



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

**MEETING DATE:** 11 September 2019

**BY:** Chief Officer

**SUBJECT:** Reappointment of a Voting Member of the East Lothian Integration Joint Board

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## 1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of NHS Lothian's decision to reappoint of Fiona Ireland as a voting member for the period September 2019 to September 2022.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the reappointment of Fiona Ireland as a voting member of the IJB for the maximum term of office.

## 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 Chairman of NHS Lothian wrote to the Chair of the East Lothian IJB on 7 August 2019 to confirm Ms Ireland's reappointment as a voting member. The appointment will take effect from 22 September 2019 (when her current appointment period ends) and will extend for the maximum term of three years.

## 4 ENGAGEMENT

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

## **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.

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<b>DATE</b>	3 September 2019

# East Lothian Integration Joint Board

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2018/19 Annual Audit Report



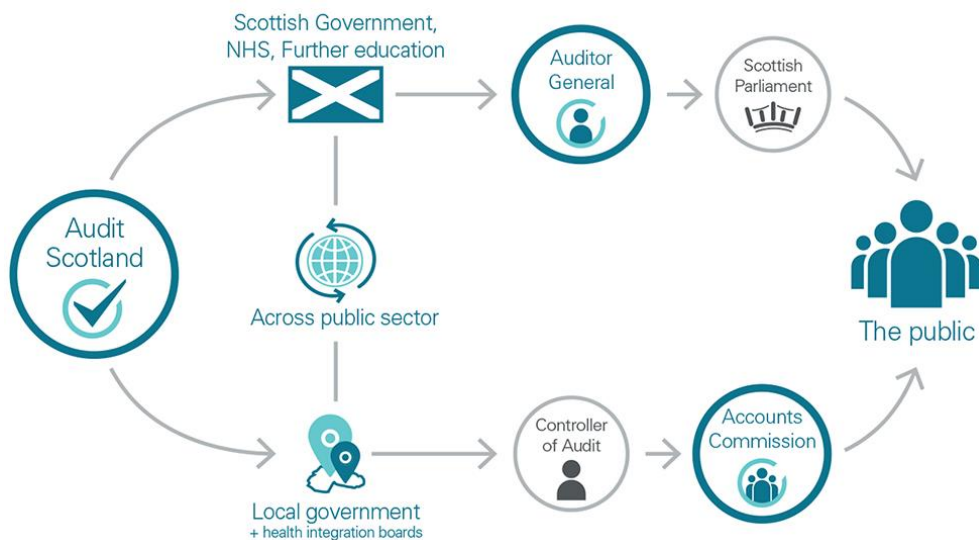
 AUDIT SCOTLAND

Prepared for East Lothian Integration Joint Board and the Controller of Audit  
11 September 2019

## Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



## About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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# Key messages

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## 2018/19 annual report and accounts

- 1** In our opinion the East Lothian Integration Joint Board's (the IJB) financial statements give a true and fair view and were properly prepared.
- 2** The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with proper accounting practices and applicable guidance.

## Financial management and sustainability

- 3** The IJB has appropriate financial planning arrangements in place. The budgetary processes provide timely and reliable information for monitoring financial performance.
- 4** The IJB and partners must work together to develop savings plans against the five year rolling budget to reduce estimated future funding gaps and to ensure continued service delivery. Regular updates on progress should be communicated to the board.
- 5** The IJB incurred a year-end surplus of £1.772 million and now has a Useable Reserve comprised of general and earmarked reserves. This has been agreed with the partner bodies.

## Governance, transparency and value for money

- 6** The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.
- 7** The IJB demonstrates a commitment to transparency in the way it conducts its business.
- 8** The annual Performance Report is currently in draft and due to be submitted to the IJB in September 2019. The IJB should ensure that the annual Performance Report is completed and submitted by 31 July as required by the Public Bodies (Joint Working) (Scotland) Act 2014.
- 9** To achieve value for money the IJB should have effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account. The annual Performance Report still requires to set out an assessment of how the IJB is meeting its best value duties in its delivery of services.
- 10** The IJB has effective arrangements for managing performance and monitoring progress towards their strategic objectives.

# Introduction

1. This report is a summary of our findings arising from the 2018/19 audit of East Lothian Integration Joint Board (the IJB).
2. The scope of our audit was set out in our Annual Audit Plan presented to the Audit and Risk Committee meeting on 10 January 2019. This report comprises the findings from our main elements of work in 2018/19 including:
  - an audit of the IJB's 2018/19 annual accounts including issuing an independent auditor's report setting out our opinion
  - consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#) as illustrated in [Exhibit 1](#).

## Exhibit 1 Audit dimensions



Source: Code of Audit Practice 2016

## Adding value through the audit

3. We add value to the IJB, through audit, by:
  - identifying and providing insight on significant risks, and making clear and relevant recommendations for improvements that have been accepted by management
  - reporting our findings and conclusions in public
  - sharing intelligence and good practice through our national reports ([Appendix 3](#)) and good practice guides

- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability

4. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

## Responsibilities and reporting

5. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

6. Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the [Code of Audit Practice \(2016\)](#), supplementary guidance, and International Standards on Auditing in the UK.

7. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the appropriateness and effectiveness of the performance management arrangements,
- the suitability and effectiveness of corporate governance arrangements,
- the financial position and arrangements for securing financial sustainability.

8. In doing this we aim to support improvement and accountability. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#) and supplementary guidance.

9. Weaknesses or risks identified in our annual audit report are only those which have come to our attention during our normal audit work and may not be all that exist.

10. Our annual audit report contains an agreed action plan at [Appendix 1](#). It sets out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and the steps being taken to implement them.

11. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can confirm that we have not undertaken any non-audit related services and therefore the 2018/19 audit fee of £25,000, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

12. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk) in due course.

13. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.



# Part 1

## Audit of 2018/19 annual accounts



### Main judgements

**In our opinion East Lothian IJB's financial statements give a true and fair view and were properly prepared.**

**The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with proper accounting practices and applicable guidance.**

The annual accounts are the principal means of accounting for the stewardship of the board's resources and its performance in the use of those resources.

### Audit opinions on the annual accounts

**14.** The annual accounts for the year ended 31 March 2019 were approved by the board on 11 September 2019. We reported within the independent auditor's report that:

- the financial statements give a true and fair view and were properly prepared
- the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices and applicable guidance.

**15.** Additionally, we have nothing to report in respect of misstatements in information other than the financial statements, the adequacy of accounting records, and the information and explanations we received.

### Submission of annual accounts for audit

**16.** We received the unaudited annual accounts on 27 June 2019 in line with our agreed audit timetable. Financial information was provided to the IJB in a timely manner from the partner bodies in order to allow it to produce its accounts by the statutory deadline. The partner bodies also provided the IJB with assurance letters confirming that the figures were complete and accurate.

**17.** The working papers provided with the unaudited annual accounts were of a good standard and finance staff provided good support to the audit team which helped ensure the audit process ran smoothly.

### Risks of material misstatement

**18.** [Appendix 2](#) provides a description of those assessed risks of material misstatement in the financial statements and any wider audit dimension risks that were identified during the audit planning process. It also summarises the work we have done to gain assurance over the outcome of these risks.

## Materiality

**19.** Misstatements are material if they could reasonably be expected to influence the economic decisions of users taken based on the financial statements. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement. It is affected by our perception of the financial information needs of users of the financial statements.

**20.** Our initial assessment of materiality for the annual report and accounts was carried out during the planning phase of the audit and is summarised in [Exhibit 2](#). Specifically, regarding the annual accounts we assess the materiality of uncorrected misstatements, both individually and collectively.

**21.** On receipt of the unaudited annual accounts we reviewed our materiality calculations and concluded that they remained appropriate.

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## Exhibit 2 Materiality values

Materiality level	Amount
Overall materiality	£1.6 million
Performance materiality	£1.2 million
Reporting threshold	£16,000

Source: East Lothian IJB 2018/19 Unaudited Annual Accounts

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## Significant findings from the audit in accordance with ISA 260

**22.** International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices covering accounting policies, accounting estimates and financial statements disclosures. There were no significant findings in the 2018/19 audit. We also have no significant finding to report and on the qualitative aspects of the 2018/19 accounting practices.

