



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 28 JUNE 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

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 Drummorie 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 Drummorie.

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 re-provision 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.