction to | NHS Lothian and East Lothian Council |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB's Strategic Plan, to provide effective services to all service users and carers within the geographical boundaries of East Lothian, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which promote the health, wellbeing and quality of life of an individual.</p> <p>To provide services to all service users and carers within the geographical boundaries of East Lothian which:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide an ongoing service that is regularly reviewed and modified according to need • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission • Support timely hospital discharge • Prevent unnecessary admission to residential or institutional care • Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this Direction supersede, amend or cancel a previous Direction, or is it a new Direction, or continuing Direction? | New Direction for 2018/19 |
| 7 | Type of function | Integrated |
| 8 | Function(s) concerned | Development of, consultation on and delivery of a new strategic plan to set out strategic priorities for the IJB for the period 2019-2022. |
| 9. | Required Actions / Directions | <p>East Lothian Integration Joint Board directs NHS Lothian and East Lothian Council as follows:</p> <p>D17a - The IJB intends to review its Strategic Plan and to finalise a supporting Financial Plan. The IJB requires that the partners provide appropriate financial resources to support this work (new Direction).</p> |

| | | | |
|-----|------------------------------------|--|---|
| 9.a | Target and Measurement of Progress | Target - Measurement- | Production of an agreed Strategic Plan by end March 2019 Completion of appropriate consultation regarding the strategy and collaborative working with partners in the development of the strategy. |
|-----|------------------------------------|--|---|



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 26 April 2018

BY: Chief Officer

SUBJECT: Review of HSCP Community Grant Funding and resulting proposal for the future funding of the East Lothian Community Care Forum (ELCCF)

5

1 PURPOSE

- 1.1 To seek agreement from the Integration Joint Board on a proposed way forward for 2018/19 for the commissioning of work from the ELCCF.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to agree the proposed arrangements for funding of ELCCF in 2018/19.
- 2.2 The IJB is asked to agree that ELCCF be directed to support three independent evaluations of three distinct projects planned for 2018/19 along with establishing a service user consultation forum by July 2018 and ensuring service user input in other existing groups.
- 2.3 The IJB is asked to agree that this commissioning arrangement with ELCCF for 2018/19 be funded with a 50% reduction in their existing grant.

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

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

- That the provision of services is equitable across different client groups
 - That services are in line with the East Lothian IJB Directions and;
 - That services deliver on the priorities of the IJB Strategic Plan 2016-19
- 3.2 All reviews used a Best Value review template 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.
- 3.3 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. The letter also committed to inform them of the IJB's decision within 7 days of the meeting. Due to process issues the discussion about review findings was moved to the March IJB meeting.
- 3.4 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 was proposed. Where an organisation had not evidenced Best Value and/or Strategic Fit then these organisations were proposed for de-commissioning. ELCCF did not demonstrate Best value and was therefore one of those organisations proposed for de-commissioning. The evidence of the review of ELCCF and other organisations was presented to the IJB members at a briefing prior to the March IJB meeting.
- 3.5 At the IJB meeting in March agreement was not reached about the future of ELCCF and it was agreed to carry forward discussion to the April IJB meeting. Several meetings have since taken place leading to the following proposal.
- 3.6 ELCCF is to continue to be funded and to be directed to focus on independent service users input to three projects throughout 2018 /19 which are:
- Primary Care Access in Musselburgh
 - Extra Care Housing
 - Community Review

The ELCCF will provide independent service user evaluation of the above three projects.

- 3.7 ELCCF to also establish a Service User Consultation Forum by July 2018 that can provide input to policy and strategic development. This should include regular service user input to existing groups as well as additional pieces of work that may emerge from ELCCF engagement that ELCCF can propose to the Partnership.

- 3.8 This work should be funded at 50% of the current funding allocation of £53,000 therefore new funding to be £26,500.
- 3.9 In line with plans for all commissioned community provision there will, in the near future, potentially be a three to five year Service Level Agreement in place for community services. The ELCCF would be eligible for such a length of SLA subject to a review of performance in 2018/19 and any decision on continued commissioning which will take account of the findings of the planned review of all community services now underway.