## Evaluation of misstatements

**23.** There were no material adjustments to the unaudited annual accounts arising from our audit. There were no individual misstatements which exceeded our reporting threshold.

## Other Findings

**24.** Our audit identified a number of presentational and disclosure issues which were discussed with management. These were adjusted for and are reflected in the audited annual accounts.

## Follow up of prior year recommendations

**25.** The IJB has made progress in implementing our prior year audit recommendations. In 2017/18 we raised four recommendations in our annual audit report. During 2018/19 the IJB progressed and cleared two recommendations by preparing a five-year, rolling, medium term financial plan and, implementing a workforce plan for the IJB.

**26.** There are two recommendations from 2017/18 which remain open and these have been raised in [Appendix 1](#) with revised responses and timescales agreed with management. These actions are ongoing and relate to the development of longer term savings / efficiency plans against the five-year rolling plan and, submission of the performance report in line with national timescales.

# Part 2

## Financial management and sustainability



### Main judgements

The IJB has appropriate financial planning and reporting arrangements in place. The budgetary processes provide timely and reliable information for monitoring financial performance.



The IJB incurred a surplus of £1.772 million and now has a Useable Reserve comprised of general and earmarked reserves. This has been agreed with the partner bodies.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

### Financial management

**27.** As auditors, we need to consider whether audited bodies have established adequate financial management arrangements. We do this by considering several factors, including whether:

- the Chief Financial Officer (CFO) has sufficient status to be able to deliver good financial management
- standing financial instructions and standing orders are comprehensive, current and promoted within the IJB
- reports monitoring performance against budgets are accurate and provided regularly to budget holders
- monitoring reports do not just contain financial data but are linked to information about performance
- IJB members provide a good level of challenge and question budget holders on significant variances.

**28.** Following the departure of the former Chief Officer (CO) in June 2018 a decision was taken by NHS Lothian and East Lothian Council to make an initial appointment to the post of CO on a temporary basis, with a view to seeking a permanent replacement in due course. The IJB appointed an interim CO during this time. In accordance with the policies and procedures of East Lothian Council and NHS Lothian, an appointment Committee was then constituted to seek a permanent replacement. The Committee was facilitated by NHS Lothian and East Lothian Council officers and the IJB formally approved the permanent appointment of the interim CO in April 2019.

**29.** The CFO retired during 2018/19. The role was filled on a permanent basis with the newly appointed CFO taking up the role in October 2018. There was no disruption to service during this time.

**30.** The CFO has sufficient status and is able to deliver good financial management. The CFO reports directly to the CO and regularly reports to the

board and the Audit and Risk Committee. From our attendance at both the board and Audit and Risk Committee meetings, we observed that members provide a good level of challenge and scrutiny on the material presented.

**31.** We also are satisfied that financial and wider performance reports are presented to the board on a timely and regular basis.

## Systems of internal control

**32.** The IJB relies on the information generated by its partner bodies' key financial systems such as the ledger and payroll. The details of the IJB's financial transactions are processed through the partners systems and the controls over these systems are accounted for within these two bodies. The IJB's transactions are maintained separately from those of the partner bodies in the ledger.

**33.** As part of our audit approach and in accordance with ISA 402, we sought assurances from the external auditors of NHS Lothian and East Lothian Council who both confirmed there were no weaknesses in respective systems of internal control which would have a material impact on financial reporting.

## Risk management

**34.** Risk management continues to be refined by the IJB. At its June 2019 Audit and Risk Committee, a demonstration of the risk register software was provided by officers. This was a useful exercise for both officers and members to understand what goes into creating, managing and addressing the IJB's strategic risks. Members took this opportunity to consult on the risk register, its presentation and commented that it is clearly laid out. The risk register highlights changes and updates from the last iteration. There were no new risks since the last register was presented. Member feedback on content is provided during meetings and officers seek to address this where possible. Officers clarified that only items that affect the delivery of the IJB's services would feature on the risk register. Other risks are contained within the partners risk registers. If necessary, these risks will be escalated to the IJB for information / wider awareness.

**35.** EU withdrawal will be added to the IJB's risk register after it was recognised that it affects all organisations. The risk will draw on and summarise the partners risk registers with the key areas being staffing and the availability of medicines. This will also ensure that the risk registers are joined up.

**36.** Based on our review of the evidence we concluded that the IJB has appropriate risk management arrangements which are subject to regular review by the board and Audit and Risk Committee.

## Internal audit

**37.** We reviewed the IJB's internal audit arrangements in accordance with International Standard on Auditing (UK) 610 (Using the Work of Internal Auditors) to determine the extent to which we could rely on the work of internal audit.

**38.** To avoid duplication of effort we place reliance on the work of internal audit wherever possible. In 2018/19 we did not place any formal reliance on internal audit reviews for the purpose of obtaining direct assurance for our financial statements work. We did consider the internal audit report findings as part of our wider dimension work: Adult Services (Residential Care, Payments on Schedule and Transport); Budget Monitoring; and Business Continuity Planning and Disaster Recovery. We also note that recommendations made by internal audit are being implemented in line with the agreed timescales.

## Financial performance in 2018/19

**39.** The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer. All funding and expenditure for the IJB is

incurred by partners' bodies and processed in their accounting records. Satisfactory arrangements are in place to identify this income and expenditure and report this financial information to the IJB. A summary of the IJB's performance against budget is in [Exhibit 4](#).

40. For the majority of 2018/19, the IJB was projecting an overspend. In December 2018 a £764k projected overspend was reported to the IJB and amended to £715k in the February 2019 board update. During the latter part of the year 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 was slippage in spending these allocations. The IJB correctly transferred the unspent funding into an earmarked reserve to carry forward for spending in future financial years. This has been agreed with the partners.

## Exhibit 4 Performance against budget

IJB budget summary	Budget £000	Actual £000	Variance £000
<b>Net Expenditure</b>			
NHS Lothian	116,531	115,060	1,471
East Lothian Council	45,058	44,757	301
Total Net Expenditure	161,589	159,817	1,772
<b>Surplus to be retained by the IJB</b>		<b>1,772</b>	
<b>Earmarked Reserves</b>		<b>695</b>	

Source: East Lothian IJB Annual Account 2018/19

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

## Financial planning and sustainability

41. The Scottish Government published its medium term financial framework for Health and Social Care in October 2018. The framework was presented to the Audit and Risk Committee in January 2019 and has supported the development of the rolling five year financial plan.

42. The IJB prepared and presented a rolling five year financial plan to the board in June 2019. It is based on formal budget offers from partners and includes budget values for subsequent years. The summary provided to the board includes total anticipated delegated budgets over the next five years. It is reviewed and updated according to changes in partner funding.

43. In preparing the five year plan, the IJB ensured that health costs were based on detailed financial planning exercises conducted by NHS Lothian. For 2019/20, NHS Lothian have provided the IJB with additional funding to ensure that the base budget is uplifted by 2.6% and that unscheduled care investments made by NHS Lothian are also funded. The five year plan takes into account recurring and non-

recurring funding sources and has been updated to reflect these including a 5% growth in social care costs. The IJB has assumed that recurring funding is available in 2020/21 and factored these into their budget revisions. Further work needs to be done to identify savings beyond 2019/20.

44. The IJB's current five year plan indicates a total, projected funding gap by 2023/24 of £17.7m (11%). The IJB recognise the challenge ahead and have informed the board that only limited assurance can be given around its ability to break even in 2019/20, noting the significant financial challenges on the horizon.



### **Recommendation 1** ([refer appendix 1, action plan point 1](#))

**The IJB and partners must work together to develop savings plans against the five year rolling budget to reduce estimated future funding gaps and to ensure continued service delivery. Regular updates on progress should be communicated to the board.**

## **Reserves strategy**

45. A reserves strategy is in place as part of the IJB's Integration Scheme. A reserves policy has been in place since 2016/17 with no significant changes noted since then.

