



**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 28 March 2019

**BY:** Interim Chief Officer

**SUBJECT:** Renomination of a Voting Member and Changes to the Chair and Vice Chair of the East Lothian Integration Joint Board

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## 1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of the renomination of Peter Murray as a voting member by NHS Lothian and to agree the appointment of a new Chair and Vice Chair of the IJB with effect from 1 April 2019.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- (i) note the renomination of Peter Murray as a voting member of the IJB for the maximum term of office;
  - (ii) agree the appointment of Councillor Fiona O'Donnell as the Chair of the IJB for two years from 1 April 2019; and
  - (iii) agree the appointment of Peter Murray as Vice Chair of the IJB for two years from 1 April 2019.

## 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 members whose term of office was due to expire.
- 3.2 The Scheme of Integration for the IJB states that the Chair will alternate between an East Lothian Council voting member and an NHS Lothian voting member every two years. The Chair is due to be held by a Council voting member from April 2019 to March 2021.

- 3.3 Following an enquiry from the Interim Chief Officer, NHS Lothian confirmed its renomination of Peter Murray as a voting member of the IJB for the maximum term. It also confirmed his nomination for appointment as Vice Chair for two years from April 2019
- 3.4 At its meeting on 26 February 2019, East Lothian Council agreed the nomination of Councillor Fiona O'Donnell for appointment as Chair of the IJB for two years from April 2019. The IJB is now asked to agree these appointments.

## **4 ENGAGEMENT**

- 4.1 The issues in this report have been discussed with the appropriate nominating body and the arrangements for rotation of the Chair and Vice Chair roles are set out in the Scheme of Integration for the IJB.

## **5 POLICY IMPLICATIONS**

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

## **6 INTEGRATED IMPACT ASSESSMENT**

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

## **7 DIRECTIONS**

- 7.1 The subject of this report does not affect the IJB's current Directions or require an additional Direction to be put in place.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – None.
- 8.2 Personnel – None.
- 8.3 Other – None.

## **9 BACKGROUND PAPERS**

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

- 9.2 'Membership of the IJB – Terms of Office' report to the IJB on 26 April 2018.
- 9.3 The Scheme of Integration of the IJB.

<b>AUTHOR'S NAME</b>	Fiona Currie
<b>DESIGNATION</b>	Committees Officer
<b>CONTACT INFO</b>	<a href="mailto:fcurie@eastlothian.gov.uk">fcurie@eastlothian.gov.uk</a>
<b>DATE</b>	21 March 2019





**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 28 March 2019

**BY:** Interim Chief Officer

**SUBJECT:** Revision of the East Lothian Integration Joint Board  
Integration Scheme

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## 1 PURPOSE

- 1.1 To provide Integration Joint Board members with background to a necessary revision of the Integration Scheme.
- 1.2 Any member wishing additional information should contact the author of the report in advance of the meeting.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note that as a result of the introduction of the Carers (Scotland) Act 2016, each Integration Joint Board is required to revise its Integration Scheme.
- 2.2 Accept the revised Integration Scheme for East Lothian Integration Joint Board (appendix 1).
- 2.3 Agree the revised scheme should be publicised for a 4 week period.
- 2.4 Note that in the event of relevant legislation changing there may need to be further revisions to the Integration Scheme.
- 2.5 Note that on approval of the enclosed revised Integration Scheme, the date for a comprehensive review of the Scheme will be extended to 2024

### **3 BACKGROUND**

#### **Integration Scheme**

- 3.1 The Integration Scheme for East Lothian was approved in May 2015. It described the vision for the new East Lothian Integration Joint Board, the integration planning principles the IJB would adhere to and the national health and wellbeing and other outcomes it sought to deliver.
- 3.2 The Scottish Government has confirmed that as a consequence of the effect of the Carers Act regulations, each IJB is required to revise its Integration Scheme.
- 3.3 This revision is considered as mandatory by the Scottish Government, which acknowledges that integration schemes will need to change on each occasion that relevant law changes. The burden this brings to IJBs is being considered by the relevant government department.
- 3.4 The Scottish Government has advised that in view of the change being primarily administrative the revised Integration Scheme does not require a consultation to be carried out, as might ordinarily arise from the Public Bodies Act. Instead, it is sufficient for the revised scheme to be published on the IJB's/local authority's public website for four weeks.
- 3.5 The Scottish Government has also advised that the NHS Board and local authority must approve the revised Integration Scheme before submitting it to the Scottish Government for approval.
- 3.6 Lastly, we have been advised that on conclusion of this revision to the Integration Scheme the date of review of the complete scheme will reset, so will occur 5 years later. This means a comprehensive review will be required in 2024.

#### **Delegation of Carers Act Duties**

- 3.7 The Carers (Scotland) Act was passed by the Scottish Parliament in February 2016 and came into force on 1st April 2018. The legislation, which has implications for adult services and children's services, required IJBs to:
  - Develop Adult Carer Support Plans and Young Carer Statements
  - Develop and publicise local Eligibility Criteria by 30th Sep 2017 and to finalise and publish these by 1st April 2018
  - Involve carers, carer bodies and relevant representatives in the development of the Eligibility Criteria
  - Prepare a local carers strategy by 1st April 2018
  - Establish and maintain an information and advice service for carers

- Prepare and publish a short breaks statement by 31st Dec 2018
- 3.8 Work to deliver the requirements of the Act in East Lothian was led by the Carers' Strategic Group involving senior officers from East Lothian Health and Social Care Partnership and East Lothian Council.
- 3.9 The Carers Act Regulations have certain requirements regarding prescribed health board and local authority functions. Some functions must be delegated to IJBs, some are optional:
- The local authorities must delegate certain functions associated with the Carers Act as they relate to adults, as well as making further prescribed edits to the schemes with regard to other Acts.
  - Under the Act, local authorities are the responsible authority for all carers, except young carers who are pre-school children.
  - The NHS Board is responsible for pre-school young carers and may delegate their responsibilities as set out in two sections of the Carers' Act, namely, Section 12 – Duty to Prepare Young Carers' Statements and Section 19 - which states that the Health Board is the 'responsible authority' where the young carer is a pre-school child.
- 3.10 Section 12 (6) of the Act states: *'Where the responsible authority, in relation to a young carer, is not the responsible local authority, the responsible authority must not provide the young carer statement to the young carer without the approval of the responsible local authority.'*
- 3.11 As a result, a Health Board is not free to act under Section 12 as the local authority has to approve what happens.
- 3.12 For the above reasons, Lothian NHS Board has reached the conclusion that there is no practical reason for the Health Board to retain the Section 12 duty.
- 3.13 The NHS Board also takes the view that since the local authority must delegate its Section 31 duty for adult carers to the IJB, and as the responsibility for all carers is effectively with the local authority and the IJB, it wishes to delegate its Section 31 duty.

#### **4 ENGAGEMENT**

- 4.1 The revised Integration Scheme will be placed on the East Lothian Council 'Consultation Hub' for a 4 week period in line with advice from the Scottish Government. It will be made clear this is for information only, not in order to seek comments.

#### **5 POLICY IMPLICATIONS**

- 5.1 The inclusion of the Carers Act in the Integration Scheme ensures this important policy is fully reflected within the core functions of the East Lothian IJB.

#### **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 There is no intention to subject the revised Integration Scheme to an Integrated Impact Assessment as the local implications of the Carers Act have already been fully assessed.

#### **7 RESOURCE IMPLICATIONS**

- 7.1 Financial – There are no financial implications arising from this change.
- 7.2 Personnel – The revision of the Integration Scheme was carried out through the legal department of East Lothian Council. There are no ongoing personnel implications associated with the revised Scheme.
- 7.3 Other – None.

#### **8 BACKGROUND PAPERS**

- 8.1 Appendix 1 – Revised Integration Scheme.

<b>AUTHOR'S NAME</b>	Paul Currie
<b>DESIGNATION</b>	Strategic Planning and Performance Manager
<b>CONTACT INFO</b>	<a href="mailto:paul.currie@nhslothian.scot.nhs.uk">paul.currie@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	20-03-19



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(Body Corporate)****Version 2 March 2019****Contents**

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## PREAMBLE

### Aims, Outcomes and Vision of the Integration Joint Board

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

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

The vision for the integration of health and social care in East Lothian is:

- People in East Lothian can live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use.

The **values** that will underpin delivery of the Integrated Joint Board's vision and outcomes are:

- to give people control over what happens to them is in itself promoting good health and wellbeing. The IJB will seek to maximise people's control over their lives as an integral part of the services we provide
- it is better to prevent health and social problems than to deal with them once they have occurred. The IJB will focus our attention and resources on prevention and early intervention.
- that some people's social and economic circumstances lead to them having poorer health, wellbeing and life chances than others. IJB will work to tackle these inequalities by focusing our efforts on those at greatest risk.
- it is right to offer people services as close to home as possible.
- in working in partnership.
- in a single health and social care economy for East Lothian. We will invest the resources of the health and social care economy wherever it will have the greatest impact on meeting our shared objectives.
- Recognise the interdependencies of services and will take a holistic approach to service provision, considering each individual in the context of their circumstances
- value the views of people who use our services
- value the diversity of East Lothian. We will work closely with our diverse communities to ensure they can contribute to the health and wellbeing of the population.

Throughout all its work the Parties expect the Integration Joint Board to be guided by the following ambitions:

- Provide the highest quality health and care services
- Always respect people's dignity and rights
- Support people to live independently at home
- Promote the principles of independent living and equality
- Do everything we can to reduce health inequalities
- Provide support and services so that people only have to go to hospital if they really have to
- Listen to people who use our services, and the people who care for them, working together to develop the services that are right for them
- Make sure that East Lothian people feel safe at home and in their communities
- Support people to take more responsibility for their own health and wellbeing

The provisions within this preamble are not part of the Integration Scheme and are not intended to create legally binding obligations. They do however, give the context within which the Integration Scheme should be read.

## **Integration Scheme**

### **The Parties:**

**East Lothian Council**, the local authority for the County of East Lothian constituted by the Local Government etc (Scotland) Act 1994 and having its principal p at John Muir House, Brewery Park, Haddington, EH41 3HA (“the Council”);

and

**Lothian Health Board**, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Lothian”) and having its principal offices at Waverley Gate, 2-4 Waterloo Place, Edinburgh (“NHS Lothian”)

(together referred to as “the Parties”, and each being referred to as a “Party”)

### **Background**

- A. The Parties are required to comply with either subsection (3) or (4) of section 2(2) of the Act (hereinafter defined), and have elected to comply with subsection (3) such that the Parties must jointly prepare an integration scheme (as defined in section 1(3) of the Act) for East Lothian Area.
- B. The Parties entered into the East Lothian Joint Board Joint Integration Scheme in 2015.
- C. In preparing the said East Lothian Joint Board Joint Integration Scheme, the Parties had regard to the integration planning principles set out in section 4(1) of the Act and the national health and wellbeing outcomes prescribed by the Public Bodies (Joint Working)(National Health and Wellbeing Outcomes)(Scotland) Regulations 2014, and have complied with the provisions of section 6(2) of the Act (consultation); and in finalising the said Integration Scheme, the Parties have taken account of any views expressed by virtue of the consultation processes undertaken under section 6(2) of the Act.
- D. Under s.45(3) of the Act, the Parties are obligated upon the instructions of the Scottish Ministers in the exercise of their power conferred by s.1(3)(f) of the Act, to jointly carry out a review of the said Integration Scheme for the purpose of identifying and formalising any necessary or desirable changes required by the Scottish Ministers.
- E. The Scottish Ministers have instructed the Parties to revise the said Integration Scheme to reflect changes necessitated by provisions contained in the Carers (Scotland) Act 2016, in so far as such requires a relevant local authority and health board to delegate some of their duties

in relation to adult carers to the Integration Joint Board (hereinafter more specifically defined as “IJB”).

- F. The Parties have therefore determined to delegate certain functions set out in the said Carers (Scotland) Act 2016 to the IJB and revise the said Integration Scheme to reflect the change.
- G. The Parties have therefore agreed to prepare a new partially Revised Integration Scheme (hereinafter defined to mean this Revised Integration Scheme) in accordance with the provisions set out in s.47 of the Act to reflect the instructions of the Scottish Ministers.
- H. However, it should be noted that the full review and subsequent revision of the Integration Scheme as envisaged by s.44 of the Act shall be carried out by the Parties in accordance with the provisions of s.44 (5) of the Act in due course.

In implementation of their obligations under the Act, the Parties hereby agree as follows:

## **1 Definitions and Interpretation**

- 1.1 In this Scheme the following expressions have the following meanings, unless the context otherwise requires:-

“Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“Chief Officer” means the officer described in Section 7 of this Scheme;

“Chief Finance Officer” meant the finance officer described in Section 9.1 of this Scheme;

“IJB Budget” means the total funding available to the Integration Joint Board in the financial year as a consequence of:

- a) The payment for delegated functions from NHS Lothian under Section 1(3) (e) of the Act;
- b) The payment for delegated functions from the Council under Section 1(3) (e) of the Act;  
and
- c) The amount “set aside” by NHS Lothian for use by the IJB for functions carried out in a hospital and provided for the areas of two or more local authorities under Section 1(3) (d) of the Act;

“Integration Joint Board or ‘IJB’” means the East Lothian Integration Joint Board to be established by Order under section 9 of the Act;

“Integration Joint Boards Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

“Integration Scheme or ‘Scheme’” means this Revised Integration Scheme;

“Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“Lothian IJBs” means the integration joint boards to which functions are delegated in pursuance of the integration schemes in respect of the local authority areas served by, City of Edinburgh Council, the Council, Midlothian Council and West Lothian Council respectively;

“Neighbouring IJBs” means the Lothian IJBs excluding the IJB;

“Operational Budget” means the amount of payment made from the IJB to a Party in order to carry out delegated functions;

“Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services in accordance with section 29 of the Act.

1.2 Words and expressions defined in the Act shall bear the same respective meanings in the Scheme unless otherwise defined in the Scheme.

1.3 References to Sections are to the sections of the Scheme.

1.4 Reference to Annexes are to annexes to this Scheme and reference to Parts are the parts of the relevant Annex.

## **2 The Model to be implemented**

The integration model set out in section 1(4)(a) of the Act which apply in relation to the East Lothian area is the integration joint board model, namely the delegation of functions by each of the Parties to a body corporate that is to be established by order under section 9 of the Act. This Scheme comes into effect on the date the Integration Joint Board Order to establish the Integration Joint Board comes into force.



### **3 Local Governance Arrangements**

#### **3.1 Membership**

3.1.1 The Integration Joint Board shall have the following voting members:

- a) **4** councillors nominated by the Council; and
- b) **4** non-executive directors nominated by NHS Lothian in compliance with articles 3(4) and 3(5) of the Integration Joint Boards Order.

3.1.2 The Parties may determine their own respective processes for deciding who to nominate as voting members of the Integration Joint Board.

3.1.3 Non-voting members of the Integration Joint Board will be appointed in accordance with article 3 of the Integration Joint Boards Order.

3.1.4 The term of office of members shall be prescribed by regulation 7 of the Integration Joint Boards Order.

#### **3.2 Appointment of chair and vice chair**

3.2.1 The Integration Joint Board shall have a chairperson and a vice-chairperson of the Integration Joint Board who will both be voting members of the Integration Joint Board.

3.2.2 The Council and NHS Lothian may determine their own processes for deciding who to nominate as voting members of the Integration Joint Board, and (out of those voting members) who they appoint as chairperson or vice-chairperson.

3.2.3 The first appointment period of the chairperson and vice-chairperson will begin on the first day that the Integration Joint Board is constituted and will end on 31 March 2017. The Council shall appoint the first chairperson and NHS Lothian shall appoint the first vice-chairperson of the Integration Joint Board.

3.2.4 From 1 April 2017, NHS Lothian shall appoint the chairperson and the Council shall appoint the vice-chairperson with the term of office being two years.

3.2.5 As from 1 April 2019, the power to appoint the chairperson will continue to alternate between each of the Parties on a two-year cycle and on the basis that during any period when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.

- 3.2.6 Each Party may change its appointment as chairperson (or, as the case may be, vice-chairperson) at any time; and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

#### **4 Delegation of Functions**

- 4.1 The functions that are to be delegated by NHS Lothian to the Integration Joint Board (subject to the exceptions and restrictions specified or referred to in Part 1 of Annex 1) are set out in Part 1 of Annex 1. The services currently provided by NHS Lothian in carrying out these functions are described in Part 2 of Annex 1.
- 4.2 The functions that are to be delegated by the Council to the Integration Joint Board (subject to the restrictions and limitations specified or referred to in Parts 1A and 1B of Annex 2) are set out in Parts 1A and 1B of Annex 2. For indicative purposes only, the services which are currently provided by the Council in carrying out these functions are described in Part 2 of Annex 2.

#### **5 Local Operational Delivery Arrangements**

The IJB membership will be involved in the operational governance of integrated service delivery via two particular arrangements: (1) directions issued by the IJB via the Chief Officer of the IJB; and (2) oversight of performance management by the voting members of the IJB.

##### **Directions issued by the IJB via the Chief Officer**

- 5.1.1 The Integration Joint Board will issue directions to the Parties via its Chief Officer. The Integration Joint Board must direct the Parties to carry out each of the functions delegated to the Integration Joint Board. A direction in relation to a given function may be given to one or other of the Parties, or to both Parties. The primary responsibility for delivering capacity (that is to say, activity and case mix) in respect of the services associated with the carrying out of a given function shall lie with the IJB, and shall be reflected in the directions issued from time to time by the IJB. Subject to the provisions of the Act and the Scheme, the Parties are then required to follow those directions

##### **Oversight of performance management by the voting members of the IJB**

- 5.1.2 The IJB shall oversee delivery of the services associated with the functions delegated to it by the Parties. The IJB is the only forum where health and social care functions for the East Lothian area are governed by members of both NHS Lothian and the Council. Accordingly the Parties agree that the primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB.
- 5.1.3 The Parties will provide performance information so that the IJB can develop a comprehensive performance management system.
- 5.1.4 The IJB performance management reports will be available to both Parties for their use in their respective performance management systems. However it is expected that the voting members of the IJB will take responsibility for performance management at the IJB, and will provide an account of highlights and/or exceptional matters to meetings of NHS Lothian and the Council.
- 5.1.5 In the interests of efficient governance, the relevant committees of NHS Lothian and the Council will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Lothian and the Council functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The Integration Joint Board will not duplicate the internal operational oversight role carried out by the Parties other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities or duties under this Scheme.
- 5.1.6 Each of the Parties shall use reasonable endeavours to procure that in the event that one of its committees identifies an issue which is of direct and material relevance to the Integration Joint Board, the chair of that committee will advise the Chair of the Integration Joint Board and the Chief Officer of that matter and will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.
- 5.1.7 The Parties shall ensure that their respective standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, and its place as a common decision-making body within the framework for delivery of health and social care within the East Lothian Area.
- 5.1.8 The voting members of the Integration Joint Board are councillors of the Council and non-executive directors of NHS Lothian (or other board members). In their capacity as councillors and non-executive directors, they will be engaged in the governance of their respective constituent bodies, and it is likely that they will be members of one or more committees of those constituent bodies.

5.1.9 Given the overall vision as outlined in the preamble of the Scheme, it is the intention that the operational governance functions of both Parties and the Integration Joint Board should be integrated. In all matters associated with the work of the Integration Joint Board, the voting members of the Integration Joint Board will be expected by the Parties to play a crucial role in:

- a) communicating, and having due regard to, the interests of NHS Lothian or (as the case may be) the Council in overseeing the carrying out of the integrated functions, but on the understanding that, in carrying out their role as a member of the Integration Joint Board, their primary duties and responsibilities are those which attach to them in that capacity; and
- b) communicating, and having due regard to, the interests of the Integration Joint Board in overseeing the carrying out of the integrated functions whilst discharging their role as a councillor or (as the case may be) as a non-executive director of NHS Lothian, but on the understanding that, in carrying out their role as a councillor or non-executive director, their primary duties and responsibilities are those which attach to them in that capacity.

5.1.10 This Scheme sets out detailed measures on the governance of integration functions throughout the text. Over and above these measures, the Parties will ensure that the IJB members are involved in overseeing the carrying out of integration functions through the following actions:

- a) The terms of reference, membership and reporting arrangements of the relevant committees of the Parties will be reviewed and the IJB will be consulted within this process (and all future reviews); and
- b) In order to develop a sustainable long term solution for the oversight of the integration functions by the IJB, a working party will be convened, with membership from the Lothian IJBs and the Parties. This working party will develop recommendations for approval by the Lothian IJBs.

5.1.11 Without prejudice to the role of the voting members of the Integration Joint Board (as specified above) in relation to oversight of operational delivery of services in accordance with directions issued to either or both of the Parties by the Integration Joint Board, the Integration Joint Board will, through the Chief Officer, have an oversight role in the operational delivery of services by the Parties in the carrying out of integration functions. The Parties acknowledge that the Chief Officer's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved. For the avoidance of doubt, the Chief Officer's role in operational delivery shall not displace:

- (a) the responsibilities of each Party regarding compliance with directions issued by the Integration Joint Board; or
- (b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

5.1.12 In addition to the specific commitments set out above and the obligations regarding provision of information attaching to the Parties under the Act, each of the Parties will provide the Integration Joint Board with any information which the Integration Joint Board may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

## **5.2 Support for Strategic Planning**

5.2.1 The Parties will support the Integration Joint Board in ensuring that the consultation process associated with the preparation of each Strategic Plan for the East Lothian Area includes other Integration Authorities likely to be affected by the Strategic Plan. The Integration Authorities that are most likely to be affected by the Strategic Plan for the East Lothian Area are:

- (a) Midlothian Integration Joint Board
- (b) Edinburgh Integration Joint Board
- (c) West Lothian Integration Joint Board.

5.2.2 NHS Lothian will procure that reciprocal provisions to those set out in sections 5.1, 5.2 and 5.3 are contained in the integration schemes of the Neighbouring IJBs in Lothian.

5.2.3 In addition the Borders Integration Joint Board shares a border with East Lothian Integration Joint Board and may be affected by the East Lothian Strategic Plan.

5.2.4 The Parties will to ensure that the Integration Joint Board can:

- (a) effectively engage in all of the planning process and support the Neighbouring IJBs in discharging their role including contributing to the work of the strategic planning groups for the Neighbouring IJBs as required;
- (b) provide such information and analysis as Neighbouring IJBs reasonably require for the production of their Strategic Plans;
- (c) inform Neighbouring IJBs as to how the services, facilities and resources associated with the functions delegated to the Integration Joint Board by the Parties are being or are intended to be used with respect to carrying out of those functions in line with these planning processes;
- (d) in a situation where Strategic Plans in one area are likely to have an impact on the plans in another area, ensure that these matters are raised with other relevant integration joint boards and resolved in an appropriate manner;
- (e) in a situation where Strategic Plans in another area are likely to have an impact on the East Lothian Area, ensure that these matters are raised and any associated risks are mitigated for the benefit of service users.

5.2.5 In addition, a template will be introduced for the Integration Joint Board, with the support of each of the Parties, to help to ensure that all major strategic matters are considered in light of the potential impact on Neighbouring IJBs, and on services provided by the Parties which are not delivered in the course of carrying out functions delegated to the Integration Joint Board.

### **5.3 Lothian Hospitals Strategic Plan**

5.3.1 NHS Lothian will develop a plan (the 'Lothian Hospitals Strategic Plan') to support the IJBs to fulfil their duties. The Lothian Hospitals Strategic Plan will not bind the IJB and the strategic plans of the Lothian IJBs will inform the Lothian Hospital Strategic Plan. The Lothian Hospitals Strategic Plan will encompass both functions delegated to the Lothian IJBs and functions that are not so delegated.

5.3.2 The Lothian Hospitals Strategic Plan will be developed in partnership with the Lothian IJBs where integration functions are delivered by NHS Lothian in a hospital. It will reflect the relevant provisions of the Strategic Plans prepared by the respective Lothian IJBs, as well as NHS Lothian plans for non delegated functions. The first Lothian Hospitals Strategic Plan will be published by 1 December 2015.

5.3.3 The purpose of the Lothian Hospital Strategic Plan is to ensure that planning for hospital functions and use of hospital facilities are:

- (a) responsive to and supports each Strategic Plan prepared by the Lothian IJBs for delegated functions; and
- (b) supports the requirement of NHS Lothian to deliver hospital services required by the IJB and other hospital services that are not the responsibility of the Lothian IJBs (e.g. tertiary, trauma, surgical, planned and children's services).

5.3.4 The Lothian Hospitals Strategic Plan will be a plan developed jointly by NHS Lothian and the Lothian IJBs. The elements of the Lothian Hospitals Strategic Plan addressing non delegated functions can only be agreed by the NHS Lothian Board after the four Lothian IJBs have been consulted and their views and requirements appropriately considered. Elements of the Lothian Hospitals Strategic Plan which cover functions delegated to the respective Lothian IJBs will be signed off by relevant Lothian IJBs in consultation with NHS Lothian and all Lothian IJBs.

5.3.5 The Lothian Hospitals Strategic Plan will be updated at least every three years; the process to update the plan will be led by NHS Lothian.

#### **5.4 Professional, technical or administrative support services**

5.4.1 The Parties agree to provide the IJB with the corporate support services that it requires to discharge fully its duties under the Act.

5.4.2 In the short term, the Parties will continue to use the arrangements that have already been put in place to provide professional, technical and administrative support to Community Health Partnerships, and joint working more generally.

5.4.3 In order to develop a sustainable long term solution, a working party will be convened, with membership from NHS Lothian and the four local authorities in Lothian. This working party will develop recommendations for approval by NHS Lothian, the four local authorities, and the Lothian IJBs by 30 June 2015.

5.4.4 Key matters that the working party will address are:

- (a) understanding the needs of the Lothian IJBs (in relation to functions delegated to them), as well as the continuing needs of the Parties (for non-delegated functions);
- (b) defining what is meant by "professional, technical or administrative services";

- (c) systems to appoint the Chief Officer and Chief Finance Officer, as well as addressing their requirements for support;
- (d) bringing all these elements together and devising a pragmatic and sustainable solution.

The working party will link in with any ongoing initiatives that are pertinent to its agenda, so that all relevant work is co-ordinated. Any changes will be taken forward through the existing systems in the Parties for consultation and managing organisational change.

- 5.4.5 As soon as the proposals have been finalised by the working party and agreed by NHS Lothian and the four local authorities which prepared the integration schemes for the Lothian IJBs, a draft agreement will be prepared reflecting the agreed proposals. The draft agreement will be adjusted in line with discussions among the said parties, and, as soon as the terms have been finalised, it is intended that the agreement will then be formally executed by NHS Lothian, the four local authorities, and the Lothian IJBs (including the IJB).
- 5.4.6 Within a year of the agreement taking effect, the Parties and the IJB will undertake a review of the support services put in place pursuant to the agreement to ensure that the IJB has available to it all necessary professional, technical or administrative services for the purpose of preparing its Strategic Plan and carrying out the integration functions. There will then follow a process of annual review on the support services required by the IJB and this process will form part of the annual budget setting process for the IJB which is described in Section 9.2.

## **5.5 Process to establish performance targets and reporting arrangements**

- 5.5.1 All national and local outcomes, improvement measures and performance targets which are connected exclusively with the functions delegated by the Parties to the IJB under the Scheme will become the responsibility of the Integration Joint Board to deliver; and the IJB will also be responsible for providing all such information regarding integration functions which is required by either of the Parties to enable each of them to fulfil its obligations regarding reporting arrangements in respect of those functions.
- 5.5.2 Where particular national or local outcomes, measures or targets (and associated reporting arrangements) relate to services which are associated with both integration functions and functions which are not delegated by a Party to the IJB, the responsibility for the outcomes, measures or targets (and associated reporting arrangements) will be shared between the IJB and the Party or Parties which exercise those functions, and the IJB will be responsible for providing all such information regarding those integration functions as is required by the relevant Party to enable it to fulfil its obligations regarding reporting arrangements.



- 5.5.3 A set of shared principles will be developed and agreed between the Parties for targets and measurement based on existing best practice.
- 5.5.4 A core group of senior managers and relevant support staff from each Party will develop the performance framework for the IJB, taking account of relevant national guidance. The framework will be underpinned by the Outcomes and will be developed to drive change and improve effectiveness. The framework will be informed by an assessment of current performance arrangements and the development of a set of objectives which the framework will be intended to achieve.
- 5.5.5 A core set of indicators and measures will be identified by the Parties from publicly accountable and national indicators and targets which relate to services delivered in carrying out of the functions delegated to the IJB.
- 5.5.6 An integration dataset (the 'Integrations Dataset') will be created for the Integration Joint Board. This will include information on the data gathering, reporting requirements and accountability for each of these measures and targets and including, in relation to each target, the extent to which responsibility is to transfer to the IJB. This work will be shared with and reviewed by the Integration Joint Board and amended as appropriate following such review.
- 5.5.7 The Integration Dataset and the core set of indicators will provide information for the performance framework developed in the process described in section 5.4.4.
- 5.5.8 Indicators will be aligned with the priority areas identified in the joint strategic needs assessment and the Strategic Plan and will be refined as these documents are reviewed and refreshed. These priority areas will be aligned with all the indicators within the Integration Dataset and will be linked to the Outcomes to demonstrate progress in delivering these.
- 5.5.9 The Parties have obligations to meet targets for functions which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integration functions. Therefore, when preparing performance management information, the Parties agree that the effect on both integration and non-integration functions must be considered and details must be provided of any targets, measures and arrangements for the Integration Joint Board to take into account when preparing the Strategic Plan. Where responsibility for performance measures and targets is shared, this will be set out clearly for agreement by the relevant Parties.
- 5.5.10 The Integration Dataset will include information on functions which are not delegated to the Integration Board. Either one of the Parties, or the Integration Joint Board, will be able to reasonably require information of that nature to be included within the Integration Dataset.

- 5.5.11 The principles for an Integration Dataset will be prepared by the Parties by 1 April 2015 and this will be reviewed and developed into the Integration Dataset during the strategic planning process in 2015. A final Integration Dataset will be submitted for approval by the Integration Joint Board and the Parties before 1 March 2016.
- 5.5.12 The Integration Dataset will be reviewed on at least an annual basis, through a process similar to that outlined above.