4 ENGAGEMENT

- 4.1 Meetings to discuss this proposal have involved key officers and elected members and have included discussions with ELCCF.

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 and complying with the duty to ensure Best Value.

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

- 7.1 Financial – this proposal represents a 50% reduction in the current funding provided to ELCCF which represents a saving to the Partnership of £26,500.
- 7.2 Personnel – There may well be implications for the staff team within the ELCCF as a result of this proposed reduction in funding.
- 7.3 Other – none.

8 BACKGROUND PAPERS

None

| | |
|----------------------|--|
| AUTHOR'S NAME | Bryan Davies |
| DESIGNATION | Group Service Manager – Planning & Performance |
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| DATE | 19 April 2018 |

Chief Officer

**ROYAL EDINBURGH HOSPITAL CAMPUS REDEVELOPMENT (PHASE 2)
MENTAL HEALTH, LEARNING DISABILITY AND SUBSTANCE MISUSE SERVICES
CONFIRMATION OF BED MODELLING, COMMUNITY INVESTMENT AND REVENUE AFFORDABILITY**

1 Purpose of the Report

- 1.1 The purpose of this report is to seek the support of East Lothian Integration Board (IJB) for the bed numbers and financial assumptions for Phase 2 of the Royal Edinburgh Hospital (REH) reprovision thereby allowing the Outline Business Case (OBC) to progress.

2 Recommendations

The East Lothian Integration Joint Board is invited to:

- 2.1 Agree to the proposed East Lothian bed numbers in Phase 2.
- 2.2 Agree in principle to a bed risk share model with other IJBs in order to progress the business case and ensure East Lothian patients have continued access to specialist services.
- 2.3 Agree that the financial model will be revisited as part of the work towards the new IJB NRAC financial allocation model and that the final financial model for the OBC should be presented to the IJB.

3 Discussion of the Key Issues

- 3.1 Phase 1 of the REH reprovision was completed and occupied in mid 2017. It included the provision of 165 single ensuite bedrooms in 11 wards for all acute admissions for adult and older people's mental health services and an intensive rehabilitation ward. This phase also included 20 beds in the Robert Fergusson Unit providing rehabilitation for patients with acquired brain injury. East Lothian patients have access to the adult mental health services and brain injury services.
- 3.2 Phase 2 of the REH reprovision programme is to provide facilities for patients with Learning Disabilities and who require low secure mental health care and complex longer term psychiatric rehabilitation. At present many of these patients receive care in specialist hospitals in other parts of Scotland and the UK. Some of this is provided by the private sector. The out of area provision is funded from an unplanned activity budget termed UNPACS.
- 3.3 The annual costs of providing out of area care range from £180k to £380k per patient with the majority of patients staying for several years, some with no plans for discharge or to return to Lothian.
- 3.4 Phase 2 is also to include the reprovision of the Ritson Clinic which provides inpatient detoxification for patients with substance misuse and the new Facilities Management building for the REH campus.
- 3.5 Phase 3 is planned to include the reprovision of the integrated rehabilitation services in fit for purpose accommodation. These are currently provided at the Astley Ainslie Hospital and work is underway with the IJBs and HSCPs to review the pathways and models of care for the services involved. A proposal for Phase 3 is expected in November 2018.

Learning Disability Services

- 3.6 The Learning Disabilities (LD) Collaborative has developed a comprehensive programme of redesign of which the Phase 2 LD beds are a part. This included the closure programme of healthcare houses which is now underway and the transfer of resources for Health and Social Care Partnerships (HSCPs) to provide community alternatives to inpatient care. The programme also includes the consolidation of assessment and treatment inpatient beds on the REH site. The overall bed reduction if agreed and when complete will be from 75 to 29 (including NHS Borders) but also significantly includes the reprovision of inpatient services previously provided out of area largely by an NHS Trust in Northumbria funded from the unplanned activity (UNPACS) budget.
- 3.7 The redesign and refurbishment of the Islay Centre (the LD inpatient unit at the REH providing the new model of care) completed in 2017 has seen an improvement in both safety for staff and outcomes for patients and confirmation that NHS Lothian has the capability and capacity to provide services locally. It has also informed HSCPs and NHSL of the physical design of accommodation that can be commissioned in the community and in any future reprovision.
- 3.8 The LD programme includes investment in community accommodation and community services in each HSCP with actions aligned to individual patients who will be discharged as part of the programme.
- 3.9 The Royal Edinburgh Campus (REC) Working Group, a sub group of the REC Programme Board with membership from IJB planning and finance officers has confirmed the bed numbers and overall programme.
- 3.10 The bed numbers are at Table 1 and include 2 beds for NHS Borders and 1 for NHS Lothian's CAMHS LD.