46. The Integration Scheme sets out the arrangements between the partners for addressing and financing any overspends or underspends. Planned underspends may be retained by the IJB to either fund additional in-year capacity or be carried forward to fund capacity in future years in line with the Strategic Plan. Any unplanned underspend will be returned to NHS Lothian or East Lothian Council. In 2018/19 the IJB reported an underspend of £1.772 million. The underspend has been retained by the IJB for use in 2019/20 and is included within Useable Reserves (earmarked and general) in the accounts. This was agreed by the partners.

## **EU Withdrawal**

47. There remains significant uncertainty surrounding the terms of the UK's withdrawal from the European Union (EU). EU withdrawal will inevitably have implications for devolved government in Scotland and for audited bodies. It is critical that public sector bodies are working to understand, assess and prepare for the impact on their business in three broad areas:

- Workforce – the extent to which potential changes to migration are likely to affect the availability of the people and skills needed to deliver services.
- Funding – the extent to which potential changes to existing EU funding programmes are likely to affect the finances of public bodies and the activity that such funding supports.
- Regulation – the extent to which potential changes to EU regulations are likely to affect the activities of some public bodies.

48. East Lothian Council and NHS Lothian, the IJB's partners, have been making preparations for the impact of EU withdrawal on services. The IJB recognised that their own strategic risk register should be updated to reflect the work underway by the partner bodies in respect of EU withdrawal ([refer paragraph 37](#) above). The IJB will wish to be well informed in how the council and the health board are working to monitor and respond to the impact of the EU withdrawal.

# Part 3

## Governance, transparency and value for money



### Main judgements

The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.



The annual Performance Report is currently in draft. The IJB should ensure that this report is completed and submitted by 31 July as required by the Public Bodies (Joint Working) (Scotland) Act 2014.

There is a lack of evidence to demonstrate how best value is being delivered in the IJB.

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

### Governance arrangements

**49.** The IJB is constituted through its Integration Scheme which is agreed by all partner bodies and was updated in March 2019 and presented to the board. The IJB is responsible for overseeing the delivery of health and social care services for East Lothian including responsibility for performance management.

**50.** The board has representation from a range of service users and partners including four elected voting members nominated by East Lothian Council and four voting members from NHS Lothian. The board aims to meet on a near-monthly basis and in 2018/19 met nine times (seven times in 2017/18). The board is supported by an Audit and Risk Committee. The Audit and Risk Committee meets on a quarterly basis and in 2018/19 met four times as planned (four times in 2017/18). We attend, where possible, and review minutes of board and Audit and Risk Committee meetings to assess their effectiveness. Board and, Audit and Risk Committee meetings are well attended with members providing a good level of scrutiny and challenge. Officers take actions away and these are addressed and updated in subsequent meetings.

**51.** The IJB is supported in its work by a Chief Officer and a Chief Finance Officer. The Chief Officer provides strategic and operational advice to the IJB while the Chief Finance Officer is responsible for financial management including budget monitoring reports. Both the Chief Officer and Chief Financial Officer were present at the 2018/19 Audit and Risk Committee meetings and provided good summaries and responded to member queries.

**52.** We conclude that overall the IJB has adequate governance arrangements in place and they provide a framework for effective organisational decision making.

### Openness and transparency

**53.** There is an increasing focus on how public money is used and what is achieved. In that regard, openness and transparency supports understanding and scrutiny. Transparency means that the general public has access to



understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

**54.** There is evidence from a number of sources which demonstrates the IJB's commitment to transparency for example, all papers for board and Audit and Risk Committee meetings are publicly available. Meetings can also be observed by members of the public with the press routinely in attendance. This is considered good practice as not all public sector bodies offer this level of transparency, particularly when it comes to the Audit and Risk Committee.

**55.** In addition, full details of the meetings held by the IJB are available through the East Lothian Council website where access is given to all committee papers and minutes of meetings (note, the IJB do not have their own website). The IJB receives regular financial monitoring reports which are clear and concise.

**56.** We conclude that the IJB demonstrates a commitment to openness and transparency.

### Transparent reporting of financial performance

**57.** The management commentary that accompanies the financial statements should clearly explain how a body has performed against its budget and how this is reconciled to the financial statements. The IJB's management commentary explains its in-year financial performance setting out key areas against the IJB's Strategic Plan. Outturn against the budget for both health and social care is clearly summarised with notes and explanations provided as appropriate. The commentary is concluded by highlighting key risks and uncertainties going forward including financial pressures, delivery of the Carers Act, workforce challenges, increasing population and wider Scottish and UK uncertainties.

Value for money is concerned with using resources effectively and continually improving services.

### Value for money

**58.** To achieve value for money the IJB should have effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account. Our audit covers the four audit dimensions, as set out in [Exhibit 1](#), which are key components of securing best value in the provision of services and the use of resources.

### Performance report and best value

**59.** The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end. Guidance highlights that the report should cover areas including: assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, inspection of services, and a review of strategic commissioning plan.

**60.** The 2018/19 annual Performance Report is currently in draft and due to be submitted for approval to the board at its next meeting on 11 September 2019. The IJB should ensure that the annual performance report is completed and submitted by the 31 July as required by the Public Bodies (Joint Working) (Scotland) Act 2014.



### Recommendation 2 ([refer appendix 1, action plan point 2](#))

**The IJB should ensure that the annual performance report is completed and submitted by the 31 July as required by the Public Bodies (Joint Working) (Scotland) Act 2014.**

**61.** We have reviewed the draft Performance Report and note that it summarises the IJB's main objectives, performance against integration and associated outcomes including national indicators, planning structures and, financial performance. This is in line with the national requirements.

**62.** Integration Joint Boards have a statutory duty to make arrangements to secure best value. To achieve value for money the IJB should have effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account. The performance report still requires to set out an assessment of how the IJB is meeting its best value duties in the delivery of services.



### **Recommendation 3 ([refer appendix 1, action plan point 3](#))**

**The IJB requires should assess and provide a summary in the annual Performance Report about how it is meeting its best value duties in the delivery of services.**

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**63.** The Strategic Plan identifies seven strategic priorities that are linked to the Scottish Government's ten health and wellbeing outcomes, together with the six additional outcomes for children and community justice. During 2018/19 the IJB agreed to focus its energies 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 outlined in the revised Strategic Plan and are as follows:

- 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; 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.

**64.** To support delivery of these priorities, in late 2018 the IJB developed a new strategic planning structure consisting of six 'Change Boards'. The Change Boards will focus on primary care; adults with complex needs; mental health and substance misuse; shifting the balance of care; re-provision programmes and; carers, to address and manage the priorities above.

**65.** The IJB has effective arrangements for managing performance and monitoring progress towards their strategic objectives however more could be done to demonstrate best value is being achieved ([refer paragraph 64](#) above).

### **National performance audit reports**

**66.** Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2018/19 we published some reports which are of direct interest to the board as outlined in [Appendix 3](#).

**67.** The IJB has arrangements in place for considering and reviewing national reports including any locally agreed actions. Where actions are raised as a result of these reports, they are followed up in subsequent meetings.

