East Lothian
Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 28 JUNE 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

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Voting Members Present:
Mr P Murray (Chair)
Councillor S Akhtar
Ms F Ireland
Councillor S Kempson
Councillor F O'Donnell
Prof M Whyte (Items 1 – 10)

Non-voting Members Present:
Ms F Duncan
Dr R Fairclough (Items 3 – 14)
Ms E Johnston
Mr D King
Mrs M McKay
Dr M Flynn (*substitute)

Officers from NHS Lothian/East Lothian Council:
Mr P Currie
Ms J Odgen-Smith

Clerk:
Ms F Currie

Apologies:
Councillor S Currie
Ms A MacDonald
Ms M McNeill
Mr T Miller
Mr D Small
Dr J Turvill*

Declarations of Interest:
None

1. MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 24 MAY 2018 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 24 May 2018 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 24 MAY 2018

The following matters arising from the minutes of 24 May were discussed:

Replacement of the Chief Officer – the Chair advised members that Alison MacDonald had been appointed to replace David Small on an interim basis. Her appointment would take effect from 2 July and last between 6 and 9 months.

In response to questions from Margaret McKay and Elaine Johnston, the Chair explained that the decision to appoint an interim had been made by the Chief Executives of East Lothian Council and NHS Lothian and reflected their intention to review the job description for the post before appointing a permanent replacement. He confirmed that arrangements to fill Ms MacDonald's current post were being considered.

3. CHAIR'S REPORT

The Chair reported on two meetings he had attended earlier in the week. Firstly, the IJB Chairs and Vice Chairs Network meeting which had involved speakers from NHS Scotland, CoSLA, the Scottish Government and Audit Scotland. He said that 15 IJBs had been represented and the presentations had covered a range of topics; with two key themes being the use of Directions and more effective use of IT and data sharing. The Chair suggested that these topics be discussed at the IJB's October meeting.

The Chair had also attended the NHS Lothian Board meeting which had included a discussion on the recently published report from the fora on unscheduled care. He said that this report had implications for the work of the IJB and he would circulate an electronic copy to members as soon as it became available.

The Chair also referred to the recent Care Inspectorate report on Drummore Nursing Home. He said he was disappointed with the findings and that care should be of a much higher standard than that described in the report. He also said that the IJB should take every opportunity to comment on care and standards and to encourage the expectation that concerns raised by staff or families would be addressed.

Mrs McKay said that she had made some observations to the Chair previously. Councillor Fiona O'Donnell advised that she had recently received a complaint regarding the transfer of a patient from Liberton to Drummore.

Dr Morgan Flynn referred to a nursing home in another area where a specialist team had been placed in the home for a few months to make the necessary improvements

The Chair thanked members for their input but said that he did not want to enter into a detailed discussion at today's meeting. He would instead raise the matter with the Chief Officer.

4. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

Fiona Ireland reported on the meeting of 8 May at which the Committee had considered the Care Inspectorate report on Belhaven Care Home. She said that the Committee had taken significant assurance that the Action Plan would be delivered, along with a review of the healthcare model.

Councillor O'Donnell asked if there had been any discussion or awareness of problems prior to the inspection. Ms Ireland said that there had been internal feedback and discussion regarding whistleblowing. There was also an internal inspection regime and nursing peer reviews.

Fiona Duncan commented that Belhaven was an interesting site as it included a care home and a hospital. She said that care home staff and nursing staff had very different ways of thinking and working and placing nursing staff in a care home was not the way to resolve issues. This was recognised in the inspection report and she hoped that the service review would provide a positive way forward. She made the point that hospital was very different from a care home; a care home was a home rather than a place of clinical treatment.

The Chair acknowledged this important point and said that it was incumbent on the IJB to encourage positive workforce development where all roles were valued and the staff understood their responsibilities.

5. AUDIT & RISK COMMITTEE (VERBAL)

Margaret McKay reported on the Committee's meeting earlier that day. She outlined the findings of the internal audit report on delayed discharges which she said had provided strong assurance that the processes and monitoring arrangements were working effectively. The only recommendation had been to ensure that the IJB received an update on delayed discharge statistics at each meeting. Mrs McKay also reported the findings of the internal audit report on risk management. This had identified some room for improvement around the monitoring of risks through the risk register and had noted that the risk management strategy and policy had yet to be approved by the IJB. However, this last point was being rectified at today's meeting.

Mrs McKay advised members that one of the key themes of discussion for the last few meetings of the Committee had been the crossover between strategic and operational risks and how best to record and monitor these. It was recognised that the IJB had no mechanism for ensuring regular reporting and monitoring on the delivery of Directions. Although the partners were the bodies responsible for delivering Directions, any failures would impact the IJB's ability to achieve its strategic goals. The Committee had therefore agreed that 'Performance on Directions' should be added to the IJB's risk register.

The Chair concurred with Mrs McKay and noted that at the recent NHS Lothian Board meeting they had discussed their annual operating plan and the requirement for a contribution from the Health & Social Care Partnership. He suggested that the IJB should be asking for all relevant Directions to be included in the plan. Although NHS Lothian were the delivery body, he said it was crucial for the IJB to have oversight of these actions.

Mrs McKay reported that the Committee had discussed issues such as participation and engagement and how to track outcomes and receive feedback in a number of

areas. The IJB needed to ensure that they had the necessary mechanisms in place to identify and address problems that could affect the delivery of Directions.

The Chair observed that the Committee appeared to be on a good footing and would provide a useful scrutiny function going forward.

Councillor Shamin Akhtar asked about actions required in relation to processes, following the internal audit report on Delayed Discharges. Mrs McKay said that it had been clear in the report that the processes were robust but that the IJB needed to consider what was preventing them from reducing delays further, for example, access to services.

6. FINANCIAL UPDATE 2018/19

The Chief Finance Officer had submitted a report to the IJB providing an initial review of the financial position for 2018/19 and reflecting on further developments of the IJB's financial plan.

Mr King presented the report outlining the position as at the year-end for 2017/18 and how this affected the opening position for 2018/19. He advised that NHS Lothian had provided a year-to-date position for month two and a year-end forecast. These figures had demonstrated the ongoing pressures within hosted and set aside budgets and the IJB would continue to discuss actions with NHS Lothian. He said that the Council had been had not, at this time, struck a month 2 position. However, he hoped that the Quarter 1 figures for both the Council and NHS Lothian would be available in time for him to present them to the IJB at its August meeting.

Mr King also reported on his meetings with officers within NHS Lothian and East Lothian Council and the agreements reached regarding closer oversight, as well as principles and strategy for future financial planning.

Decision

The IJB agreed to:

(i) Note the update on the 2018/19 projected financial position; and
(ii) Support further developments of the IJB's financial plan.

7. 2017/18 ANNUAL ACCOUNTS

The Chief Finance Officer had submitted a report to the IJB presenting the IJB's draft (unaudited) Annual Accounts for 2017/18.

Mr King presented the report summarising the key elements of the annual accounts and indicating that the management commentary had been expanded to provide more information on the work of the IJB.

Mr King advised members of one amendment, following a suggestion from Councillor O'Donnell that an example of prevention work be included in the text. On page 10 of the accounts, point no. 3, a sentence would be added stating: "For example this approach is delivered through the link workers project in partnership with the third sector and is emphasised further in the Primary Care Improvement Programme."

The Chair asked members if they were content with the proposed addition. The members agreed.

Mrs McKay said it was worth noting that 2017/18 was the second year running that the IJB had needed additional support from the partners to break even. The Chair acknowledged the point and Mr King advised that this had been included in the management commentary.

Decision

The IJB agreed that the draft annual accounts, as amended, could be published and presented for audit.

8. RISK MANAGEMENT STRATEGY AND POLICY

The Chief Finance Officer had submitted a report to the IJB laying out its risk management strategy and risk management policy.

Mr King presented the report explaining the background to the development of the strategy and policy. He indicated that the revised draft had been presented to the Audit & Risk Committee who had recommended its approval by the IJB.

The Chair made some comments on the draft policy and strategy in relation to avoiding duplication of effort between the IJB and its partners; the role of Directions in linking strategic and operational risks; and the inclusion of NHS Lothian's unified assurance methodology as part of the IJB's risk management processes.

Decision

The IJB agreed:

(i) the draft risk management strategy; and
(ii) the draft risk management policy.

9. PRIMARY CARE IMPROVEMENT PLAN

The Chief Officer had submitted a report to the IJB presenting the East Lothian Primary Care Improvement Plan (PCIP) which is required as part of the process of delivering the new General Medical Services (GMS) contract for GPs across Scotland.

Paul Currie presented the report summarising the background to the GMS contract and the requirement for the PCIP. He explained that, as well as delivering the GMS contract, the PCIP was also required to develop priority areas of service redesign including vaccinations, community treatment and care services, community mental health and community link workers.

Mr Currie outlined the consultation process involved in the development of the PCIP and said that the three month timescale for development and approval had proved challenging. He advised that the PCIP had been approved by the Lothian GP Sub Committee on 11 June 2018 and, if approved by the IJB, it would be submitted to the Scottish Government on 2 July. The next stage would be to prepare an implementation plan to deliver the PCIP and this would be the subject of further consultations. He added that an Integrated Impact Assessment had been carried out and its findings would also be taken into account.

Mr King provided a summary of the resources connected with the PCIP and the monies which would be made available to IJBs over the next two years. He also confirmed that

discussions had yet to take place on funding some aspects of the work, such as changing vaccination delivery.

In response to questions from members, Mr King provided further advice on aspects of the funding arrangements and East Lothian's share of the resources provided by the Scottish Government. He acknowledged that the whole contract was very ambitious and that further discussions on priorities and funding would be required in later years.

Responding to further questions he confirmed that resources for mental health services were included within the Primary Care Transformation Fund but that the total amount available had not been broken down.

Mr Currie explained that Link workers had been included in the PCIP because they provided important support to primary care workers. He advised that he would be working with STRiVE and others as part of the engagement on the implementation plan. He said that part of the purpose of the PCIP was to encourage GPs and others to look at new ways of working, to consider whether premises remain fit for purpose, and to promote supported self-care and management of long-term conditions such as diabetes.

Councillor O'Donnell commented on the need to consider alternative providers for the community Link Worker provision and mentioned the Citizens Advice Bureau (CAB) as a previous provider.

On the issue of premises, the Chair indicated that any proposals which required additional funding would need to be brought forward at an early stage as NHS Lothian set their capital investment budget for a five year period.

Richard Fairclough said that, as a GP working in a large urban practice, he welcomed the PCIP. He believed that it was coming at a time when there were huge challenges in primary care and he welcomed the shift in focus to a model of multi-disciplinary led care. He noted that the level of engagement had varied in different areas and that the compatibility of the PCIP with the GP contract would require to be kept under review. He stated that there needed to be an equitable delivery of services across East Lothian but he acknowledged the funding challenges and emphasised the importance of assessing need. He also recognised the challenges of an increasing population; recruitment of GPs and other allied health professionals and gaps in the skills sets of existing staff. However, he welcomed the support the PCIP gave to the delivery of urgent care and in drawing the focus away from GPs to allow them to concentrate on the delivery of quality, long-term care.

Dr Flynn commented that the East Lothian PCIP was more integrated than those of other areas and had GP services tailored into it. He commended the team who had developed the PCIP despite the huge pressure of a three month timeframe. He referred to the recent situation in Musselburgh and the need to target resources in a more focused way. He also expressed concern about the lack of sufficient allied health professionals to deliver the PCIP and whether it would be possible to recruit the numbers of staff required. Nonetheless, he believed that the PCIP represented a positive attempt to address these issues.

The Chair said that concerns about the ability to meet the personnel requirements within the PCIP would be recorded in the minutes.

Ms Johnston observed that there was a difference between consulting and engaging and that it was important to start having conversations at an early stage. She referred to a very useful meeting she had had recently with Third Sector colleagues and said that this was an area where they could get involved in engaging with the public. She

also reminded members of the need to think beyond GP surgeries to other places where primary care services were available and to consider the role of these services in prevention work. Lastly, she suggested that if the IJB was to review its Strategic Plan by March 2019 then the engagement work needed to begin now.

Councillor O'Donnell reflected on Dr Fairclough's point about equity of resources across the county. She said that it was important to consider the full range of need within each area as there would be variations which would affect the level of services and resources required. She also raised some concerns about the lack of uptake of CMS prescribing.

Dr Flynn outlined the background of CMS prescribing and his experiences in North Berwick. He said that it had been seen as a bit of a cumbersome process but that it was designed to benefit GPs and practices were being asked to increase their use of the service. Dr Fairclough added that pharmacy support would be very helpful in the setting up stage.

Jane Ogden-Smith advised that, in addition to the consultations carried out, work on the PCIP had been informed by feedback from previous engagement activities such as the 'Big Conversation' events.

Mrs McKay said that she was very excited by the PCIP. However, there was a general lack of awareness within the general public of the services that were already available. As well as a plan for engagement, she stressed the need for a campaign to encourage a change in the mindset of the public. She added that the Scottish Government should consider a national campaign to encourage people to think differently about the services they required.

The Chair said he intended to raise the need for a national campaign at the next Ministerial Strategy Group meeting.

Dr Fairclough, Councillor O'Donnell and Councillor Kempson also agreed that there was a need to educate the public to think differently about primary care services.

Ms Ogden-Smith indicated that work was already underway and that one suggestion had been to develop a video which could be shown in surgeries. She added that this could be done locally and designed to show patients how to access specific services. The Chair considered this to be an excellent way forward.

Ms Ireland said she was hugely supportive of the PCIP and the integrated way in which it had been developed. She said that the key would be how to link this in with the workforce plan.

The Chair brought the discussion to a close. He noted that the positive comments on the PCIP and, although there had been issues around the level of engagement during the initial stages, this would be addressed during the next stage of the process.

Decision

The IJB agreed to:

(i) note the requirement for the IJB to work with partners to support introduction of a new General Medical Services (GMS) contract for GPs;

(ii) note the work over recent months to engage with a wide range of stakeholders in the development and finalisation of an East Lothian Primary Care Improvement Plan;

(iii) note the intention of the Improvement Plan to develop the professions within the multidisciplinary primary care team to expand their roles and to direct workload from GPs in practices;

(iv) note East Lothian's progress to date in developing the Collaborative Working for Immediate Care (CWIC) Team and the Care Home Team to deliver new and innovative primary care services;

(v) approve the East Lothian Primary Care Improvement Plan which will form the basis of work to further develop primary care services and to deliver the GMS contract requirements in the next three years.

10. PERFORMANCE AGAINST NATIONAL INDICATORS FOR 2017/18

The Chief Officer had submitted a report informing the IJB of the East Lothian Health and Social Care Partnership's (HSCP) performance in 2017-18 against the agreed suite of national indicators.

Mr Currie presented the report outlining the background to the survey and taking members through the individual results for each of the indicators. He said that this followed on from previous performance reports presented to the IJB and represented a mixed picture of results. He reminded members that this was based on performance in 2016/17 and a response level equivalent to 1% of the population.

The Chair added that it was important to bear in mind the difference between results based on perception and those based on fact. Although overall the results read badly when compared to peer IJBs, he believed that the key issues could be addressed by educating the public about services and through the use of Directions.

Councillor Kempson observed that individuals who have complaints are generally more likely to return surveys than those who are content with the service.

Mrs McKay also questioned the validity of the sample but stated that if levels of satisfaction had gone down from last year then that was an issue; the IJB needed to understand why things had changed.

Ms Odgen-Smith explained the timing of the survey may have affected responses as it had coincided with significant events such as the closure of a GP practice and worry over the reprovision of Belhaven and other sites.

Dr Flynn and Dr Fairclough commented on the expectations of patients and their perception of how changes to services will impact on them. Dr Fairclough added that negative media is always more prevalent than positive messages and this needed to be addressed.

Ms Duncan commented that the results seemed skewed and a whole population demographic appeared to be missing.

In response to questions from Ms Johnston, Ms Ogden-Smith advised that the survey was sent to a random sample of residents and she provided examples of other surveys undertaken which included some similar questions.

The Chair concluded that although they could not dismiss the results, it would be useful to understand more about the methodology and to cross reference the results with other survey information.

Decision

The IJB agreed to:

(i) note that as previously agreed trend data had been developed for the national indicators to better present performance changes over time and to make interpretation easier compared to 'snapshot' data;
(ii) note that the East Lothian HSCP Data Performance Group had brought together individuals from East Lothian and NHS Lothian to develop performance monitoring and reporting approaches;
(iii) discuss the 2017-18 performance set out in the report which follow and note changes compared to performance in 2016-17 and in previous years.

11. MEMBERSHIP OF THE IJB AND THE AUDIT & RISK COMMITTEE

The Chief Officer had submitted a report informing the IJB of the renomination of members by NHS Lothian, the GP Forum and the NHS Lothian staff unions and to provide an update on progress with the selection of permanent replacements for the roles of independent sector and carers' representatives on the IJB.

The report also sought approval for a change of membership on the Audit & Risk Committee.

Mr King presented the report outlining the background and proposed actions in relation to recruitment of new independent sector and carers' representatives. The Chair added that during selection they needed to ensure that the representatives had a broad view of their sector rather than a singular focus.

Councillor O'Donnell asked about the balance of NHS and Council members on the Audit & Risk Committee. She offered to remove herself from the membership if the 3:2 split was likely to cause any difficulty.

The Chair agreed to discuss the situation with the NHS Lothian Board and feedback to the IJB. He indicated that his preference would be for 2 members from each partner. In the meantime, he invited members to agree the recommendations as set out in the report.

Decision

The IJB agreed to:

(i) note the renomination of Alex Joyce, Alison MacDonald, Jon Turvill, Andrew Flapan, Thomas Miller and Richard Fairclough as voting and non-voting members of the IJB for the maximum three year term;
(ii) note the actions underway to select permanent replacements for the roles of independent sector and carers' representatives on the IJB; and
(iii) approve the appointment of Councillor Susan Kempson as member and chair of the Audit & Risk Committee, in place of Margaret McKay.

12. APPOINTMENT OF AN INTERIM CHIEF OFFICER

The Chief Officer had submitted a report asking the IJB to consider and approve the appointment of the Chief Officer of the IJB on an interim basis.

Mr King presented the report asking members to approve the interim appointment.

Decision

The IJB approved the recommendation made by the Appointment Committee as to the appointment of a Chief Officer, on an interim basis for 6 months.

13. IJB MEETING DATES FOR 2018/19

The Chief Officer had submitted a report setting the dates of meetings of the IJB for 2018/19.

The Chair presented the report inviting members to agree the proposed dates as outlined.

Decision

The IJB approved the dates for meetings during session 2018/19, including development sessions, as set out in the report.

SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION

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

Minutes of other Groups of Relevance to the IJB (for noting):

- **MELDAP Strategic Group – 5 December 2017**

The IJB agreed to note the minutes of the meeting of the MELDAP Strategic Group on 5 December 2017.

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 August 2018

BY: Interim Chief Officer

SUBJECT: Appointment of Chief Finance Officer

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1 PURPOSE

1.1 The report asks the IJB to approve the appointment of a new Chief Finance Officer (Section 95 officer) to replace the current CFO who is retiring at the end of September 2018.

2 RECOMMENDATIONS

2.1 The IJB is asked to approve the appointment of Claire Flanagan as the Chief Finance Officer for East Lothian IJB. This appointment to be effective from 1 October 2018.

3 BACKGROUND

3.1 A paper was presented to the IJB at its April 2018 meeting explaining that the current Chief Finance Officer is going to retire at the end of September 2018 and laying out the process for the selection of a candidate to be offered to the IJB to undertake the role of Chief Finance Officer for the IJB.

3.2 Only the IJB can appoint its own Chief Finance Officer but the Integration Scheme described a mechanism whereby the IJB's partners (East Lothian Council and NHS Lothian) can provide the IJB with a suitable candidate.

3.3 The IJB agreed to continue to utilise the current model to support the role of the CFO – that is that the role is not considered to be full time and that the proposed candidate will undertake the role of Chief Finance officer for East Lothian IJB and the role of Chief Finance officer of Mid Lothian IJB.

3.4 An interview was held on 17 July 2018 with the panel including representatives from the IJB, NHS Lothian, East Lothian Council and

Mid Lothian IJB. The panel unanimously agreed to recommend Claire Flanagan for the role.

3.5 Claire is current an employee of NHS Lothian and will be seconded by NHS Lothian to this role.

3.6 In order to ensure that the Annual Accounts are signed off by the current CFO – in the interests of continuity and governance – it is recommended that this appointment is effective from 1 October 2018. The current CFO can therefore sign off the 2017/18 annual accounts.

4 ENGAGEMENT

4.1 The post was advertised within East Lothian Council, Midlothian Council and NHS Lothian.

5 POLICY IMPLICATIONS

5.1 There are no new policy implications arsing from this paper

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial – There are no further resources implications from this appointment. The Integration Scheme lays out that the partners will provide – at no charge – a CFO to the IJB. This post will be funded by NHS Lothian.

7.2 Personnel – none.

7.3 Other – none.

8 BACKGROUND PAPERS

8.1 Process for the appointment of the CFO - report to the IJB, April 2018.

AUTHOR'S NAME	Alison MacDonald
DESIGNATION	Interim Chief Officer
CONTACT INFO	Alison.X.MacDonald@nhslothian.scot.nhs.uk
DATE	16 August 2018

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 August 2018

BY: Interim Chief Officer

SUBJECT: East Lothian Clinical and Care Governance Framework

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1 PURPOSE

1.1 There is a requirement that the East Lothian Integration Joint Board (IJB)/Health and Social Care Partnership has in place a Clinical and Care Governance Framework that meets the requirements of the 5 principles set out in the National Framework 2014 (see appendix 1, Draft Clinical and Care Governance framework for ELHSCP).

1.2 This paper highlights the steps taken to develop and implement a clinical and care governance framework for the East Lothian IJB/Partnership.

1.3 To provide, for consideration and approval, the outline and associated process documents that will support the delivery of a robust assurance process (appendix 1) and the proposed Terms of Reference for the Clinical and Care Governance Committee (appendix 2) suggested as a sub-committee to the IJB.

2 RECOMMENDATIONS

The Board is asked to:

2.1 Approve the development of a Clinical and Care Governance infrastructure.

2.2 Agree the ongoing development and content of the draft framework document (appendix 1). This document will be updated to reflect the feedback from the pilot sites and the IJB and will be re-presented for final approval to the IJB in October 2018.

2.3 Consider and approve the Terms of Reference for the proposed Clinical and Care Governance Committee (appendix 2).

2.4 Agree that the Committee will be a sub-committee of the IJB and will be chaired by an IJB member.

2.5 Approve the intention of holding a staff event to launch the clinical and care governance framework in October 2018.

2.6 Approve the intention that the implementation of this new process will be monitored and reported to the IJB on a regular basis frequency to be agreed.

3 BACKGROUND

3.1 In 2014 the Scottish Government launched the National Health and Well Being Outcomes these having been prescribed by Scottish Ministers in Regulations under section 5 (1) of the Public Bodies (Joint Working) Scotland) Act 2014.

3.2 The national health and well being outcomes apply across all integrated health and social care services and ensure that Health Boards, Local Authorities and Integration Authorities are clear about shared priorities by bringing together responsibility and accountability for their delivery in a human rights based and social justice approach.

3.3 In late 2017 the Chief Operating Officer requested that a small project team be established to progress the development of a Framework

3.4. The Clinical and Care Governance framework proposed has been developed in partnership to ensure that there are explicit and effective lines of accountability across the Health and Social Care Partnership within East Lothian.

4 ENGAGEMENT

4.1 A small planning group was established in late 2017 comprising of senior managers from East Lothian Health and Social Work and included staff identified as the project team (appendix 3).

4.2 A staff event was held in February 2018 setting out the proposed development work and seeking engagement with all service areas. This event was attended by Group, Service Managers and team leads.

4.3 Four areas are currently participating in the testing of the proposed process and associated documents. This test phase is due for completion at the end of September.

4.4 Following the test phase and feedback from both the pilot areas and the IJB the framework and process documents will be further edited and finalised

4.5 An initial Test Committee meeting was held in July with positive feedback.

4.6 If the framework and operational process has been approved, it is the intention to hold an all staff event to launch the Governance Framework in October/November 2018.

4.7 There will be a requirement to support this new process and to continually monitor and evaluate the implementation and impact of the Governance Framework.

5 POLICY IMPLICATIONS

5.1 There will be no direct policy implication in the implementation of this new framework. In order to fulfil the requirements of clinical and care governance staff are required to work within agreed local and national policies, procedures, guidance protocols and standards of practice.

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.

6.2 The implementation of the assurance process will contribute to positive outcomes for both staff and users of all services.

7 RESOURCE IMPLICATIONS

7.1 The development of the framework, associated documents and the testing of the process has been supported from partnership core funding.

8 BACKGROUND PAPERS

8.1 A number of national papers/documents have been used to inform this work specifically:

- The Public Bodies (Joint Working) (Scotland) Act 2014
- The Schemes of Integration for the Integration Joint Boards
- National Health and Wellbeing Outcomes - 2014
- The National Clinical and Care Governance Framework - December 2015
- The East Lothian Integration Scheme - 2015
- Health and Social Care Standards –My Support My Life - 2017.

- Quality of Care approach/framework – Healthcare Improvement Scotland - December 2017.