| Place Type | Edinburgh | East Lothian | Midlothian | West Lothian | NHS Borders/CAMHS | Total |
|-------------------------|-----------|--------------|------------|--------------|-------------------|-------|
| Inpatient Places | 15 | 3 | 2 | 6 | 3 | 29 |

Table 1 – LD Inpatient and Community Place Numbers

- 3.11 In summary, the LD proposal is that all patients who can appropriately be supported in a community setting will be and any patient who requires assessment and treatment within a hospital will receive this at the REH rather than in the north of England. The exceptions to this will be the very small number of patients who require low or medium secure facilities provided by NHS Fife and NHS Greater Glasgow and Clyde respectively and funded separately on a regional and national risk sharing basis, again respectively.

Mental Health (MH) Services

- 3.12 The MH part of Phase 2 comprises the facilities for patients who require low secure settings (forensic and non forensic), and those who require longer term complex rehabilitation together with alternatives for women with multiple and complex needs who presently require inpatient stays out of area.

Low Secure

- 3.13 Male and female patients who require low secure facilities include those forensic mental health patients who no longer require medium security and mental health patients who require a higher level of security than can be safely provided in acute MH ward, an IPCU or a rehabilitation ward. The UNPACS budget has been used to fund around 20 low secure places for Lothian patients in recent years. These have been mainly at private facilities in Ayr and Glasgow however several patients who have specialist needs due to brain injury or sensory impairment have been placed in private and NHS facilities in England.

- 3.14 The requirement for low secure provision has been agreed by the partners as 23. Table 2 shows the breakdown.

| Patient Group | Total | Edinburgh | East Lothian | Midlothian | West Lothian |
|-------------------|-------|-----------|--------------|------------|--------------|
| Low Secure | 23 | 15 | 2 | 1 | 5 |

Table 2 – Low Secure Inpatient Places

Women with Complex and Multiple Needs

- 3.15 The UNPACS budget has been used to help support 12 – 24 month placements in a therapeutic community in York for women who often have experienced trauma and have significant self-harming behaviour for which detention within an acute hospital environment is unhelpful and often reinforces and exacerbates risky behaviour rather than reducing and containing it. The annual cost of such placements is £220k
- 3.16 It has been agreed by the partners that with access to either low secure or longer term complex rehabilitation beds if required as part of this reprovision, a very specialist intensive community service for women will prevent the need for out of area hospital admissions in the future.
- 3.17 It is therefore proposed to utilise the current UNPACS budget to begin to develop such a specialist service in order to prevent future out of area placements so no women with such needs require repatriation by the time of the completion of Phase 2.
- 3.18 The cost of this initial development are included in the draft financial model at Table 4 below.

Longer Term Complex Rehabilitation

- 3.19 The number and configuration of MH rehabilitation (rehab) beds across Lothian has been subject to many programmes since the 1990's which saw institutions like Craighouse Hospital close and over 110 patients transfer to community settings provided by third sector partners in Edinburgh. In Midlothian and East Lothian, Park and Cameron Cottages were developed to assist the complete closure of rehab beds and in West Lothian; Pentland Court was established on the St John's site as an inpatient rehab facility. Ward closures at the REH saw more rehab beds close in 2012 and most recently the opening of Phase 1 at the Royal Edinburgh Building saw the creation of the Braids intensive rehab ward by reducing 15 acute admission beds for this purpose.
- 3.20 The work of the REC Working Group has identified which partners use which beds and where further work is required. Table 3 also identifies the requirements of each HSCP based on historic use of the rehab beds at the REH.

