



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

THURSDAY 25 OCTOBER 2018  
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

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### **Voting Members Present:**

Mr P Murray (Chair)  
Councillor S Akhtar  
Councillor S Currie  
Ms F Ireland  
Councillor S Kempson  
Councillor F O'Donnell  
Prof. M Whyte

### **Non-voting Members Present:**

Mr D Binnie  
Ms F Duncan  
Ms P Dutton  
Ms C Flanagan  
Ms E Johnston  
Mr T Miller  
Ms A MacDonald  
Ms J Trench

### **Officers from NHS Lothian/East Lothian Council:**

Mr P Currie  
Ms R Laskowski

### **Visitors Present:**

Ms A Buchanan, NHS Lothian  
Ms V Houston, NHS Lothian

### **Clerk:**

Ms F Currie

### **Apologies:**

Mr A Joyce  
Dr R Fairclough  
Dr A Flapan  
Ms M McNeill  
Ms J Tait

### **Declarations of Interest:**

None

## **1. PRESENTATION ON THE 'DISCHARGE TO ASSESS' SERVICE**

Victoria Houston (Specialist Physiotherapist) and Ali Buchanan (Team Lead Occupational Therapist) gave a presentation to members on the Discharge to Assess service. This service links to ongoing Directions D11b Occupied Bed Days and D11c Delayed Discharges.

Ms Houston and Ms Buchanan outlined the background and purpose of the service, how it was funded and its target patient group. They reported on the number of patients that had been successfully supported home and the overall impact on Occupied Bed Days (OBD) and readmissions. They also set out the key reasons why they felt the service had been so successful and proposals to expand to a 7 day service and develop in-reach at the Western General Hospital.

The Chair thanked Ms Houston and Ms Buchanan for their presentation and said that it was refreshing to hear a 'real' story of integration.

Alison MacDonald advised members that the service had arisen out a desire to try something different. She said that the team had evaluated their work and made changes as necessary and that the service would continue to evolve in the future.

Ms Houston and Ms Buchanan responded to questions from members on the age range of patients, the level of resource required to achieve the desired level of impact, the process of referrals, their work with other services and their estimate of the savings made on OBD.

## **2. MEMBERSHIP OF THE INTEGRATION JOINT BOARD**

The Chair advised members that this report had been withdrawn.

## **3. MINUTES OF THE EAST Lothian INTEGRATION JOINT BOARD MEETING OF 27 SEPTEMBER 2018 (FOR APPROVAL)**

The minutes of the East Lothian Integration Joint Board meeting of 27 September 2018 were approved subject to one amendment:

- Page 5, paragraph 4: Elaine Johnston requested that the sentence be amended to read "...she said had provided a good start to a better understanding of..."

## **4. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 27 SEPTEMBER**

There were no matters arising.

## **5. CHAIR'S REPORT**

The Chair reported on the recent meeting of the CoSLA Health & Social Care Board, now chaired by Councillor Stuart Currie, at which a joint statement was signed reaffirming the Board's commitment to integration. He also reported on a presentation given by Enable Scotland which invited the Board to commit to a pledge to work towards a more equal society for people with disabilities.

The Chair advised members that the Chairs and Co-Chairs of the new Change Boards had met earlier in the day to discuss and agree their roles. Further information would be shared with IJB members but a good understanding had been reached on the work already taking place and how this could be formalised through the work of the Change Boards.

The Chair reported on his recent meetings, including one with Teresa Fyffe, Director of the Royal College of Nursing. He also recommended that members take the opportunity to read the publications recently circulated by e-mail, including the LIST and Housing & Ageing reports.

Lastly, he reminded members of the IJB Network meeting which would take place on 26 October. He said that a presentation was to be given by Paul Gray on the integration review to be published in January 2019. In addition, Ms MacDonald had shared a couple of reports prepared locally on the use of digital technology.

## **6. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)**

Fiona Ireland advised members that there had been no meetings of the Committee since 27 September.