AUTHOR'S NAME	Carol Crowther, Lee McGuiness
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DATE	15 August 2018

APPENDICES

Appendix 1 – Draft East Lothian Health and Social Care Partnership, Clinical and Care Governance Framework

Appendix 2 – Draft Terms of Reference for the Clinical and Care Governance Committee

Appendix 3 – Project/Planning Team

Appendix 1

East Lothian Health & Social Care Partnership

Clinical and Care Governance Framework

Draft: **August 10th 2018**

Version: **14**

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Clinical & Care Governance Framework

1. Introduction

The main purpose of the integration of Health, Social Work and Social Care services in Scotland is to improve the wellbeing of people who use such services, in particular those whose needs are complex and require services and support from Health and Social Care at the same time. Integration is intended to achieve improved outcomes for people in line with the National Health and Wellbeing Outcomes (Appendix 1) prescribed by Scottish Ministers in Regulations under Section 5 (1) of the Public Bodies (Joint Working)(Scotland) Act 2014.

The National Health and Wellbeing outcomes apply across all integrated Health and Social Care service, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery. These outcomes, together with the integration planning and delivery principles, are grounded in a human rights based and social justice approach.

This Clinical & Care Governance Framework for East Lothian has been developed to ensure that there are explicit and effective lines of accountability across Health and Social Care as part of the integration scheme. It builds on systems and processes already in place and functioning well whilst developing new ways of gathering and reviewing service data that supports good governance. It sets out the assurance arrangements that will be put in place to ensure high standards of care and professionalism in the services provided throughout East Lothian in relation to:

- Delivery of **Person Centred** services - learning from feedback and complaints, acknowledging the Heath and Social Care Standards – My Support, My Life 2017.
- **Safety** – services / pathways are evidence based and risks are well managed.
- **Effective** - meeting clinical / care / public health standards through local evaluation and external scrutiny and service review.
- **Professional development** - ensuring staff have access to training to maintain and develop skills / competencies.
- **Improvement** - ensuring that we have the capacity, capability and leadership to develop and redesign services and recognise the need for improvement.
- **Shared Learning** – provide support and resources to ensure that any learning from adverse events / incidents are shared across the organisation.
- **Escalation Process** – ensuring that there is a robust and widely known process through which staff, patients and service users can raise concerns.

The Governance Framework outlines the roles, function and focus regarding care and professional governance for the range of staff / professionals involved with the planning and delivery of integrated health and social care services within East Lothian. This framework will evolve in the light of experience with joint working and local requirements for service development. Oversight

of the assurance process will be the remit of the East Lothian Clinical & Care Governance Committee (ELCCGC) established in July 2018. (See Appendix 2 Terms of Reference)

2. What is clinical and care governance?

A National Framework for Clinical and Care Governance was developed in 2014 and defines clinical and care governance as *'the process by which accountability for the quality of health and social care is monitored and assured' it* should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation – built upon partnership and collaboration within teams and between health and social care professionals and managers. It is the way by which structures and processes assure Integration Joint Boards, Health Boards and Local Authorities that this is happening whilst at the same time empowering clinical and care staff to contribute to the improvement of quality and making sure that there is a strong voice of the people and communities who use services.

The 'National Framework' in 2014 identified five key principles of clinical and care governance (see below) and five process steps to support clinical and care governance (see Appendix 3):

1. Clearly defined governance functions and roles are performed effectively.
2. Values of openness and accountability are promoted and demonstrated through actions.
3. Informed and transparent decisions are taken to ensure continuous quality improvement.
4. Staff are supported and developed.
5. All actions are focused on the provision of high quality, safe, effective and person-centred services.

Clinical and care governance is composed of the following elements:

- Safe and effective practice & care
- Person centred practice & care
- Responsibility and accountability
- Capacity and capability
- Team work
- Service user experience

All aspects of governance are set within the context of the legal and strategic aims of The Scheme of Integration for the Integration Joint Board (IJB) May 2015 along with the Strategic Plan 2016/19 and the directions set by the IJB.

Clinical and care governance including professional governance for the health and social care services provided in East Lothian will be monitored through the governance and assurance process developed by the East Lothian Clinical & Care Governance Committee (ELCCGC) (see Appendix 4, the governance and assurance process). This framework has been jointly developed through consideration of the existing governance arrangements of the key parties, namely East Lothian

Council and NHS Lothian Health Board and acknowledges the standards and requirements of other relevant bodies e.g. The Care Inspectorate and Healthcare Improvement Scotland (HIS).

3. What is Professional Governance?

Professional governance is an accountability framework that empowers Health and Social Care professionals at the front line to collaborate effectively in the delivery of services. Central to this is the creation of an environment which enables practitioners to:

- Practice in accordance with their professional standards, codes of conduct and organisational values.
- Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
- Ensure the best possible care and treatment experience for service users and families.
- Provide accurate information on quality of care and highlight areas of concern and risk as required.
- Work in partnership with management, service users and carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
- Speak up when they see practice that endangers the safety of patients, service users or staff in line with local whistle-blowing policy and regulatory requirements.
- Engage with colleagues, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

The overarching Governance Framework along with associated policies, procedures and systems will provide assurance to the Integration Joint Board, East Lothian Council and Lothian Health Board, that effective processes for Health and Social Care practice are in place and implemented to develop, support and monitor care standards within agreed accountability and governance frameworks.

Professional Lead Officers

There are statutory functions (set out by the Scottish Government Directorate for Health and Social Care) relating to the assurance that professional standards are maintained. The Professional Lead Officers for the East Lothian Health and Social Care Partnership will provide professional advice to, or raise issues directly with the Integration Joint Board or through representatives on the IJB. In addition, the Professional Lead Officers will be responsible for reporting directly to the Council or Health Board.

The professional lead officers are -

- Chief Social Work Officer
- Clinical Director
- Chief Nurse

These individuals have a specific remit for ensuring that professional assurance arrangements are in place, are effective and appropriately monitored. This Governance Framework for all Health and Social Care professions working across the services in East Lothian has been developed to reflect the lines of accountability within the joint working arrangements across the health and social care services. The lines of accountability will be assured through the reporting of activity to the ELCCGC.

In addition, the ELCCGC will seek to ensure that the principles and standards of clinical and care governance are applied to the health improvement and health protection activities of the Partnership and that appropriate mechanisms are in place for the effective engagement of representatives of patients, clinical staff and other professionals in clinical, care and professional governance activities.

The ELCCGC will have representation from key professional groups. These individuals will support the development of the work of the ELCCGC and will contribute to the monitoring and assurance process.

Committee Membership:

- Medicine
- Nursing
- Social Work
- Allied Health Professions (AHP)
- IJ Board
- Communications
- Health Care Planning
- Public Protection
- Public / Carer Representation
- Others as required

4. Accountabilities for Clinical and Care Governance

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

The Accountable Officers are:

Chief Executives

The Chief Executive Officers of the Council and the Health Board hold ultimate accountability for the delivery of clinical, care and professional governance.

Chief Officer of the Integration Joint Board

The Chief Officer manages the integrated services of the Integration Scheme and is accountable for this through the Parties Chief Executives. The Chief Officer is accountable for the care standards and safe delivery of these services, for example, ensuring that they are person centred, effective and delivered to agreed clinical and care governance standards. The ELCCGC will act as the scrutiny mechanism to provide this assurance to the Chief Officer.

The management structure for operational delivery of the integrated services managed by the Chief Officer is through a single hierarchical management structure.

The Chief Officer reports directly to both the Chief Executive of the Council and the Chief Executive of the Health Board and is a full member of the senior management teams of both the Council and the Health Board.

Working alongside the Chief Officer, the parties will ensure that all staff working in integrated services has the necessary skills and knowledge to deliver the appropriate standards of care. Managers of Health Board and Council staff will promote best practice and cohesive working, and provide guidance and development to their teams. This will include effective staff supervision and implementation of staff support policies.

The Chief Social Work Officer (CSWO)

The CSWO, holds professional and operational accountability for the delivery of safe and innovative social work and social care services in East Lothian. The CSWO will provide professional advice to the Council and the Integration Joint Board, in respect of the delivery of social work and social care services by Council staff and commissioned care providers in the Integration Joint Board.

Clinical Director

The Clinical Director is professionally accountable for the quality of the medical services provided by the IJB (including those commissioned by the IJB).

Chief Nurse

The Chief Nurse is professionally accountable for the quality of the nursing, midwifery and AHP services provided in East Lothian. The Chief Nurse will provide professional advice to the Health Board and the Integration Joint Board (IJB) to ensure that nursing, midwifery and AHP services are safe, effective and person centred. The Chief Nurse has a specific remit for ensuring that there is patient engagement in the development of services, that clinical and care standards are met and that validated workforce planning tools are used to underpin workforce and skill mix model development.

The Chief Officer and the Professional Leads will liaise regularly to ensure that their respective roles in relation to professional standards are met.

5. Related Governance (Assurance) Groups and Forums within East Lothian

There are a number of groups and forums within East Lothian who are operationally responsible for monitoring local activities e.g. health and safety, resilience, care homes, public protection, unexpected deaths - adults and children. These groups will provide regular reports to the ELCCGC ensuring that this core assurance group is kept abreast of activity, changes and concerns., (see Appendix 4)

In addition to the Group Service Managers, representatives from the Public Protection team, Health and Safety, the GP Quality clusters and others will be invited to attend the ELCCGC to present the work of their service and to highlight good practice, innovation and areas of risk or concern.

6. Internal Monitoring and Self Evaluation

Having quality information about the outcomes and impacts being achieved can help an organisation to better understand the needs of the people using the service and its staff. Self-evaluation contributes to continuous quality improvement by providing a structured opportunity to assess performance, and based on this, identify opportunities for improvement. Regular self-evaluation forms part of good internal governance and is a key driver for local improvement work. Quality improvement on the basis of self-evaluation, rather than that which is solely mandated by external agencies can inspire greater local ownership of issues and design of more effective solutions.

Staff throughout the organisation currently collect and discuss data relevant to their service area and this will continue. Each Group Service Manager will set up a process whereby they will meet and discuss on a regular basis their service activity, performance and outcomes. This assurance activity will now be routine through the governance and assurance processes (see Appendix 4)

7. External Evaluation & Inspection

Inspection, audit and evaluation all play an active role in determining whether or not a service is meeting their key requirements and delivering care and treatment in a safe, effective and person centred way. A number of external scrutiny bodies have worked with the East Lothian Partnership in the past and will continue to work with the organisation in the monitoring of services. The Joint Inspection of Adult Services by the Care Inspectorate and Healthcare Improvement Scotland is one such ongoing external quality assurance process.

Through both internal self-evaluation, reporting and monitoring and independent validation through external scrutiny regimes, the organisation will be able to provide public assurance and demonstrate its accountability in action. The outputs from such activity will identify where things could be improved and will inform and drive good and innovative practice throughout.

In December 2017, Healthcare Improvement Scotland published its 'Quality of Care Approach'. The quality of care approach shifts the focus from quality assurance of services being "done to" organisations to an approach that, where possible, quality assurance and any resultant "intervention" is "done with" them. Open and honest organisational self-evaluation is fundamental to the approach. The Quality Framework is a tool that has been designed to support both self-evaluation for local reflection, evaluation and decision making about how best to improve outcomes for users of healthcare services, and, external quality assurance activity. It follows a common structure to the frameworks used by external quality assurance partners in social care, local authorities and education. Using a common language and structure across agencies can help reduce the burden of external quality assurance activity by making it easier to see where data and information collected for one purpose can usefully inform another. (See Appendix 4b for an overview of the Quality framework and domains).

8. References

The following documents have been considered in the development of this framework

- Public Bodies (Joint working)(Scotland) act 2014
- The scheme of Integration for the Integration Joint Boards - 2015
- National health and Well being outcomes - Health and Social Care Integration xxxxx
- The National Clinical and Care Governance Framework December 2015
- Health and Social care Standards - My Support, My Life. 2017
- Quality of Care Approach / Framework - Health Care Improvement Scotland. December 2017.

Appendices:

Appendix 1: National Health and Wellbeing Outcomes under Health and Social Care Integration
Appendix 2: Terms of Reference of the ELCCG Committee
Appendix 3: Five Process Steps to Support Clinical and Care Governance
Appendix 4: Governance & Assurance Process: A Suite of Documents
Appendix 5: Glossary of Terms

Appendix 1

National Health and Wellbeing Outcomes under Health and Social Care Integration

The National Health and Wellbeing Outcomes are high-level statements of what Health and Social Care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across Health and Social Care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2	People, who are frail, including those with disabilities or long term conditions, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4	Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5	Health and Social Care services contribute to reducing Health inequalities.
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
Outcome 7	People using Health and Social Care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 8	People who work in Health and Social Care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 9	Resources are used effectively and efficiently in the provision of Health and Social Care services.

Appendix 2

East Lothian Health and Social Care Partnership
Clinical and Care Governance Committee
Terms of Reference

Purpose / Role of Committee

The following terms of reference sets out the membership, remit, responsibilities and reporting arrangements for this subcommittee of the Integration Joint Board (IJB). The Committee will act to review and assure the East Lothian IJB, NHS Lothian and the East Lothian Council in relation to the quality of care service delivery and user experience, demonstrating that those systems in place provide early recognition of issues which ensures that appropriate action is taken.

1. Membership

- IJB representative (Chair)
- IJB representation x 2 to include Public / Carer
- Chief Nurse (depute chair)
- Clinical Director
- Chief Social Work Officer
- Lead AHP
- Manager East and Midlothian Public Protection Team
- Deputy Chief Nurse
- Heads of Service
- Strategic Group Manager

In attendance as required

- Administrative support
- Service group representatives
- GP quality cluster representation
- Quality & Scrutiny Groups (Chair) e.g. Health and Safety
- Partnership
- Others as determined by agenda

Quorum

The Committee will be considered quorate if the Chair and / or deputy plus 4 members are in attendance.

2. Remit and Responsibilities

Clinical Effectiveness

The Committee is responsible for overseeing clinical & care governance and quality assurance processes across the Partnership including Professional regulation. The

committee will assure the IJB, NHS Lothian and East Lothian Council that all activity relating to health and social care provision meets requirements, inclusive of pre determined standards and legislation. The Committee will develop, implement and maintain an organisation–wide process for clinical and care governance.

The Committee will receive and review data / information relating to:

- Significant Adverse events (SAE)
- Complaints and concerns
- Public protection
- Medication and other care / service related incidents
- Whistle-blowing as it relates to clinical and care issues

Inclusive of trends themes and outcomes from:

- Investigations of Unexpected deaths (adult and children)
- Independent and local audit and Inspection e.g. Quality of Care
- Other clinical and care governance issues

In addition the Committee members will:

- Review the impact and lessons learned from adverse events and implement improvement across the organisation and follow up on outstanding action plans.
- Ensure that robust public protection / safe guarding arrangements are in place and in use.
- Ensure that robust systems are in place for the implementation of all aspects of 'Duty of Candour' and any reporting requirements.
- Review any circumstance / situation that places the integrity of the Partnership / IJB / service users at risk.
- Ensure that governance systems are robust and that policies and procedures applied to service activities are regularly reviewed and updated as required and in response to concerns and or new legislation.
- Consider issues of concern raised by staff where they believe that patients/ service users care or staff well being is compromised.

Patient / Service User Safety

- Receive and review regular reports from all related governance groups confirming that actions have been taken and lessons have been learned.
- Consider the impact of strategic plans on patient / service user safety and care delivery ensuring concerns are addressed
- Consider the risk / implications of proposed new innovations and ensure any concerns are addressed

Service User Experience and Engagement

The Committee will seek to ensure that wherever possible the views of the public are taken in to account in the planning and delivery of service. This will include the perspective of patients, carers, relatives and wider service users and will include:

- Review and approval of planned public / stakeholder related events

- Receiving and reviewing outcome feedback from engagement / stakeholder events
- Ensuring that lessons are being learned from service user feedback / intelligence

3. Responsibilities of Committee Members

Members of the Committee have a responsibility to:

- Attend meetings having read all circulated papers in advance
- Identify additional agenda items at least 15 days in advance of meeting
- Submit papers for circulation at least 10 days in advance of meeting
- Act as champions and disseminate information and good practice as appropriate
- Uphold the principles of the NHS & Social Service codes and other Professional Bodies.
- Identify a named representative to attend during any absence in attendance

4. Frequency of Meetings

Monthly

5. Reporting

The Committee will provide regular reports (quarterly) to the IJB and as required to NHS Lothian and East Lothian Council and in addition will provide an Annual report to all parties.

6. Administrative Arrangements

The Committee will be supported by an appropriate individual who will be responsible for supporting the Chair and Deputy in the management of the Committee business. Responsibilities will include:

- Ensuring an accurate note of the meeting is recorded and disseminated
- Keeping an action log of required outcomes, sharing and monitoring as required
- Circulating agenda and accompanying papers at least 5 working days in advance of the meeting
- Filing all related papers in accordance with policy and procedure

In addition, there may be occasion where information requires to be discussed in a private session due to its sensitive nature. Where this is a requirement, any recorded detail may be subject to redaction.

7. Date and review

These terms of reference have been approved by the East Lothian IJB and will be reviewed 6 months after the first full meeting of the Clinical and Care Governance Committee and annually thereafter.

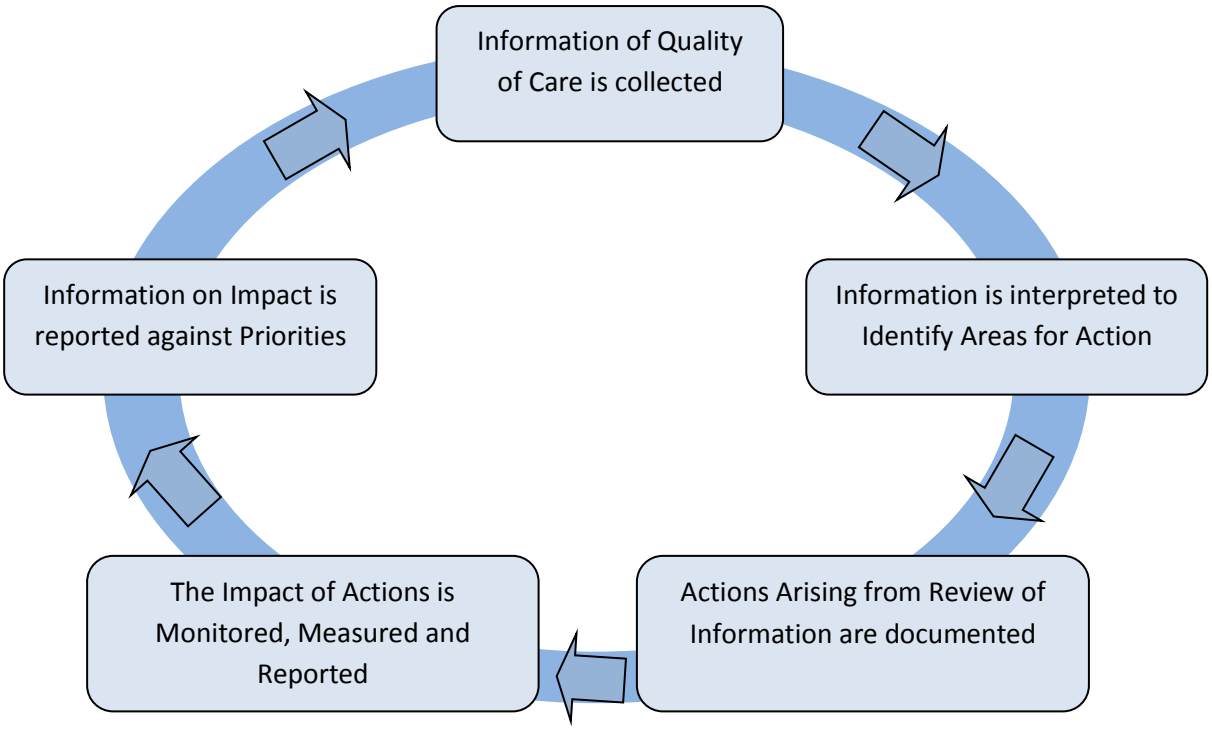
July 2018

Appendix 3

Five Process Steps to Support Clinical and Care Governance

The five process steps to support clinical and care governance as outlined in the Health and Social Care Integration, Public Bodies (Joint Working) (Scotland) Act 2014 – Clinical and Care Governance Framework (The Scottish Government) document are:

1. Information on the safety and quality of care is received.
2. Information is scrutinised to identify areas of action.
3. Actions arising from scrutiny and review of information are documented.
4. The impact of actions is monitored, measured and reported.
5. Information on impact is reported against agreed priorities.



Appendix 4

East Lothian Health and Social Care Partnership
Governance and Assurance Process

July 2018

The IJB have a legal requirement to have regular overview of the activity and governance arrangements in place for the Partnership.

These arrangements will include an assurance that there is a robust system in place that monitors and reports on clinical and care governance issues inclusive of Professional accountabilities and regulatory requirements.

On behalf of the Chief Operating Officer the Clinical and Care Governance Committee is accountable and responsible for giving assurance on all related matters this having been devolved from the Chief Operating Officer to the Professional Leads, the Clinical Director and the Committee.

The following information and suite of documents Appendices 4a - 4j provides the governance & assurance framework through which each service area will report and provide assurances on their performance , professional regulation requirements and all related aspects of clinical and care governance.

PROCESS

Each service should develop a service profile (appendix 4a) and actively monitor and review their performance, outcomes and achievements. This profile should also outline the service and core functions and requirements of the service. The profile should be a 'live' document and should be used regularly to monitor where the service is in relation to their progress against agreed service aims and objectives and include any required improvements, innovations, aspirations and risk.

The Service Managers should agree with their teams the frequency by which the service profile is updated (suggest quarterly). This regular review will support and enable self evaluation of the service by staff as outlined in Health Care Improvement Scotland ' Quality of Care Approach' and 'Quality framework ' (appendix 4b).

The documents developed to support this Governance Framework for East Lothian Health and Social Care Partnership have been informed using the domains described in the Quality of Care Framework. This Quality of Care Framework supports self evaluation and in turn will prepare service areas for any future internal and external scrutiny.

Each service should, in discussion with their Service Manager, develop a process of local monitoring whereby the Service Manager regularly and formally meets with staff (suggest 4-6 weekly) to discuss local activity, performance and any clinical or care governance issues. In addition, each service area, on a daily / weekly basis, should review service performance through informal means – eg – daily huddles, and escalate any concerns where required.

The Service Managers in turn, should meet with their Group Service Manager to agree any required action / escalation and / or ongoing monitoring. This process, demonstrated in the Assurance Pyramid (appendix 4c) and supported through completion of the Team / Service Governance Assurance Report (appendix 4d), will enable each service to celebrate success or raise awareness of risk and concern to the Clinical and Care Governance Committee (the committee) through the submission of Group Service Managers summary reports (Appendix 4e).

The dialogue and feedback from these sessions will enable two way discussions up and down through the service levels of management and governance.

The committee will meet monthly to review and discuss available data inclusive of the Group Service Managers summary reports.

Each service will be given the opportunity to present their progress and key priorities, inclusive of lessons learned and progress towards resolution and improvement

Members of the committee, as in the Terms of Reference, will consider the information provided and seek to determine whether action or assurance is required from any individuals, service or the IJB. This may include seeking an outline of required activity, along with resource requirements and a timeline for expected completion / improvement. Any such issues would remain an active part of the Committee Agenda.

The committee will also consider any existing or identified potential clinical or care risk. These risks may not be supported with tangible evidence however staff may have concerns regarding the potential impact on service delivery and direct clinical and care quality. Escalated risks of any nature which are brought to the committee will be reviewed. The committee will seek to mitigate, identify a solution or a response as required. (Appendix f) The committee will also receive and consider reports from other related assurance / governance groups and prepare, where required, regular assurance reports and accounts for the IJB, the Health Board and the Council . (Appendix 4g).

The committee operates with a pre determined fixed agenda (appendix h) and reporting schedule (appendix i) and will ensure that each area is given a regular dedicated opportunity to present their service to the Committee. During this presentation (appendix 4j) the service areas will be able to identify their successes, ongoing improvement and areas they find challenging and where they might require support.

Through this process, all aspects of clinical and care governance across the Partnership should be explored.

As Identified in the body of the Governance Framework this assurance process will evolve over time and will be supported through many levels of interaction inclusive of arrangements already in place that sees the reporting of information at several levels. (Appendix 4g)

Guidance and support will be given to operational areas in the initial stages of implementation.

