East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 October 2018

BY: Interim Chief Officer

SUBJECT: Membership of the Integration Joint Board

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1 PURPOSE

1.1 To inform the Integration Joint Board (IJB) of the renomination of Fiona Ireland by NHS Lothian as a voting member of the IJB.

2 RECOMMENDATIONS

2.1 The IJB is asked to note the renomination of Fiona Ireland as a voting member of the IJB for the maximum three year term.

3 BACKGROUND

3.1 A report was presented to the IJB at its meeting on 26 April 2018 outlining the statutory requirements of members' terms of office. The IJB agreed that the Chief Officer should take the necessary action in relation to those members whose term of office was due to expire.

3.2 Following an enquiry from the Chair and Chief Officer, NHS Lothian confirmed its renomination of Fiona Ireland as a voting member of the IJB for the maximum three year term.

4 ENGAGEMENT

4.1 The issues in this report have been discussed with the appropriate nominating body.

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial – None.

7.2 Personnel – None.

7.3 Other – None.

8 BACKGROUND PAPERS

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

8.2 'Membership of the IJB – Terms of Office' report to the IJB on 26 April 2018.

AUTHOR'S NAME	Fiona Currie
DESIGNATION	Committees Officer
CONTACT INFO	fcurrie@eastlothian.gov.uk
DATE	17 October 2018

East Lothian
Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 27 SEPTEMBER 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

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Voting Members Present:
Mr P Murray (Chair)
Councillor S Akhtar
Councillor N Gilbert (*substitute)
Ms F Ireland
Mr A Joyce
Councillor S Kempson
Councillor F O'Donnell

Non-voting Members Present:
Mr D Binnie
Ms F Duncan
Ms P Dutton
Dr R Fairclough
Ms E Johnston
Mr D King
Ms A MacDonald
Ms M McNeill
Ms J Tait

Officers from NHS Lothian/East Lothian Council:
Ms L Cowan
Mr P Currie
Ms B Davies
Ms C Flanagan

Visitors Present:
Mr D Melly, Audit Scotland

Clerk:
Ms F Currie

Apologies:
Councillor S Currie*

Declarations of Interest:
None

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

The Interim Chief Officer had submitted a report asking the IJB to agree the appointment of two new non-voting members.

Alison MacDonald presented the report summarising the selection process and commending both appointments to the IJB.

Decision

The IJB agreed:

(i) To the appointment of David Binnie to represent carers and Jean Trench to represent the independent sector; and
(ii) That the appointment of Mr Binnie should be for two years and Ms Trench for three years.

The Chair formally welcomed Mr Binnie to the IJB.

2. MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 23 AUGUST 2018 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 23 August 2018 were approved subject to one amendment:

- Page 5, paragraph 4 – change 'Margaret McKay' to 'Marilyn McNeill'

3. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 23 AUGUST

The following matters arising from the minutes of 23 August were discussed:

(Item 6) – The Chair reminded members that today was David King's last meeting as Chief Finance Officer and that Claire Flanagan would take over the role from 1 October.

(Item 7) – Councillor Shamin Akhtar referred to the funding issue raised by Margaret McKay and asked if there was any progress to report. Ms MacDonald agreed to follow this up and provide a response to members.

4. CHAIR'S REPORT

The Chair advised members that Ms MacDonald's interim appointment had been extended to April 2019 due to a delay in recruiting a suitable candidate to the Chief Officer post on a permanent basis. Councillor Fiona O'Donnell thanked Ms MacDonald and commended her performance in role.

The Chair also noted that Councillor Susan Kempson had today chaired her first meeting of the Audit & Risk Committee.

He advised members that the report of reprovision of services would come forward at the IJB's meeting on 25 October. He also reported on several meetings he had recently attended including the NHS Lothian Finance & Resources Committee, CoSLA Health & Social Care Board, the Ministerial Steering Group and an event hosted by the

Standards Commission. He referred to the papers that had been circulated to members and which provided further information on some of the issues discussed at these meetings.

5. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

Ms Ireland advised members that although she had not attended the most recent meeting of the Committee she had reviewed the papers and the most relevant report related to healthcare governance and an inquiry into the use of opiates at a hospital in England.

She also reported that the East Lothian Clinical & Care Governance Committee had held its third meeting and had agreed to use its October meeting to review the pilot project and prepare an action plan. She added that there had been a very useful discussion at this morning's Audit & Risk Committee meeting on how to link governance issues with the wider risk management process.

Ms MacDonald advised members that a further report on the setting up of the IJB's Clinical & Care Governance Committee would be brought to the October meeting and would include proposals for the Committee's inclusion in the IJB's Standing Orders.

In response to questions, Ms Ireland explained that the policy for operational issues lay with the providing Partner and Ms MacDonald confirmed that there would be a staff event held on clinical and care governance issues.

6. DELAYED DISCHARGES (VERBAL)

Ms MacDonald reported that the trajectory was 16 and that currently there were 15 delayed discharges. She said that this was always a challenging time but that additional winter funding from the NHS and a little spare capacity in care homes meant that things were in a good position at present.

Councillor O'Donnell thanked Ms MacDonald and the team for their consistent performance and referred to services such as Hospital to Home and Hospital at Home as examples of good practice in this area. She also asked if the capacity in care homes was as a result of more people remaining in their own homes for longer.

Ms MacDonald indicated that it was likely due to a number of factors including the availability of these services, improvements in accessing packages of care and the Haddington Care Home recently coming on line.

Marilyn McNeill reported some positive feedback from service users relating to care at home and palliative care services and Ms MacDonald said that she would pass this on to the teams involved.

Councillor Akhtar asked if the additional winter funding could provide the opportunity to try different things. Ms MacDonald indicated that the funding was only for three months so it might be difficult to do something completely new however, the money would provide additional capacity in services which were already known to be successful.

The Chair advised that, as from the October, each meeting agenda would include a presentation on a project or services in the community. He said that Hospital to Home or Hospital at Home could be included in this and he welcomed further suggestions from members.

Penny Dutton said that new initiatives were always welcome but that it was important to acknowledge the considerable work already going on, particularly in social work teams, to support the reduction in delayed discharges.

7. IJB ANNUAL ACCOUNTS

The Chief Finance Officer had submitted a report presenting the IJB's annual accounts for 2017/18.

Mr King advised members that the accounts had been prepared and presented in draft form at the IJB's June meeting, thereafter they were reviewed by the external auditors, Audit Scotland, and minor amendments had been made. Audit Scotland had presented their annual audit report to the Audit & Risk Committee and had advised that they would be issuing an unqualified audit opinion. Mr King confirmed that once agreed the accounts and the annual audit report would be published on Audit Scotland's website.

Councillor Kempson added that the Audit & Risk Committee had recommended that the IJB accept the accounts and that they were then signed by the Chair and chief officers. She also thanked Mr King, his team and the external auditors for preparing the accounts and for the excellent audit report.

Mr King responded to questions from Councillor Akhtar on the county's growing population and the need for additional resources, and on the risks associated with managing the implementation of the Carers Act.

Councillor Akhtar also suggested that the developments outlined on page 5 of the accounts might be used to promote the work of the IJB.

Decision

The IJB agreed that the IJB's annual accounts for 2017/18 were signed on behalf of the IJB by the Chair, the Interim Chief Officer and the Chief Finance Officer.

8. FINANCIAL POSITION 2018/19 AND FINANCIAL PLAN

The Chief Finance Officer had submitted a report updating the IJB on its current financial position in 2018/19, considering the projected year end out-turn and describing the continuing work on the IJB's three year financial plan.

Mr King presented the first part of the report which summarised the current financial position in 2018/19 and the forecast year end position. Mr King advised that there remained the likelihood of an overspend in the adult wellbeing budget and while NHS Lothian were currently forecasting an underspend in their prescribing budget this may be subject to change as a result of external factors. He indicated that the IJB needed to be proactive in seeking further forecasts from the partners and in reviewing and agreeing proposed recovery plans.

Mr King responded to a number of questions from members on the proposed recovery plans, the impact of issues such as the local authority pay award and additional funds for mental health services and whether the projected underspend would be sufficient to cover the likely overspend. He also acknowledged the importance of service transformation as part of any financial recovery plan.

Ms MacDonald said that it was becoming clearer where the pressures were and where the challenges would be, e.g. the older population and also younger people with

complex needs. Before the IJB could make decisions about recovery plans more information was needed on these and other challenges and this was a significant piece of work.

Mr King presented the second part of his report and circulated to members a presentation given to the NHS Lothian Finances & Resources Committee (F&RC) regarding the development of a new financial strategy. He talked members through the proposed changes in some detail outlining the key issues and the overall benefits for the East Lothian IJB, were there to be a change in the financial model. He indicated that further discussion was taking place and that a follow up paper would be presented to the F&RC in November.

While the Chair acknowledged that this information had the potential to create undeliverable expectations, he felt it was important to share it with members as this was the direction of travel clearly indicated by NHS Lothian and it could potentially take effect from 2020/21. He added that the possibility of actual spend being linked directly to actual use could free up resources to make a significant impact in the community and it would be important to keep these proposals in mind as part of any forward planning.

Mr King concluded his representation of the report with a summary of the continuing work on the IJB's multi-year financial plan.

Elaine Johnston welcomed the presentation which she said had provided a greater understanding of a very complicated area of the IJB responsibilities.

Replying to a question from Dr Richard Fairclough, Mr King said that he did not think it would be possible to reclaim money historically.

The Chair noted that there continued to be significant challenges in the current financial year and decisions would have to be taken on how to address the projected overspend. Referring to the presentation from NHS Lothian, he noted that there was a clear direction of travel but as yet no guarantees. He expressed the hope that whatever model was finally agreed upon would be of benefit to the IJB going forward.

Decision

The IJB agreed to:

(i) Note the current financial position;
(ii) Support the actions laid out below to work towards a break-even position in 2018/19; and
(iii) Support the further work on the three year financial plan.

9. UPDATE – REVIEW OF THE IJB'S STRATEGIC PLAN

The Interim Chief Officer had submitted a report updating the IJB on the current work underway to review the IJB's Strategic Plan.

Ms MacDonald presented the report summarising the work that would take place over the next six months including the agreement of an engagement strategy, a joint needs assessment, the introduction of the Change Boards and a review of the current Strategic Plan. She advised members that a further report and work plan would be brought to a future meeting of the IJB.

Bryan Davies provided an overview of the strategic planning structures that were being put in place through the new Change Boards. He outlined the topics for each of the seven boards and advised that the remits and memberships were currently being finalised.

The Chair added that the role of the Reference Groups – which would feed into and shape the direction of the Change Boards – was to ensure that there was appropriate participation and engagement from Third Sector and other organisations at the beginning of the planning process. He reminded members that the some of the co-chairs of the Change Boards would come from the membership of the IJB and there would shortly be a meeting of all co-chairs to discuss and agree their roles and responsibilities.