| Patient Group | Total | Edinburgh | East Lothian | Midlothian | West Lothian |
|---|-------|-----------|--------------|------------|--------------|
| Long Stay Complex Rehabilitation | 20 | 18 | 0 | 2 | 0 |

Table 3 – Longer Term Complex Rehabilitation Inpatient Places

West Lothian HSCP have agreed to review their model of care and consider how the Pentland Court resource might be used differently and East Lothian and Midlothian HSCPs wish to review their models together initially considering resources such as Park and Cameron Cottages. Edinburgh HSCP are the main users of the current 45 rehab beds at the REH and in order to reduce their requirement to 18, investment in 16 Grade 4 and Grade 5 facilities in the community is required.

- 3.21 There is no upper age limit on the MH or LD services to be provided in Phase 2.

Substance Misuse Services: The Ritson Clinic

- 3.22 The 3 Lothian ADPs and the Lothian Substance Misuse Collaborative have agreed that the requirement for inpatient substance misuse detoxification should continue as part of the options available for alcohol and drug users who wish to safely reduce their substance use, often in preparation for access to the abstinence programme (LEAP). The facility is required to be provided on a hospital site for clinical reasons with risks associated with withdrawal and medication. The Ritson Clinic has recently reduced from 12 to 8 inpatient beds with 2 day beds (for Edinburgh ADP) as part of these agreements and following reviews of available funding.
- 3.23 The Ritson clinic is located on the first floor of the Andrew Duncan Clinic which will be demolished after Phase 2 is completed. It is both possible and affordable to include the Ritson Clinic in the footprint of the Phase 2 MH and LD building and in doing so will solve an outstanding strategic issue. The costs are revenue neutral.

Proportionality of Bed Numbers

It is clear that proposed bed numbers do not match the current financial distribution formula between IJBs (Edinburgh 57%, West Lothian 21%, East Lothian 12%, Midlothian 10%). There are a number of reasons for this including levels of service that each HSCP has in its area that provide similar functions and historical levels of implementation of care in the community. For this reason it is important that as the OBC progresses and as the allocation formula for hosted services is reviewed in 2018/19, that each IJB approves the final model in the OBC.

Clinical Brief and Design

- 3.24 Following the agreement of the above recommendations by each IJB and NHSL F&R Committee, the programme of clinical brief and design will conclude during the summer allowing the OBC to be finalised. Visits have taken place and will continue to take place to providers across the UK who have similar facilities to incorporate good practice and ideas and take on board lessons learned.
- 3.25 As above, where opportunity permits, services will be provided locally and patients repatriated or prevented from having to go out of area and community resources will be utilised as they become available so the programme is not awaiting new buildings to create improvement. Staff will be recruited to provide such services locally and develop skills that will enhance delivery of the new unit.

Facilities Management Building and Infrastructure Improvements

- 3.26 The FM building will provide a logistics hub for the site encompassing stores, facilities and catering. The new facility will align with the NHS Lothian catering policy providing meals across the campus. The positioning of the building on the edge of the site will play a significant part in the health and safety management of the campus by providing separation of heavy goods movements away from patient areas.

Summary of Benefits

- 3.27 Provision of services locally without the need for patients, relatives or staff to travel to other parts of the UK for many years.
- 3.28 Provision of inpatient services that are fit for purpose in modern facilities in Morningside, a community with many assets.
- 3.29 An expansion of provision in the community.
- 3.30 Significantly better use of available resources.
- 3.31 Provision of facilities management and infrastructure improvements that both futures proof the site for utilities and enable Phase 3 to proceed without disruption to clinical services.

4 Key Risks

- 4.1 If the proposals are not agreed or delayed, patients continue to be cared for out of area and further referrals are made making repatriation more difficult and extended.
- 4.2 If the proposals are not agreed the costs of delivery are increased due to inflation.
- 4.3 If the assumptions are incorrect they may impact on the affordability of the revenue case. This is being tested with each inpatient service and each IJB prior to the OBC being submitted. The OBC will only progress if revenue affordability is confirmed.