Appendices

4 a = Service portfolio template
4 b = Quality of Care approach domains
4 c = East Lothian Clinical and Care Governance Assurance Pyramid
4 d = Team/ Service monthly Governance Assurance Report template – subject to edit following the pilot
4 e = Group Service Managers Summary template – subject to edit following the pilot
4 f = Routes of Escalation – as at 10/08/2018
4 g = Relationship of Clinical and Care governance groups (health and Social care) – as at 10/08/2018
4 h = Committee fixed agenda
4 i = Committee reporting schedule
4 j = Service presentation template
5 = Glossary of Terms – as at 10/08/2018

Appendix 4a: Service Governance Profile

DATE	
1. SERVICE AREA	
Organisations involved	
2. MANAGER OF THE SERVICE	
Manager of the Service Group	

COLUMN HEADINGS

- **SYSTEM USED** – For instance – DATIX, eFinancials, REVO, paper
- **REPORTED TO** – who or what organisation do you report this to?
- **DATE** – Note the date of the last measurement.
- **CURRENT PROGRESS** - + doing well, - not doing well, = on target

Section A – SERVICE DELIVERY					
3. DEFINITION OF THE SERVICE					
Model of Care					
Who gives the care?					
Who is it for?					
4. THE AIM OF THE SERVICE					
5. HOW DO YOU EVIDENCE THAT YOUR SERVICE MEETS USERS' EXPECTATIONS?					
6. HOW DO YOU DEMONSTRATE / ENSURE USER INVOLVEMENT IN CARE PLANNING AND CARE DELIVERY?					
	SYSTEM		***DATE***	***DESCRIPTION OF MEASUREMENT METHOD***	**CURRENT**

	USED	*REPORTED TO?*			**PROGRESS (+, -, =)**
7. Relevant Key Organisational outcomes					
8. Resources	***SYSTEM USED***	***REPORTED TO?***	***DATE***	***DESCRIPTION OF MEASUREMENT METHOD***	**CURRENT PROGRESS (+, -, =)**
Finance					
Cost Efficiencies / effectiveness					
Workforce					
Safe Staffing / Workforce measurement tool used					
Bank / Agency use					
Ability to deploy effectively					
Vacancies					
Turnover					
Sickness Absence %					
Other					
9. Activity					
10. Statutory Duties					
11. Standards	***SYSTEM USED***	***REPORTED TO?***	***DATE***	***DESCRIPTION OF MEASUREMENT METHOD***	**CURRENT PROGRESS (+, -, =)**
Local					
National					
Service/ clinically Specific					
12. Local audit and Inspection	***SYSTEM USED***	***REPORT***	***DATE***	***DESCRIPTION OF MEASUREMENT METHOD***	**CURRENT PROGRESS**

		ED TO?			**(+, -, =)**
Type and frequency					
Current Action Plans					
Other					
13. External Audit and Inspection	***SYSTEM USED***	***REPORT ED TO?***	***DATE***	***DESCRIPTION OF MEASUREMENT METHOD***	**CURRENT PROGRESS (+, -, =)**
Type and frequency					
Current Action Plans					
Other					

COLUMN HEADINGS

- **SYSTEM USED** – For instance – DATIX, eFinancials, REVO, paper

- **REPORTED TO** – who or what organisation do you report this to?
- **CURRENT PROGRESS** - + doing well, - not doing well, = on target

B – OUTCOME AND IMPACT				
14. Feedback / Involvement / Experience	**SYSTEM USED**	**REPORTED TO?**	**COMPLIANCE AUDIT / DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
Patients / Service Users				
Family / Carers / Significant Other				
Staff / paid carers				
3rd Sector Partners				
Community /Public/ Other				
	SYSTEM USED	**REPORTED TO?**	**COMPLIANCE AUDIT / DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
15. Qualitative Data Used			***Describe the mechanisms in place to gather, analyse and use service data for improvement.***	
Monitoring and Observation				
Complaints / Compliments				
Information Sharing across Agencies				
Action Plans				
Audit and Evaluation				
Adverse Incidents				
Other				

COLUMN HEADINGS

- **SYSTEM USED** – For instance – DATIX, eFinancials, REVO, paper.
- **SOURCE** – Where did this come from (probably an organisation)?

- **DATE** – The date of your last check / audit / review.
- **CURRENT PROGRESS** **+** doing well **-** not doing well **=** on target.

C- STAFF AND SERVICE GOVERNANCE ASSURANCE					
16. LEADERSHIP AND STAFF DEVELOPMENT	**SYSTEM USED**	**SOURCE**	**DATE**	**COMPLIANCE AUDIT / DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
Are there learning and CPD opportunities integrated into Job Plans / appraisals?					
Is continual professional development and learning and CPD opportunities included in each staff members PDP?					
Open and fair culture – staff feel able to report problems and know who to go to					
Does your service have opportunities to inspire leadership?					
17. POLICY AND PROCEDURES	**SYSTEM USED**	**SOURCE**	**DATE**	**COMPLIANCE AUDIT / DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
Implementation of new					
Updating and monitoring of local					

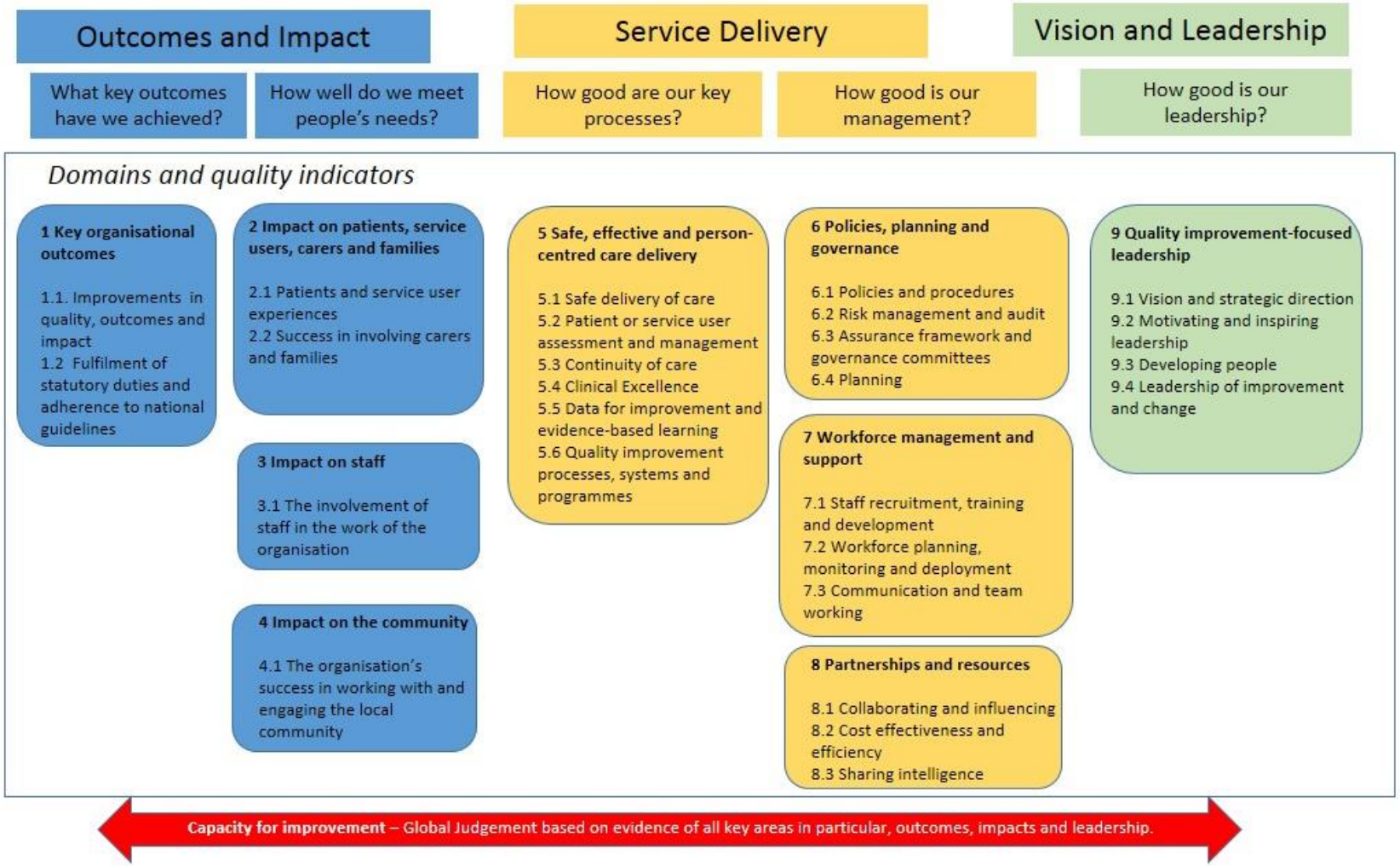
Governance Framework					
Employee Relations					
Professional Regulation					
Incident Management					
Health and Safety					
Medicines Management					
Other					
18. RISK MANAGEMENT	**SYSTEM USED**	**SOURCE**	**DATE**	**COMPLIANCE AUDIT / DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
Risk Register exists					
Regularly reviewed					
All risks under control					
Other					
19. RELEVANT GROUPS AND MEETINGS					

This section is used to explore the issues in SECTIONS A, B and C where a **+** or a **–** has been used in the right hand column (NOT the **=**). This section provides a summary of the successes and pressures in your service.

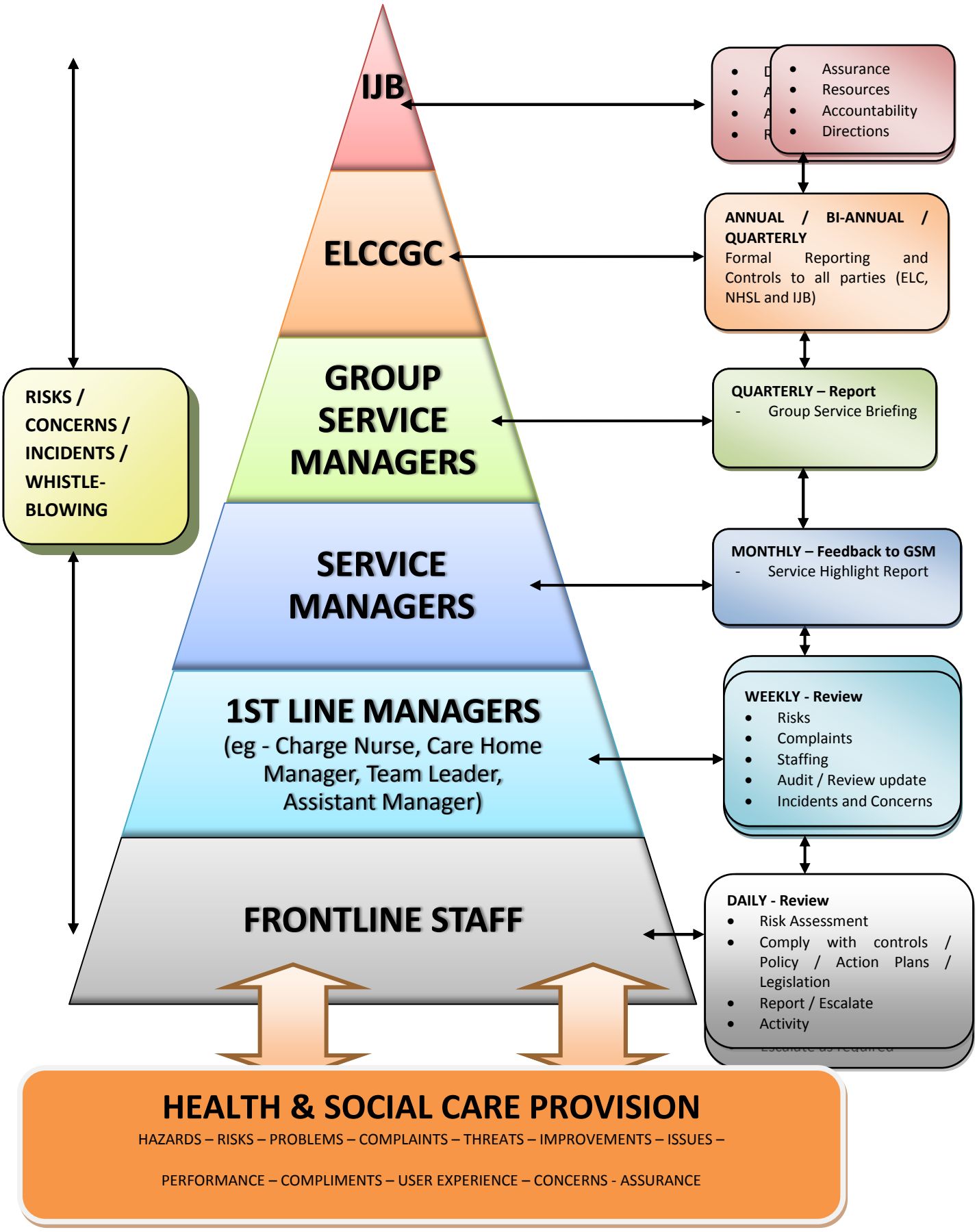
D - CURRENT IMPROVEMENTS / PRESSURES				
	Section (A, B, C)	**Item No (1 to 19)**	**DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
SUCCESSES – items marked as +				
CHALLENGES – item marked as -				

Completed By - _____ Date _____

Appendix 4b: Overview of the Quality of Care Framework and Domains



Appendix 4c: Governance Assurance Process Pyramid



4d: Service/ Team Monthly Report Template

Team / Service level Governance assurance report template

DATE	
1. Team/ Service	
2. Team Manager	
3. Service Manager	

4. THE AIM OF THE SERVICE		
5. Key organisational outcomes	Team/ Service Level	
	ELHSCP/ Local	
	ELC/ NHS Regional	
	National	

Item No	Domain: **Service delivery /performance (effective)**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks (RAG)	Escalated to	Actions
1.1	Key activities									
1.2	progress against service plan (HEAT, waiting lists etc)									
2	Domain: **Resource management (effective, workforce ,Governance)**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks (RAG)	Escalated to	Actions
2.1	budget -	financial position - impact on service								
2.2	staffing -	vacancies, turnover, sickness absence, use of bank/agency - impact on service delivery								
		Supervision Themes , workload management/, stressors								
2.3	HR issues									
3	Domain: **Assurance (safe,effective,person centred)**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks	Escalated to	Actions

								(RAG)		
3.1	Audit									
	Inspections									
	Care Regulation									
3.2	Adverse events	Ongoing investigations								
		Learning outcomes/ Action Plans								
3.3	Complaints/	Specific cases of note/ Investigations								
		Concerning trends								
3.4	Public Protection Issues									
3.5	Professional	Registrations/ Fitness to Practice								
4	**Domain: Quality (Improvement/effective/person centred)**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks (RAG)	Escalated to	Actions
4.1	Quality Improvement Initiatives									
4.2	PQI, Local Audit									
4.3	Improvement / Action plans progress									
4.4	Meeting Standards									
5	**Domain: Leadership**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks	Escalated to	Actions

								(RAG)		
5.1	Achievements/ celebration									
5.2	Publicity	Positive								
		Adverse								
	Training Initiatives									
	PDP Progress									
	iMatter									
6	**Domain: Person centred**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks (RAG)	Escalated to	Actions
6.1	Feedback: User, Family, Carer									
6.2	Engagement events									
6.3	Involvement : User	User								
		Public								
7	**Domain: Potential Risks / Hazards**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks (RAG)	Escalated to	Actions
7.1	Health & Safety									
7.2										
8	**SUMMARY of priorties / Actions for coming month**									

Domain	Item	Action	Owner	Level	Target	Status	Risk registered?	RAG Rating	Escalated to	
1										
2.										
3										
4										

Appendix 4e : Group Service Managers Monthly Summary report

	Date :	**Manager :**	**Service Group:**
	Domain Item	**Report type**	**Items of Significance/ note**
1	**Service Overviews , Monthly reports**		
1.1	Risks and Concerns	Exceptions / trends	
1.2	Adverse Publicity	Exceptions / trends	
1.3	SAE / DRD / Suicides	Noted Investigations/ trends	
1.4	Unexpected Deaths inc Child	Noted investigations/ trends	
1.5	Complaints / Compliments	Exceptional / Trends/ Lessons Learned	
1.6	Public Protection	Noted investigations/ lessons learned	
1.7	Duty of Candour (Other)	Trends	
1.8	Total incidents (Inc Medication)	Levels/ trends	
1.9	Inspections • Quality of Care • Care Inspectorate • Local audit/ inspections	Outcomes reports	

2.	Workforce		
3.	Health & Safety		
4	Quality Initiatives/ Achievements		
5	*Other (please detail)*		

Appendix f: Routes of Escalation

To be entered here

Appendix G : Relationship of clinical & care governance groups (Health & Social Care)

To be entered here

Appendix 4h EAST LOTHIAN CLINICAL & CARE GOVERNANCE COMMITTEE - Agenda Template – refer to Calendar for month due ([P] - Paper report, [V] - Verbal report, [D] – Discussion)

No	Domain Item	Report Content	Frequency	PRESENTER	TIME
1.0	**Apologies**		**Monthly**	**CHAIR**	
1.1	Previous Minutes		Monthly	CHAIR	
1.2	Action Points		Monthly	CHAIR	
2.0	**Service Group Overview, Monthly Reports[P]**				
2.1	Risks and Concerns	Exceptions / trends	Monthly	All	
	Adverse Publicity			All	
	SAE / DRD / Suicides	Noted Investigations / trends	Monthly	All	
	Unexpected Deaths inc Child			All	
	Complaints / Compliments	Exception / Trends / Lessons Learned	Monthly	All	
	Public Protection	Noted investigations/ lessons learned	Monthly	All	
	Duty of Candour (Other)	Trends	Monthly	All	
	Total incidents (Inc Medication)	Levels / trends	Monthly	All	
		Action plans: New / Progress	Monthly		
		Concerns	Monthly		
2.2	GP Cluster Group	Overview / Update	6 monthly	Cluster Lead	
3	**Service Presentations**				
3.1	Service 1 & Service 2	PPT		Srv Manager	
4	**Policies & Procedures, Consultation & Submission responses[D]**				
4.1	New Policy / Change in Legislation, regulation, standards and any Consultation & Submission Responses	Communications / Impact	Monthly	All	
5	**East Lothian Trends[P]**				
5.1	Complaints	Update / Exceptions	Triannual	Discussion	
5.2	Publicity, Public Engagement	Update / Exceptions	Triannual	Communications Representative	
5.3	Public Protection	Update/ Exceptions	Triannual	Chair of sub group	
5.4	Health and Safety	Update / Exceptions	Quarterly	Chair of sub group	
5.5	SAE	Update	Triannual	Discussion	
5.6	Inspections	Action Plan Progress	Triannual	Discussion	
		External Scrutiny	Triannual	Discussion	
		Local Audit	Triannual	Discussion	
5.7	Related Governance groups • Resilience • Data • Workforce • Pharmacy	Exceptions /Celebrations	6 monthly	TBC	
6	**Reports to : (Drafting, Planning & Preparation, Approval)**				
6.1	IJB / partnership	Executive Reports	Annual	All	
6.2	NHS Lothian		Annual	All	
6.3	East Lothian Council		Annual	All	
7	**AOCB**	Submissions		Chair	
8	**DONM**	As meeting schedule		Chair	

Appendix 4i: ELCCGC Schedule of Reporting

HEALTH AND SOCIAL CARE PROFESSIONAL GOVERNANCE GROUP - CALENDAR

Frequency	Domain	Report Type	Further Detail	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MONTHLY															
	Group Service Reports	Report from all Services													
	Service Area	Presentation - 15 mins	1	G	I		A	C	E	G	I		A	C	E
	Service Area	Presentation - 15 mins	2	H		H	B	D	F	H		J	B	D	F
	Exceptions	Unexpected Deaths / Child Death													
		Complaints / Compliments													
		Public Protection													
		New Inspections													
	New Policy / Change in Legislation	Communications / Impact													
QUARTERLY															
	Complaints / Compliments	Update	Trend				X				X				X
	Publicity, Public Engagement	Update	Trends and Outcomes				X				X				X
	Public Protection	Update	Trend	X				X				X			
	Health & Safety	Update	Trend		X			X			X			X	
	SAE	Update	Trend			X				X				X	
	Inspections	Update	Quality of Care		X				X				X		
		Action Plan Progress	External Scrutiny	X				X				X			
		Update	Local Audit			X				X				X	
6 MONTHLY															
	Primary Care (GP Clusters x 2)		Update	X						X					
	Related Governance Groups	Exceptions / Celebrations	Quality Assurance Group	X						X					
			Resilience		X						X				
			Performance and Planning			X						X			
			Workforce				X						X		
			Quality of Care					X						X	
			Pharmacy						X						X
ANNUAL															
	IJB / partnership	Executive													
	NHS Lothian	Executive						X							
	East Lothian Council	Executive													

LEGEND		
ADULT COMMUNITY (AC)	**A**	Mental Health and Substance Misuse
	B	Adult Community Resources
ONGOING AND ACUTE (OA)	**C**	Ongoing Care Services
	D	Acute Services
CHILDREN AND YOUNG PEOPLE (CYP)	**E**	C and YP Community Services
	F	Long Term Support
CHILDREN'S HEALTH AND FAMILY SUPPORT SERVICES (CHF)	**G**	Children's Health and Family Support Services
ADULT STATUTORY SERVICES (AS)	**H**	Adult Statutory Services
ACCESS AND REHAB (AR)	**I**	Access and Rehabilitation
	J	Assessment, Support and Planning

Version 8 - 02/08/2018

Appendix 4j: Group / Service Presentation Guidance Template

East Lothian
Health & Social Care Partnership

SERVICE GOVERNANCE PRESENTATION

Name of service

Presenters name and Job Title

(Refer to your Service Profile and monthly reports, highlighting areas for celebration and any particular concerns / risks that you would wish the committee to know about)

East Lothian Council NHS Lothian

ASSURANCE and QUALITY

(Consider the impact and service performance in relation to each of the following : highlight any cause for celebration and / or concern)

- Local Audits, PQI, documentation
- External Inspections
- Care Regulations
- Adverse Incidents
- Complaints
- Public Protection
- Professional / Fitness to Practice
- Quality Improvement Initiatives
- Improvement / Action Plans Progress
- Meeting Standards

KEY ORGANISATIONAL OUTCOMES

(Under this heading consider how your service is performing against the following in relation to health and care)

•National targets / standards –
•NHS / ELC Regional Strategic Plans -
•IJB Directions –
•Service Level treatment outcomes –
•Local Aims / objectives -

East Lothian Council NHS Lothian

RESOURCE MANAGEMENT

(Consider the positive and negative impact on service delivery against the following)

•Budget -
•Staffing –
•HR issues –
•Equipment –
•Environment -

East Lothian Council NHS Lothian

POTENTIAL RISKS / HAZARDS

(Please highlight any areas of concern not already mentioned considering)

•Publicity
•Health and Safety (environment & staff)
•Resilience Planning (emergency and business continuity)
•Safety of any aspect of clinical/ care delivery

East Lothian Council NHS Lothian

LEADERSHIP

(Consider under this heading how well the service does in relation to the following and highlight good practice or areas that require support)

•Developing people and partnerships
•Promoting and celebrating achievements
•Supporting Innovation
•Engaging – staff and community
•Workforce wellbeing

NHS

PERSON CENTRED

(Consider how well the service performs under the following headings)

•Using feedback for improvement (staff, service users, carers & family)
•Success in Involving service users and the public
•Enabling and empowering services user choices (Inc. balanced and positive risk decisions).

East Lothian Council NHS Lothian

OUR PRIORITIES FOR ACTION

This is your opportunity to impress on the committee your key priorities and any support required

East Lothian Council NHS Lothian

Appendix 5 Acronyms and Glossary East Lothian Clinical and Care Governance Framework

Acronym/ Word	Title	Definition	
A			
B			
C			

D			
E			
F			
G			

H			
I			
J			
K			

L			
M			
N			
O			

P			
Q			
R			
S			

T			
U			
V			
W			

XYZ			

Appendix 2

East Lothian Health and Social Care Partnership
Clinical and Care Governance Committee
Terms of Reference

Purpose / Role of Committee

The following terms of reference sets out the membership, remit, responsibilities and reporting arrangements for this subcommittee of the Integration Joint Board (IJB). The Committee will act to review and assure the East Lothian IJB, NHS Lothian and the East Lothian Council in relation to the quality of care service delivery and user experience, demonstrating that those systems in place provide early recognition of issues which ensures that appropriate action is taken.

1. Membership

- IJB representative (Chair)
- IJB representation x 2 to include Public / Carer
- Chief Nurse (depute chair)
- Clinical Director
- Chief Social Work Officer
- Lead AHP
- Manager East and Midlothian Public Protection Team
- Deputy Chief Nurse
- Heads of Service
- Strategic Group Manager

In attendance as required

- Administrative support
- Service group representatives
- GP quality cluster representation
- Quality & Scrutiny Groups (Chair) e.g. Health and Safety
- Partnership
- Others as determined by agenda

Quorum

The Committee will be considered quorate if the Chair and / or deputy plus 4 members are in attendance.

2. Remit and Responsibilities

Clinical Effectiveness

The Committee is responsible for overseeing clinical & care governance and quality assurance processes across the Partnership including Professional regulation. The

committee will assure the IJB, NHS Lothian and East Lothian Council that all activity relating to health and social care provision meets requirements, inclusive of pre determined standards and legislation. The Committee will develop, implement and maintain an organisation–wide process for clinical and care governance.

The Committee will receive and review data / information relating to:

- Significant Adverse events (SAE)
- Complaints and concerns
- Public protection
- Medication and other care / service related incidents
- Whistle-blowing as it relates to clinical and care issues

Inclusive of trends themes and outcomes from:

- Investigations of Unexpected deaths (adult and children)
- Independent and local audit and Inspection e.g. Quality of Care
- Other clinical and care governance issues

In addition the Committee members will:

- Review the impact and lessons learned from adverse events and implement improvement across the organisation and follow up on outstanding action plans.
- Ensure that robust public protection / safe guarding arrangements are in place and in use.
- Ensure that robust systems are in place for the implementation of all aspects of 'Duty of Candour' and any reporting requirements.
- Review any circumstance / situation that place the integrity of the Partnership / IJB / service users at risk.
- Ensure that governance systems are robust and that policies and procedures applied to service activities are regularly reviewed and updated as required and in response to concerns and or new legislation.
- Consider issues of concern raised by staff where they believe that patients/ service users care or staff well being is compromised.

Patient / Service User Safety

- Receive and review regular reports from all related governance groups confirming that actions have been taken and lessons have been learned.
- Consider the impact of strategic plans on patient / service user safety and care delivery ensuring concerns are addressed
- Consider the risk / implications of proposed new innovations and ensure any concerns are addressed

Service User Experience and Engagement

The Committee will seek to ensure that wherever possible the views of the public are taken in to account in the planning and delivery of service. This will include the perspective of patients, carers, relatives and wider service users and will include:

- Review and approval of planned public / stakeholder related events

- Receiving and reviewing outcome feedback from engagement / stakeholder events
- Ensuring that lessons are being learned from service user feedback / intelligence

3. Responsibilities of Committee Members

Members of the Committee have a responsibility to:

- Attend meetings having read all circulated papers in advance
- Identify additional agenda items at least 15 days in advance of meeting
- Submit papers for circulation at least 10 days in advance of meeting
- Act as champions and disseminate information and good practice as appropriate
- Uphold the principles of the NHS & Social Service codes and other Professional Bodies.
- Identify a named representative to attend during any absence in attendance

4. Frequency of Meetings

Monthly

5. Reporting

The Committee will provide regular reports (quarterly) to the IJB and as required to NHS Lothian and East Lothian Council and in addition will provide an Annual report to all parties.