In response to questions from members, Mr Davies confirmed that guidance would be issued on the remits and memberships of the Reference Groups and that these would be kept under review and revised as necessary. He advised that some of the Reference Groups had already begun work. Mr Davies also confirmed that health inequalities would be a mandatory requirement as part of the reporting templates and that work was already underway with the Community Care Forum on how best to engage with services users and carers in the new structure.

Decision

The IJB agreed to:

(i) Note the report; and
(ii) Support the work underway.

Valedictory
The Chair reminded members that this was Mr King's last meeting as he was retiring from NHS Lothian and his role of Chief Finance Officer of the IJB. He thanked him for his very significant contribution, his professionalism and his diligent support for the aspirations of the IJB. His advice had been greatly appreciated and he had helped to shape the IJB. The Chair concluded by wishing Mr King a long and happy retirement.

Mr King thanked the Chair and members the kind words and gifts. He said that he had greatly enjoyed his time with the IJB and offered them his best wishes for the future.

Signed .....

Mr Peter Murray
Chair of the East Lothian Integration Joint Board

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 October 2018

BY: Interim Chief Officer

SUBJECT: Hospital Delayed Discharges

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1 PURPOSE

1.1 This report updates the Integration Joint Board (IJB) on performance for delayed discharges in East Lothian and asks the IJB to agree further actions to maintain progress.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

(i) Note the improving trend on performance and recent actions.
(ii) Discuss the issues involved in performance on hospital delayed discharge.

3 BACKGROUND

3.1 The national target for hospital delayed discharge performance requires that no (non-complex coded) patient should waiting more than 2 weeks for discharge following being declared medically fit to leave hospital.

3.2 An East Lothian Integration Joint Board Direction (no. 11b) for 2017-18 agreed a local target to reduce the total number of occupied bed days for East Lothian residents arising from all episodes of unscheduled care by 10 % compared to the previous year.

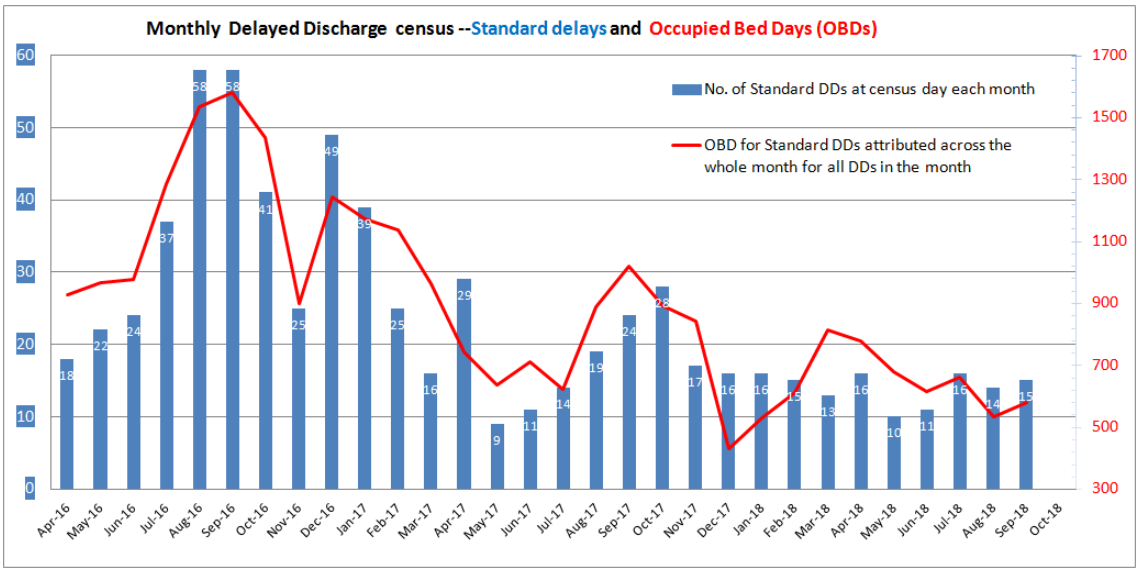
3.3 The Scottish Government, through its *Health and Social Care Delivery Plan* (December 2016) states that one of its Health and Social Care Integration actions is to reduce unscheduled bed days in hospital by 10% by 2018 (Nationally this is as much as 400,000 bed days) by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital.

3.4 Delayed discharge is essentially the situation where an individual's need for healthcare in the acute hospital setting is complete and they await transfer for provision of care in a community setting, or from another non-NHS type of service.

3.5 The actual number of individual people reported as being delayed in their discharge from hospital at a single point in each month, has historically been the commonest expressed measure of performance. However what can also be measured is the Bed Days Occupied (BDO), across the whole month by all delayed discharge patents. This extends beyond the simple data capture at 1 minute past midnight on the last Thursday of each monthly census snap shot.

3.6 East Lothian has performed well across the last two years, in both reducing the number of individuals who experience a delay in their hospital discharge and in overall Occupied Beds Days.

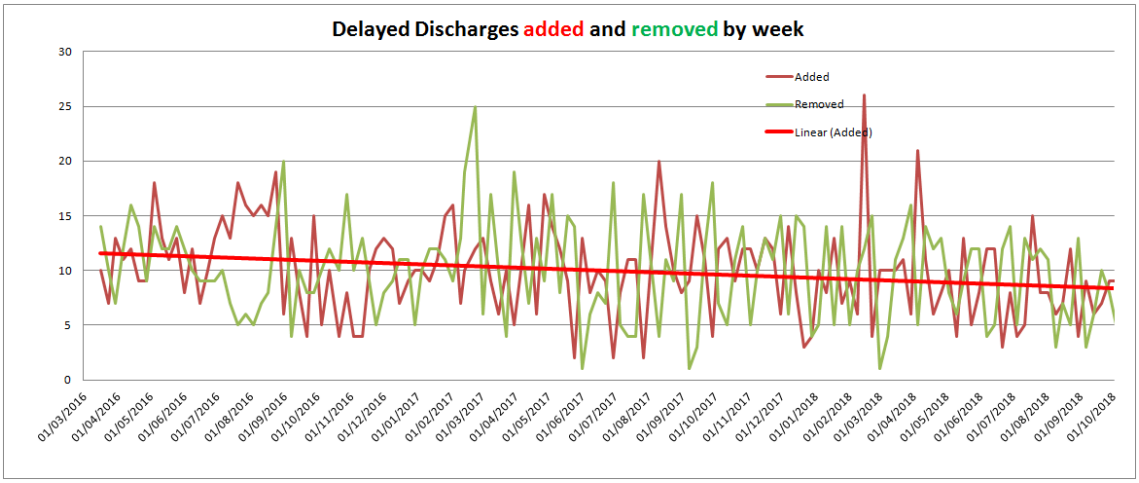
3.7 The graphic below shows both the Bed Days Occupied ((BDO on the red line, right hand axis) and the number of individuals recorded as a delayed discharge at the census point (blue columns, left hand axis).



Data source NHS Lothian Trak patient administration system

3.8 There have been fluctuations over time, but the direction of travel has been a steady and sustained reduction in East Lothian residents experiencing a delay in hospital discharge.

3.9 The numbers of patients becoming a delayed discharge is reducing and the speed at which the Health and Social Care Partnership reacts continues to improve. The table below shows the number of people becoming a delayed discharge and those discharged weekly from April 2016 to September 2018. From circa 12 people being added weekly this has been reduced to 8. The improvement is down to several interlinking factors detailed in section 4. What this does is allow officers slightly more time to concentrate on some of the more complex cases and to find workable solutions expeditiously.



Data source NHS Lothian Trak patient administration system

3.10 Within the county, from a hospital delayed discharge perspective, the number of OBD has reduced circa 30% from 2016 for standard delays.

3.11 Combining the standard delayed discharges and the complex delayed discharges, East Lothian has reduced the OBDs by 25% over the last year. Complex delays are not included in the 'national standard' but are still reported monthly. East Lothian will have 3 or 4 at any one time, usually patients within the mental health or learning disability specialities. These patients will need additional support in the community, which may involve arranging adapted or supported housing, as well as some form of support package, or a place in one of the more specialised care homes.

3.12 Factors contributing to the improvement:

3.12.1 Core Health and Social Care services continue to work with discharge hubs on all acute hospital sites

3.12.2 The Hospital to Home service (H2H) takes people from hospital and gives them care in their own home and rehabilitation input. The client can then be taken on by a care provider, often with a reduced care need.

Discharge to Asses Team inreach to secondary care to support discharge at an earlier stage in journey. This team works closely with core services to coordinate care if required.

3.12.3 The East Lothian Community Hospital based Hospital at Home service (H@H) team which accepts East Lothian GP referrals, to assess and maintains a patient in their own home, thus avoiding a hospital admission. This is not just of benefit to the patient, but also avoids an unscheduled admission and a potential delay in discharge further down the

3.12.4 Weekly collaborative meetings across health, social work, care brokers and care providers has greatly improved understanding and the ability to offer joint working and shared solutions. This has enabled clients to return home quicker than would have historically been the norm.

3.12.5 The continued commitment to weekly meetings with senior management and operational staff from health and social work, ensures every client is

discussed and resolutions sought. The discussion is not only around 'hospital delayed discharges', but other clients in need of care be they in hospital or community settings.

3.12.6 The daily 8am health teleconference looks at bed capacity, expected discharges, and admissions, as well as H@H and H2H workloads and what capacity is required in order to avoid an acute admission or to pull patients from the acute hospitals. There are also twice daily teleconferences involving all NHS Lothian acute and community sites to, review capacity and discharge options.

Continued Challenges

3.13 The key issues in East Lothian regarding delayed discharges are:

- The vulnerability of the care at home market where providers continue to face real challenges in recruitment and retention of staff
- Wait for care at home packages is the single biggest reason for clients remaining in hospital. The situation is county wide and is more acutely felt where two carers are required for each visit. The short term issue affecting access to nursing home places has eased, with all homes in the county capable of taking new clients.
- There is a growing need for care homes with dementia places.
- Growth in the over 65 population continues, which brings ever greater demand on health and social care services
- In addition, the service provision has to balance the needs of people who are delayed in hospital with people in the community.

4. POLICY IMPLICATIONS

4.1 The achievement of the national standards is set out in the Single Outcome Agreement and the IJB strategic plan.

5. INTEGRATED IMPACT ASSESSMENT

5.1 There is no requirement to carry out an impact assessment on this issue.

6. RESOURCE IMPLICATIONS

6.1 Financial – the resolution of the delayed discharge situation may have a financial impact. The costs of the living wage and the additionality required in home care are assumed to be covered through the social care fund.