5 Risk Register

- 5.1 This will be reviewed subject to agreement of the proposals by IJBs and NHSL.

6 Impact on Inequality, Including Health Inequalities

- 6.1 The new facilities will reduce inequalities through more local provision and provision of greater gender specific services.

7 Involving People

- 7.1 The redesign programmes for MH and LD have been inclusive.

8 Resource Implications

- 8.1 The estimated capital construction cost of the redevelopment is £35m excluding VAT. In light of the constrained national capital position, the Scottish Government have agreed to a revenue funded 'Design, Build, Finance, Maintain (DBFM)' contract through Hub. The costs for the estimated Annual Service Payment have been included in the current financial model, offset by a reduction in direct NHS Lothian property costs, and will be confirmed through the Hub design process. All other delegated service costs remain unaffected by the change in funding model.
- 8.2 The estimated annual running costs are £24m for these future service configurations with funding available of £24.3m, this includes the £6m UNPACS budgets. Table 4 below highlights overall the finance model for this development is revenue affordable. There will be ongoing review of this in line with the progression of the business case.

(Table 4 – see over page)

| Overall Mental Health & Learning Disabilities | | | |
|--|---|--------------------------------|---------------------|
| <i>Draft model as at April 2018</i> | | | |
| | | | Total £k |
| Learning Disabilities | | | |
| Estimated Costs | Total Inpatient Costs | | 7,655 |
| | Total Community & Specialist Teams Costs | | 5,416 |
| | Total Community Places | | 4,230 |
| Total Annual Revenue Costs | | | 17,301 |
| Estimated Funding | Total LD Service Budgets | | 12,657 |
| | Edinburgh Partnership Funding | | 585 |
| | Depreciation, Facilities Budgets & Borders income | | 995 |
| | Total Available Funding | | 14,237 |
| Funding Benefit / (Gap) | | | -3,064 |
| Mental Health | | | |
| Estimated Costs | Total Inpatient Costs | | 5,299 |
| | Total Supplies Costs | | 1,402 |
| Total Annual Revenue Costs | | | 6,701 |
| Estimated Funding | Depreciation | | 344 |
| | Total Rehab Service Budget Release | | 3,454 |
| | Facilities Budgets | | 185 |
| Total Available Funding | | | 3,983 |
| Funding Benefit / (Gap) | | | -2,718 |
| OVERALL | Estimated Costs | Total Annual Revenue Costs | 24,002 |
| | Estimated Funding | Total Available Funding | 18,220 |
| | | UNPACs Release | 6,162 |
| | | Funding Benefit / (Gap) | 380 |

Table 4 – Finance Summary

- 8.3 The costs have been calculated based on a bottom up approach following discussion with clinical colleagues and will continue to be refined as the further certainty around the design of the building and the clinical models of care.
- 8.4 We will also continue to move toward the arrangement of operational risk share and the new IJB NRAC allocation methodology being developed.

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13 April 2018



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 April 2018
BY: Chief Officer
SUBJECT: Appointment of Chief Finance Officer

7

1 PURPOSE

- 1.1 This report updates the East Lothian Integration Joint Board (IJB) on the proposals for the recruitment of the Section 95 Officer.

2 RECOMMENDATION

- 2.1 The IJB is asked to agree the proposals for the Section 95 Officer recruitment.