## **6 Clinical and Care Governance**

### **6.1 Introduction**

- 6.1.1 This section of the Scheme sets out the arrangements that will be put in place to allow the IJB to fulfil its role with professional advice and with appropriate clinical and care governance in place. The Parties will expect the IJB to develop more integrated governance arrangements in East Lothian to complement the existing clinical and care governance arrangements.
- 6.1.2 The Parties have well established systems to provide clinical and care governance as well as assurance for professional accountabilities. Those systems will continue following the establishment of the IJB and the scope of these systems will extend to provide the IJB with the requirements to fulfil their clinical and care governance responsibility.
- 6.1.3 This section describes the relationship between the Parties' clinical and care governance systems and the IJB. The relationship between these systems and the Strategic Planning Group and delivery of services within localities will be via the Chair and Chief Officer of the IJB. The IJB non-voting membership includes the Chief Social Work Officer and three health professionals who are determined by NHS Lothian. These members will provide a further link between the Parties clinical and care governance systems and the IJB as described in section 6.2. It is for the IJB to ensure that the Strategic Planning Group has sufficient information to undertake its function and the Parties shall provide such information to the IJB as is necessary for it to do so. This is in line with the commitment in this scheme at 5.3.1 to provide the IJB with the corporate support services required to fully discharge its responsibilities under the Act, which includes support to the IJB, its Strategic Planning and localities.
- 6.1.4 Continuous improvement and the quality of service delivery (and its impact on outcomes) will be addressed through the development of the IJB's performance management framework (pursuant to Section 5.5 of this Scheme).
- 6.1.5 The Integration Joint Board will not duplicate the role carried out by the Parties existing governance arrangements other than in exceptional circumstances where the IJB considers

that direct engagement by the IJB is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

- 6.1.6 The Parties agree that in the event that one of its committees within its governance arrangements identifies an issue which is of direct and material relevance to the Integration Joint Board, the chair of that committee will advise the chairperson of the Integration Joint Board and the Chief Officer of that matter and will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.
- 6.1.7 The Parties shall ensure that its standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, the IJB's place as a common decision-making body within the framework for delivery of health and social care within the East Lothian Area and the Parties role in supporting the IJB to discharge its duties.
- 6.1.8 The voting members of the Integration Joint Board are engaged in the governance of their respective Party, and it is likely that they will be members of one or more committees of the relevant Party.
- 6.1.9 The Parties will use reasonable endeavours to appoint voting members of the Integration Joint Board (regardless of which party nominated the voting members) onto the NHS Lothian and Council governance arrangements with a remit relevant to the clinical and care governance of integration functions.
- 6.1.10 Within its existing governance framework, NHS Lothian has:
- (a) healthcare governance committee, the remit of which is to provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that the Lothian NHS Board meets its responsibilities with respect to:-
- NHS Lothian Participation Standards
  - Volunteers/Carers
  - Information Governance
  - Protection of Vulnerable People including children, adults, offenders
  - Relevant Statutory Equality Duties
- and
- (b) A staff governance committee, the remit of which is to support and maintain a culture within Lothian NHS Board where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration. The Staff Governance Committee

must ensure that robust arrangements to implement the (NHS Scotland) Staff Governance Standard are in place and monitored

- 6.1.11 The staff governance committee has the primary role on staff governance matters, but can and does refer matters of relevance to the healthcare governance committee.
- 6.1.12 The healthcare governance committee can request assurance from the staff governance committee on matters of direct relevance to its remit, e.g. quality of recruitment, learning and development, completion of mandatory training.
- 6.1.13 Within the Council, the Chief Social Work Officer has overall responsibility for the professional standards of the Council's social work and social care staff. The workforce is also regulated by the Scottish Social Services Council (SSSC), and all professional staff must by law be registered with the SSSC. This registration requirement will, in due course, extend to all social care staff employed by the Council and the voluntary and independent sectors.
- 6.1.14 The Chief Social Work Officer reports annually to the Council on standards achieved, governance arrangements (including supervision and case file audits), volume/quantity of statutory functions discharged, the registration of the workforce and on training, including mandatory training and post-qualifying learning and development.
- 6.1.15 These reports must comply with national guidance issued by the Scottish Government. The Chief Social Work Officer will also provide a copy of these annual reports to the Integration Joint Board.
- 6.1.16 The intention of using the existing NHS Lothian and Council internal governance as a primary source of assurance is to recognise that the Parties will have continuing governance responsibilities for both delegated and non-delegated functions, and that the Parties wish to minimise unnecessary bureaucracy. The IJB will be engaged through its voting membership being part of the Parties' internal governance arrangements. The IJB will be in a position to holistically consider the information/ assurance received from the Parties and arrive at a determination for all of its functions. If the IJB is in any way dissatisfied with the information or assurance it receives from the Parties, or the effectiveness of the Parties internal governance arrangements, it may give a direction to the Parties to address the issue, or revise its own system of governance.

## 6.2 **Clinical and Care Governance Risk**

There is a risk that the plans and directions of the IJB could have a negative impact on clinical and care governance, and professional accountabilities. This section 6.2 of the Scheme sets out the arrangements that will be put in place to avoid this risk.

### **Professional Advice**

- 6.2.1 NHS Lothian has within its executive membership three clinical members (referred to below as '**Executive Clinical Directors**'); a Medical Director, a Nurse Director, and a Director of Public Health. Their roles include responsibility for the professional leadership and governance of the clinical workforce (medical, nursing, allied health professionals, healthcare scientists, psychology, pharmacy), as well as clinical governance within NHS Lothian generally. The creation of the IJB does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.
- 6.2.2 The Council has a Chief Social Work Officer who reports to the Chief Executive and councillors. The Chief Social Work Officer monitors service quality and professional standards in social care and social work, for staff employed in both adult and children's services, together with standards in relation to the protection of people at risk of harm. The Chief Social Work Officer role also includes quality assurance of decision-making with regard to adult social care, mental health criminal justice and children's services, in particular in relation to public protection and the deprivation of liberty.
- 6.2.3 The creation of an IJB does not change the Chief Social Work Officer's role in respect of professional leadership and he or she will remain the lead and accountable professional for his or her profession.
- 6.2.4 The IJB may elect to appoint one or both of the Medical Director and the Nurse Director as additional non-voting members of the IJB. The Integration Joint Boards Order requires NHS Lothian to fill the following non-voting membership positions on the IJB:
- (a) A registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Lothian in accordance with Regulations made under Section 17P of the National Health Service (Scotland) Act 1978;
  - (b) A registered nurse who is employed by NHS Lothian or by a person or body with which NHS Lothian has entered into a general medical services contract; and
  - (c) A registered medical practitioner employed by NHS Lothian and not providing primary medical services.
- 6.2.5 NHS Lothian will consider the advice of the Executive Clinical Directors, and any other relevant officer it deems fit before making appointments to fill the membership positions referred to in

Section 6.2.4. The appointees will be professionally accountable to the relevant Executive Clinical Director. NHS Lothian will develop a role description for the appointments referred to in Section 6.2.4, to ensure that their role on the IJB with regard to professional leadership and accountability is clearly defined and understood.

- 6.2.6 The three health professional representatives referred to in Section 6.2.4 will each also be:
- (a) A member of an integrated professional group (should it be established); and/or
  - (b) A member of a NHS Lothian committee; and/or
  - (c) A member of a consultative committee established by NHS Lothian.
- 6.2.7 If a new “integrated professional group” is established, the Chief Social Work Officer must also be a member.
- 6.2.8 The three health professional representative set out in section 6.2.4 and the Chief Social Work Officer will be expected by the Parties to play a lead role in:
- (a) Communicating and having regard to their duties to NHS Lothian or the Council as the case may be whilst discharging their role as a member of the IJB;
  - (b) Communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by NHS Lothian or (as the case may be) the Council.
  - (c) The members will be expected to communicate regularly with the Executive Clinical Directors, and the Council’s Chief Executive as and when appropriate.
- 6.2.9 The presence of these four members will ensure that the decisions of the IJB are informed by professional advice from within the membership of the IJB.
- 6.2.10 NHS Lothian includes a governance statement in its annual accounts, the content of which is informed by the annual reports of its governance committees (such as healthcare governance and staff governance) and certificates of assurance from its Executive Clinical Directors. The IJB may place reliance on these existing processes, and the Parties will provide any such reports from those processes as the IJB may require.
- 6.2.11 The Executive Clinical Directors shall be entitled to raise issues directly with the IJB in writing. The IJB shall be required to respond in writing when issues are raised in this way. The Chief Social Work Officer will be a non-voting member of the IJB, and can therefore raise any issues directly at the IJB.

- 6.2.12 The engagement of professionals throughout the process to develop and consult on the Strategic Plan is intended to ensure that the IJB has all the required information to prepare a Strategic Plan, which will not compromise professional standards.
- 6.2.13 In the unlikely event that the IJB issues a direction to NHS Lothian, which is reasonably likely to compromise professional standards, then in the first instance, the relevant Executive Clinical Director will write to the IJB.
- 6.2.14 If the issue is not resolved to his/her satisfaction, he/she must inform the board of NHS Lothian before it takes action to implement the direction, and the following measures will apply:
- (a) The relevant Executive Clinical Director must ensure that appropriate advice is tendered to the board of NHS Lothian on all matters relating to professional standards;
  - (b) The relevant Executive Clinical Director must set out in writing to NHS Lothian any objections he/she may have on a proposal that may compromise compliance with professional standards;
  - (c) The board of NHS Lothian will inform the IJB that it has received such objections, along with a statement of the views of the board of NHS Lothian on those objections;
  - (d) If board of NHS Lothian decides to proceed with a proposal despite those objections, the relevant executive clinical director will be provided with written authority from the board of NHS Lothian to act on the proposal. NHS Lothian must inform the Scottish Government Health and Social Care Directorate if a request for such a written authority is made. A copy of that authority must be sent to the appropriate regulatory body, e.g. General Medical Council;
  - (e) Once the relevant Executive Clinical Director has received that written authority, he/she must comply with it;
- 6.2.15 Regardless of whether a written authority has been given, the Executive Clinical Directors, in their capacity NHS Lothian members, should always vote against a proposal that they cannot endorse as accountable officers. It is not sufficient to abstain from a decision.
- 6.2.16 The three professional clinical members on the IJB (two medical practitioners, one nurse) are non-voting members. They will be expected by the Executive Clinical Directors to raise any concerns in relation to matters which may compromise professional standards with the IJB.

- 6.2.17 If any of the three professional clinical members becomes aware of a matter arising from the conduct of IJB business, which may compromise professional standards, he/she must immediately notify the relevant Executive Clinical Director(s) of their concerns.
- 6.2.18 The Chief Social Work Officer must be a non-voting member of the Integrated Joint Board, and as such, will contribute to decision-making, and will provide relevant professional advice to influence service development.
- 6.2.19 In the event that the Integrated Joint Board issues an direction to the Council or NHS Lothian, which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer must immediately notify the Chief Officer of his/her concerns and if his/her concerns are not resolved by the Chief Officer to his/her satisfaction they must then raise the matter with the Chief Executive of the Council.

### **6.3 Professionals Informing the IJB Strategic Plan**

- 6.3.1 With regard to the development and approval of its Strategic Plan, the IJB is required to:
- (a) establish a strategic planning group (which will review the draft Strategic Plan). This strategic planning group must include a nominee from both NHS Lothian and the Council in its membership, as well as representation from health professionals and social care professionals. NHS Lothian and the Council will make recommendations to the IJB with regard to the representation from health professionals and social care professionals;
  - (b) consult both NHS Lothian and the Council on its Strategic Plan, and take into account their views before it finalises the Strategic Plan.
- 6.3.2 There will be three opportunities within these arrangements for professional engagement in the planning process;
- (a) at the IJB;
  - (b) in the context of the work of the strategic planning group; and
  - (c) as part of the consultation process with the Parties associated with the Strategic Plan.
- 6.3.3 The membership of the IJB will not be the only source of professional advice available to the IJB. In advance of the establishment of the IJB the Parties agree that the chairs of all appropriate committees and groups will be informed that they are able to, and expected to, directly provide advice to the IJB. Those committees and groups may also advise an integrated



professional group that provides advice to the IJB. Those committees and groups include, but are not limited to:

- (a) Area Clinical Forum;
- (b) Local consultative committees that have been established under Section 9 of the National Health Service (Scotland) Act 1978;
- (c) Managed Clinical/ Care Networks;
- (d) East and Mid Lothian Public Protection Committee (adult and child protection, drug and alcohol, violence against women, offender management etc). The IJB will consult this committee on any plans that may impact on the protection of children or vulnerable adults or people who are assessed as posing a risk;
- (e) Any integrated professional group established.

6.3.4 NHS Lothian and the Council will ensure that the draft Strategic Plan is sent to the following senior professionals in order to secure their input and advice:

- (a) NHS Lothian Medical Director;
- (b) NHS Lothian Nurse Director;
- (c) NHS Lothian Director of Public Health & Health Policy;
- (d) NHS Lothian Allied Health Professions Director;
- (e) Chief Social Work Officer.

6.3.5 The engagement of the Council's professionals will not be limited to social work staff, but will extend to related professionals within social care, such as, but not exclusively, occupational therapists, home care and social care staff.

6.3.6 The approach to locality planning and delivery including the arrangements for clinical and social care governance will be developed through the strategic planning process in a collaborative manner for the IJB.

## 6.4 External scrutiny of clinical and care functions

- 6.4.1 NHS Lothian seeks assurance for internal control/quality through its Healthcare Governance Committee, which includes reports by external bodies such as Healthcare Improvement Scotland.
- 6.4.2 The Care Inspectorate (Social Care and Social Work Improvement Scotland) regulates, inspects and supports improvement of adult and children's social work and social care, and their reports feed into the Council's system of governance.
- 6.4.3 The IJB will consequently be informed of any relevant issues from external scrutiny, as a consequence of drawing from the systems already established by the Parties.

## 6.5 **Service User and Carer Feedback**

- 6.5.1 The Parties have a range of systems already in place to capture and respond to service users' experience, and these will continue to be used as the Parties implement the directions of the IJB.

## 7 **Chief Officer**

- 7.1 The Chief Officer will be appointed by the IJB; he/she will be employed by one of the Parties and will be seconded to the IJB.
- 7.2 The Chief Officer will provide a strategic leadership role as principal advisor to and officer of the Integration Joint Board and will be a member of the senior management teams of the Parties. The Chief Officer will lead the development and delivery of the Strategic Plan for the IJB and will be accountable to the IJB for the content of the directions issued to the Parties by the IJB and for monitoring compliance by the Parties with directions issued by the IJB.
- 7.3 The Chief Officer will report directly to the Chief Executives of both Parties. There will be a joint process for the regular performance reviews, support and supervision with both Chief Executives. Annual objectives for the Chief Officer will be agreed and the process will involve the chairperson of the Integrated Joint Board agreeing objectives with the Chief Officer relevant to his/her role with the Integrated Joint Board as well as the Chief Executives of the Parties. The Chief Officer's performance against those annual objectives will be monitored through an agreed performance management framework established by the Party which is his/her employer.
- 7.4 If an interim replacement for the Chief Officer of the IJB is required, in line with a request from the IJB to that effect (on the grounds that the Chief Officer is absent or otherwise unable to carry out his/her functions), the Chief Executives of the Parties will initiate a joint selection process, identifying a list of potential replacements; and selection of a suitable candidate will

be undertaken against a set of agreed criteria. The interim replacement will be employed by one of the Parties and will be seconded to the Integration Joint Board on an interim basis.

7.5 The Chief Officer will have operational responsibility for all of the functions delegated to the IJB with the following exceptions:

(a) The Chief Officer for NHS Lothian acute hospital services and directors responsible for the Western General Hospital, the Royal Infirmary of Edinburgh, St Johns Hospital and the Royal Edinburgh Hospital will provide delegated services on these hospital sites that will not be operationally managed by the Chief Officer.

(b) Specific NHS Lothian functions which will be managed on a pan-Lothian basis as a 'hosted service' by one of the four chief officers in Lothian. Annex 3 describes the functions which NHS Lothian is proposing to the IJBs as suitable for management under hosted services arrangements.

7.6 A group consisting of Directors responsible for hospital functions delegated to the IJB and the Chief Officers of the four IJBs in Lothian will be established before the IJBs are established to ensure close working arrangements between a) IJB Chief Officers, the Chief Officer of NHS Lothian acute hospital services and Hospital Site Directors and B) Chief Officers responsible for the management of a hosted service on behalf of the other three Lothian Chief Officers.

## **8 Workforce**

8.1 The arrangements in relation to their respective workforces agreed by the Parties are:

(a) For staff managed by a line manager who is employed on different terms and conditions, the manager will observe the contract of employment and apply the employer's employment policies and procedures. Guidance will be available to assist the line manager. In addition the Parties will establish professional leadership lines of accountability to ensure clinical and professional standards are monitored and maintained;

(b) The Parties have agreed an Organisational Development Plan which is being implemented. There is a Human Resources and Organisational Group which includes Senior Managers and Trades Unions from both Parties.

8.2 The Parties have developed a Human Resources and Organisational Development plan which supports the workforce through the integration process. This is a comprehensive plan which covers staff communication, staff engagement, staff and team development, leadership

development and the training needs for staff that will be responsible for managing integrated teams. This plan will be reviewed annually to ensure that it takes account of the Strategic Plan of the IJB and the development needs of staff within the IJB.

- 8.3 The Human Resources and Organisational Development plan for 2014 / 2015 has been agreed by the Parties, and is being implemented, and will be reviewed in April 2015 and annually thereafter.
- 8.4 The Parties will support the IJB to prepare a joint Workforce Development and Support Plan through the provision of professional, technical and support services described in Section 5.4 of this Scheme. The Workforce Development and Support Plan will sit alongside and be informed by the IJB's Strategic Plan. The Workforce Development and Support Plan will be developed within six months of the approval of the Strategic Plan by the IJB.

## **9 Finance**

This section describes the arrangements in relation to financial management and monitoring of integrated resources. It sets out the method for determining the resources to be made available by the Council and NHS Lothian to the IJB. It also explains the financial governance and management arrangements, including budget variances, and the financial reporting arrangements between the IJB, the Council and NHS Lothian.

### **9.1 Financial Governance**

#### **Appointment of a Chief Finance Officer**

9.1.1 The Integration Joint Board will make arrangements for the proper administration of its financial affairs; this will include the appointment of a Chief Finance Officer with this responsibility.

9.1.2 The Chief Finance Officer will be a CCAB-qualified accountant. The Integration Joint Board will have regard to the current CIPFA guidance on the role of the chief financial officer in local government when appointing to this finance role. A job description will be developed with due regard to Scottish government guidance in terms of financial functions.

9.1.3 The Chief Finance Officer will be employed by either the Council or NHS Lothian and seconded to the Integration Joint Board.

9.1.4 In the event that the Chief Finance Officer position is vacant, the Chief Officer shall secure, through agreement with both the Council's Section 95 officer and NHS Lothian's Director of Finance, an appropriate interim dedicated resource to discharge the role.

#### **Financial Management of the Integration Joint Board**

9.1.5 The Integration Joint Board will determine its own internal financial governance arrangements; and the Chief Finance Officer will be responsive to the decisions of the Integration Joint Board, and the principles of financial governance set out in this Scheme.

#### **Principles of Financial Governance**

9.1.6 The Parties will work together in a spirit of openness and transparency in relation to financial governance.

## **Financial Governance**

- 9.1.7 The Parties agree to the establishment of an IJB Budget. The Chief Officer will manage the IJB Budget.
- 9.1.8 The Parties are required to implement the directions of the Integration Joint Board in carrying out a delegated function in line with the Strategic Plan, having agreed with the relevant party the costs to be incurred. The Parties will apply their established systems of financial governance to the payments they receive from the IJB. NHS Lothian's Accountable Officer and the Council's Section 95 Officer have legally defined responsibilities and accountability for the financial governance of their respective bodies.
- 9.1.9 The Chief Officer in his/her operational role within NHS Lothian and the Council is responsible for the financial management of any operational budgets and is accountable for this to the NHS Lothian's Chief Executive and the Council's Section 95 officer.
- 9.1.10 The Integration Joint Board will develop its own financial regulations. The Chief Finance Officer will periodically review these financial regulations and present any proposed changes to the Integration Joint Board for its approval.
- 9.1.11 The Council will host the Integrated Joint Board Financial Accounts and will be responsible for recording the Integrated Joint Board financial transactions through its existing financial systems.
- 9.1.12 The Chief Finance Officer will be responsible for preparing the Integration Joint Board's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.
- 9.1.13 The Integration Joint Board can hold reserves. It is a matter for the IJB to determine what its reserves strategy will be.
- 9.1.14 The Chief Finance Officer will also be responsible for preparing the annual financial statement that the IJB must publish under Section 39 of the Act. The Chief Finance Officer will also be responsible for preparing a medium-term financial plan which sets out what the IJB intends to spend in implementation of its Strategic Plan and which will be incorporated into the Strategic Plan.

9.1.15 The Chief Finance Officer will be responsible for producing finance reports to the Integration Joint Board, ensuring that those reports are comprehensive. The Council and NHS Lothian will provide the appropriate information to allow the Chief Financial Officer to produce these reports.

9.1.16 The Chief Finance Officer will liaise closely with the Council's section 95 officer and NHS Lothian's Director of Finance and their teams in order to discharge all aspects of his or her role. Section 6 of this Scheme has set out the process the Parties will undertake to determine how professional, technical and administrative services will be provided to the IJB. The initial focus of this work includes finance support.

## 9.2 **Payments to the Integration Joint Board**

9.2.1 The resources delegated to the IJB fall into two categories: (i) payments for the delegated functions; and (ii) resources used in large hospitals that are set aside by NHS Lothian and made available to the IJB for inclusion in its Strategic Plan.

9.2.2 Section 1(3)(e) of the Act requires that the Scheme must set out a method of determining payments that are to be made in respect of (i) above. Section 1(3)(d) of the Act requires the Scheme to set out a method of determining the amounts to be made available by the Health Board for us by the IJB under (ii) above.

### **Payments to the IJB (made under Section 1(3)(e) of the Act)**

9.2.3 The Parties will agree annually a schedule of payments (covering their initial calculated payment for the financial year) to the Integration Joint Board in-year. This schedule of payments will be agreed within the first 30 working days of each new financial year.

9.2.4 It is expected that the net difference between payments into and out of the Integration Joint Board will result in a balancing payment between the Council and NHS Lothian which reflects the effect of the directions of the IJB. The balancing payment will be reviewed throughout the year and depending on the expected value for the adjusting payment, it will be either made one-off prior to year-end or on a quarterly basis.

### **Initial Payments to the Integration Joint Board**

9.2.5 The Parties will identify a core baseline operational budget for each function that is delegated to the Integration Joint Board. This will be used as the basis to calculate their respective payments into the IJB Budget.

9.2.6 The Parties already have established financial planning processes which take into account the financial settlements they have received, and identified and assumed expenditure pressures, to arrive at opening budgets for the forthcoming financial year. These same processes will be applied to the core baseline operational budgets for the delegated functions in order to arrive at the initial payments to the IJB.

### **Hosted Services**

9.2.7 NHS Lothian carries out functions across four local authority areas. Some of the functions that will be delegated to the Lothian IJBs are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services”. As such there is not currently a separately identifiable budget for those services by local authority area.

9.2.8 In order to identify the core baseline budget for each of the hosted services in each local authority area, NHS Lothian will initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of those services in each local authority area and their respective populations at a given point in time. NHS Lothian will follow the same process for subsequent years:

- (a) local activity and cost data for each service within each local authority area;
- (b) population distribution across the local authority areas;
- (c) patient level activity and cost data;
- (d) historically applied and recognised percentages.

9.2.9 The Council and the IJB will review the proposals from NHS Lothian as part of a due diligence process, and the core baseline budget will be collectively agreed.

### **Due Diligence**

9.2.10 The Parties will share information on the financial performance over the previous two financial years of the functions and associated services which will be delegated to the IJB. This will allow the Parties to undertake appropriate reviews to gain assurance that the services are currently being delivered sustainably within approved resources, and that the anticipated initial payments will be sufficient for the IJB to carry out its integration functions.

9.2.11 If any such review indicates that the projected expenditure is likely to exceed the initial payments to the IJB, then the relevant Party (either the Council or NHS Lothian as appropriate) will be required to take action to ensure that services can be delivered within the available Operational Budget



- 9.2.12 The Parties recognise that of the functions which are to be delegated to the IJB, there are some where there is greater potential for the actual expenditure to vary significantly from projections. The Parties will identify what those functions are, and will ensure that information is provided to the IJB so that it may build up its working knowledge of the issues, and focus on those functions within their systems for risk management and financial reporting. This will help the IJB and the Parties determine how any particular variances (should they arise) should be handled (see section below), as well as how the IJB decides to direct the use of the IJB Budget in the future.
- 9.2.13 This process of due diligence will be applied in future years, and this will be informed by, amongst other things, the intelligence within the financial performance reports covering all integration functions that the IJB will routinely receive.

#### **Determining the schedules for the Initial Payments**

- 9.2.14 The Council's Section 95 officer and NHS Lothian's Director of Finance are responsible for preparing the schedules for their respective Party. The amounts to be paid will be the outcome of the above processes. They will consult with the Chief Officer (designate) and officers in both Parties as part of this process.
- 9.2.15 The Council's Section 95 officer and NHS Lothian's Director of Finance will each prepare a schedule outlining the detail and total value of the proposed payment from each Party, and the underlying methodology and assumptions behind that payment. These draft schedules will identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. The schedules will also contain the detail and total value of set aside resources for hospital services, made under Section 1(3) (d) of the Act.
- 9.2.16 The Council's Section 95 officer and NHS Lothian's Director of Finance will refer the draft schedules to the Chief Officer (designate) so that he or she may have an opportunity to formally consider it.
- 9.2.17 The Council's Section 95 officer and NHS Lothian's Director of Finance will thereafter present the final draft schedules to the Council and NHS Lothian. This schedule must be approved by NHS Lothian's Director of Finance, the Council's Section 95 Officer and the Chief Officer (designate).

9.2.18 The Council and NHS Lothian must approve their respective payments, in line with their governing policies.

### **Subsequent Section 1(3) (e) Payments to the Integration Joint Board**

9.2.19 The calculation of payments in each subsequent financial year will essentially follow the same processes as has been described for the initial payment. This section highlights the key differences from the process of calculating the initial payment.

9.2.20 The starting position will be the payments made to the Integration Joint Board in the previous financial year. The Parties will then review the payments, having due regard to any known factors that could affect core baseline budgets, available funding, their existing commitments, the results of their own financial planning processes, the previous year's budgetary performance for the functions delegated to the IJB, the IJB's performance report for the previous year, and the content of the IJB's Strategic Plan.

9.2.21 The Parties will also have due regard to the impact of any service re-design activities that have been direct consequence of IJB directions.

9.2.22 In all subsequent financial years, the Integration Joint Board will be established and the Chief Officer and Chief Finance Officer will have been appointed to their posts. The Parties will engage the Integration Joint Board, Chief Officer, and Chief Financial Officer in the process of calculating subsequent payments through:

- Both Parties will provide indicative three year allocations to the Integration Joint Board, subject to annual approval through their respective budget setting processes.
- The Parties will ensure the Chief Officer and Chief Finance Officer are actively engaged in their financial planning processes. The Chief Officer will be expected to feed into the planning processes of the Parties with any intelligence that is relevant, e.g. the aims of the Strategic Plan, the effect of previous directions on activity and expenditure, projected changes in activity and expenditure. NHS Lothian's Director of Finance, the Council's Section 95 Officer and the Chief Finance Officer will ensure a consistency of approach and consistent application of processes in considering budget assumptions and proposals.

### **The set-aside of resources for use by the IJB under Section 1(3) (d) of the Act**

9.2.23 In addition to the Section 1 (3) (e) payments to the Integration Joint Board, NHS Lothian will identify a set aside budget for delegated functions in large hospitals. The set aside budget for delegated hospital services will be based on an apportionment of the relevant NHS Lothian budgets for the delegated hospital services (excluding overheads).

9.2.24 In order to identify the core baseline budget for each Set Aside Functions in each IJB area, NHS Lothian will initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of those services in each IJB area and their respective populations at a given point in time. NHS Lothian will follow the same process for subsequent years:

- (a) Local activity and cost data for each service within each IJB area
- (b) Population distribution across the IJB areas
- (c) Patient level activity and cost data
- (d) Historically applied and recognised percentages

The Parties and the IJB will review the proposals from NHS Lothian referred to above, as part of a due diligence process, and the core baseline budget will be jointly agreed.

### **Process to agree payments from the Integration Joint Board to NHS Lothian and the Council**

9.2.25 The Integration Joint Board will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompany its directions to them for carrying out functions. The Parties are required to implement the directions of the IJB in carrying out a delegated function in line with the Strategic Plan, having agreed with the IJB the resources required to deliver the said directions.

9.2.26 The Chief Finance Officer is responsible for providing the Integration Joint Board with appropriate information and advice, so that it may determine what those payments should be.

9.2.27 Each direction from the Integration Joint Board to the Council and/or NHS Lothian will take the form of a letter from the Chief Officer referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- (a) the delegated function(s) that are to be carried out
- (b) the outcomes to be delivered for those delegated functions
- (c) the amount of and method of determining the payment to be made, in respect of the carrying out of the delegated functions.

9.2.28 Once issued, directions can be amended by a subsequent direction by the Integration Joint Board.

9.2.29 Where amounts paid to the Integration Joint Board are subject to separate legislation or subject to restrictions stipulated by third party funders, the Integration Joint Board must reflect these amounts in full, in determining the level of the payments to be made to the Council and/or NHS Lothian in respect of the carrying out of the relevant function or functions. However, the Integration Joint Board is not precluded from increasing the resource allocated to the relevant services.

### 9.3 **Financial Reporting to the Integration Joint Board**

9.3.1 Budgetary control and monitoring reports (in such form as the Integration Joint Board may request from time to time) will be provided to the Integration Joint Board by the Parties as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the Integration Joint Board to the Council and NHS Lothian in respect of the carrying out of integration functions and against the amount set aside by NHS Lothian for hospital services. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.

9.3.2 NHS Lothian will provide reports to the Integration Joint Board on the set aside budget as above.

9.3.3 Through the process of reviewing the professional, technical and administrative support to the IJB (see Section 5.4 of the Scheme), and the development of accounting for the set-aside, the Parties will devise a sustainable model to support financial reporting to the new IJB. Until that model is in place, both Parties will provide the required information on operational budgetary performance from their respective finance systems, and this will be co-ordinated and consolidated by the Chief Finance Officer to provide reports to the IJB on all the IJB's integration functions.

9.3.4 It is expected by the Parties that as a minimum there will be quarterly financial reports to Chief Officer, Quaterly reports to the IJB for section 1(3) e and 6 monthly reports to the Chief Officers

and the IJB on the set-aside and hosted service budgets. The IJB can request more reports if required.

#### 9.4 **Process for addressing variance in the spending of the Integration Joint Board**

##### **Treatment of forecast over- and under-spends against the Operational Budget**

- 9.4.1 Section 14 of this Scheme sets out the arrangements for risk management, and financial risk (within the IJB and both Parties) will be managed in line with those arrangements.
- 9.4.2 The Integration Joint Board is required to deliver its financial outturn with approved resources. The Parties will make every effort to avoid variances arising. A key measure in this regard to will be the due diligence activities, and the sharing of information with the IJB, so that the IJB has the best opportunity to allocate resources effectively. The Parties will also ensure that the systems that are already applied to delivering public services within fixed and limited resources will continue.
- 9.4.3 Where financial monitoring reports indicate that an overspend is forecast on NHS Lothian or the Council's operational budget for delegated functions, it is agreed by the Parties that the relevant Party should take immediate and appropriate remedial action to prevent the overspend. The manager leading this remedial action could be the Chief Officer in his or her operational capacity within the affected Party.
- 9.4.4 In the event that such remedial action will not prevent the overspend, then Chief Finance Officer will, together with the relevant Party, develop a proposed recovery plan to address the forecast overspend. The Chief Finance Officer will then present that recovery plan to the Integration Joint Board as soon as practically possible. The Integration Joint Board has to be satisfied with the recovery plan, and the plan is subject to its approval.