6.2 Other – none.

7. BACKGROUND PAPERS

7.1 None

AUTHOR'S NAME	Alison Macdonald
DESIGNATION	Interim Chief Officer
CONTACT INFO	01620 827 765
DATE	10 October 2018

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 October 2018

BY: Interim Chief Officer

8

SUBJECT: Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes

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1 PURPOSE

1.1 The purpose of this report is to provide the IJB with an update and identify key next steps following the consultation and engagement process on the Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.

2 RECOMMENDATIONS

2.1 The IJB is asked to note the outputs from the consultation and engagement process.

2.2 The IJB is asked to note the proposed model of care principles and the strategic direction to reprovide Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes through the development of extra care housing. This model was highlighted in the paper and presentation to the IJB in February 2018, 'Reprovision of Belhaven and Edington community hospitals and Eskgreen and Abbey care homes'.

2.3 The IJB is asked to note the attached briefing paper which outlines proposed Next steps and an Outline timetable. The briefing paper provides a summary of the engagement and consultation feedback to date. This has already been circulated in September to those stakeholders who have been involved.

2.4 The IJB is asked to note change in timescales for developing this proposal. A final version of the paper will be presented to the IJB in December taking note of feedback/views and input from the information development session/Chief Executives/Chief Officer/IJB members in November.

3 BACKGROUND

3.1 A report was presented to the IJB in February 2018 ("*Reprovision of Belhaven and Edington Community hospitals and Eskgreen and Abbey Care Homes*"). The board requested an updated report be brought back following the consultation and engagement period March to June 2018.outlining a strategic direction for the reprovision of Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.

3.2 This report was the product of the East Lothian IJB Directions section 12d objective for the "***Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey care homes***.

3.3 From the work to date on the development of a strategic vision the following conclusions have been reached.

3.4 Extra Care Housing 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 in support of the IJB Strategic Plan.

3.5 There is anxiety about how higher levels of need can be met in this setting and the details of the service model and design will be developed where possible to take account of this, allowing for higher levels of staffing, support equipment and clinical care in an agreed number of units in each facility.

3.6 The issue of sites and their capacity is a critical one and whilst the original paper to the IJB proposed facilities of 60 to 70 units, this may not be possible in all locations.

3.7 A space assessment is being undertaken to provide some early indications of potential numbers of ECH units across current sites. There is potential to provide up to around 200 ECH units on current sites, but with limitations on some sites. As stated in the East Lothian Local Housing Strategy 2018-23[1] any requirement for accommodation arising as a result of hospital re-provision will be over and above the requirements set out in the LHS 2018-2023.

3.8 The IJB should continue to specify the list of services agreed in February 2018 for inclusion in the reprovision. How these services will be delivered should be developed through the Project Board.

3.9 Delivery will require dedicated project resource. This will be identified and proposed in a future paper to the IJB in December.

3.10 It should be noted that capital planning processes are not the same in NHS Lothian and East Lothian Council but both organisations will be asked to approve certain stages. The first stage is a "Strategic Assessment" required by NHS Lothian.

[1] June 2018.

3.11 The next stage is the development of an "Initial Agreement" required by NHS Lothian. The Initial Agreement moves into a greater level of detail on site options, procurement options, service models and costs. This will be presented to East Lothian Council as a progress update. It is recommended that the Initial Agreement should cover all the reprovisions in order to ensure that each can then proceed as a separate business case.

3.12 The Initial Agreement will also address the issue of prioritisation of the projects; consider site options and issues raised about sustainability of the workforce.

4 ENGAGEMENT

4.1 The consultation and engagement arrangements are set out in this report.

5 POLICY IMPLICATIONS

5.1 Policy direction at a national and local level is to Shift the Balance of care from institutional care to care in the community and to enable people to live longer at home or in a homely setting. This reprovision and proposals for the Community Hospitals and Care Homes support this national policy.

5.2 This reprovision responds to the East Lothian Strategic Plan (2016-2019) which has identified the key aim to shift resources from institutional care and acute care in to communities, to enable delivery of improved outcomes for the people of East Lothian.

5.3 The reprovision contributes toward the Scottish Governments 2020 vision for everyone to live longer healthier lives at home or in a homely setting and the Single Outcome agreement (SOA) in further shifting the balance of care.

5.4 It helps to support and respond to the changing demographic in East Lothian.

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

5.6 For Older People across East Lothian aged 65+ the population is expected to increase[2] by 37% to 2026 and 72% to 2037. The greatest increase occurs for the 85+ age band which sees an increase[3] of 68% to 2026 and 162% to 2037.

[2] From a 2012 baseline

[3] From a 2012 baseline

5.7 The current facilities all have physical challenges. All require significant upgrades, to meet the expectation for modern care standards. This will become more challenging in light of the new care standards. Patient Quality Indicators highlight lack of building compliance and Care inspection reports have identified environmental issues.

5.8 The strategic emphasis for East Lothian is in responding to increases in the number of older people in east Lothian is by:

- Shifting the balance of care from bed based to community based provision
- Provide care closer to home
- Support more independent living
- Raising standards of service, including facilities fit for modern care

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

Financial

7.1 **Capital and Revenue** - the current capital and revenue budgets for the four facilities will be reviewed and considered when planning for reprovision of the facilities. NHS Lothian Strategic Planning Group have agreed in principle that the capital receipts for Belhaven and Edington hospitals will be included for future development of this work.

7.2 Revenue functions, including transition costs, of all 4 facilities will require to be clarified by NHS Lothian and East Lothian Council as part of any proposed business cases.

7.3 **Project management resource** - A resource implication will be to support and fund Project Management to lead and oversee the development of this work. This will be outlined for the IJB meeting in December 2018.

7.4 **Commitment and sign-off for funding -** If a project management resource is supported in the December IJB then during the next 12 months project management work will be undertaken to develop an Initial Agreement. If an Initial agreement is supported, this would progress to developing business cases for each of the 3 areas.

7.5 If supported it is clear that for each and every business case – and in the particular case of funding – they will only proceed through the

business case stage if they achieve Affordability, Value for Money and are supported by NHS Lothian, East Lothian Council and the Integrated Joint Board

7.6 **Workforce issues** - will be assessed as part of business case development. Given the proposal will focus on a new model of care; there will be a need to develop a workforce with competencies and skills required to provide care in different environments and in new ways of working. A workforce development programme should be developed to help establish workforce with capacity with the requisite skills and competencies to support these new developments.

8 BACKGROUND PAPERS

8.1 Reprovision of Belhaven and Edington community hospitals and Eskgreen and Abbey care homes (IJB, 22 February 2018).

Appendix - Briefing update paper on consultation and engagement.

AUTHOR'S NAME	Alison MacDonald
DESIGNATION	Interim Chief Officer
CONTACT INFO	01620 827765
DATE	18 October 2018

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

East Lothian Integration Joint Board – October 2018

Briefing paper on consultation and engagement

1. Background

The IJB in February 2018 gave approval to consult and engage on the strategic direction for the reprovision of the hospitals and care homes. The work in this stage has focused upon the consultation and engagement events from March to June 2018.

2. Feedback

Consultation has involved meetings with the public, community councils, and area partnerships, elected members, staff, and relatives. Meetings, online surveys, pop up events, suggestion boxes, briefings.

Appendix 1 provides the latest matrix of meetings and workshops to date "Growing Older – Engagement meetings and events".

The different ways in which feedback has been provided has been:

- Meetings – both planned and as requested.
- Street events – planned and undertaken by Jane Ogden-Smith.
- Workshop events – planned and led by Chief Officer/Chair of IJB/Project Manager.
- Survey Monkey - feedback from Jane – with identified key points and key themes. *Appendix 2* – Survey Monkey analysis (102 respondents)

3. What are the key themes that emerged from this work?

From the meetings, street events, workshops events, survey monkey and website pages the following themes are emerging at this stage. This will be further developed as part of the co-production and consultation work of each business case.

General Themes:

- General acceptance of the need to change and issues around the fabric of the buildings shared by staff professional opinion and many members of the public.
- Acceptance that message on change is about the buildings and services and not about the care being received. The care being received across all 4 services was highlighted as very positive by many of those taking part in the engagement and consultation meetings.
- Great deal of interest and local attachment to the services.
- Strong feelings about keeping services in communities.
- For some a lot of excitement about the potential of Extra Care Housing (ECH) for both residents and staff.
- Emerging and improving understanding as to what ECH model is and how it can be developed locally.
- Some excitement about the greater potential for ELC and NHS to work together.
- Some concern about the level of care that could be provided in ECH e.g. reprovision from hospital.
- Staff concerns about their jobs – although after staff meetings there was less concern and especially on long term nature of this planning.
- Real anxiety about sites and where services might be located. Most people are very aware of the lack of land – and its cost.
- Desire to understand the links between these proposals and the Local Development Plan and the Local Housing Strategy.
- Wanting to understand the tenancy/ownership models better and anxiety about potential negative impact on individuals.
- Concern about potential for isolation of residents

From the engagement and consultation work themes have emerged both across the county and more specifically in each area. Some high level themes emerging from across the feedback were:

High level theme	Commentary
Different models of care	Thoughts around the type and design of service that could be built as an extra care model. Some suggestions around Dutch Buurtzorg model, The principles of this model are being piloted as part of the facility visited at Varis Court in Forres, Moray. A similar facility used by a relative's parent in New Zealand (Berwick Royal Oak) was highlighted as a model.
Design and detail of new extra care housing facility	Positive discussion about what type of services and facilities could be in an extra care facility took place but especially during the work shop sessions. This varied depending upon the services currently within each care home or hospital, for example: • Wish to retain existing services • Step up and step down care • Palliative care and end of life • Nursing and residential care • 24 hour nursing care • Minor Injuries unit (North Berwick) • Intergenerational facilities • Community involvement and social hub • Garden areas • Inclusion within the community and central to towns • Ability for family to stay for care and support (over and above a partner permanently sharing with a couple) • Manage potential to reduce social isolation[1] and developing model around building stronger communities.