3 BACKGROUND

- 3.1 The regulations on membership of IJBs include the appointment of “the proper officer of the integration joint board appointed under section 95 of the Local Government (Scotland) act 1973(1)”.
- 3.2 The IJB agreed in July 2015 that there should be a shared Section 95 Officer appointment between East Lothian and Midlothian IJBs and that this should be subject to review after two years.
- 3.3 David King was appointed to this post in October 2015. David has supported both IJBs and had held an operational role in NHS Lothian. David has now confirmed that he will retire in October 2018.
- 3.4 In line with the IJB’s decision, the current arrangement has been reviewed. The Chief Officers of East Lothian and Midlothian IJBs have held discussions with the Deputy Director of Finance for NHS Lothian and the Section 95 Officers from East Lothian and Midlothian Councils.
- 3.5 All parties agreed that the current arrangement has worked well. It has allowed the IJBs to benefit from having a single officer covering both whilst disaggregation of NHS services was progressing. It has also allowed the IJBs to benefit from in-depth financial understanding of the

complexities of the NHS budgets. Both Councils have enabled access to Council financial information.

- 3.6 However, there have been some changes to the situation. NHS disaggregation between East Lothian and Midlothian has progressed as had devolution of budgets from NHS Lothian, so there is less requirement than before to oversee these processes. At the same time, NHS Lothian is about to review the model for allocation to IJBs and implement patient level costing which will affect core and set aside budgets which will require significant input over an extended period.
- 3.7 There is less change of this type in Council arrangements, the main issue being a review of delegated budgets relating to housing which is unlikely to be material to the IJB.
- 3.8 It is still not felt that the role supporting East Lothian or Midlothian IJBs separately would require full time input to either IJB.
- 3.9 Therefore, it is proposed that the existing arrangements on a permanent or secondment basis should be the basis for filling the Section 95 Officer post when the existing post holder retires. This is an opportunity from one of the three parties (NHS Lothian, East Lothian Council, and Midlothian Council) to be Section 95 Officer for both IJBs and to have an operational remit in one of the parties.
- 3.10 The current job description will be reviewed jointly by East Lothian Council, Midlothian Council and NHS Lothian.
- 3.11 The opportunity will then be advertised within the three parties.
- 3.12 Following interviews, a recommendation for appointment will be presented to the IJB.

4 ENGAGEMENT

- 4.1 The issues in this report have been discussed with the IJB's partners but do not require wider engagement.

5 POLICY IMPLICATIONS

- 5.1 The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The issues in this report do not require an integrated impact assessment.

7 RESOURCE IMPLICATIONS

- 7.1 There are no immediate resource implications from this report. Any resource implications from the outcome of the process will be highlighted in a future report.

8 BACKGROUND PAPERS

- 8.1 None.

| | |
|----------------------|--|
| AUTHOR'S NAME | David Small |
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| DATE | 18 April 2018 |



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 26 April 2018

BY: Chief Officer

SUBJECT: Membership of the Integration Joint Board – Terms of Office

8

1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of the statutory requirements of members' terms of office and to seek the IJB's agreement to take the necessary action in relation to those members whose term of office is due to expire.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- (i) note the terms of office for members of the IJB, as set out in Appendix 1, and the requirement to review the appointment of each member at the end of their term; and
 - (ii) agree to the actions outlined in Appendix 1 in relation to those members whose term of office is due to expire between May and July 2018.

3 BACKGROUND

- 3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out the arrangements for the membership of all IJBs. The Order states that the term of office of a member of the IJB is to be determined by the constituent authorities, but is not to exceed three years.
- 3.2 The Order also sets out the exceptions to the three year maximum. The Chief Officer, Chief Finance Officer and Chief Social Work Officer remain members of the IJB for as long as they hold the posts in respect of which they were appointed. For the purposes of the East Lothian IJB, this also applies to the Head of Children's and Adult Services.

- 3.2 In July 2015, the IJB agreed that all voting members and the majority of non-voting members were to be appointed for the maximum term. The non-voting members representing carers, service users, the independent sector and the Third sector were appointed until March 2016. The positions were then advertised and further appointments made for a term of two years (carers and Third sector) and three years (service users and independent sector). There have also been a number of subsequent changes to the voting and non-voting membership due to changes of personnel.
- 3.4 The dates of appointment and terms of office for all members of the IJB are set out in the attached appendix. This document also outlines the procedure for appointment whether by nomination or selection.
- 3.5 There are several members whose term of office is due to expire between May and July 2018. It is proposed that the Chief Officer approach the appropriate bodies to seek nominations for these positions. Once nominations are received a report will be presented to the IJB.
- 3.6 In respect of the carers' representative role, it is proposed that IJB agree to extend Margaret McKay's appointment as non-voting member until August 2018 (still within the three year maximum term).
- 3.7 The IJB will be continue to be consulted in relation to all members' appointments as they reach the end of their terms of office or as required due to changes in personnel.