##### **Additional Payments by the Parties to the Integration Joint Board**

- 9.4.5 Where such recovery plans are projected to be unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the Parties may make additional payments to the Integration Joint Board.
- 9.4.6 NHS Lothian and the Council may alternatively consider making interim funding available based on an agreed percentage with repayment in future years on the basis of the revised recovery plan by both Parties and the Integration Joint Board. If the revised plan cannot be agreed by NHS Lothian and the Council or is not approved by the Integration Joint Board, mediation will require to take place in line with the pre agreed dispute resolution arrangements.

## **Underspends**

- 9.4.7 As part of their normal financial management systems, the Parties conduct in-year reviews of financial performance, and occasionally this may lead to a forecast of an underspend at the year-end on one or more budgets. In the event that this happens within the Operational Budgets, then the following shall apply:
- 9.4.8 If the underspend is fortuitous, and unrelated to any IJB direction, then the underspend should be returned to the affected Party (through an adjustment to the payments to the IJB).
- 9.4.9 The IJB will retain all other underspends.
- 9.4.10 The Integration Joint Board can hold reserves for which a Reserves Strategy will be developed by the IJB which will require the agreement of the Parties.

## **Treatment of variations against the amounts set aside for use by the Integration Joint Board**

- 9.4.11 A process will be agreed between NHS Lothian and the IJB to manage any variations within the set-aside budget. This process will reflect any variations in the activity that was used to establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the Integrated payment as laid out above. This process will reflect the guidance issued by the Scottish Government - 'Guidance on Financial Planning for Large Hospital Services and Hosted Services'

## **9.5 Redetermination of payments (made under Section 1(3) (e)) to the Integration Joint Board**

- 9.5.1 Redeterminations of payments made by the Council and NHS Lothian for the carrying out of integration functions would apply under the following circumstances:
- (a) Additional one off funding is provided to a Party or Parties by the Scottish Government, or some other body, for expenditure in respect of a function delegated to the Integration Joint Board;
  - (b) The Parties agree that an adjustment to the payment is required to reflect changes in demand and/or activity levels or recover any additional payments which have been made to the IJB in the event of any overspend position;
  - (c) Transfer of resources between set aside hospital resources and integrated budget resources delegated to the Integration Joint Board and managed by the Chief Officer.

9.5.2 In all cases full justification for the proposed change would be required and both Parties and the Integration Joint Board would be required to agree to the redetermination. The Parties would apply the process used to calculate the payment to the IJB (described earlier) to the affected functions and the Strategic Plan would require to be amended accordingly.

9.6 **Redetermination of payments (made under Section 1(3) (d)) to the Integration Joint Board**

9.6.1 A process will be agreed between NHS Lothian and the IJB to manage any variations within the set-aside budget. This process will reflect any variations in the activity that was used to establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the Integrated payment as laid out above.

9.7 **Use of Capital Assets**

9.7.1 The Integration Joint Board, NHS Lothian and the Council will identify all capital assets which will be used in the delivery of the Strategic Plan. Further to this, the associated revenue and future capital liabilities will be identified for each asset.

9.7.2 An agreement will be developed which specifies and regulates the use (in relation to integration functions) of capital assets belonging to one Party by the other Party, or jointly by both Parties. A similar agreement will specify and regulate the use by the IJB, in the carrying out of its functions, of assets belonging to the Parties. These agreements will be updated as required.

9.7.3 Changes in use of capital assets will flow from the Strategic Plan and the directions issued by the IJB to the Parties. The Strategic Plan process will outline any implications or requirements for capital assets.

9.7.4 The Parties will ensure that their capital asset planning arrangements take due cognisance of the above implications and requirements.

9.7.5 The Chief Officer will consult with the Council and NHS Lothian to identify the specific need for improvements/changes to assets owned by each Party which may be required in connection with the carrying out of integration functions. Where a capital investment need is identified, the Chief Officer will present a business case to the Council and NHS Lothian to make best use of existing resources and develop capital programmes. Any business case will set out how the investment will meet the strategic objectives set out in the Strategic Plan and identify the ongoing revenue costs/savings associated with implementation of the proposals.



- 9.7.6 The Integration Joint Board, the Council and NHS Lothian will work together to ensure assets required in connection with the carrying out of integration functions are used as effectively as possible and in compliance with the relevant legislation relating to use of public assets.

## 9.8 **Financial Statements**

### **Financial Statements and External Audit**

- 9.8.1 The legislation requires that the Integration Joint Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973). These will be proportionate to the limited number of transactions of the Integration Joint Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.
- 9.8.2 The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice.
- 9.8.3 The Chief Finance Officer will supply any information required to support the development of the year-end financial statements and annual report for both NHS Lothian and the Council. Both NHS Lothian and the Council will need to disclose their interest in the Integration Joint Board as a joint arrangement under IAS 31 and comply in their annual accounts with IAS 27. Both NHS Lothian and the Council will report the Integration Joint Board as a related party under IAS 24. As part of the financial year end procedures and in order to develop the year-end financial statement, the Chief Financial Officer and the Parties will work together to coordinate an exercise agreeing the value of balances and transactions with Council and NHS Lothian finance teams. Each Party will provide information to this process on their recorded income, expenditure, receivable and payable balance with the IJB. The Chief Finance Officer will lead with the Parties on resolving any differences.
- 9.8.4 The Integration Joint Board financial statements must be completed to meet the audit and publication timetable specified in the regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973).
- 9.8.5 The Accounts Commission will appoint the external auditors to the Integration Joint Board.

9.8.6 The financial statements will be signed in line with the governance arrangements for the Integration Joint Board and as specified in the Regulations under section 105 of the Local Government (Scotland) Act 1973.

9.8.7 In all forms of audit, the Parties are expected to comply with related requests and to aid the audit process.

## **10 Participation and Engagement**

10.1 The Parties will support the Chief Officer, who will on behalf of the IJB, produce a strategy for engagement with, and participation by members of the public, representative groups or other organisations in relation to the decisions about the carrying out of integration functions as set out in this section 10. The process to identify and provide support to the Chief Officer to develop the IJB's participation and engagement strategy is described in section 5. As part of the process set out in section 5 the Parties will:

(a) Make available to the IJB arrangements that are already established for consultation by one or both of the Parties. The IJB will consider a range of ways in which to connect with all stakeholders. The IJB will use existing consultation methods, for example (but not limited to), the East Lothian Hub.

(b) Make available service/user participation and engagement teams to the IJB as this relates to function delegated within the Scheme.

(c) Make available communication support to allow the IJB to engage and participate.

10.2 The Parties expect that the IJB's participation and engagement strategy will be produced before the date the IJB approves the Strategic Plan for public consultation. When the IJB approves the Strategic Plan Parties expect that IJB members must be satisfied that the Strategic Plan has had sufficient consultation and that the participation and engagement strategy has been followed.

10.3 The development of the participation and engagement strategy will be achieved using a collaborative response, involving the membership of the East Lothian Strategic Planning Group.

10.4 The Strategic Planning Group is expected to take both an advisory and active role in the undertaking of future participation and engagement around the implications of service development and re-design.

## **Consultation on this Integration Scheme**

- 10.5 A three stage approach was adopted to ensure sufficient involvement and consultation in the development of this Scheme:

### Stage 1: Informing and Engaging:

A first draft was produced by officers of the Parties with the involvement of a range of professionals within both Parties

### Stage 2: Consultation

A formal internal and external stakeholder consultation was held from December 17<sup>th</sup> 2014 to February 17<sup>th</sup> 2015.

### Stage 3: Response to the consultation

A second draft guided by the consultation was produced by officers for approval by the Parties to submit to Scottish Government.

- 10.6 Further details of the people and groups involved in the informing, engagement and consultation on this Scheme are set out in Annex 4.

## **11 Information-Sharing and data handling**

- 11.1 There is an existing and long standing Pan-Lothian and Borders General Information Sharing Protocol, to which NHS Lothian, City of Edinburgh Council, East Lothian Council, Midlothian Council and West Lothian Council are all signatories. This Protocol is currently being reviewed by a sub group on behalf of the Pan-Lothian Data Sharing Partnership for any minor modifications required to comply with the Integration Scheme Regulations. The final Protocol, following consultation, will be recommended for signature by Chief Executives of respective organisations, and the Chief Officers of the Integrated Joint Boards, once they have been appointed by the IJB, on behalf of the Pan-Lothian Data Sharing Partnership.
- 11.2 The Pan -Lothian and Borders General Information Sharing Protocol update will be agreed by 31 March 2015.
- 11.3 Procedures for sharing information between the Council, the other local authorities within NHS Lothian area, NHS Lothian, and, where applicable, the Integration Joint Board will be drafted as Information Sharing Agreements and procedure documents. This will be undertaken by a

sub group on behalf of the Pan-Lothian Data Sharing Partnership, who will detail the more granular purposes, requirements, procedures and agreements for each of the Lothian Integrated Joint Boards and the functions respectively delegated to them. This will also form the process for amending the Pan Lothian and Borders General Information Sharing Protocol.

- 11.4 The Council and NHS Lothian will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements for control and access. The Integration Joint Board may require to be Data Controller for personal data if it is not held by either by the Council or NHS Lothian.
- 11.5 Arrangements for Third party organisations access to records will be jointly agreed by all the Parties and the IJB prior to access.
- 11.6 Procedures will be based on a single point of governance model. This allows data and resources to be shared, with governance standards, and their implementation, being the separate responsibility of each organisation. Shared datasets governance will be agreed by all contributing partners prior to access.
- 11.7 Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by the Chief Executives of respective organisations, and the Chief Officers of the Lothian Integrated Joint Boards.
- 11.8 Once established, agreements and procedures will be reviewed bi-annually by the sub group of the Pan-Lothian Data Sharing Partnership, or more frequently if required. This will follow the process described in 11.3.
- 11.9 The information sharing agreements and procedures applicable to the IJB will be agreed by 31 March 2015.

## **12 Complaints**

The Parties agree the following arrangements in respect of complaints:

- 12.1 Any person will be able to make complaints either to the Council or to the NHS Lothian. The Parties have in place well publicised, clearly explained and accessible complaints procedures, which allow for timely recourse and signpost independent advocacy services, where appropriate. There is an agreed emphasis on resolving concerns locally and quickly; as close to the point of service delivery as possible.

Complaints can be made to:

- the Council by:  
 telephone: 0131 653 5290  
 email: [feedback@eastlothian.gov.uk](mailto:feedback@eastlothian.gov.uk)  
 in writing: Customer Feedback Team, East Lothian Council, John Muir House, Haddington, EH41 3HA (or Freepost Plus, RSTG-AGEL-RJYH, Customer Feedback Team, East Lothian Council, John Muir House, Haddington, EH41 3HA) ; or  
 in person by visiting any Council office where feedback forms are available.
  
  - NHS Lothian by:  
 Telephone: 0131 536 3370  
 Email: [craft@nhslothian.scot.nhs.uk](mailto:craft@nhslothian.scot.nhs.uk)  
 in writing to NHS Lothian Customer Relations and Feedback Team, Waverley Gate, 2 – 4 Waterloo Place, Edinburgh, EH1 3EG; or  
 in person by visiting Waverley Gate.
- 12.2 There are currently different legislative requirements in place for dealing with complaints about health and social care. Complaints regarding the delivery of an integrated service will be made to, and dealt with by, the Party that delivers the integrated service, in line with their published complaints procedure, and consistent with any statutory complaints handling arrangements that apply. It is the responsibility of the Party initially receiving a complaint to make sure that it is routed to the appropriate organisation/individual, so that the person making the complaint only needs to submit a complaint once.
- 12.3 The Council and NHS Lothian will align their complaints processes as far as possible until such time as their respective complaints processes can be fully integrated. Joint working protocols will be adopted so that the process of making a complaint is as simple as possible and complaints about integrated services are responded to clearly, thoroughly and timeously. These joint working protocols will identify the lead organisation for each integrated service and will include the contact details of officers responsible for managing any complaints received.
- 12.4 When a complaint covers both health and social care functions, responsible officers within the Council and NHS Lothian will, where necessary, work together to make sure all parts of the complaint are investigated and responded to within established time limits and the complainant is correctly signposted to the options open to them if they remain dissatisfied. Wherever possible, there will be a joint response from the identified Party rather than separate responses
- 12.5 There is an additional stage for complaints about specific social work functions. These will be referred to a Complaints Review Committee (CRC) if the complainant remains dissatisfied and requests this.

- 12.6 At the end of the process, complainants are entitled to take their complaint to the Scottish Public Services Ombudsman. Where appropriate, complainants will also be advised of their right to complain to the Care Inspectorate and information held by the Council may be shared with the Care Inspectorate.
- 12.7 Responsibility for responding to the Scottish Public Services Ombudsman lies with the Party who dealt with the original complaint. Where necessary, officers responsible for complaints handling within the Council and NHS Lothian will work together to provide a full response to any Scottish Public Services Ombudsman enquiry that covers both health and social care functions.
- 12.8 The Chief Officer will have an overview of complaints made about integrated services and subsequent responses. Complaints about integrated services will be recorded and reported to the Chief Officer on a regular and agreed basis. Regular trend analysis of complaints and outcomes will also be carried out as part of a wider quality assurance framework.
- 12.9 All independent contractors will be required to have a complaints procedure. Where complaints are received about the service provided by an independent contractor, the Party receiving the complaint will refer the complaint to the independent contractor in the first instance, either providing contact details or by passing the complaint on, depending on the preferred approach of the complainant. Complaints received about independent contractors will be recorded for contract monitoring purposes.

### **13 Claims Handling, Liability & Indemnity**

- 13.1 The Parties and the Integration Joint Board recognise that they could receive a claim arising from or which relates to the work undertaken on behalf of the Integration Joint Board.
- 13.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them.
- 13.3 So far as reasonably practicable the normal common law and statutory rules relating to liability will apply.
- 13.4 Each Party will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 13.5 Each Party will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.

- 13.6 Each Party will assume responsibility for progressing and determining any claim which relates to any heritable property which is owned by them. If there are any heritable properties owned jointly by the Parties, further arrangements for liability will be agreed upon in consultation with insurers.
- 13.7 In the event of any claim against the Integration Joint Board or in respect of which it is not clear which Party should assume responsibility then the Chief Officer (or their representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.
- 13.8 If a claim is settled by either Party, but it subsequently transpires that liability rested with the other Party, then that Party shall indemnify the Party which settled the claim.
- 13.9 Claims regarding policy and/or strategic decisions made by the IJB shall be the responsibility of the IJB. The IJB may require to engage independent legal advice for such claims.
- 13.10 If a claim has a “cross boundary” element whereby it relates to another integration authority area, the Chief Officers of the integration authorities concerned shall liaise with each other until an agreement is reached as to how the claim should be progressed and determined.
- 13.11 The IJB will develop a procedure for claims relating to hosted services with the other relevant integration authorities. Such claims may follow a different procedure than as set out above.
- 13.12 Claims which pre-date the establishment of the IJB will be dealt with by the Parties through the procedures used by them prior to integration.

## **14 Risk Management**

### **14.1 Integration Joint Board**

- 14.1.1 A shared risk management strategy which will include risk monitoring and a reporting process for the Parties and IJB will be established in the first year of the IJB. In developing this shared risk management strategy the Parties and the IJB will review the shared risk management arrangements currently in operation. This in turn will provide a list of risks to be reported on.
- 14.1.2 The Parties will provide to the IJB sufficient support to enable it to fully discharge its duties in relation to risk management. This will be determined through the process describe in section 5.3.

14.1.3 The Parties anticipate that the IJB will also develop and agree its own risk management procedure in relation to carrying out of integration functions including reports by 31<sup>st</sup> March 2016, which will cover all of its activities.

14.1.4 The risk management procedure will include:-

- (a) A statement of the IJB's risk appetite and associated tolerance measures;
- (b) A description of how the system of risk management will work in practice, including procedures for the identification, classification, recording and reporting of risk, and the respective roles of the IJB and its officers. This will explain how the output from the risk management systems within NHS Lothian and the Council will inform the IJB's system of risk management;
- (c) A description of how the IJB system of risk management is informed by other related systems of NHS Lothian and the Council, such as complaints management, health & safety, adverse events management, emergency planning and business resilience;
- (d) an agreement between NHS Lothian and the Council on the resources to be made available to support risk management;

14.1.5 The IJB risk register will not duplicate the detail of risk registers within NHS Lothian and the Council. However, the IJB will update its risk register should there be any emerging themes/risks which have a bearing on its activities.

## 14.2 **NHS Lothian and the Council**

14.2.1 Both Parties will continue to apply their existing policies and systems for risk management, and will implement any required restructuring of their risk registers to recognise the creation of the IJB.

14.2.2 NHS Lothian covers four local authority areas, and there will be some 'hosted services' (as detailed in Annex 3) which one operational director manages on a Lothian-wide basis. The identification and management of risk for those hosted services will reflect the differing directions of the four IJB's.

## 15 **Dispute resolution mechanism**

15.1 The Parties will commit to working well together, listening to each other and will always work to resolve any issues before they require the Dispute Resolution process to be actioned.



- 15.2 Where either of the Parties fails to agree with the other on any issue related to this Scheme or any of the duties, obligations, rights or powers imposed or conferred upon them by the Act (a 'Dispute'), then they will follow the process described below:
- (a) The Chief Executives of the NHS Lothian and the Council, and the Chief Officer, will meet to resolve the Dispute within 21 calendar days of being notified of the issue;
  - (b) If unresolved, NHS Lothian, the Council, and the Chief Officer, will each prepare a written note of their position on the Dispute and exchange it with the others within 14 calendar days of the meeting in (a) above;
  - (c) Within 14 calendar days of the exchange of written notes in (b) the Chief Executives and Chief Officer must meet to discuss the written positions;
  - (d) In the event that the issue remains unresolved, representatives of NHS Lothian and the Council will proceed to mediation with a view to resolving the Dispute.
- 15.3 Scottish Government will be informed by the chairperson of the IJB of the Dispute, the mediation process being followed and the agreed timeframe to conclude the mediation process. A copy of this correspondence will be sent to the Chair of NHS Lothian and the Leader of the Council
- 15.4 The mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of NHS Lothian and the Leader of the Council and failing agreement within 21 calendar days shall be nominated by the Centre of Effective Dispute Resolution (CEDR) on the request of either Party.
- 15.5 The mediation will start no later than 21 calendar days after the date of the appointment of the mediator.
- 15.6 The Parties agree that the cost of the mediator will be met equally by NHS Lothian and the Council.
- 15.7 The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Chair of NHS Lothian and the Leader of the Council.
- 15.8 Where following mediation, the Dispute remains unresolved the Parties agree that the chairperson of the Integration Joint Board shall write to the Scottish Ministers to provide notification that agreement cannot be reached. Scottish Government may then instruct the Parties how to proceed.

- 15.9 The Parties shall cooperate with each other to mitigate any adverse affect on service delivery pending resolution of the Dispute.
- 15.10 Nothing in this Scheme shall prevent the Parties from seeking any legal remedy or from commencing or continuing court proceedings in relation to the Dispute.

## ANNEX 1

### PART 1

#### Functions delegated by the NHS Lothian to the Integration Joint Board

Set out below is the list of functions that are to be delegated by NHS Lothian to the Integration Joint Board in compliance with the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014

<i>Column A</i>	<i>Column B</i>
<b>The National Health Service (Scotland) Act 1978</b>	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB <sup>(1)</sup> (Functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS Contracts); section 17C (personal medical or dental services); section 17I <sup>(2)</sup> (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services);  section 48 (provision of residential and practice accommodation); section 55 <sup>(3)</sup> (hospital accommodation on part payment);

<sup>(1)</sup> Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2) (as section 2CA) and re-numbered as section 2CB by S.S.I. 2013/292, regulation 8(2).

<sup>(2)</sup> Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

<sup>(3)</sup> Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The

section 57 (accommodation and services for private patients);  
section 64 (permission for use of facilities in private practice);

section 75A<sup>(4)</sup> (remission and repayment of charges and payment of travelling expenses);

section 75B<sup>(5)</sup>(reimbursement of the cost of services provided in another EEA state);

section 75BA <sup>(6)</sup>(reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82<sup>(7)</sup> use and administration of certain endowments and other property held by Health Boards);

section 83<sup>(8)</sup> (power of Health Boards and local health councils to hold property on trust);

section 84A<sup>(9)</sup> (power to raise money, etc., by appeals, collections etc.);

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98 <sup>(10)</sup> (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

<sup>(4)</sup> Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

<sup>(5)</sup> Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

<sup>(6)</sup> Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

<sup>(7)</sup> Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

<sup>(8)</sup> There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

<sup>(9)</sup> Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

<sup>(10)</sup> Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 <sup>(11)</sup>;

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;  
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205;

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55<sup>(12)</sup>;

### **Disabled Persons (Services, Consultation and Representation) Act 1986**

#### Section 7

(Persons discharged from hospital)

### **Community Care and Health (Scotland) Act 2002**

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

### **Mental Health (Care and Treatment) (Scotland) Act 2003**

<sup>(11)</sup> S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

<sup>(12)</sup> S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—

section 22 (Approved medical practitioners);

section 34 (Inquiries under section 33: co-operation)<sup>(13)</sup>;

section 38 (Duties on hospital managers: examination notification etc.)<sup>(14)</sup>;

section 46 (Hospital managers' duties: notification)<sup>(15)</sup>;

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

section 267 (Orders under sections 264 to 266: recall);

section 281<sup>(16)</sup> (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005<sup>(17)</sup>;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005<sup>(18)</sup>;

<sup>(13)</sup> There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

<sup>(14)</sup> Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

<sup>(15)</sup> Section 46 is amended by S.S.I. 2005/465.

<sup>(16)</sup> Section 281 is amended by S.S.I. 2011/211.

<sup>(17)</sup> S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

<sup>(18)</sup> S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

The Mental Health (Use of Telephones) (Scotland) Regulations 2005<sup>(19)</sup>; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008<sup>(20)</sup>.

#### **Education (Additional Support for Learning) (Scotland) Act 2004**

Section 23

(other agencies etc. to help in exercise of functions under this Act)

#### **Public Services Reform (Scotland) Act 2010**

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—

section 31(Public functions: duties to provide information on certain expenditure etc.); and

section 32 (Public functions: duty to provide information on exercise of functions).

#### **Patient Rights (Scotland) Act 2011**

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36<sup>(21)</sup>.

#### **Carers (Scotland) Act 2016**

s.12 (duty to prepare young Carer statement)

s.31 (duty to prepare local Carer strategy)  
Carers (Scotland) Act 2016

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But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 so far as they extend to the services detailed in Part 2 of Annex 1 of this Scheme.

<sup>(19)</sup> S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

<sup>(20)</sup> S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

<sup>(21)</sup> S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.

## **PART 2**

### **Services currently provided by NHS Lothian which are to be delegated**

#### **Interpretation of this Part 2 of Annex 1**

In this part—

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004<sup>(22)</sup>; and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

The functions listed in Part 1 of Annex 1 are delegated to the extent that they are exercisable in the provision of the following services:

#### **Part 2A**

##### **Provision for people over the age of 18**

The functions listed in Part 1 of Annex 1 are delegated to the extent that:

- a) the function is exercisable in relation to the persons of at least 18 years of age;
- b) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed at numbers 1 to 6 below; and
- c) the function is exercisable in relation to the following health services:
  1. Accident and Emergency services provided in a hospital.
  2. Inpatient hospital services relating to the following branches of medicine—
    - (a) general medicine;
    - (b) geriatric medicine;
    - (c) rehabilitation medicine;
    - (d) respiratory medicine; and
    - (e) psychiatry of learning disability.
  3. Palliative care services provided in a hospital.
  4. Inpatient hospital services provided by General Medical Practitioners.
  5. Services provided in a hospital in relation to an addiction or dependence on any substance.

<sup>(22)</sup> S.S.I. 2004/115.



6. Mental health services provided in a hospital, except secure forensic mental health services.
7. District nursing services.
8. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
9. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
10. The public dental service.
11. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978<sup>(23)</sup>.
12. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978<sup>(24)</sup>.
13. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978<sup>(25)</sup>.
14. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978<sup>(26)</sup>.
15. Services providing primary medical services to patients during the out-of-hours period.
16. Services provided outwith a hospital in relation to geriatric medicine.
17. Palliative care services provided outwith a hospital.
18. Community learning disability services.
19. Mental health services provided outwith a hospital.
20. Continence services provided outwith a hospital.
21. Kidney dialysis services provided outwith a hospital.
22. Services provided by health professionals that aim to promote public health.

## **Part 2B**

NHS Lothian has also chosen to delegate the functions listed in Part 1 of Annex 1 in relation to the following services:

### **Provision for people under the age of 18**

<sup>(23)</sup> Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

<sup>(24)</sup> Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

<sup>(25)</sup> Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

<sup>(26)</sup> Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

The functions listed in Part 1 of Annex 1 are also delegated to the extent that:  
a) the function is exercisable in relation to persons of less than 18 years of age; and  
b) the function is exercisable in relation to the following health services:

1. Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
2. General Dental Services, Public Dental Services and the Edinburgh Dental Institute
3. General Ophthalmic Services
4. General Pharmaceutical Services
5. Out of Hours Primary Medical Services
6. Learning Disabilities
7. Health Visiting
8. School Nursing

## ANNEX 2

### PART 1A

#### Functions delegated by the Council to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Council to the Integration Joint Board.

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

#### **National Assistance Act 1948<sup>(27)</sup>**

##### Section 48

(Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

#### **The Disabled Persons (Employment) Act 1958<sup>(28)</sup>**

##### Section 3

(Provision of sheltered employment by local authorities)

#### **The Social Work (Scotland) Act 1968<sup>(29)</sup>**

<sup>(27)</sup> 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

<sup>(28)</sup> 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

<sup>(29)</sup> 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	

(Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

Section 13B

(Provision of care or aftercare.)

Section 14

(Home help and laundry facilities.)

Section 28

(Burial or cremation of the dead.)

So far as it is exercisable in relation to persons cared for or assisted under another integration function.

Section 29

(Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)

Section 59

(Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)

So far as it is exercisable in relation to another integration function.

**The Local Government and Planning (Scotland) Act 1982<sup>(30)</sup>**

Section 24(1)

(The provision of gardening assistance for the disabled and the elderly.)

**Disabled Persons (Services, Consultation and Representation) Act 1986<sup>(31)</sup>**

Section 2

(Rights of authorised representatives of disabled persons.)

Section 3

(Assessment by local authorities of needs of disabled persons.)

Section 7

(Persons discharged from hospital.)

In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.

<sup>(30)</sup> 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

<sup>(31)</sup> 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.

**The Adults with Incapacity (Scotland) Act 2000<sup>(32)</sup>**

Section 10  
(Functions of local authorities.)

Section 12  
(Investigations.)

Section 37  
(Residents whose affairs may be managed.)

Only in relation to residents of establishments which are managed under integration functions.

Section 39  
(Matters which may be managed.)

Only in relation to residents of establishments which are managed under integration functions.

Section 41  
(Duties and functions of managers of authorised establishment.)

Only in relation to residents of establishments which are managed under integration functions

Section 42  
(Authorisation of named manager to withdraw from resident's account.)

Only in relation to residents of establishments which are managed under integration functions

Section 43  
(Statement of resident's affairs.)

Only in relation to residents of establishments which are managed under integration functions

Section 44  
(Resident ceasing to be resident of authorised establishment.)

Only in relation to residents of establishments which are managed under integration functions

Section 45  
(Appeal, revocation etc.)

Only in relation to residents of establishments which are managed under integration functions

**The Housing (Scotland) Act 2001<sup>(33)</sup>**

Section 92  
(Assistance to a registered for housing purposes.)

Only in so far as it relates to an aid or adaptation.

**The Community Care and Health (Scotland) Act 2002<sup>(34)</sup>**

<sup>(32)</sup> 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

<sup>(33)</sup> 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

<sup>(34)</sup> 2002 asp 5.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Section 5

(Local authority arrangements for of residential accommodation outwith Scotland.)

Section 14

(Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)

**The Mental Health (Care and Treatment) (Scotland) Act 2003<sup>(35)</sup>**

Section 17

(Duties of Scottish Ministers, local authorities and others as respects Commission.)

Section 25

(Care and support services etc.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 26

(Services designed to promote well-being and social development.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 27

(Assistance with travel.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 33

(Duty to inquire.)

Section 34

(Inquiries under section 33: Co-operation.)

Section 228

(Request for assessment of needs: duty on local authorities and Health Boards.)

Section 259

(Advocacy.)

**The Housing (Scotland) Act 2006<sup>(36)</sup>**

Section 71(1)(b)

(Assistance for housing purposes.)

Only in so far as it relates to an aid or adaptation.

<sup>(35)</sup> 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

<sup>(36)</sup> 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

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**The Adult Support and Protection (Scotland) Act 2007<sup>(37)</sup>**

Section 4  
(Council's duty to make inquiries.)

Section 5  
(Co-operation.)

Section 6  
(Duty to consider importance of providing advocacy and other.)

Section 11  
(Assessment Orders.)

Section 14  
(Removal orders.)

Section 18  
(Protection of moved persons property.)

Section 22  
(Right to apply for a banning order.)

Section 40  
(Urgent cases.)

Section 42  
(Adult Protection Committees.)

Section 43  
(Membership.)

**Social Care (Self-directed Support) (Scotland) Act 2013<sup>(38)</sup>**

Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
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Section 5  
(Choice of options: adults.)

Section 6  
(Choice of options under section 5: assistances.)

Section 7  
(Choice of options: adult carers.)

<sup>(37)</sup> 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

<sup>(38)</sup> 2013 asp 1.



<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	
Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
<b>The Community Care and Health (Scotland) Act 2002</b>	
Section 4 <sup>(39)</sup> The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002 <sup>(40)</sup>	

In each case, so far as the functions are exercisable in relation to persons of at least 18 years of age.

### **Carers (Scotland) Act 2016**

Section 6  
(Duty to prepare adult carer support plan)

Section 21  
(Duty to set eligibility criteria)

Section 24  
(Duty to provide support)

Section 25  
(Provision of support to carers: breaks from caring)

<sup>(39)</sup> Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).

<sup>(40)</sup> S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Section 31  
(Duty to prepare local carer strategy)

Section 34  
(Information and advice service for carers)

Section 35  
(Short breaks services statements)

## PART 1B

In addition to the functions that must be delegated, the Council has chosen to delegate the following functions to the IJB.

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<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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### **Criminal Procedure (Scotland) Act 1995**

Sections 51(1)(aa), 51(1)(b) and 51(5)  
(Remand and committal of children and young persons in to care of local authority).