[1] Scottish Government A Connected Scotland: Tackling social isolation and loneliness and building stronger communities

Tenure and security of tenancy	Concerns raised in relation to security of tenancy and financial issues Also in relation to moving from current council house tenancy as a couple. These are managed by ensuring that any couple moving in to extra care housing would remain – if for example the client either dies or moved on to other care – the partner would remain as a house for life. Housing allocation panels with input from health and social care would manage the balance of need across the extra care facility. Concern as to private provision for extra care housing and the ability for some flats to be purchased and how this may restrict access to this type of housing. Different commissioning models and funding approaches are in place across the country and would need to be further explored in business case options.
Site	This was raised very frequently across all sites. Questions around what current sites were available, would they be large enough for new facilities and cost to buy land.
Co-production	Message given was clear that the consultation and engagement work was only the start of these projects and communities and groups would have the opportunity to help co-produce the models (this is adhering to IJB Engagement Policy 2018) over the next 12- 18 months when the business cases are being developed.
Allocation of ECH housing and places	There are different commissioning models across the country but most have an 'allocation/housing panel'. How ECH places would be allocated was a concern raised and to ensure there was no 'house blocking' or individuals being priced out of ability to have an ECH. Panels in other ECH models manage this process through a panel to ensure these concerns are not realised.
Transition from current services in to new services and what happens to remaining assets	This was mentioned early on during the consultation and engagement sessions as there was an initial view that this work would be taking place sooner rather than later. Once meetings and groups were informed that this is a 3-5 year plus set of plans then there was less emphasis of this. However, there was clear emphasis that when it does take place then there should be huge importance around getting transition right.
Staff – development of new roles/planning	Staffing issues and many elements of this came up frequently. Centred on the focus to

transition/recruitment & retention (including housing for staff)	ensure staff are protected and that they move with any of the services. When we spoke to staff they were more assured that this development will be 3-5 years plus and that the new facilities were likely to require additional staff. Developing their role in to providing care in an ECH facility would require positive recruitment with attractive jobs, positive career opportunities and positive career pathways. Housing for staff was raised (primarily in North Berwick – given current house prices) and some very positive models and thinking to support staff were highlighted.
Sheltered housing	A lot of discussion initially around the differences between extra care housing and sheltered housing. Many people liked the sheltered housing model and we need to link in to the outcome of the East Lothian Council review.
Access to packages of care	This issue was raised frequently and IJB staff had previously highlighted this. People supported the need to have speedier packages of care in place in peoples own home to support independence.
Minor Injuries at North Berwick	Respondents in North Berwick wished MIU to remain in any new development.
Affordability/value for money/costs of services	This was raised, however people at the various events and meetings were informed - and they accepted – that this stage of work was about developing a model for the reprovision of these services. But there was concern as to how any new facilities could be funded and how land and a site could be purchased if required.

There are further specific themes from each of the 3 local areas. These should be taken into account as part of the next phase in developing a business case. Themes emerging locally are:

North Berwick – key messages

1. Full support on the standard of care being provided by the staff in both Edington hospital and Abbey Care home. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on reprovision of facilities.

2. Ensure all current services are reprovided in any new service provision. This includes the Minor Injuries Unit, Palliative care, community beds, respite provision, North Berwick Health Centre and Abbey Care Home.

3. Broad support on the need to reprovide these services in a new purpose built facility. There are still some views on the potential to reprovide any new facility within the current Edington facility (e.g. following refurbishment). Some discussion on the ability to access adjacent land (The Lodge grounds) to the current site.

4. Minor Injuries Unit – MIU to be retained in any future model.

5. Support to reprovide North Berwick Health Centre in or adjacent to any new facility. Some discussion on a two site option if one site not able to be identified in North Berwick but provision should still be in North Berwick.

6. Concern on the ability to recruit new (and more) staff to any new facility. Some positive ideas from events on potential ways to support staff with accommodation (e.g. key worker housing model and/or linked to affordable homes).

7. Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would 'like this model of service for themselves' at some point in the future. Also concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a "hospital ward" facility. Encouraging comments received on benefits of developing stronger links with community, e.g. intergenerational models, community facilities.

8. Concerns around 'house blocking' in any new facility and concerns about the input of shared ownership and private purchase models. Anxieties about private provider model of ECH.

Dunbar – key messages

1. Full support on the standard of care being provided by the staff in Belhaven hospital. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on reprovision of facilities.

2. Some dissatisfaction with the outcome of the review of ward 2 at Belhaven despite significant public involvement and transparency.

3. Dunbar workshop highlighted on 'localism' and wanting to keep current services local.

4. Wish to retain current services including beds accessed by GP's, respite, palliative and 24 hour nursing care.

5. Support on the need to reprovide Belhaven in a new facility. Some views that adjacent land on current Belhaven site could be used for new build. Also some views that new facility could be based nearer centre of Dunbar closer to better transport links, other views that current site should be used.

6. Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would 'like this model of service for themselves' at some point in the future. Also concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a "hospital ward" facility. Encouraging comments received on benefits of developing stronger links with community, e.g. intergenerational models, community facilities.

Musselburgh –key messages

1. Full support on the standard of care being provided by the staff in Eskgreen Care home. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on reprovision of facilities.

2. Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would 'like this model of service for themselves' at some point in the future. Also concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a "hospital ward" facility. Encouraging comments received on benefits of developing stronger links with community, e.g. intergenerational models, community facilities.

3. Concerns highlighted with existing council tenancy arrangements for individuals/couples moving in to an extra care housing facility and the security of that tenancy. (Noted that in other ECH models this is managed through ECH assessment panel).

4. Concerns raised around whether Wireworks site is large enough for such a facility. In doing so suggestions raised about a potential 2 site option – wireworks and Eskgreen (with either refurbishment and/or new build on current Eskgreen site).

5. Some feelings of having "lost out" repeatedly, desire to keep Eskgreen too, feelings that biggest town is under served.

4. Next Steps - Outline timetable

Month	Action	Comments
September	Circulation of Growing Older newsletter	Circulated via Communication and Engagement team to those who participated in the Engagement and Consultation.
October	Provide update paper - For Information only - to Integration Joint Board **25th October 2018**	To update on the themes and reflections from across Dunbar, Musselburgh and North Berwick areas. To note the circulation to stakeholders in September.
November	Informal development session of the Integration Joint Board **22nd November 2018**	Propose to use a 90 minute slot of the November meeting to invite guests from each area to represent interest groups and discuss themes.
December	Integration Joint Board **13th December 2018**	Final paper to the IJB taking note of feedback/views and input from the information development session/Chief Executives/Chief Officer/IJB members in November and any further feedback from all stakeholder groups involved.

Appendix 1 - Growing older - Engagement meetings and events

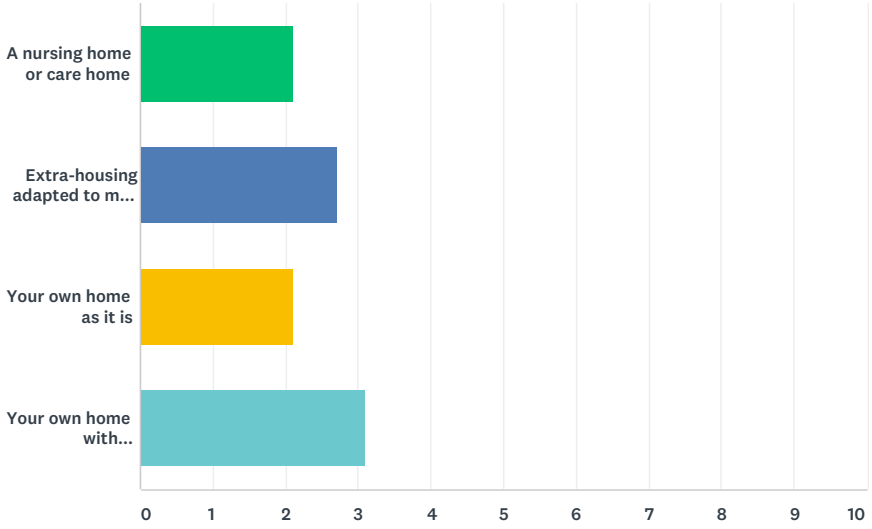
Between December 2017 and February 2018 – two meetings each of Dunbar/Belhaven, Musselburgh and North Berwick Health and Social Care Forums

- 29th March – Meeting with Local Area Partnership and Community Council reps to discuss engagement
- 11th April – Meet North Berwick community council and FoE reps to discuss engagement
- 17th April – Meet Stuart Baxter, Musselburgh Area Partnership Manager to discuss engagement
- 19th April – GP Cluster Business Meeting engagement
- 1st May – North Berwick Health and Wellbeing Association/Community Council/LAP engagement
- 1st – 31st May – Radio ad promoting engagement
- 2nd May – David Small and Peter Murray – interview on ECFM about engagement
- 2nd May – Councillor Briefing
- 4th May – Belhaven Staff Meetings
- 4th May – Musselburgh High Street Pop-Up Engagement
- 8th May – Councillor Briefing
- 9th May – Abbey Staff Meeting
- 9th May – North Berwick Community Council Public Meeting, St Andrew Blackadder Church
- 10th May – Ad in Courier
- 11th May – Abbey Relatives meeting
- 15th May - M'burgh & Inveresk CC - Pre-meet, Esk Room 1, Brunton Hall
- 17th May - Staff Meeting, Edington
- 21st May - North Berwick Workshop, Hope Rooms
- 22nd May - M'burgh Open Forum, Esk Rooms 1 & 2, Brunton Hall
- 23rd May - Abbey Staff Meeting
- 23rd May - Dunbar Open Forum, Bleaching-field Centre, Dunbar
- 28th May - Dovecot Court visit
- 6th June - Edington Staff Meeting
- 8th June - Eskgreen Relatives
- 8th June - North Berwick Communities Day
- 9th June – Musselburgh Gala
- Social media, media releases and displays.

Appendix 2 - Survey Monkey feedback

Q1 If you needed more regular health or social care support as you grow older, what kind of living arrangements would you prefer? Please rank your answers.