6. Administrative Arrangements

The Committee will be supported by an appropriate individual who will be responsible for supporting the Chair and Deputy in the management of the Committee business. Responsibilities will include:

- Ensuring an accurate note of the meeting is recorded and disseminated
- Keeping an action log of required outcomes, sharing and monitoring as required
- Circulating agenda and accompanying papers at least 5 working days in advance of the meeting
- Filing all related papers in accordance with policy and procedure

In addition, there may be occasion where information requires to be discussed in a private session due to its sensitive nature. Where this is a requirement, any recorded detail may be subject to redaction.

7. Date and review

These terms of reference have been approved by the East Lothian IJB and will be reviewed 6 months after the first full meeting of the Clinical and Care Governance Committee and annually thereafter.

July 2018

Appendix 3

East Lothian Health and Care Governance - Planning / Project team

Alison MacDonald - Head of Service /Interim Chief Officer
Fiona Duncan – Chief Social Worker
Lesley Berry – Head of Therapies
Jane-Ogden Smith – Head of Communications
Lorraine Cowan - Group Service Manager
Pauline Fox – Governance support
Carol Crowther – Senior Nurses projects – project Team
Lee McGuinness - Senior Nurse projects - project team

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 August 2018

BY: Interim Chief Officer

9

SUBJECT: East Lothian Integration Joint Board Annual Report for 2017-18

---

1 PURPOSE

1.1 To present to the Integration Joint Board its second annual performance report covering 2017-18, the second year of operation of the IJB.

1.2 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 Approve the draft annual report for 2017-18 (appendix 1) which has been prepared in line with Scottish Government guidance (see 3.3) noting that East Lothian HSCP performance is varied across a number of measures as previously reported to the IJB.

2.2 Approve, as was the case for the 2016-17 annual report, publication of the annual report on the internet and social media only, with paper copies provided if requested and note that no requests for printed copies were received for last year's annual report.

2.3 Note that guidance requires that IJB annual reports are made as *"...accessible as possible to the public..."* To meet this requirement, the annual report will be publicised and made widely available via the IJB's established social media channels and the internet, once completed by the addition of images which are currently awaited.

2.4 Agree that a summary version of the annual report should be produced and made available via social media and the internet, with printed copies supplied on request.

2.5 Note that in line with guidance, annual report data *'...must be included for both the year which the report covers, and the 5 preceding years, or for all previous reporting years, if this is less than 5 years."* For this reason, the 2017-18 annual report includes reference to performance from the preceding year.

3 BACKGROUND

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014, requires the development of Integration Joint Board or Lead Agency arrangements to integrate health and social care services.

3.2 The 2014 Act requires the 'Integration Authority' (Integration Joint Board/Lead Agency) to publish an annual performance report on its achievements in planning and delivering its integration functions.

3.3 The performance report must take into account Scottish Government guidance (http://www.gov.scot/Publications/2016/03/4544/downloads) and has to be published within four months of the end of the year being reported on. For the 2017-18 period this meant the report should have been published by 31 July 2018.

3.4 Because of timing of IJB meetings and the resources required to produce a Primary Care Implementation Plan, the team producing the annual report had to delay its completion. This meant the report had to be scheduled for approval at the August 23 IJB meeting.

3.5 The annual report must be published so that it is available online and disseminated and made accessible to the public and to partners. There is no specific requirement to produce printed copies of the document, but these will be produced on request. No requests were received for a printed copy of the previous year's annual report.

3.6 The Scottish Government guidance requires the report to describe, as a minimum, performance against specific elements:

- National Health and Wellbeing Outcomes
- Core Integration Indicators
- Financial Performance
- Localities
- Service Inspections.

3.7 For the 2017/18 report the Information Services Division's (ISD) Local Intelligence Support Team (LIST) once more provided analytical and data input. The report also had input from colleagues across the Health and Social Care Partnership's functions.

4 ENGAGEMENT

4.1 Communication to and face to face meetings with teams from across the Health and Social Care Partnership's services provided the information on which the annual report is based.

4.2 Once approved, the annual report will be distributed to the HSCP teams in electronic form and publicised through internal staff newsletters and the NHS Lothian and East Lothian Council internet and intranet sites.

5 POLICY IMPLICATIONS

5.1 There are no policy implications arising from this report or the recommendations within.

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. The intention is to publish the annual report and summary annual report via the internet and social media at no cost. In the event that paper copies, or other versions of the report or summary are requested these can be produced in-house at marginal cost.

7.2 Personnel - Production of the annual report was carried out 'in-house' by the HSCP team. This team will also produce the summary report.

7.3 Other – None.

8 BACKGROUND PAPERS

8.1 None.

AUTHOR'S NAME	Paul Currie
DESIGNATION	Strategic Planning and Performance Manager
CONTACT INFO	paul.currie@nhslothian.scot.nhs.uk
DATE	14-08-18

AUTHOR'S NAME	Jane Ogden-Smith
DESIGNATION	Communications Officer
CONTACT INFO	jogden-smith@eastlothian.gov.uk
DATE	14-08-18

Appendix 1 – Draft IJB Annual Report for 2017-18

Appendix 1

Image

ANNUAL REPORT 2017-2018

East Lothian Integration Joint Board

East Lothian
Integration Joint Board

Contents

Foreword

We are pleased to introduce the second annual report of the East Lothian Integration Joint Board (IJB). This report covers the financial year 1 April 2017 to 31 March 2018.

Through 2017-18 the IJB continued to oversee the planning and delivery of integrated adult primary and community health and social care services for East Lothian residents along with some acute hospital services, in line with the vision in our strategic plan.

Considerable progress was made with the East Lothian Community Hospital being built on the grounds of the current Roodlands Hospital. The first phase, the outpatient department, opened towards the end of the financial year. The new building is already providing East Lothian residents with an increased range of locally-delivered services, reducing travel time.

Through the year we have explored different service delivery options to improve care and associated patient and client outcomes in health and social care settings. This has allowed us to review and better match client need to service provision.

The review and remodelling of all adult home care services for all adult client groups encouraged new service providers to take on contracts delivering the new framework.

Planning work was completed for consultation and engagement events on reprovision of the Belhaven and Edington community hospitals and of Eskgreen and Abbey Care Homes. In the coming year the feedback on the consultation will be taken into account in planning for changes to services currently delivered at these sights.

Towards the end of the year we started work on a Primary Care Improvement Plan to support introduction of the new Scottish General Medical Services (GMS) contract for GPs. From 2018 this will develop the multidisciplinary primary care team. In support of this we established the CWIC (Collaborative Working for Immediate Care) team, a new and innovative primary care service which, along with our established Care Home Team, will reduce some workload pressure on practices.

Image

Peter Murray, Chair, East Lothian Integration Joint Board

Image

David Small, Chief Officer, East Lothian Integration Joint Board

East Lothian Integration Joint Board

This second annual report describes the work and achievements in 2017-18 of East Lothian Integration Joint Board, which was formally established in July 2015 to cover the East Lothian geographical area. The arrangements for the operation, remit, scope and governance of the IJB to meet its aim of improving the integration of health and social care services are set out in the East Lothian Council and NHS Lothian Integration Scheme[1].

The establishment of IJBs placed a requirement on Health Boards and Local Authorities to integrate adult health and social care budgets, to shift the balance of care from institutional to community based settings and to include clinicians and care professionals from the statutory services, along with those in the third and independent sectors, in the planning and delivery of services.

The IJB has a range of health and social care functions delegated to it and decides how best to deliver these functions (listed below) in line with local, regional and national strategy, policy and performance requirements.

Delegated IJB functions:

- Adult social care
- Primary care services (GP practices, community dentists, community pharmacists and community optometrists)
- Mental health services
- Physical disability and learning disability services
- Community health services
- Community hospital services
- Unscheduled care services (primarily operating out of the Royal Infirmary of Edinburgh and the Western General Hospital).

Directions

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 IJB's policy states that Directions will be issued for each delegated function and for the allocation of the associated financial resource to support delivery of directions. Those Directions operating through 2017-18 are summarised in Appendix 1, with certain Directions continuing through from the previous year and some being 'retired' at year end.

[1] https://www.eastlothian.gov.uk/downloads/file/24356/ijb_integration_scheme_2015

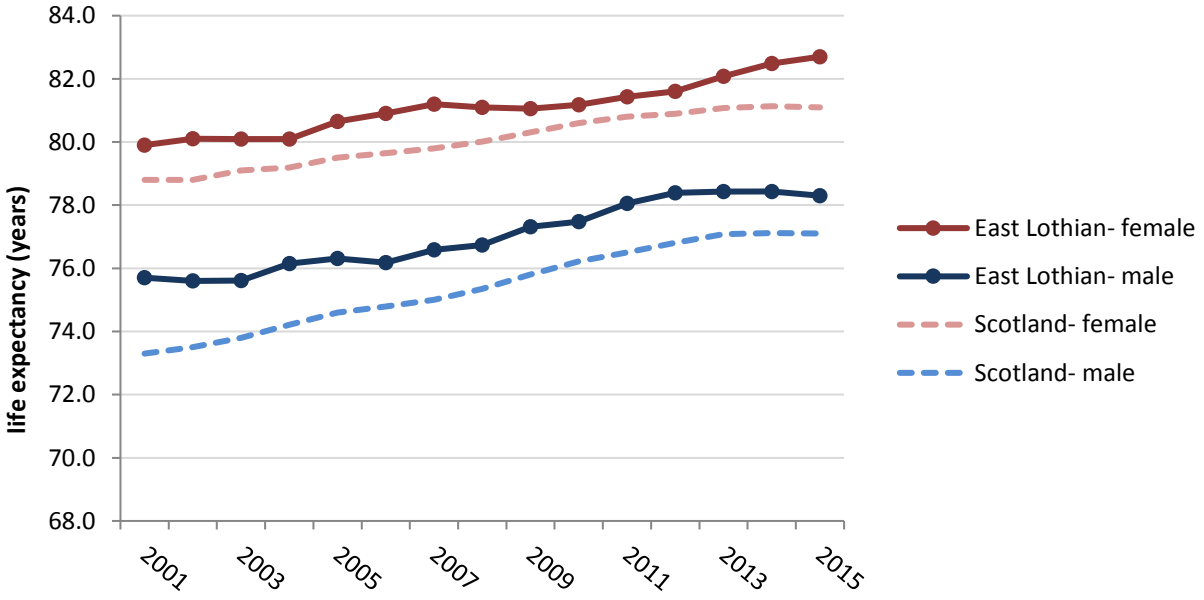
East Lothian Health and Social Care Partnership

East Lothian Council and NHS Lothian set up the East Lothian Health and Social Care Partnership (HSCP) as an integrated joint operational unit managed by the Council and the Health Board to locally plan and deliver services. The Partnership's team manages community health, primary care and adult social care services in East Lothian along with East Lothian children's services.

The HSCP covers a population of 104,070 (estimate for 2017). East Lothian is in a period of population growth with an expected increase of 23.3% from 2012 to 2037. The largest growth over this time will be in the over 65s (at 72.2%). Population growth (of 27.5%) will also be experienced in the 0-15 age group. East Lothian has many demands from the ageing and growing population and in providing services in the populous and more deprived areas in the west of the county and in many rural settings.

Life expectancy varies for males and females (chart 1) and across the county (chart 2) between more and less deprived areas. Female life expectancy in East Lothian has gradually increased between the years 2001 and 2015. Male life expectancy has plateaued since approximately 2012. Life expectancy for males and females in East Lothian has been consistently higher than the national figures.

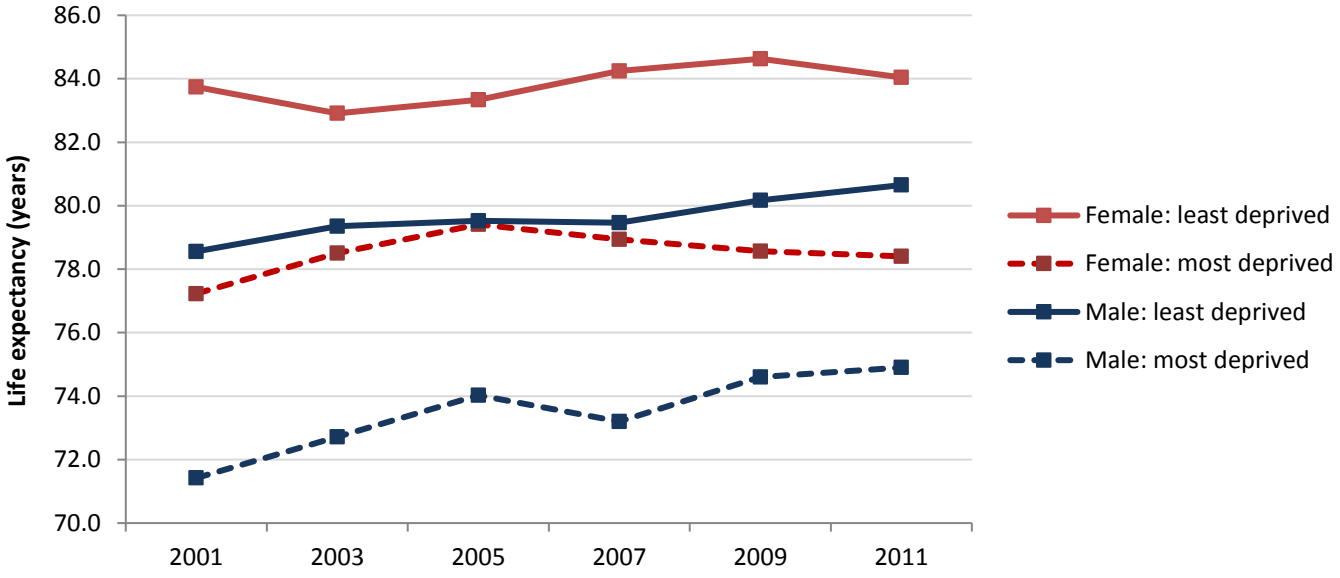
Chart 1 - Male and Female life expectancy in East Lothian and Scotland



Data source: National Records Scotland

A gap continues in life expectancy between the most and least deprived areas of East Lothian for males and females (chart 2).

Chart 2 - Male and Female life expectancy in East Lothian in the most and least deprived areas.



Data source: ScotPHO

In its second year of operation the Partnership has maintained service delivery across integrated adult health and social care services for East Lothian's residents.

Responsibility for governance of the Partnership sits with the Integration Joint Board (IJB), which is guided by the 2016-2019 Strategic Plan[2] and its vision to deliver:

> *'Best Health, Best Care, Best Value for our communities'* while enabling all adults to *'Live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use'.*

The Strategic Plan will be reviewed in 2018-19 with partners, service users and stakeholders, with a view to producing a new plan to deliver actions to meet statutory and other priorities and to address the continuing health inequalities across the county which maintain variations in health experience and outcomes across the county, associated with areas of deprivation.

[2] https://www.eastlothian.gov.uk/downloads/file/27195/ijb_strategic_plan

Public Health and Health Improvement

While many of the wider determinants of health and wellbeing sit beyond the services delivered by the Health and Social Care Partnership the actions of the Partnership have both direct and indirect effects on population health.

NHS Lothian supports the East Lothian HSCP in identifying and addressing population health needs in a number of ways, with input from public health professionals including: a Public Health Consultant and Public Health Policy Officer, a Public Health Practitioner and Health Promotion Specialists. These colleagues link into the HSCP through various routes including representation on operational and strategic groups and also in Community Planning and similar partnerships

The public health team aims to bring health improvement and health intelligence expertise to support partners in taking an evidence-informed, person-centred approach which considers the impact of policy and interventions on health and health inequalities.

The East Lothian Health Improvement Alliance (ELHIA) is where health improvement and health inequalities work is often co-ordinated, although this is not exclusively carried out by this group. ELHIA seeks to bring together organisations from the public, community and third sectors with an interest in improving health and reducing inequalities under the chairmanship of a Health Promotion lead.

Public health practitioners actively lead or contribute, on an ongoing basis, to a number of work-streams in East Lothian. These are set out elsewhere in this report

Locality Planning

Positive planning relationships continued with the six local area partnerships across a range of work areas.

For the purposes of primary care quality improvement initiatives and to secure input to primary care planning the county continued to be organised into two localities (reflecting natural communities and service operating boundaries) in the East and West. This arrangement enabled groups of GP practices and their teams to develop local quality improvement projects, to contribute to service development consultations and to participate in planning for improvements in primary care.

Key challenges for East Lothian Integration Joint Board

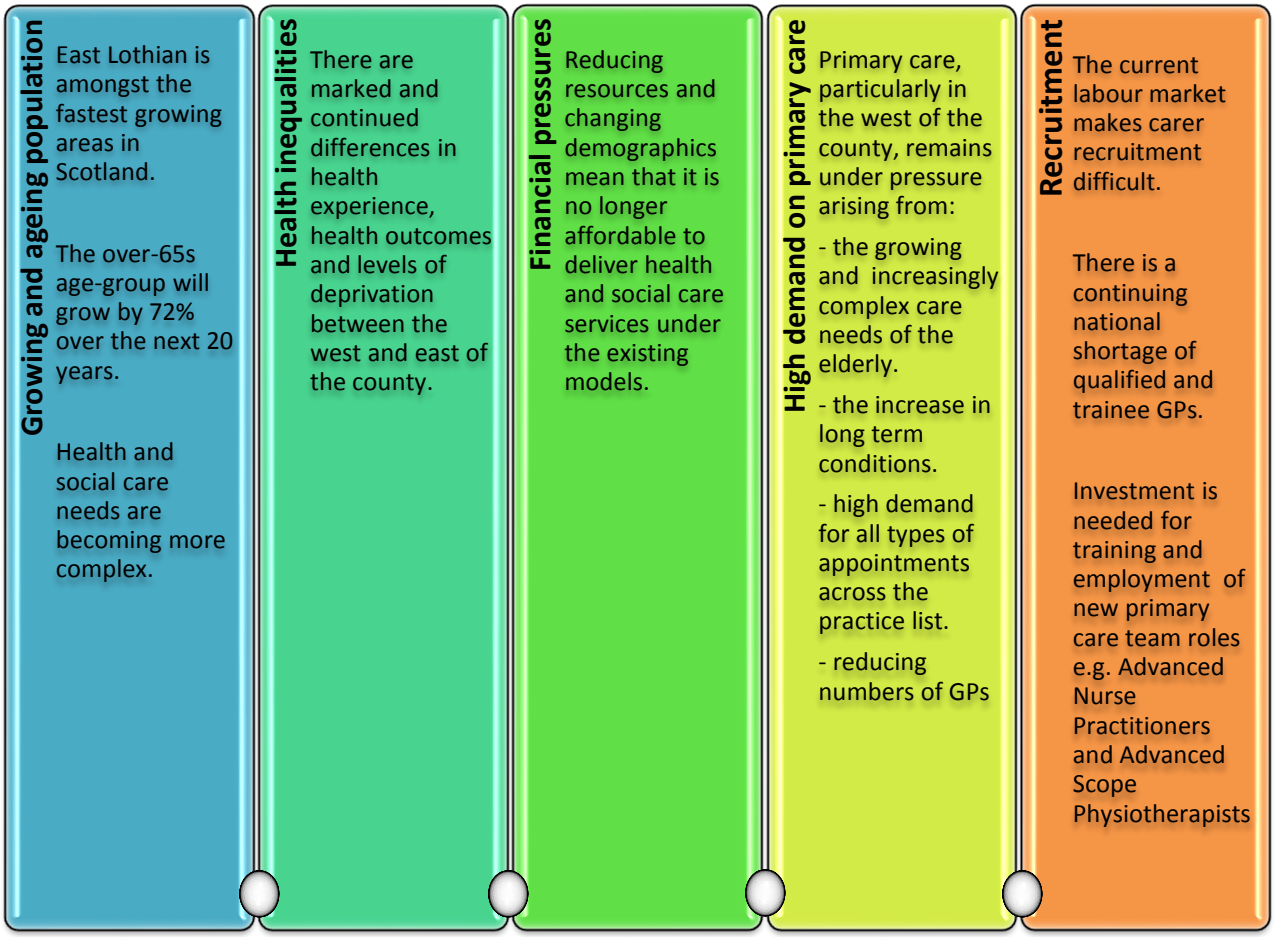
The pressures facing the IJB in 2016-17 continued to apply through 2017-18. We made progress in reducing delayed discharges during the year, with the input of all the HSCP services providing support to people leaving hospital.

Health inequalities continue to present real challenges, driven as they are by the ongoing experience of deprivation in some communities.

Financial pressures remained an issue for the IJB, requiring action to deliver service and financial efficiencies. The outcome at year-end is described in more detail in the finance section.

Actions arising from the new GP contract agreed in 2017 and to be introduced at HSCP and NHS Lothian level over 2018 to 2021 are designed to address the demands on primary care, particularly on GPs and to improve GP recruitment.

The HSCP has succeeded in filling key posts during the year. Recruitment to support new multidisciplinary team posts to deliver the new GP contract will be challenging.



Performance Monitoring

This second annual report again looks at areas of activity and performance related to the nine National Health and Wellbeing Outcomes:

> Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
>
> Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
>
> Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected.
>
> Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
>
> Outcome 5 - Health and social care services contribute to reducing health inequalities.
>
> Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
>
> Outcome 7 - People using health and social care services are safe from harm.
>
> Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
>
> Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.

The processing of the performance data which follows was carried out by the Local Intelligence Support Team (LIST) colleagues attached to East Lothian HSCP. The LIST team who also supported monitoring and reporting of progress in service delivery across East Lothian.

Measuring Performance under Integration

Monitoring of 6 new integration measures, developed by the Ministerial Strategic Group for Health and Community Care (MSG) started in 2017-18. These measures concerned:

(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.

When the MSG measures were introduced, each of the four IJBs in Lothian agreed on their local targets. East Lothian's 2017-18 targets and performance at year end are shown below in table 1:

Table 1 - Attainment (April 2017 to March 2018) against the 2017-18 MSG Indicators – Ages 18+

1 Unplanned admissions	2 Unplanned bed days	3 A&E performance	4a & 4b Delayed discharges	5 End of life care	6 Balance of care
Target - 5% reduction **Attainment -** 7.7% increase in overall total compared to same period in 2016-17.	**Target -** 10% reduction **Attainment -** 1.8% reduction in unplanned bed days (acute specialties) compared to same period in 2016-17. 2.8% reduction in mental health specialties compared with same period in 2016-17. 79.3% reduction in GLS bed days compared with same period in 2016-17.	**Target -** Maintain 95% **Attainment -** 2.7% increase in overall total attendances compared to same period in 2016-17. Average A&E compliance 82.7% seen within 4 hours compared to 91.1% for same period in 2016-17.	**Target -** 50% reduction in delayed discharge bed days (4a) and 50% reduction in delayed discharges (4b). **Attainment -** 27.7% reduction in all reason delayed bed days, compared to same period in 2016-17. 31.1% reduction in HSC+P/C/F reasons compared to same period in 2016-17. 46.4% increase in Code 9 reasons compared to same period 2016-17.	**Target -** No more than 10.5% of last6 months of life spent in large hospital **Attainment -** Community: 85.9% Palliative: 0.9% Community Hospital: 1.8% Large Hospital: 11.5% For 2016-17 11.8% of care in the last 6 months of life was in a large hospital.	**Target -** 98% of over 75s to be supported in non-acute settings **Attainment -** 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%

MSG Indicators for 2018-19

East Lothian's 2018-19 objectives for the MSG indicators are shown below in table 2.

Table 2 - 2018-19 Objectives for the MSG Indicators in East Lothian

1 Unplanned admissions	2 Unplanned bed days	3 A&E performance	4a & 4b Delayed discharges	5 End of life care	6 Balance of care
Target - Reduce unplanned admissions by a further 5% in 2018-19.	**Target -** Reduce by 10% in 2018-19 occupied bed days across all areas of unscheduled care.	**Target -** Reach 4 hour compliance of 95% in Accident and Emergency in 2018-19.	**Target -** 4a. Continue progress towards delivering a 50% reduction in delayed discharge bed days in 2018-19 compared to 2017-18. 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. *(including those delayed due to Adults With Incapacity)*	***Target -*** Achieve and maintain performance of no more than 10% of last 6 months of life spent in a large hospital by end 2018-19. *(proportion of last 6 months of life spent at home or in a community setting)*	***Target -*** Maintain performance of 98% of over 75s being supported in non-acute settings through 2018-19. *(spend across institutional and community care services)*

National Health and Wellbeing Outcomes and other Measures

The Integration Joint Board received regular performance reports through the year. These were based around the 19 of 23 national indicators (NIs - table 3) for which data was available, Ministerial Steering Group Integration Measures and other measures. It remains the case that 4 of the national indicators (NI-10, NI-21, NI-22 and NI-23) are not yet developed, with their introduction date uncertain).

