



MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 28 FEBRUARY 2019
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

1

Voting Members Present:

Mr P Murray (Chair)
Councillor S Akhtar
Councillor N Gilbert
Councillor S Kempson
Mr A Joyce

Non-voting Members Present:

Mr D Binnie
Ms P Dutton
Ms C Flanagan
Ms E Johnston
Ms M McNeill
Mr T Miller
Ms A MacDonald
Ms J Tait
Dr J Turvill
Ms J Trench

Officers Present from NHS Lothian/East Lothian Council:

Mr P Currie
Ms T Leddy
Ms J Ogden-Smith
Mr B Davies
Ms M Anderson
Mr A Milne
Ms M Goodbourn

Visitors Present:

Ms J Bell, Dunbar Community Council

Clerk:

Mrs F Stewart

Apologies:

Councillor F O'Donnell
Ms F Ireland
Ms L Cowan

Declarations of Interest:

None

1. PRESENTATION ON THE EAST LOTHIAN COMMUNITY HOSPITAL

The Chair welcomed Miriam Anderson, NHS Project Manager, and Andrew Milne, NHS Project Director, for the new Community Hospital. He also welcomed Melissa Goodbourn, NHS Assistant Strategic Programme Manager.

Ms Anderson gave a presentation on the East Lothian Community Hospital, with a particular focus on the new services and repatriation of services. (This linked to the ongoing Directions of the East Lothian Integration Joint Board (EL IJB) / NHS Lothian / Dolh2018 and the final delivery of the new East Lothian Community Hospital).

Ms Anderson outlined the phased programme of works which had taken place and advised that the third and final phase was expected to be completed by the end of August 2019. She stated that the integration of groups and services was going well and advised that an application had been made to Sustrans for a café and cycle path (along the old railway track) to enhance the visitor experience.

Councillor Akhtar thanked everyone for their efforts in helping to deliver the new hospital and asked what provision there would be for children's services. Ms Anderson confirmed that there was capacity at the new hospital for children's services and that further engagement would take place on the provision of such services.

The Chair stated that East Lothian was fortunate to have a first class facility that would improve health outcomes for people living in the county. He also welcomed the news of the cycle path.

2. MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 13 DECEMBER 2018 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 13 December 2018 were approved.

3. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 13 DECEMBER

There were no matters arising.

4. CHAIR'S REPORT (VERBAL)

The Chair reported on recent developments. Linking to the presentation on the Community Hospital, he hoped that a Development Day would take place in April, focusing on what would be delegated to the IJB, particularly the acute side of its response. The recent Audit Scotland report had already highlighted this area of work and it was imperative that the IJB was clear on what avenues needed to be explored further. He welcomed ideas from members and underlined the complexity of working with multiple partners when taking initiatives forward.

The Chair updated members on the work of the Strategy Planning Forum and the Leadership Group. He also advised that the Ministerial Steering Group (MSG) report, emailed to members, provided an update on the current position and outlined timescales with regard to expectations included in the report. The IJB was also compiling a report.

Andrew Milne, Project Director for the Community Hospital, advised that he would be working with Alison MacDonald's team on a feasibility study for the reprovisioning of other services across the region. He would come back to the Board with proposals and any developments.

The Chair stated that the feasibility study, together with the other important work being carried out, gives members confidence that they are moving forward in a positive direction.

5. CLINICAL AND CARE GOVERNANCE COMMITTEE (VERBAL)

Alison MacDonald advised that nothing had been raised to highlight any risk at their monthly meetings. A small number of Care Inspectorate inspections had taken place and she awaited the outcomes of these.

6. DELAYED DISCHARGES (VERBAL)

Alison MacDonald advised that the number of delayed discharges at yesterday's date was nine, ahead of expectations. She credited the IJB's partners with achieving this and described the figure as heartening.

The Chair stated that he had attended a meeting with NHS Lothian yesterday and Jim Crombie, Deputy Chief Executive, referenced the sustained change in the delayed discharge figures as an example of good practise.

In response to a question from Councillor Gilbert, Ms MacDonald advised that there had been a significant reduction in the number of occupied bed days, and that longer stays were generally for those with complex needs. She also advised that social workers were encouraged to work with the NHS to achieve the best outcomes for patients.

7. EAST LOTHIAN INTEGRATION JOINT BOARD DRAFT 2019-2022 STRATEGIC PLAN

The Interim Chief Officer had submitted a report presenting a further draft of the 2019-2022 Strategic Plan, developed following initial stages of engagement.

Paul Currie stated that the final draft of the Strategic Plan would go to the IJB meeting on 28 March for approval and events were due to take place in order to engage with as many people as possible, and to respond to any concerns, before the draft Plan was finalised.

Referring to the Scottish Index of Multiple Deprivation (SIMD) figures for East Lothian, Councillor Akhtar enquired about the level of engagement across the county and Mr Currie advised on the consultations which had taken place. He also stated that the draft Plan would change to reflect all of the areas now within its remit. The Chair added that it was important to consult with as many people and groups as possible and, particularly, to reach the people who may feel that they do not have a voice.

Marilyn McNeill asked if care for diabetes patients would be addressed in the Plan and Mr Currie replied that diabetes would be a primary care focus. Alison McDonald also advised that there was a South East collaboration on diabetes and East Lothian was linked into this work.

In response to a question on the three year Financial Plan, and on whether there was any flexibility in the annual budgets to accommodate planning changes, the Chair replied that all projections and planning were based on accurate figures. Claire Flanagan, Chief Finance Officer, acknowledged that the annual budgets would be challenging and the aim was develop a long term rolling 3-4 year Financial Plans.

Decision

The IJB agreed to:

- (i) note that based on feedback received to date the latest draft of the Strategic Plan has been updated since the previous version, discussed at the IJB Development Day on 24 January 2018;
- (ii) note that the plan will continue to develop as engagement progresses and as comments are received;
- (iii) note that all feedback is being recorded. At the end of the Strategic Plan drafting process a report will be provided detailing the comments received and what was done in response to the feedback;
- (iv) note that the final version of the Strategic Plan must be issued by 31 March 2019. For this reason the IJB will be asked to formally agree the final draft of the Strategic Plan at its meeting on 28 March 2019; and to
- (v) agree that a summary version of the Strategic Plan should be produced to accompany the full plan in order to make the plan's contents available to as wide an audience as possible.

8. UPDATE ON PROGRESS TO DATE ON THE IMPLEMENTATION OF THE EAST LOTHIAN CARERS STRATEGY AND THE CARERS (SCOTLAND) ACT 2016

The Group Service Manager, Rehabilitation and Access, had submitted a report, outlining the progress made to date on the requirements of the Carers (Scotland) 2016 Act.

Trish Leddy stated that the Carers (Scotland) Act, passed by the Scottish Parliament in February 2016 and commencing on 1 April 2018, had implications for both Adult Services and Children's Services. Work to fulfil the requirements of the Act had been led by the Carers' Strategic Group and East Lothian Council with support from third section organisations. The report summarised the work undertaken to meet the requirements of the Act prior to the transfer of the work to the Carers Change Board and Carers Reference Group. Ms Leddy advised that, after a review of existing eligibility criteria, the National Carer Organisations framework had proved the most popular with regards to meeting the needs of carers.

Ms Leddy updated members on the progress of the Adult Carer Support Plans and Young Carer Statements, providing information on the development of the forms, piloting and engagement, and the roll out to staff. She also advised that the draft East Lothian Carers Strategy had identified 8 outcomes with key actions to address feedback received. Following consultations and media activity in 2018, the public had been given an opportunity to comment on the final Strategy in January 2019 and key action points from the Strategy would be incorporated into the review of the Strategic Plan due for publication in March 2019.

Ms Leddy also spoke on the development of the Short Breaks Statement, another requirement of the Act, and highlighted other key areas of work.

David Binnie stated that it was an excellent report in terms of providing an audit of all the work carried out and highlighting the actions to be taken forward. In response to questions from Mr Binnie, Ms Leddy advised that service users will be able to use Viewpoint to express their levels of satisfaction with services, and Queen Margaret University might also be able to provide expertise in this area. On Mr Binnie's concern that, by including young carers in Children's Services, there was a risk of fragmenting structures, Ms MacDonald replied that the Council and the Health Board were working together on young carers and she would like to see joint working for adult and young carers.

Councillor Akhtar enquired what the financial implications were for providing support to carers and Ms MacDonald replied that a detailed report on how resources are used would come to the next meeting of the IJB.

The Chair thanked Ms Leddy for her comprehensive report and stated that it was helpful for members and Partners to be aware of the Action Plan.

Decision

The IJB agreed to:

- (i) note the content of this report with regards to the context and background to the Carers (Scotland) Act 2016 and the requirements of the Act; and to
- (ii) note the outputs of the Carers Strategic Group in relation to fulfilling the requirements of the Act including the development of the Carers Eligibility Criteria, the Draft Carers Strategy, Adult Carer Support Plans and Young Carer Statements, and ongoing work in relation to the development of a Short Breaks Statement.

9. FINANCIAL POSITION 2018/19 - UPDATE

The Chief Finance Officer had submitted a report updating the IJB on its current financial position in 2018/19, reporting the projected year end outturn from the quarter three financial reviews and updating on the indicative budget proposals by Partners East Lothian Council and NHS Lothian to East Lothian IJB for 2019/20.

Claire Flanagan presented her report and advised that, at the end of December 2018, the IJB's budget was £764,000 overspent. This figure was the result of an underspend on the health budget of the IJB and an overspend on the social care budget of the IJB. Ms Flanagan advised that, due to the significant financial pressures on social care, she had written to the Council's Section 95 Officer to ask if any further financial support could be provided. Ms Flanagan advised that the GP prescribing budget was currently underspent however, this position could quickly change. Information on the prescribing budget was reported two months in arrears and these figures would continue to be monitored.

Ms Flanagan outlined Indicative Proposed Budget Offers from East Lothian Council and NHS Lothian and advised that formal budget proposals would follow. She also advised that there was a £488,000 savings target moving into 2019/20.

The Chair stated that it was important for the IJB to prioritise spending and work within its means as, next year, there would be no opportunity to secure more funds to offset an overspend.

Decision

The IJB agreed to:

- (i) note the current financial position;
- (ii) note the quarter three financial reviews of 2018/19; and to
- (iii) discuss the indicative proposed budget offers for 2019/20.