# Appendix 1

## Action plan 2018/19



No.	Issue/risk	Recommendation	Agreed management action/timing
1	<p><b>Efficiency savings</b></p> <p>The IJB's five year financial plan highlights the funding gaps faced each year ranging from £1.5m (2019/20) rising to £17.7m by 2023/23. As reported to the board in June 2019, there is limited assurance over the IJB's ability to break even in 2019/20. Further work is required to ensure financial pressures can be addressed.</p> <p><b>Risk</b> - The board may not be able to deliver the targeted savings / plans in 2019/20 and beyond.</p>	<p>The IJB and partners must work together to develop efficiency / savings plans against the five year rolling budget to reduce estimated future funding gaps and to ensure continued service delivery. Regular updates on progress should be communicated to the board.</p> <p>The board should ensure that saving plans are developed and monitored to identify how the 2019/20 £1.5 million funding gap will be bridged (<a href="#">refer paragraph 46</a>).</p>	<p>Work to deliver a balanced budget in 2019/20 is underway and our quarter 1 financial forecasts are highlighting improved performance albeit the IJB is still not in balance for 2019/20. Further to this the IJB's 5 year plan continues to be refined and developed in line with financial recovery actions utilising the Scottish Government's Medium Term Financial Framework for Health and Social Care to support this work.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Agreed date: March 2020</p>
2	<p><b>Annual Performance Report</b></p> <p>The 2018/19 annual Performance Report is currently in draft and due to be submitted for approval to the board at its next meeting on 11 September 2019. The IJB should ensure that the annual Performance Report is completed and submitted by the 31 July deadline.</p> <p><b>Risk</b> – There is a risk that the IJB will fail to report its performance publicly in a timely fashion.</p>	<p>The IJB should ensure that the annual Performance Report is completed and submitted by the 31 July as required by the Public Bodies (Joint Working) (Scotland) Act 2014 (<a href="#">refer paragraph 62</a>).</p>	<p>The annual report relies on activity and measurement data from information provided by NSS. This information was not received in time to allow the draft annual report to be presented to the IJB at its June meeting. The annual report will be presented to the next available IJB which is early September.</p> <p>Going forward for 2019/20 reporting arrangements are being made for all data required for the annual report is received in time to report to the IJB in line with the 31 July deadline.</p> <p>Responsible officer: Chief Officer</p> <p>Agreed date: 31 July 2020</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
3	<p><b>Reporting best value</b></p> <p>East Lothian IJB has produced a draft Performance Report however the report does not include a best value assessment of the IJB's delivery of services. This is one of the prescribed areas that the Performance Report should cover.</p> <p><b>Risk -</b> The performance report does not meet the requirements of the Scottish Government and the EL IJB cannot demonstrate best value.</p>	<p>The IJB should review and consider how it will report on best value in the 2019/20 annual Performance Report.</p>	<p>The 2019/20 Annual Performance Report will be developed and will include a best value assessment of the IJB s delivery of services.</p> <p>Responsible officer: Chief Officer</p> <p>Agreed date: 31 July 2020</p>

# Appendix 2

## Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the [Code of Audit Practice 2016](#).

Audit risk	Assurance procedure	Results and conclusions
<b>Financial statement issues and risks identified in the Annual Audit Plan</b>		
<p><b>1 Risk of management override of controls</b></p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.</p>	<p>Owing to the nature of this risk, assurances from management are not applicable in this instance</p>	<p><b>Satisfactory</b></p> <p>Substantive testing of journals identified no errors.</p> <p>Accounting estimates, where applicable were satisfactory.</p> <p>No significant transactions outside the normal course of business were identified during the audit process.</p> <p>Service auditor assurances were received and were satisfactory.</p> <p>No fraud concerns were identified from our work in relation to the risk of management override of control.</p>
<p><b>2 Risk of fraud over expenditure</b></p> <p>The expenditure of the IJB is processed through the financial systems of East Lothian Council and NHS Lothian.</p> <p>There is a risk that non-IJB related expenditure is incorrectly coded to the IJB account codes.</p>	<p>Robust budget monitoring.</p> <p>Assurances to be provided to the IJB by East Lothian Council and NHS Lothian on the completeness and accuracy of transaction coded to IJB account codes.</p>	<p><b>Satisfactory</b></p> <p>Evidence of routine budget monitoring during 2018/19/</p> <p>Service auditor assurances were received and were satisfactory.</p> <p>No non-IJB related expenditure coded to the IJB was noted during the audit.</p>
<b>Wider dimension issues and risk identified in the Annual Audit Plan</b>		
<p><b>3 Financial management</b></p> <p>There is no obligation set out within the integration scheme for either partner to address any end-year overspend for the IJB. Current forecasts indicate that the IJB will overspend in 2018/19, as it has done in the previous two years before the partners provided additional funds. The partners have</p>	<p>In line with the protocol set out in the integration scheme, the partners are currently preparing recovery plans to achieve a break-even position.</p>	<p><b>Satisfactory</b></p> <p>Recovery plans at year-end were not required. In 2018/19 the IJB had a surplus of £1.782m. The IJB reviewed and updated their reserves policy to reflect this and ensure it was appropriate. A general and earmarked reserve have been set up.</p> <p>It is recognised by the IJB that a break even position and / or</p>

Audit risk	Assurance procedure	Results and conclusions
<p>indicated that their previous position of funding any end-year overspends is unsustainable.</p> <p>There is a risk that the IJB will be left with an unfunded overspend at year-end with no clear accountability for which party is responsible for addressing this.</p>		<p>funding year-end overspends is unsustainable.</p> <p>Revised Integration Scheme was prepared on 2 March 2019 and includes measures to address under and overspends.</p> <p>Improved and timely CFO updates to the IJB and the Audit and Risk Committee.</p>
<p><b>4 Financial sustainability</b></p> <p>The IJB is currently developing a three-year financial plan, recognising that the plan requires further development to consider how resources are to be re-prioritised to address issues of financial sustainability while facilitating a shift to community-based care.</p> <p>There is a risk that the IJB in partnership with NHS Lothian and East Lothian Council may not be able to identify sustainable savings measures or meet cost pressures as they arise. A key element of this is the long term (3-5 year) financial plan to ensure members of the board are aware of the cost pressures facing the IJB which could affect future service delivery.</p>	<p>Financial assurance paper to February 2018 IJB on progress towards financial plans.</p> <p>Financial plan to be in place by March 2019.</p>	<p><b>Satisfactory</b></p> <p>The Scottish Government published its medium term financial framework for Health and Social Care in October 2018.</p> <p>The framework was presented to the IJB Audit and Risk Committee on 10 January 2019 and has supported the development of the IJB's rolling five year financial plan.</p> <p>Following acceptance of the formal budget offers for 2019/20 from both partners and the indicative budget values for future years, the EL IJB rolling five year financial plan for 2019/20 – 2023/24 has been developed and was presented to the IJB on 4 June 2019.</p> <p>A financial outlook for 2019/20 was presented to the IJB on 28 March 2019, this was used to prepare the medium term plan.</p>
<p><b>5 Governance and transparency</b></p> <p>The most recent data from the Quarter 2 financial report forecasts an overspend for 2018/19. To date there has been limited information presented to the Board or Audit and Risk Committee with respect to recovery plans to address this overspend.</p> <p>There is a risk that the IJB is taking decisions on financial sustainability without adequately detailed information to do so.</p>	<p>Financial updates routinely provided to IJB.</p> <p>Financial plan to be in place by March 2019.</p> <p>2018/19 Internal Audit report on Budget Monitoring (May 2019).</p>	<p><b>Satisfactory</b></p> <p>Recovery plans at year-end were not required. In 2018/19 the IJB had a surplus of £1.782m.</p> <p>The IJB reviewed and updated their reserves policy to reflect this and ensure it was appropriate. A general and earmarked reserve have been set up.</p> <p>Regular financial updates have been provided to both the IJB and the Audit and Risk Committee.</p> <p>A financial plan was for 2019/20 on 28 March 2019 based on indicative budget offers from both NHS Lothian and East Lothian Council.</p> <p>Internal Audit report on Budget Monitoring received reasonable assurance.</p>

Audit risk	Assurance procedure	Results and conclusions
<p><b>6 Governance and transparency</b></p> <p>The Integration Scheme requires the IJB to produce, with the help of its partners, a joint workforce development support plan which is intended to support the IJB's Strategic Plan. The workforce plan is still in development.</p> <p>There is a risk that without a workforce plan, the IJB may not be able to adequately deliver its strategic objectives.</p>	<p>Workforce plan to be in place by March 2019.</p>	<p><b>Satisfactory</b></p> <p>IJB Workforce Plan presented to the board in May 2019. The process for developing the Workforce Plan was subject to internal audit in March 2019 and concluded that of the five assessment control objectives three were assessed as 'significant assurance' and two as 'moderate assurance'.</p> <p>Going forward, Chief Officers from the four Lothian Partnerships are to progress ongoing collaboration in the four related work streams –General Medical Services implementation; Digital Enablement; Recruitment and Retention (including with third and independent sector providers); Learning and Development.</p>
<p><b>7 Governance and transparency</b></p> <p>The IJB recently approved its Risk Management Strategy and Policy and continues to develop its risk management arrangements. The IJB is still considering how best to identify and mitigate those operational risks for the partners that are also strategic risks for the IJB. This could impact on the IJB's ability to deliver its strategic plan.</p> <p>There is a risk that current IJB risk management arrangements may fail to capture and report the operational risks being managed by partners that are also strategic risks to the IJB.</p>	<p>IJB Risk Register reviewed and updated through Audit &amp; Risk Committee.</p>	<p><b>Satisfactory</b></p> <p>Members have been consulted on the IJB Risk Register during 2018/19.</p> <p>An updated Risk Register was presented to the IJB in June 2019 including a 'show and tell' presentation of how the process works. This session was beneficial to both members and officers.</p> <p>Only items that affect delivery of IJB's strategic objectives will feature with operational risks featured in the partner's risk registers and this is deemed appropriate.</p>
<p><b>8 Value for money</b></p> <p>It is a statutory requirement for the IJB to demonstrate that it is delivering best value by assessing and reporting on economy, efficiency, effectiveness and equality in service provision, in line with the Scottish Government Best Value Framework.</p> <p>There is a risk that the IJB is not complying with best value reporting requirements.</p>	<p>The IJB meetings are formally reported to, and minuted.</p>	<p><b>Unsatisfactory</b></p> <p>Performance report does not specifically set out how the IJB is achieving / meeting its best value duties.</p> <p><a href="#">Refer Appendix 1, action plan point 3.</a></p>