Table 3 – National Indicators – performance in 2015-16 and in 2016-17

	Indicator	Title	2015/16	2017/18
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	86%	72%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	83%	68%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	82%	66%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	84%	75%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	80%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	92%	75%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	48%	36%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	88%	81%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA
	Indicator	**Title**	**2016/17**	**2017/18**
Data indicators	NI - 11	Premature mortality rate per 100,000 persons	375	-
	NI - 12	Emergency admission rate (per 100,000 population)	9,581	9,767
	NI - 13	Emergency bed day rate (per 100,000 population)	120,179	108,922
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	100	97
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%
	NI - 16	Falls rate per 1,000 population aged 65+	19	18
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	77%	85%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	65%	-
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,164	793
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	22%
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA

Data analysis and reporting throughout the year was supported by joint work between the Local Intelligence Support Team (LIST) HSCP officers and Lothian Analytical Services (LAS). This cooperation underpinned performance monitoring across a range of measures and was utilised in the development of the IJB's Directions and the service and policy development, such as the Primary Care Improvement Plan. The data will prove invaluable in the development of the new IJB Strategic Plan in 2018.

Although progress has been made across a number of areas as described below, issues continued regarding access to and satisfaction with primary care services.

The charts in appendix 2 present data on East Lothian HSCP's performance trajectory over the period 2013-14 to 2017-18 for indicators NI-1 to NI-9 and from 2010-11 for NI-11 to NI-20.

Indicators N-1 to N-9 come from the 2017-18 *Health and Care Experience Survey* (which replaced the GP and Local NHS Services Patient Experience Survey) published by the Scottish Government in May 2018. These nine indicators show a falling back in performance for East Lothian across all measures, some more pronounced than others. Recent years have been difficult for primary care due to increasing demand and problems in recruiting and retaining GPs. Local and national action planned to introduce the new GP contract over the next three years should have a beneficial impact on these measures in due course. It should be noted that although the overall response rate has increased since the last survey (from 21% to 29%) the 2017-18 data is based on a sample of 2,522 responses from 8,817 surveys sent out in East Lothian.

Indicators N-11 to N-20 are from the ISD Health and Social Care Team's *'Core Suite of Indicators for Integration'* dataset. Performance for all of these indicators (with the exception of NI-18 for which data is not yet available) has improved (based on currently provisional data) with performance for individual indicators as listed below.

For the N-11 to N-20 indicators East Lothian is:

- **NI-11** - in the first 33% for performance, better than the Scottish average and on an upward trajectory since 2015.
- **NI-12** - in the first 20% of performance, better than the Scottish average and on a fairly flat trajectory.
- **NI-13** - in the first 40% for performance, slightly better than the Scottish average and on an improving trajectory since 2016-17.
- **NI-14** - in the last 45% for performance, on the Scottish average and on an improving trajectory since 2016-17.
- **NI-15** - in the last 10% for performance (across a narrow margin) just below the Scottish average and on an improving trajectory starting in 2015-16.
- **NI-16** - near the first 20% for performance, performing better than the Scottish average and on an improving trajectory since 2015-16.
- **NI-17** - in the first 40% for performance, on the Scottish average and on an improving trajectory since 2016-17.
- **NI-19** - in the lowest 40% for performance, slightly above the Scottish average and on an improving trajectory since 2014-15.
- **NI-20** – in the first 50% for performance, better than the Scottish average and on an improving trajectory since 2016-17.

Performance for the national health and wellbeing outcomes for East Lothian HSCP in 2016-17 and 2017-18 and compared to Scotland for both years is shown in the two diagrams which follow.

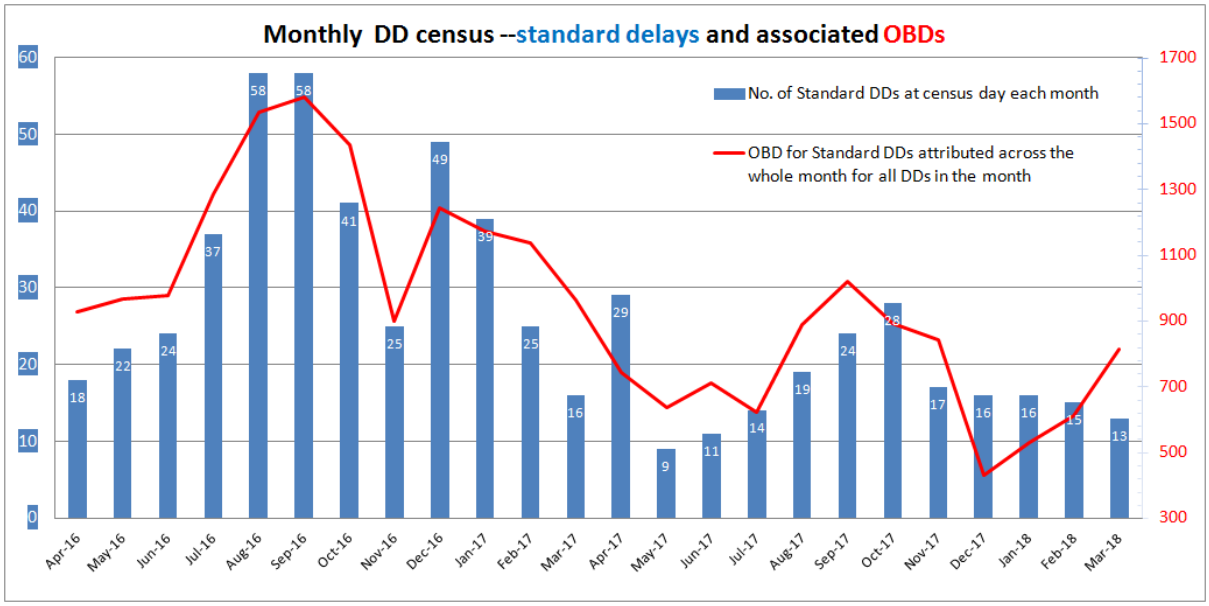
2016-17	2017-18
 Premature mortality rate is 320 per 100,000 persons (Scotland 441)	 Premature mortality rate is 372 per 100,000 persons (Scotland 425)
 Emergency admission rate is 9,398 per 100,000 population (Scotland 12,037)	 Emergency admission rate is 9,767 per 100,000 population (Scotland 11,959)
 Emergency bed day rate is 114,152 per 100,000 population (Scotland 119,649)	 Emergency bed day rate is 108,922 per 100,000 population (Scotland 115,518)
 Readmission rate to hospital within 28 days is 95 per 1000 population (Scotland 95)	 Readmission rate to hospital within 28 days is 97 per 1000 population (Scotland 97)
 85% of the last 6 months of life is spent at home or in a community setting (Scotland 87%)	 87% of the last 6 months of life is spent at home or in a community setting (Scotland 88%)
 Falls rate is 19 per 1000 population over 65 years (Scotland 21)	 Falls rate is 18 per 1000 population over 65 years (Scotland 22)
 77% of care services have been graded "good" (4) or better in Care Inspectorate inspections (Scotland 83%)	 85% of care services have been graded "good" (4) or better in Care Inspectorate inspections (Scotland 85%)
 66% of adults with intensive care needs are receiving care at home (Scotland 62%)	 % of adults with intensive care needs are receiving care at home (Data not available)
 The number of days people spend in hospital when they are ready to be discharged is 1,164 per 1000 population (Scotland 842)	 The number of days people spend in hospital when they are ready to be discharged is 793 per 1000 population (Scotland 772)
 23% of health and care resource is spent on hospital stays where patient was admitted as an emergency (Scotland 23%)	 22% of health and care resource is spent on hospital stays where patient was admitted as an emergency (Scotland 23%)

Delayed Discharge Performance

East Lothian's performance for hospital delayed discharges improved from a peak of 58 in September 2016 to 13 at March 2018, with the usual seasonal fluctuations. Chart 3 below shows the number of inpatients recorded as a delayed discharge (DDs) at the monthly census point (blue column) and the cumulative number of occupied bed days (OBDs - red line). This improvement may be attributed to several actions:

- The East Lothian Community Hospital based Hospital at Home (H@H) service, responding to referrals from GPs, assessed and supported patients at home, thus avoiding unnecessary hospital admissions.
- The Hospital to Home service (H2H) supported patients in leaving hospital by providing appropriate care and rehabilitation at home. On conclusion of Hospital to Home support, a care provider delivers required ongoing care.
- Care packages are retained for up to 7 days for a patient in hospital. This gives patients, carers, family and professionals a discharge goal and provides the client with continuity of care.
- Weekly collaborative meetings across health, social work, care brokers and care providers greatly improved understanding of individual patient needs and established joint working and shared solution focussed approaches. This enabled patients to return home quicker than was possible in a less integrated system.
- Daily health teleconferences managed bed capacity, expected discharges, admissions and H@H and H2H workloads and capacity and with all acute and community sites also reviewed capacity and discharge options.
- Work continues in reviewing care at home hours. These have reduced from 1,500 hrs in March 2017 to 1,000 hrs in March 2018

Chart 3 – Delayed Discharges and Occupied Bed Days



Data source NHS Lothian Trak

Strategic Objectives

The East Lothian HSCP strategic objectives were developed in consultation and commit to adopt a range of approaches to tailor service delivery to the needs of individuals and communities while developing efficient and future-proofed service arrangements:

A. Make universal services more accessible and proportionate to need and to develop our communities - We want to improve access to our services, but equally to help people and communities to help and support themselves too.

B. Improve prevention and early intervention - We want to shift and focus services towards the prevention of ill health, to anticipate at an early stage the need for support and to react where possible to prevent crises.

C. Reduce unscheduled care - We want to reduce unnecessary demand for services including hospital care.

D. Provide care closer to home - We want to deliver safe and effective care as close to home as possible, allowing people to remain in their homes and communities for as long as they can.

E. Deliver services within an integrated care model - We recognise the need to make people's journey through all our services smoother and more efficient.

F. Enable people to have more choice and control - We recognise the importance of person-centred and outcomes focused care planning.

G. Further optimise efficiency and effectiveness - We want to improve the quality of our services whilst recognising and addressing the challenging financial constraints we face.

H. Reduce health inequalities - We want to reduce inequalities, break the cycle and impact of deprivation and support and protect the vulnerable in our communities.

I. Build and support partnership working - We recognise the importance of developing effective and wide ranging strategic partnerships in delivering our ambition, vision and values.

National Health and Wellbeing Outcome 1 –

People are able to look after and improve their own health and wellbeing and live in good health for longer

94% of adults are able to look after their health very well or quite well

(Scotland 93%)

75% of adults receiving any care or support rated it as excellent or good

(Scotland 80%)

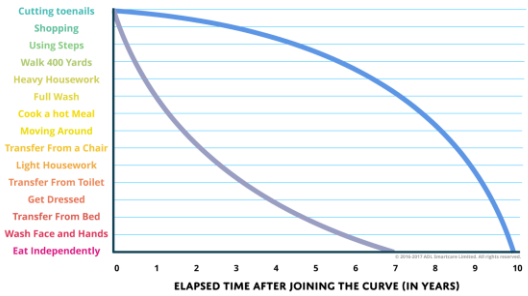
80% of people had a positive experience of the care provided by their GP practice

(Scotland 83%)

Healthy Ageing

East Lothian Community Rehabilitation Services used the AILP LifeCurve[3] to promote independence and self management in patients they support, promoting activity and independence, to prevent loss of function and to increase well-being and engagement in local community activities.

All projects being developed in the Access and Rehabilitation Service are underpinned by the AILP model. The introduction of Help from Hilda[4] (which provides clients with access to equipment) also uses the AILP LifeCurve to underpin service provision. To date 138 LifeCurve Assessments



Remember: Life Curves can go up as well as down!

[3] http://www.knowledge.scot.nhs.uk/ahpcommunity/lifecurve-survey-2017.aspx
[4] https://helpfromhilda.eastlothian.gov.uk

have been started. This supports people in exploring how to live better for longer and to improve their healthy ageing journey.

Future Work

There are plans to develop an Early Intervention Clinic to deliver telecare and telehealth innovation in dementia. This will provide carers, families and members of the public with specialist advice and support. The opportunity will also be explored to deliver specialist multi-disciplinary clinics locally, including 'virtual' consultations using Skype and other communication platforms, reducing the need for people to travel to hospitals or other health facilities.

Physical Activity

Public Health colleagues were active participants in driving the physical activity strategic group and physical activity implementation group.

Future Work

A project is planned to work alongside East Lothian Council, Queen Margaret University and other partners to start the development of the new physical activity plan for 2019 onwards

Supporting People at Home and to Return Home from Hospital

ELSIE (East Lothian Service for Integrated care of Elderly people) is a multi-disciplinary and multi-agency team which assesses and delivers against the support needs of patients and carers to avoid unnecessary admissions. It has four elements: Hospital at Home; Hospital to Home; a Care Home Team and a Response and Rehabilitation team. Over the year, the component parts of ELSIE delivered the following interventions:

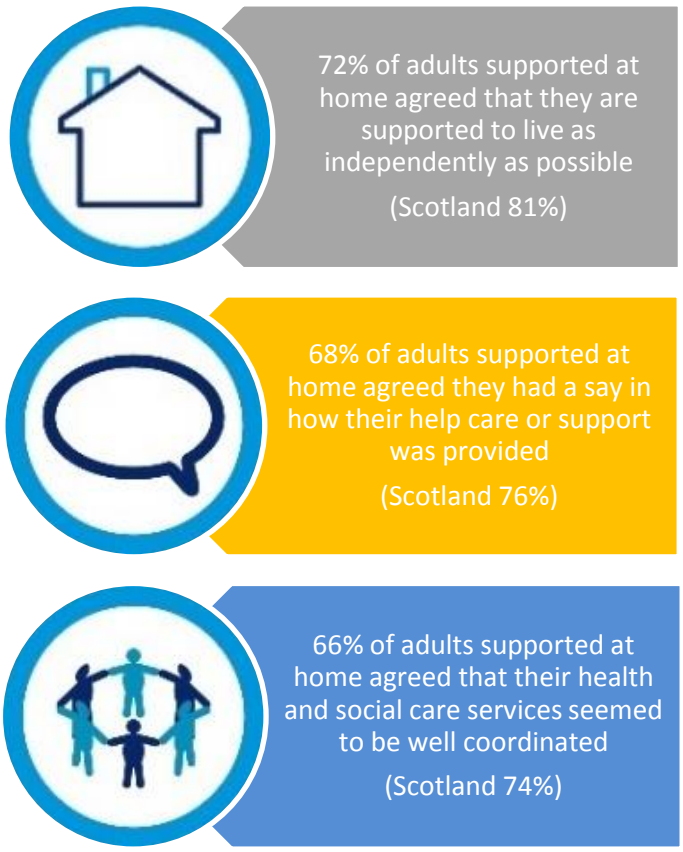
- Hospital at Home - 423 interventions
- Hospital to Home - 228 interventions
- Care Home Team - circa 500 interventions
- Duty Response and Rehabilitation Team - 150 discharge referrals monthly.

Over 2017-18 East Lothian patients had 3,123 episodes, totalling 20,720 occupied bed days in the Western General Hospital. Of these, 225 episodes were recorded as delayed discharges, resulting in 2,052 occupied bed days

In the Royal Infirmary of Edinburgh, there were 9,500 episodes for East Lothian patients, totalling 47,000 occupied bed days, with 680 delayed discharges resulting in 3,200 occupied bed days.

National Health and Wellbeing Outcome 2 –

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community



Care Homes

Our social worker and community care worker team continued to provide timely high quality, person-centred and compassionate care home placements to individuals requiring such intensive support. As well as winning an East Lothian Council Star Award, during the year the team:

- Maintained the quality of service provided in care homes through routine reviews and by responding to adult protection concerns, incidents and complaints.
- Monitored service provider compliance with National Care Home Contract and National Care Standards, taking action as necessary.

- Ensured minimal disruption to residents following the closure of Levenhall private care home.
- Provided individual care homes with 'linked' Social Workers to enhance communication and partnership working with providers.
- Supported service planning to support a new 60 bed care home in Haddington and the extension of Muirfield to increase its bed capacity from 28 to 60 beds.
- Contributed to planning for a reduction in the bed numbers in Belhaven hospital and alternative provision.

Telecare and Technology Enabled Care (TEC)

East Lothian Health and Social Care Partnership is committed to promoting technology enabled person-centred care as a way of enabling people to live more independently for longer in their own homes or in a homely setting.

Telelecare equipment includes items such as sensors and alarm systems that are programmed into the Community Alarm Service to make an automatic call alert if the sensor detects a problem in the service-user's home. Technology Enabled Care equipment includes sensors that can detect smoke, floods and gas and alarms that can remind service users when to take their pills and to call for help. The HSCP Adult Social Care services work closely with colleagues in the Contact Centre, who provide the alarm monitoring service and the Emergency Responder Service, which deals with alarm calls.

The HSCP also works closely with East Lothian Council's housing team to improve the quality of service and reduce duplication of support, particularly in amenity housing so that we use council resources more effectively.

Other work in the year included:

- The HOWZ project, which aims to enable earlier discharge from hospital and rehabilitation at home with help from colleagues in the Discharge 2 Assess team
- Supporting service redesign to ensure TEC is embedded at all key points in the integrated care pathway.

We also revised charges for the Community Alarm Services so that all service-users pay towards the service in an equitable and fair way.

"I have had quite an exceptional life and I don't believe in letting anything get in my way."

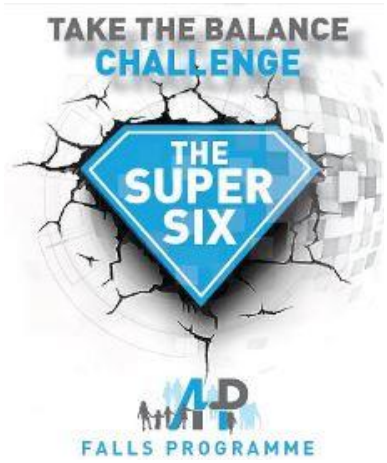
Paul has MS which now severely limits his mobility. He has remodelled his home (with help from the Environmental Control Team, Telecare Team, Social Work, carers and family) so he can live independently on his own) with some care at home support to help him. He sources his TEC on eBay, from mainstream and specialist providers. He makes full use of SDS personal budgeting to support his way of life.

Physio on the Go

This physiotherapy-led community-based, proactive falls prevention initiative is currently being reviewed and improved. This initiative provides falls prevention awareness sessions in sheltered housing complexes, lunch clubs and day centres as well as providing walking aid checks and repairs in care homes. Steady-On Falls Prevention Service has recently been introduced in the Prestonpans/Musselburgh area, extending the reach of the service beyond East Lothian Community Hospital.

The D2A team have extended the in-reach component of the service to include Medicine of the Elderly and stroke. As a result, we have seen increased referrals and have facilitated the timely discharge of patients from these clinical areas.

START (short-term assessment and rehab team) is an Allied Health Professional (AHP) led service which supports, promotes and enables active independent living through rehabilitation. The team works to facilitate early discharge, to prevent unnecessary hospital admission and to promote independence and self management.



We have also been actively promoting the Super Six – Take the Balance Challenge

Community-Provided Support

Shared Lives East Lothian recruits and supports Shared Lives carers who, working on a self-employed basis, open up their home and family life to welcome an adult with support needs. This enables the client to be part of family, household and community life. The service accepts referrals for people aged between 16 and 65 who have support needs that may be associated with a learning disability, physical disability, sensory impairment and/or mental health issue. Support is provided in homely settings and community involvement and skills development is at the heart of the approach. The service enables users to make choices and decisions about their life and encourages them to be as independent as possible.

In 2017-18 Shared Lives recruited additional hours to enable the service to expand and improve in line with best practice guidance and relevant standards.

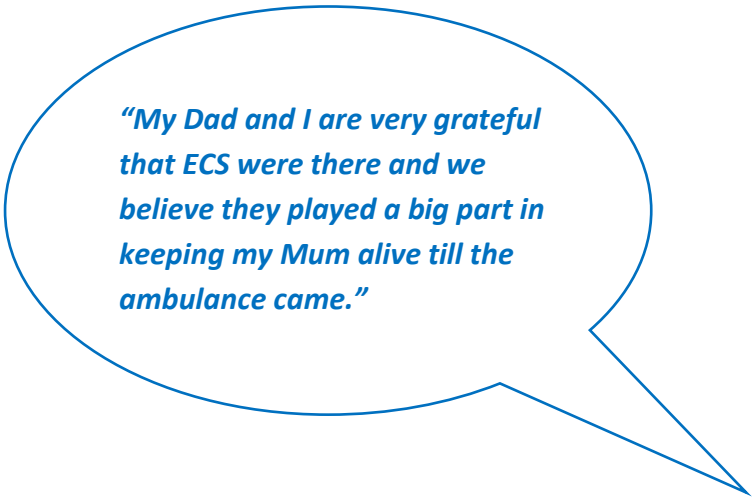
Both locally and nationally the Shared Lives model results in excellent outcomes for service users and reduced costs compared to 'traditional' services.

The Shared Lives carers provide a range of support including:

- **Day support** – This can involve having one or two people going to a carer's home to share activities and interests, it often involves going out and participating in community activities.
- **Short breaks** – This involves carers sharing their home with someone for a few days to a few weeks. It may be to give the person's main carer a break and/or it may be to provide a holiday/break to a person who needs support.
- **Long-term care** – This can be a direct alternative to residential care or can be a stepping-stone to more independent living. The service offers an opportunity for the individual being cared for to live in a family home and share their social and community networks. Through the work of the Shared Lives Carers and support from Shared Lives Coordinators many service users have become involved in community projects. The increased use of universal services has resulted in people with care needs becoming more integrated into their local communities and less reliant on traditional social work resources.

Care in an Emergency

The Emergency Care Service (ECS) provides short term, emergency care and support to clients to prevent hospital admission, to enable hospital discharge and to support clients who are in a crisis situation. The team works closely with all agencies to prevent hospital admissions, monitoring health and domestic concerns and responding early to prevent health issues becoming a crisis.



ECS also provide emergency care to clients whose main carers are admitted to hospital (usually a spouse or family members). In the year, the service provided care to 52 clients who had experienced crisis or breakdown of normal care due to illness of a carer

ECS referrals come from social work, occupational therapists, hospital discharge teams, GP's and other agencies

ECS responds to call outs for assistance from personal alarms (mostly in response to client falls) with clients safely lifted using specialised lifting equipment. They also provide emergency personal care, re-programme alarm pendants and react to various requests for help.

The call outs number around 130 per month, totalling 1,534 calls for assistance in 2017-18.

Around 100 clients per month require emergency care, a total of 1,186 in 2017-18.

National Health and Wellbeing Outcome 3 –

People who use health and social care services have positive experiences of those services, and have their dignity respected

Physiotherapy and Musculoskeletal Services

East Lothian's physiotherapists continued to provide a range of musculoskeletal and rehabilitation services for a wide range of conditions in all age groups in a variety of out-patient, domiciliary and hospital settings across the county. With the introduction of the CWIC service in Musselburgh Primary Care Centre they also started to respond to same day demand for practice patients.

Access to the out-patient and domiciliary services is through a referral management system. Adults with musculoskeletal (MSK) health issues can self refer to the NHS24 MSK Advice & Triage Service in normal office hours.

Patient feedback about our MSK support was good during the year, with patients reporting:

"I feel very confident in her ability."

"All positive and helpful."

"Felt less worried."

"Great service."

"Caring person."

"First class, made to feel at ease."

Image

Self Directed Support

East Lothian HSCP's vision for Self-Directed Support (SDS) is:

> *"...we want people who receive social care support to choose how that support is provided. We want them to have as much ongoing control as they want over the individual budget spent on their support. We will empower and build people's capacity to take responsibility for their choices and support them to explore innovative and flexible solutions that meet their agreed outcomes."*

The partnership's approach aims to ensure that SDS in the county does more than simply deliver the four options. It also aims to promote personalisation, choice, control and autonomy.

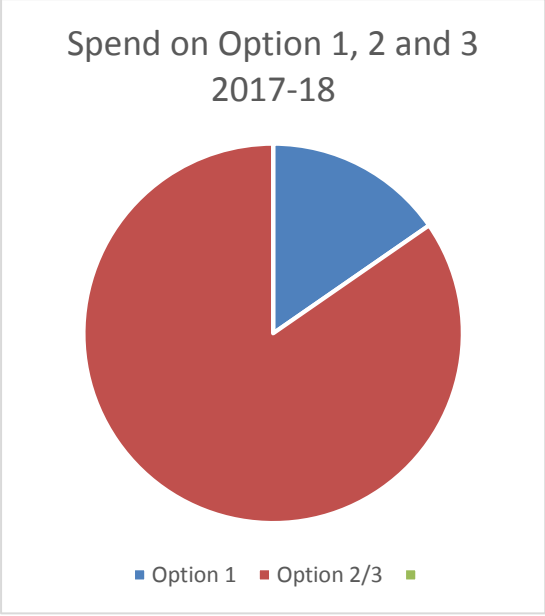
SDS brings with it significant investment. In 2017-18 SDS spend was £13.6m, 46% of the total budget for all clients (table 4).

Table 4 - Self Directed Support Budget in 2017-18

2017-18 Option 1/2/3	Total Budget	SDS Spend	%
ALL Clients	29,657,632	13,629,962	46%

The balance of spend on SDS Options 1, 2 and 3 is shown below in chart 4.

Chart 4



What are SDS Options 1 to 4?

1 – The client receives a direct payment to purchase support directly. There is access to advice and support from the council and others.

2 – The client chooses their own support while the council holds the money and arranges the chosen support on the client's behalf.

3 – The client chooses to have the council select and arrange the appropriate support.

4 - A mix of options 1, 2 and 3 for specific aspects of a client's support.

Since 2016 there has been a steady increase in the number of clients receiving Option 2. The numbers of hours of care have increased at a faster rate than the number of clients as shown in chart 5. Chart 6 shows the choice of Option selected by different client groups in 2017-18.