10. MINUTES OF THE IJB AUDIT & RISK COMMITTEE MEETINGS (FOR NOTING):

The minutes of the IJB Audit and Risk Committees of 6 March 2018, 28 June 2018 and 27 September 2018 were noted.

Signed

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Peter Murray
Chair of the East Lothian Integration Joint Board



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 28 MARCH 2019
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:

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

Non-voting Members Present:

Mr D Binnie
Ms F Duncan
Dr R Fairclough
Ms C Flanagan
Ms E Johnston
Ms M McNeill
Mr T Miller
Ms J Tait

Officers Present from NHS Lothian/East Lothian Council:

Ms L Cowan
Mr P Currie
Mr B Davies
Ms M Goodbourn
Ms J Ogden-Smith

Clerk:

Ms F Currie

Apologies:

Councillor S Akhtar
Councillor N Gilbert
Ms P Dutton
Ms A MacDonald
Ms J Trench
Dr J Turvill

Declarations of Interest:

The Chair and Councillor Fiona O'Donnell declared an interest in Item 1 and indicated that they would leave the Chamber during consideration of this item.

The Chair explained that Item 10 had been withdrawn from the agenda. More detail was required to allow the IJB to give proper consideration to the proposals and a revised report would be presented the IJB's meeting on 25 April 2019. Councillor O'Donnell encouraged members to provide feedback to officers before the next meeting.

The Chair also announced that Alison MacDonald had been appointed as Chief Officer of the IJB on a permanent basis. The members welcomed this news.

Sederunt: The Chair and Councillor O'Donnell left the Chamber.

1. RENOMINATION OF A VOTING MEMBER AND CHANGES TO THE CHAIR AND VICE CHAIR OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

The Interim Chief Officer had submitted a report informing the Integration Joint Board (IJB) of the renomination of Peter Murray as a voting member by NHS Lothian and asking the IJB to agree the appointment of a new Chair and Vice Chair of the IJB with effect from 1 April 2019.

The Clerk presented the report with a brief summary and invited members to agree the recommendations.

Decision

The IJB agreed 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 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.

Sederunt: The Chair and Councillor O'Donnell returned to the Chamber.

2. CHAIR'S REPORT

The Chair reported on the following:

Integration Self-evaluation template from the Ministerial Strategic Group for Health & Community Care – this was circulated to members for information. The Chair indicated that Ms MacDonald would contact members soon to outline how the self-evaluation process would be carried out.

Strategic Planning Forum - would be holding a meeting with representatives from all IJBs next week. The group had also changed its name to the Integrated Care Forum.

Claire Flanagan added the Forum's work included setting up a meeting between Section 95 officers from all 4 Lothian IJBs, local Councils and the Director of Finance from NHS Lothian. She said that they had had a very useful session on the challenges facing IJBs and local authorities, and follow-up sessions were being planned.

IJB Chairs and Vice Chairs Group – had been charged with hosting the next network meeting on 8 May 2019 involving all IJBs across Scotland. The meeting would also include the Cabinet Secretary and chief officers from the Scottish Government, CoSLA

and health boards. The Chair said that some of the issues to be discussed would already be familiar to IJB members.

Councillor O'Donnell asked if it would be possible to bring members together to complete the self-evaluation questionnaire as part of a development session. She said that it may also help to identify gaps in members' knowledge and potential training needs. Judith Tait agreed that working collectively would add value to the process and prevent it from becoming just a desk-top exercise. The Chair agreed to pass on this suggestion.

3. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

Fiona Ireland reported that at its last meeting the Committee had taken a detailed look at mental health services in East and Mid Lothian and how to address gaps and pressure points in services at all levels of need. She referred to an increase in the number of school nurses and counsellors as one example of how funding was currently being targeted within children's mental health services.

Ms Tait reported that the work of the Strategic Children's Partnership also included improving children's mental health. She said that one of the key challenges was that the range of services came under the jurisdiction of different authorities and funding came from many different sources. Ms Tait highlighted the need to coordinate at all levels to ensure that all available monies were used effectively to meet local needs within East Lothian.

In reply to a question from Councillor O'Donnell, Ms Tait said that priorities for action sometimes depended on which route the funding came from Government, and it was important for authorities to agree a shared view of how funding should be used. The Chair acknowledged Ms Tait's comments and asked that it be recorded in the minutes that this was an issue that the IJB should return to in the future.

Ms Ireland updated the members on two other areas of discussion at the recent Committee meeting. The first was a discussion around the creation of a minor injuries clinic out with the Edinburgh Royal Infirmary (ERI) which would be funded through the Set Aside budget. She said that the IJB needed to take a view on what kind of service it wanted for the people of East Lothian. She also reported on a proposal to move forward with the Quality of Care approach and that the Clinical Care Governance Committee could have a role in monitoring progress.

The Chair advised members that the next development session would look at how to make the best use of Directions with particular focus on their use as part of the IJB's delegated authority within acute services.

Councillor O'Donnell asked if it would be possible to use Directions to place a requirement on NHS Lothian to create a minor injuries clinic at the community hospital. The Chair said that it was possible but it could be argued there was an obligation to consider the impact of decisions on the other Lothian IJBs. However, in his view, they were now moving towards a time when the IJB would be required to take the type of decision that may well have such implications.

4. DELAYED DISCHARGES (VERBAL)

Lorraine Cowan reported that there had been 10 delayed discharges recorded in March and that the sustained improvement in the figures had come from working across services to keep as many people as possible out of hospital. Her team were currently

working with independent providers to take on clients from the Hospital to Home team and to develop new care services in a number of areas. She advised that funding had been secured to upgrade Ward 2 at Belhaven Hospital into a Hub for these services.

The Chair welcomed this news and thanked the staff for their hard work. He hoped that this progress would be maintained.

In response to questions from Thomas Miller and Marilyn McNeill, Ms Cowan explained that while the proposed Hub at Belhaven had yet to be consolidated into the wider reprovision project, it was seen as an opportunity to better manage staffing and increase care provision. She also confirmed that a group was being set up to support community involvement in the development of the Hub.

Councillor O'Donnell informed members that she had received positive feedback on the Discharge to Assess Service while attending a meeting at ERI. Ms Cowan said that awareness-raising sessions within ERI which were now beginning to show benefits.

5. UPDATE ON THE REPROVISION OF BELHAVEN AND EDINGTON COMMUNITY HOSPITALS, ESKGREEN AND ABBEY CARE HOMES (VERBAL)

The Chair provided an update to members on reprovioning. He advised that a grant had been secured from the Scottish Government to enable officers to carry out a scoping exercise. The project team would then return to the local groups in Dunbar, North Berwick and Musselburgh to work on reprovioning that met local needs. He expected the project team to attend an IJB meeting in the near future to provide an update.

The Chair also advised members that the local project groups outlined in the December IJB paper would work closely with, and include members from, the relevant local Area Partnership health and wellbeing groups to ensure alignment with local health and wellbeing plans. The groups also hoped to involve other key local and national groups such as Dementia Friendly East Lothian, carers' organisations and other community interest groups.

The Chair hoped that this update would offer reassurance that it remained the IJB's intention to have as wide a range of involvement as possible from the community. He suggested that members contact Ms MacDonald if they had any questions and that a further update would be presented to the IJB in the near future.

6. REVISION OF THE EAST LoTHIAN INTEGRATION JOINT BOARD INTEGRATION SCHEME

The Interim Chief Officer had submitted a report providing the IJB members with background to a necessary revision of the Integration scheme.

Paul Currie presented the report informing members that the introduction of the Carers (Scotland) Act 2016 had resulted in the need to revise the IJB's Integration Scheme to take account of the new duties placed on authorities for both adult and children's services. While there was no requirement for the IJB to consult on the proposed changes, the revised Scheme would be publicised for 4 weeks on the Council's website via the Consultation Hub. He pointed out that further changes to the Scheme may be required to take account of future legislation and that the date for a comprehensive review of the Integration Scheme had been extended to 2024.

The Chair explained that initially it was not thought necessary to amend the Integration Scheme and this had resulted in a delay in bringing forward the changes for approval.

Decision

The IJB agreed to:

- (i) Note that as a result of the introduction of the Carers (Scotland) Act 2016, each IJB was required to revise its Integration Scheme;
- (ii) Accept the revised Integration Scheme for East Lothian IJB;
- (iii) Agree the revised Integration Scheme should be publicised for a 4 week period;
- (iv) Note that in the event of relevant legislation changing there may need to be further revisions to the Integration Scheme; and
- (v) Note that on approval of the revised Integration Scheme, the date for a comprehensive review of the Scheme will be extended to 2024.

7. EAST Lothian INTEGRATION JOINT BOARD 2019-2022 STRATEGIC PLAN

The Interim Chief Officer had submitted a report presenting to the IJB the finalised 2019-2022 Strategic Plan, developed following engagement.

Mr Currie presented the report outlining the background to the Strategic Plan and the engagement process. He said that the next stage would be the preparation of a delivery plan which would include measurable actions to support progress monitoring. He informed members that discussions with Health & Wellbeing Groups across the county had been very useful and he hoped that this engagement would be maintained.

Bryan Davies said that the intention had been to produce a briefer Strategic Plan this time, with a more logical throughput to the IJB's Directions and the ability to measure progress. He advised that any comments or consultation responses not included in the Strategic Plan would be reflected in the delivery plan.

The Chair said he had provided his feedback on the Plan to officers and he invited members to offer their comments.

Councillor O'Donnell made suggestions relating to the section on the workforce plan and general comments regarding the accessibility of the final document for those with visual impairment.

Jane Ogden-Smith confirmed that appropriate versions would be provided upon request. In response to a question from the Chair, she advised that these versions would be available within the next 2 – 3 weeks and would be signposted when the Plan was published on 31 March.

Responding to a question from Ms McNeill, Ms Ogden-Smith acknowledged that currently not all Area Partnerships had health & wellbeing groups but she said that discussions were taking place to address this. Mr Davies encouraged service user representatives to be part of the Reference Groups in the meantime. He also outlined the process for preparing the delivery plan.

Elaine Johnston said that having health & wellbeing groups in every area was important but that they also needed to link with the new structure of Change Boards. She also asked about the timescale for preparation of the delivery plan. Mr Davies

confirmed that the plan and a summary of the consultation responses would be available within 2 – 3 weeks.