# Appendix 3

## Summary of national performance reports 2018/19

		 <b>2018/19 Reports</b>	
Local government in Scotland: Challenges and performance 2018		<b>Apr</b>	
Councils' use of arm's-length organisations		<b>May</b>	 Scottish Fire and Rescue Service: an update
Scotland's colleges 2018		<b>Jun</b>	
		<b>Jul</b>	 The National Fraud Initiative in Scotland 2016/17
Forth Replacement Crossing		<b>Aug</b>	 Major project and procurement lessons
Children and young people's mental health		<b>Sept</b>	 Superfast broadband for Scotland: further progress update
NHS in Scotland 2018		<b>Oct</b>	
Health and social care integration: update on progress		<b>Nov</b>	 Local government in Scotland: Financial overview 2017/18
		Dec	
		Jan	
		Feb	
		<b>Mar</b>	 Local government in Scotland: Challenges and performance 2019

### Reports relevant to Integration Joint Boards

[Councils' use of arm's-length organisations](#) – May 2018

[Children and young people's mental health](#) – September 2018

[NHS in Scotland 2018](#) – October 2018

[Health and social care integration: update on progress](#) – November 2018

[Local government in Scotland: Financial overview 2017/18](#) – November 2018

[Local government in Scotland: Challenges and performance 2019](#) – March 2019

# East Lothian Integration Joint Board

## 2018/19 Annual Audit Report

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or [info@audit-scotland.gov.uk](mailto:info@audit-scotland.gov.uk)

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

**MEETING DATE:** 11 September 2019

**BY:** Chief Finance Officer

**SUBJECT:** 2018/19 Audited Annual Accounts

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## 1 PURPOSE

1.1 This report presents the IJB's annual accounts for 2018/19.

## 2 RECOMMENDATIONS

2.1 The IJB is asked to:

- (i) Note the report of the Independent Auditor.
- (ii) To agree that the IJB's annual accounts for 2018/19 are now signed on behalf of the IJB by the Chair, the Chief Officer and the Chief Finance Officer.

## 3. BACKGROUND

3.1 As a body governed by section 110 of the Local Government Scotland Act (1973) and the appropriate regulations and subsequent Acts, the IJB must prepare a set of Annual Accounts. The accounts must fulfil the requirements of the Act and the regulations and must give a true and fair view of the IJB's financial position.

3.2 The accounts must then be reviewed by an Independent Auditor who will report their findings to this IJB's audit and risk committee which will allow the auditors to bring any matters to the committee's attention. If there are no issues arising from the auditors' report then the committee can recommend acceptance and authorisation of the annual accounts to the IJB.

3.3 In summary the auditor's report is unqualified - that is that the auditors consider that the accounts meet the regulations and requirements of the Act and that the accounts are a true and fair view of the IJB's financial position.

- 3.4 The IJB's Audit and Risk committee has received the report of the appointed auditors and would recommend that the IJB accepts these accounts and that the accounts are signed on the IJB's behalf by the appropriate members of the IJB.

#### **4 ENGAGEMENT**

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

#### **5 POLICY IMPLICATIONS**

- 5.1 This paper is covered within the policies already agreed by the IJB.

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

- 6.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

#### **7 RESOURCE IMPLICATIONS**

- 7.1 Financial – there are none.  
7.2 Personnel – there are none.

#### **8 BACKGROUND PAPERS**

- 8.1 None

#### **Appendices**

IJB's Annual Accounts 2018/19

<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>	2 September 2019

East Lothian  
**Integration Joint Board**



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# **East Lothian Integration Joint Board**

## **Audited Annual Accounts 2018/19**

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### Audit Arrangements

Under arrangement approved by the Accounts Commission of Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the accounts of East Lothian Integration Joint Board for the period 1 April 2018 to 31 March 2019 is Audit Scotland, 102 West Port, Edinburgh EH3 9DN.

## **Management Commentary**

### **Introduction**

The management commentary provides an overview of the key messages relating to the role, remit, members, objectives and the strategy of the East Lothian Integration Joint Board (the IJB). It describes the financial performance for the financial year ended 31 March 2019 and considers those issues and risks which may impact upon the IJB's financial position in the future.

### **The Role and Remit of the IJB**

East Lothian IJB is an Integration Authority set up under the Public Bodies (Joint Working) Act (2014). It is a 'body corporate', that is a separate legal entity. The IJB is constituted through its Integration Scheme which was prepared by East Lothian Council and NHS Lothian and presented to Scottish Ministers in March 2015. The Integration Scheme was approved by the Scottish Parliament in June 2015 and the first meeting of the IJB took place on 1 July 2015.

The IJB is governed by the Local Government Scotland Act (1973) along with the 2014 regulations and these accounts are prepared on that basis.

These accounts cover the period from 1 April 2018 to 31 March 2019.

The IJB's role and responsibility is to plan for the delivery of the functions that have been delegated to the IJB by East Lothian Council and NHS Lothian. These functions are:-

- Adult Social Care
- Criminal Justice
- Primary Care Services (GP Practices, Community Dentists, Community Pharmacies and Community Opticians)
- Mental Health Services
- Physical and Learning Disabilities Services
- Community Health Services
- Community Hospital Services
- Unscheduled Care Services (services that are generally delivered from the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital)

The IJB assumed formal responsibility for these functions in April 2016 including the budgets for the delivery of these functions. The IJB published its Strategic Plan for these functions covering the period from April 2016 to March 2019 in November 2015. The IJB produced its second Strategic Plan which covers the period April 2019 to March 2022, this new plan has seven priority areas and six newly set up Change Boards to deliver these strategic priorities.



The IJB issued directions to its partners for the financial year 2018/19 in April 2018. This issuing of directions is in line with the processes set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

The IJB met 9 times during the financial year 2018/19. There have been a number of changes to the membership of the IJB during 2018/19, the members of the IJB in March 2019 were as follows:-

<b>Member</b>	<b>Nominated/Appointed by</b>	<b>Role</b>
Peter Murray	Nominated by NHS Lothian	Voting Member, Chair
Fiona O'Donnell	Nominated by East Lothian Council	Voting member, Vice Chair
Shamin Akhtar	Nominated by East Lothian Council	Voting Member
Susan Kempson	Nominated by East Lothian Council	Voting Member, Chair of Audit & Risk Committee
Neil Gilbert (replaced Stuart Currie)	Nominated by East Lothian Council	Voting Member
Alex Joyce	Nominated by NHS Lothian	Voting Member
Moira Whyte	Nominated by NHS Lothian	Voting Member
Fiona Ireland	Nominated by NHS Lothian	Voting Member
Claire Flanagan (replaced David King)	Appointed by the IJB	Chief Finance Officer
Fiona Duncan	Nominated by East Lothian Council	Chief Social Worker
Alison MacDonald (replaced David Small)	Appointed by the IJB	Interim Chief Officer
Gourab Choudhury (replaced Andy Flapan)	Nominated by NHS Lothian	Medical Consultant
Jon Turvill	Nominated by NHS Lothian	Clinical Director
Richard Fairclough	Appointed by the IJB	General Practitioner
Thomas Miller	Appointed by the IJB	NHS Staff Representative
Penny Dutton	Appointed by the IJB	ELC Staff Side Representative
David Binnie (replaced Margaret McKay)	Appointed by the IJB	Carer representative
Elaine Johnston	Appointed by the IJB	Voluntary Sector Representative
Judith Tait	Appointed by the IJB	Head of Adult and Children's Services
Marilyn McNeill	Appointed by the IJB	User representative
Jean Trench	Appointed by the IJB	Independent Sector Representative

Note – all members, except those indicated above as voting members, are non-voting members

David Small, the Chief Officer of the IJB stepped down from that role on 1 July 2018. Alison MacDonald took up the role of Chief Officer on an Interim Basis on 2 July 2018 and was confirmed as permanent Chief Officer in April 2019. David King, Chief



Finance Officer, retired on 1 October 2018 and Claire Flanagan took up the role of Chief Finance Officer.