## **7. HOSPITAL DELAYED DISCHARGES**

The Interim Chief Officer had submitted a report updating the IJB on performance for delayed discharges in East Lothian and asking the IJB to agree further actions to maintain progress.

Ms MacDonald presented the report which she said included statistics on Occupied Bed Days and details of work ongoing to further reduce delayed discharges. She advised that the majority of patients were waiting for packages of care or nursing home places and while the current trajectory continued to be positive, winter would increase the pressure on services. She acknowledged that the teams doing the day-to-day work faced constant challenges but that recently they had been able to discharge several patients with particularly complex needs.

In response to questions from members, Ms MacDonald stated that East Lothian performed quite well against the rest of the Lothian IJBs but that it was hard to pinpoint which of the interventions had the greatest impact on the figures. She said that by using a collective model with some core services working differently, e.g. Discharge to Assess, it had been possible to change things that did not work and to try new approaches. She advised that the teams were building good relationships with social care providers and new systems meant that they could see what services were available and could adjust them to maximise care services across the county.

Fiona Duncan added that there may be very vulnerable people in the community who, for safety reasons, needed packages of care more than those patients in hospital. However regular weekly discussions allowed the teams to discuss current cases and prioritise care as necessary.

Responding to further questions, Ms MacDonald confirmed that information was available on the costs associated with delayed discharges and that these would be looked at as part of future financial planning. Claire Flanagan added that the new budget model being proposed by NHS Lothian would make these costs more real for IJBs moving forward.

In reply to a question on the capacity of care services across the county, Ms MacDonald indicated that a collaborative approach and services such as Hospital to Home were beginning to make a difference to capacity and as the number of clients increased it would become more viable for providers to recruit to their services.

Ms Ireland commented that although good progress was being made services were operating at capacity to deliver current outcomes. She said that there needed to be an increase in capacity if services were to be capable of reacting to sudden changes and this was something that the IJB should focus on in the coming year.

## **Decision**

The IJB agreed to:

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

## **8. REPROVISION OF BELHAVEN AND EDINGTON COMMUNITY HOSPITALS, ESKGREEN AND ABBEY CARE HOMES**

The Interim Chief Officer had submitted a report providing the IJB with an update and identifying key next steps following the consultation and engagement process on the reprovion of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.

The Chair advised members that there would be a subsequent paper on this issue at the December IJB which would include definitive options.

Ms MacDonald presented the report setting out the reasons for the delay in bringing forward options, providing an update on the consultation and engagement process and outlining the next steps. She said that there had been a good level of engagement from communities and a good response to social media posts and surveys. There was general agreement to the need to create more homely environments but also to retain local services. Some anxiety had been expressed on how to deliver a service to those with more complex needs and there had been significant strength of feeling about the location of services.

Ms MacDonald explained that one of the next steps would be to look at what could be made available on different sites - broad indications had suggested a total of 200 units – and the individual business cases would explore this in detail. She confirmed that further engagement would take place as the process moved forwards and that capital and revenue budgets would also form part of the discussions. Funding decisions would have to be considered by NHS Lothian, East Lothian Council and the IJB. She advised that the staff would continue to be very involved in the process and a Workforce Development Plan would be prepared to support staff through future changes.

She informed members that two representatives from each area would be invited to the IJB's next development session in November to feedback local views and engage in an open dialogue with IJB members. Staff representatives would also be invited.

The Chair reminded members that the focus of today's report was the outcome of the consultation and engagement process and to note the next steps and outline timetable.

Replying to questions from Councillor Fiona O'Donnell, Ms MacDonald gave an assurance that no services would be withdrawn until new arrangements were in place

and she said that although the report focused on specific areas this did not preclude discussions about providing facilities elsewhere in the county. She also confirmed that the Health & Social Care Partnership were invited to comment on all planning applications for care home developments. The Chair advised that there had been no decision to sell the Belhaven site and that discussions would focus on the level of service that could be supported there in the future.