4 ENGAGEMENT

- 4.1 The issues in this report will be discussed with the appropriate nominating bodies but do not require wider engagement at this time.

5 POLICY IMPLICATIONS

- 5.1 The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

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 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SSI 2014 No.285)

| | |
|----------------------|--|
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| DATE | 20 April 2018 |

IJB MEMBERSHIP AND TERMS OF OFFICE
APPENDIX 1

| Name | Role | Nominated | Selected by IJB | Ex Officio | Date | Term of Office | Expiry | Action |
|--------------------|--------------------|--------------|-----------------|------------|----------|----------------|----------|---|
| Peter Murray | Chair | Y – NHSL | | | Feb 2016 | 3 | Feb 2019 | |
| Alex Joyce | Voting Member | Y – NHSL | | | Jul 2015 | 3 | Jul 2018 | Ask NHS Board to make a new nomination or re-nominate |
| Fiona Ireland | Voting Member | Y – NHSL | | | Sep 2016 | 3 | Sep 2019 | |
| Moira Whyte | Voting Member | Y - NHSL | | | Apr 2017 | 3 | Apr 2020 | |
| Fiona O'Donnell | Vice Chair | Y - ELC | | | May 2017 | 3 | May 2020 | |
| Shamin Akhtar | Voting Member | Y - ELC | | | May 2017 | 3 | May 2020 | |
| Stuart Currie | Voting Member | Y - ELC | | | May 2017 | 3 | May 2020 | |
| Sue Kempson | Voting Member | Y - ELC | | | May 2017 | 3 | May 2020 | |
| Margaret McKay | Carer | | Y | | May 2016 | 2 | May 2018 | Ask IJB to agree to extend to August 2018 (is within 3 year max in regulations) |
| Danny Harvie | Independent Sector | | Y | | Jun 2016 | 3 | Jun 2019 | |
| Elaine Johnston | Third Sector | Y - STRiVE | | | Dec 2017 | 2 | Dec 2019 | |
| Richard Fairclough | GP | Y – GP Forum | | | Jul 2015 | 3 | Jul 2018 | Ask GP forum to make a new nomination or re-nominate |
| Marilyn McNeill | Service User | | Y | | Jun 2016 | 3 | Jun 2019 | |

| Name | Role | Nominated | Selected by IJB | Ex Officio | Date | Term of Office | Expiry | Action |
|------------------|--|-----------------|-----------------|------------|----------|----------------|-----------|---|
| Thomas Miller | Union – NHS | Y – NHSL unions | | | Jul 2015 | 3 | Jul 2018 | Ask NHS Unions to make new nomination or renominate |
| Penny Dutton | Union – ELC | Y – ELC unions | | | Mar 2018 | 3 | Mar 2021 | |
| David Small | Chief Officer | | | Y | Aug 2015 | N/A | | |
| David King | Chief Finance Officer (proper officer) | | | Y | Oct 2015 | N/A | | |
| Fiona Duncan | Chief Social Work Officer | | | Y | Jul 2015 | N/A | | |
| Jon Turvill | Registered Medical Practitioner (GP) | Y – NHSL | | | Jul 2015 | 3 | Jul 2018 | Ask NHS Board to make a new nomination or re-nominate |
| Alison MacDonald | Registered Nurse | Y – NHSL | | | Jul 2015 | 3 | Jul 2018 | Ask NHS Board to make a new nomination or re-nominate |
| Judith Tait | Head of Service | | | Y | Apr 2018 | N/A | | |
| Andrew Flapan | Registered Medical Practitioner (not GP) | Y - NHSL | | | Jul 2015 | 3 | July 2018 | Ask NHS Board to make a new nomination or re-nominate |