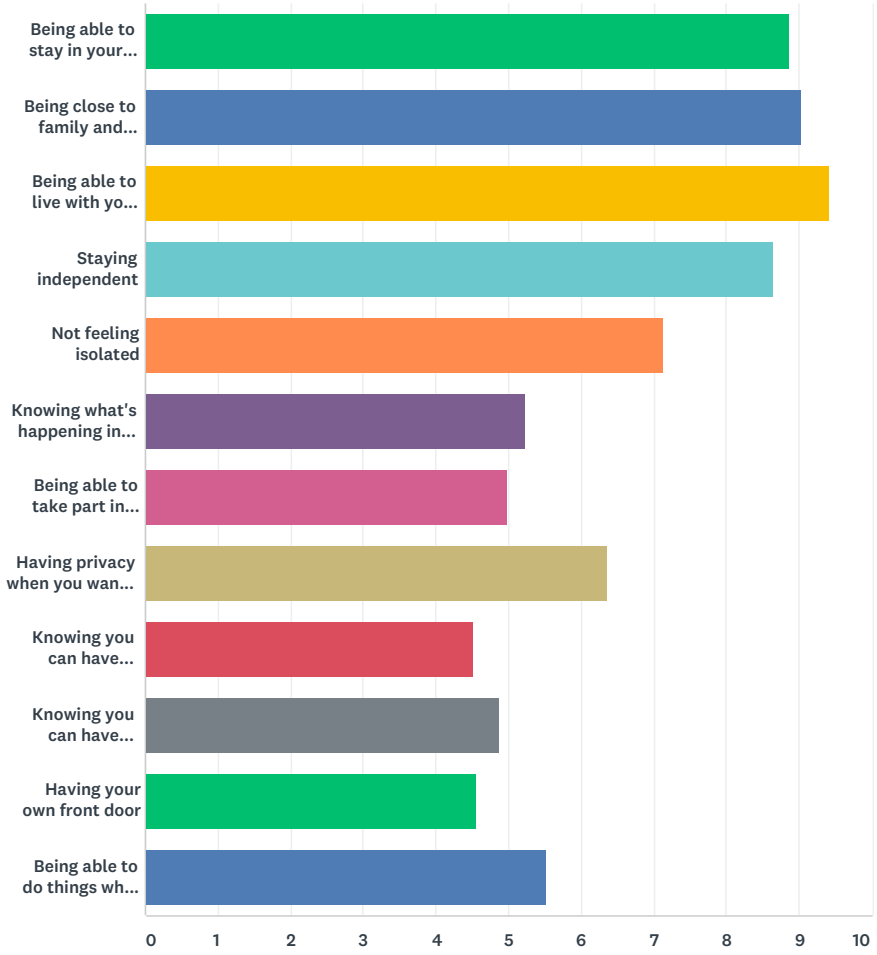
Answered: 102 Skipped: 0



	1	2	3	4	TOTAL	SCORE
A nursing home or care home	19.35% 18	17.20% 16	19.35% 18	44.09% 41	93	2.12
Extra-housing adapted to meet your needs that would keep adapting to your needs as your needs change	26.88% 25	30.11% 28	32.26% 30	10.75% 10	93	2.73
Your own home as it is	16.85% 15	13.48% 12	34.83% 31	34.83% 31	89	2.12
Your own home with adaptations and equipment	41.84% 41	36.73% 36	11.22% 11	10.20% 10	98	3.10

Q2 What things will matter to you most as you grow older? Please rank your answers.

Answered: 100 Skipped: 2

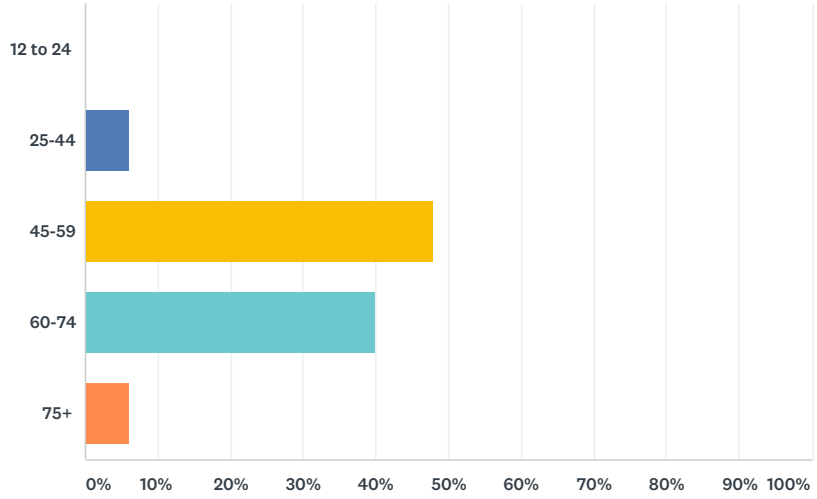


	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Being able to stay in your local community	20.88% 19	13.19% 12	15.38% 14	13.19% 12	10.99% 10	5.49% 5	5.49% 5	6.59% 6	3.30% 3	4.40% 4	0.00% 0	1.10% 1	9
Being close to family and friends	16.30% 15	27.17% 25	15.22% 14	8.70% 8	4.35% 4	7.61% 7	6.52% 6	4.35% 4	4.35% 4	2.17% 2	2.17% 2	1.09% 1	92
Being able to live with your partner, even if one of both of you need a lot of support	39.58% 38	14.58% 14	15.63% 15	9.38% 9	1.04% 1	0.00% 0	1.04% 1	2.08% 2	4.17% 4	4.17% 4	2.08% 2	6.25% 6	96
Staying independent	7.37% 7	23.16% 22	5.26% 5	23.16% 22	12.63% 12	7.37% 7	12.63% 12	2.11% 2	4.21% 4	1.05% 1	1.05% 1	0.00% 0	95
Not feeling isolated	4.30% 4	3.23% 3	11.83% 11	9.68% 9	19.35% 18	18.28% 17	6.45% 6	9.68% 9	7.53% 7	4.30% 4	3.23% 3	2.15% 2	93

Knowing what's happening in your community and being able to be as much a part of it as you want	0.00% 0	2.13% 2	2.13% 2	3.19% 3	8.51% 8	23.40% 22	10.64% 10	9.57% 9	11.70% 11	9.57% 9	10.64% 10	8.51% 8	94
Being able to take part in local groups and activities	1.05% 1	1.05% 1	4.21% 4	2.11% 2	4.21% 4	6.32% 6	28.42% 27	8.42% 8	11.58% 11	16.84% 16	8.42% 8	7.37% 7	95
Having privacy when you want it	2.13% 2	4.26% 4	6.38% 6	8.51% 8	7.45% 7	13.83% 13	12.77% 12	27.66% 26	7.45% 7	4.26% 4	3.19% 3	2.13% 2	94
Knowing you can have support whenever you need it in a care home	2.17% 2	3.26% 3	3.26% 3	6.52% 6	9.78% 9	0.00% 0	4.35% 4	6.52% 6	22.83% 21	8.70% 8	10.87% 10	21.74% 20	92
Knowing you can have support whenever you need it in extra care housing	3.33% 3	2.22% 2	8.89% 8	2.22% 2	7.78% 7	4.44% 4	7.78% 7	6.67% 6	5.56% 5	23.33% 21	20.00% 18	7.78% 7	90
Having your own front door	4.40% 4	3.30% 3	5.49% 5	4.40% 4	6.59% 6	5.49% 5	2.20% 2	6.59% 6	7.69% 7	14.29% 13	23.08% 21	16.48% 15	91
Being able to do things when you want to	1.02% 1	5.10% 5	9.18% 9	10.20% 10	9.18% 9	10.20% 10	4.08% 4	10.20% 10	6.12% 6	6.12% 6	8.16% 8	20.41% 20	98

Q3 Please tell us which age range you are in? Tick the answer that applies

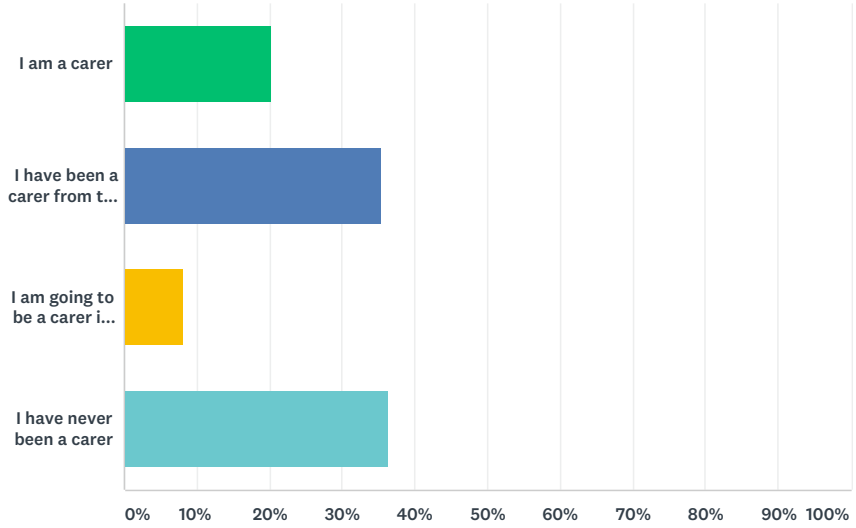
Answered: 100 Skipped: 2



ANSWER CHOICES	RESPONSES	
12 to 24	0.00%	0
25-44	6.00%	6
45-59	48.00%	48
60-74	40.00%	40
75+	6.00%	6
Total Respondents: 100		

Q4 Caring and supporting other people - are you carer? Tick the answer that applies to you

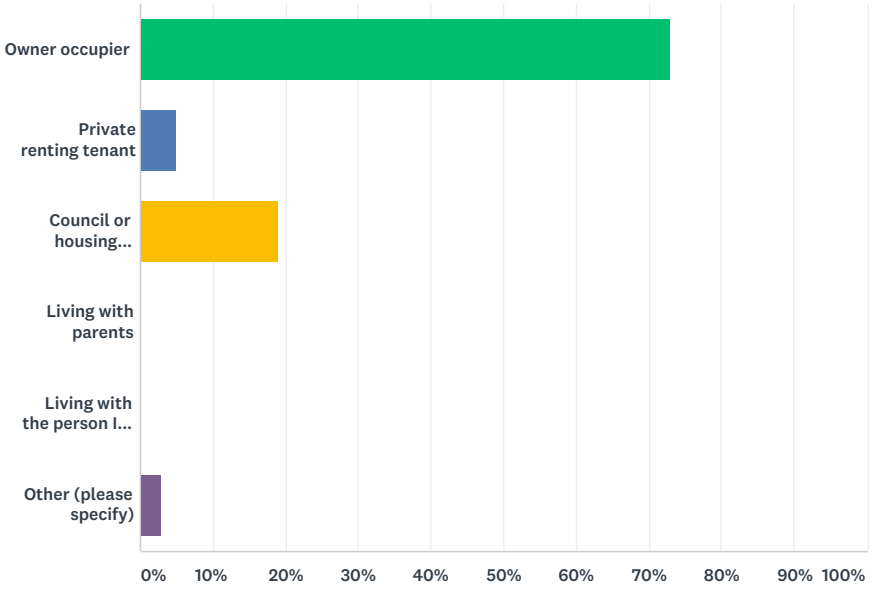
Answered: 99 Skipped: 3



ANSWER CHOICES	RESPONSES	
I am a carer	20.20%	20
I have been a carer from time to time	35.35%	35
I am going to be a carer in the next ten years	8.08%	8
I have never been a carer	36.36%	36
TOTAL		99

Q5 What type of housing do you live in now? Tick the answer that applies

Answered: 100 Skipped: 2



ANSWER CHOICES	RESPONSES	
Owner occupier	73.00%	73
Private renting tenant	5.00%	5
Council or housing association tenant	19.00%	19
Living with parents	0.00%	0
Living with the person I care for rather than a home of my own	0.00%	0
Other (please specify)	3.00%	3
Total Respondents: 100		

Q6 If you have read the report on Reproviding Hospitals and Care Homes (you can find a link to this from our Consultation Hub page, what did you think of the proposals?