Section 203  
(Local authority reports pre-sentencing.)

Section 234B  
(Report and evidence from local authority officer regarding Drug Treatment and Testing Order.)

Section 245A  
(Report by local authority officer regarding Restriction of Liberty Orders.)

### **Management of Offenders etc. (Scotland) Act 2005**

Section 10  
(Arrangements for assessing and managing risks posed by certain offenders.)

Section 11  
(Review of arrangements.)

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<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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### **Social Work (Scotland) Act 1968**

Section 27  
(Supervision and care of persons put on probation or released from prison.)

Section 27ZA  
(Advice, guidance and assistance to  
persons arrested or on whom sentence  
is deferred.)

## **PART 2**

### **Services currently associated with the functions delegated by the Council to the IJB**

Set out below is an illustrative description of the services associated with the functions delegated by the Council to the Integration Joint Board as specified in Part 1A and 1B of Annex 2.

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare
- Criminal Justice Social Work services including youth justice

## ANNEX 3

### Proposed Management Arrangements for functions delegated to the IJB

The provisions within this annex are not intended to create legally binding obligations. They are intended to be illustrative of the proposed management arrangements for the functions delegated to the IJB.

The IJB will issue directions to the Parties via its Chief Officer. Those directions will in the main require that the Chief Officer take forward the development of the Integration Joint Board's Strategic Plan, and lead on ensuring that the plan is delivered. As the Chief Officer will not be personally managing all of the integration functions, ensuring the Strategic Plan is being delivered will include getting assurance from other chief officers (for hosted services – see below) and other managers in NHS Lothian and the four local authorities in Lothian.

The Chief Officer will have direct management responsibility for the following services:

- All Council services described in Annex 2, Part 2.
- All NHS Lothian services described in Annex 1, Part 2 with the exception of the following:
  - a) Hosted Services

There are NHS Lothian services for which it would not be suitable for the Chief Officer to have operational management responsibility. The factors contributing to determining these services are the degree of medical specialism of the service and scale of the service required for it to be safe, efficient and effective.

It is proposed that the following services are proposed will be managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as Joint Director of NHS Lothian (area in brackets confirms the Chief Officer who would manage this service)

- Dietetics (Midlothian)
- Art Therapy (Midlothian)
- Lothian Unscheduled Care Service (East Lothian)
- Integrated Sexual and Reproductive Health service (Edinburgh)
- Clinical Psychology Services (West Lothian)
- Continence Services (Edinburgh)
- Public Dental Service (including Edinburgh Dental Institute (West Lothian))
- Podiatry (West Lothian)

- Orthoptics (West Lothian)
- Independent Practitioners (East Lothian via the Primary Care Contracting Organisation)
- SMART Centre (Edinburgh)
- Royal Edinburgh and Associated Services (Director of Mental Health accountable to the Chief Officer of Edinburgh and the NHS Lothian's Chief Executive)
- Substance Misuse (only Ritson Inpatient Unit, LEAP and Harm Reduction (Director of Mental Health accountable to the Chief Officer of Edinburgh and NHS Lothian's Chief Executive)

b) Acute Hospitals

Services provided on the three acute hospitals in NHS Lothian (Western General Hospital, Edinburgh Royal Infirmary, St Johns Hospital) will be managed by the Chief Officer for NHS Lothian acute hospital services and the relevant hospital site Director.

c) Prison Healthcare

NHS Lothian has agreed to delegate the function of prison health care to Edinburgh IJB for the prison health care service provided within HMP Edinburgh and HMP Addiewell. For the avoidance of doubt this means that Edinburgh IJB will be responsible for the strategic planning of this function and have operational oversight as described in section 5. East Lothian IJB, Midlothian IJB and West Lothian IJB will not be responsible for the strategic planning of this function.

The Edinburgh Chief Officer will have direct operational responsibility for prison healthcare in HMP Edinburgh and HMP Addiewell. This responsibility will be discharged to the Director of Mental Health who is accountable to the Chief Officer of Edinburgh and the NHS Lothian Chief Executive.

## **ANNEX 4**

### **Integration Scheme Consultation**

Further details of the people and groups involved in the engagement and consultation on this Scheme are set out below:

Public and Staff consultation from December 17<sup>th</sup> 2014 to February 17<sup>th</sup> 2015 with responses received from:

- Members of the public
- Members of staff in East Lothian Council
- Clinical and non-clinical staff in NHS Lothian
- Third Sector Organisations and representative bodies

The members and organisations on the following groups and committees were consulted on this Integration Scheme:

East Lothian Council Corporate Management Team  
East Lothian Council  
East Lothian Council's Audit and Governance Committee  
East Lothian Health and Social Care Partnership Shadow Board  
East Lothian Health and Social Care Partnership Shadow Strategic Planning Group  
East Lothian Area Partnerships  
NHS Lothian Corporate Management Team  
NHS Lothian Board  
NHS Lothian Strategic Planning Group  
NHS Lothian Strategic Programme Managers  
NHS Lothian Healthcare Governance committee  
Lothian Area Clinical Forum  
All staff of East Lothian CHP and East Lothian Council's Adult Wellbeing department  
East Lothian Partnership forum  
East Lothian joint planning groups  
TSI (STRiVE) for all third sector members  
East Lothian independent sector care at home and care home providers  
Scottish Care  
Carers of East Lothian  
East Lothian Council Strategic Housing Department (including RSLs within East Lothian)  
All General Practitioners in East Lothian  
All Community Pharmacists in East Lothian  
All Optometrists in East Lothian  
All General Dental Practitioners in East Lothian  
Press release and use of social media  
Advert in East Lothian Courier Newspaper  
Lothian Medical Committee  
East Lothian Community Planning Partnership  
MSPs (including all list MSPs)  
Local MP  
Midlothian, West Lothian, City of Edinburgh and Scottish Borders Councils  
NHS Borders  
Scottish Government Policy Department  
Joint Improvement Team





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 28 March 2019  
**BY:** Interim Chief Officer  
**SUBJECT:** East Lothian Integration Joint Board 2019-2022 Strategic Plan

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## 1 PURPOSE

- 1.1 To present to the Integration Joint Board the finalised 2019-2022 Strategic Plan, developed following engagement.
- 1.2 Any member wishing additional information should contact the author of the report in advance of the meeting.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Accept the attached, final version, of the IJB Strategic Plan, which takes into account feedback received on earlier drafts, which were considered at IJB development and formal meetings in January and February 2019.
- 2.2 Note that the final plan has been informed by an engagement and consultation process (comprising meetings and an online survey) that ran from 20 December 2018 to 12 March 2019. All feedback from this process has been recorded. A report is in preparation that will set out all the comments received and how this feedback was acted on.
- 2.3 Note that once the IJB has formally agreed the Strategic Plan it must be published. The deadline date for this is 31 March 2019.
- 2.4 Note that a 'plain English' summary version of the Strategic Plan will be produced to accompany the full plan in order to make its contents accessible to as wide an audience as possible.
- 2.5 Note that a delivery plan, to support progress monitoring, will be produced for each year that the Strategic Plan applies.

### **3 BACKGROUND**

3.1 Each Integration Joint Board is required to develop a 3 year Strategic Plan to set out their strategic priorities and how these will be delivered, taking into account all relevant local and national factors and how progress will be monitored and reported on.

3.2 The Strategic Plan needs to comply with Scottish Government integration planning and delivery principles which require that HSCP services:

- are integrated from the point of view of our service-users
- take account of the particular characteristics and circumstances of different service-users in all settings
- respect the rights of our service-users
- take account of the dignity of our service-users
- take account of the participation by our service-users in the community in which service-users live
- protect and improve the safety of our service-users
- improve the quality of our services
- are planned and led locally in a way which is engaged with our communities
- best anticipates needs and prevents them arising
- make the best use of the available facilities, people and other resources.

3.3 In developing and delivering on strategic priorities, the Strategic Plan must also deliver on:

- National Health and Wellbeing Outcomes
- National Health and Social Care Standards
- Ministerial Group Indicators on Integration.

3.4 In February 2018 the IJB agreed that the HSCP needed to focus its energies in 2018-2019 and beyond on priority work in order to deliver against financial pressures and to support service change and delivery of local, regional and national priorities. The agreed priorities are:

- deliver the Primary Care Strategy/New GP Contract Improvement Plan,
- development and delivery of the Financial Plan for 2018/19 and beyond

- commence re-provision of Abbey and Eskgreen care homes and Edington and Belhaven hospitals and provision of housing with care and care homes
- review Community Services for adults with complex needs
- review of services for adults with mental health and substance misuse issues
- implement the Carers Strategy
- review actions intended to deliver delayed discharges/emergency admissions/A&E improvements.

3.5 To support delivery of these priorities a new strategic planning structure was established, with six 'Change Boards' formed towards the end of 2018 focussed on:

- primary care
- adults with complex needs
- mental health and substance misuse
- shifting the balance of care
- re-provision programmes
- carers.

3.6 Each Change Board is chaired by a senior HSCP Officer and co-chaired by an IJB member. The deliberations of the Change Board are informed by a reference group with a wide membership reflecting the focus of work.

3.7 The Change Boards have been invited to contribute to the development of the Strategic Plan to ensure the plan reflects their strategic priorities. They will also have an important role in delivering the Plan's priorities.

3.8 A mechanism for on-going engagement is built into the Change Board structure in the form of multi-stakeholder Reference Groups.

3.9 Robust links will be established between Directions issued, the resulting change reported to a relevant Change Board and performance measuring. Reporting will fully assess the positive differences the Directions and resulting changes in services are achieving.

## **4 ENGAGEMENT**

4.1 A number of meetings were held with teams from across the Health and Social Care Partnership and opportunities were taken to meet with area partnerships, community groups, primary care clusters and the

third sector. An engagement event in the Brunton Hall on 7 March attracted 62 participants from across the county.

- 4.2 A summary document setting out the plan's proposed priorities and an online survey were widely distributed to partners and via the East Lothian Council 'Consultation Hub'. The survey ended on the 12<sup>th</sup> March, with 155 responses received. The survey's findings and the feedback from the meetings were used to inform the final version of the Plan.
- 4.3 On formal approval, the final Strategic Plan will be widely distributed in electronic form and publicised through local media and internally to staff as well as through the NHS Lothian and East Lothian Council internet and intranet sites.
- 4.4 A 'plain English' summary version of the Strategic Plan will be produced to accompany the full plan in order to communicate the IJB's strategic priorities as widely as possible.
- 4.5 Consideration will be given to producing a limited print run for the full and summary versions of the plan to improve accessibility.

## **5 POLICY IMPLICATIONS**

- 5.1 The policy implications of the Strategic Plan will be considered and acted on as part of its ongoing implementation and monitoring, through an annually reviewed delivery plan.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The finalised Strategic Plan will be the subject of an Integrated Impact Assessment to assess how the plan will influence the wellbeing of the community and what effect it might have on equality, the environment or economy. Resulting actions will be included in the delivery plan.

## **7 RESOURCE IMPLICATIONS**

- 7.1 Financial – This draft strategic plan outlines priorities for change within the existing financial allocation to the IJB and will take account of annual allocation of the total budget as part of annual budget setting. Change will drive both improvement in services as well as efficiencies.

There were some venue and catering costs associated with the organisation of engagement events, particularly the Brunton Hall event. There will be further costs of any design and printing requirements for paper copies of the full and summary Strategic Plan. The majority of distribution will however be carried out through electronic channels at no cost.

- 7.2 Personnel – This strategic plan is supported by the first East Lothian Joint Workforce Plan within which are detailed changes which will affect staff and teams within the HSCP

The engagement activities for the Strategic Plan and the production of the final Plan were carried out 'in-house' by the HSCP Planning and Performance Team. This team will also produce the summary plan and will oversee distribution of the final approved plan.

- 7.3 Other – None.

## 8 BACKGROUND PAPERS

- 8.1 None.

<b>AUTHOR'S NAME</b>	Paul Currie
<b>DESIGNATION</b>	Strategic Planning and Performance Manager
<b>CONTACT INFO</b>	<a href="mailto:paul.currie@nhslothian.scot.nhs.uk">paul.currie@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	20-03-19

## **Appendix 1 – East Lothian IJB 2019-2022 Strategic Plan**

# Strategic Plan

2019-2022

East Lothian  
Integration Joint Board

East Lothian  
Health & Social Care Partnership



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## Foreword

As we approach the end of the three years of the first East Lothian Integration Joint Board (IJB) Strategic Plan it is worth taking a moment to reflect on what we have achieved and to acknowledge that there is still much work to be done.

In the last three years the East Lothian IJB has developed its high-level strategic change role. The issuing of Directions to both NHS Lothian and East Lothian Council has allowed the IJB to drive change and improvement in the health and social care services used by the people of East Lothian.

We have many examples of service improvement and development and associated engagement over the last three years. These include developing a strategy for carers; finalising an improvement plan for primary care; transforming community services and shaping a vision for future provision of housing with care and care homes in East Lothian.

The role of the IJB and how it issues Directions to support and achieve positive change will be the focus for review early in the life of this Strategic Plan. As will the development of an action plan to deliver the priorities of the Plan. We will make a strong commitment to better evidencing and understanding the positive difference the Directions are making to the lives of people who come into contact with our services.

We will strive to build upon our established integrated approaches to health and social care delivery in order to improve people's experience of services and to use our resources efficiently.

We continue to work in a very challenging financial climate, with ever-increasing demand on health and social care services. However we are taking every opportunity to improve services, particularly through preventative work, targeting those most in need. The benefits of integration mean we are meeting need more quickly and ever more effectively.

We are committed to continuing to work in partnership to improve services through collaborative working. This will include the commissioning of sustainable services from the third and independent sector.

In 2018 the East Lothian IJB agreed six strategic priority areas for change. These focus on: primary care, adults with complex needs, adults affected by mental health and substance misuse issues, shifting care from acute hospitals to the community and support to carers. These six areas, along with our updated Strategic Objectives and a range of 'Golden Threads' will form the basis of transformational change over the next three years underpinned and supported by this Strategic Plan.

We have established a 'Change Board' structure in order to monitor delivery of our priorities. A crucial element of the new structure are the reference groups which facilitate on-going stakeholder involvement in strategic planning and development during 2019-22.

Peter Murray  
Chair, East Lothian IJB

Alison Macdonald  
Chief Officer, East Lothian IJB

# Background

## East Lothian Health and Social Care Partnership

The East Lothian Health and Social Care Partnership (HSCP) was established in 'shadow' form late in 2013. It became legally established in July 2015 to provide services within the local authority area of East Lothian Council. In 2016, the IJB published its first Strategic Plan covering the period from 2016 to 2019. This second plan applies from 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2022.

Health Boards and Local Authorities across Scotland formed Health and Social Care Partnerships (HSCPs) to establish and develop integrated adult health and social care services (with aligned budgets). They aim to involve clinicians, care professionals and the third and independent sectors more closely in the planning and delivery of a range of health and social care services. These services are set out in detail in '[Integration Schemes](#)' for each area (and are listed in Table 1). HSCPs also aim to shift the balance of care from large hospitals to community settings and are required to achieve a range of nationally agreed outcomes and targets.

## East Lothian Integration Joint Board

In East Lothian the Integration Joint Board (IJB sometimes referred to as an Integration Authority) was established as a 'Body Corporate'. This means it is a legal entity separate from East Lothian Council and NHS Lothian.

The IJB governs the Health and Social Care Partnership. The arrangements for the HSCP and the IJB are set out in the IJB's Integration Scheme of 29 May 2015, approved by Scottish Ministers, East Lothian Council and NHS Lothian.

The 2015 Integration Scheme states the key functions of the East Lothian IJB are to:

- prepare a Strategic Plan for all delegated functions
- allocate the integrated budget to deliver the aims of the Strategic Plan
- oversee the delivery of services.

East Lothian Integration Joint Board has eight voting members. Four of these are East Lothian Councillors and four are non-executive Directors of NHS Lothian. The Chairing of the IJB changes every two years. This means a council voting member chairs for two years and is succeeded by an NHS Lothian Board member every two years and so on.

The IJB also has a number of other members representing people who access services, carers, third and independent sector organisations, clinicians and staff. A range of officers and professionals including the Chief Officer, Chief Finance Officer, Chief Social Work Officer, Clinical Director and Chief Nurse also attend to provide professional advice to the IJB.

## Integration Joint Board responsibilities

Under the 2014 Act, each Health Board and Local Authority must delegate certain functions to an Integration Joint Board which is given the responsibility for integrated planning and delivery arrangements for health and social care services. In East Lothian IJB, services are planned and provided within the geographical area covered by East Lothian Council.

The legislation states that the IJB's service planning should include:

- adult social care services
- adult primary and community health care services
- and "elements of adult hospital care which offer the best opportunities for service redesign".

This means that our strategic planning covers directly managed and locally delivered services as well as acute hospital services that handle high levels of unplanned bed day use for adults. In agreement with East Lothian Council, East Lothian IJB also manages criminal justice social work. The full list of delegated services is shown in Table 1.

IJBs do not have to provide services to people under the age of 18. This is for partners to agree. The East Lothian IJB is responsible for Health visiting and school nursing. However, in early 2019, the decision was taken not to integrate children's wellbeing (social care) services into the HSCP.

**Table 1**

NHS Lothian services delegated to East Lothian IJB#:

#As a decision was reached in January 2019 not to include children’s wellbeing services in the IJB’s responsibilities, this Strategic Plan does not cover children’s services.

Accident and Emergency and Combined Assessment *	Community addictions services
General Medicine *	Allied Health Professionals
Geriatric Medicine *	Primary Care – General Medical Services, General Dental Services, General Ophthalmic services, Community Pharmacy <sup>1</sup>
Rehabilitation Medicine *	Lothian Unscheduled Care Service <sup>1</sup>
Respiratory Medicine *	Public Dental Service <sup>2</sup>
Palliative Care *	Palliative care provided outwith a hospital
All Community Hospitals (Roodlands, Herdmanflat, Edington and Belhaven)	Psychology services <sup>2</sup>
Mental health inpatient services <sup>3</sup>	Community Continence <sup>3</sup>
Community nursing (inc. children’s community health services - district nursing, health visiting and school nursing)	Kidney dialysis services provided outwith a hospital
Community mental health services	Community Complex Care
Community learning disability services	Sexual Health <sup>4</sup>

East Lothian Council services delegated to East Lothian IJB:

Social work services for adults and older people	Care Home Services
Services and supports for adults with physical disabilities	Adult Placement Services
Services and supports for adults with learning disabilities	Housing support services: aids and adaptations
Mental health services	Day services
Drug and alcohol services	Local area coordination
Adult protection and domestic abuse	Respite provision
Carers support services	Occupational therapy services
Community care assessment teams	Reablement services
	Telecare

Additional local services delegated to East Lothian IJB

Criminal Justice Social Work services

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\* East Lothian HSCP will work with NHS Lothian and Midlothian, West Lothian and City of Edinburgh HSCPs to develop the Lothian Hospitals Strategic Plan.

º Midlothian HSCP hosts (manages) dietetics and art therapy services on behalf of all Lothian HSCPs.

<sup>1</sup> In mid-2018, East Lothian HSCP transferred management of primary care and Lothian Unscheduled Care Service to NHS Lothian to manage these on behalf of the 4 HSCPs.

<sup>2</sup> West Lothian HSCP hosts (manages) clinical psychology, the public dental service, podiatry and orthotics on behalf of all Lothian HSCPs.

<sup>3</sup> Operational management of MH and psychiatric rehabilitation was transferred back to NHS Lothian – guided by Directions from IJBs.

<sup>4</sup> Most sexual health services are delivered in primary care. Specialist sexual and reproductive health services in Lothian are hosted by City of Edinburgh HSCP on behalf of the Lothian HSCPs.

In the table above, it should be noted that:

Mental Health services in their entirety are delegated (apart from regional and national services). Royal Edinburgh Hospital inpatient adult mental health services are delivered by NHS Lothian on behalf of all HSCPs guided by Directions. Also, all Learning Disability services are delegated – and guided by Directions.

Community addiction services are now titled Substance Misuse Services

Mental Health Officer services are delegated to East Lothian IJB. The term Breaks from Caring has replaced Respite Provision.

## **Equality and diversity**

The Integration Joint Board and its partners carry out integrated impact assessments of planned service change to ensure developments do not unfairly disadvantage groups or individuals or impose unintended health inequalities on groups with protected characteristics, as defined by the Equalities Act

In delivering its services the HSCP strives to provide these across its whole population regardless of age, disability, gender identity and gender re-assignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion and belief, sex and sexual orientation.

## **Locality planning**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Strategic planning by IJB takes account of the needs of people from different parts of the county and engages with communities and professionals in its planning. For this reason we will work more closely with Community Planning Partners in the planning and delivery of our work.

The Act also requires HSCPs to have a minimum of two localities. In East Lothian there is a West Locality (with a population of circa 60,000) and East Locality (with a population of 39,000).

## **Transport**

The ELHSCP will work closely with colleagues in transport services in order to maximise accessibility to health and social care services.

The partnership is keen to contribute to any developing strategy for transport in East Lothian to ensure that the needs of the people who use health and social care services are factored in to any transport planning resulting from a local transport strategy.

The provision of transport to people supported by the partnership will regularly be reviewed in order to prioritise need and maximise on the most efficient use of transport options.

## Introduction

This Strategic Plan sets out the next stage of development for East Lothian Health and Social Care Partnership in the delivery of all of its services to improve quality and client outcomes. It reflects local need, local priorities and national and local policies, strategies and action plans. Our performance monitoring processes continue to be developed, linked to the change boards, and will report regularly to the IJB and partners on all outcomes

Although this Plan sets out intentions for the next three years, it aims to be flexible enough to make all necessary changes, including reprioritisation, to reflect changes in local and national policy and in local demand and need.

The Strategic Planning Group (SPG) will monitor continuously the priorities in the Strategic Plan and the progress against these. It will also consider the impact of all new policies and strategies on the Plan. The Change Boards will supply the information required by the SPG in an annual delivery plan. The outcome of our monitoring of progress will be reported to the IJB on a regular basis.

As in previous years, the Strategic Plan and work that flows from it must comply with Scottish Government integration planning and delivery principles. These require that all the services HSCPs are responsible for:

- are integrated from the point of view of our service-users
- take account of the particular characteristics and circumstances of different service-users in all settings
- respect the rights of our service-users
- take account of the dignity of our service-users
- take account of the participation by our service-users in the community in which service-users live
- protect and improve the safety of our service-users
- improve the quality of our services
- are planned and led locally in a way which is engaged with our communities
- best anticipates needs and prevents them arising
- make the best use of the available facilities, people and other resources.

### Policy drivers

Our priorities of efficient service delivery, improved outcomes, support close to home, early intervention and prevention and tackling inequalities are all driven by a range of policies. Some of these are connected with legislation for integration, others with areas of work, performance targets or client groups. This Strategic Plan does not aim to list all policies, but commits to support and deliver on all those that are relevant to work within the scope of the Integration Joint Board's responsibilities.

Self-Directed Support has been a statutory duty since 2014. It is now well established within health and social care delivery, with individuals assessed and their support planned and delivered with an ever-growing focus on personal outcomes. This puts people at the centre

of decision-making about their care. This approach creates a more flexible way of working, provides a client focused approach to support and care arrangements and so makes a real difference to a person's care experience and their life.

We continue to take opportunities to include people who access services, carers and other stakeholders in the broader planning, delivery and review of health and social care services. We also encourage honest and transparent conversations about the opportunities and limitations in all service areas under discussion. This co-production approach ensures services reflect where possible the wishes of professionals, service delivery partners, communities, people using services and their families.

Key principles that support integration are described in:

- National Health and Wellbeing Outcomes
- National Health and Social Care Standards
- Ministerial Group Indicators on Integration.

Audit Scotland's [East Lothian Integration Joint Board Annual Audit Report](#) for 2017-18 includes several recommendations for the IJB to focus on:

- ensuring medium to long-term financial planning which take into account financial pressures
- engaging with partners to ensure clear plans for risk management/sharing
- completion of a workforce development and support plan
- completion of an annual performance report
- ensuring regular budget monitoring.

In addition, [Audit Scotland in 2018](#) and the [Ministerial Strategic Group for Health and Community Care in 2019](#) reviewed Scotland-wide progress in the integration of Health and Social Care and highlighted certain areas for further development to support integration:

- collaborative leadership and building relationships
- integrated finances and financial planning
- effective strategic planning for improvement
- governance and accountability arrangements
- ability and willingness to share information
- meaningful and sustained engagement.

The recommendations of the Audit Scotland and Ministerial Strategic Group reports will be included in the IJB's programme of work and in the plans that will be developed to deliver this Strategic Plan.

## Our priority areas for 2019 - 2022

In February 2018 the IJB agreed that the HSCP needed to focus its energies in 2018-2019 and beyond on work to respond to financial pressures and to support service change and the delivery of national and local priorities:

- [deliver the Primary Care Strategy/new GP Contract Implementation Plan](#), following completion of the Primary Care Improvement Plan by July 2018. This sets out the phasing of clear priorities developed in agreement with the GP sub-committee and NHS Lothian
- [development and delivery of the Financial Plan for 2018-19 and beyond](#), by consolidating the IJB role in taking the decisions required to operate within the resources available
- [begin re-provision of Abbey and Eskgreen care homes and Edington and Belhaven hospitals and provision of alternative housing with care models](#) after reaching a final decision on the strategic direction and priority actions for affected communities. This will establish projects (with local representation) to produce and implement business cases.
- [review Community Services for adults with complex needs to develop a transformation programme](#) - this will include: day services; housing; repatriation of out of area placements; night-time support/use of [Technology Enabled Care](#) (TEC); alternatives to statutory services; employment and social opportunities; and Royal Edinburgh Hospital bed numbers
- [review services for adults with mental health and substance misuse issue](#), through the implementation of an action plan for East Lothian, developed by the Mental Health and Substance Misuse Reference Group
- [implement the Carers Strategy](#), in conjunction with all relevant partners
- [review actions intended to deliver delayed discharges/emergency admissions/A&E improvements](#), including: delayed discharge trends; impact of Hospital at Home 24/7 on A&E and admissions; proposed use of empty beds at East Lothian Community Hospital to support whole system capacity and a review of the impact on set aside budgets.



## Transformation programmes

We reviewed the strategic planning structure to support delivery of these priorities. Towards the end of 2018 we agreed to establish six 'Change Boards' (see Figure 1). The revised structure supports the projects and programmes that will deliver our strategic priorities, operational priorities and IJB Directions to deliver change.

This new structure ensures that input from reference groups with service-users, carers, professional, operational, management, and planning representatives informs the work of the Strategic Planning Group. This maintains contact with those groups which have an ongoing interest in influencing the work of the IJB. The Change Boards cover:

- primary care
- adults with complex needs
- mental health and substance misuse
- shifting the balance of care
- reprovion programmes
- carers.

Each Change Board is chaired by a senior HSCP Officer, co-chaired by an IJB member and has membership reflecting the work it focusses on. The Change Boards have a remit to:

- provide a structured and accountable approach to delivery of programmes, projects and workstreams
- ensure a culture of involvement, engagement and appropriate consultation in all work programmes, using a range of approaches including the reference groups and independent advocacy
- ensure a clear line of sight to the priorities as set out in the IJB Directions and delivery through the Strategic Plan (Table 1)
- report in line with the agreed terms of operation
- set the tone and direction for partnership working
- support the delivery of all relevant national and local targets and performance requirements in respect of health and social care
- maintain effective links with other partnerships and other Change Boards in areas of joint interest.

## Golden Threads

Each Change Board has to take into account in its work key principles or 'Golden Threads'. These include:

- early intervention and prevention
- carers needs
- Self-Directed Support rights
- equality and diversity, including tackling health inequalities and discrimination
- re-ablement/recovery
- needs of people with dementia
- health promotion
- partnership working
- communication, engagement and involvement
- community justice
- maximising effective use of resources
- use of integrated information technology and technology enabled care; and
- tackling social isolation.

There will be a requirement on all projects to evidence to their respective Change Board that the Golden Thread commitments have been achieved as part of project delivery.

## Integration measures

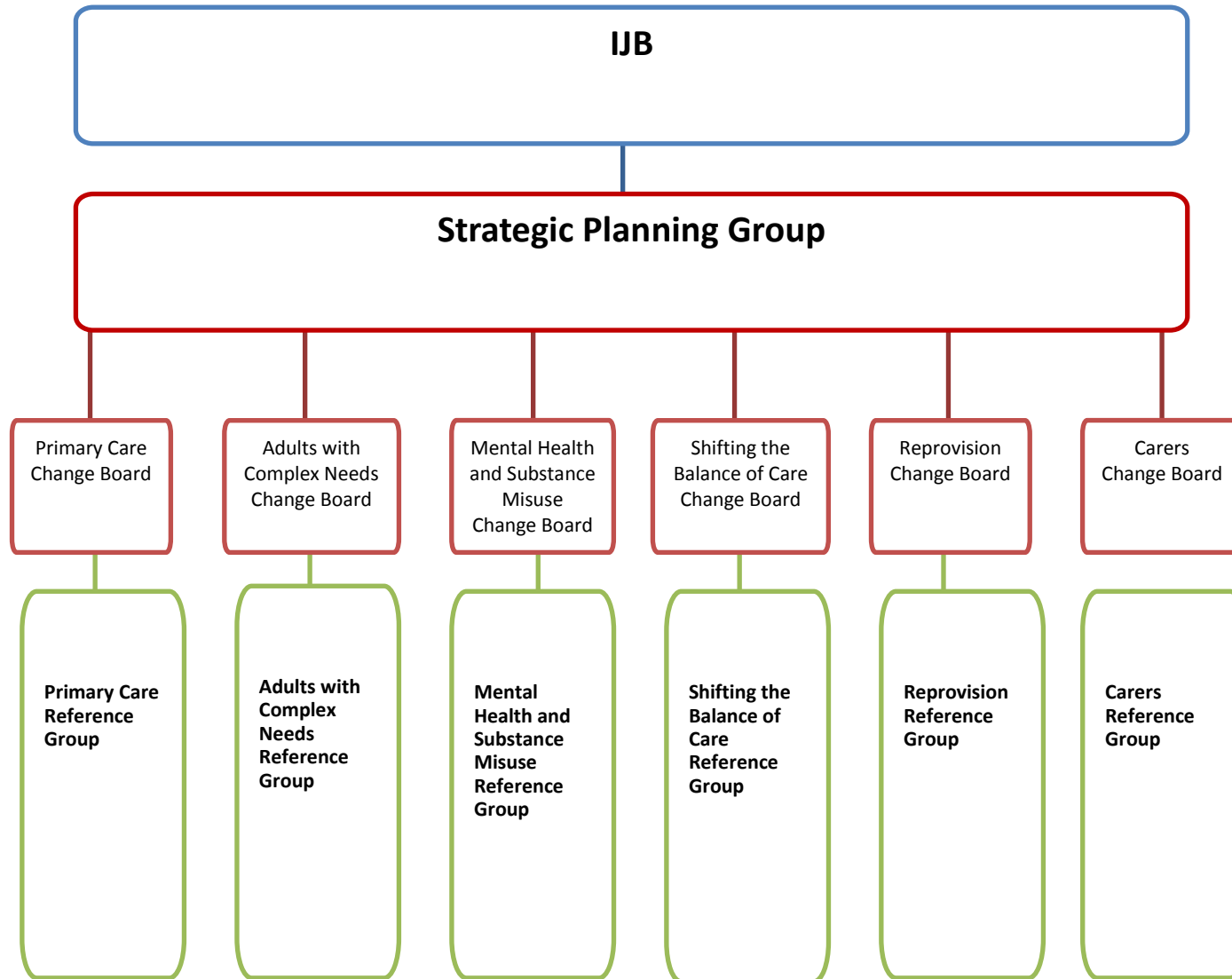
From January 2017 the Ministerial Strategic Group for Health and Community Care (MSG) began tracking performance by Integration Authorities in delivering integration through the monitoring of six measures, reported on by ISD (Information Services Division):

1. unplanned admissions
2. occupied bed days for unscheduled care
3. A&E performance
4. delayed discharges
5. end of life care
6. the balance of spend across institutional and community services.