In response to questions from David Binnie, the Chair said that he had raised with the Cabinet Secretary issues around the capital planning processes and the need to ensure synergy between priorities at local and national levels. Ms MacDonald confirmed that the roles and needs of carers would form part of the discussions and there would continue to be support for a respite service going forward.

Councillor Susan Kempson said she was pleased to see that progress had been made and she welcomed the outline and timetable for future work.

Councillor Currie stated that the CoSLA Health & Social Care Board would shortly appoint a carers representative, ensuring that they had access to those who make the decisions. In the meantime, he said that it would be a huge task to achieve the right mix of care in a local setting and to convince people that what was being proposed was the best way forward. He voiced particular concerns about the identification of suitable new land for social care, citing Eskgreen as an example of an existing site with limited potential for redevelopment, and he also asked about the implications for surviving partners or those who were homeowners when one partner required extra care housing. He said that these and other unresolved issues needed to be addressed before a decision was made on the shape of future services.

Councillor O'Donnell agreed with the need to provide certainty over the issue of land. However, she noted that the option for a partner to remain with the person needing care was not currently available to those whose partner had to be admitted to a care or nursing home.

Ms MacDonald said that it was too early to offer certainty on these issues and any decisions would form part of the individual business cases.

Councillor Currie argued that the questions needed to be answered in advance of decisions being made. He added that decision-making processes should be aligned to avoid any decision on an outline business case pre-empting the Council's consideration of whether or not to close one of its existing facilities.

Councillor Shamin Akhtar welcomed the report and Ms MacDonald's assurance that no service would be withdrawn until a replacement was in place. She also asked about workforce issues, such as recruitment and retention, and services for end of life care.

Ms MacDonald outlined some of the proposals for addressing workforce issues including providing development opportunities for exiting staff and targeting younger people entering employment. She also confirmed that discussions had taken place around how to replicate existing services for end of life care.

## **Decision**

The IJB agreed to:

- (i) Note the outputs from the consultation and engagement process;
- (ii) Note the proposed model of care principles and the strategic direction to re-provide 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*';

- (iii) Note the briefing paper which outlines the proposed next steps and outline timetable. The briefing paper provides a summary of the engagement and consultation feedback to date. This was circulated in September to those stakeholders involved;
- (iv) Note the 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 Officers/IJB members in November.

## **9. ROYAL EDINBURGH HOSPITAL CAMPUS DEVELOPMENT: PHASE 2**

The Interim Chief Officer had submitted a report seeking the support if the 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.

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

Rona Laskowski presented the report advising members that a range of discussions had taken place to provide robust assurance of what collectively was being developed and of the medical needs of the local area. She explained that the original assessment had indicated that East Lothian did not require long-term complex rehabilitation beds. However, discussion and debate in the intervening months about what the rehabilitation service should look like, and a broader definition of rehabilitation, had revised the assessment of East Lothian's requirements.

Ms Laskowski stated that the proposed changes were to reduce the low secure beds from 2 to 1 and increase the long-term rehabilitation beds from 1 to 2. The model for reprovisioning had indicated that there would be a small financial benefit as a result of this change.

Ms Flanagan added that the project was still in the early stages and as the design moved forward the financial model would be reviewed and further information would be provided as part of the Outline Business Case.

Ms Laskowski responded to a question from Councillor Kempson by outlining the proposals for patients with learning disability support needs and indicating that discussions were at an early stage.

### **Decision**

The IJB agreed:

- (i) To confirm the proposed East Lothian mental health in-patient requirements in Phase 2 of the REH campus development;
- (ii) 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; and
- (iii) 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.

## **10. CLINICAL AND CARE GOVERNANCE COMMITTEE**

The Interim Chief Officer had submitted a report providing an update on the establishment of the Clinical and Care Governance Committee and asking the IJB to approve the required changes to its Standing Orders to take account of the new Committee.