Councillor Sue Kempson said that the Strategic Plan was very exciting and had been prepared with a lot of foresight. She added that if the IJB could deliver all of the priorities it would be doing a very good job indeed.

Decision

The IJB agreed to:

- (i) Accept the final version of the IJB Strategic Plan, which has taken into account feedback received on earlier drafts which were considered at IJB development sessions and formal meetings in January and February 2019;
- (ii) 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 the process was recorded and a report is in preparation that will set out all comments received and how this feedback was acted upon;
- (iii) Note that once the IJB has formally agreed the Strategic Plan it must be published. The deadline for this is 31 March 2019;
- (iv) 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; and
- (v) Note that a delivery plan, to support progress monitoring, will be produced for each year of that the Strategic Plan applies.

8. FINANCIAL UPDATE

The Chief Finance Officer had submitted a report updating the IJB on its current financial performance for 2018/19, including the projected year outturn; providing the IJB with the indicative budget proposals by the Partners, East Lothian Council and NHS Lothian, for 2019/20; and, further to this, providing the financial outlook facing the IJB next financial year.

Ms Flanagan presented the report outlining the financial performance to the end of February. She reminded members that the prescribing budget worked two months in arrears and there was a risk that the current underspent position could be significantly altered by the year end. She added that, despite the potential underspend in the health budget, the IJB was unlikely to close 2018/19 in a break even position.

Ms Flanagan informed the meeting that discussions had taken place with NHS Lothian regarding transfer of any underspend in health to offset overspend in the social care budget. She said she had raised this budget overspend and the possibility of additional resources with East Lothian Council but they preferred to await the year end position before holding further discussions.

She highlighted the new funding made available to integration authorities during 2018/19 and explained that, as these funding sources were received part way through the year, there had been some slippage in spending against them. She sought the IJB's agreement to carry forward this money to 2019/20 as earmarked reserves.

Lastly, Ms Flanagan explained the indicative budgets from both NHS Lothian and East Lothian Council for 2019/20 and the savings targets and key financial pressures associated with the coming year.

Mr Davies responded to questions from Councillor O'Donnell and Moira Whyte regarding the increase in existing charges and the introduction of two new charges which were implemented in 2018/19. He indicated that the charging policy for 2019/20 had yet to be agreed but that it could be difficult to justify a further increase after last year's changes. He added that the impact of these changes on service users had yet to be evaluated and whether they had generated the expected level of income.

Councillor O'Donnell stated that the Council's Administration had been clear that they would not support a further increase in charging this year. They were mindful of the effects of inflation in other areas of peoples' lives and the consequent pressure on incomes. However, she noted that the benefits of the IJB's Strategic Plan were already being seen in some areas and said that the IJB must look to identifying more sustainable models of care.

Ms Flanagan responded to further questions regarding additional savings required in 2019/20 and the challenging nature of the budget offers.

The Chair commented that officers within the Health & Social Care Partnership would have a formidable task to deliver the IJB's priorities on budget and that this should be used as a catalyst for innovation and demonstrating the benefits of integration.

Decision

The IJB agreed to:

- (i) Note the current financial position;
- (ii) Note the projected year end outturn of 2018/19;
- (iii) Agree the principle of transferring resource from any underspend in one arm of the IJB to offset overspend in the other arm;
- (iv) Support slippage in earmarked funds being carried forward by the creation of an earmarked reserve;
- (v) Note the principles of the indicative, proposed budget offers for 2019/20; and
- (vi) Note the financial outlook for 2019/20.

9. EAST LOTHIAN INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT ON WORKFORCE PLANNING

The Interim Chief Officer had submitted a report by the Senior Auditor informing the 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.

Mr Davies presented the report highlighting the key findings of the audit and drawing members' attention to the ratings of moderate and significant assurance given against the five audit objectives. He advised that the draft workforce plan would be presented to the IJB for approval at its meeting in April.

Mr Davies responded to questions. He provided further detail of the engagement process undertaken while drafting the workforce plan, the intention that service areas would use the document as a template to prepare their own local workforce plans, and confirmed that the Scottish Government guidance was now available.

Decision

The IJB agreed to note the contents of the audit report.

10. CARERS' ORGANISATIONS – FUNDING PROPOSALS FOR 2019/20

This item was withdrawn from the agenda.

DRAFT

Signed

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Mr Peter Murray
Chair of the East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 25 April 2019
BY: HR Business Partner, East Lothian Council
SUBJECT: Appointment of the Chief Officer

3

1 PURPOSE

- 1.1 To consider and approve the appointment of the Chief Officer of the East Lothian Integration Joint Board (IJB) on a permanent basis.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to approve the recommendation made by the Appointment Committee as to the appointment of a Chief Officer.

3 BACKGROUND

- 3.1 As reported previously, following the departure of David Small in June 2018 a decision was taken by NHS Lothian and East Lothian Council to make an initial appointment to the post of Chief Officer on a temporary basis, with a view to seeking a permanent replacement in due course. The IJB appointed Alison MacDonald as Interim Chief Officer.
- 3.2 In accordance with the policies and procedures of East Lothian Council and NHS Lothian, an appointment Committee was recently constituted to seek a permanent replacement. The Committee was facilitated by NHS Lothian and East Lothian Council officers.
- 3.3 The process is in line with section 7.1 of the IJB's Integration Scheme.
- 3.4 The Committee has recommended the appointment of Alison MacDonald as Chief Officer, on a permanent basis.

4 ENGAGEMENT

- 4.1 The post was advertised externally and within NHS Lothian and East Lothian Council, and all appropriate HR procedures were followed.

5 POLICY IMPLICATIONS

- 5.1 The appointment of the Chief Officer is in line with national recommendations and legislation governing IJBs.

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

- 7.1 Financial – None.
7.2 Personnel – Discussed above.
7.3 Other – None.

8 BACKGROUND PAPERS

- 8.1 None.

| | |
|----------------------|---|
| AUTHOR'S NAME | Paul Ritchie |
| DESIGNATION | HR Business Partner, East Lothian Council |
| CONTACT INFO | pritchie@eastlothian.gov.uk |
| DATE | 18 April 2019 |



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 25 April 2019
BY: Director of East Lothian Health and Social Care Partnership
SUBJECT: Commissioned Community Support

4

1 PURPOSE

- 1.1 To inform the IJB of the budget and the proposed commissioning arrangements for the 2019/20 in relation to community supports.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the budget for 2019/20 for Commissioned Community Support.
- 2.2 The IJB is asked to note the continued work of the Community Transformation Project, determining the future model of community support within East Lothian. And therefore the need to extend the contracts for all community supports for one year until March 2020.

3 BACKGROUND

- 3.1 During 2017/18, funding arrangements and processes were reviewed to ensure strategic fit and best value; and to ensure commissioned funding was streamlined, co-ordinated and targeted to support delivery of the East Lothian Integration Joint Board's Health & Social Care Strategic Plan.
- 3.2 Commissioned Community Supports is divided into three categories;
- a) Community Supports; commissioned in a number of ways which include Grant awards, Contracted Services and Spot Purchase through Individual Budgets.
 - b) Housing Support Services
 - c) Older People Day Centre Provision.

This paper highlights the different requirements to extend funding arrangements across these three categories for 2019/20.

3.3 Community Supports

The community supports funded organisations need to be extended for a further year to because work is currently underway to;

- separate out Grant funded and Contract Services
- complete an Independent Advocacy Review
- wait the outcome of the Community Transformation Project.

See Appendix A

3.4 Housing Support Services

The Housing Support Services need to be extended for a further year because there is a requirement to review the future provision of housing support involving both ELHSCP and East Lothian's Housing Department. This review will determine to whom Housing Support services are provided and where the Budget will sit. However, there is an intention to deliver a level of efficiency from some of the Housing Providers in 2019/20.

See Appendix B

3.5 Older People Day Centre Provision

Older people Day centre Provision needs to be extended for one more year to be in line with the IJB decision to invest £215,000 of integrated care fund for three years, 2017- 2020.

An additional paper on Older People's Day centre provision will be brought to the IJB later in 2019.

See Appendix C

4 ENGAGEMENT

- 4.1 A full review of all organisations was completed in 17/18, which was carried out with all stakeholders.
- 4.2 The Community Transformation Project has a comprehensive stakeholder engagement programme.

5 POLICY IMPLICATIONS

- 5.1 These proposals are in line with the six strategic priority areas and in particular Adults with Complex Needs and Shifting Balance of Care.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 Integrated Impact Assessments have been carried out as part of other workstreams in relation these commissioning arrangements.

7 DIRECTIONS

- 7.1 These proposals are in line with Directions linked to Adults with Complex Needs and the review of the Integrated Care Fund.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – These proposal are within the financial envelope for 2019/20
- 8.2 Personnel – Organisations are keen we develop longer term contracting arrangements to improve recruitment and retention, this will be the aim for commissioning arrangements going forward.
- 8.3 Other – N/A

9 BACKGROUND PAPERS

- 9.1 See Appendices A, B and C

| | |
|----------------------|--|
| AUTHOR'S NAME | Bryan Davies Laura Kerr |
| DESIGNATION | Planning and Performance Group Service Manager Planning and Performance Manager |
| CONTACT INFO | 01620 820142 |
| Date | April 16 th 2019 |