Each IJB across the country was asked to agree its local targets for the six measures and ISD issued regular data updates to monitor progress.

East Lothian's targets for 2018-19 are shown in appendix 1. These targets are likely to apply through 2019-20. Progress against these will be reported to the IJB as part of performance monitoring.

Figure 1 – strategic planning structure



## Our strategic objectives for 2019-2022

The strategic objectives developed for the 2016-2019 plan remain relevant to the development of all aspects of the partnership's ambitions and delivery of its priorities, as does our vision, to support all people in East Lothian to live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use. The strategic objectives are updated below for the 2019-22 plan:

### A. to make health and social care services more sustainable and proportionate to need and to develop our communities

We want to improve access to our services, but equally to help people and communities to help and support themselves too.

### B. to explore new models of community provision which involve local communities and encourage less reliance on health and social care services

We will build capacity in communities through partnership working.

### C. to improve prevention and early intervention

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

We will achieve this through strengthened links with the community and the community planning structures and partnerships. We will continue to commission services which support early intervention and prevention.

### D. to reduce unscheduled care and delayed discharges

We want to reduce unnecessary demand for services including hospital care.

We are committed to keeping the numbers of people delayed in hospital as low as possible as well as exploring other means to reduce reliance on hospitals.

### E. to provide care closer to home

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

We will review how people are supported in the community closely linked to any local housing strategy and exploration of new models of housing with care. We will remain committed to providing good quality care at home services.

#### F. to deliver services within an integrated care model

We recognise the need to make people's journey through all our services smoother and more efficient.

We will develop a range of means of integrated working, not necessarily through the integration of a team but often through other means such as integrated approaches to health and social care delivery.

#### G. to enable people to have more choice and control

We recognise the importance of person centred and outcomes focused care planning and service delivery ensuring people are involved in planning their care and support journey.

Positive Personal Outcomes will increasingly be the focus of what we aim to achieve.

#### H. to reduce health inequalities

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

We want to support positive health promotion in order to support physical and mental wellbeing.

#### I. to build and support partnership working

We recognise the importance of developing effective and wide ranging strategic partnerships in delivering our ambition, vision and values.

In developing this work we will follow the principles of Prevention, Partnership, Performance and Participation arising from the [Christie Commission](#) on future delivery of public services.

#### J. to support change and improvement across our services

We recognise the need to deliver integrated services and transformational change.

## Development of this strategic plan

This Strategic Plan was jointly developed by the East Lothian Integration Joint Board and the Strategic Planning Group. Between them, the groups bring together representatives of NHS Lothian non-executives and East Lothian Council elected members, clinicians, people who access services, carers, the third and independent sectors and senior managers from health and social care.

The 2019-2022 plan takes into account the previous plan and our achievements and continuing challenges. It is based on consideration of the many factors that have an impact on the delivery of health and social care services, the experience of people who access services and assessment of need.

An engagement and consultation process with communities, people who access services, service providers and staff allowed the IJB to hear of, and where possible incorporate, the views and priorities of East Lothian's communities, partners and stakeholders in this Strategic Plan in order to support service development and delivery.

Engagement also allowed participants to hear about the factors that will guide and may limit the opportunities for service change and development over the lifetime of the Strategic Plan.

## What this strategic plan will deliver

This plan will further develop integrated service planning and service delivery between health and social care to attain and maintain improved health and wellbeing outcomes for all East Lothian residents, whatever their needs.

The plan will support the continuing development of services focussed on new ways of working to identify and act on client need. It will break down the boundaries between different health and social care services in all settings, whether these are provided in primary care, the community or in hospitals.

The plan will allow services to respond to increasing complexity in the health and social care needs of clients, ensuring coordination between providers of different elements of care to deliver the best outcomes for all people who access services.

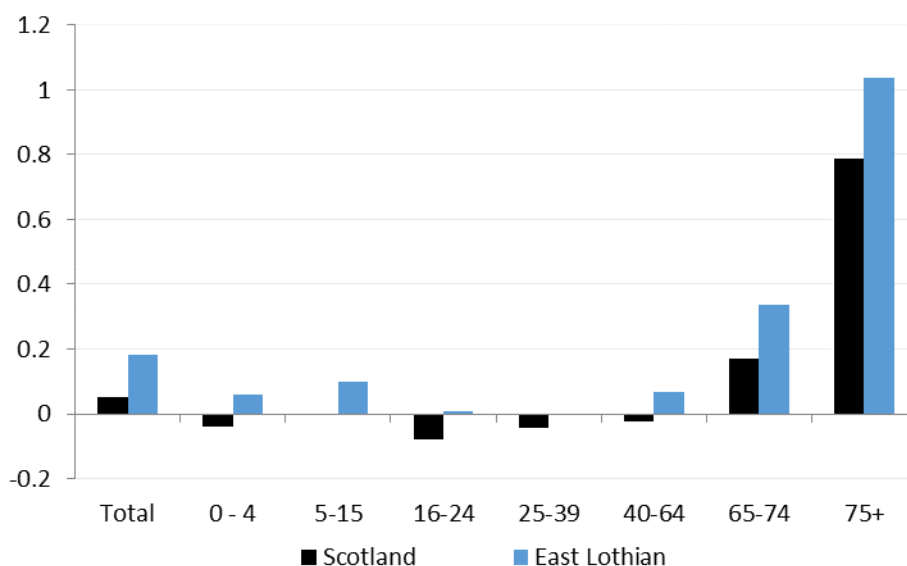
## Understanding the needs of our communities

The Strategic Plan also needs to respond to the varied needs across East Lothian's population of 104,070 (estimate for 2017). East Lothian, is in a phase of population growth with an expected increase of around 23% up to 2041. East Lothian will continue to see population growth in coming decades, with the highest growth in the 65-74 and 75+ age bands.

East Lothian Health and Social Care Partnership faces current and future demands from this ageing and growing population. It has further challenges in meeting the needs of a range of communities in the populous and urban west and the rural communities in the east and south of the county.

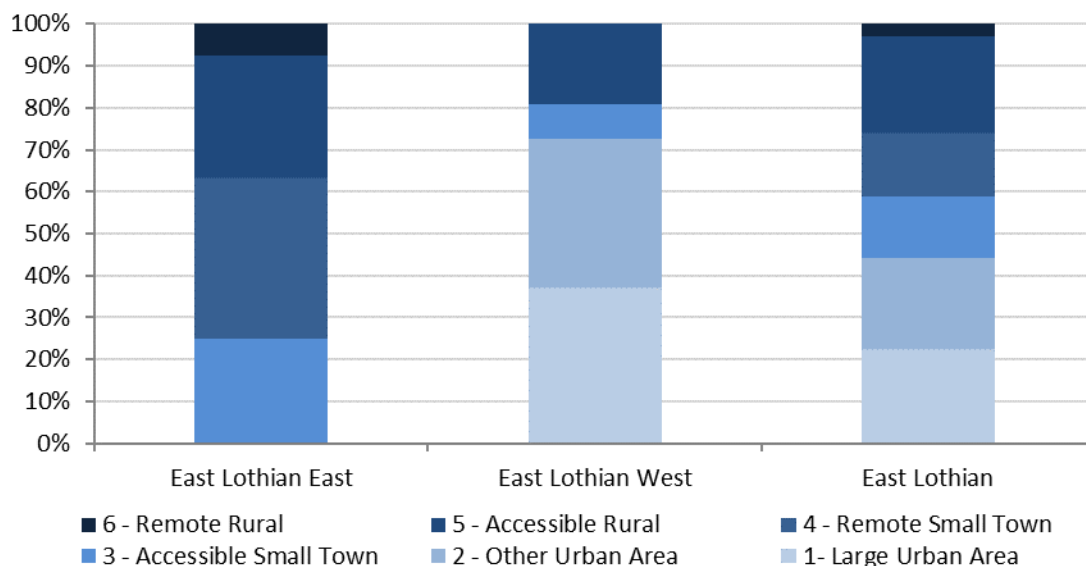
The charts that follow present information on the characteristics of the population served by the services provided by the HSCP. Further information can be found on the [Information Services Division](#) (ISD) website.

Chart 1 - projected population % change by age group 2016 to 2041



Around 23% of the population are classed as living in a large urban area, focussed on the Musselburgh locality. Almost 24% of the population live in accessible rural areas (chart 2 and figure 2).

Chart 2 - East Lothian 2017 ward population by urban/rural



Life expectancy for males and females in East Lothian was above the Scotland average in 2014-16, at 78.3 compared to 77.1 for males and 82.7 compared to 81.1 for females (Table 2 and chart 3). There is variation between areas of low and high deprivation (chart 4). Over this period, life expectancy has been consistently higher than the national figures.

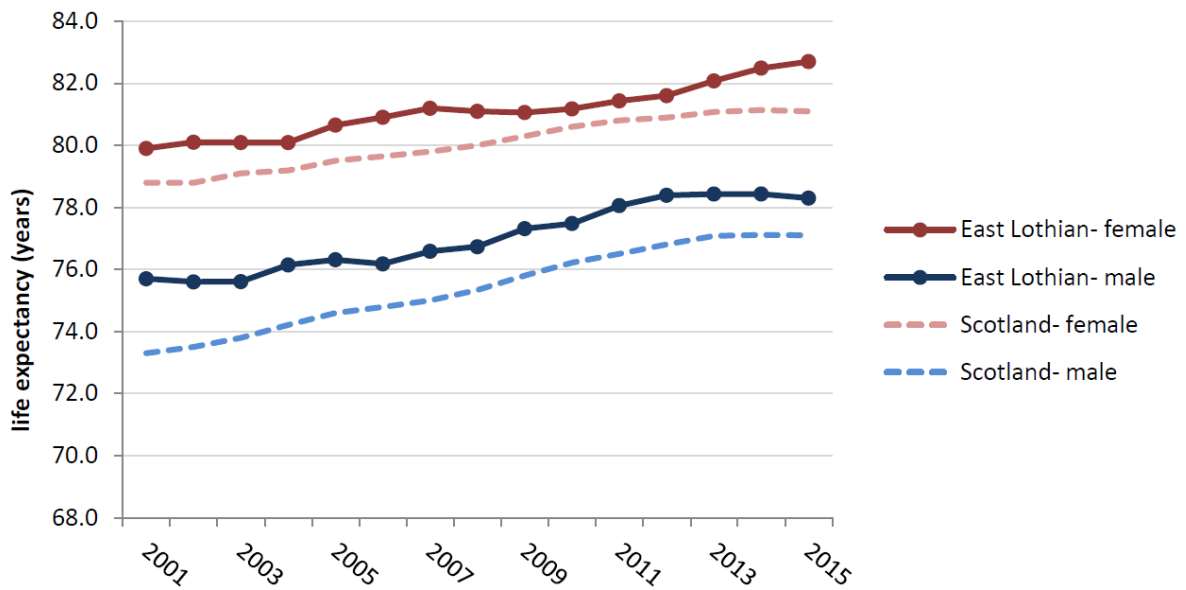
Table 2 - life expectancy in East Lothian (and Scotland)

	2010-12	2011-13	2012-14	2013-15	2014-16
Female, at birth	81.4	81.6	82.1	82.5	82.7
Male, at birth	78.1	78.4	78.4	78.4	78.3

Data source: NRS - <https://www.nrscotland.gov.uk>

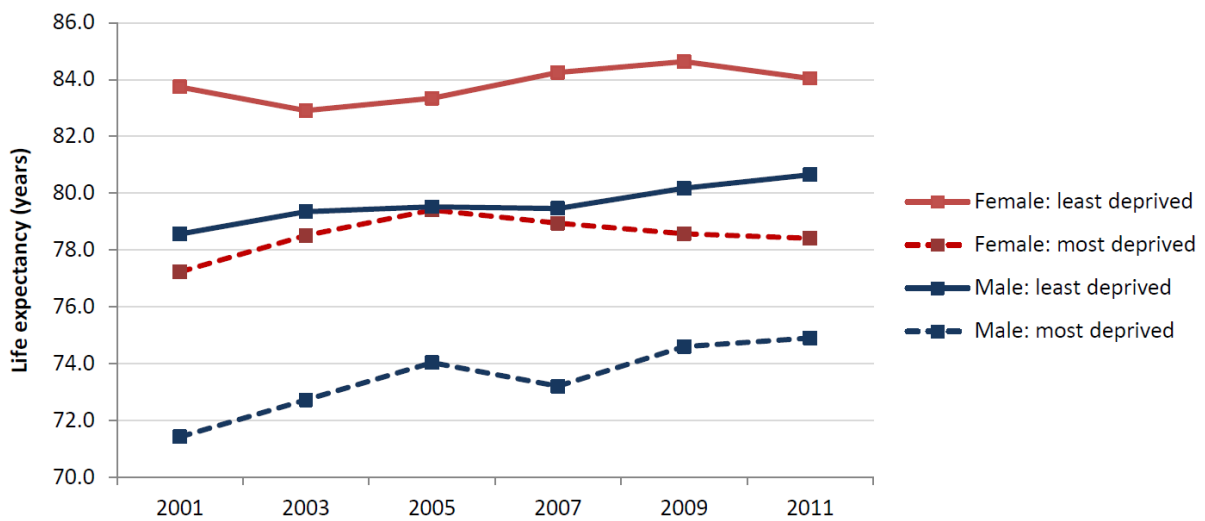


Chart 3 - male and female life expectancy in East Lothian and Scotland



Data source: National Records Scotland

Chart 4 - male and female life expectancy in East Lothian - most and least deprived areas



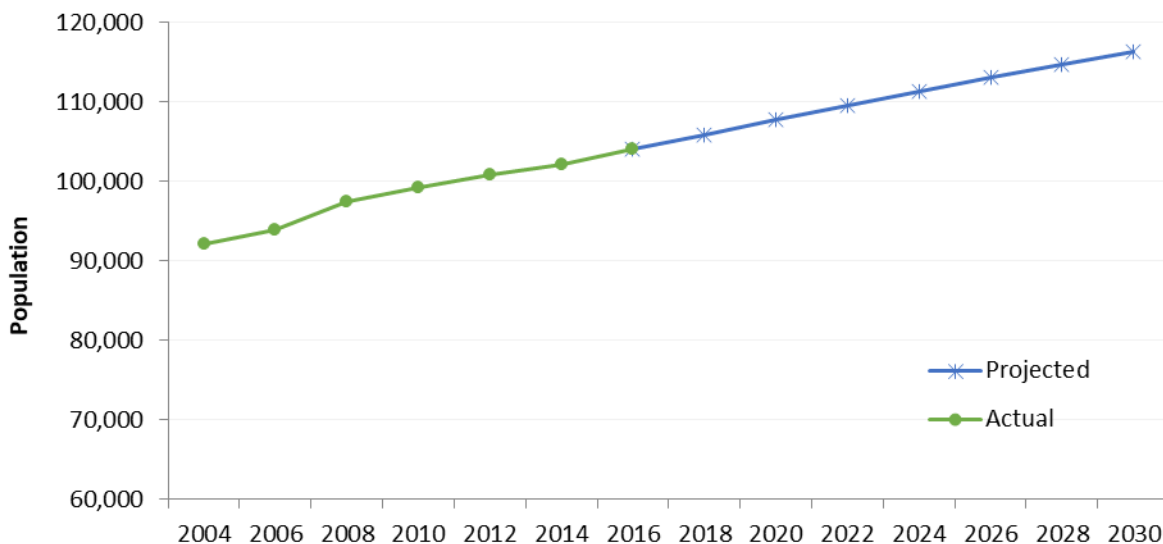
Data source: ScotPHO

Table 2 - population distribution

In 2017, there were 104,840 people living in East Lothian, 52.1% females and 47.9% males. The East Lothian population is projected to grow by 18% between the years 2016 and 2041. Almost 20% of the population are aged 65 and over. The majority of the population live with the West Locality

Locality	2017 Population Estimate	Percentage of 2017 population
East Lothian - East	41,135	39%
East Lothian - West	63,705	61%
<b>East Lothian</b>	<b>104,840</b>	

Chart 5 - projected population growth



The population in East Lothian will continue its past growth with an almost 12% growth expected over the next 14 years.

Chart 6 - age profile East Lothian compared with Scotland

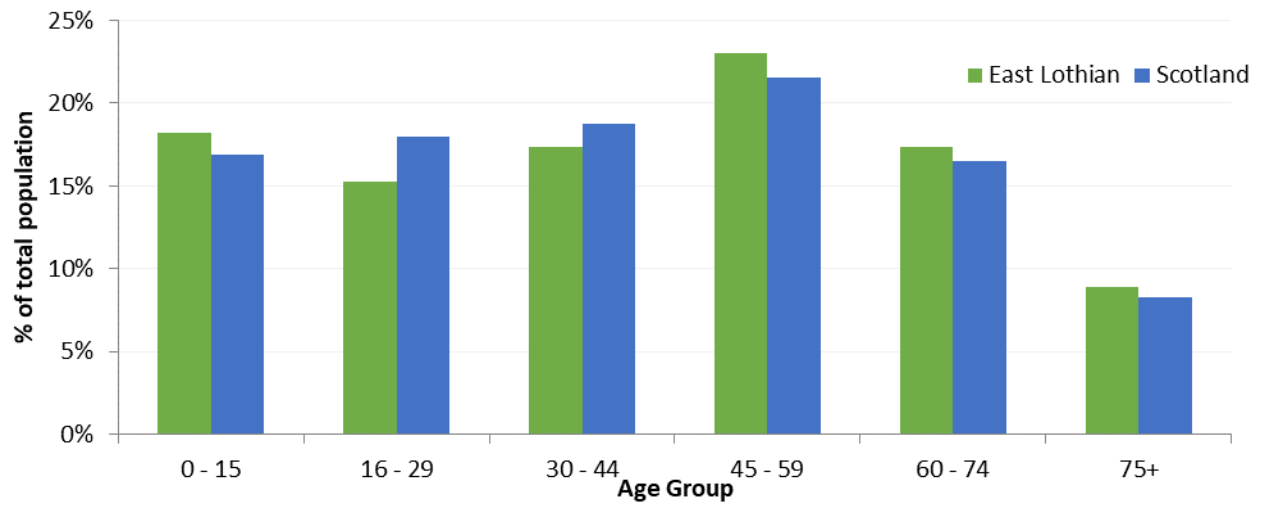


Chart 7 - East Lothian 2016 population by age band and Sex

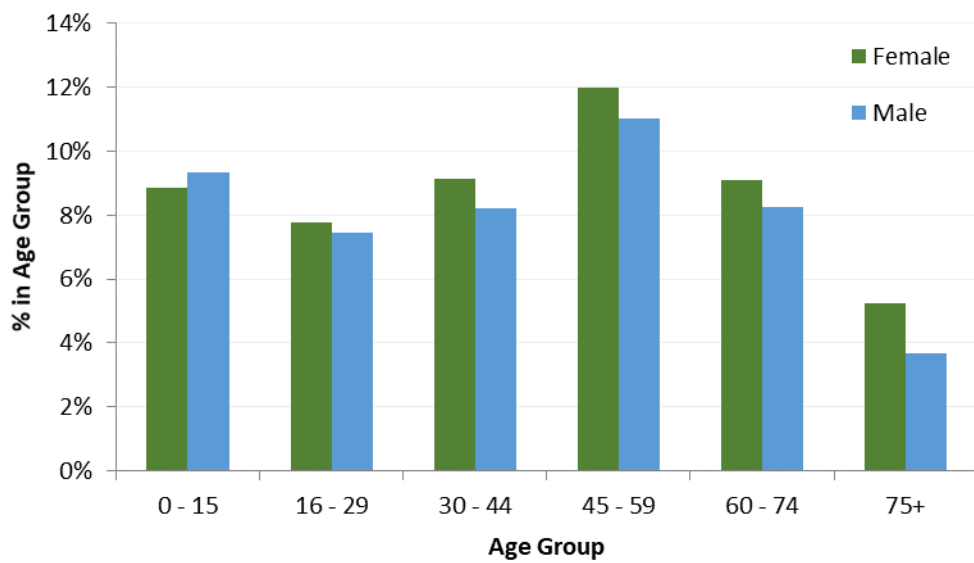
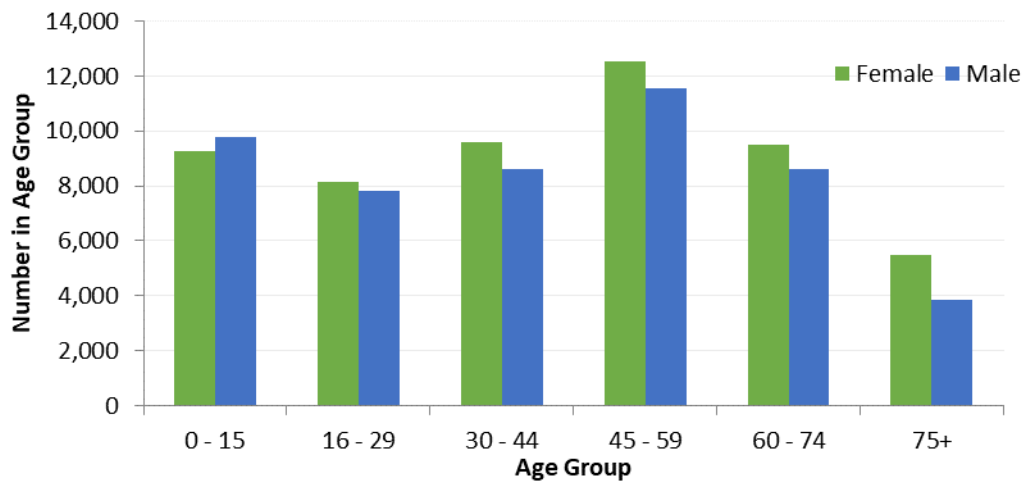


Chart 8 - sex profile



#### Deprivation across East Lothian – Scottish Index of Multiple Deprivation (SIMD)

In East Lothian 4% of the population live in an area defined as falling within the 20% most deprived areas in Scotland (SIMD 1). This is less than would be expected. 17% live in an area that is classed as least deprived (SIMD 5). East Lothian has more people on average living within quintile 2 and quintile 4 than the general Scottish population.

There is disparity between the two locality areas; East locality has nobody within one of the 20% most deprived areas in Scotland and a large weighting towards the least deprived areas (68% of the population fall within SIMD 4 or 5). West locality is more evenly split between the middle SIMDs, with fewer in SIMDs 1 and 5

Chart 9 – SIMD\* 2016 locality population for East Lothian - % (uses 2014 population figures)

Table 3 - SIMD 2016 locality population for East Lothian – numbers

	SIMD 1 (Most Deprived)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (Least Deprived)	Total
East Lothian East		3,877	9,323	19,352	8,583	41,135
East Lothian West	3,763	24,169	12,988	13,832	8,953	63,705
East Lothian	3,763	28,046	22,311	33,184	17,536	104,840
% of population	4%	27%	21%	32%	17%	

### Mortality/Cause of Death

There was a mortality rate of 305 deaths per 100,000 population (using European Age Standardised Rates (EASR)). In 2014-2016 cancer was the main cause of death. This is below the Scottish rate of 324 deaths per 100,000, but it has historically been higher than the Scotland rate.

Chart 10 - EASR deaths per 100,000 population by East Lothian sub-partnership area compared with Scotland and Lothian Health Board

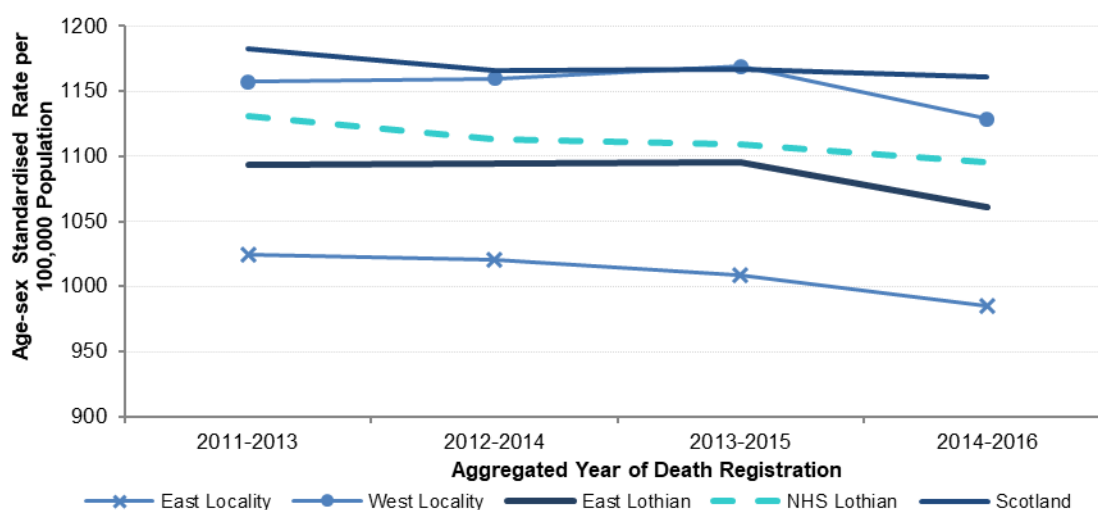
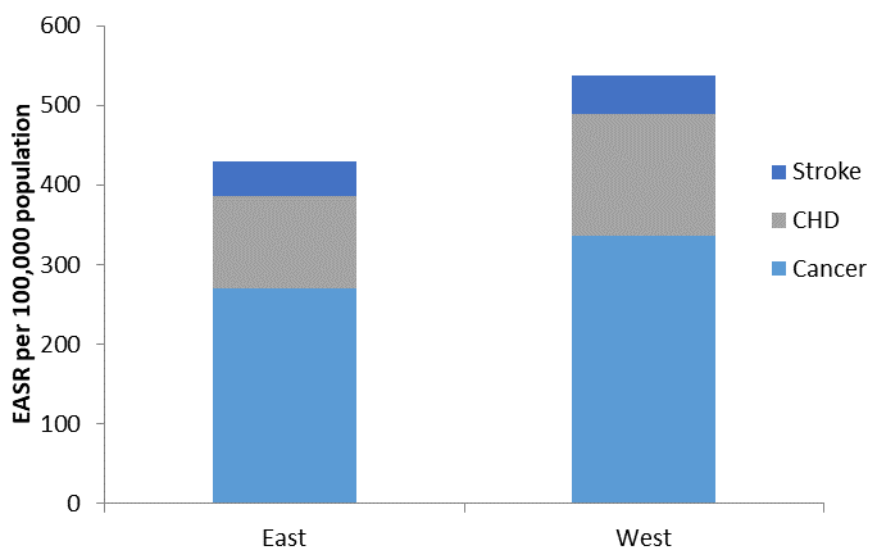


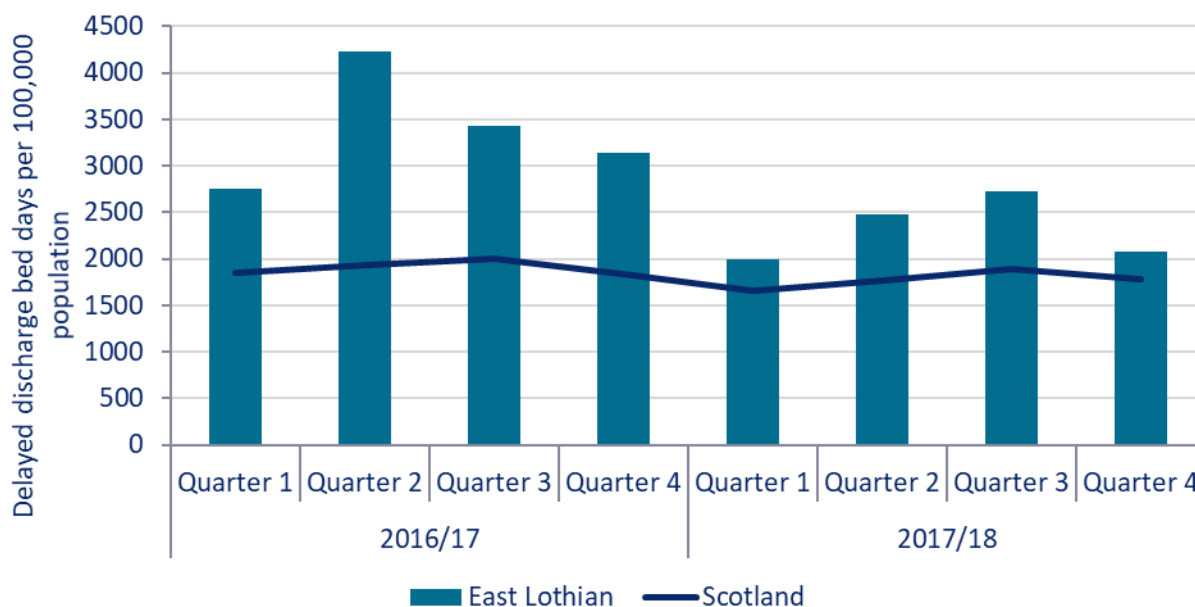
Chart 11 - deaths per 100,000 population, by main 3 causes in East Lothian, 2013-14 by sub-partnerships



### Delayed Discharge

Considerable progress has been made in reducing delays for East Lothian patients who are ready to be discharged from acute hospitals (chart 12) dropping from an average of 3,389 in 2016-17 to 2,317 in 2017-18. This has been achieved through multi-disciplinary team working across services and the support of the Hospital at Home and Hospital to Home teams and Social Care teams, working together to prevent admissions and to reduce length of stay.

Chart 12 - bed days occupied by delayed discharges - per 100,000 population



## Dementia

In 2017, the Scottish Government published its third national strategy on dementia which applies until 2020. This outlines 21 commitments including an ambition to develop towards delivery of the 8 Pillars of dementia care<sup>1</sup>.

In East Lothian we are focussed on sustaining the progress made in supporting individuals with dementia and their families. This includes increasing access to the 12 month post-diagnostic support role, delivered in partnership with Alzheimer's Scotland, as well as concentrating on building local availability of care and support for people with dementia in specialist units and care homes.