Chart 5 – SDS Option 2 Uptake April 2016 to April 2018

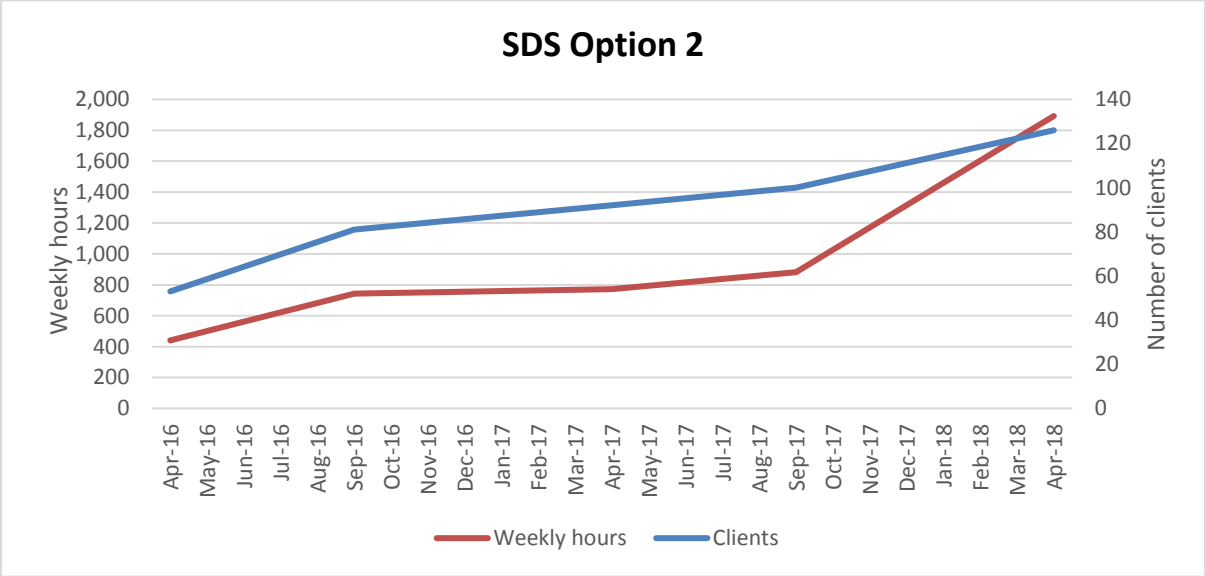
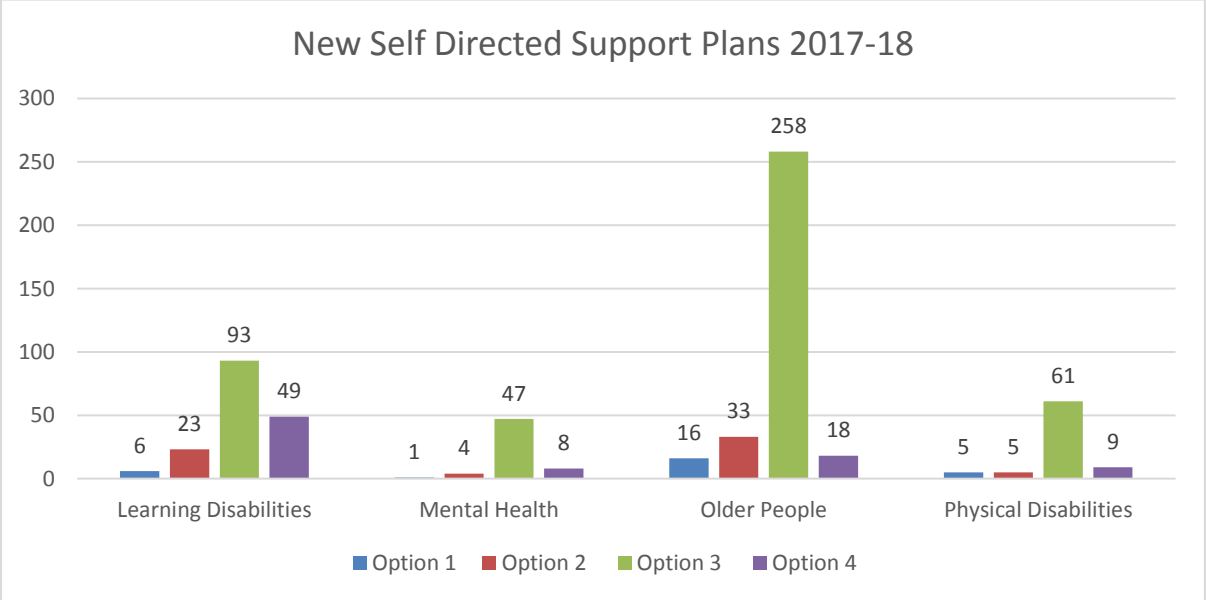


Chart 6 – Selection of SDS Option by Client Groups - 2017-18



Housing and Transport

Two key areas for strategic development link to housing needs and transport review. A comprehensive housing needs assessment of older people was conducted by HSCP officers, the outcomes of this exercise are forming the basis of a range of change projects and developments to better meet the housing needs of older people. In time other clients groups will be similarly assessed.

A project approach to reviewing transport in East Lothian was started to look at use of transport by social care, education and other services and the potential for efficiencies through the development of strategies and polices to support improved networks and overall provision.

Primary Care

With its amalgamation of another practice Riverside Medical Practice in Musselburgh became the second largest practice in the Lothians with around 19,000 patients.

In a partnership with the Health and Social Care Partnership and NHS 24 the new CWIC (Collaborative Working for Immediate Care) team commenced a pilot service to develop new approaches to respond to same day demand in primary care. The team, comprising Advanced Nurse Practitioners, advanced Physiotherapy practitioners, mental health and others provided support to help Riverside patients who did not need to consult a GP to access the right non-medical health professional at the right time.

The development of advanced nurse and physiotherapy-led services provides a model of approach to primary care service provision that will be tested in other practices in East Lothian in the coming year. As part of this, protocols are being developed. For example CWIC's Advanced Physiotherapists contributed to the development of standard operating procedures to guide staff in dealing with any clinical issues needing escalated after consideration in virtual clinics.

Recent feedback from people using the CWIC service showed that 74% rated their experience as 'excellent', 19% as 'great' and 7% as 'good'.

National Health and Wellbeing Outcome 4 –

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Care at Home Review Project

The Health and Social Care Partnership commissions services with the independent and third sector to meet individual client's outcomes and also works with East Lothian Council to plan services that make effective use of their combined resources and that will meet future demand.

Image

The HSCP purchases approximately 20,000 hours per week to support 1,400 service users in their own homes. Regular reviews ensure allocation of resources which prevents clients in the community reaching crisis point due to delays between the assessment, planning and delivery of support. In the case of clients admitted to hospital, the availability of care at home speeds up discharge, so avoiding delays.

The HSCP has a statutory duty to keep each supported person's plan under review and to ensure that their eligible needs continue to be met. In carrying out reviews and in agreeing any necessary changes we involve the service user.

Each review identifies if the person's needs have changed and may lead to a reassessment and revision of the support plan, including the personal budget. Like care and support planning the review process is person centred, outcome focused,

accessible and proportionate. Part of the plan will be about maintaining support and ensuring that needs are met as well as reviewing progress, support problem solving and planning next steps. The plan should reflect what is important to the service user and what is important for the service user.

We undertook a comprehensive review of home delivered care that posed the following questions:

- How do we ensure that the service-user's voice is heard?
- How can we make our processes are more efficient and effective?
- How can we ensure that our resources are meeting client outcomes?
- Are we confident that our resources are allocated to those with the greatest need considering current capacity issues?

We considered options for further improvements in the quality of service to clients, to maintain dignity, to respect client opinion, to deliver client outcomes and to make processes more efficient and effective, while ensuring that resources are targeted to those with eligible needs.

Person centred support planning puts people at the heart of their care and offers them an opportunity to have choice and to take control over their care and support. Each person with eligible care and support needs has a care and support plan, describing what needs the person has and how eligible needs will be met. Some people will have a personal budget as part of their plan that identifies the cost of their care and support and the amount that the HSCP will contribute towards it.

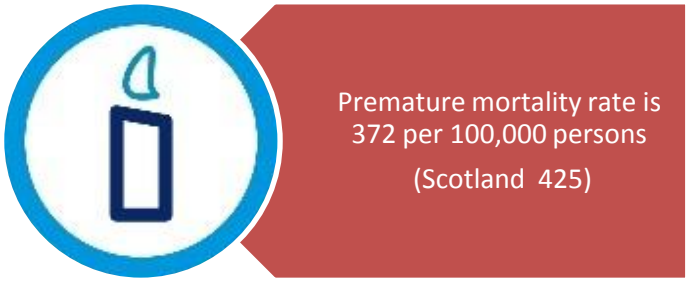
Our multidisciplinary team of social workers and community care workers are responsible for approximately 2,000 service users who are not allocated to any assessment teams but are receiving a paid service funded by the HSCP.

Regular reviews allow the HSCP to continually and actively benchmark eligible needs against delivery of services, ensuring need is appropriately responded to and where present any unused commitment is returned back into the budget.

We know that there are many service users who have their care purchased directly by the HSCP but continually underuse the resources we procure on their behalf evidencing that the HSCP is meeting their outcomes.

National Health and Wellbeing Outcome 5 –

Health and social care services contribute to reducing health inequalities



East Lothian Community Hospital

After many years of planning and after building work commencing in October 2016, the keys to the Out-Patient Department in the new East Lothian Community Hospital were handed over on 23rd February 2018, with the department opening on Monday 19th March 2018.

At the time, David Small, Chief Officer, East Lothian Health and Social Care Partnership, said: "This is an exciting time for the communities of East Lothian and it marks a significant development in delivering a joined-up health and social care service through the East Lothian Health and Social Care Partnership".

The new facilities will support an increase in delivery of gastroenterology, orthopedics, urology, ear, nose and throat services to patients in East Lothian and the introduction for the first time of locally available plastic surgery and phototherapy services.

The new Out-Patient Department is the first stage of a £70 million building programme to replace Roodlands hospital in Haddington with a modern, purpose-built hospital. The new hospital is anticipated to be completed by early 2020.

Tobacco Prevention

Work started on creating smoke-free outdoor areas where children congregate, reflecting this priority in the Scottish Government tobacco control strategy.

Continuation of the smoke-free homes project we offer to primary schools, with an emphasis this year on targeting P7 classes as a way of preparing children who are about to move to high school to remain smoke-free. To date 17 East Lothian primary schools have taken part in the project over the past few years, although unfortunately none took part in the 2017-18 school session.

Decipher-Assist, a peer led approach to tobacco prevention, piloted by NHS Lothian on behalf of the Scottish Government was delivered in partnership with East Lothian Council community learning and development staff. This involved all secondary schools in the county.

Future Work

From September 2018 health promotion and public health colleagues plan to work with 4 primary schools (one from each local authority area in Lothian) to pilot an approach which aims to make areas around school gates smoke-free.

These colleagues will liaise with East Lothian Council education services in order to encourage greater involvement of schools in 2018-19.

Plans are established to complete a fourth (and final) year of delivering Decipher-Assist in 2018-19.

Health Improvement Fund

Through the link officer role, the health promotion service supported various projects in East Lothian to ensure they adopted a health inequality focus.

Future Work

The 2018 year of funding will include Ageing Well and Start Well to focus on physical activity at different life stages. In addition, Positive Realities will focus on children and young people's mental wellbeing and the Pennypit Nutrition project in Prestonpans will focus on early years nutrition.

Alcohol Licensing

A Senior Health Promotion Specialist and Public Health Consultant sit on the East Lothian Alcohol Licensing Forum to ensure licensing policy and decisions consider the health and wellbeing of the population.

Future Work

The public health team will actively contribute to the consultation survey on the new Statement of Licensing Policy for 2018-2022.

Food and Health

Links with projects and practitioners were made and maintained through East Lothian Food and Health Practitioners Network.

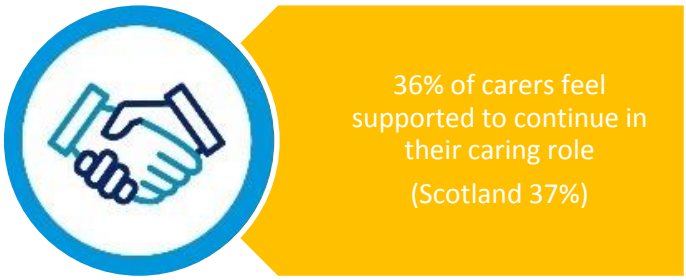
The team contributed to the local Food Poverty Action Plan and to the development of the local growing strategy.

Future Work in Child Food Poverty and Child Poverty

In partnership with the HSCP and strategic partnerships public health will participate in discussions to formulate recommendations, reporting mechanisms and planning for development of local action plans and the strategic implementation of these plans at an authority wide level as part of the Child Poverty (Scotland) Bill 2017. This work will include reviewing opportunities to embed more sustainable models that address child and food poverty for all East Lothian children e.g. cost of the school day and holiday hunger.

National Health and Wellbeing Outcome 6 –

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being



Carers

The draft Carers Strategy, an important part of our plans to develop support for carers and to begin to deliver on the requirements of the Carers (Scotland) Act, was completed by the 1st April.

The process of developing the strategy Included consultation with carers, carer organisations and other third sector organisations to obtain feedback on what people wanted the strategy and the carers eligibility criteria to cover and how they should be involved in the planning and delivery of services.

The Carers Strategy aims to provide clearer and better access to information services to improve carer health and wellbeing through a range of outcomes such as ensuring carers can achieve a balance in their lives, through the provision of support, advice and regular breaks so improving their own health and wellbeing.

Image

The strategy also aims to support carers to continue to care for longer in the community. In doing so, this will have a positive impact on the cared-for person and provide support to remain at home for longer.

Future Work

Training for staff will be developed using the Equal Partners in Care (EPIC) framework and sessions rolled-out across all relevant departments and third sector organisations to support continued learning and awareness-raising on behalf of

unpaid carers. Training on applying the new carers eligibility criteria will also be delivered.

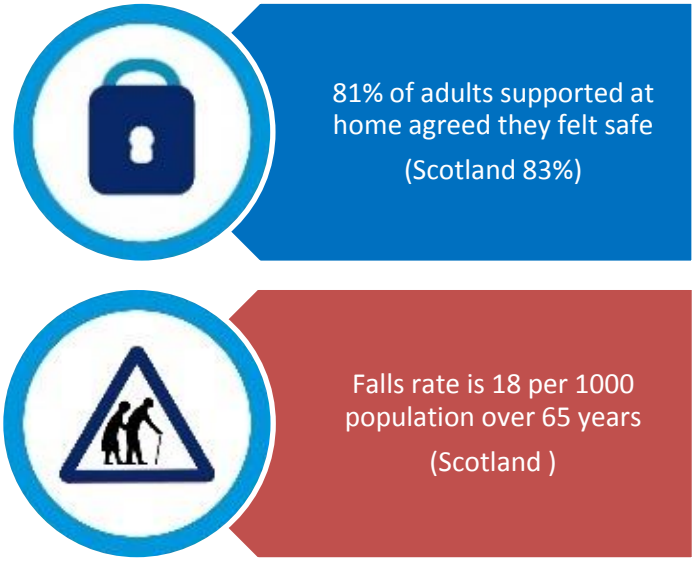
We will look at how we can work with lunch clubs, day centres, education, housing and other settings and with employers across East Lothian to raise awareness of carers. This will include promoting Carer Positive status amongst employers in the county.

The Equal Expert and Valued report[5] by the Coalition of Carers in Scotland included East Lothian in a 'Spotlight on local practice, noting that the HSCP had established a Carers Strategic Group to lead the development of the Carers Strategy and workplan as part of the delivery of the Carers Act requirements. It also noted that the Carers Strategy Team had worked with Carers of East Lothian as part of Adult Carer Support Plan developments.

[5] http://www.wrenandgreyhound.co.uk/wp-content/uploads/2018/05/60597-Coalition-of-Carers-in-Scotland-SUMMARY-Report-DIGITAL-VERSION.pdf

National Health and Wellbeing Outcome 7 –

People using health and social care services are safe from harm



Adult Support and Protection

The Adult Support and Protection Act makes provision to protect those adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. The definition of harm covers all harm including self-harm and neglect.

Image

The principles emphasise the importance of striking a balance between an individual's right to freedom of choice and the risk of harm to that individual. Any intervention must be reasonable and proportionate. It is recognised that, at times, there will be a need to carefully weigh and consider the various principles, particularly where the adult at risk does not wish support or they themselves are the source of the risk.

The Act provides measures to identify and to provide support and protection for those individuals who are vulnerable to being harmed whether as a result of their own or someone else's conduct. In 2017-18 the team received 820 Adult protection referrals and carried out 115 investigations.

One priority of the IJB workforce plan aims to ensure that our workforce are knowledgeable, skilled and able to deliver the relevant sections within the East Lothian Strategic plan which specifically promote the protection of service users.

Current 'live' Adult Protection cases are discussed monthly in supervision in order to ensure staff are supported and that practice adheres to agreed standards whilst keeping the service user safe.

Prevention of Violence Against Women

Public health colleagues:

- worked with the Violence Against Women and Girls Partnership to produce a briefing paper and position statement on commercial sexual exploitation
- delivered training courses: Level 1 'Understanding and Responding to Domestic Abuse' and 'Routine Enquiry of Domestic Abuse' to HV teams
- joined a pool of chairs for a Multi-Agency Risk Assessment Conference (MARAC).

Children and Young People's Mental Health:

Partnership working with HSCP, Education and third sector colleagues allowed public health to scope and map data and services across East Lothian, to share examples of good practice, review existing and emerging resources and to provide input to the development and implementation of a local children and young people's mental health strategy. This all aims to provide a prevention and early intervention approach to increase timely access to appropriate mental health support for all children and young people in East Lothian.

Care Home Inspections

A number of services were inspected through the year in announced and unannounced visits by the Care Inspectorate to care homes and adult services.

There were 19 inspections carried out in East Lothian care homes, most in the private sector. Although most were graded highly for quality and care, 5 private homes received low grades and follow up action plans for improvement. Of these 5 homes, the low grades in 2 homes required follow-up large scale investigations. The other 3 homes were kept under close monitoring. This supervision of and support to private care homes in difficulty places extra demands on HSCP colleagues.

East Lothian's performance in 2017-18 against national indicator NI-17 – *'Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections'* was 85%, an improvement of 8% since the previous year, putting it in first 40% for performance across all IJBs and equalling the Scottish average.

National Health and Wellbeing Outcome 8 –

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

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East Lothian Clinical and Care Governance Framework

Work began in December 2017 to develop an accountability framework to empower professionals on the front line to work together effectively in the delivery of services.

The approach was designed to also allow service representatives to meet with Lothian Clinical and Care Governance Group to describe their work – what's going well, what could be better and what might be keeping them awake at night. Having teams present in this way on a regular basis is part of making the HSCP a place where colleagues can:

- practice in line with professional standards, codes of conduct and organisational values
- be responsible for upholding professional and ethical standards in practice and support continuous learning and development
- provide the best possible care and treatment experience for service-users and their families
- provide accurate information on the quality of care and highlight areas of risk and concern

Image

- work in partnership with management, service-users and carers and staff in designing, monitoring and improving the quality of care and services
- speak up, in line with local whistle-blowing policy and regulatory requirements, when practice is seen that endangers the safety of patients, service-users or staff
- engage with colleagues, service-users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are responded to.

Perinatal and Infant Mental Health Group (PIMH)

Public Health partnered with PIMH to develop, host and present examples of locally produced resources/good practice through an 'ACES; how to respond?' conference. This was one of a series of continuing professional development events run over the past few years for local practitioners to; increase knowledge, awareness and confidence of various early years issues that inform practice in supporting local families with perinatal-infant mental health and early attachment/relationships.

NHS Lothian achieved the next level of the Carer Positive award scheme, becoming an 'established' carer positive employer. This award recognises the efforts to identify carers in the workforce and to use supportive policies in the workplace to allow colleagues to balance work and caring commitments

Neurological Strategy

An education strategy for Neurological Conditions was established for all Occupational Therapists and Physiotherapists across the partnership. This provided an initial full day training session in conjunction with Chest, Heart and Stroke Scotland, to develop a range of competencies, joint education sessions and collaborative working groups. The aim is to achieve long term, sustainable, education of all allied health professional (AHP) staff in a range of neurological conditions, thus placing East Lothian in an optimum position to meet the rehabilitation needs of all neurological patients in the community.

Continuous Professional Development and In-service Training

A timetable of joint in-service training was established across Occupational Therapy and Physiotherapy services. This includes in-house training from peers and external speakers and a programme of clinical education courses. Bringing teams together to share skills, knowledge and clinical experience, supports all colleagues in their learning and development journey. Combined with the promotion of action learning sets for staff in CPD sessions this promotes reflection and supports a personalised outcomes approach.

East Lothian Allied Health Professional Conference

In September 2017 East Lothian AHPs held a successful first conference to promote their services across the HSCP. This provided an opportunity to share the vision for the future delivery of AHP services and the ambition to improve outcomes, in line with the Scottish Government strategic drivers. The Conference, which created a platform for staff to share ideas and current developments to deliver integrated services, was attended by all East Lothian AHP staff. Another conference is planned in 2019.

National Health and Wellbeing Outcome 9 –

Resources are used effectively and efficiently in the provision of health and social care services.

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

The East Lothian Strategic Plan (2016–2019) identified a key aim of shifting resources from institutional and acute care to community based and focused care, to enable delivery of improved outcomes for the people of East Lothian. This reflected the Scottish Government's 2020 vision for everyone to live longer healthier lives at home or in a homely setting. It also supported the Single Outcome agreement (SOA) in further shifting the balance of care in East Lothian.

Image

In 2017-18, East Lothian IJB issued a Direction to initiate the process of reprovision of Belhaven and Edington Community Hospitals and of Eskgreen and Abbey care homes. Review work started in the summer of 2017.

The work was prioritised due to a number of pressing strategic and local issues:

- A growth in the number of older people in East Lothian and associated increase in care requirements
- A focus on shifting the balance of care from bed based to community based care while delivering care closer to home
- A move to support more independent, community-based living
- A drive to raise standards of service, through, among other actions the provision of facilities fit for modern care.

In February 2018 the IJB endorsed an initial report identifying a potential new model of provision based around 'extra care' housing. This housing model offers a modern, homely, flexible, future focused solution to both the reprovision of existing facilities and a contribution to meeting the needs of the growing population. This approach supports the IJB Strategic Plan and the Local Housing Strategy.

A further, updated report was produced for the IJB following a March to June 2018 consultation and engagement period.

Future Work

The IJB will be asked to approve the establishment of a Project Board supported by three project teams to reprovide services for Dunbar, North Berwick, and Musselburgh. This work will be undertaken in line with the IJB engagement policy of co-production to engage the local communities to develop this model further and to take into account different local needs across the three areas. It is expected that delivery of new, alternative provision across the areas will take between 3-5 years.

Charging Policy

A review of the current social care charging policy was completed, with the development of an updated policy scheduled for summer 2018. The review aimed to produce a policy making it clear what is charged for and why and which complied with the latest COSLA guidance on charging for non-residential care services. In addition, the review also improved financial assessment and billing and introduced a right to appeal which was previously missing.

Prepaid Cards were introduced to make Direct Payments in electronic form to clients, providing administrative efficiencies and allowing for data capture in the Mosaic IT system. A second stage roll-out is planned for Self Directed Support Option 2 budgets and emergency payments.

Provider movement

A number of providers elected not to participate in the tender to be part of the new service framework. This resulted in a lot of potential change for clients and carers and required the transfer of a large numbers of care hours to another provider. This work concluded in October 2017.

IJB Finances – Budget 2017-18

The financial year 2017-18 was the second in which East Lothian IJB received a financial allocation from its partners (East Lothian Council and NHS Lothian) for the functions delegated to it. The IJB built on the experience of its budgetary management in 2016-17 and undertook a detailed financial assurance process examining the budget offers from its partners for 2017-18. This process allowed the IJB to consider two broad issues:

1. Was the allocation proposed by the partner 'fair' – that is, was the allocation a fair share for East Lothian of the total resources available to the partner?
2. Was the allocation adequate?

In terms of fairness, the IJB accepted that the budgets offered were a fair share of the overall resources available to the partners. In terms of adequacy, the IJB had to consider the financial pressures in the system which the partners had provided to the IJB to allow the financial assurance process. The IJB agreed to accept the partners' offers on the basis that actions would be taken in-year to resolve the financial pressures identified.

2017-18 out-turn – financial performance

The IJB broke even at the end of 2017-18, that is the charges from the partners for the IJB's services was equal to the income available to the IJB. However, this was after considerable non-recurrent support from the IJB's partners, especially East Lothian Council.

In summary, before any further adjustments, the initial year end out-turn for East Lothian IJB was as follows:

	£000's	£000's
Initial position	250	(1,101)
Move underspend	(250)	250
Additional support from partners	75	796
Move support	(75)	75
Year end position	**0**	**0**

The initial financial position for 2017-18 (before any adjustments) was an underspend within the health arm of the budget and an overspend within the social care arm of the budget. The IJB directed NHS Lothian to make these under spent funds available to East Lothian Council to support the social care position. That adjustment did not allow the IJB to break-even. Both partners made further funds

available to the IJB to reach a break-even position, with the largest element of the non-recurrent support coming from the Council.

Although the health element of the IJB's budget was underspent, there were some underlying pressures within 'acute set aside' (the budgets for the delegated functions managed in the acute hospitals, described in more detail below) and GP prescribing. These pressures were managed in year on a non-recurrent basis, that is from underspends in other operational services.

The main drivers in the social care position are the significant overspends in those services supporting older people especially in care homes and care at home and in services for adults with learning and physical disabilities. Along with these operational pressures the achievement of the efficiencies built into the opening budgets has proven to be a challenge and an element of the overspend was driven by unachieved efficiencies.