Appendix A

Community Supports

| Providers | 19/20 | NHS/ICF | ICF | NHSL | Total 19/20 |
|---|-----------------|--------------------|--------------------|--------------------|-------------------|
| Alzheimer Scotland - Action On Dementia | £4,568 | £81,962.00 | £80,000.00 | £1,962.00 | £86,530 |
| C A P S | £77,830.00 | £29,235.00 | | £29,235.00 | £107,065 |
| Carers Of East Lothian | £63,502.00 | £160,028.00 | £64,500.00 | £95,528.00 | £223,530 |
| CHANGES Community Health Project | £46,263.00 | £148,316.00 | | £148,316.00 | £194,579 |
| EARS Advocacy | £31,550.00 | £20,600.00 | | £20,600.00 | £52,150 |
| East Lothian Community Care Forum | £26,577.00 | | | | £26,577 |
| East Lothian Young Carers Ltd | £10,693.00 | | | | £10,693 |
| Edinburgh & East Scot. SocialDeaf action | £50,025.00 | | | | £50,025 |
| Edinburgh & Lothians Council On Alcohol | £10,755.00 | | | | £10,755 |
| Moving Ahead With Huntingtons Disease | £7,159.00 | | | | £7,159 |
| Partners In Advocacy | £42,800.00 | | | | £42,800 |
| Pencaitland Day Centre/ Lunch club | £1,624.00 | | | | £1,624 |
| Pink Ladies 1st anama cara | £5,000.00 | | | | £5,000 |
| Stepping Out | £60,207.00 | | | | £60,207 |
| Visual Impairment Services RNIB | £61,887.00 | | | | £61,887 |
| Volunteer Development East Lothian Strive | £0.00 | £165,699.00 | £165,699.00 | | £165,699 |
| Whitecraig & Wallyford Lunch Club | £789.00 | | | | £789 |
| RVS - good neighbours | £14,676.63 | £69,750.00 | £69,750.00 | | £84,427 |
| Lothian CIL | £32,076.00 | | | | £32,076 |
| Equal Access | | £12,500.00 | | £12,500.00 | £12,500 |
| ICF shortfall | | £12,051.00 | £12,051.00 | | £12,051 |
| RVS transport (internal Transport) | (£ 24,824) | | | | |
| Totals | £547,982 | £700,141.00 | £392,000.00 | £308,141.00 | £1,248,123 |

Community Support Continued – Change in Budget Line.

| Provider | 19/20 | Budget |
|--------------------------------------|-----------------|------------------|
| Penumbra Day Support | £18,885 | MH commissioning |
| Neighbourhood Networks | £96,720 | LD commissioning |
| Autism Initiatives No.6 | £5,000 | LD commissioning |
| The Action Group (Social Group) | £20,935.21 | LD commissioning |
| The Action Group (Summer Programme) | £11,785.24 | LD commissioning |
| Cameron Cottage | £280,000 | MH Commissioning |
| Grand Total | £433,325 | |

Appendix B

Housing Support Services

| Provider | Budget 19/20 | Housing Department ELC |
|---|---------------------|-------------------------------|
| Abbeyfield North Berwick Society Ltd (Sheltered Housing) | £ 3,383.48 | |
| Blue Triangle (Glasgow) H.A. Ltd (Housing Support) | £ 440,296.88 | |
| East and Mid Lothian Womens Aid (Housing Support) | £ 70,566.00 | £ 87,447.50 |
| NCH Scotland (action for children.) (Housing Support) | £ 193,806.00 | |
| Grand Total | £ 708,052.36 | |

Appendix C

Older People Day Centre Provision

| Provider | Budget 19/20 |
|----------------------------------|---------------------|
| Dunbar Day Centre | £78,000 |
| Gullane Day Centre | £83,200 |
| Haddington & District Day Centre | £116,950 |
| Harlaw Hill Day Care Centre | £106,408 |
| Hollies Day Centre | £80,688 |
| John Bellany Centre | £117,000 |
| North Berwick Day Centre | £121,640 |
| Primrose Day Centre | £74,600 |
| The Lynton Centre | £104,000 |
| Tranent Day Centre | £104,000 |
| Total | £986,486 |



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 25 April 2019
BY: Chief Officer
SUBJECT: East Lothian Primary Care Improvement Plan

6

1 PURPOSE

- 1.1 To inform the Integration Joint Board of progress in delivering the actions within the East Lothian Primary Care Improvement Plan (PCIP) in its first 9 months and to set out priority work in primary care for 2019-2020.
- 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 the original Primary Care Improvement Plan was agreed by the IJB on the 28th June 2018, having already been agreed by the local GP Subcommittee of the Area Medical Committee on the 11th June 2018.
- 2.2 Note that the attached April 2019 Primary Care Improvement Plan update report (appendix 1) which reflects on progress in delivering on the commitments of the original PCIP, including the new GP contract and in introducing innovative approaches to primary care service delivery, was accepted by the local GP Subcommittee of the Area Medical Committee on 15th April
- 2.3 Accept the Primary Care Improvement Plan update report and agree to receive further update reports as these are produced, in line with Ministerial Strategic Group requirements and/or each year of the plan.
- 2.4 Note that Scottish Government and NHS Lothian investment allocated to primary care so far may not be enough to deliver all planned local elements of the new GP contract. This has already necessitated HSCP investment in key primary care support services. Although further national and NHS Lothian investment is committed in the next two years of the contract implementation there may still be resource shortfalls

- 2.5 Note that in the development of the 2018 Primary Care Improvement Plan some GP practices, primarily in the east of the county, did not support the initial prioritisation of primary care work on the west of the county and focussed on the 'Musselburgh Model' (designed to respond to same day demand). All these opinions are being considered in the development of our new support services to primary care.
- 2.6 Note that to fully understand and to act on the needs of all of our practices the Primary Care Team plans a series of monthly meetings with GPs to work with them in further PCIP implementation in the next two years.

3 BACKGROUND

- 3.1 A report to the IJB on 28th June 2018 provided detailed background to the requirement for each IJB to develop a local Primary Care Improvement Plan (PCIP) to deliver all of the commitments of the then new General Medical Services (GMS) GP contract.
- 3.2 The previous report set out the background to the GMS contract's development and the intention that local PCIPs would develop "...*priority areas of service redesign...*" to deliver the contract. These covered; vaccinations, 'pharmacotherapy', community treatment and care services, urgent care services, acute musculoskeletal physiotherapy, community mental health and community link worker services.
- 3.3 The report noted that primary care services in East Lothian, across Lothian and Scotland-wide had over recent years experienced increased demand from local population growth and increased service delivery expectations from patients. These factors, combined with difficulties in retaining and recruiting staff (particularly GPs) alongside increased business overheads and reduced profitability had affected the stability of some practices. It was noted that in East Lothian these issues had contributed to the collapse of a local practice, necessitating direct management by the HSCP of the practice until patients were transferred to another practice.
- 3.4 The GMS contract is supported by a Memorandum of Understanding (MOU)¹ which described the spirit of partnership under which the work between the four signatories to the MOU (Scottish Government, Integration Authorities, NHS Boards and Scottish General Practitioners Committee of the BMA) and the organisations they represented, would be progressed in a transition period up to 2021. Work in East Lothian has followed these principles
- 3.5 A second stage of contract development will follow in 2021. This will take into account progress in delivering the requirements of the first stage.

¹ <http://www.gov.scot/Resource/0053/00534343.pdf>

- 3.6 In February 2019, the national GMS Oversight Group (whose membership reflects the signatories to the MOU) informed Integration Authority Chief Officers and NHS Board Chief Executives of an annual reporting cycle to assess progress in delivering the actions within Primary Care Improvement Plans.
- 3.7 The key element of the assessment of progress is the production of an update on the PCIP (attached at appendix 1) which has to be accepted by both the relevant IJB and the GP Subcommittee before being passed back to Scottish Government.
- 3.8 The Primary Care Team has supported GP practices across the county in a variety of ways, including building infrastructure and capacity across all practices and providing support to individual practices in times of need. It also works with practices in testing, implementing and evaluating new models of service delivery (such as the 'Musselburgh Model' to transfer demand from GPs and practices to new service arrangements.
- 3.9 In March 2018, Cluster Quality Leads surveyed practices to get information on their workforce and priorities for the Primary Care Improvement Plan. Practices reported they wanted to see development of additional roles in primary care, including advanced physiotherapy practitioners, community mental health nurses and community link workers.
- 3.10 The roll-out of these and other supports to primary care across the country and delivery of all of the elements of the GP contract will be phased over the next two years to reflect availability of staff and funding and the requirements of individual practices and areas.
- 3.11 The development plans in the 2018 Primary Care Improvement Plan stimulated a great degree of debate during consultation and a number of communications from practices expressing concerns. These came in particular from practices in the east of the county and Prestonpans, which did not see the need for, or relevance of, the 'Musselburgh Model' in their areas. The Primary Care Team took the view that this reflected a number of factors, including the differences between communities and levels of demand in different parts of the county.
- 3.12 All opinions have been listened to and are being used to shape alternative support services according to need and demand and to reflect the GP contract requirements. In the next few months we plan a series of monthly meetings with GPs to hear their views, ideas and suggestions for implementation in the next two years.

4 ENGAGEMENT

- 4.1 The HSCP's Primary Care Team consulted widely with stakeholders, including primary care professionals, primary care representatives, service managers, the third sector and planners in the development of the original Primary Care Improvement Plan.
- 4.2 Key colleagues, including the East Lothian representative on the GP Subcommittee were consulted in the drafting and finalising of the April 2019 update report.

5 POLICY IMPLICATIONS

- 5.1 There are no new policy implication from the PCIP update report.
- 5.2 The implications of the original Primary Care Improvement Plan on policies relevant to professions and services within primary care are considered as services are developed.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The original Primary Care Improvement Plan was subjected to an Integrated Impact Assessment (IIA) process, with no negative impacts identified.
- 6.2 As the PCIP update reports on progress with existing, agreed work it has not been the subject of an IIA.

7 RESOURCE IMPLICATIONS

7.1 Financial

- 7.1.1 The Scottish Government invested £115.5m nationally in 2018-19 to support the implementation of the new GMS Contract and to invest in Primary Care developments.
- 7.1.2 Of this sum, £45.8m was allocated across the 32 Integration Authorities to support the development of multi-disciplinary teams as part of the implementation of the new contact. This investment, termed the Primary Care Improvement Fund is planned to grow over the next few years in line with the overall growth in investments (table 1).

Table 1 - Primary Care Improvement Fund

| 2018-2022 | | | |
|------------------|-----------------|----------------|---------------------|
| | National | Lothian | East Lothian |
| | £000s | £000s | £000s |
| 2018-19 | 45,750 | 6,773 | 839 |
| 2019-20 | 55,000 | 8,142 | 1,009 |
| 2020-21 | 110,000 | 16,285 | 2,018 |
| 2021-22 | 155,000 | 22,947 | 2,844 |

7.13 The Scottish Government and NHS Lothian investment allocated to primary care to both support introduction of the GP contract and to address pressures on primary care may not be sufficient to deliver all elements of the new GP contract. This has necessitated HSCP investment in key primary care support services, for example the Care Home Team and Links Workers.

7.14 Although further national and NHS Lothian investment is committed in the next two years of the contract implementation there may still be resource shortfalls.