As East Lothian is the fastest growing local authority area in Scotland the new housing and communities that are being created need to respond to the needs of the increasing numbers of people who will be affected by dementia. We are working in partnership with Dementia Friendly East Lothian to assist in this and prepare for new families and individuals who make East Lothian their home. This will, in addition, involve working in partnership with Community Planning, housing and the third sector to ensure that dementia friendly communities become part of development agendas.

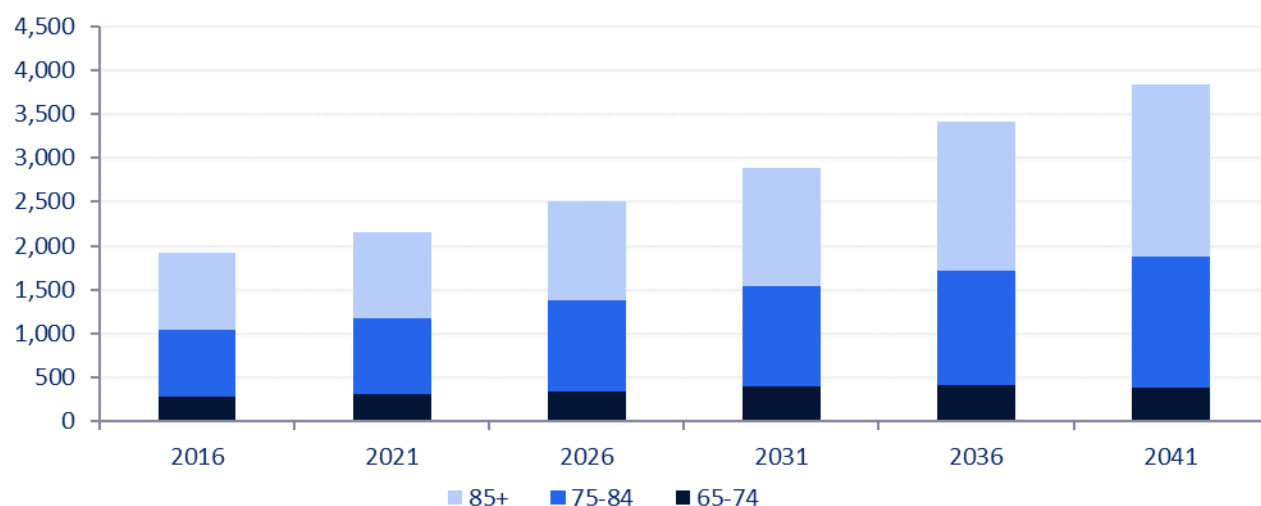
Partnership working across Community Planning and Health and Social Care, as well as the third sector is also significant in bringing a focus to those affected by inequality or poverty who also have a diagnosis of dementia. As noted, East Lothian has a diverse population in an area of mixed urban and rural communities, some affected by deprivation. These factors impact on how easily people with dementia can access services. This focus needs to be brought into the local dementia care pathway to best support individuals and families within the county.

Table 4 - dementia prevalence projections for East Lothian (figures based on source data from Alzheimer Scotland and National Records Scotland).

Age band	2016	2021	2026	2031	2036	2041	% increase
65-74	287	313	346	393	408	384	34%
75-84	757	858	1038	1151	1300	1488	96%
85+	875	981	1119	1342	1696	1956	124%
<b>Total</b>	1920	2153	2504	2887	3405	3830	99%

<sup>1</sup> National Dementia Strategy 2017 - 2020

Chart 13 - projected numbers of people with dementia in East Lothian 2016 – 2041



### Actions underway in dementia work

Ongoing planning is examining options for best use of Midlothian and East Lothian community hospital services for people with a diagnosis of dementia. This work, being developed in conjunction with Midlothian Health and Social Care Partnership is:

- analysing data on use and need for East Lothian individuals using Midlothian Community Hospital
- outlining options and considering model of repatriation of East Lothian individuals with a diagnosis of dementia requiring in-patient care from Midlothian Community Hospital to the new East Lothian Community Hospital
- outlining options for a local dementia specialist care home in East Lothian
- reviewing and developing the existing local dementia care pathway to ensure high quality care at each part of the pathway, as well as consider the impact of barriers and inequalities that affect access to support
- reviewing and developing post diagnostic support for people given a diagnosis of dementia
- Further actions will be developed in line with the national strategy including learning from pilot sites implementing the full model of 8 Pillars of support and the delivery of post diagnostic support from Primary Care Hubs.



## East Lothian Community Hospital

In 2016-17, East Lothian residents used just over 250,000 booked day case, day procedure and outpatient appointments, across 124 clinic types on 55 different hospital/clinic sites in Lothian and further afield. For East Lothian residents 100,000 of these appointments were for outpatient clinics, with 30,000 taking place at Roodlands Hospital in Haddington which is in the process of being replaced by the new East Lothian Hospital, construction of which began in 2017.

Key national policies, the Health and Social Care Delivery Plan, The Modern Outpatient: A Collaborative Approach and Realistic Medicine are driving the delivery of care closer to home and the modernisation of outpatient and clinic services which the Community Hospital supports.

Communication technology allows information on clinic usage and availability to be accessed by Service Managers across Lothian, bringing the hospital into line with equivalent systems at the Royal Infirmary, Western General Hospital St John's Hospital. This linkage ensures clinic rooms are utilised more effectively.

Outpatient activity in East Lothian Community Hospital has increased by 9% in the last 12 months compared to the previous 12 months. The new Outpatient Department which opened in March 2018 has reintroduced or increased use of clinics for:

- Urology
- Orthopaedics
- Rheumatology
- Gynaecology
- Adult Ear, Nose and Throat
- Audiology
- Muskuloskeletal.

New services have also been introduced in 2018/19:

- Plastic Surgery - Hand Clinic
- Adult Psychiatry
- Anti-natal
- Dietetics
- Palliative Care

Planned moves are:

- Paediatric Ear Nose and Throat (moving from Musselburgh Primary Care Centre with an increase in clinic capacity)
- Paediatric Audiology
- Phototherapy treatment as part of an increase in dermatology clinic availability.

Extra ophthalmology equipment will enable East Lothian residents to be seen locally rather than travelling to the Eye Pavilion in Edinburgh.

Future plans will incorporated a treatment facility within a new Day Services Unit. A treatment option being actively explored, for introduction in the next 12 months, is chemotherapy.

# Health inequalities, public health and health improvement

NHS Lothian provides the East Lothian Health and Social Care Partnership (HSCP) with technical support to identify and address population health needs in a number of ways, with input from public health professionals including: Public Health Consultants, a Policy Officer, a Public Health Practitioner and Health Promotion Specialists (HPS).

The public health team aims to bring health improvement and health intelligence expertise to support partners in taking an evidence-informed, person-centred approach which considers the impact of policy and interventions on health and health inequalities e.g. tobacco prevention, alcohol licensing, food and health, poverty, violence against women, children and young people's mental health, perinatal and infant mental health. This includes supporting the 'golden threads' within HSCP planning to reduce inequalities and focus on prevention and early intervention.

NHS Lothian also provides funding for health improvement activity within the county. For example, health improvement projects that have a focus on children and young people and Ageing Well which focusses on physical activity in later life.

## East Lothian Health Improvement Alliance

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

The Alliance has three overarching objectives to reduce health inequalities in East Lothian:

- ensure strategy across East Lothian Partnership promotes health and reduces inequalities through advocating for health in all policies and supporting the completion of Integrated Impact Assessments on all strategies, policies and action plans
- develop support and resources for health improvement and reducing inequalities through training, seminars and sharing information on the causes of inequalities and what works to ease, reduce and prevent the impact
- support health improvement activity across East Lothian that is evidence based and health inequality focused e.g. advising on the delivery of Health Improvement Funded projects in East Lothian.

In line with this work the Public Health team continue to develop partnerships in the county both within the HSCP and the wider East Lothian Partnership to raise awareness of inequalities and influence policy and strategy development around the broader determinants of health and inequalities. One such example would be contributing to the development of the East Lothian Local Housing Strategy which is, in and of itself, an excellent example of a 'Health in all Policies' approach.

# Housing Contribution Statement

Housing Contribution Statements were introduced by the Scottish Government in 2013, to strengthen formal links between housing planning and health and social care joint strategic commissioning. Involving housing in the integration of health and social care is critical to support the achievement of national health and wellbeing outcomes and potential investment in housing related preventative expenditure. Housing services are essential to meeting the health and social care needs of individuals through a joined-up, person-centred approach to the provision of housing options; quality affordable housing and housing support.

## Purpose of the Housing Contribution Statement

The Housing Contribution Statement provides a bridge between the Local Housing Strategy and the IJB Strategic Plan. The Scottish Government expects that a seamless strategic process will develop, focused on shared outcomes, priorities and investment decisions that positively contribute to health and well-being.

With the establishment of Integration Authorities, Housing Contribution Statements became an integral part of the Strategic Plan and required to be expanded and strengthened to achieve the following:

- describe the role of the local housing sector in the governance arrangements for the integration of health and social care
- set out the shared outcomes and service priorities linking the Strategic Plan and Local Housing Strategy
- provide an overview of the shared evidence base and key issues identified in relation to housing need and the link to health and social care
- provide an overview of housing-related challenges and improvements required
- set out the resources and investment required to meet shared outcomes and priorities and identify where these will be funded from the integrated budget and from other (housing) resources
- cover key areas such as adaptations, housing support and homelessness and describe the housing contribution across a wide range of groups.

## The Role of Housing

Housing colleagues will continue to work alongside the Health and Social Care partnership to deliver the IJB strategic priorities through all relevant change boards and reference groups. Key to this work is the Housing, Health and Social Care Operational Planning Group, which has a remit to;

- jointly identify solutions to resolve the housing needs of people with complex needs
- ensure information gathered on identified specialist housing need is included in strategic planning for housing, health and social care
- monitor performance in delivery of adaptations across all tenures
- develop a joint approach to implementing optimum digital telecare and telehealth in housing

## Shared Outcomes and Priorities

East Lothian Local Housing Strategy (LHS) 2018-23 clearly sets out the contribution that housing can make in supporting shared outcome and priorities, through the design and delivery of housing and housing related services. Through a series of detailed joint needs assessments with vulnerable groups, [key health and housing issues and challenges were identified](#) alongside corresponding actions.

Homelessness is a key driver of health inequalities. East Lothian's [Rapid Rehousing Transition Plan](#) (RRTP) recognises that reducing time spent in temporary accommodation has huge health related benefits.

Housing is an important part of the IJB's strategic aim to 'shift the balance of care'. The review of Community Services for adults with complex needs sits alongside the Local Housing Strategy aims of providing specialist housing for people with particular needs, including those with a mental health condition, learning disability or physical disability. Providing community-based specialist provision will deliver alternatives to statutory services and in-patient care. This requires a commitment from Housing and the HSCP to find new ways to deliver support services.

The reprovision of Abbey and Eskgreen care homes and Edington and Belhaven hospitals sits alongside wider housing sector reviews into sheltered housing and a Joint Strategic Needs Assessment of Older People in East Lothian. The provision of quality specialist housing for older people alongside investment in current stock will ensure our local housing is fit for the future and will contribute to positive outcomes in delayed discharges, care at home packages and the role of Technology Enabled Care.

## Challenges in Housing Provision

Housing, health and social care in East Lothian have shared challenges in supporting a range of vulnerable groups and in responding to the changing population:

- supporting a pro-active and preventative approach - developing a flexible approach to adaptations for individuals with dementia, introducing Technology Enabled Care prior to a crisis, or instigating housing support plans with adults with learning disabilities being cared for at home by ageing parents
- promoting independent living by ensuring housing is designed to be easily adaptable and the required infrastructure is in place
- enabling individuals to make informed decisions through easily accessible and accurate information and advice
- ensuring services are able to adapt to meet the needs of individuals and respond to the changing political and legislative direction
- taking account of up to date evidence to inform practice, such as re-designing services and processes to ensure they are trauma-informed
- Provide support to those individuals who may require additional help and input to enable them to live in their own home.

## Resources and investment

To deliver the Housing Contribution Statement element of the Strategic Plan will require;

- continued investment in existing stock
- the creation of new specialist provision and [new affordable housing](#).

For the purposes of this document, top headline figures are set out in relation to the budget identified as making a direct contribution to health and social care through delivery of delegated and non-delegated functions.

Table 5 - Current and Future Resources and Investment in Housing Services (£m)

Housing Services - Delegated Functions							
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Commissioned Housing Support	0.870	0.709	0.709	0.709	0.600	0.600	0.600
Council Housing Adaptations	0.600	0.600	0.800	0.800	0.800	0.800	0.800
Care and Repair	0.285	0.285	0.285	0.330	0.330	0.330	0.330
Housing Services - Non Delegated Functions							
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Investment in existing Council stock <sup>2</sup>	10.678	10.933	11.297	11.297	11.998	11.998	11.998
New Affordable Housing	14.094	10.881	10.120	11.010	18.657	17.147	20.990

Source: East Lothian Council 2019

<sup>2</sup> Includes capital investment for disabled adaptations; bringing open market acquisitions up to standard; energy efficiency works; and dispersed alarm system

## Primary Care

July 2018 saw the completion of the East Lothian Primary Care Improvement Plan (PCIP) in line with the requirements of the new GP contract developed by the Scottish Government and the British Medical Association. Following this, an 'implementation period' commenced to run until April 2021. During this period, the HSCP's primary care team will implement, evaluate and expand new models of service delivery across East Lothian. Having already led significant change, East Lothian has been at the forefront of Primary Care Improvement in a national context. Recent developments have included:

- the nurse-led Care Home Team – working directly with care home staff and GP practices to deliver prompt and continuous care to residents of care homes. Nursing expertise, augmented with clinical decision-making capabilities and prescribing, has led to more seamless ongoing and acute care. The service is being evaluated by Health Improvement Scotland. It currently covers care homes in Musselburgh, Wallyford, Gullane and Haddington, with further expansion planned
- CWIC (Collaborative Working for Immediate Care) has now completed its first year operating from Musselburgh Primary Care Centre. CWIC works in partnership with Riverside Medical Practice and NHS 24 to deliver care and self-management advice to patients using a team of Nurse Practitioners, Advanced Physiotherapy Practitioners, Mental Health Nurses, Mental Health Occupational Therapists and Advanced Nurse Practitioners. Evaluation so far has shown reductions in prescribing and in outpatient referral numbers
- practice pharmacists continue to provide services for patient of several practices in East Lothian
- evaluation of current primary care nursing services (including Practice Nursing, treatment room services, Health Care Assistants and phlebotomy) within existing GP practices. These services are currently provided through a mixture of ELHSCP led and GP led arrangements
- support from partners in the LIST (Local Intelligence Support Team) to provide data and help with analysis, so ensuring that planning is built around activity and need and to evaluate outcomes of service developments.

The PCIP will support significant changes in how patients access primary care services, and how these services are delivered to them. It will give patients a greater choice of access options and importantly, that they see the right professional for their problem at the outset.

By training and recruiting a broad multi-disciplinary team and by modernising access models, patients should benefit from this new approach to Primary Care. The PCIP is also designed to balance out the differences in access and service delivery that are seen in different parts of the county. ELHSCP wants to ensure that all patients in the county experience the same high quality service, delivered through safe and well governed pathways. The PCIP aspires to create a seamlessness between services. This extends to secondary care services, especially Hospital@Home and East Lothian Community Hospital outpatient services.

The next phase of the PCIP implementation and the overall strategy for Primary Care will include:

- expansion of the Care Home team to ensure that we provide the best possible care for one of the most frail populations. The HSCP intends to grow this team and allow all care home residents in the county to benefit from it. Consideration will be given to expanding the service to cover all days of the week
- expansion of the CWIC service. This 'Musselburgh Model' already serves nearly a fifth of the population of the county (circa 20,000 patients). NHS 24 has already committed to expand their input using extra investment from the Scottish Government. Three neighbouring practices are already in discussion regarding adopting the model bringing the potential number of patients benefiting from this service to over 50,000
- support and investment in training new staff to extend their roles in delivering primary care services
- design of a 'CWIC-lite' model in recognition of the needs of those parts of the county where levels of demand on Primary Care do not create issues with access for patients. This model will focus on providing support from musculoskeletal and mental health practitioners
- new models of home visiting, including Paramedic Practitioners and Allied Health Professionals. This will allow the HSCP to respond to acute illness as well as complex cases of frailty and will allow development of improved pathways into secondary care and social services to access support as necessary
- testing and implementation of Community Treatment and Care Services (CTACS). These new centres, as envisaged by the new GP contract will deliver nursing services on behalf of primary care and will be designed and run by the HSCP
- development of the 'pharmacotherapy' (pharmacy) team. Once existing pharmacist-led services have been evaluated and to support the requirements the GP contract, ELHSCP will establish a team of pharmacists, pharmacy technicians and administrative support
- review of Out of Hours services (provided by Lothian Unscheduled Care Service) to ensure that current models best serve local needs and that communication between in hours and out of hours care is minimised to improve the access journey for patients
- development of a strategy to prepare primary care's response to meet the needs of a growing and ageing population across the county, and the different demands they will place on services
- further expansion of the Links Worker services across all primary care settings
- ensure that all existing GP services are better equipped to respond to patients need utilising all members of the Primary Care team
- investment in telephony and eHealth services to support developments. Currently patient data sits within individual GP practices only. Consideration is being given to establishment of shared IT services, allowing much improved sharing of data between services where appropriate, ensuring improved continuity of care
- development of transport to ensure that patients who currently experience difficulties in accessing services are not disadvantaged and to consider those who are at risk of becoming disadvantaged by any future service changes.

## Providing primary care services around the clock

When GP practices are closed (between 6pm and 8am Monday to Friday, all of Saturday and Sunday and on public holidays) urgent primary care services are provided out of hours (OOH) by Lothian Unscheduled Care Service. Better known as LUCS, this is a Lothian-wide service which works on behalf of local primary care in East Lothian. Patients who need care access LUCS after initially contacting NHS24 by telephone for their concern to be assessed.

Patients can be seen by LUCS staff in the Outpatient Department at East Lothian Community Hospital. In addition to this, LUCS provides home visiting and telephone support and care to patients in East Lothian where that is required.

Throughout Scotland, OOH primary care services are implementing the recommendations of a National Review, known as the 'Ritchie Review'. The review recommendations include being able to provide more coordinated and supportive care for patients through the creation of Urgent Care Resource Hubs. Such Hubs would coordinate care in the OOH period across a more diverse range of services than is currently available.

Within Lothian, work is advancing to develop plans that will support the Review's recommendations. Forthcoming tests aim to bring other clinical professions into OOH working in a way not seen before. This includes pharmacy and psychiatric nursing services. It is expected this will mean more services are available to patients in East Lothian during the OOH period.

LUCS has experienced the same pressures as day time general practice in recruiting and retaining staff. As with daytime services, this has led to some restrictions in access to services. In East Lothian it has sometimes been difficult to fully staff the Out of Hours base at East Lothian Community Hospital, although East Lothian residents have always been able to access the service at other bases and home visits have been maintained.

The frequency of these difficulties increased over 2018. East Lothian HSCP will work with LUCS to improve the situation and maintain local access to primary care out of hours locally through supporting the developments above both financially and operationally and through working with East Lothian GPs to increase support for the service.



## Getting the best outcomes for people

Improving the outcomes for people who use health and social care services will continue to be a priority in the next strategic plan. We will increasingly use tools to measure progress against, and the achievement of, outcomes for the people who use our services and the services we commission.

### Improving our Services

We have considered a wide range of information in deciding on the focus of this strategic plan. The main sources of information were routinely gathered data concerning performance and targets relating to national and local outcomes, strategies and policies.

The data describes the demographics of the East Lothian adult population and the variations in health and care needs across the county, reflecting the differences between the populous and more urban west of the country and the more rural east.

This dataset informs decisions about development of current or new services. Whether we are seeking to plan and minimise hospital admissions or tackle capacity challenges within care at home delivery we will use the data we hold to maximise the efficient use of resources targeted at those most in need.

The strategic plan retains a commitment to supporting people closer to home, in their own home or in a homely setting. This will be achieved through a number of measures resulting from re-modelling of our own services as well as the services we commission.

Early intervention and prevention will continue to be a priority for East Lothian in the next strategic plan. We remain committed to developing ways to avoid unnecessary admission to hospital or to a residential or nursing home. We will provide packages of support for people to stay for as long as possible in their own homes. One key way in which we will seek to do this is through the development of alternative models of housing with care or other supported accommodation arrangements.

As well as new models of housing with care there are a number of other ways that we can support people to retain their independence and well-being for longer. This will increasingly involve the use of commissioned services in relation to early intervention and prevention. We will maximise the opportunities offered by Technology Enabled Care, Telehealthcare and technology to improve all interactions between patients and services and in communication between services. We will also review the use of equipment and adaptations as a means of supporting people to be cared for at home.

East Lothian Health and Social Care Partnership has made considerable progress in the management of delayed discharge with all-time low numbers of people being delayed in hospital. This is a result of a combination of coordinated efforts across teams.

We will continue to strive to maintain low numbers of people delayed in hospital. As part of improving outcomes for all the people who use our services we will continue to focus on addressing unscheduled care and on avoiding unnecessary admissions.

## Gypsy Travellers in East Lothian

There is currently no systematically collated data about the Gypsy Traveller population in East Lothian making it difficult to provide an accurate assessment of numbers and needs; however, health outcomes for Gypsy Travellers are generally poorer than for the wider population and they experience greater levels of stigma and discrimination than other minority ethnic groups.

There is one official local authority site at the Old Dalkeith Colliery, with pitches for 12 trailers. East Lothian Council maintain a quarterly collection of data from this site, which has a steady number of families living there, with no waiting list.

Some Gypsy Travellers use 'unofficial encampments' across the county, often with limited or no access to resources such as health services, running water and waste disposal. As a consequence, risks to health for this population are often greater than for those who use official encampments. Some Gypsy Travellers also live in permanent housing

The Gypsy Traveller Steering Group is a Lothian-wide multi-agency partnership with representation from: health; education; local authorities; police and the third sector. The group coordinates activities aimed to improve the health and wellbeing of the Gypsy Traveller community across Lothian. The work is governed by an action plan which is based on the priorities set out in a Fairer Scotland for All: Race Equality Action Plan. The plan supports the 'golden threads' within HSCP planning to reduce inequalities and focus on prevention and early intervention.

Over the past year, membership of the group has expanded to include oral health; health visiting; midwifery; Detect Cancer Early; education; Article 12 (a rights based group working with young Gypsy Travellers) and; Women's Voices (a project to enable women in the Gypsy Traveller community to achieve their personal aspirations and engage in civic life). In addition, the Steering Group has re-established links with Skills Development Scotland and Shelter.

The priority outcomes for the Gypsy Traveller Steering Group covering the period 2018-2021 are:

- increased involvement of Gypsy Travellers and partners in improving the health and wellbeing of Gypsy Travellers
- increased capacity of staff in public and voluntary sectors to meet the needs of Gypsy Travellers
- Gypsy Travellers have effective healthcare appropriate to their needs and experience
- increased educational attainment among young Gypsy Travellers
- increased literacy and numeracy amongst the adult population
- increased access to employment opportunities for the Gypsy Traveller population in Lothian
- increase in young Gypsy Travellers achieving positive destinations
- Gypsy Travellers and their families are aware of and can access welfare benefits as per entitlement.

## Older people

As noted in the first Strategic Plan, East Lothian launched a joint Older People's Strategy in 2011 which prioritised actions to develop independent living crisis care, early response and reablement approaches.

A great deal of progress has been made in establishing a coordinated, multidisciplinary approach to identifying and acting on the needs of older people. This is delivered through the Hospital to Home, Hospital at Home and Care Home teams. These teams have reduced demand on secondary care services, but transfer of activity has increased demand for local support.

Our challenge in coming years is to release current funds tied up in secondary care to allow further development of our local services. If we are to respond appropriately to the growth in the number of older people and in those with complex needs more investment will be needed.

The East Lothian IJB/HSCP commissions the provision of day care for older people through ten independent charitable organisations across the county. These day centres are all registered with the Care Inspectorate to provide complex care and support to older people with a range of very often challenging support needs. Centres also deliver other services of a more social, early intervention and preventative nature.

## Rehabilitation

Services must embrace rehabilitation approaches to respond to current service demands, to support clients in reaching their highest level of functioning and to efficiently utilise workforce and financial resources.

ELHSCP facilitates HILDA and develops the use of the Lifecurve™ for a wide range of adults of all ages to improve their health and wellbeing.

The focus of the Wellwynd Hub is prevention, early intervention and low level support. This will take the form of:

- early assessment of need in an accessible environment where the full range of aids adaptations and technology can be trialled on site
- promotion of HILDA – the online self-assessment tool with informed guidance and support on a range of equipment and advise to support safety and independence in the home
- use of the Lifecurve™ an evidence-based tool within HILDA to support early intervention and promote improved functional ability for clients through exercise and engagement in community activities
- moving and handling demonstrated and taught to carers and staff alike
- specialist advice on adaptations for people with mobility issues
- falls prevention techniques and training
- promotion and showcasing of Technology Enabled Care solutions to assist with risk enablement
- identification of carers and signposting to support

- the HUB will also provide a dedicated resource for staff training within the county enabling preparedness for the challenges of a growing ageing population. The HUB can also be used to demonstrate and safely store training equipment and Technology Enabled Care.

### Palliative and end of life care

We remain committed to the delivery of high quality palliative and end of life care through our multidisciplinary teams in home, community and hospital settings. In developing this care we aim to reduce reliance on acute hospital beds in favour of community based care.

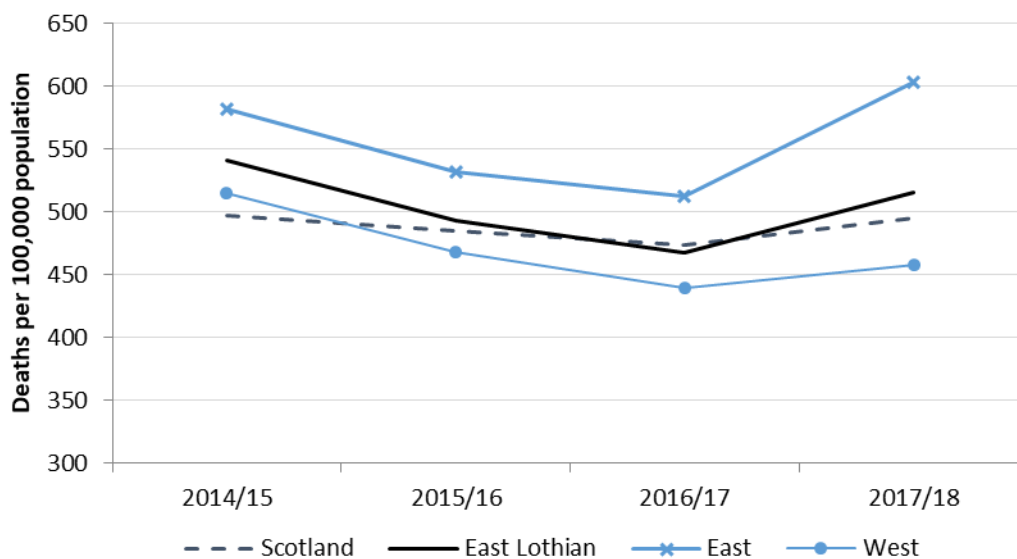
A Macmillan palliative care community nursing team also provide specialist support across the county. East Lothian patients can also access day services and beds in the Marie Curie and St Columba’s Hospices.

The Macmillan team has enhanced its membership with the introduction of a Band 4 staff member. This allows the specialist nursing resource to focus on more complex patients whilst also supporting the generic community nursing teams to enhance their skills and knowledge. The provision of an outpatient clinic run jointly by the Macmillan team and St Columba's will ensure that patients can access this specialist resource at local level. This reflects the preferences of patients and carers.

Data tells us that around 40% of deaths have some care input from specialist palliative care services. In addition, general practice, community and social care teams provide important support to patients in the last years of life. Demand for such care will rise as the population ages and as people live with increasing numbers of long term and complex conditions.

The proportion of deaths which occurred in NHS Acute Hospitals in East Lothian for 2017-18 was 515.1 per 100,000, just above the Scottish average of 494.9 per 100,000 population.

Chart 14 - deaths in acute hospital per 100,000 population by East Lothian sub-partnership area compared with Scotland



## Mental Health

Scotland's vision for mental health, as published in the Mental Health Strategy 2017 - 2027 is of a Scotland where people can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma.

In East Lothian we will do all that we can to make sure that individuals and families get the right information and support at the right time. Working in partnership with people who use services we will continue to review and remodel our supports and services to improve access to the right support and treatment.

We will focus across all services on wellbeing and recovery, remembering individual's strengths and things that keep them well.

Along with Area Partnerships and Community Planning we will build resilience (help communities and people to be stronger, healthier and more able to cope with the things that happen to them) in communities and for individuals across East Lothian.

We recognise the effect that not having enough money, not having a job, receiving benefits, not having enough food and/or feeling unsafe where you live can have on people's mental health and wellbeing and will work with support services to lessen the impact of these and to address other inequalities.

We will also work to support the physical wellbeing of people with mental health problems.

Our local priority actions will be published in the East Lothian Mental Health plan, developed by the Mental Health and Substance Misuse Reference Group and due to be published in 2019.

The principles underpinning this plan and our mental health services are:

- mental health is everyone's business
- prevention and early intervention is a basis to this work
- to focus on recovery, self-management and empowerment
- to have trauma informed policies and practices
- that services should be based on best evidence
- the voice of those with 'lived experience' and those who have used services and supports will be central to the development of this plan and its implementation
- rights are at the heart of the planning
- tackling inequalities and the impact of poverty is core to the work.

In East Lothian we will prioritise:

- Mentally Healthy East Lothian – where mental health and wellbeing are part of every community.
- further development of the peer support model to help people in local communities
- investment in the Third Sector, in order to focus on prevention, early intervention and community based support
- supporting wellbeing as well as having a focus on supporting poor mental health
- investment in training and development to ensure all services operate from a trauma informed perspective

- making sure there are community based treatment options for people to get help locally
- investing in all parts of the support pathway, so people are supported early or supported throughout the time of mental illness and emotional/psychological distress
- ensuring that for people with mental illness and emotional/psychological distress there is a continuum of support that seeks to keep people as well as they can be
- bringing humanity, kindness, resilience and compassion into our services, supports and conversations
- supporting carers and those involved in the care of individuals and families
- recovery and re-engagement with life and what it can offer, for example employment.

The national Mental Health strategy made a commitment to increase the mental health workforce by 800 people within its life. Through investment to date, East Lothian is well on the way to delivering the first phase of our share of this commitment and has supported the employment of 6 new mental health practitioners. Further investment will be directly informed by the East Lothian plan and agreement with our stakeholders on the maximum impact we can achieve through targeted investment.