Answered: 46 Skipped: 56

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 October 2018

BY: Interim Chief Officer

9

SUBJECT: Royal Edinburgh Hospital Campus Development: Phase 2

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1 PURPOSE

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

1.2 A paper covering these issues was first brought to the IJB in April 2018. This paper presents the proposed requirements and costs following further clinical consideration and review of all of the information available.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

(i) confirm the proposed East Lothian mental health in-patient requirements in Phase 2 of the REH campus development

(ii) Agree in principle to a bed risk share model with other IJBs in order to progress the business case and ensure Midlothian patients have continued access to specialist services

(iii) Agree that the financial model, first presented to the IJB in April 2018, will be revisited as part of the work towards the new IJB NRAC financial allocation model and that the final financial model for the OBC should be presented to the IJB.

3 BACKGROUND

3.1 Phase 2 of the REH reprovision programme will provide inpatient facilities for patients with Learning Disabilities, patients who require low

secure mental health care and those requiring longer term psychiatric rehabilitation.

3.2 Phase 2 is also to include the reprovision of the Ritson Clinic which provides inpatient detoxification for patients with substance misuse and the new Facilities Management building for the REH campus.

3.3 A proposal for the final stage, Phase 3, which will enable the reprovision of integrated rehabilitation services including those currently delivered from the Astley Ainslie site, is indicated for November 2018.

Learning Disability Services

3.4 The Lothian wide Learning Disabilities (LD) Collaborative, commissioned by the then IJB Chief Officers in 2013, developed a comprehensive programme of redesign which included the consolidation of assessment and treatment inpatient beds on the REH site, now included in Phase 2of the overall campus redevelopment. This required a closure programme of healthcare houses and the transfer of resources for Health and Social Care Partnerships (HSCPs) to provide community alternatives to inpatient care. This has been underway with transfer of resources building from since 2015/16.

3.5 The overall bed reduction if agreed and when complete will be from a total local capacity of 78 patients, reducing to 29.

3.6 A design and implementation of a test of change of the clinical environment was delivered in the Islay Centre, which became operational late 2016. This enabled NHS Lothian central LD services to demonstrate an ability to successfully support patients for whom historically, out of Lothian healthcare placements had been sought. The test of change also evidenced a significant improvement in outcomes for patients, improved patient and staff safety and demonstrated the impact of getting the physical environment right, and as such, has informed HSCPs and NHSL of the physical design of accommodation that can be commissioned in the community and in the proposed Phase 2 developments.

3.7 East Lothian currently has 4 patients with Learning Disability in hospital, 3 within the specialist LD services and 1 within general adult psychiatry. There are currently no current LD delays for EL H&SCP.

3.8 The Royal Edinburgh Campus (REC) Working Group, a sub group of the REC Programme Board with membership from IJB planning and finance officers has confirmed the bed numbers and overall programme.

3.9 East Lothian has advised a requirement for capacity for three patients within the specialist LD facility.

3.10 In summary, in line with national policy for people with Learning Disability the proposal is that all people with Learning Disability will be supported in a community setting, accessing assessment and

treatment within hospital as required. The exceptions to this will be the very small number of patients who require low or medium secure facilities provided by NHS Fife and NHS Greater Glasgow and Clyde on a regional and national basis respectively. These services are both funded on a risk sharing basis, managed by South East and Tayside (SEAT) and NSD, again respectively.

Mental Health (MH) Services

3.11 The MH part of Phase 2 comprises the facilities for patients who require low secure settings (forensic and non forensic), and those who require longer term rehabilitation. There is consideration underway of potential for a community based model of therapeutic community for women with complex psychiatric presentations, however this is still in development.

3.12 Currently there is no appropriate local provision within NHS Lothian for any of the above groups.

Low Secure

3.13 Male and female patients who require low secure facilities include those forensic mental health patients who no longer require medium security and mental health patients who require a higher level of security than can be safely provided in acute MH ward, an IPCU or a rehabilitation ward.

3.14 East Lothian currently has 2 individuals in out of area low secure healthcare placements. One individual is currently preparing for discharge back to the community. This level of service requirement has remained unchanged for the past 5 years.

3.15 The requirement for low secure provision has therefore been agreed as one for East Lothian.

Longer Term Complex Rehabilitation

3.16 The number and configuration of MH rehabilitation (rehab) beds across Lothian has been subject to many programmes since the 1990's which saw institutions like Craighouse Hospital close. In East Lothian, Cameron Cottage, which provides supported accommodation for up to 8 individuals, was developed to assist the complete closure of rehab beds. Ward closures at the REH saw more rehab beds close in 2012 and most recently the opening of Phase 1 at the Royal Edinburgh Building saw the creation of the Braids intensive rehab ward by reducing 15 acute admission beds for this purpose. Access to this ward is open to patients from all 4 HSCPs.

3.17 East Lothian currently has 4 patients receiving psychiatric rehabilitation. Again, this is a service demand which has been relatively unchanged over recent years.

3.18 Considering the access to Braids ward, as noted above, East Lothian has indicated a requirement for two longer term further rehab beds.

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

Substance Misuse Services: The Ritson Clinic

3.20 The 3 Lothian ADPs and the Lothian Substance Misuse Collaborative have agreed that the requirement for inpatient substance misuse detoxification should continue as part of the options available for alcohol and drug users who wish to safely reduce their substance use, often in preparation for access to the abstinence programme (LEAP). The facility is required to be provided on a hospital site for clinical reasons with risks associated with withdrawal and medication. The Ritson Clinic has recently reduced from 12 to 8 inpatient beds with 2 day beds (for Edinburgh ADP) as part of these agreements and following reviews of available funding.

3.21 The Ritson Clinic is located on the first floor of the Andrew Duncan Clinic which will be demolished after Phase 2 is completed. It is both possible and affordable to include the Ritson Clinic in the footprint of the Phase 2 MH and LD building and in doing so will solve an outstanding strategic issue. The costs are revenue neutral.

Clinical Brief and Design

3.22 Following the agreement of the above recommendations by each IJB and NHSL F&R Committee, the programme of clinical brief and design will conclude during the summer allowing the OBC to be finalised.

3.23 Visits have taken place and will continue to take place to providers across the UK who have similar facilities to incorporate good practice and ideas and take on board lessons learned.

3.24 As above, where opportunity permits, services will be provided locally and patients repatriated or prevented from having to go out of area and community resources will be utilised as they become available so the programme is not awaiting new buildings to create improvement.

3.25 Staff will be recruited to provide such services locally and develop skills that will enhance delivery of the new unit.

Facilities Management Building and Infrastructure Improvements

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

Summary of Benefits

3.27 Provision of services locally without the need for patients, relatives or staff to travel to other parts of the UK for many years.

3.28 Provision of inpatient services that are fit for purpose in modern facilities in Morningside, a community with many assets.

3.29 An expansion of provision in the community.

3.30 Significantly better use of available resources.

3.31 Provision of facilities management and infrastructure improvements that both futures proof the site for utilities and enable Phase 3 to proceed without disruption to clinical services.

4 POLICY IMPLICATIONS

4.1 The REH development supports the overall policy drive of Integration Authorities to shift the balance of care from institutional settings to community settings. East Lothian is making good progress and has a range of work streams underway to inform and improve local service provision to support people closer to home.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The recommendations of this report and subsequent new facilities will reduce inequalities through more local provision and provision of greater gender specific services.

5.2 The integrated impact assessment will be undertaken and included within the forthcoming OBC.

6 RESOURCE IMPLICATIONS

6.1 The estimated capital construction cost of the redevelopment is £35m excluding VAT. In light of the constrained national capital position, the Scottish Government have agreed to a revenue funded 'Design, Build, Finance, Maintain (DBFM)' contract through Hub. The costs for the estimated Annual Service Payment have been included in the current financial model, offset by a reduction in direct NHS Lothian property costs, and will be confirmed through the Hub design process. All other delegated service costs remain unaffected by the change in funding model.

6.2 The estimated annual running costs are £24m for these future service configurations with funding available of £24.3m, this includes the £6m UNPACS budgets. Table 4 below highlights overall the finance model for this development is revenue affordable. There will be ongoing review of this in line with the progression of the business case.

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

6.3 The costs have been calculated based on a bottom up approach following discussion with clinical colleagues and will continue to be refined as the further certainty around the design of the building and the clinical models of care.

6.4 We will also continue to move toward the arrangement of operational risk share and the new IJB NRAC allocation methodology being developed.

6.5 The East Lothian specific costs for the beds requested within this model remain within the budget available.

7 BACKGROUND PAPERS

7.1 Minute of the meeting of the East Lothian Integrated Joint Board 26 April 2018.

AUTHOR'S NAME	Rona Laskowski
DESIGNATION	Group Service Manager – Adult Community
CONTACT INFO	Rona.Laskowski@nhslothian.scot.nhs.uk
CO-AUTHOR'S NAME	Claire Flanagan
DESIGNATION	Chief Finance Officer
CONTACT INFO	claire.flanagan@nhslothian.scot.nhs.uk
DATE	18 October 2018

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 October 2018

BY: Interim Chief Officer

10

SUBJECT: Clinical and Care Governance Committee

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1 PURPOSE

1.1 To provide an update on the establishment of the Clinical and Care Governance Committee.

1.2 The IJB is also asked to approve the required changes to its Standing Orders to take account of the new Committee.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

(i) Note that discussion is underway with regards to nominating a Chair and Co-Chair of the Committee and a report proposing formal nominations will be brought to the IJB in the near future; and

(ii) Agree to the proposed changes to the IJB's Standing Orders, including the addition of the Committee's terms of reference to the Scheme of Administration (Appendix 1).

3 BACKGROUND

3.1 A report on the Clinical and Care Governance Framework was presented to the IJB at its meeting on 23 August 2018. As part of the recommendations, the IJB agreed to the establishment of a Clinical and Care Governance Committee. It was noted that the Chair of the Committee would be an IJB voting member and a nomination for the role would be brought forward at a later date. It is now proposed that there will be a Chair and Co-Chair of the Committee, both voting members of the IJB, and discussions are ongoing regarding suitable nominations. A report including formal nominations for these roles will be presented to the IJB in the near future.

3.2 The terms of reference for the Committee were agreed at the IJB's meeting on 23 August 2018.

3.3 The Standing Orders for the IJB were approved at the IJB's meeting on 1 July 2015 and subsequently amended in January 2016 and August 2017. While the Standing Orders allow for the appointment of such committees and working groups, some minor amendments are required to take account of this new Committee, including the addition of its terms of reference to the Scheme of Administration. The revised document is attached at Appendix 1.

4 ENGAGEMENT

4.1 Discussions have taken place with the partners regarding the establishment of the Clinical and Care Governance Committee. Any change to the Standing Orders are a matter for the IJB.