7.2 Personnel

7.2.1 There are no personnel implications arising from this paper.

8 BACKGROUND PAPERS

8.1 Primary Care Improvement Plan (PCIP) July 2018.

8.2 Primary Care Improvement Plan Update Report - April 2019 (appendix 1).

| | |
|----------------------|--|
| AUTHOR'S NAME | Paul Currie |
| DESIGNATION | Strategic Planning and Performance Manager |
| CONTACT INFO | Paul.currie@nhslothian.scot.nhs.uk |
| DATE | 16-04-2019 |

Appendix 1 - Primary Care Improvement Plan Update Report - April 2019

East Lothian Health & Social Care Partnership



Primary Care Improvement Plan Update April 2019

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1. Background and Scope

1.1 The new General Medical Services (GMS) contract places a duty on each Health and Social Care Partnership to develop a local Primary Care Improvement Plan (PCIP) to deliver all commitments and to develop “...*priority areas of service redesign*...” within the contract¹. .

1.2 East Lothian Health and Social Care Partnership’s Primary Care Improvement Plan was developed in collaboration with primary care professionals, primary care representatives, patients, carer representatives, stakeholders, service managers, the third sector and planners. The PCIP was considered and approved by the Lothian GP sub-committee and the East Lothian IJB in June 2018.

1.3 The Primary Care Improvement Plan 2018 provided a detailed overview of the national and local policy and strategic context. The scope included a range of plans to enhance the delivery of primary care services and set out a broad programme of service development with a defined implementation period from 2018 until 2021.

1.4 This document provides an update on progress of work outlined in East Lothian’s 2018 PCIP, including any adaptations to the PCIP and outlines plans for 2019-2020.

2. Local Strategy and Policy Context

2.1 The East Lothian Integration Joint Board has agreed a Strategic Plan for 2019-2022. The East Lothian Plan has identified Primary Care as one of its six main priorities to support the continued development of Primary Care. A Primary Care Change Board reports directly into the East Lothian Strategic Planning Group which in turn makes recommendations on strategic direction to the Integration Joint Board.

2.2 The Primary Care Change Board has four working groups delivering key elements of the Primary Care Improvement Plan. These groups cover Access and Service Delivery, Link Workers, Pharmacotherapy and Community Treatment and Care Services (CTACS). A GP Sub-Committee representative is a standing member of the Primary Care Change Board and ensures that GP and practice team perspectives are included.

¹ <http://www.gov.scot/Resource/0052/00527530.pdf>

2.3 In addition, ELHSCP has collaborative links with GP practices both directly and through the two local GP Clusters in the east and the west and through ensuring GP representation on the Primary Care Change Board.

3. Our Progress

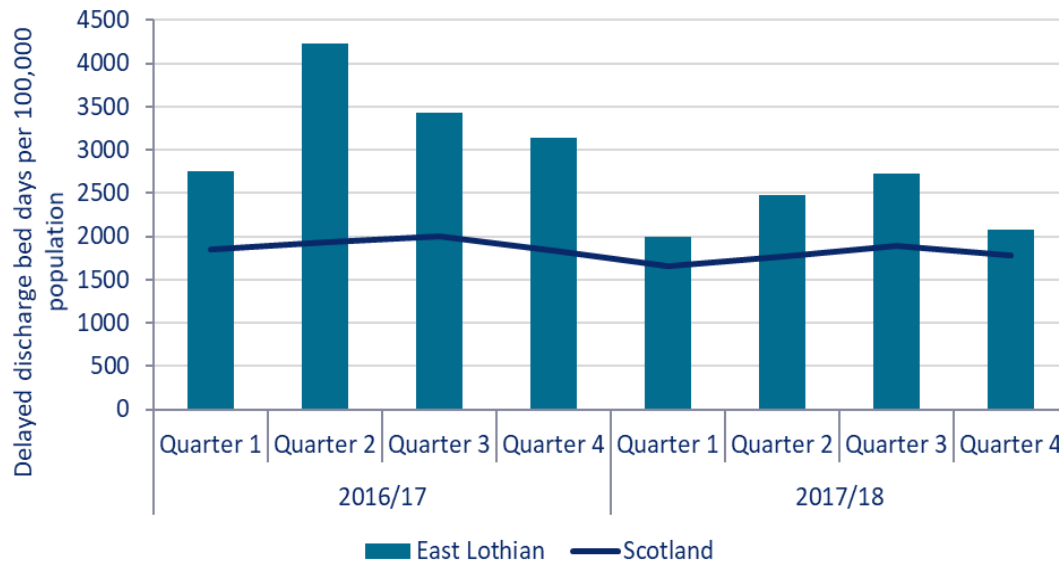
3.1 ELHSCP has made considerable progress against several national indicators. When compared with national averages in 2017-18, East Lothian's rates for premature mortality, emergency admission, emergency bed day, falls and the percentage of health and care resource spent on hospital stays for patients admitted in emergency are below Scottish rates (table 1).

Table 1. East Lothian MSG Indicators as compared with Scottish rates in 2017/18

| | Scotland | East Lothian |
|--|----------|--------------|
| Premature mortality rate for people aged under 75 (per 100,000 population). | 425 | 372 |
| Emergency admission rate for adults (per 100,000 population). | 12,183 | 10,325 |
| Emergency bed day rate for adults (per 100,000 population). | 123,035 | 120,782 |
| Emergency readmissions to hospital within 28 days of discharge(per 1,000 discharges). | 102 | 105 |
| Proportion of last 6 months of life spent at home or in a community setting. | 88% | 86% |
| Falls rate per 1,000 population aged 65+. | 22 | 19 |
| Proportion of care services graded "good"(4) or better in Care Inspectorate inspections. | 85% | 85% |
| Percentage of adults with long term care needs receiving care at home. | 61% | 64% |
| Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population). | 762 | 775 |
| Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency. | 25% | 24% |

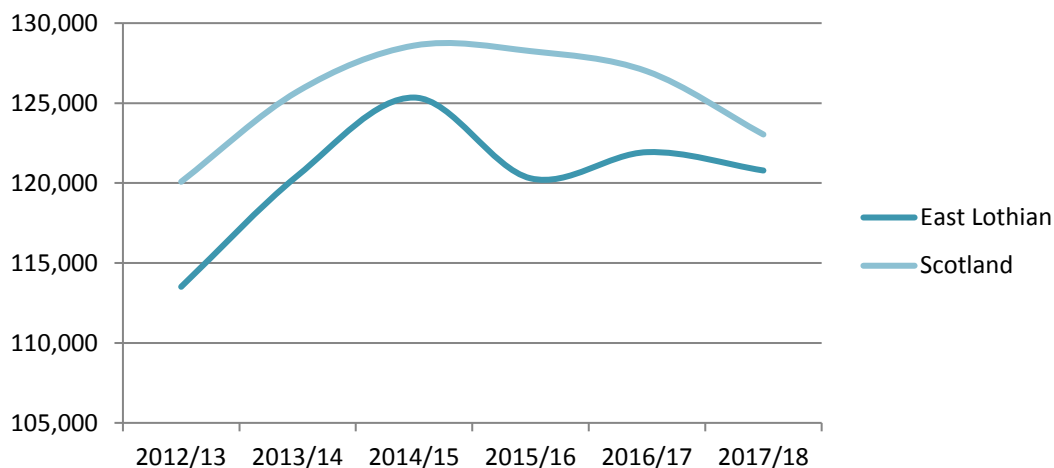
3.2 Over time there has also been a clear reduction of delayed discharge bed days for East Lothian patients who are ready to be discharged from acute hospitals (chart 1) dropping from an average of 3,389 in 2016-17 to 2,317 in 2017-18.

Chart 1 - Delayed discharge bed days per 100,000 population



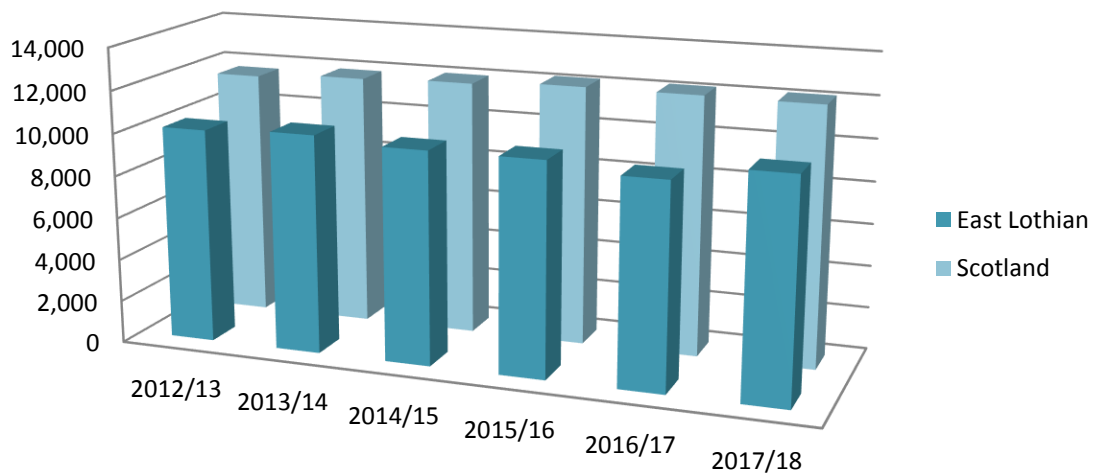
3.3 Over the past six years, despite an initial increase in rates of emergency bed day rates for adults admitted into acute hospitals in 2013-14 our emergency bed day rates have reduced from 125,346 in 2014-15 to 120,782 in 2017-18 (Chart 2). East Lothian rates have remained below Scottish rates during this time period.

Chart 2 - Emergency bed day rate for adults (per 100,000 population)



3.4 During the period of 2012-13 to 2017-18, East Lothian’s emergency admissions rate for adults (Chart 3) has also consistently fallen below Scottish annual rates.

Chart 3 – Emergency admissions rate for adults (per 100,000 population)



3.5 Much of this improvement has been achieved through multi-disciplinary team working across primary care and other services and the co-ordination of support between the Hospital at Home, Hospital to Home, Care Home and Social Care teams, working together to prevent unnecessary admissions and to reduce length of stay for patients.

4. Understanding the Needs of East Lothian’s Communities

4.1 There is a need to continue developing collaborative, innovative approaches to meet the specific needs of the communities across East Lothian.

4.2 Primary care services must meet the needs of a diverse and growing population estimated at 104,070 (2017). East Lothian is currently served by 15 GP Practices ranging in size from 2,700 to nearly 19,000 across a wide geographical area.