Work continues with our fellow Lothian HSCPs and NHS Lothian to continue to improve and reprovide inpatient services for people with mental health treatment needs, through the modernisation of the Royal Edinburgh Hospital. East Lothian IJB will, via Directions, ensure availability of acute assessment and treatment, rehabilitation and low secure forensic services at the Royal Edinburgh Hospital for our population

In additional to the above we continue to provide a range of mental health service to residents of East Lothian including:

#### **The Intensive Home Treatment Team (IHTT)**

This provides access to an urgent mental health assessment from mental health professionals between 8:00am and midnight 7 days per week. Outwith these hours, the Lothian wide Mental Health Assessment Service provides emergency access from its base in the Royal Edinburgh Hospital.

The Intensive Home Treatment Team also offers people a safer transition home from in-patient care.

#### **Community Mental Health Team (CMHT)**

The CMHT offers health maintenance clinics and health and nutrition groups to aid recovery and to bolster people's resilience and confidence in self-care.

A key component of CMHT are our peer workers, members of staff with lived experience of requiring support with their mental health, who provide group facilitation, representation at meetings and one to one support to clients. It is our aspiration that the recovery network will continue to grow and develop across East Lothian and solidify links with our substance misuse peer networks, where appropriate to individuals who have a range of needs.

To maintain continuity of care across both our Intensive Home Treatment Team and Community Mental Health Team services, we continue, wherever possible, to ensure that people are cared

for by the same consultant-led teams whether they are receiving hospital-based treatment or receiving their care as outpatients.

### **New supports to people for mental health issues**

In addition to our core mental health services we are in the process of recruiting to the Community Mental Health team to provide in reach support to Primary Care from Community Psychiatric Nurses. With this extra input we will be able to provide additional support to individuals regaining their independence from the CMHT, providing support and consultations more locally and in partnership with Primary Care, GPs and our third sector colleagues.

Mental Health Occupational Therapy continues to support routes to employment to increase community resilience. This model currently operates across hospital and primary care settings with the offer of brief interventions as clinically appropriate. Mental Health Occupational Therapy supports individuals through collaborative working with housing, employment and education where required.

Services are also provided via the Collaborative Working for Immediate Care (CWIC) service based in Musselburgh Primary Care Centre, which offers same day assessment by mental health professionals. Expansion of this service is planned to additional locations out with Musselburgh.

### **First Response**

People with concerns about their mental wellbeing can self-refer for support and signposting, through a First Response service provided as a collaboration between third sector partners; Penumbra, Stepping Out and Changes. This service aims to provide same day or next day appointments for individuals in a range of locations throughout East Lothian. In addition, Changes and Stepping Out both offer access to a wide range of activities and therapy-based interventions for individuals, families and carers across East Lothian.

### **Psychological Therapies**

People can access services directly via the 'Beating the Blues' computer based Cognitive Behavioural Therapy (CBT) programme as well as telephone CBT.

More intensive psychological therapies are accessed through GP referral to the Psychological Therapies team. Demand for this service has outstripped capacity and work is underway to increase the availability of the service. In addition the outcomes of a review of pathways will ensure that people are provided with treatment to best meet their needs. Investment in new nurse therapist posts will create capacity within the team and will significantly reduce the length of wait.

### **Older People with Mental Health support needs**

To better support older people in crisis we are developing the community team of psychiatric nurses, psychologists, psychiatrists and occupational therapists, building stronger links between mental health services and the Hospital at Home and Hospital to Home teams. This will provide a more rapid response to need and will support families and carers to support their loved one at home.

A new initiative, driven by the current national strategy, is the development of a full range of Quality Indicators for Mental Health. Implementation of this will support our understanding of the efficacy of our current services and new developments, and help us with continuous improvement in our support to people and families with mental health support needs.

## Sensory Impairment

Many people within East Lothian live with a sight or hearing loss and many people delay looking for help with the problems they encounter. With the growth in the elderly population these issues will become more common. Across all ages, sight and hearing loss can increase isolation and make social interaction more difficult.

Sight loss amongst older people increases the risk of falls. Hearing loss often goes unnoticed amongst people with a learning disability and people with dementia, affecting their ability to communicate.

To deliver improvements for people with sensory impairment in line with the Scottish Government's *See Hear Strategy* and *The British Sign Language (BSL) (Scotland) Act 2015* East Lothian Health and Social Care Partnership will:

- raise the awareness and understanding amongst professionals and the wider population of sensory impairments and their impact
- work jointly with partners to develop and deliver local sensory impairment support services, which are easily accessible
- respond to the requirements of the *British Sign Language (BSL) Scotland Act 2015* building on the work of the 'sensory champions' (who will assist individuals with co-morbid conditions such as dementia, stroke, physical disability, autism, diabetes and learning disabilities to access sensory services)



## Adults with a learning disability and autism

East Lothian reported in 2018 that there were 725 adults (people aged 16+ not in full time education) with learning disability known to the local authority. East Lothian reports knowledge of the highest number (8.5) of adults with a learning disability per 1,000 of the population. The national average is 5.2 per 1,000.

In East Lothian our aim is to provide every adult with learning disability with the opportunity to live a healthier, more active and independent life, engaged in their local community.

*The Keys to Life* is the Scottish Government's ten year learning disability strategy for 2013 – 2022. It takes a human rights approach to addressing inequalities experienced by many people with learning disabilities. The national 2018-2020 Implementation Framework presents four strategic objectives - A Healthy Life, Choice and Control, Independence and Active Citizenship - to support local partnerships frame priority areas for action.

The Learning Disability Joint Planning Group oversees the implementation plan which supports the delivery of our local strategy. The Learning Disability Planning Group reports to the Adults with Complex Needs Change Board.

With the decision taken by the IJB identifying the transformation programme as a strategic priority, work relating to this, i.e. the redesign of resource centres, vocational activities, employment and community supports is being taken forward by the Adults with Complex Needs Reference Group.

This project aims to establish a model of community provision for the future of commissioned and internally delivered services, ensuring that those with the highest need continue to be able to access building based support.

The transformation programme will work to deliver this aim by:

- considering outputs from the Big Conversation and Carers Breakfast
- collection and analysis of data/information to inform us how current commissioned services and internal day services are delivered, which will inform the needs assessment and ultimately the future community provision. This will include an analysis of transition data to inform transition planning and model development for those with complex needs
- engagement, consultation and co-production with people who access services, carers and other key stakeholders
- review of all current legislation and national guidance in respect of day support for those clients with a Learning Disability/Physical Disability/Mental Health and/or Sensory Impairment
- identifying good practice and evidence based models from an international, national and local perspective and complete an options appraisal to consider what would be appropriate and applicable for development within East Lothian.
- development of a robust eligibility criteria, service categories and purchasing model.

- encouraging and improving relationships between Health and Social care and other relevant stakeholders e.g. East Lothian Works, East Lothian Community Care Forum, Voluntary Sector and Area Partnerships

The programme, which reports to the Adults with Complex Needs Change Board will report by August 2019, with a view to implementation of new models of service beginning by April 2020.

In line with the national strategy, the Learning Disability Planning Group identified that there are a number of priority areas which include housing, support for carers and health care services which will be outwith the scope of the transformation programme. Responsibility for and oversight of these areas of development continue to sit with the joint planning group and will inform our key areas of activities throughout the life of this Strategic Plan.

Our key areas for development are:

- different types of housing and support models will be available to support people with a learning disability to live in East Lothian.
- a range of options of respite and short breaks from caring will be available – this will include different models of support.
- the establishment of a safe house –an emergency resource which can be accessed to avoid hospital admission
- in partnership with housing, development of 8 units per year over a 5 year period to enhance the availability of core and cluster housing in a range of locations across East Lothian.
- Finalisation of a business case for the development of a supported accommodation service in East Lothian, for up to 12 people with complex needs
- people with a learning disability can access required health care service locally. We will develop specific health initiatives which support and monitor health improvements and reduce health inequalities
- people with a learning disability will feel safer in their communities and given the chances to develop friendships and relationships based on their own choices people with a learning disability will be supported to maintain and develop, friendships, community links and steps towards independence - Transformation Programme Management Group
- people with a learning disability will feel safer in their communities and given the chances to develop friendships and relationships based on their own choices - LD Strategic Planning Group.

To further support the integration of health and social care as relates to Learning Disability, a Leadership and Implementation Group has been established with representation from all statutory health and social care services. This group is responsible for:

- implementation of East Lothian's Learning Disability Strategy as it applies to directly provided services
- implementation of a quality improvement and performance management framework across services
- ensuring there is a robust quality improvement and performance management framework in place
- monitoring of operational processes and compliance with operational policies
- progress in the development and management of a multi-disciplinary Positive Behaviour Support transferring the service from Lothian to an East Lothian model
- maximisation of opportunities to develop fully integrated multi-disciplinary teams to support those with complex needs
- support in the planning and commission of community services and housing provision
- engagement with NHS Lothian learning disability services to support the modernisation and reshaping of these, e.g. specialist in patient learning disability services within the Royal Edinburgh Hospital
- oversight of all budgets for services for people with learning disability across NHS and East Lothian Council, including relevant commissioning budgets.

This group will be taking forward proposals to develop a specialist multidisciplinary Learning Disability health and social care integrated team, with the ambition to offer a single point of contact.

## Adults with physical disability

The Scottish Government report '*A Fairer Scotland for Disabled People*' published in 2017 is the national delivery plan for Scotland until 2021.

In partnership with the stakeholders in Physical Disability/ Sensory Impairment Strategic Planning Group, East Lothian HSCP developed a draft local implementation plan. This is in the final stages of development and will progress delivery of the 5 national ambitions.

Key Emerging Actions include:

- in partnership with the Self Directed Support group we will discuss flexibility around short breaks, which will include family visits to maintain relationships
- drive forward a range of initiatives to improve employment opportunities for people with physical disabilities in East Lothian
- promote increased physical accessibility for people with physical disability throughout East Lothian in collaboration with Area Partnerships, and through the establishment of an Access Panel
- continue to work with the Public Protection Office to address and reduce incidences of disability related hate crime
- promote active participation of disabled people in communities and community development.

## Carers

Carers need to be at the heart of the reformed health and social care system to promote a shift from residential, institutional and crisis care to community care, early intervention and preventative care. In making these changes to the care system it is crucial that carers should not be burdened, but supported and sustained in their caring role.

Caring Together: The Carers Strategy for Scotland 2010 – 2015 identified a broad number of areas for action to increase support to unpaid carers. These include carer identification, access to information and support and breaks from caring.

An ongoing process of reviewing and redeveloping the plan to deliver the Carers Strategy identified the key priorities for carers and carer support.

With the Carers (Scotland) Act coming into force on 1<sup>st</sup> April 2018 work was undertaken to ensure the Act's requirements were met. As a result we have:

- developed and published an East Lothian Carers Strategy in consultation with carers and third sector organisations. The strategy focuses on 8 outcomes. Awareness of the Act and the new strategy was widely publicised during April to June 2018.
- developed Adult Carer Support Plans and Young Carer Statements in partnership with our local carers organisations. These were trialled with adult and young carers and are now being used by all carer organisations in place of the previous carers assessments. Particular effort was directed to making the young carers statements accessible by making the form easy to read and simple to complete
- developed and published local Carers Eligibility Criteria in consultation with carers and third sector organisations. This will be used against information provided in the Adult Carer Support Plans (ACSPs) and Young Carers Statements (YCS)
- developed and published East Lothian's Short Breaks Statements detailing short break services available across the county – these are split by user group (Adults, Parent Carers and Young Carers all have individual short break statements as the services they access are quite different)
- supported implementation work to prepare our workers for the changes, including providing them with briefings on the new ACSP/YCS tools and eligibility criteria
- rolled-out to social work staff development sessions on EPIC (Equal Partners in Care) 1 & 2. The NHS equivalent - 'Thinkcarer' training is planned for delivery through 2019
- the majority of additional Scottish Government funding associated with Carers Act implementation was passed to our local carers organisations to increase services for carers.

The East Lothian Carers Strategy commits to 8 outcomes with key actions supporting each one. These outcomes are:

- adult, young adult and young carers are identified and can access support
- carers are well informed and have access to tailored and age-appropriate information and advice throughout their caring journey
- carers are supported to maintain their own physical, emotional and mental wellbeing
- breaks from caring are timely and regularly available
- carers can achieve a balance between caring and other aspects of their lives
- young carers are supported to have a life outside their caring role
- Carers and young carers are respected by professionals as partners in care and are appropriately included in the planning and delivery of both the care and support for the people they care for and services locally
- local communities are supported to be carer friendly.

Carer support will continue to be a key, cross cutting theme through all our strategic change programmes. The East Lothian Carers Strategy, under the guidance of the Carers Change Board, will direct and inform the HSCP's priorities across this work area over the lifetime of the Strategic Plan. The Carers Strategy addresses the need for significantly enhanced rates of identification, assessment and outcomes-focused support to ensure carers are able to maintain their own physical, emotional and mental wellbeing and can achieve a balance between caring and other aspects of their lives.

### **Breaks from caring**

Breaks from unpaid caring are a key component of integrated services to support a shift in the balance of care from hospital and residential care to community based services. Breaks from caring are also an integral part of our investment in preventative services.

Carers have a crucial part to play in the delivery of our health and social care system. This emphasises the importance of supporting them in sustaining their role. Breaks from caring are essential in allowing carers to continue their caring role for longer and in better health. Such breaks can also delay or prevent the need for a hospital or care home admission.

The majority of adults with care needs in East Lothian will have a break in a care home although increasingly through the implementation of Self Directed Support, more flexible and creative breaks from caring are being taken. We anticipate that this will be a growing trend and recognise the need to actively provide and support innovative solutions to provide breaks from caring.

In the past, local authority data collection systems were unable to fully capture all activity across all the breaks from caring options. Significant work has been completed in respect of improving collection of carer data. However, further work is required to capture those breaks from caring made possible under Self Directed Support funding.

Whilst the strategic planning process has taken into account some elements of a needs assessment to inform the wider planning and commissioning of breaks from caring provision, this will be enhanced by continued improvements in our data collection. The strategic planning process will continue to support the delivery of both planned and emergency breaks from caring through commissioning a range of flexible local opportunities for replacement care and breaks from caring in a variety of settings to suit individual circumstances.

## Care at home

In East Lothian, care at home is predominately provided by the Independent sector, with only 5.5% provided via East Lothian Council's Homecare team and the NHS funded Hospital to Home Team. Given the size and value of care at home provision in East Lothian, a project team was set up to remodel external care at home provision to:

- deliver good quality care at home to the people of East Lothian regardless of their age or support needs, through the establishment of one framework rather than having multiple frameworks for different client groups
- establish a link between incentivising providers and in improving quality
- address issues such as the capacity challenges linked with care at home provision in East Lothian through innovation and collaboration
- ensure care at home provision is affordable and is value for money
- develop care at home provision focused on delivering support which reflects each individual's personal outcomes and what they want to achieve in their lives.

The project focussed on a co-production approach to the re-modelling of the framework and carried out significant engagement with key stakeholders including independent and third sector providers, people who access services, carers, practitioners and the public. The re-modelling culminated in a procurement and tendering exercise for a new care at home framework, with the new arrangements having commenced on 1st April 2017. The new framework has 14 care at home providers and will operate for a minimum of 5 years with the option to extend for a further two years.

The Care at Home Framework has a number of innovative solutions to meet the demands of care at home services in East Lothian. These are:

- one service specification for all provision regardless of whether a client is over or under 65, their level of support needs and whether support is delivered from an independent or voluntary sector provider
- development of a link between quality and opportunity for services on the framework by setting a minimum Care Inspectorate grade for providers to attain to qualify to deliver on the framework and a minimum grade for providers if they are to work with clients using the personal budget model
- establishment of collaborative allocation meetings to address long-standing capacity challenges for care at home. Through fortnightly meetings all framework providers, social work staff, the Hospital to Home service, senior operational managers and the East Lothian Council internal homecare service discuss current packages of care and those that need to be provided. This allows providers to reduce the numbers of

providers working in one street, so maximising capacity and reducing travel time, while enabling care at home support to be organised across the county in a more efficient way.

- development of the personal budget model, to focus on the achievement of personal outcomes rather than the prescribed time and tasks to be delivered. This provides opportunities for increased choice and independence for supported people under the framework provision (Option three of the Self Directed Support Act) but also a focus on individual's personal outcomes. The approach allows support to be organised by the provider and the supported person, based on what will best meet agreed outcomes, with no prescribed days or times when the care must be delivered. This in turn helps to address capacity challenges as it provides flexibility in how the care is organised and delivered.

There remains a challenge in recruiting and retaining care staff for care at home services. Despite the national implementation of living wage for all care workers, the job is still viewed as low paid but with high levels of responsibility, autonomy yet close scrutiny. There is still high mobility of carers between providers, causing additional disruption to people who access services and increased costs to providers and commissioners of services.



## Alcohol and substance misuse

Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) commissions a number of services from NHS Lothian, East Lothian Council and third sector providers to support people who misuse alcohol and drugs as well as those affected by someone's substance use.

The main services for adults which can be accessed through the Recovery Gateways are the Substance Misuse Service (SMS) which provides a range of services to clients who wish to regain control over their substance use and make positive changes in their lives. SMS offers clients:

- specialist prescribing
- drug and alcohol detoxification (community and inpatient)
- access to residential rehabilitation, normally through the Lothian and Edinburgh Abstinence Programme (LEAP). MELDAP currently purchases 10 places annually for East Lothian residents
- psychological interventions, blood borne virus screening, immunisation and advice, Take Home Naloxone kits
- Needle Exchange Outreach Network
- Adolescent Substance Use Service
- Substance Misuse Social Worker
- The Ritson Clinic (an 8-bed detoxification ward) in the Royal Edinburgh Hospital.

Other MELDAP commissioned services for adults are:

- Midlothian and East Lothian Drugs (MELD)
- Edinburgh and Lothian's Council on Alcohol (ELCA)
- Recovery College, in partnership with Access to Industry
- Starfish Recovery Café
- peer support.

Service priorities from the MELDAP 2015-2018 Delivery Plan are still in place with a 2019-2022 plan in development. Progress from the 2015-18 plan includes:

1. Promoting more responsible attitudes and behaviour to the use of alcohol and reducing the harm caused by the misuse of drugs:
  - continued to fund Alcohol Brief Interventions in primary care
  - support provided to East Lothian Licensing Forum on range of alcohol related issues including the development of an over-provision statement
  - MELDAP funded discreet and targeted work regarding minimising the impact of alcohol and drugs with young people through Crew [Edinburgh]
  - the provision of substance misuse training to a wide range of partner agencies including education, health, police and foster carers
  - the development and co-ordination of resource materials on topics such as minimum pricing, Take Home Naloxone and the misuse of prescribed drugs (Xanax).

2. Establishing a Recovery Orientated System of Care (ROSC) and working with people with lived and living experience to develop and build recovery communities and services:

- implemented phase one of a Recovery Hub in Musselburgh
- successfully developed the use of Peer Support Workers
- provided training for some 60 staff working with children affected by parental substance misuse to ensure children are kept safe
- ensured that high quality, cost effective, person centred services were based around the needs of services users and their families.

In 2016, the Care Inspectorate completed a self-evaluation process with MELDAP (and all other Alcohol Drugs Partnerships) in Scotland.

The Care Inspectorate stated *“The ADP demonstrated a robust approach to self-evaluation and had implemented a quality assurance framework based on the Quality Principles. The outcomes from this work are overseen by an appointed quality assurance officer who highlights any issues of note to the governing groups.”*

There is a well-developed programme of Quality Improvement visits to all services provided by the MELDAP Team which is complemented by an annual programme of service presentations to the MELDAP Commissioning and Performance group.

MELDAP has also carried out several service user/carer consultations in this period and have taken suggestions forward as part of the work of the partnership.

### **Planned developments for MELDAP 2019-2022**

The new MELDAP Delivery Plan will set out how the partnership intends to tackle a broad range of issues associated with the use and misuse of alcohol and drugs and its impact on individuals, families and communities. The plan will address the key priorities in the Scottish Government’s new alcohol and drugs strategy, Rights, Respect and Recovery.

There are a number of planned initiatives. These include:

- improving pathways to allow access to services particularly for those most at risk due to their misuse of alcohol and drugs by further developing the Recovery Hub service and expansion to provide a Primary Care/Assertive Outreach approach in localities where this provision is required
- further developing a Recovery Oriented System of Care (ROSC) increasing the role of people with lived experience to develop and build recovery communities and services and further developing advocacy support
- ensuring that services work together to meet the needs of people with substance misuse and mental health issues and ensure that all services recognise the need to keep children safe from the harm caused by parental substance misuse
- ensuring that the quality of care, support and treatment provided by all services is of the highest standard and meets the expectations described in the National Quality Principles.

## Criminal justice social work

Data suggests people who have, or who are at risk of offending are more likely to have multiple and complex health issues, including mental and physical health problems, learning difficulties and substance misuse. In addition, they are three times more likely to die prematurely and ten times more likely to commit suicide than the general population.

Criminal justice social work services in East Lothian are provided in a framework of social and community initiatives intended to achieve a reduction in reoffending, increase social inclusion of former offenders and provide support for victims of crime, while increasing community safety.

Work across criminal justice social work services is funded by a ring-fenced direct grant from the Scottish Government and are required to adhere to National Outcomes and Standards.

Social work services responsibilities include:

- providing effective supervision of offenders in the community
- challenging offending behaviour and help offenders realise the impact of their behaviour on themselves, their families, the community and their victims
- assisting with problems that may contribute to offending, for example, drug or alcohol misuse
- providing courts with a range of alternatives to prison in appropriate circumstances
- promoting community safety and public protection.

East Lothian Council's Criminal Justice Service is the main provider of criminal justice social work locally, but works in partnership with voluntary organisations and community groups in the provision of criminal justice services in the county.

The service currently operates within the Community Justice agenda, as part of the Scottish Government's National Strategy. The community justice model has been designed to deliver a community-based local solution to achieving improved outcomes for offenders and communities; reducing re-offending; and to support desistance.

The challenge for partners within the IJB is to 'do things differently' and become more effective in enabling individuals to access services as and when they require them. Consideration needs to be given to trauma informed practice.

The IJB and Local Authority are statutory partners for community justice and are responsible for ensuring that the Local Outcome Improvement Plan is developed and implemented, thus achieving the above outcomes.

## Public Protection

The East Lothian and Midlothian Public Protection Committee is a strategic partnership, bringing together responsibility for our inter-agency approach to Adult Support and Protection; Child Protection; Violence Against Women and Girls; and Offender Management. The core functions of the committee are supported by five sub-groups:

- Performance and Quality Improvement sub-group, which is responsible for the oversight and governance of the performance framework and improvement plan
- Learning and Practice Development sub-group, which oversees the development and delivery of the Learning and Development strategy
- Communications Sub-group, which has been re-established to fulfil the functions related to officer and public awareness as per the Adult Support and Protection (Scotland) Act 2007 and the National Guidance for Child Protection in Scotland (2014)
- Violence Against Women and Girls sub-group, which supports the delivery of services and preventative activities
- Offender Management Group, which ensures that the statutory responsibilities placed on local partner agencies for the assessment and management of risk posed by dangerous offenders are discharged effectively.

The Committee and sub-groups are supported by the East Lothian and Midlothian Public Protection Office (EMPPPO) sited in the Brunton Hall, Musselburgh. The Public Protection team comprises of a Team Manager, Business Support Staff, Learning and Development Co-ordinator, Lead Officer for Child Protection, Lead Officer for Adult Support and Protection; Violence Against Women Co-ordinator, Multi-Agency Risk Assessment Conference Co-ordinator and Domestic Abuse Advisors. The Domestic Abuse Service is the operational component of the team, providing support and guidance to high-risk victims of gender-based violence.

The Public Protection team is collocated with the Police Scotland 'J Division' Domestic Abuse Investigation Unit, other Police Public Protection Unit personnel and the Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) and feeds into the Clinical and Care Governance Group which reports to the IJB. Although not co-located with NHS personnel, there is a close interface with members of the NHS Lothian Public Protection Team and other NHS Lothian staff with a broader Public Protection remit to jointly develop work.

# Using our resources efficiently

## Financial Resources

The current financial context to the delivery of health and social care services continues to be a challenging one. Budget constraints will continue and the need to identify more efficient ways of working will be a central element to the future planning of services.

Spending constraints have required a tightening of Eligibility Criteria, to prioritise those most in need and a potential increase in unmet need and onward pressure on services downstream. The continuing growth in the numbers of frail older people and of younger people with disabilities has not been matched by any proportionate increase in funding. The result of this mismatch is that HSCP services are increasingly focussed on those with the greatest need.

We continue to review the Eligibility Criteria for accessing social care support in order to prioritise those most in need while also looking at innovative ways of applying preventative approaches and early interventions thus keeping people safe from harm. The current demographic forecasts is of continuing population growth in East Lothian with the population getting ever older and adults with complex needs living longer. This together with children and young people with complex needs moving into adult services is placing greater pressure on a reducing budget.

The priority now is to evidence more and more the shift in the balance of care with greater amounts of support and interventions taking place in the community away from hospital and acute settings, with a related reduction in unscheduled care. As evidence of this increasingly community-focussed provision is gathered and refined it will more robustly support an argument for the appropriate shifting of resources from acute care settings to the partnership for utilisation in local settings.

## Human Resources

As a health and care focussed organisation delivering a wide range of services a significant proportion of the HSCP budget goes on staffing.

As with other HSCPs, the age balance of the East Lothian health and social care workforce (and the opportunity for some nurses to take early retirement) means that many colleagues are eligible to retire over the next 10–15 years.

## Workforce plan

The East Lothian Health and Social Partnership is in the process of developing its first Joint Workforce Plan. This plan will enable the Partnership to better match its human resources to those service areas which have the most need. It will also enable the partnership to better forecast and profile the workforce and to make staffing more sustainable. As well as better predicting the future workforce the joint plan will help us to develop the skillset of an integrated workforce to support effective health and social care integration and service innovation

The IJB acknowledges that the health and social care workforce is central to delivering a full range of services to people across the county. As NHS Lothian and East Lothian Council remain the employers of their respective staff who work in the partnership, they are responsible for their own detailed workforce plans. For this reason, the HSCP workforce plan under development will not duplicate the detail of the existing plans, but builds on them to address common issues across the partnership. In addition, third sector and independent sector employers have their own arrangements for their workforce.

In East Lothian HSCP it is recognised there is a need to change how we work across social care, community and acute providers. In collaboration with all our partners and stakeholders the Health and Social Care Partnership aims to ensure that the workforce of tomorrow, both paid and voluntary, are knowledgeable and skilled and able to respond to the changes outlined in the Strategic Plan.

To meet these challenges and deliver the vision for health and social care across the lifespan we expect to see continuing workforce diversification. The workforce will continue to be employed across a range of employers, in small to medium enterprises and large organisations across the NHS, local authority, voluntary and independent sectors, as well as in local communities. The continued transformation of our care delivery will result in a workforce that is deployed in a wider range of ways, including through integration with health, social care and, potentially in time, other public sector team arrangements.

The current draft workforce plan commits to a workforce that:

- has the skills, knowledge, experience and motivation to deliver the highest quality services
- is flexible and adaptable around our changing organisational needs
- is resilient to change and able to instigate, as well as adapt to, changes in service delivery
- works in an increasingly integrated way across the Partnership
- celebrates professional roles including professional specialisms and synergies
- delivers services with an emphasis on quality
- is supported to deliver quality services in the most efficient way.

Future workforce planning will need to address all health and social care professions to ensure an adequate supply of these professions and to ensure that each profession has the appropriate skillset to meet current client need. Examples include hospital doctors and GPs, Mental Health Officers (MHOs), District Nurses and Allied Health Professionals. It will also need to include social care staff within the partnership linked to care home provision, support or care at home and day care.

As well as the services delivered within the Partnership itself a lot of health and social care delivery is delivered through external partners. These partners can be in the voluntary sector or the independent sector and include residential and nursing homes, care at home providers and day care providers. The integration of health and social care is as important an agenda to our partnerships as it is to the Partnership.

The voluntary and independent sectors remain the largest social services employers in Scotland. In East Lothian, these sectors employ 45% of the local care delivery workforce. These organisations and their staff are an essential part of arrangements to support people in receipt of care at home and in care homes. For this reason planning for and development of care by the HSCP needs to fully involve service delivery partners. This principle was followed in working with external providers around redesigning care at home services.

There are real challenges to recruiting a social care workforce to work in these settings and within these sectors. National Minimum Wage and Scottish Living Wage standards have helped to attract people to the market but risks remain not least linked to challenges with attracting European workers under any new immigration arrangements.

The workforce plan will take account of these challenges as part of working in partnership with our external agencies.

## Financial plan

This Strategic Plan has to apply over a three year period, to support the continuation of established services, the delivery of existing priorities and attainment of targets and outcomes.

The plan provides the strategic framework for the continuing development and integration of health and social care services and the development of close and fruitful relationships with all aspects of NHS, council and partners' services.

An aligned resource strategy and clear financial framework is needed to achieve the ambitions of the strategy. All planned work has to be provided within the resource available. This means on occasions some developments may have to progress at a slower rate than is desirable or may require the delivery of financial and other efficiencies through innovation, redesign or cost savings.

In all our service planning we aim to find different ways of delivering and commissioning high quality and cost effective services to improve the health of the population while appropriately reducing health and social care demand.

As noted in the first Strategic Plan, NHS Lothian and East Lothian Council in the main produce annual budgets, which cannot present a longer term view. This means the three year financial plan in this Strategic Plan will need to adapt in the event that partners' planning changes.

In this section we set out the funding that the IJB will receive and how it is allocated to meet our priorities. We also describe the challenge that the IJB has to meet to ensure it can plan and commission all necessary and appropriate activity within the resources available over the next few years.

Legislation requires that the Integration Joint Board, as a 'stand alone' legal body, must deliver financial balance in each and every year and must financially plan to deliver recurrent balance.

The IJB's financial plans are designed to be robust and to ensure maintenance of financial stability, so providing the bedrock on which to build sustainable and financially efficient services to deliver change and support reform within East Lothian's health and social care system and to improve health outcomes.

The IJB is gaining considerable ground in moving support provision from hospital-based settings into community settings. Many more people are now receiving care closer to home where this is clinically appropriate for their individual needs.

The IJB's next stage of development in finance terms is to work with partners to deliver resource transfer where it can be demonstrated that activity has shifted from centralised provision as a result of the prevention of unnecessary admissions to hospital through the establishment of community based services in East Lothian.

In recent years, despite increasing complexity in presentations for healthcare the number and costs of prescriptions have started to reduce, bringing associated savings to the prescribing budget.