With effect from the 1 April 2019 Fiona O'Donnell took up the role as Chair of the IJB with Peter Murray being appointed as Vice Chair of the IJB.

Below is the attendance by members of the IJB throughout 2018/19.

Members	IJB Meeting Dates								
	26.4.18	24.5.18	28.6.18	23.8.18	27.9.18	25.10.18	13.12.18	28.2.19	28.3.19
<b>Voting</b>									
Peter Murray	X	X	X	X	X	X	X	X	X
Fiona O'Donnell	X	X	X	X	X	X	X	A	X
Shamin Akhtar	X	X	X	X	X	X	X	X	A
Susan Kempson	A(s)	X	X	X	X	X	A(s)	X	X
Stuart Currie	X	X	A	X	A(s)	X	--	--	--
Neil Gilbert	--	--	--	--	--	--	X	X	A
Alex Joyce	X	X		A	X	A	X	X	X
Moira Whyte	X	A	X	X		X	A		X
Fiona Ireland	X	A	X	X	X	X	A	A	X
<b>Non-voting</b>									
David Small	X	X	A	--	--	--	--	--	--
Alison MacDonald	X	A	A	X	X	X	X	X	A
David King	X	X	X	X	X	--	--	--	--
Claire Flanagan	--	--	--	--	X	X	X	X	X
Fiona Duncan	A	A	X	X	X	X	X		X
Andrew Flapan					A	A	A	--	--
Gourab Choudhury	--	--	--	--	--	--	A		
Jon Turvill	X		A(s)	X				X	A
Richard Fairclough	X	A	X	X	X	A			X
Thomas Miller	X	X	A			X	X	X	X
Penny Dutton	X	X		X	X	X	X	X	A
Margaret McKay	A(s)	X	X	X	--	--	--	--	--
David Binnie	--	--	--	--	X	X	X	X	X
Elaine Johnston	X	X	X	A	X	X	X	X	X
Judith Tait	A	X		X	X	A	X	X	X
Marilyn McNeill	X	A	A	X	X	A	X	X	X
Jean Trench	--	--	--	--	A	X	A	X	A

[Present = X; Apologies = A; Apologies (substitute) = A(s); Absent without apology = blank]

## **The IJB's Operations for the Year**

2018/19 was the third year of the IJB's operations and the IJB continued to deliver against its Strategic Plan.

One of the key areas of delivery within the health functions of the IJB is further development of the primary care services which will support both health and social care in the community and further the balance of care.

Developments include:-

### **Collaborative Working for Immediate Care**

The Collaborative Working for Immediate Care (CWIC) team was established in Musselburgh Primary Care Centre using Primary Care Transformation Funds in order to test approaches to meet same day demand through a non-medical team. This has allowed the Health & Social Care Partnership (HSCP) to assess the role of Nurse Practitioners, Advanced Nurse Practitioners and Advanced Scope Physiotherapists in delivering primary care services. In doing so, this has directed appropriate activity from GPs, one of the desired outcomes of the new General Medical Services (GMS) contract. In parallel to CWIC, the HSCP has developed, in partnership with NHS 24, a new primary care telephone triage service. Both CWIC and the NHS 24 service are being assessed for their suitability for roll-out to other GP practices across the county.

### **Active and Independent Living Clinic**

The clinic is an integrated project involving Community Occupational Therapy, Physiotherapy and with input from the Housing Team. Set up with the aim of shifting the balance of care to enable the delivery of more services in the community, to reduce inequalities and improve health and care outcomes for local people.

The clinic is based in the Wellwynd Hub, developed to simulate a person's own home with the opportunity to trial a variety of equipment, adaptations and Technology Enhanced Care. The resource offers an innovative solution for early intervention, prevention and self-management whilst enabling people to adopt a solution focussed approach, empowerment, and engagement from the outset.

### **Duty, Response and Rehabilitation Falls Team**

A small team, led by an experienced Community Care Worker and supported by 2 Occupational Therapists, with the aim of improving the care, experience and outcomes of people following a fall. Referrals come from a variety of sources including; self-referrals, Emergency Care Service, hospital AHPs, GPs, families, Scottish Fire & Rescue Service, Scottish Ambulance Service and District Nurses. The team provides information, advice, environmental and functional assessments, with ongoing rehabilitation as required and referral onto appropriate agencies. On average 60 referrals a month are followed up by the team.

### **Care Home Assessment and Review Team**

The team has two main functions; to provide a social work assessment and hospital discharge service to NHS Lothian hospitals, in particular where MDTs are

planning to discharge patients to care homes. The team now attends MDT meetings across East and Mid Lothian, providing advice and helping with discharge planning. Social workers carry a caseload of patients from the point of referral in hospital through to 12 week review of placement, taking referrals from all NHS Lothian hospitals.

Secondly the team works with residents living in care homes who require social work input, including Adult Support and Protection investigations, reviews of provision and operating a Duty system to deal with immediate concerns. The team takes a lead role in Large Scale Investigations into care homes where there have been Adult Protection concerns. Over the last 1.5 years the team has developed a Link Social Worker role for all East Lothian care homes which has improved communication between providers and the H&SCP.

### **Hospital at home service**

The hospital at home service has continued to support patients in avoiding admission and where admission has been clinically necessary, has supported patients in returning home. This service has contributed to East Lothian's improved delayed discharge performance.

### **Hospital to home service**

Support rehabilitation of patients and bridge the gap between hospital discharge and more permanent care arrangements. This service has supported the sustained position regarding low delayed discharges and reduction in occupied bed days.

### **East Lothian Care Home Team**

The Care Home Team has continued to provide nursing and care staff of care homes in the Musselburgh and Gullane areas with advice on the clinical and nursing management of individual patients. The Team schedules regular visits to care homes they cover in order to provide all registered patients with access to Advanced Nurse Practitioners or Nurse Practitioners for the management of acute and long term conditions.

## **The IJB's Position at 31 March 2019**

For the year ending 31 March 2019, the IJB was underspent. That is, the costs incurred in delivering the IJB's functions by East Lothian Council and NHS Lothian are less than the income that the IJB received from NHS Lothian and East Lothian Council.

The year-end position was arrived at as follows :-

	<b>Funding</b>	<b>Expenditure</b>	<b>Surplus</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Health	116,531	115,060	1,471
Social Care	45,058	44,757	301
<b>Total</b>	<b>161,589</b>	<b>159,807</b>	<b>1,772</b>

This surplus has been used to create a reserve which is described further below.

Although the IJB has a range of functions delegated to it, these are delivered through a range of services provided by the partners (East Lothian Council and NHS Lothian) and these are further described below in the analysis of the Income and Expenditure position.

### **Analysis of the Financial Statements**

The financial statements are all presented on a net basis.

### **Income and Expenditure**

The table below summarises the income and expenditure for the IJB for 2018/19.