Overall, the break-even position has been achieved by non-recurrent support and slippage (underspends) in elements of the health services. The IJB is building the management of these pressures into its financial plans for 2018-19.

The total overall position was as follows:

East Lothian IJB - Budget Performance in 2017-18

	Budget £000's	Actual £000's	Variance £000's
Health Services for In-Patients	30,414	30,490	(76)
Primary Care	46,054	46,363	(309)
Other Community Health Services	32,255	31,641	614
Social Care Services	49,729	50,829	(1,100)
Non-Recurrent Support	871		871
Total	**159,323**	**159,323**	**0**

Note - variances are underspend/(overspend)
Social care services include the social care fund

Primary Care expenditure includes:

- GMS – the costs of running the GP service in East Lothian
- GOS – support to the delivery of community ophthalmic (optician) services
- GPS – support to the delivery of community pharmacy services
- GDS – support to the delivery of community dental services
- GP Prescribing – the costs of prescriptions for the 15 East Lothian GP practices.

Part of the budget above includes the £21.6m of acute set aside budget. Acute set aside is the expenditure on functions that are delegated to the IJB but managed by the NHS Lothian acute management team, these budgets being 'set aside' on behalf of the IJB. This concerns mostly inpatient bed costs but there is also a small element of outpatient services depending on how the delegated function is delivered. This includes the Accident and Emergency service at the RIE.

Included in the social care services above is:

- Expenditure on social care services on care homes or adult placement - £6.4m
- Expenditure on social care services to support carers - £0.3m

It should be noted that support to carers is a thread that runs through all services, there is not a specific carers budget, nor expenditure identified. The value above is the total of specific providers and workers who provide direct support to carers.

In 2017-18, the Scottish Government made a second tranche of the Social Care Funds available in addition to the first allocation in 2016-17. The Social Care Fund now stands at £6.2m for East Lothian. This fund has been used to underpin the additional costs resulting from ensuring that all staff who provide social care received the Scottish living wage. It has also supported the creation of additional capacity within social care. The Social Care Fund is now recurrent and incorporated into the IJB's baseline budget.

The Financial Year Ahead

The IJB has agreed budgets for 2018-19, having used the same methodology as last year. There remains a significant financial challenge both in terms of additional pressures from demographic growth and other increases in demand and from the underlying financial pressures which were, as described above, supported non-recurrently in 2017-18.

The Scottish Government has made available a further £66m nationally (East Lothian's share being £1.2m) to the Councils to support social care - all of these funds have been passed by the Council to the IJB.

The Scottish Government has also committed to further investments in primary care, mental health and substance misuse services. These funds have been made available to the IJB in 2018-19.

The IJB continues to develop its financial plan and will use the additional resources discussed above to allow it to further the transformation of its services which will provide fully integrated, locally delivered and community based services for East Lothian that are financially sustainable.

Appendix 1 – All Directions applying in 2017-18

New Directions for 2017-18

10 - Directions to NHS Lothian on Primary Care

D10a - Preparations for the New GMS Arrangements (supersedes D01e and D01f, aligned with D01g, Do4a, D04b)
D10b - Support to Primary Care Quality Clusters (New Direction)
D10c - Primary Care Strategy (New Direction)

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

D11a - Emergency Assessment Services and Emergency Admissions (New Direction)
D11b - Occupied Bed Days (new Direction)
D11c - Delayed Discharges (supersedes D07)
D11d - End of Life Care (new Direction)
D11e - Transfer of AHP resource from Secondary Care (new Direction)
D11f - Contracts for Care at Home (new Direction)

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

D12a - ELC delivered care at home services (supersedes D02a and D02b)
D12b - Extra care housing (new Direction)
D12c - Day services for older people (supersedes D02e)
D12d - Reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals (supersedes D01c and D02c)
D12e - Integrated Care Fund Review (supersedes D06)
D12f - Transfer of patients of Ward 2 Belhaven Hospital to Ward 3 Belhaven Hospital (issued January 2018)

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

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

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

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

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

D15a - Allocation to ELHSCP of the full 12% of Drug and Alcohol funding (new Direction)
D15b - Redesign of MELDAP (new Direction)
D15c - Provision of adult mental health services (new Direction)
D15d - Provision of older adult mental health services (new Direction)

16 - Direction to NHS Lothian and ELC on Community Justice

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

Continuing Directions from 2016-17

D01a - Continue to support an Outline Business Case, Final Business Case and Financial Close for a new integrated East Lothian Community Hospital.
D01b - Continue to support, develop and agree a "decant programme" from Liberton and Midlothian Hospitals

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D01d - Deliver business cases for Prestonpans and Harbours Medical Practices.
D01g - Develop and implement a prescribing budget calculation which more accurately reflects demographic change and need across Lothian.

D02d - Develop and implement a new Carers Strategy for East Lothian.
D02f - Establish a housing and health and social care planning interface group.
D02g - Complete a scoping exercise for a redesigned model of re-ablement
D02h - Complete a review of all current Section 10 grants against an agreed prioritisation framework to ensure strategic fit and best value and bring forward proposals for investment and disinvestment.
D03a - Ensure the repatriation of East Lothian residents from Liberton Hospital in Edinburgh with the associated shift in aligned financial resources to the IJB.
D03b - Ensure the repatriation of East Lothian residents from Midlothian Community Hospital with the associated shift in aligned financial resources to the IJB, based on agreed activity data to match this.

D04a - Continue to work collaboratively to support and accelerate local delivery of the key recommendations of the national review of primary care out of hours services.

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

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

D05b - East Lothian Integration Joint Board direct East Lothian Council to provide services as outlined and within and in accordance with the budgets outlined in Section 10 of this Direction.

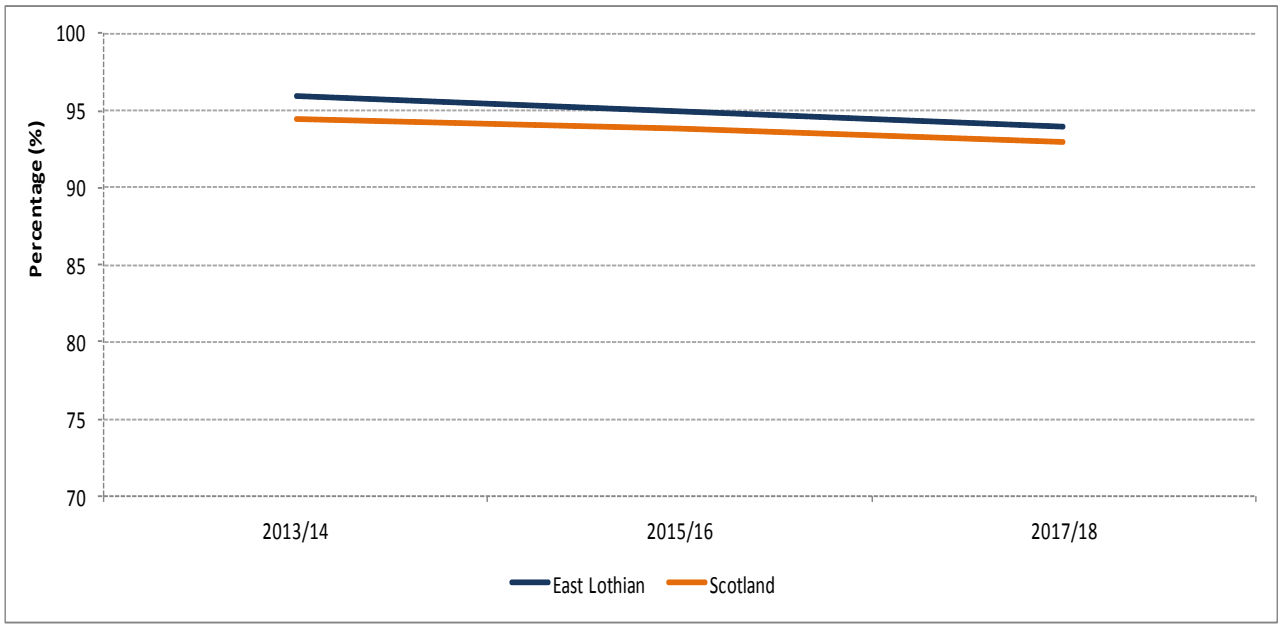
D08 - NHS Lothian to delegate the agreed budget for the Integration (Social Care) Fund to the IJB in line with the proposal from East Lothian Council.

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

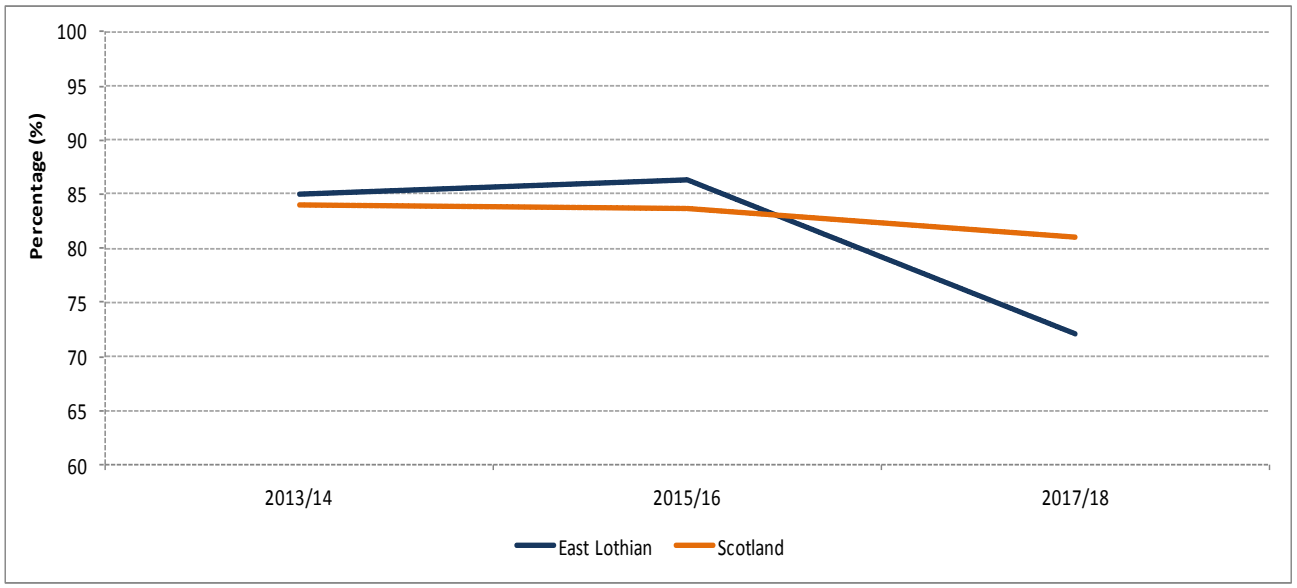
Each of these directions will remain in place until varied, revoked or superseded by a later direction in respect of the same function.

Appendix 2 - Trend Graphs for the National Indicators

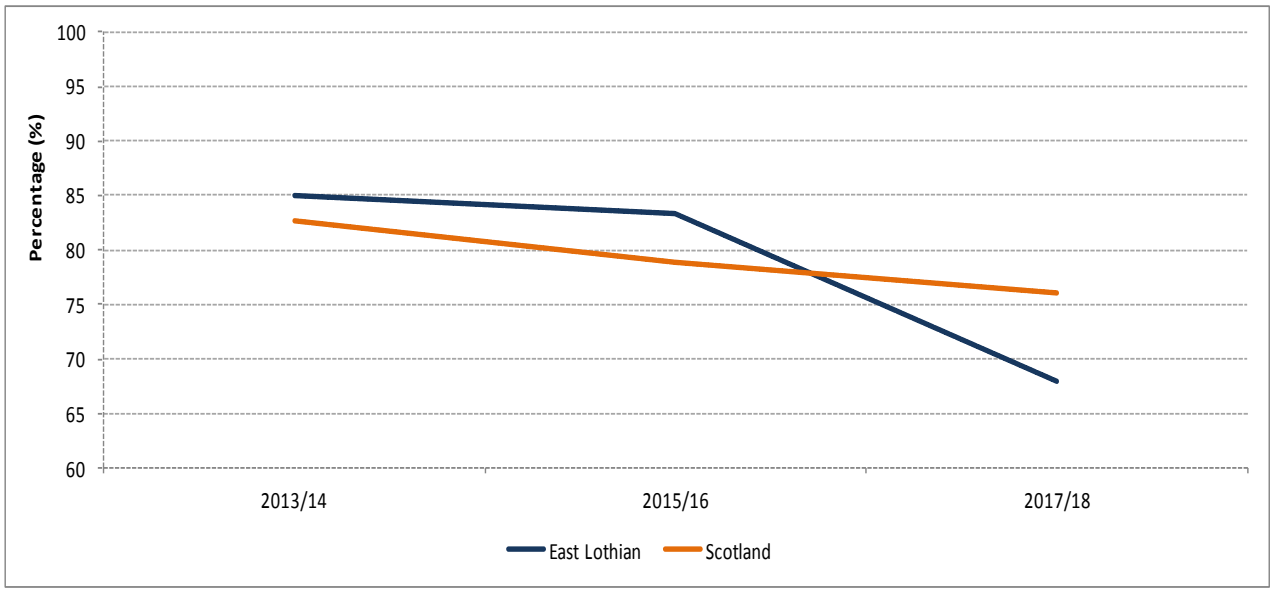
NI-1 - Total combined percentage of adults able to look after their health very well or quite well. (Trend for East Lothian and trend for Scotland).



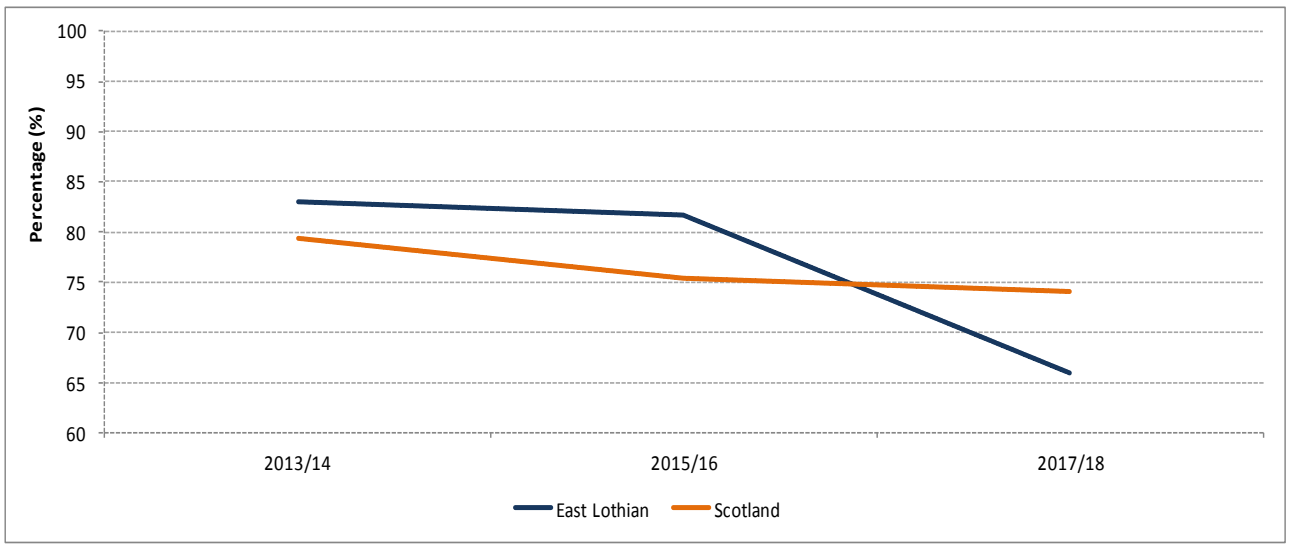
NI-2 - Percentage of adults who responded that they either strongly agreed or agreed that they are supported to live as independently as possible (trend for East Lothian and trend for Scotland).



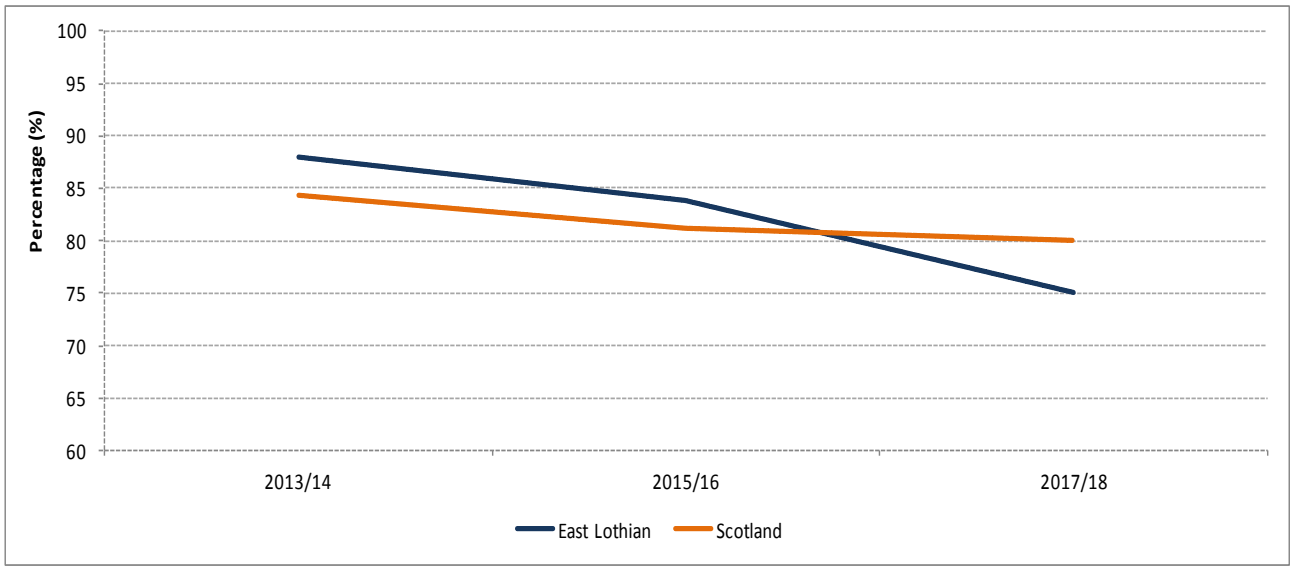
NI-3 - Percentage of adults who responded that they either strongly agreed or agreed that they had a say in how their help, care or support was provided (trend for East Lothian and trend for Scotland).



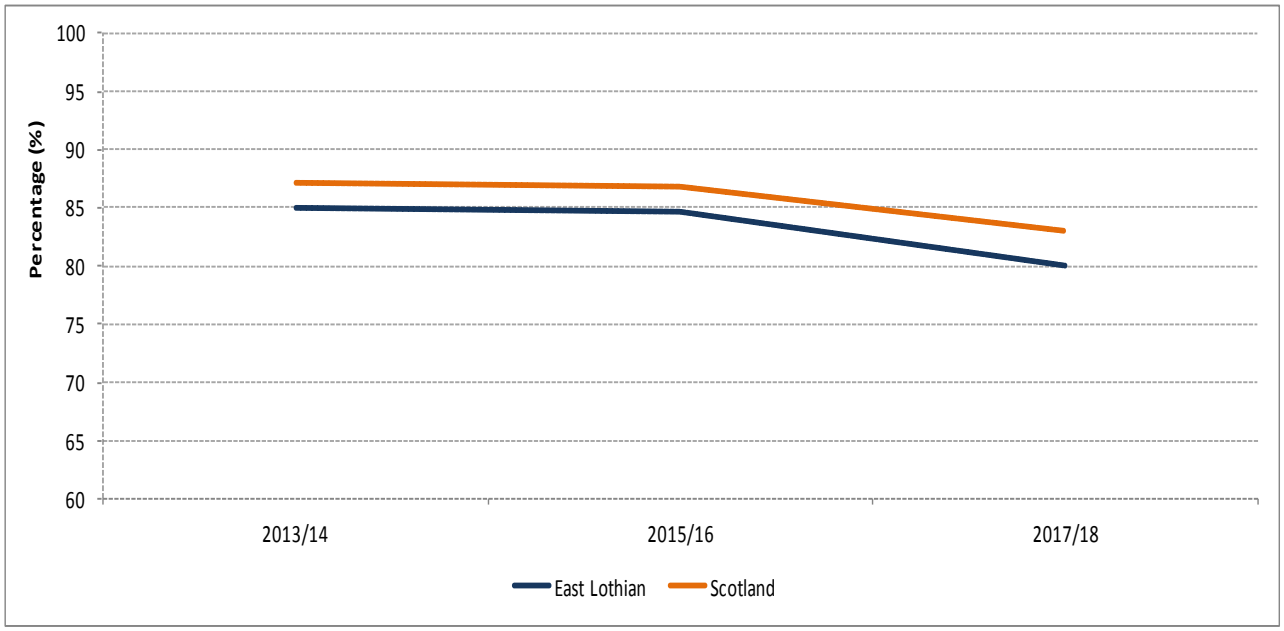
NI-4 - Percentage of adults who responded that they either strongly agreed or agreed that their health and social care services seemed to be well co-ordinated (trend for East Lothian and trend for Scotland).



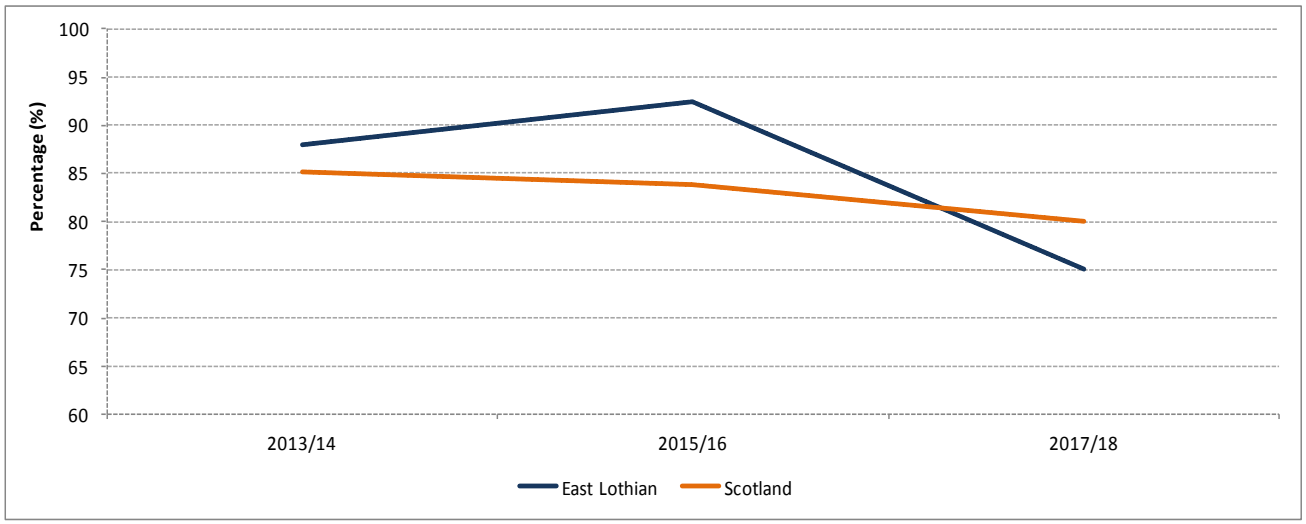
NI-5 - Percentage of adults who rated their care or support as excellent or good **(t**rend for East Lothian and trend for Scotland).



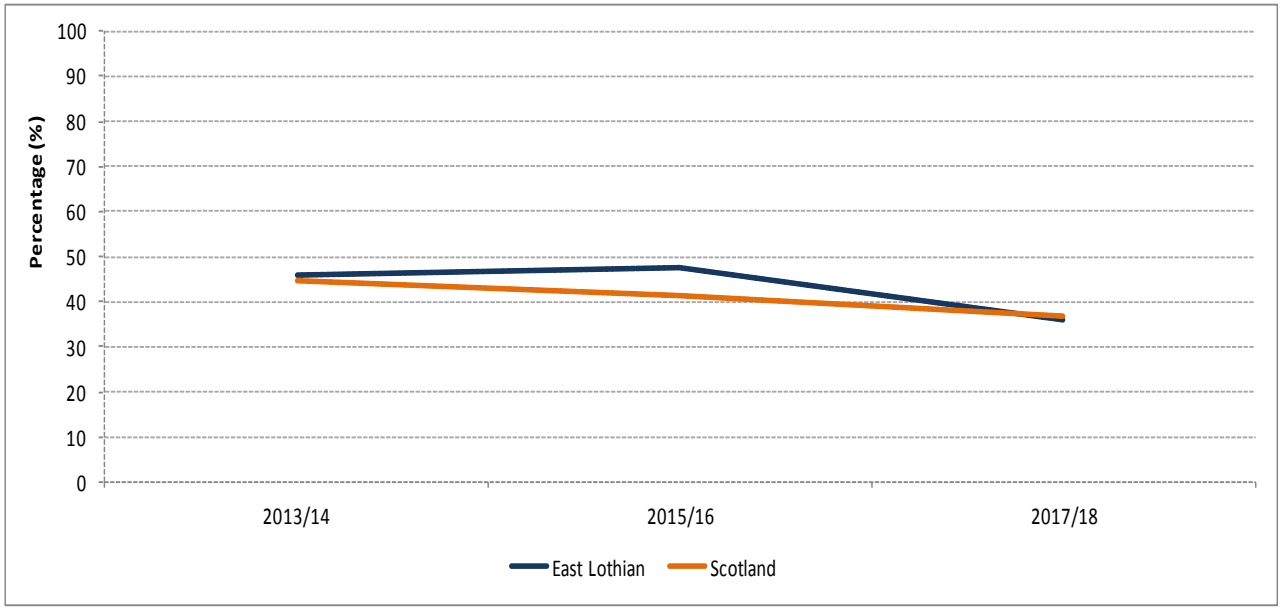
NI-6 - Percentage of adults who rated the care provided by their GP practice as excellent or good (trend for East Lothian and trend for Scotland).