Chart 15 - annual number of prescription items for East Lothian

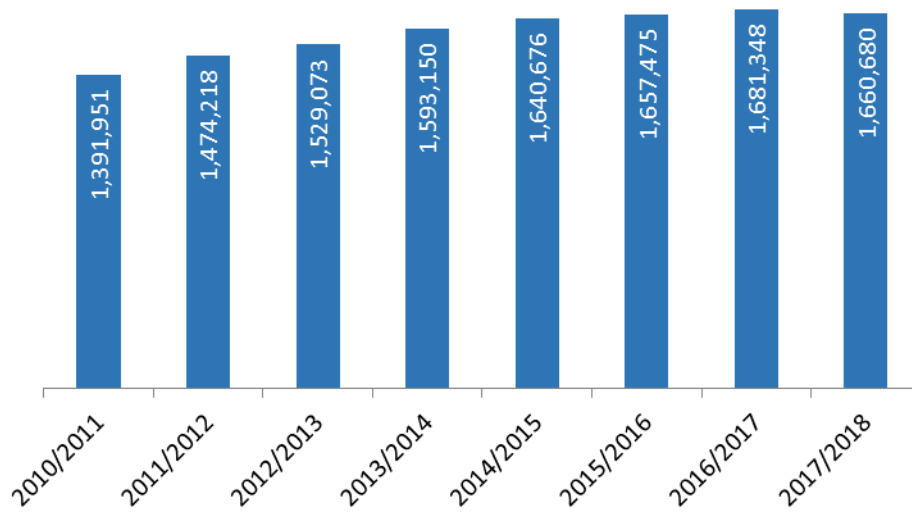
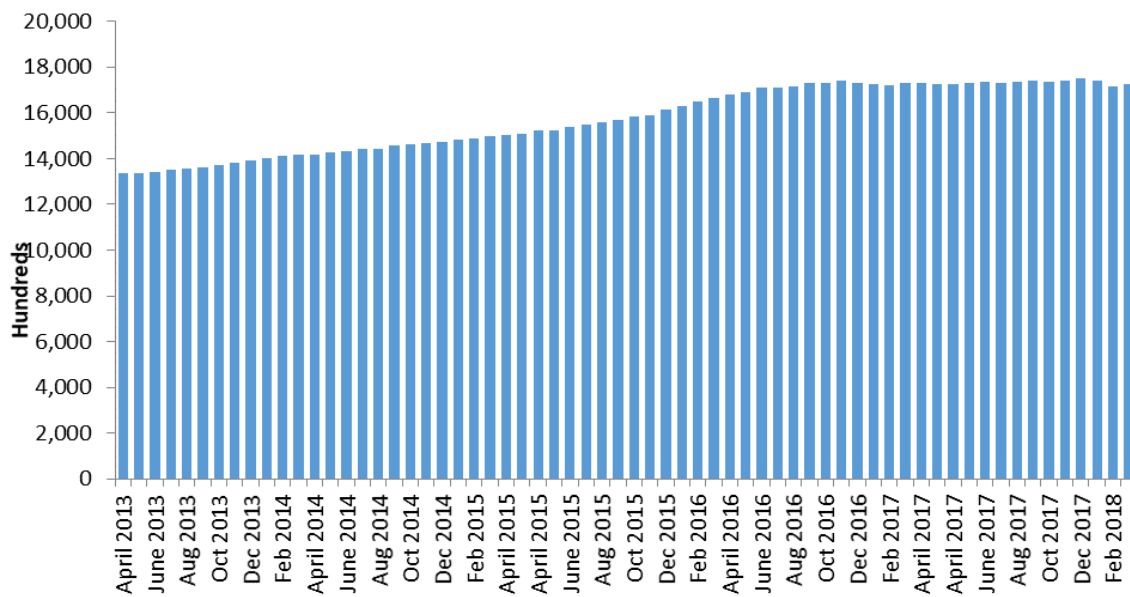


Chart 16 - annual rolling prescribing expenditure (in £1,000s) over 5 years



## Shifting resources

The IJB recognises that there was a historical over-reliance on centralised and hospital care at the expense of local and community focussed developments. Under-investment in general practice and pressures on social care and community should be reversed in due course, with contract changes for GP services and if resources are appropriately shifted from acute and institutional spend to support increased community spend.

The previous Strategic Plan reflected on the need for the four Lothian IJBs to work together to avoid the destabilisation of centrally provided services when seeking to transfer resources. This remains an important consideration, but change is needed to ensure sufficient centralised resources follow any sustained transfer of patient activity to East Lothian HSCP provided services.

## The financial challenge

The medium term financial outlook for wider public sector remains challenging. This will continue to have a direct impact on the overall grant settlement for NHS and Council budgets.

There remains the need to continue to develop ongoing future sustainable budgets within a reduced cost base. There needs to be a focus on investment in community based models to support the strategic direction whilst responding to new and emerging cost and demand pressures.

## Composition of the IJB budget

The IJB receives a recurrent allocation from both Partners for each financial year and a further indicative allocation for the following 2 years (Table 6).

The IJBs budget is agreed in line with legislation and aligned services and resources are identified across four broad categories:

- the social care budget determined and agreed by East Lothian Council
- the former CHP budget including community nursing, Allied Health Professionals, community hospitals, General Medical Services and prescribing
- delegated hosted services, managed on a pan-Lothian basis by certain HSCPs
- acute services (set aside) held by NHS Lothian on the IJB's behalf but required to respond to IJB directions.

**Table 6 - Indicative Budgets for East Lothian IJB – 2019-2020**

ADULT WELLBEING	£m	COMMUNITY NHS	£m	HOSTED NHS	£m	SET ASIDE (ACUTE HOSPITALS)	£m
Older People	22.6	Community Hospitals	10.3	Sexual Health	0.6	A&E (outpatients)	1.6
Learning Disability	11.7	Mental Health	4.4	Hosted AHP Services	1.3	Cardiology	1.0
Physical Disability	2.8	District Nursing	2.4	Hosted Mental Health	2.1	Diabetes	0.2
Performance & Planning	2.8	Health Visiting	1.6	Rehabilitation Medicine	0.5	Endocrinology	0.1
Access & Rehabilitation	2.4	Community AHPS	2.7	Learning Disabilities	1.7	Gastroenterology	0.6
Adult Community Resources	2.2	GP (General Medical Services (GMS))	14.7	Substance Misuse	0.7	General Medicine	5.7
Mental Health	2.1	Prescribing	20.9	Oral Health Services	1.4	Geriatric Medicine	2.9
Assessment & Review	1.2	Resource Transfer	3.4	Hosted Psychology Service	0.7	Infectious Disease	1.3
Statutory Protection	0.2	Integration ( Social Care Fund)	6.2	Complex Care	0.1	Rehabilitation Medicine	0.5
Other	5.1	Other Core	5.9	Lothian Unscheduled Care Service	1.2	Respiratory Medicine	1.1
				Strategic Programmes	0.5	Therapies/Management	1.7
				Other	0.2	Other	3.0
<b>TOTAL</b>	<b>£53.1m</b>	<b>TOTAL</b>	<b>£72.6m</b>	<b>TOTAL</b>	<b>£11.1m</b>	<b>TOTAL</b>	<b>£19.6m</b>

## Financial investments

All areas of investment will be drawn down via formal business cases or proposals to the IJB and supported by IJB approved Directions to either NHS Lothian or East Lothian Council as appropriate. These arrangements will ensure proposals for investment monies are subject to financial scrutiny.

## Resource alignment over time

The aligned resources to deliver the Strategic Plan will be subject to Directions to both NHS Lothian and East Lothian Council) which will be issued by the IJB on April 1st each year, with in-year Directions also issued where necessary.

One principle of this Strategic Plan, continued from the previous plan, is that there should be no further investment in acute hospital services for our population without these first being approved by the IJB.

Indicative budgets for 2019-20 cannot be confirmed until budget information is received from partners. More detailed analyses and projections will be included as they become available.

We will monitor the development in the use of early intervention and prevention and will evidence the shift in delivery away from institutional settings towards community services, in line with the [Christie Commission](#) recommendations.

Appendix integration measures - targets for 2018-19

<p><b>Proposed 2018/19 Objectives</b></p>	<p><b>1. <i>Unplanned admissions</i></b> Reduce unplanned admissions by a further 5% in 2018-19 compared to 2016-17.</p>	<p><b>2. <i>Occupied bed days for unscheduled care</i></b> Reduce by 10% in 2018-19 compared to 2016-17 the occupied bed days across all areas of unscheduled care.</p>	<p><b>3. <i>A&amp;E</i></b> Reach 4 hour compliance of 95% in Accident and Emergency in 2018-19.</p>	<p><b>4a &amp; 4b <i>Delayed Discharges (including those delayed due to Adults With Incapacity)</i></b> 4a. Continue progress towards delivering a 50% reduction in delayed discharge bed days in 2018-19 compared to 2016-17. 4b. Continue work to deliver a 50% reduction in the number of all cause delayed discharges by end of 2018-19 compared to end of 2016-17.</p>	<p><b>5. <i>End of Life Care (e.g. proportion of last 6 months of life spent at home or in a community setting)</i></b> Achieve and maintain performance of no more than 10% of last 6 months of life spent in a large hospital by end 2018-19.</p>	<p><b>6. <i>Balance of care spend across institutional and community care services</i></b> Maintain performance of 98% of over 75s being supported in non-acute settings through 2018-19.</p>
<p><b>How will it be achieved?</b></p>	<p>Through co-ordinated actions of: Primary Care Teams Community Teams Hospital at Home Team Care Home Team Hospital to Home Team taking a proactive role.</p>	<p>Through co-ordinated actions of: Primary Care Teams Community Teams Hospital to Home Team.</p>	<p>Through co-ordinated actions of: A&amp;E Team Acute Team And considering local responses to minor injuries and the prevention of falls.</p>	<p>Through co-ordinated actions of: Primary Care Teams Community Teams Hospital at Home Team Care Home Team maintaining clients in their care home whilst unwell and not admitting to acute District Nursing Team intervening early to support patients.</p>	<p>Through co-ordinated actions of: Palliative Care Team Hospital at Home Team Care Home Team.</p>	<p>Through co-ordinated actions of: Care of Elderly Team Primary Care Teams Community Teams Hospital to Home Team Hospital at Home Team.++</p>





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 28 March 2019  
**BY:** Chief Finance Officer  
**SUBJECT:** Financial Update

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8

## 1 PURPOSE

- 1.1 This report updates the IJB on its current financial performance for 2018/19, including the projected year end outturn. Provides the Board with the indicative budget proposals by Partners East Lothian Council and NHS Lothian to East Lothian IJB for 2019/20 and further to this provides the financial outlook facing the IJB next financial year.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to
- Note the current financial position
  - Note the projected year end outturn of 2018/19
  - Agree the principle of transferring resource from any underspend in one arm of the IJB to offset the overspend in the other arm
  - Support that slippage in earmarked funds being carried forward by the creation of an earmarked reserve
  - Note the principles of the indicative proposed budget offers for 2019/20
  - Note the financial outlook for 2019/20

## 3 BACKGROUND

- 3.1 At its meeting in February 2019, the IJB received an update on its quarter three financial 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.

### **Year to date financial position as at February 2019 and latest financial forecast**

- 3.2 The IJBs financial position as at the end of February 2019 is £715k overspent, a small improvement from the December reported overspend of £764k.

#### **East Lothian IJB Financial Performance – February 2019**

	<b>Year to Date Outturn</b>		<b>Forecast Outturn</b>
	<b>£k</b>		<b>£k</b>
Social Care	-959		-1,145
Health			
Core	676		1,154
Hosted	43		151
Set Aside	-475		-471
	<b>-715</b>		<b>-310</b>

- 3.3 The Chief Officer and Chief Finance Officer continue their dialogue with partner NHS Lothian regarding the IJBs projected underspend within the health delegated budgets. We look for the IJB to retain this underspend to support balancing the overall financial position this year. As such NHS Lothian at their Finance & Resources committee on 23<sup>rd</sup> January 2019 laid out principles for the management of year end positions for each of their four IJB.
- 3.4 In line with the integration scheme; where 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, this requires the support of the underspent partner. We therefore ask the IJB to support the principle, when year end positions are finalised and if the projected underspend within the health budget is confirmed, to moving funding from the underspent part of the IJB (health) to East Lothian Council to reduce the financial pressures within the social care budget of the IJB.
- 3.5 Even after the above the projected position for 2018/19 remains unlikely to break even as the social care delegated functions overspend is larger than any underspend likely to be achieved from our health delegated functions. As reported previously we have raised this risk with partner East Lothian Council and have looked for further financial support to balance off any remaining overspend from them. A decision has not yet been taken but the issue has been raised at Council and we await the finalised year end position.



- 3.6 Further to the general position of the IJB during 2018/19 a variety of new funding was allocated to Integration Authorities to support for example Primary Care Improvement and increased Mental Health Workforce as part of Scottish Government's Mental Health Strategy. As these funding sources were received part way through the financial year there has been slippage in spending against them and as such we would look for the IJB's support to the transfer of any unspent funding into a reserve as earmarked to carry forward for spending in future financial years.

**Indicative Proposed Budget Offers from East Lothian Council and NHS Lothian**

- 3.7 The indicative proposed budget from partners East Lothian Council and NHS Lothian were reported at the February IJB. The positions are noted below and the most recent correspondence from NHS Lothian attached at Appendix 1.
- 3.8 East Lothian Council agreed their 2019/20 budget on the 12th February 2019. Although no formal correspondence as yet to the IJB the indicative position is as follows

<b>Proposed Allocation to East Lothian Integration Joint Board for 2019/20</b>	<b>2019/20</b>	
	<b>£000's</b>	<b>£000's</b>
Previous Years Allocation	50,772	
<u>Uplifts:</u>		
Share of £160 million new monies investment in integration	2,768	
carers act		2,032
franks law		188
	53,540	548
<u>Less:</u>		
share of savings	-488	
	<b>53,052</b>	

- 3.9 NHS Lothian will not formally communicate the budget offer to the IJB until agreed at their Board meeting on the 3<sup>rd</sup> of April. They provided indicative budget correspondence back in October 2018 and recently in February. This recent letter lays out the principles of the 2019/20 budget offer. NHS Lothian has, for 2019/20, received uplift to its baseline funding of 2.6% plus further additional funding to support their move towards NRAC (national resource allocation formula) parity. Therefore it presents the proposed East Lothian IJB budget offer from NHS Lothian as follows:

Indicative Allocation to East Lothian Integration Joint Board	2019/20
	£000's
Recurring Budget	100,410
Base Uplift	2,611
	<b>103,021</b>

- 3.10 We will continue the ongoing work with partners to enable formally agreed budget offers for the IJB which in turn will allow the development of the longer term rolling financial plan. The financial outlook for 2019/20 will be challenging for the IJB. The initial information shows a continued pressure within social care, the underlying overspend of circa £1.2m, further to this savings of £488k need to be developed as part of the indicative budget offer from East Lothian Council as agreed at their February Council meeting.
- 3.11 Within Health delegated budgets the financial plan highlights a starting position of £1.9m projected overspend next year. It's worth noting the NHS Lothian financial plan does not balance and for 2019/20 and has a £26m financial gap. This financial pressure for East Lothian is a result of the opening of new hospital which comes with additional running costs, the regrading of health visitors and the set aside functions. The set aside budgets continue to pose significant projected overspends around for example unscheduled care investments, the cost associated with the new cystic fibrosis drug Orkambi and an element of pessimism bias about the financial forecast.
- 3.12 This starting financial outlook position for health should improve, firstly through the additional uplift funding indicated by NHS Lothian which will take the uplift from £1.6m currently built into the plan to £2.6m so a further £945k to be allocated. Further to this due to a host of pressures facing unscheduled care NHS Lothian have put in additional infrastructure to the front door of the acute hospitals these additional costs are included in the IJB position. The proposal however is these additional costs will be funded, these new costs total £725k. A restated financial outlook for health therefore is shown below.

Restated Position	East Lothian IJB
	£'000s
Financial Outlook at March 2019	-1,905
Additional Uplift required to equal 2.6%	945
Funding for unscheduled care	725
	<b>-235</b>

- 3.13 In light of the anticipated financial challenges ahead the HSCP have requested savings and financial recovery plans from all service managers by the end of March 2019. These plans will provide actions

to support mitigating the financial pressures predicted for next year. An update of these plans will be provided to the IJB at a future meeting.

#### **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 – February 2019 IJB meeting.

<b>AUTHOR'S NAME</b>	Claire Flanagan
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	<a href="mailto:claire.flanagan@nhslothian.scot.nhs.uk">claire.flanagan@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	21 March 2019



*By Email Only*

Letter to Chief Officers & Chief Financial  
Officers of East Lothian IJB

Date 15 February 2019  
Your Ref  
Our Ref  
Enquiries to Susan Goldsmith  
Extension 35810  
Direct Line 0131 465 5810  
Email [susan.goldsmith@nhslothian.scot.nhs.uk](mailto:susan.goldsmith@nhslothian.scot.nhs.uk)

Dear Colleague

### **EAST Lothian IJB – UPLIFT FOR 2019/20**

Further to NHS Lothian's Finance and Resources (F&R) Committee on January 23<sup>rd</sup>, I write to update you on the position relating to uplift allocated to East Lothian IJB by NHS Lothian in 2019/20.

We have yet to conclude our financial planning process, and we will look to take a final iteration of the Plan through our F&R Committee on the 20<sup>th</sup> of March, with final sign off at our Board meeting on the 3<sup>rd</sup> April.

In total, NHS Lothian has received an uplift allocation of 2.6% from the Scottish Government for 2019/20, equating to £35.8m. In addition, we have been allocated a further £7.7m relating to our shortfall against NRAC, although we move further away from NRAC parity in 19/20 compared with the current year.

For East Lothian IJB, the current iteration of the Plan recognises a baseline recurrent budget of £100,410k. On this value, a 2.6% uplift equates to £2,611k and it is intended that this uplift will be allocated in full.

At this stage, the Plan for East Lothian IJB shows the following additional resource requirements

• Pay Uplift	£1,286k
• GP Prescribing (from 18/19)	£10k
• Primary Care 18/19	£240k
• Primary Care 19/20	£120k
• <b>Total of above</b>	<b>£1,656k</b>

Headquarters  
Waverley Gate  
2-4 Waterloo Place  
Edinburgh EH1 3EG

Chair Brian G. Houston  
Chief Executive Tim Davison

*Lothian NHS Board is the common  
name of Lothian Health Board*

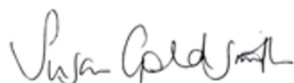
Note that the above excludes other potential resource requirements for the IJB relating to both unscheduled care, safe staffing and new drugs (Respiratory in particular) which will be reflected in additional costs in the set aside functions. Details on this are still to be confirmed.

We have also confirmed with our F&R Committee that we will not utilise the new budget and cost allocation model to attribute the full set aside costs as they relate to actual costed activity in 19/20. However we will use this methodology to run reports in parallel to inform the IJBs strategic planning intent in support of shifting the balance of care.

Given that our financial planning has indicated that the level of uplift is insufficient to meet all the cost pressures in the system, I am keen to understand from East Lothian IJB as early as possible how its Directions will shape the delivery of efficiency savings in 2019/20 and the application of resources in support of financial balance.

The final version of the NHS Lothian Plan will be concluded shortly, and I am happy to have further discussion with your IJB in advance of this final confirmation on the application of health resources in 19/20.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Susan Goldsmith'.

**Susan Goldsmith**  
**Director of Finance**









**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 28 March 2019  
**BY:** Interim Chief Officer  
**SUBJECT:** Internal Audit Report – Workforce Planning

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9

## **1 PURPOSE**

- 1.1 To inform the Integration Joint Board (IJB) of the recently issued audit report on Workforce Planning which was presented to the IJB's Audit & Risk Committee at its meeting on 19 March 2019.

## **2 RECOMMENDATION**

- 2.1 That the IJB note the contents of the audit report.

## **3 BACKGROUND**

- 3.1 The NHS Lothian Internal Audit team recently carried out a review of the internal controls surrounding Workforce Planning as part of the Audit Plan for 2018/19.
- 3.2 The main objective of the audit was to evaluate the adequacy and effectiveness of key internal controls in place over the management of Workforce Planning.
- 3.3 The main findings from the audit work are outlined in the attached report.

## **4 ENGAGEMENT**

- 4.1 The findings from the review have been discussed with Management, but do not require wider engagement.

## **5 POLICY IMPLICATIONS**

- 5.1 None

## **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 None

<b>AUTHOR'S NAME</b>	Stuart Allan
<b>DESIGNATION</b>	Senior Auditor
<b>CONTACT INFO</b>	01620 827311
<b>DATE</b>	11 March 2019

# Internal Audit



## East Lothian Integration Joint Board

### Workforce Planning

February 2019

#### Internal Audit Assurance Assessment:

Objective One	Objective Two	Objective Three	Objective Four	Objective Five
Moderate Assurance	Significant Assurance	Moderate Assurance	Significant Assurance	Significant Assurance

#### Timetable

Date closing meeting held: 21 January 2019

Date draft report issued: 6 February 2019

Date management comments received: 14 February 2019

Date final report issued: 14 February 2019

This report has been prepared for East Lothian Integration Joint Board in our capacity as NHS Lothian Internal Auditors and will be shared with the East Lothian Integration Joint Board Audit & Risk Committee and the NHS Lothian Audit & Risk Committee. It has been supported by officers from the Integration Joint Board, NHS Lothian and East Lothian Council.

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## **1. Introduction**

- 1.1 The Public Bodies (Joint Working) Scotland Act 2014 aims to provide better connected and co-ordinated services for adults through the integration of health and social care services. Through the Integration Scheme, East Lothian Council and NHS Lothian set up the East Lothian Integration Joint Board (ELIJB) which is responsible for directing the provision of delegated functions within East Lothian. The IJB's internal audit function is performed by East Lothian Council's internal audit team, who decided that the 2018-19 IJB internal plan should include this review..
- 1.2 Workforce planning is concerned with ensuring that an organisation has the right people, with the right skills, in the right place, at the right time to support the delivery of objectives. This is particularly important for the effective provision of services within East Lothian.
- 1.3 This audit reviewed the ELIJB controls established to ensure that there is effective management of workforce planning.

### **Scope**

- 1.4 The objective of the audit was to determine if there are effective controls in place over workforce planning for the ELIJB.

### **Acknowledgements**

- 1.5 We would like to thank all staff consulted during this review, for their assistance and cooperation.

## 2. Executive Summary

### Summary of Findings

2.1 The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objectives	Assurance Level	Number of findings			
			Critical	High	Medium	Low
1	A workforce plan is in place for the ELIJB.	Moderate Assurance	-	-	2	-
2	The plan has been approved by all relevant staff and committees.	Significant Assurance	-	-	-	-
3	Performance management requirements have been stated in the plan.	Moderate Assurance	-	-	1	-
4	There is effective reporting of plan progress to the ELIJB Board.	Significant Assurance	-	-	-	-
5	Any issues arising are resolved in a timely manner.	Significant Assurance	-	-	-	-
<b>TOTAL</b>			-	-	<b>3</b>	-

### Conclusion

2.2 The area under review comprised 5 control objectives, of which 3 received Significant Assurance and 2 received Moderate Assurance.

### Main Findings

2.3 The workforce plan for the Health & Social Care Partnership (HSCP) is currently in draft and expected to be finalised prior to the Scottish Government deadline of 31 March 2019. All relevant professional groups have been involved in creating the plan, and there has been discussion at senior HSCP groups. However, the draft plan does not include detailed workforce plans for individual areas within the HSCP or a

performance management framework. In addition, staff charged with completing the plan have not received detailed training.

- 2.4 We identified the following areas for improvement during the review:
  - 2.4.1 At the time of the audit the Workforce Plan was still in draft, but it is expected that it will be presented to the ELIJB Board in April 2019. In addition, detailed workforce plans for all individual areas of the HSCP, e.g. Mental Health, Adult Services, and Children's Services have not yet been created, and the plan does not state its review date.
  - 2.4.2 HSCP staff charged with generating the HSCP's workforce plan attended a training event in December 2017 and were provided with guidance. However, the complexity of the workforce planning process and its implications for the future operations of the HSCP both mean that additional, more intensive training would have been beneficial.
  - 2.4.3 At present the draft workforce plan does not contain SMART objectives and related KPIs. However, an event took place on 18 January 2019 to discuss action planning, and to generate objectives and KPIs. In addition, the ELIJB Board has not yet stated its performance reporting requirements for the workforce plan.
- 2.5 Details of these 3 Medium findings are set out in the Management Action Plan.

### 3. Management Action Plan

<b>Finding 1</b>	
<p><b>Control objective 1: A workforce plan is in place for the ELIJB.</b></p> <p><b>Associated risk of not achieving the control objective: The workforce plan is not yet complete.</b></p>	<b>Medium</b>
<p><u>Observation and risk</u></p> <p>At the time of the audit the Workforce Plan was still in draft. However, the Senior Workforce Development Officer and the Service Manager have stated that it will be finalised prior to the Scottish Government deadline of 31 March 2019. It is expected that the draft plan will be presented to the ELIJB Board in April 2019</p> <p>However, although the draft plan has statements on the overall direction of the HSCP, it does not yet include detailed workforce plans for individual areas within the HSCP, e.g. for Mental Health, Adult Services, and Children’s Services. The Senior Workforce Development Officer stated that the managers for these individual areas did, however, contribute to the generation of the overall plan for the HSCP.</p> <p>The Scottish Government had been expected to issue guidance by the end of December 2018 which will set out the format for workforce plans and the required contents. However, at the time of the audit, the guidance has not yet been released. As such, it is not yet known if the HSCP’s plan will comply with this guidance.</p> <p>Finally, the plan does not state its review date.</p> <p>If the final workforce plan does not include detailed plans for individual areas of the HSCP, does not confirm that it complies with Government guidance, and does not have a review date then there will be reduced confidence that it will be effective in guiding workforce planning for the HSCP.</p>	
<p><u>Recommendation</u></p> <p>The draft plan should be presented to the ELIJB Board in April 2019.</p> <p>Detailed workforce plans for all individual areas of the HSCP, e.g. Mental Health, Adult Services, and Children’s Services should be created.</p> <p>The final plan should confirm that it complies with the Government workforce planning guidance which had been expected to be issued in December 2018.</p> <p>The final plan should state its review date.</p>	
<p><u>Management Response</u></p> <p>The draft plan has been presented to the Workforce Planning &amp; Organisational Development Steering Group on both the 11<sup>th</sup> January and the 8<sup>th</sup> February. It was decided that it did not need to go to the Strategic Planning Group on 30<sup>th</sup> January. It will be presented to the IJB at</p>	



their April meeting so there will be a maximum of one month's slippage. However it is anticipated that the SG deadline is due to be extended due to a delay in issuing their guidance.

Individual service plans will have a workforce planning section which will be underpinned by the Partnership workforce plan.

Although a three year plan the action plan will be developed and reviewed annually.

The Management Action

1. Present to Joint Consultative Group on 10 April 2019
2. Present to IJB at their April 2019 meeting.
3. Develop individual service workforce action plans.
4. Review overall plan and action plan annually.

Responsibility:

1. Service Manager
2. Service Manager
3. All
4. All

Target date:

1. 30 April 2019
2. 30 April 2019
3. 30 April 2019
4. 31 March 2020

<b>Finding 2</b>	
<b>Control objective 1: A workforce plan is in place for the ELIJB.</b>  <b>Associated risk of not achieving the control objective: Staff tasked with completing the plan have not all received full training.</b>	<b>Medium</b>
<u>Observation and risk</u>  <p>Effective workforce planning involves determining the staff size, type, experience, knowledge, and skills an organisation requires to achieve its objectives, both in the present and in the future. It is vital for the HSCP to have a comprehensive understanding of its future staffing needs particularly due to changing demographics and the move from acute to primary care and community treatment.</p> <p>Although the staff charged with generating the HSCP's workforce plan attended a training event in December 2017 and were provided with guidance, the complexity of the workforce planning process and its implications for the future operations of the HSCP both mean that additional, more intensive training would have been beneficial in order to ensure that the plan is comprehensive, sufficiently detailed, and fully reflective of the future needs of the organisation.</p> <p>However, the Service Manager stated that once the plan is finalised there will be an event to discuss lessons learned which will help to provide staff with a greater understanding of the workforce planning process.</p> <p>If the staff who are tasked with completing the workforce plan have not received sufficient training then there is an increased risk that the plan does not include all necessary information and will not clearly state the organisation's future staffing requirements.</p>	
<u>Recommendation</u>  <p>All staff charged with completing the overall HSCP workforce plan, and the individual lower-level plans, should receive comprehensive training to allow them to more effectively perform the work.</p>	
<u>Management Response</u>  <p>Such training will be developed on receipt of the Scottish Government guidance, with training then being provided to all relevant staff.</p>	
<u>The Management Action</u>  <p>Develop training for staff developed from Scottish Government guidance. Training will then be provided to all relevant staff.</p>	
<u>Responsibility:</u>  L&D function	<u>Target date:</u>  December 2019

<b>Finding 3</b>	
<p><b>Control objective 3: Performance management requirements have been stated in the plan.</b></p> <p><b>Associated risk of not achieving the control objective: Performance and reporting arrangements have not yet been stated.</b></p>	<b>Medium</b>
<p><u>Observation and risk</u></p> <p>SMART objectives are used in plans to help ensure that objectives are specific, measurable, achievable, relevant, and time-bounded. By stating objectives based on these criteria and relevant performance measures, they are more likely to aid the effective implementation of plans. At present, the draft workforce plan does not contain SMART objectives and related KPIs. However, an event took place on 18 January 2019 to discuss action planning, and to generate objectives and KPIs.</p> <p>In addition, the ELIJB Board has not yet stated its performance reporting requirements for the workforce plan. A performance reporting framework should state what reporting is required on plan progress, and with what frequency it should be provided.</p> <p>If the final workforce plan does not include SMART objectives and relevant KPIs, and the ELIJB does not state its performance reporting requirements, then there will be an increased risk that the plan is not implemented effectively and on time.</p>	
<p><u>Recommendation</u></p> <p>The final workforce plan should include SMART objectives and relevant KPIs.</p> <p>The ELIJB Board should determine its performance reporting requirements for the workforce plan, namely what reporting it requires on plan progress and with what frequency it is provided.</p>	
<p><u>Management Response</u></p> <p>Agree with this recommendation.</p> <p><u>The Management Action</u></p> <p>Develop performance and reporting to IJB. This will then be submitted to the IJB Board for approval.</p>	
<p><u>Responsibility:</u></p> <p>Service Manager</p>	<p><u>Target date:</u></p> <p>31 July 2019</p>

## 4. Appendix 1 - Definition of Ratings

### Findings and management actions ratings

Finding Ratings	Definition
<b>Critical</b>	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
<b>High</b>	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
<b>Medium</b>	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
<b>Low</b>	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

### Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
<b>No assurance</b>	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
<b>Limited assurance</b>	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key control areas.</li> <li>• It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for.</li> </ul> <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>

<p><b>Moderate assurance</b></p>	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p>	<p>In most respects the “purpose” is being achieved. There are some areas where further action is required, and the residual risk is greater than “insignificant”.</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of ‘medium’ findings and ‘low’ findings)</p>
<p><b>Significant assurance</b></p>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as ‘low’ or no findings)</p>