Ms MacDonald presented the report reminding members of the report submitted to the IJB's August meeting and of their agreement to the establishment of the clinical and care governance framework and committee. She advised that the Chair and Co-Chair would be appointed from the voting members of the IJB and that the proposed changes to the Standing Orders would allow for the necessary flexibility in the membership of the Committee.

The Chair thanked officers for their work on this issue. He considered this to be a very positive development that placed the East Lothian IJB ahead of many others in respect of clinical and care governance.

In response to a question from Penny Dutton, Ms MacDonald confirmed that a workshop had taken place last week and that staff had provided very useful feedback. A wider engagement exercise was planned for the New Year.

### **Decision**

The IJB agreed 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) The proposed changes to the IJB's Standing Orders, including the addition of the Committee's terms of reference to the Scheme of Administration.

## **11. FINANCIAL POSITION 2018/19**

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, describing the continuing work on the IJB's review of shifting the balance of care and updating on the dialogue with the Partners to balance the financial position in-year.

Ms Flanagan presented the report outlining the current budgetary position and the forecast out-turn based on the Quarter 1 figures. She indicated that the partners were working on the Quarter 2 position, which would be finalised in November, and that this would be reported to the IJB in due course. In the meantime, work was ongoing on recovery actions for the last six months of this financial year and on shifting the balance of care. She also confirmed that she had formally written to NHS Lothian to start dialogue on shifting resources in the IJB's portfolio and that the Quarter 2 figures would form the basis for that discussion.

Ms Flanagan referred to the presentation circulated to members at the last IJB meeting which outlined the proposals for NHS Lothian to move towards a new budget-setting model. She explained that an update was to be presented at the forthcoming Finance &

Resources Committee meeting in November setting out a timescale for the change. She would report further details at the IJB's December meeting.

Responding to questions from Councillor O'Donnell, Ms Flanagan advised that a meeting would take place on 1 November to review the adult wellbeing budget in detail and gain a better understanding of the core pressures. Ms MacDonald acknowledged that care packages for younger people and those with complex needs remained a challenge and that the review team was looking at whether changes could be made.

Councillor Currie queried the likely success of any proposed recovery plans for the current financial year and whether the IJB could be confident that the funding offered by the partners in 2019/20 would be adequate to deliver its objectives. Ms Flanagan advised that a meeting would take place the following day and a revised recovery plan would be submitted. She said it was important to gather as much information as possible on the reasons for any over- or underspends and this would inform the discussions with partners on how to balance the current year budgets and plan for future years.

Ms MacDonald added that work was underway on the revised recovery plan but it was as yet unclear whether this would allow services to make the necessary savings in the current year. She said that discussions around the adequacy of budgets for next year would continue over the next six months.

The Chair also acknowledged Councillor Currie's point and said that the decision on whether budgets were adequate would rest with the IJB.

Councillor O'Donnell asked if there was any guidance available on what was meant by 'adequate'. She said that funding simply to fulfill statutory requirements would not be good enough.

The Chair said that this would be raised at the IJB Network meeting. Ms Flanagan confirmed that budgets should be adequate and fair and she would follow this up with Chief Finance Officers Network.

Councillor Currie commented that if the IJB set Directions and then received less funding than expected, it would have to decide which services could no longer be delivered and inform the partners.

## **Decision**

The IJB agreed:

- (i) Note the current financial position;
- (ii) Note the work towards a break-even position in 2018/19; and
- (iii) Support the initiated dialogue with partners to balance the IJB financial position in year 2018/19.

The Chair advised members that this was Councillor Currie's last meeting. He thanked him for his very valuable contribution to the IJB and hoped that in his new role as chair of the CoSLA Health & Social Care Board he would continue to be a strong supporter of the IJB.

Councillor Currie thanked officers past and present for answering his many questions and noted that it had been significant learning experience to understand the breadth of work involved in integration. He expressed the view that East Lothian had a real chance of delivering positive local outcomes.



Signed

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Mr Peter Murray  
Chair of the East Lothian Integration Joint Board