	Budget	Budget	Expenditure	Expenditure	Variance	Note
	Health	Social	Health	Social Care		
	£000's	Care	£000's	£000's	£000's	
		£000's				
<b>Direct East Lothian Services</b>						
Community AHPS	2,600		2,641		-41	
Community Hospitals	8,501		8,465		36	
District Nursing	2,271		2,269		2	
General Medical Services	14,993		15,491		-498	
Health Visiting	1,570		1,450		120	
Mental Health	4,375		4,782		-407	
Other	7,007		4,362		2,645	
Prescribing	20,891		20,762		129	
Resource Transfer	3,227		3,227		0	1
Older People		24,303		23,924	379	
Mental Health		1,995		1,575	420	
Physical Disabilities		2,683		3,083	-400	
Learning Disabilities		14,807		15,328	-521	
Planning and Performance		2,730		2,587	143	
Other		4,756		4,476	280	
<b>East Lothian Share of pan Lothian</b>						
Set Aside	19,936		20,477		-541	2
Mental Health	2,032		2,085		-53	
Learning Disabilities	1,665		1,731		-66	
GP Out of Hours	1,262		1,262		0	
Rehabilitation	538		498		40	
Sexual Health	684		678		6	
Psychology	861		856		5	
Substance Misuse	803		815		-12	
Allied Health Professions	1,330		1,267		63	
Oral Health	1,960		1,887		73	
Other	2,768		2,798		-30	
Dental	5,895		5,895		0	3
Ophthalmology	1,979		1,979		0	3
Pharmacy	3,167		3,167		0	3
<b>Totals</b>	<b>110,315</b>	<b>51,274</b>	<b>108,844</b>	<b>50,973</b>	<b>1,772</b>	
Social Care Fund	6,216	-6,216	6,216	-6,216		4
Per accounts	116,531	45,058	115,060	44,757		

Notes –

1. Resource Transfer are funds for specific purposes which are transferred from health to social care. However, these remain part of the health budget and are reported there.
2. Set Aside is the budget for those functions delegated to the IJB which are managed by the Acute Services management teams within NHS Lothian.

These services are :-

- Accident and Emergency
- Cardiology
- Diabetes
- Endocrinology
- Gastroenterology
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Various ancillary support services for the above.

These services are delivered at the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital.

3. In the Health system, expenditure to support the delivery of community dentistry, community opticians and community pharmacists is termed as 'non cash limited' (NCL) but is clearly part of the delivery of primary care services and these functions are delegated to the IJB. However, being NCL there is no budget as such but any expenditure incurred is supported in its entirety by the Scottish Government. The NCL values are not part of the budget setting process, there being no budget, but NHS Lothian has matched the NCL expenditure with income to cover this expenditure.
4. The Social Care Fund (SCF) is a resource which the Scottish Government has directed to the IJB through NHS Lothian and is shown as health funds in the accounts. However, these funds are then transferred to the Council and used to support the delivery of social care services and the analysis above reflects this.

The charges (shown as expenditure above) made by East Lothian Council to the IJB are the net direct costs incurred in the delivery of social care services in East Lothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the core services (those services specifically for and delivered by the East Lothian HSCP) are based on the net direct actual costs incurred in East Lothian. However, charges for hosted and set aside services (those services which are not generally managed by the East Lothian Partnership and are delivered on a pan-Lothian basis) are based on the total actual costs for these service shared across four IJBs per the budget setting model. The IJB share of the total actual costs incurred in 2018/19 for hosted services is 12% and, generally, 12% of the Lothian element of the set aside budgets and the non-cash limited budgets.

## Overview of the 2018/19 position.

From the above table, it can be seen that there were a range of financial issues identified.

### Direct East Lothian Services

Within the health budgets although there were operational overspends within Mental Health Services and GMS these were offset by underspends in Health Visiting and Prescribing and slippage (that is some programmes starting later in the year than planned and thus resulting in an underspend) within the system.

Within the social care budgets the pressures lay within increased demand for care services, particularly elderly external care and clients with learning and physical disabilities as well as increased transport costs.

### East Lothian Share of pan-Lothian services

The hosted position shows an overspend within the Learning Disabilities services and Mental Health being offset with underspends in community dental (Oral Health), and Rehabilitation Services

The main pressures in the health budgets within set aside are:-

- A&E – ongoing recruitment issues resulting in additional costs of locums/agency to cover and make safe staffing rotas as well as the additional costs of RIE Minor Injuries Unit
- Diabetes – Pressures on providing new, replacement & additional supplies for Adult Insulin Pumps
- Junior Medical – driven by additional staffing requested to cover rotas for sickness; maternity and vacancies – causing an over-establishment against funded levels in particular within A&E areas. Tighter controls regarding authorisation for additional staffing and reviewing rotas before issues arise are in place and have reduced the pressure during 2018/19
- General Medicine – Pressure driven by ongoing staffing issues (significant at St John's Hospital – where recruitment is proving difficult) and ongoing bed pressures across the sites
- Infectious Diseases - significant drug pressure reported in year, although expenditure is showing a reduction from 17/18.

## Reserves

The IJB's reserves are classified as either Useable or Unuseable Reserves.

The IJB is permitted to set aside future amounts of reserves for future policy purposes. These reserves normally comprise funds that are set aside for specific purposes; and funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies.

The IJB as at 31 March has a reserve which the IJB can use in later years to support service provision. As noted above, the IJB has £1,772k reserves at 31 March 2019.

The IJB's only Unuseable Reserve is the Employee Statutory Adjustment Account. This is required by legislation.

The IJB's useable reserve is broken down as follows :-

	<b>£000's</b>
<b>Opening Balance</b>	<b>0</b>
Primary Care Improvement Fund	219
Action 15 - Scottish Government Mental Health Strategy	164
Alcohol and Drugs Scottish Government Allocation	312
General Reserves	1,077
<b>Closing balance for 2018/19</b>	<b>1,772</b>

## The IJB's Strategy and Business Model

The IJB presented its priorities and outline three year financial plan in February 2018. This was reviewed in September 2018 as part of the overall strategic plan. Building on the principles of realistic care and realistic expectations and this work will be supported through wide ranging public engagement which will not only explain how health and social care service delivery is changing but will also engage the public as key elements in the delivery of their own care.

The key themes which underpin the financial strategy are:-

### 1. Prioritising the Allocation of Resources

This is a very challenging exercise but the IJB will continue to look at the outcomes delivered by its services and consider how each service contributes to the delivery of the outcomes as described by the Scottish Government. Some of this work will fall naturally out of the service redesign and the IJB's underlying principles of transparency and engagement with the populations it serves should support this process.



## **2. Making more efficient use of resources**

The principle of improved efficiency in every service will continue to be pursued. Some of this will be delivered by redesign and some may be delivered by advances in technology.

## **3. A move from failure demand to prevention**

There is little doubt that early intervention, especially in health will both improve the quality of life for individuals and often reduce the need for later, more costly interventions and treatments. A key part of this is 'co-production' – that is making sure that the individual is fully involved in their health and a partner in their care, rather than a recipient of treatment. For example this approach is delivered through the link workers project in partnership with the third sector and is emphasised further in the Primary Care development programme.

## **4. A move from hospital care or care homes to community based services**

This is fundamental to the principle of changing the balance of care – the Scottish Government's policy is that more care should be delivered in the home or in a homely setting. Institutional services, especially large acute hospitals are not only costly but the experience of patients is often poor, not, of course, in terms of the quality of the clinical care but in terms of having to be moved from the individual's home and then to be returned back into the community; a process which can lead to delays in discharge.

## **5. A move to improved quality and access**

Improved quality of care should lead to better outcomes and mean that individuals do not have to be admitted to institutional services or that they do not have to be readmitted to care unnecessarily. Improved access to the appropriate level of care should support quality and should also support reductions in unnecessary interventions and thus reduce costs.

## **6. A move from working in silos to team working**

In simplest terms this would entail the creation of a 'care team' whose members would support individuals based on the premise that the most appropriate member of the care team intervening where required. The current model often provides a highly trained specialist to support an individual who then refers onto another specialist or to a more generalist support. The system is currently designed around quite specialist services (the 'silos') and the redesign will move from a specialist based system into a team based system with specialist support.

## **7. A move from reactive to anticipatory care planning**

This is an underlying principle to the treatment of individuals with long term conditions or needs. Simply – rather than wait until a crisis and respond to that crisis, a long term anticipatory plan will support the individual through their care path.