5 POLICY IMPLICATIONS

5.1 There are no direct policy implications resulting from the subject of this report.

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial – None

7.2 Personnel – None

7.3 Other – None

8 BACKGROUND PAPERS

8.1 Report on the East Lothian Clinical Care and Governance Framework presented to the IJB on 23 August 2018.

AUTHOR'S NAME	Alison MacDonald
DESIGNATION	Interim Chief Officer
CONTACT INFO	alison.x.macdonald@nhslothian.scot.nhs.uk
DATE	18 October 2018

STANDING ORDERS
EAST LOTHIAN INTEGRATION JOINT BOARD

1 General

1.1 These Standing Orders regulate the conduct and proceedings of the East Lothian Integration Joint Board. The Integration Joint Board is the governing body for what is commonly referred to as the East Lothian Health & Social Care Partnership. These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) ("the Order"). The Integration Joint Board approved these Standing Orders on 1 July 2015.

Membership of the Integration Joint Board

1.2 The Integration Joint Board shall have two categories of members:

(i) Voting Members; and
(ii) Non-Voting Members

1.3 East Lothian Council and Lothian NHS Board have elected to nominate 4 members each to the Integration Joint Board, who shall be the voting members.

1.4 The Order prescribes a list of non-voting members who are to be included in the membership, and these members shall be appointed as described by the Order. The Integration Joint Board may appoint additional non-voting members as it sees fit.

1.5 East Lothian Council and the Lothian NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Order. If and when a voting member ceases to be a councillor or a member of the NHS Board for any reason, either on a permanent or temporary basis, then that individual ceases to be a member of the Integration Joint Board. Any cessation referred to above shall be immediate and automatic even if no formal removal has been affected and in addition that the IJB (and any committees relating thereto) will not recognise any individual who ceases to be a voting member by virtue of ceasing to be a member of the NHS Board or a councillor.

1.6 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute , who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting. If a non-voting member is unable to attend a meeting of the Integration Joint Board, that

member may arrange for a suitably experienced substitute to attend the meeting subject to prior agreement with the Chair.

2 Varying, Revoking or Suspending Standing Orders

2.1 Any statutory provision, regulation or direction by Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

2.2 Any one or more of these Standing Orders may be varied, suspended or revoked at a meeting of the Integration Joint Board following a motion moved and seconded and with the consent of the majority of voting members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly indicates that there is a proposal to amend the standing orders, and the proposal itself does not result in the Integration Joint Board not complying with any statutory provision or regulation.

3 Chair

3.1 The Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order. The Chair will preside at every meeting of the Integration Joint Board that he or she attends.

3.2 If both the Chair and Vice Chair are absent, the voting members present at the meeting shall choose a voting Integration Joint Board member to preside.

4 Vice-Chair

4.1 The Vice-Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order.

4.2 In the absence of the Chair the Vice-Chair shall preside at the meeting of the Integration Joint Board.

5 Calling and Notice of Integration Joint Board Meetings

5.1 The first meeting of an Integration Joint Board is to be convened at a time and place determined by the Chair.

5.2 The Chair may call a meeting of the Integration Joint Board at any time. The Integration Joint Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.

5.3 A request for an Integration Joint Board meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of voting members, and presented to the chair. If the Chair refuses to call a meeting, or does not do so within 7 days of receiving

the requisition, the members who signed the requisition may call a meeting. They must also sign the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.

5.4 Before each meeting of the Integration Joint Board, a notice of the meeting (in the form of an agenda), specifying the date, time, place and business to be transacted and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered electronically to every member (e.g. sent by email) or sent by post to the members' usual place of residence so as to be available to them at least five clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

5.5 With regard to calculating clear days for the purpose of notice:

Delivery of the Notice	Days excluded from the calculation of clear days: ✓ The day the notice is sent ✓ The day of the meeting ✓ Weekends ✓ Public holidays Example: If a meeting is to be held on a Tuesday, the notice must be sent on the preceding Monday. The clear days will be Tuesday, Wednesday, Thursday, Friday, and Monday. If the notice is sent by post it must be sent out a day earlier.

5.6 Lack of service of the notice on any member shall not affect the validity of a meeting.

5.7 Integration Joint Board meetings shall be held in public. The Chief Officer shall place a public notice of the time and place of the meeting at the designated office of the Integration Joint Board at least five clear days before the meeting is held. The designated office of the East Lothian Integration Joint Board is John Muir House, Haddington.

5.8 While the meeting is in public the Integration Joint Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

5.9 The Integration Joint Board may pass a resolution to meet in private in order to consider certain items of business, and may decide to do so for the following reasons:

5.9.1 The Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

5.9.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

5.9.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.

5.9.4 The business necessarily involves reference to exempt information, as determined by Schedule 7A of the Local Government (Scotland) Act 1973.

5.9.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.10 The minutes of the meeting will reflect the reason(s) why the Integration Joint Board resolved to meet in private.

5.11 A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

6 Quorum

6.1 No business shall be transacted at a meeting of the Integration Joint Board unless there are present at least one half of the voting members of the Integration Joint Board.

6.2 If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.

7 Authority of the Chair at meetings of the IJB and its Committees

7.1 The duty of the person presiding is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

7.2 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the

meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

7.3 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.

7.4 No business shall be transacted at any meeting of the Integration Joint Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be made to the Chair at the start of the meeting and the majority of voting members present must agree to the item being included on the agenda.

8 Adjournment

8.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion.

9 Voting and Debate

9.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 9.2-9.10 would not need to be used.

9.2 Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.

9.3 Any voting member may move a motion or an amendment to a motion and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the motion to be in writing and that the mover states the terms of the motion. Every motion or amendment is required to be moved and seconded.

9.4 Any voting member may second the motion and may reserve his/her speech for a later period of the debate.

9.5 Once a motion has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board.

9.6 Where a vote is being taken, except for the mover of the original motion, no other speaker may speak more than once in the same discussion.

9.7 After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations and, immediately after his/her reply, the question shall be put by the Chair without further debate.

9.8 A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

9.9 Where there has been an equality of votes, the Chair of the Integration Joint Board on reflection of the discussion, will bring consideration of the matter to a close for that meeting, and give direction to the Chief Officer on how the matter should be taken forward. The Chief Officer will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon in line with Standing Order 9.

9.10 Where the matter remains unresolved, and the Chair concludes that the equality of votes is effectively a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a representation of a dispute between the two constituent parties, then the Chair and the Chief Officer must work together to arrive at an acceptable position for the integration joint board.

10 Changing a Decision

10.1 A decision of the Integration Joint Board can not be changed by the Integration Joint Board within six months unless notice has been given in the notice of meeting and:

10.1.1 The Chair rules there has been a material change of circumstance: or

10.1.2 The Integration Joint Board agrees the decision was based on incorrect or incomplete information.

11 Minutes

11.1 The names of members present at a meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, shall be recorded. The names of any officers in attendance shall also be recorded.

11.2 The Chief Officer (or his/her authorised nominee) shall prepare the minutes of meetings of the Integration Joint Board and its committees. The Integration Joint Board or the committee shall receive and review its minutes for agreement at its following meeting.

12 Matters Reserved for the Integration Joint Board

Standing Orders

12.1 The Integration Joint Board shall approve its Standing Orders.

Committees

12.2 The Integration Joint Board shall approve the establishment of, and terms of reference of all of its committees.

12.3 The Integration Joint Board shall appoint ~~all~~ the chairs of its committees ~~members~~ and the membership (except for the members nominated by each constituent party) ~~as well as the chair of any committees~~.

Values

12.4 The Integration Joint Board shall approve organisational values, should it elect to formally define these.

Strategic Planning

12.5 The Integration Joint Board shall establish a Strategic Planning Group (Section 32 of Public Bodies (Joint Working) Scotland Act 2014), and appoint its membership (except for the members nominated by each constituent party).

12.6 The Integration Joint Board shall approve its Strategic Plan (Section 33) and any other strategies that it may need to develop for all the functions which have been delegated to it. The Integration Joint Board will also review the effectiveness of its Strategic Plan (Section 37).

12.7 The Integration Joint Board shall review and approve its contribution to the Community Planning Partnership for the local authority area. The Integration Joint Board shall also appoint its representative(s) at Community Planning Partnership meetings.

Risk Management

12.8 The Integration Joint Board shall approve its Risk Management Policy.

12.9 The Integration Joint Board shall define its risk appetite and associated risk tolerance levels.

Health & Safety

12.10 In the event that the Integration Joint Board employs five or more people, it shall approve its Health & Safety Policy.

Finance

12.11 The Integration Joint Board shall approve its annual financial statement (Section 39).

12.12 The Integration Joint Board shall approve Standing Financial Instructions and a Scheme of Delegation.

12.13 The Integration Joint Board shall approve its annual accounts.

12.14 The Integration Joint Board shall approve the total payments to the constituent bodies on an annual basis, to implement its agreed Strategic Plan.

Performance Management

12.15 The Integration Joint Board shall approve the content, format, and frequency of performance reporting.

12.16 The Integration Joint Board shall approve its performance report (Section 43) for the reporting year.

13 Integration Joint Board Members – Ethical Conduct

13.1 Voting and non-voting members of the Integration Joint Board are required to subscribe to and comply with the Code of Conduct which is made under the Ethical Standards in Public Life etc (Scotland) Act 2000. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Chief Officer (or his/her authorised nominee) shall maintain the Integration Joint Board's Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the Chief Officer (or his/her authorised nominee) of the need to change the entry within one month after the date the matter required to be registered.

13.2 The Chief Officer (or his/her authorised nominee) shall ensure the Register is available for public inspection at the principal offices of the Integration Joint Board at all reasonable times.

13.3 Members must always consider the relevance of any interests they may have to any business presented to the Integration Joint Board or one of its committees and disclose any direct or indirect pecuniary and non-pecuniary interests in relation to such business, before taking part in any discussion on the matter.

13.4 The Integration Joint Board or committee must determine whether the interest declared prohibits the member from taking part in the discussion and vote on the relevant item of business.

13.5 Members shall make a declaration of any gifts or hospitality received in their capacity as an Integration Joint Board member. Such declarations shall be made to the Chief Officer (or his/her authorised nominee) who shall make them available for public inspection at all reasonable times at the principal offices of the Integration Joint Board.

14 Committees and Working Groups

14.1 The Integration Joint Board shall appoint such committees, and working groups as it thinks fit. The Integration Joint Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required. The terms of reference of these committees will be incorporated into a Scheme of Administration (Appendix 1 to these Standing Orders). This Standing Order should be read in conjunction with the Scheme of Administration.

14.2 The committee must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.

14.3 The Integration Joint Board shall appoint committee members to fill any vacancy in the membership as and when required (except for the members nominated by each constituent party).

14.4 Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.

14.5 The Standing Orders relating to the calling and notice of Integration Joint Board meetings, conduct of meetings, and conduct of Integration Joint Board members shall also be applied to committee meetings, unless otherwise stated. The same Standing Orders will not apply to ~~but not~~ working groups.