4.3 East Lothian continues to face pressures both in relation to population growth as well as challenges regarding an older population and health inequalities across the county. By 2037, the East Lothian population is projected to grow by 23%². The

² East Lothian by Numbers - A Statistical Profile of East Lothian. December 2016

highest growth is predicted to be among the over 65 age group (increasing by 72%, with many of them in single occupant households).

4.4 East Lothian also has marked variations in deprivation levels across the county, with most concentrated areas of deprivation located in the more densely populated west (Chart 4). The Scottish Index of Multiple Deprivation allows us to identify people who live in the 20% most deprived areas of Scotland. Overall, 5% of the East Lothian population live in such area (Chart 5).

Chart 4 – Map of East Lothian showing areas of concentrated deprivation (SIMD 2016)

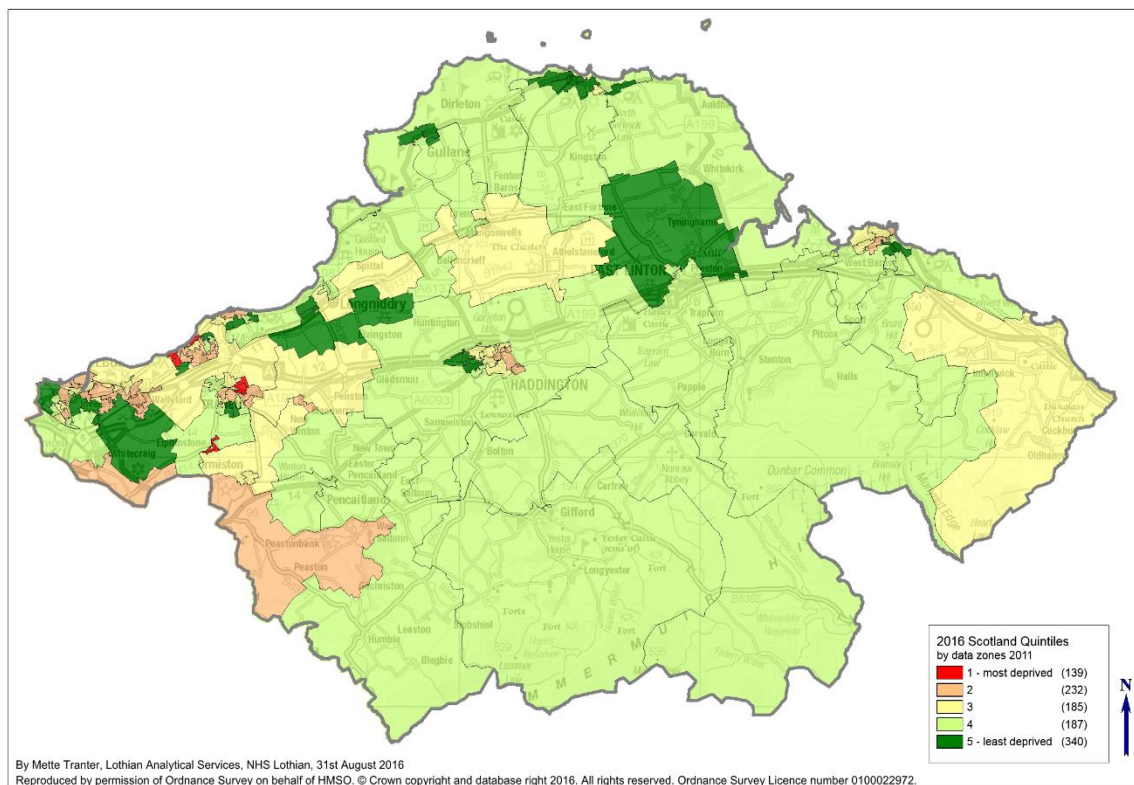
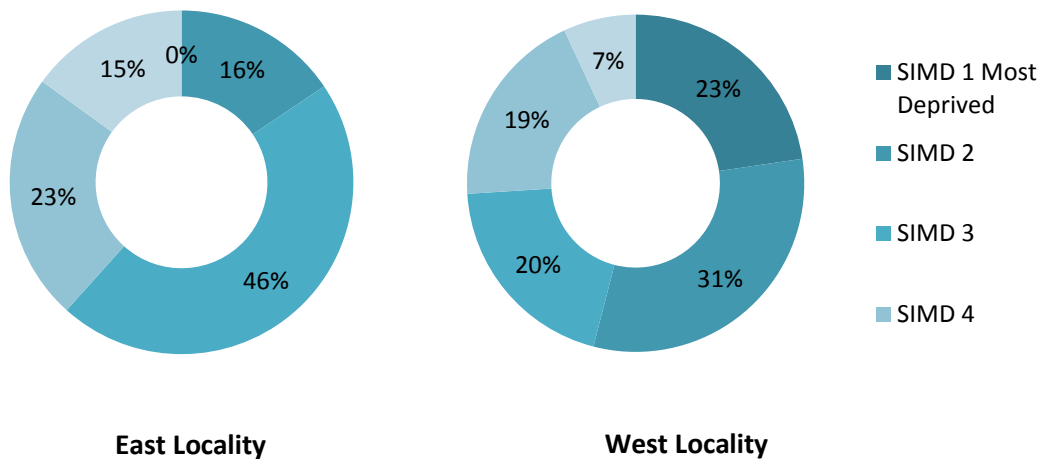


Chart 5 – Proportion of patients experiencing different levels of multiple deprivation by list size and locality (SIMD 2016)



4.5 Social and economic circumstances have a significant impact on health outcomes, with higher deprivation being associated with poorer outcomes and reduced access to care³.

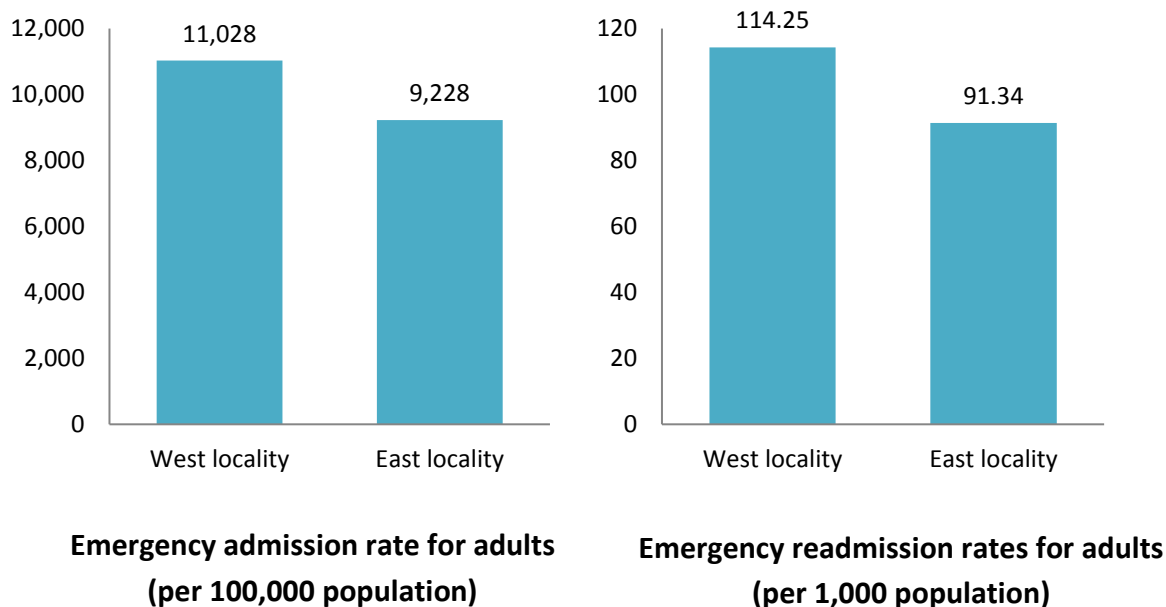
4.6 Across East Lothian people living in the most deprived areas have a life expectancy 5 years lower than those in the least deprived areas. People experiencing higher levels of deprivation will also spend more of their lives in ill health.

4.7 Evidence suggests that multi-morbidity tends to occur 10-15 years earlier for people living in the most deprived areas compared to the least.

4.8 Such inequalities are due to a complex mix of social, economic, cultural and political reasons. Population health and wellbeing is not just a matter for the health and social care system but requires joint action and greater partnership working.

4.9 Performance against national indicators is also variable across localities (Chart 6). In the west of East Lothian emergency admissions rates are 11,028 admissions per 100,000 and 9,228 in the eastern part of the county. There is a similar disparity when comparing emergency readmission rates to hospitals within 28 days of discharge.

Chart 6 – Emergency admissions and readmissions rates 2017/18



³ Marmot M. *Fair Society, Health Lives: The Marmot Review*. The Marmot Review, 2010.

5. Developing Primary Care

5.1 The East Lothian Primary Care Improvement Plan is intended to support significant changes in how patients access Primary Care services as well as social care services, specialist services and third sector and other supports and how these services are delivered. ELHSCP is committed to the 'Right Care, Right Place, Right Time' approach to health and social care delivery, recognising that individuals may require different pathways to care⁴.

5.2 During consultation on the 2018 Primary Care Improvement Plan and discussion on the reasoning for the ambitions within there was a great degree of debate and a number of communications from practices to the HSCP expressing concerns. These came in particular from practices in the east of the county and Prestonpans, which did not see the need for, or relevance of, the 'Musselburgh Model' in their areas.

5.3 These responses appeared to reflect a number of factors, including the differences between communities and levels of demand in different parts of the county.

5.4 All opinions expressed during the original consultation were listened to and have been and will continue to be used to shape alternative support services according to individual practice need and demand and to reflect the GP contract requirements. In the next few months we plan a series of monthly meetings with GPs to hear their views, ideas and suggestions for implementation of the PCIP and the new GMS contract over the next two years.

5.5 The Primary Care Team at ELHSCP continues to support GP practices across the county in a variety of ways, including building infrastructure and capacity across all practices and providing support to individual practices in times of need. It also works with practices in testing, implementing and evaluating new models of service delivery to transfer demand from GPs and practices.

5.6 In March 2018, Cluster Quality Leads carried out a mapping exercise to gather information from East Lothian practices on priorities for the Primary Care Improvement Plan and information on practice workforce.