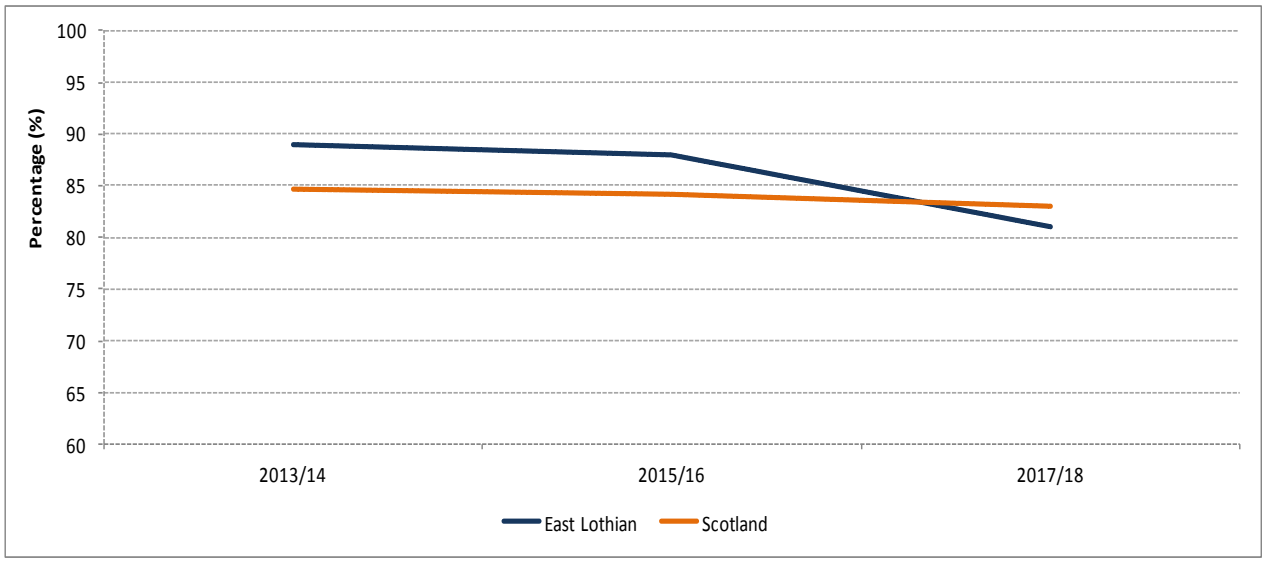
NI-7 - Percentage of adults who either strongly agreed or agreed that their services and support had an impact on improving or maintaining their quality of life (trend for East Lothian and trend for Scotland).



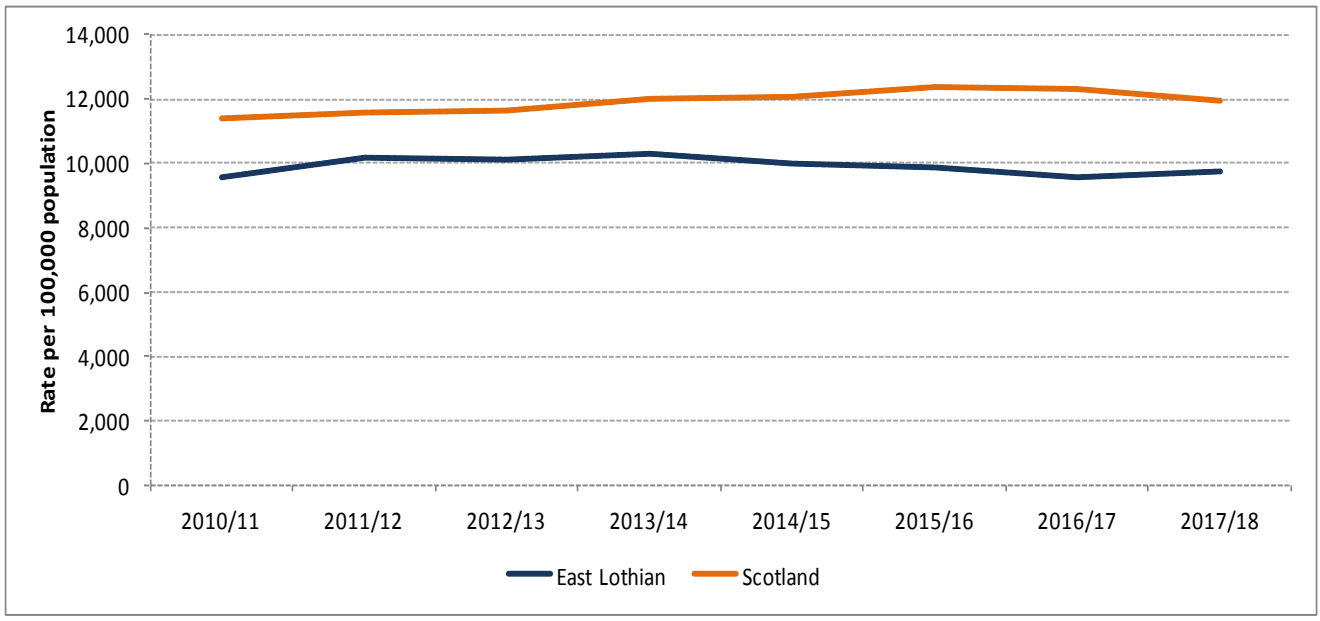
NI-8 - Percentage of carers who either strongly agreed or agreed that they felt supported to continue in their caring role (trend for East Lothian and trend for Scotland).



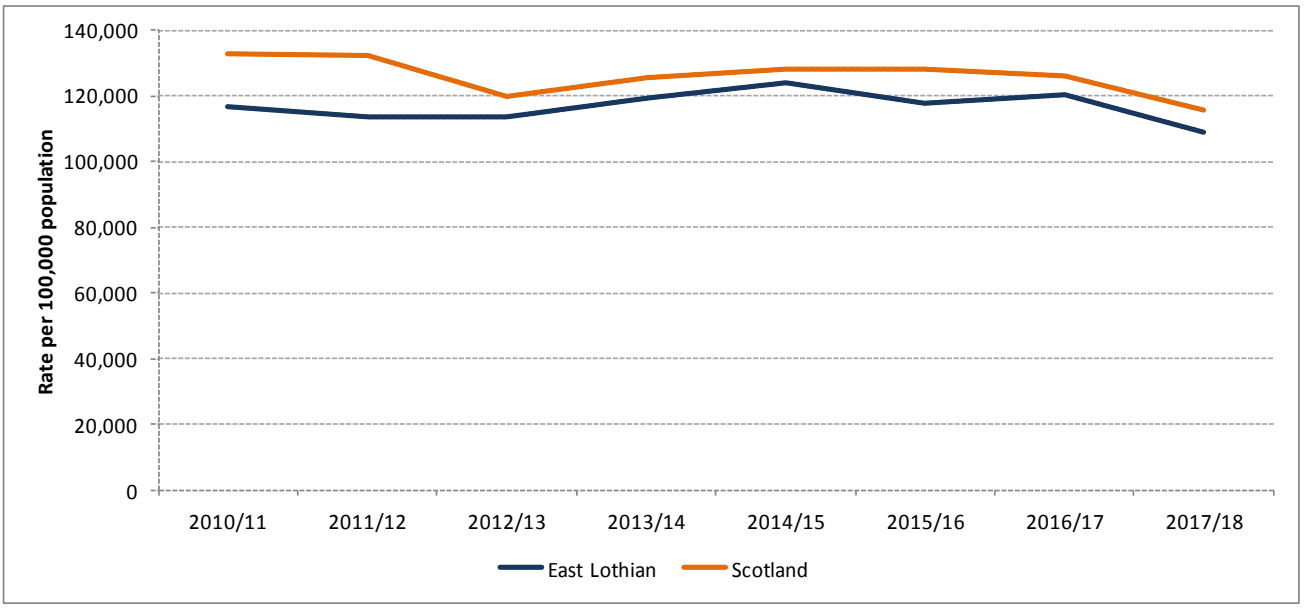
NI-9 - Percentage of adults supported at home who either strongly agreed or agreed that they felt safe (trend for East Lothian and trend for Scotland).



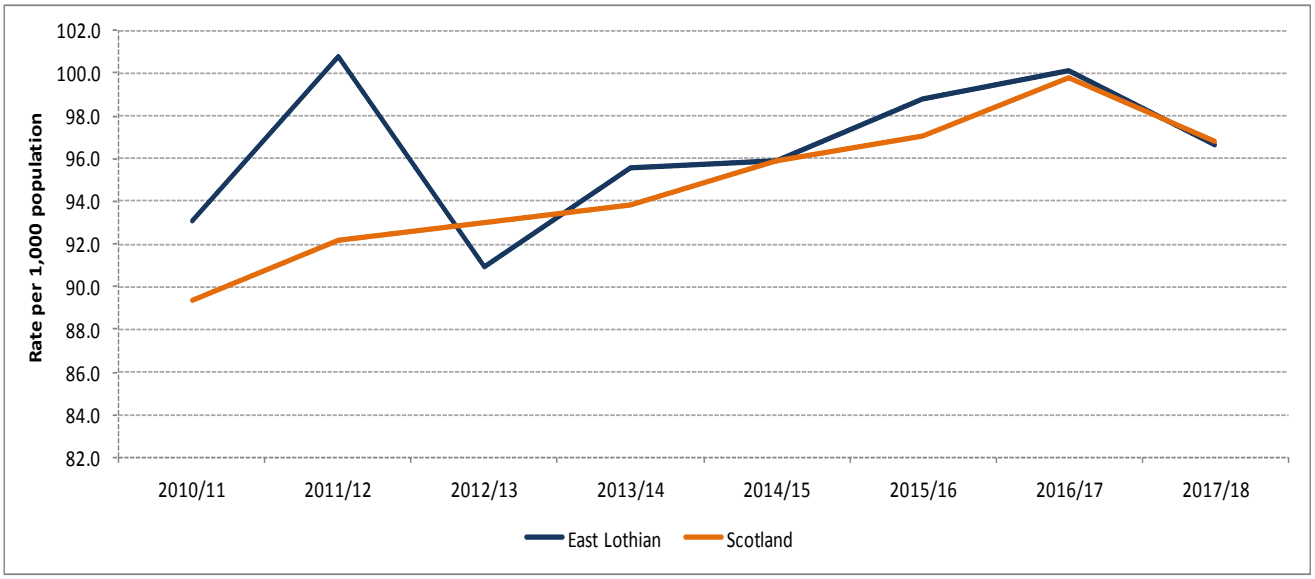
NI-12 - Rate of emergency admissions per 100,000 population for adults (trend for East Lothian and trend for Scotland).



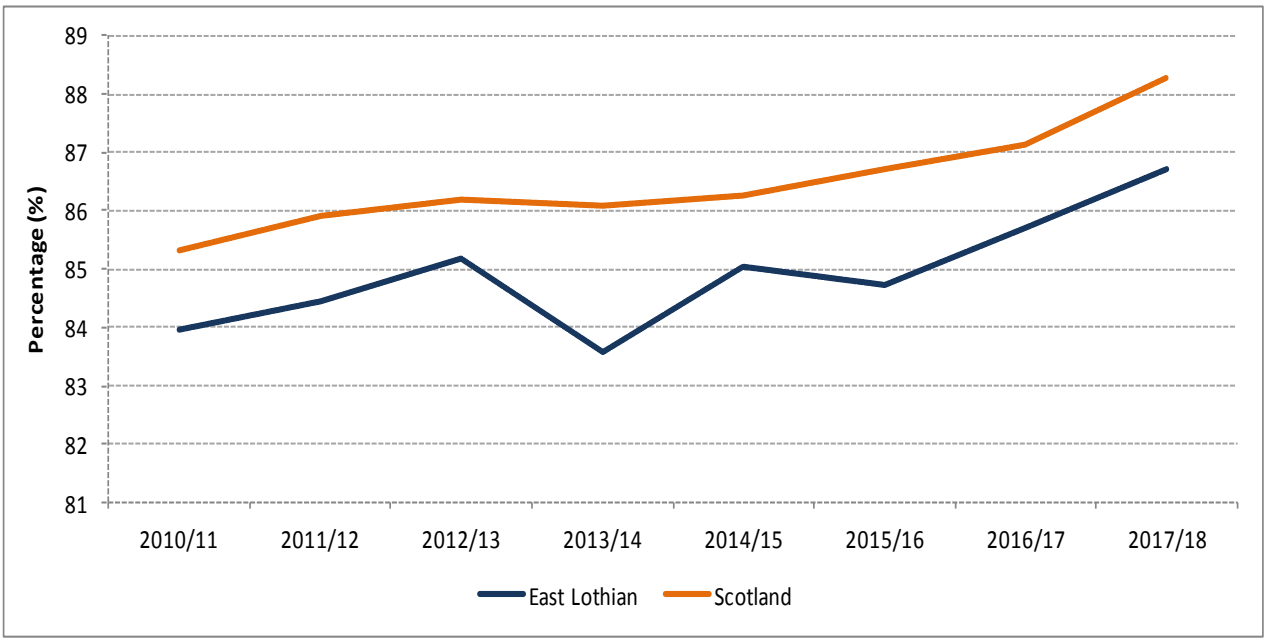
NI-13 - Rate of emergency bed day per 100,000 population for adults (trend for East Lothian and trend for Scotland).



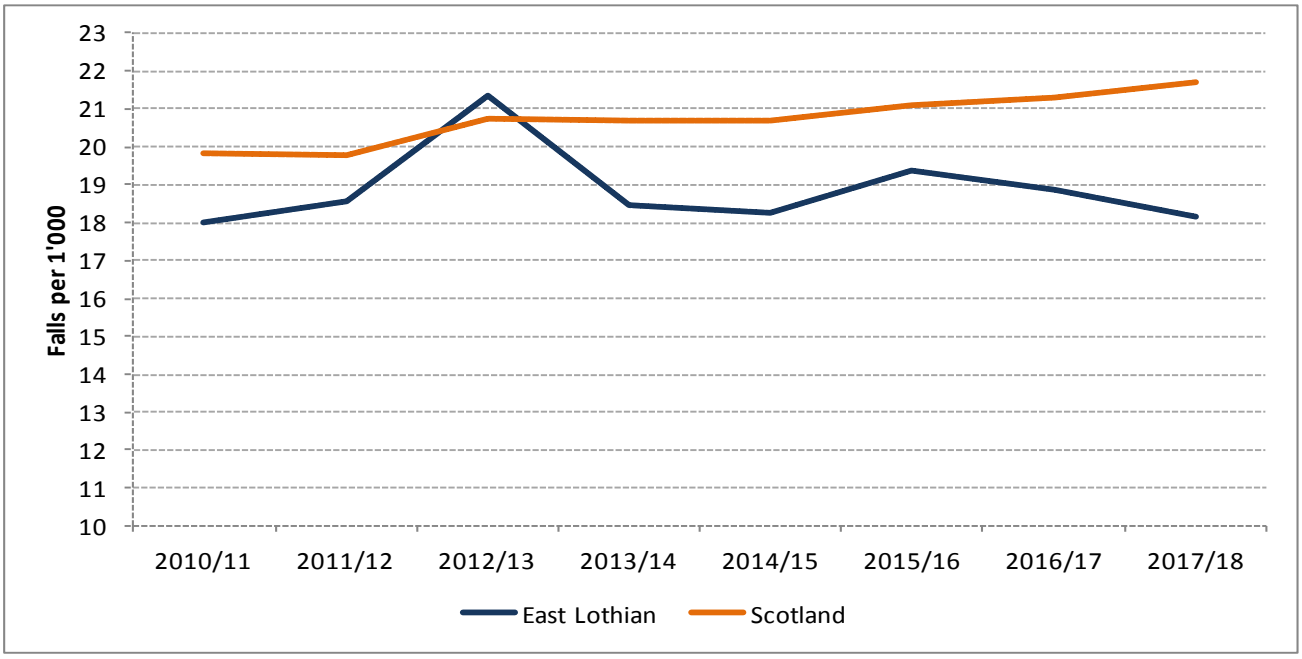
NI-14 - Readmission to hospital within 28 days of discharge per 1,000 admissions (trend for East Lothian and trend for Scotland).



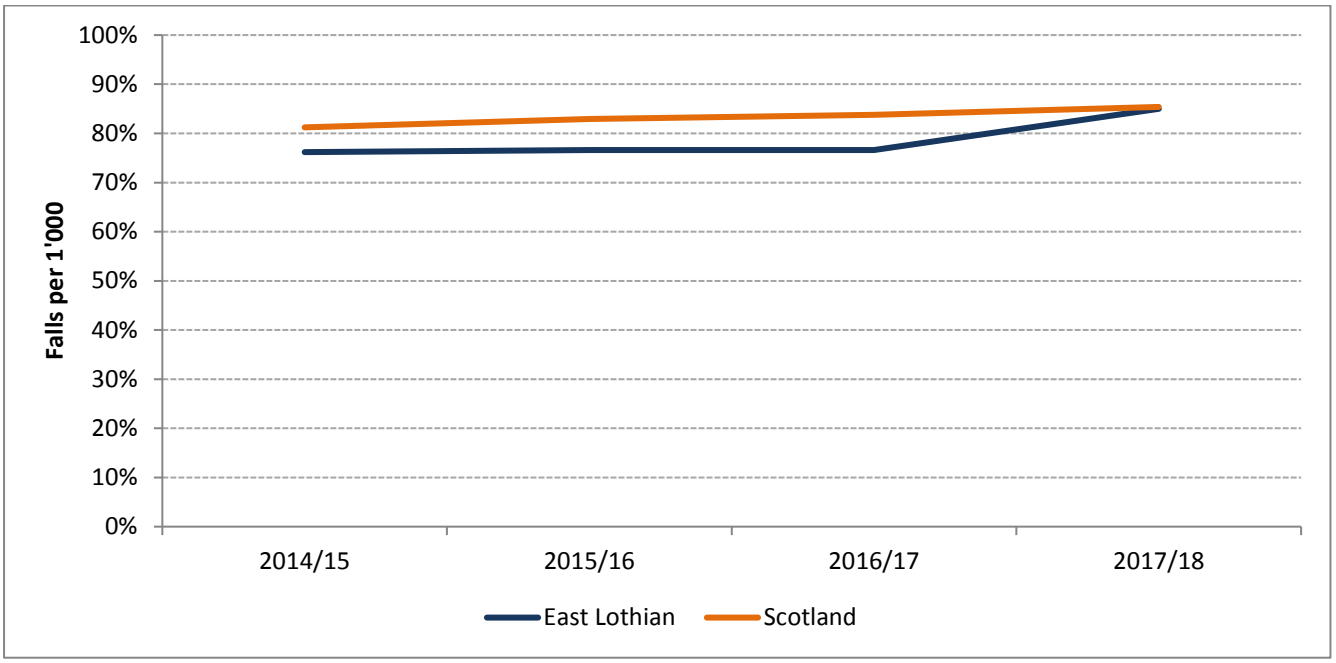
NI-15 - Percentage of time spent by people in the last 6 months of life at home or in a community setting (trend for East Lothian and trend for Scotland).



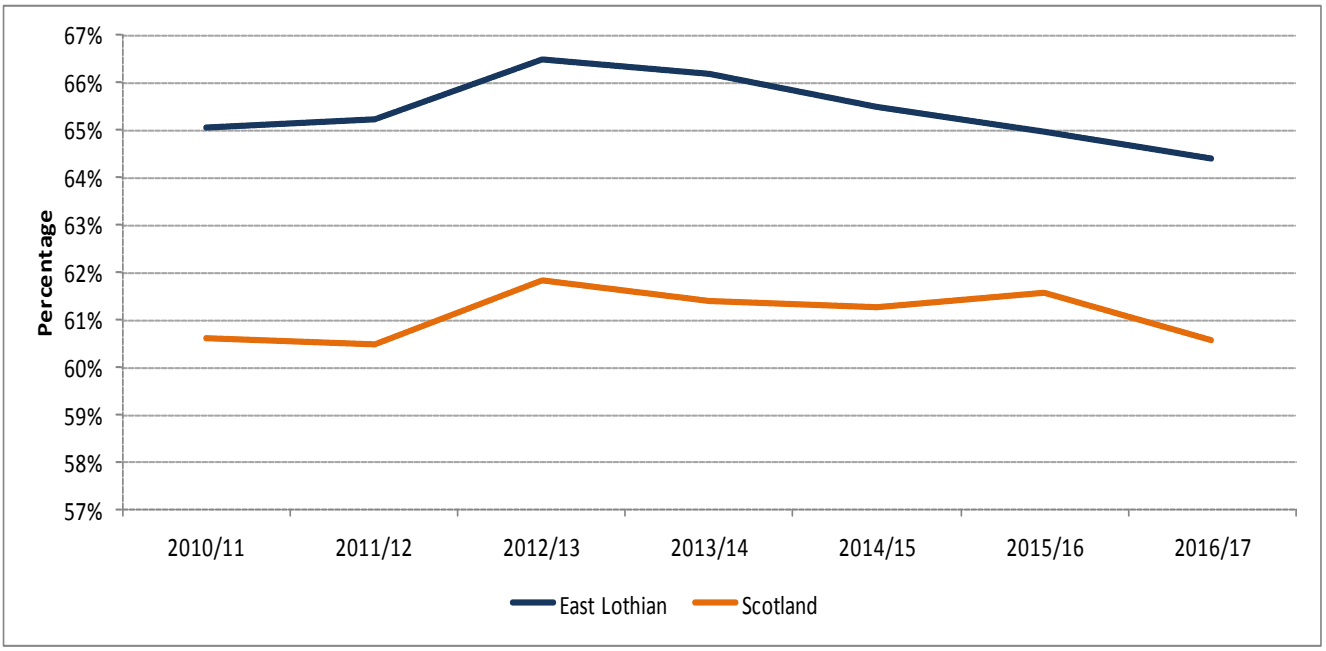
NI-16 - Falls Rate per 1,000 population aged 65+ (trend for East Lothian and trend for Scotland).



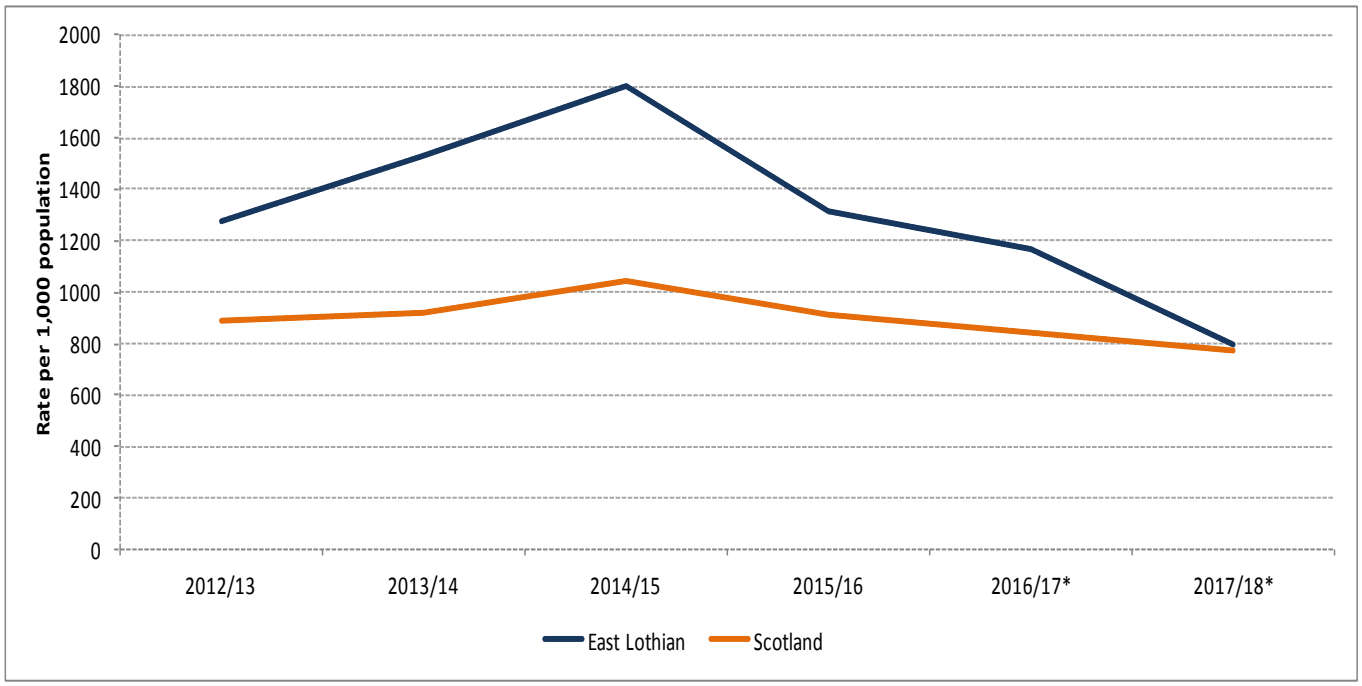
NI-17 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (trend for East Lothian and trend for Scotland).



NI-18 - Percentage of adults with intensive care needs receiving care at home (trend for East Lothian and trend for Scotland) data only available up to 2016-17.



NI-19 - Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population (trend for East Lothian and trend for Scotland).



NI-20 - Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (trend for East Lothian and trend for Scotland).