14.6 The Integration Joint Board shall ~~approve a calendar~~be notified of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Integration Joint Board.

14.7 The Integration Joint Board may authorise committees to co-opt members for a period up to one year. A committee may decide this is necessary to enhance the

knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of the Integration Joint Board, cannot vote and is not to be counted when determining the committee's quorum.

14.8 A member may be regarded as being present at a meeting of a committee if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

Appendix 1

EAST LOTHIAN INTEGRATION JOINT BOARD

SCHEME OF ADMINISTRATION

AUDIT AND RISK COMMITTEE

TERMS OF REFERENCE

INTRODUCTION

1. The Audit and Performance Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders. The Committee will be a Standing Committee of the IJB.

2. The Financial Regulations for the IJB were approved Integration Board on 29th October 2015. Section 3.10 of the Financial Regulations state that the IJB will have an Audit and Risk Committee

CONSTITUTION

3. The IJB shall appoint the Committee. The Committee will consist of (at least) five members of the IJB, excluding professional advisors. At least four Committee members must be IJB voting members, 2 from the Health Board and 2 from the Council. Membership of the Committee will be for three years and may be extended by the IJB.

4. The Committee may at its discretion set up working groups for review work. Membership of working groups will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Risk Committee.

CHAIR

5. The Chair of the Committee is at the discretion of the IJB and may be any member of the Audit and Risk Committee, noting that the Chair or Vice Chair of the IJB cannot also chair the Audit and Risk Committee.

QUORUM

6. Three members of the Committee will constitute a quorum.

ATTENDANCE AT MEETINGS

7. The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other professional advisors or their nominated representatives will normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.

8. The external auditor will be invited to all meetings.

MEETING FREQUENCY

9. The Committee will meet at least three times each financial year.

AUTHORITY

10. The Committee is authorised to request reports and make recommendations to the IJB for further investigation on any matters which fall within its Terms of Reference.

DUTIES

11. The Committee will review the overall internal control arrangements of the IJB and make recommendations to the Board regarding signing of the Governance Statement.

12. Specifically it will be responsible for the following duties:

GOVERNANCE, RISK AND CONTROL

1. To review the IJB's corporate governance arrangements against the good governance framework and consider annual governance reports and assurances.

2. To review the Annual Governance Statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances, taking into account internal audit's opinion on the overall adequacy and effectiveness of the IJB framework of governance, risk management and control.

3. To consider the IJB arrangements to secure value for money and review assurances and assessments on the effectiveness of these arrangements.

4. To consider the IJB framework of assurance and ensure that it adequately addresses the risk and priorities of the IJB.

5. To monitor the effective development and operation of risk management in the IJB.

6. To monitor progress in addressing risk-related issues reported to the committee.

7. To consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.

INTERNAL AUDIT

8. To approve the internal audit charter.

9. To review proposals made in relation to the appointment of external providers of internal audit services and to make recommendations.

10. To approve the risk-based internal audit plan, including internal audit's resources requirements, the approach to using other sources of assurance and any work required to place reliance upon those other sources.

11. To approve significant interim changes to the risk-based internal audit plan and resource requirements.

12. To make appropriate enquiries of both management and the head of internal audit to determine if there are any inappropriate scope or resource limitation.

13. To consider reports from the head of internal audit on internal audit's performance during the year, including the performance of external providers of internal audit services. These will include:

a) Updates on the work of internal audit including key findings, issues of concern and action in hand as a result of internal audit work.

b) Regular reports on the results of the Quality Assurance and Improvement Programme.

c) Reports on instances where the internal audit function does not conform to the Public Sector Internal Audit Standards and Local Government Application Note, considering whether the non-conformance is significant enough that it must be included in the Annual Governance Statement.

14. To consider the head of internal audit's annual report:

a) The statement of the level of conformance with the Public Sector Internal Audit Standards and Local Government Application Note and the results of Assurance and Improvement Programme that supports the statement – these will indicate the reliability of the conclusions of internal audit.

b) The opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control together with the summary of the work supporting the opinion - these will assist the committee in reviewing the Annual Governance Statement.

15. To consider summaries of specific internal audit reports as requested.

16. To receive reports outlining the action taken where the head of internal audit has concluded that management has accepted a level of risk that may be unacceptable to the authority or there are concerns about progress with the implementation of agreed actions.

17. To contribute to the Quality Assurance and Improvement Programme and in particular, to the external quality assessment of internal audit that takes place at least once every five years.

18. To consider a report on the effectiveness of internal audit to support the Annual Governance Statement.

19. To support the development of effective communication with the head of internal audit.

EXTERNAL AUDIT

20. To consider the external auditor's annual letter, relevant reports, and the report to those charged with governance.

21. To consider specific reports as agreed with the external auditor.

22. To comment on the scope and depth of external audit work and to ensure it gives value for money.

23. To commission work from internal and external audit.

24. To advise and recommend on the effectiveness of relationships between external and internal audit and other inspection agencies or relevant bodies.

FINANCIAL REPORTING

25. To review the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the IJB.

26. To consider the external auditor's report to those charged with governance on issues arising from the audit of the accounts.

ACCOUNTABILITY ARRANGEMENTS

27. To report to those charged with governance on the Committee's findings, conclusions and recommendations concerning the adequacy and effectiveness of their governance, risk management and internal control frameworks; financial reporting arrangements, and internal and external audit functions.

28. To report to the IJB on a regular basis on the Committee's performance in relation to the Terms of Reference and the effectiveness of the Committee in meeting its purpose.

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 ~~sub~~committee 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 x 2 (Co-Chairs)
- 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~~ both Co-Chairs and / or deputies~~y~~ 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 wellbeing 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 R~~r~~eport to all parties.

6. ADMINISTRATIVE ARRANGEMENTS

The Committee will be supported by an appropriate individual who will be responsible for supporting the Chairs and Deput~~y~~ies 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
- Publication and ~~F~~filing of all related papers in accordance with agreed 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, the agenda will reflect the Committee's intention to consider any item in private session and will state the reasons for this (see Standing Order 5.9). The reasons will also be recorded in the note of the meeting and any additional 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.

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 October 2018

BY: Chief Finance Officer

SUBJECT: Financial Position 2018/19

11

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1 PURPOSE

1.1 This report further updates the IJB on its current financial position in 2018/19, considers the projected year end out-turn, describes the continuing work on the IJB's review of shifting the balance of care and updates on the dialogue with our Partners to balance the financial position in year.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

(i) Note the current financial position

(ii) Note the work to-wards a break-even position in 2018/19

(iii) Support the initiated dialogue with partners to balance the IJB financial position in year 2018/19.

3 BACKGROUND

3.1 At its meeting in September 2018, the IJB received an update on its Quarter 1 forecast for 2018/19. This highlighted a projected underspend within the health budget of the IJB and an overspend within the social care budget of the IJB which is not expected to improve.

3.2 The September paper shared that there is clear risks around the GP prescribing budget wherein the current position is underspent which is a considerable improvement on the opening financial plan assumptions. Previous experience regarding this budget has suggested that the GP prescribing position can move significantly in a relatively short period of time.

3.3 There are also pressures within Set Aside and the mental health services with REAS and there may be a financial impact from the coming winter depending on how severe it is.

3.4 The social care position having reported as unlikely to improve, and whilst more detailed forecasts are still being developed, initial estimates suggest the Council delegated functions will not operate within approved budgets.

3.5 The paper in September also considered the provisions within the Integration Scheme regarding projected overspends. To summarise:-

- The partners prepare a recovery plan – that not being considered to be successful
- The IJB prepares a recovery plan – that not be considered to be successful
- In the event that there is an underspend in one 'arm' of the IJB's budget and an overspend in the other, the IJB may move resources from one 'arm' to the other. That requires the support of the underspent partner. That not being considered to be successful
- That additional resources are made available by the partner(s).

Year to date financial position as at August 2018

3.6 The IJB financial position as at the end of August 2018 is £506k overspent.

East Lothian IJB Financial Performance - August 2018

	Year to Date Outturn		Q1 Forecast Outturn
	£k		£k
AWB	-549		-1,200
Health	43		773
	-506		-427

3.7 There continues to be an underspend on the health budget of the IJB and an overspend in the social care budget of the IJB. The Quarter 1 forecast position is also included above and highlights an overall projected overspend for the IJB. This position will be updated as part of the Quarter 2 forecast, work on this has started and the updated forecast will be reported in due course.

Financial recovery actions

3.8 The above position and financial projections highlights the need to put in place financial recovery actions and as a result the Partnership are in

the process of developing financial recovery plans for this financial year and assessing the impact these will have on the 2018/19 financial position for the IJB. As we move into reporting the Quarter 2 financial forecast position shortly these forecasts will include such recovery actions.

Shifting the balance

3.9 As reported previously there is work underway to review the social care activity and assess the impact of the transfer of care from institutional based (hospital and care home beds) into community settings. This means a reduction in the use of acute beds (that is beds in the Royal Infirmary of Edinburgh and the Western General Hospital) and the IJB and the Partnership have been developing this work over the past few years. Investments in step down beds, hospital to home, hospital at home and the care home team have improved the community infrastructure and created capacity in the community system to both keep people out of the acute hospitals and to reduce their length of stay if they are admitted.

3.10 The exercise will establish how the use of hospital beds (especially acute beds) has changed over the past few years and analyse the social care activity and the associated budgets and spend related to that activity.

Resolution to the 2018/19 projected financial pressure

3.11 East Lothian Council has already indicated that there is unlikely to be any additional resources available in the current financial year above those currently allocated to the IJB. That said, it is equally clear that there is a financial pressure in the IJB's 2018/19 budgets and that the IJB now needs to address this.

3.12 East Lothian Council are preparing as part of their Quarter 2 forecast an updated projected outturn position for the social care services delegated to the IJB for 2018/19. This will allow an understanding of the actions needing to be taken forward in year.

3.13 The Chief Officer and Chief Finance Officer have initiated formal correspondence with NHS Lothian to start like dialogue of balancing the IJBs financial position in 2018/19. The reported underspend in the health services delegated to the IJB and the potential for this resource to be made available to the IJB to underpin its overall financial position. This action was undertaken at the end of 2017/18 albeit this was agreed after the end of the financial year.

4 ENGAGEMENT

4.1 The IJB holds its meetings in public and makes its papers and report available on the internet.

5 POLICY IMPLICATIONS

5.1 There are no new policies arising from this paper.

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial – discussed above

7.2 Personnel – none

7.3 Other – none

8 BACKGROUND PAPERS

8.1 IJB's financial strategy and out-line financial plan – February 2018 IJB meeting.

8.2 Financial Update – September 2018 IJB meeting.

AUTHOR'S NAME	Claire Flanagan
DESIGNATION	Chief Finance Officer
CONTACT INFO	claire.flanagan@nhslothian.scot.nhs.uk
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