5.7 The survey achieved a 100% response rate. It is apparent from the survey that practice teams wish to see development of additional roles in primary care, for example advanced physiotherapy practitioners, community mental health nurses and community link workers. The roll-out of these and other supports to primary care

⁴ <https://www2.gov.scot/resource/doc/311667/0098354.pdf>

across the country will be phased to reflect available staff and funding and the requirements of individual practices and areas.

5.8 By supporting partnership and collaborative working, developing a highly skilled multi-disciplinary primary care workforce and identifying models that meet the needs of our communities, the HSCP will deliver service improvement, reduce GP workload, provide greater capacity to respond to increased demand on services and ensure better outcomes for patients.

5.9 Developments in service delivery in primary care across the county will continue to be evaluated, taking into account the needs of local communities and local community opinion. Outcomes of this work will be shared across the East Lothian practices and to other partnerships.

6. Multi-Disciplinary Approaches

6.1 The Access and Service Delivery Working Group supports development of pathways for patients seeking access to Primary Care services, with a particular focus on the benefits of multi-disciplinary approaches. The working group is focused on ensuring that patients are given a tailored access journey, and importantly, that they see the right professional for their presenting problem at the outset.

6.2 A choice of multi-disciplinary approaches are being developed across the county, taking into account the particular needs of each locality.

6.3 A multi-disciplinary approach has already been piloted to improve access for patients seeking same day access to care. In partnership with Riverside Medical Practice and NHS 24, the 'Musselburgh Model' was tested and developed to serve nearly 20% of the East Lothian population. NHS24 support is funded from their own resources at no cost to our Primary Care Improvement Fund.

6.4 The Musselburgh Model demonstrates a collaborative approach drawing on expertise from Nurse Practitioners, Advanced Physiotherapy Practitioners, Mental Health Nurses, Mental Health Occupational Therapists, and Advanced Nurse Practitioners to ensure patients access the right type of support for their needs.

6.5 The Musselburgh Model has been established with clear clinical governance arrangements to ensure patient safety. It also provides a training hub for professionals from across Lothian to develop further skills and expertise within their enhanced role as well as gain experience working within a multi-disciplinary team.

6.6 Robust evaluation of the Musselburgh Model has demonstrated reductions in outpatient referral numbers and prescribing, including significant reductions in

antibiotic prescribing. Monitoring of a range of outcomes continues, across the NHS24 and Musselburgh Model services and Riverside practice, and externally with the help of an independent East Lothian third sector body.

6.7 ELHSCP is committed to expanding access to multi-disciplinary healthcare teams for patients across the county. NHS 24 have committed to expanding their input via extra investment from Scottish Government.

6.8 The Musselburgh Model pilot is now being adopted across three additional neighbouring practices to form a multi-disciplinary same day service benefiting over 53,000 patients. This will serve over half of the East Lothian population. This new expanded service (the Community Health Hub) will, as set out in the first PCIP agreed by the IJB and the GP subcommittee in 2018, offer a same day primary care response to patients in all participating practices as well as being the training and development hub for the multi-disciplinary primary care workforce.

6.9 A second service is in development to serve the East of the country, taking into account the different needs of each locality, the preferences of individual practices and varying levels of demand on Primary Care. Early needs assessments in the east have highlighted a requirement to support patients in accessing musculoskeletal services and in getting help with Mental Health issues.

6.10 This pathway will establish a second Community Health Hub and possible locations are being explored in the East Lothian Community Hospital in Haddington. GP practices will be supported to establish local care navigation pathways and the service will offer improved same day access for mental health and musculoskeletal Support, allowing GPs to spend more time on routine care. The possibility of satellite hubs will also be explored.

7. Support to Care Homes

7.1 A nurse practitioner team has been working directly with Care Homes and GP Practices to deliver prompt and continuous care to residents of care homes by being the first point of contact for the homes when medical support is required. Nursing expertise, augmented with clinical decision-making capabilities and prescribing, has led to a more seamless level of ongoing and acute care to residents and has supported the Care Homes and GP Practices.

7.2 Feedback from involved practices has been positive and GP workload significantly reduced. Advanced Care Planning and continuity of care have been supported and enhanced and GPs enabled to spend more time on other work.

7.3 Currently the Care Home Team covers Musselburgh, Wallyford, Gullane, and Haddington (49,500 of the East Lothian population). In recognition of the success of this service and the need to ensure we provide the best possible care for one of the most frail populations, ELHSCP intends to grow this team to ensure all care home residents in the county can benefit.

7.4 Care Homes in North Berwick and then Tranent will be the next to have this support (an additional 23,000 patients are covered by these practices, meaning CHT will be covering practices caring for 72,500 patients, or 66% of the county's patients). We have three practices without care homes in their area (East Linton, Harbours and Prestonpans, totalling 21,500 patients). The final phase of CHT rollout will be to add Ormiston and Dunbar practices, which care for 18,300 patients.

7.5 The Care Home service is currently being evaluated by Healthcare Improvement Scotland (HIS) with a focus on the impact in Tranent, capturing data before and after deployment. A working group is developing this using Quality Improvement methodology with representation from the practices and the partnership.

8. Pharmacotherapy

8.1 Practice Pharmacists continue to provide services for patients of several practices in East Lothian. Three additional Pharmacists are currently being recruited, ensuring that every practice will have access to a pharmacist by the end of 2019-20.

8.2 Pharmacotherapy services are managed at board level and delivery models are being explored across Lothian. ELHSCP will continue to evaluate pharmacy-led models locally, and innovative ways of working to ensure delivery of improved pharmacotherapy services for patients across the county.

8.3 Work has already begun to improve medicines ordering and reconciliation processes to reduce the administrative burden on practices. This will include evaluation of teams which utilise pharmacy technicians and administrative support alongside pharmacists as well as assessing remote models of working.

9. Link Workers

9.1 A Link Worker service has been developed in collaboration with a third sector provider and is currently serving four GP practices in East Lothian. The Link Worker service provides additional capacity for Primary Care to respond to patients with more complex social needs, who are socially isolated, or who would benefit from engagement with community supports.

9.2 Each individual receives an initial assessment and is provided with support and signposting tailored for their particular needs. During the first three quarters of 2018 the top two reasons for referral included support for mental health and financial/benefits help. A local database of community resources was also developed to improve signposting.

9.3 A full review of this service is currently underway to identify the impact of the service for patients as well as GP practices. The Link Worker sub-group has been initiated to help ensure continuity of service delivery for 2019-20.

9.4 Recently the working group has had input from the National Lead for Community Link Worker models and will consider models for the intended expansion of the Link Worker service. It is anticipated that the Link Worker service will be available to all our practices as of April 2020.

10. Community Treatment and Care Services (CTACS)

10.1 Delivery of services via Community Treatment and Care Services will ensure a more equitable service for patients, agreed treatment protocols and improved clinical outcomes.

10.2 It is recognised that some nursing services may lend themselves better to a CTACS model and discussions with Primary Care Providers regarding local development of CTACS are ongoing.

10.3 An evaluation of current Primary Care Nursing services (including Practice Nursing, treatment room services, and Health Care Assistants and Phlebotomy) within existing GP Practices has also been completed. These services are currently provided by a workforce of mainly GP-employed and some ELHSCP-employed staff.

10.4 Partners in the Local Intelligence Support Team (LIST) provided support to carry out detailed data analysis over a 2 week period of all GP practices in East Lothian to identify the top reasons for interaction with nursing and the time spent per interaction.

10.5 Further development and implementation of CTACS will be based around activity and need. These new centres, as envisaged by the new GMS contract, will deliver nursing services for Primary Care and will be developed in partnership with GP Practices and run by ELHSCP staff.

10.6 An evaluation of current secondary care phlebotomy provided by general practice staff is currently being undertaken. This will help us identify workload and future secondary care phlebotomy requirements within CTAC services.

10.7 Premises for our first implementation of new CTAC services has been identified in the East Lothian Community Hospital. A pilot is expected to begin in August 2019. ELHSCP will continue to test and refine the CTACS model to evaluate outcomes of service development and the impact on local GP practices. All practices will have support from a CTAC service by March 2021 and it is envisaged that these will be based in at least two centres.

11. Home Visiting

11.1 New models of Home Visiting, including the input of Paramedic Practitioners, and Allied Health Professionals are being developed which will allow ELHSCP to create different models of response for situations of acute illness, as well as complex issues of frailty, and improve pathways into secondary care and social services.

11.2 In collaboration with Scottish Ambulance Service (SAS) a model of home visiting involving anticipatory care planning and triage against core competencies has been embedded within one practice locally. This service allows specialist paramedics to assess patients in their homes as an alternative to acute admission.

11.3 Funding for the SAS model is secured for the coming year and the model is currently being evaluated. Early feedback from GP and SAS staff is positive.

11.4 A further test of change involving nurse-led home visiting is also now being considered. This East Lothian Home Visiting Service (ELHViS) would focus on unscheduled care including frailty and acute illness, and would link seamlessly with other ELHSCP services, including District Nursing, Hospital @ Home, and Practice Pharmacists. The service will also link with Social Care services, especially in the context of admission avoidance, via our well-developed ELCH Hub.

11.5 Depending on successful evaluation, all East Lothian practices who choose to access this additional support will be able to access a home visiting service by March 2021.

12. Mental Health

12.1 The creation of different pathways for people in East Lothian experiencing mental health issues is essential to ensure they have access to the right information and support at the right time. Investing in a pathway that ensures earlier access to support is a priority.

12.2 The Musselburgh Model will continue to expand a Mental Health Occupational Therapist (OT) model for offering same day access for people presenting to primary care. This expansion will offer services to practices opting into this model of primary care.

12.3 In addition, a Nurse-led model of Mental Health is being developed which will include intensive in-reach of Community Mental Health Nurses managed by the Community Mental Health Team. Initially this model will be developed collaboratively with practices in Dunbar, Prestonpans, North Berwick, Haddington, and East Linton.

12.4 There are ongoing discussions with practices to develop criteria and pathways for the service. It is envisaged that this model would offer face-to-face support for patients as well as brief interventions.

12.5 Pathways and criteria for enhanced provision of out of hours mental health support are currently in development as part of work by the Unscheduled Care Board in conjunction with Lothian Unscheduled Care Services. This will include a 3 month pilot of a primary care mental health assessment and referral pathway to local resources including the East Lothian Intensive Home Treatment Team (IHTT) where appropriate.

13. Substance Misuse

13.1 East Lothian has seen a continued rise in the numbers of drug-related deaths throughout the county. The Substance Misuse Service (SMS) was created in collaboration with the local Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) and is funded through the Scottish Drugs Strategy. It aims to ensure greater specialist local provision in primary care settings and improve access to treatment for patients.

13.2 The Substance Misuse Service provides additional capacity to support patients to improve all aspects of health, including managing and reducing substance misuse as well as addressing other physical and mental health needs.

13.3 This collaboration offers new pathways for client flow from the main SMS team back to the respective locality for the individual and aims to improve access to services within the Local Delivery Plan target of 21 days. Central management of these assertive in-reach teams will ensure appropriate supervision and clinical care governance.

13.4 The SMS team will be affiliated with primary care locations across the county, with teams being rolled out in Dunbar, North Berwick, Musselburgh, Tranent and Haddington by September 2019.

14. Vaccinations

14.1 ELHSCP is participating in the pan-Lothian Vaccination Transformation Programme (VTP). The VTP in Lothian is on course to deliver the priorities agreed by the VTP Strategic Group. Current options appraisals are being undertaken with consideration of mixed models of delivery to meet practice population needs.

14.2 One priority for year one is piloting of 0-5 year routine childhood vaccination delivery for any GP practice where there was delivery by GPs or practice staff, or dual delivery with Health Visiting.

14.3 Transfer of vaccinations to the Community Vaccination Team (CVT) for ages 0-5 has already benefited 6 practices in East Lothian, 2 of which previously had Health Visitor delivered support.

14.4 Plans for year 2 include the continued rollout of childhood vaccinations following the options appraisal, scoping of pilots for adult vaccinations and the continuation of the rollout of pregnancy vaccinations across Lothian.

14.5 Further national guidance is awaited to direct the rollout of future travel vaccinations. The Lothian VTP group has agreed to establish a travel vaccines group to begin development of an agreed, Lothian-wide specification for delivery of the service.

14.6 Tackling health inequalities by ensuring vaccinations continue to be accessible is a major consideration. ELHSCP will continue to support opportunistic flu vaccinations within other areas of primary care services to increase uptake.

15. Evaluation and Monitoring

15.1 Locally infrastructure and capacity across ELHSCP is being developed to support data-sharing and the monitoring and improvement of services.

15.2 To better support data-sharing and analysis across primary care, SPIRE (Scottish Primary Care Information Resource) training is also being rolled out to practices across East Lothian for the remainder of 2019.

15.3 ELHSCP has now established a Data Group with the aim of supporting better use of data and resources across the Partnership, including test projects within primary care.

15.4 Developments in primary care across East Lothian continue to be monitored and evaluated to inform future service design and improvement. For example an evaluation of the Musselburgh Model has already identified significant reductions in antibiotic prescribing as well as significant reductions in mental health and orthopaedic referrals to secondary care.

15.5 East Lothian HSCP understands that work is underway in the Scottish Government on evaluation of primary care. The partnership will adopt any agreed national and Lothian approaches to evaluation of its primary care services.

15.6 The Primary Care Change Board will also work in conjunction with the Local Intelligence Support Team (LIST) to identify key local indicators for primary care to capture the impact of local service developments.

15.7 Patient involvement will continue to be a critical part of monitoring and evaluation to ensure patient's insights, experiences and priorities are taken into account in assessing the impact of local service developments.

15.8 LIST also continues to support GP Clusters in data analysis to inform quality improvement initiatives. A recent example includes the successful piloting of community pain management clinics led by the GP Clusters. This has led to a proposal for a tiered community pain management service, which has been submitted to the Shifting the Balance of Care Change Board for consideration. If implemented, this service has great potential to support GPs in managing the large numbers of people with long term pain, and in offering alternatives other than medication.

16 Workforce Planning and Development

16.1 In East Lothian, our objective is to work in collaboration with all our partners and stakeholders to ensure we have a knowledgeable and skilled workforce able to respond to current challenges to delivery primary care services.

16.2 National workforce shortages continue to present challenges locally. GP shortages are increasing, and the reduced number of medical graduates selecting general practice as a career has severely limited the number of GPs available to maintain a stable workforce. Many practices locally continue to be dependent on locum GPs.

16.3 The development of Advanced Nurse Practitioner and Nurse Practitioner roles also require ongoing investment in post-registration training and in providing relevant experience. There is a risk that growth of ANP and NP posts in non-hospital settings will cause shortages of nursing staff in other settings.

16.4 Advanced Physiotherapy Practitioner posts also need to be developed to provide musculoskeletal services in primary care, similarly primary care based pharmacy posts need to be developed to extend this role. Work is needed to attract and develop staff with these enhanced roles.

16.5 For Pharmacotherapy services, there is a need to explore the role of pharmacy technicians and how implementation of alternative models of working could support pharmacists to deliver across wider geographical areas.

16.6 Across all grades of staff we need to ensure colleagues are working safely at the top of their licence and within their experience.

16.7 East Lothian IJB has supported a workforce plan which outlines future actions to create a sustainable workforce in both clinical and non-clinical roles, and includes plans for primary care services directly managed by ELHSCP.

16.8 Local workforce projections have been provided to the Lothian Primary Care Workforce Planning Group. Current recruitment challenges and the difficulty recruiting advanced practitioners have also been highlighted.

16.9 ELHSCP Primary Care Management Team also supports GP practices to address local challenges in workforce planning and development where necessary, for example, supporting arrangements for locum transfers or practice management.

16.10 The development of multi-disciplinary models of working across East Lothian has created unique opportunities for workforce development. For example, within

the Musselburgh Model, an educational framework has been built into the service in order to attract and develop staff locally.

16.11 The Musselburgh Model offers clear training pathways from Nurse Practitioners to Advanced Nurse Practitioners within the service. In addition, the services hosts an NHS Lothian Education Coordinator who is able to offer guidance and support to team members and support students to see patients in a live environment.

16.12 With the establishment of the two Community Health Hubs across the county, there will continue to be opportunities for future development for staff to work across multi-disciplinary teams in innovative services with the expectation that this will help us grow our workforce locally.

17 Premises

17.1 ELHSCP is committed to developing sustainable premises which can continue to meet the need for primary care services for a growing population.

17.2 ELHSCP is linking with GP practices to plan for areas with significant development and growth. ELHSCP has already requested expression of interests for GPs to expand their boundaries to ensure primary care access in the new Blindwells housing development. Four GP practices have currently expressed an interest in doing so.

17.3 In terms of existing capital projects, the East Lothian Community Hospital is due for completion in October 2019 and Cockenzie Health Centre is due for completion in 2020.

17.4 East Lothian is committed to exploring the use of campus approaches and existing premises that may be available. Plans are being explored within the new Wallyford development and the new CTACs service will be based within the East Lothian Community Hospital campus.

17.5 During the 2018/19 cycle of capital prioritisation ELHSCP identified additional projects listed in Table 2 that are considered priorities where further Strategic Assessments are still to be completed.

Table 2: Service Priorities awaiting Strategic Assessments

| | Project | Timescale required in (where known) | Date SA Planned |
|----|-----------------------------|--|------------------------|
| 1. | Blindwells Health Centre | 2022/23 | Early 2019 |
| 2. | Haddington Health Centre | 2020/21 | Early 2019 |
| 3. | North Berwick Health Centre | 2020/21 | Early 2019 |
| 4. | East Linton | TBC | Early 2019 |

17.6 As premises are identified, ELHSCP is also linking with Council transport to identify possible models of collaboration to ensure that patients who currently experience difficulties due to transport practicalities are not disadvantaged, and to consider those who are at risk of becoming disadvantaged by any future service changes.

18 Funding

18.1 Primary Care Improvement Fund and Scottish Government investment is provided to support the implementation of the new GMS Contract and is planned to grow over the next three years. In addition investments have been made at NHS Lothian and ELHSCP level (for example the Care Home Team and Links Workers) to support the development of primary care and support services. A breakdown of projected primary care investments is shown in Table 3.

18.2 An anticipated underspend of £219,000 from 2018-2019 will be carried forward for 2019-20 to increase the total investment from £1.76 million to £1.98 million.

18.3 Despite the carry forward, the current funding may not be sufficient to deliver all elements of the new GP contract and development of local support services for primary care in East Lothian. Combined with potential difficulties in recruiting staff, this may influence the speed at which services can be introduced. Although further national and NHS Lothian investment is committed in the next two years of the GMS contract implementation period there may still be resource shortfalls.

18.4 It is also anticipated that further service developments in Mental Health and Substance Misuse funded through Action 15 Funding and the Scottish Drugs Strategy funding will also benefit primary care services.

Table 3: Funding to support the development of Primary Care services

| Primary Care Investment in Future Years | | | |
|--|--------------|-------------------|-----------------|
| | PCIF | Other NHSL | Combined |
| | £000s | £000s | £000s |
| 2019-20 | 1,009 | 746 | 1,755 |
| 2020-21 | 2,018 | 746 | 2,764 |
| 2021-22 | 2,844 | 746 | 3,590 |

19 Communications and Engagement

19.1 Successfully embedding new models of working requires innovative engagement with local communities.

19.2 The East Lothian Health and Social Care Partnership is committed to systematic engagement of all relevant stakeholders throughout the implementation of the Primary Care Improvement Plan. ELHSCP is also committed to carrying out engagement in line with the National Community Engagement Standards.

19.3 The Primary Care Change Board's four working groups provide an opportunity to ensure patient, carer and a range of professional views are taken into account in the implementation of the Primary Care Improvement Plan.

19.4 The ELHSCP has also developed a variety of tools to ensure ongoing communication regarding Primary Care updates, including a Primary Care newsletter as well as a blog which serves as a forum for discussion.

19.5 Patient Participation Groups (PPGs) have already been involved in carrying out an independent evaluation of the new Multi-Disciplinary Team approach in Riverside Practice.

19.6 ELHSCP is working with the Scottish Health Council to support the further development of Health and Well-being groups as well as the PPGs across East Lothian.

19.7 There are further plans to engage with these networks in order to ensure patient perspectives are taken into account in future service development.

19.8 ELHSCP is also working with NHS Lothian Communications to ensure patients receive up-to-date information regarding any service developments going forward.

19.9 Evaluations of specific service developments will also continue to draw on patient and professional expertise to inform future improvements.