## Key Risks and Uncertainties

The challenge for the IJB is to transform the delivery of its delegated functions whilst supporting the delivery of financial balance within the financial resources available.

There remain a series of uncertainties :-

1. There is an underlying financial pressure within the social care budgets as discussed above and the management of this pressure is being addressed in the IJB's 2019/20 financial plan.
2. The delivery of the Carers Act may generate additional pressures beyond the resources made available. It should be noted that the Scottish Government made additional funding (nationally) available to the Councils to support the delivery of the Carers Act and to support further provision of the living wage. East Lothian Council has passed the totality of these funds to the IJB as part of their budget proposition.
3. It remains difficult for the partners to recruit elements of the workforce to deliver the IJB's functions, e.g. GPs, District Nurses and Care workers.
4. The increasing population in East Lothian remains a challenge which may exacerbate the staffing and financial pressures above.
5. The financial position for the UK and Scotland remains uncertain and this will provide a challenge to the amount of financial resources available to the IJB.

That said, the Scottish Government have announced a series of investments in Primary Care, Mental Health and Substance misuse all of which will be directed to the IJB and these resources will support not only the delivery of the new GMS contract but also the transformation programme that the IJB is managing for these services.

**Fiona O'Donnell**  
Chair

**Alison MacDonald**  
Chief Officer

**Claire Flanagan**  
Chief Finance Officer

## **Statement of Responsibilities**

### **Responsibilities of the Integration Joint Board**

The Integration Joint Board is required to :-

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief finance officer
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003)
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Audit & Risk Committee on 10<sup>th</sup> September 2019.

Signed on behalf of East Lothian Integration Joint Board

**Fiona O'Donnell**  
Chair

## Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has :-

- Selected suitable accounting policies and then applied them consistently
- Made judgements and estimates that were reasonable and prudent
- Complied with legislation
- Complied with the local authority Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also :-

- Kept proper accounting records which were up to date
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the East Lothian Integration Joint Board as at 31 March 2019 and the transactions for the year then ended.

**Claire Flanagan**  
Chief Finance Officer

## **Remuneration Report**

### **Introduction**

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

### **Remuneration: IJB Chair and Vice Chair**

The voting members of the IJB are appointed through nomination by East Lothian Council and NHS Lothian Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative. In 2018/19, the Chair, Peter Murray, was nominated by NHS Lothian and the Vice Chair, Fiona O'Donnell, by East Lothian Council. It's worth noting that at the IJB meeting on the 28<sup>th</sup> April 2019 that the Chair and Vice chair rotated with effect from the 1 April 2019.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. Neither the Chair nor the Vice Chair appointments had any taxable expenses paid by the IJB in 2018/19.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

NHS Lothian remunerates its non-executive members on a notional day basis. That is they are paid a fixed annual amount which is considered to represent payment for one day a week. Those non-executive members of the NHS Lothian Board, who are also Chairs or Vice Chairs of IJBs, are given an additional day's remuneration per week in recognition of the additional time required to undertake those roles. Peter Murray, as a non-executive member of NHS Lothian Board who was also the Chair of East Lothian IJB, has received an additional day's remuneration specifically for his role as Chair of the IJB in 2018/19. This remuneration is £8,416 per annum.

### **Remuneration: Officers of the IJB**

The IJB does not directly employ any staff in its own right, however, specific post-holding officers are non-voting members of the Board.

### Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

The Chief Officer of the IJB changed during 2018/19. Alison MacDonald became the interim Chief Officer and took over post from David Small on 1 July 2018. Both Alison and David had joint roles as Director of Health and Social Care for East Lothian Council and the Joint Director of the East Lothian Partnership. As in previous years it has been agreed, and this was disclosed in the accounts for 2017/18, that 50% of total remuneration is to be shown in the accounts of the IJB as the remuneration as the Chief Officer of the IJB. For 2018/19 part year costs are shown for both individuals.

### Chief Finance Officer

The Chief Finance Officer of the IJB changed during 2018/19. Claire Flanagan was appointed in this role on 1 October 2018 following David King's retirement. For 2018/19 part year costs are shown for both individuals. Although the costs of the Chief Finance Officer are not included in the charges made to the IJB by either partner, given the S95 role of the Chief Finance Officer and in the interests of transparency the remuneration of the Chief Finance Officer is included below. The Chief Finance Officer is employed by NHS Lothian and has three roles – the IJB's Chief Finance Officer, the Chief Finance Officer of Midlothian IJB and an operational role in the NHS Lothian finance team as a Finance Business Partner. On that basis, one third of the total remuneration is shown below.

### Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

<b>Total for 2017/18 £</b>	<b>Senior Employees Salary, Fees &amp; Allowances</b>	<b>Total for 2018/19 £</b>
-	Alison MacDonald, Chief Officer	33,273
-	Claire Flanagan, Chief Finance Officer	11,030
27,073	David King, Chief Finance Officer	16,104
52,522	David Small, Chief Officer	13,920

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

## Pension Disclosure

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

	In year Contribution			Accrued Pension benefits	
	For year to 31/03/2019 £000's	For year to 31/03/2018 £000's		at 31/03/2019 £000's	at 31/03/2018 £000's
Alison MacDonald	12	-	Pension	18	-
			Lump Sum	34	-
Claire Flanagan	8	-	Pension	11	-
			Lump Sum	22	-
David King	7	11	Pension	37	35
			Lump Sum	110	106
David Small	15	14	Pension	47	44
			Lump Sum	142	131

## Disclosure by Pay Bands

Pay band information is not separately disclosed as all staff pay information has been disclosed in the information above.

## Exit Packages

The IJB did not support nor did it direct to be supported by its partners for any exit packages during 2018/19.

**Fiona O'Donnell**  
Chair

**Alison MacDonald**  
Chief Officer

## **Annual Governance Statement**

### **Purpose**

The annual governance statement lays out how East Lothian Integration Joint Board (the IJB) complies with the Code of Corporate Governance and sets out the framework within which the IJB has put in place proper financial and governance arrangements for the conduct of its business affairs. This will facilitate the effective exercise of its functions, ensuring that appropriate arrangements are in place for the management of risk and that appropriate systems of internal control are in place.

### **Scope of Responsibility**

East Lothian Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards. This is to allow the public funds at its disposal to be safeguarded and used efficiently and effectively in pursuit of best value.

Board members, including the Chief Officer and the Chief Finance Officer, are responsible for the governance of the business affairs of the IJB. This includes setting the strategic direction, vision, culture and values of the IJB and establishing appropriate and cost effective systems, processes and internal controls to allow the strategic objectives to be delivered.

In order to achieve this, the IJB follows the principles of corporate governance based on the CIPFA/SOLACE Framework and Guidance on 'Delivering Good Governance in Local Government'.

The Local Code of Corporate Governance details 7 core principles which are supported by 20 sub-principles and 91 behaviours and actions that demonstrate good governance. Elements of good governance included are :-

- Ensuring Board and Committees members behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the IJB
- Creating the conditions to ensure that all IJB members and the IJB's partners (East Lothian Council and NHS Lothian) are able to fulfil their responsibilities in accordance with legislative and regulatory requirements
- Having a clear vision, which is an agreed formal statement of the IJB's purpose and intended outcome which provide the basis for the IJB's overall strategy, planning and other decisions
- Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources and to ensure best value is achieved
- Evaluating and monitoring risk management and internal control on a regular basis
- Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the IJB's Chief Internal Auditor
- Ensuring an audit committee, which is independent of the Board and accountable to the IJB, provides a further source of effective assurance regarding



arrangements for managing risk and maintaining an effective control environment and that its recommendations are listened to and acted upon

- Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and providing an Annual Report which includes an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)
- Ensuring that recommendations for corrective action made by the external auditor are acted upon.

East Lothian IJB's financial management arrangements conform to the requirements of the CIPFA Statement on the role of the Chief Financial Officer in Local Government. The Chief Finance Officer has overall responsibility for the IJB's financial arrangements and is professionally qualified and suitably experienced.

The IJB is responsible for conducting each financial year, a review of the effectiveness of its governance framework, including risk management and the systems for internal control and financial control. The review of the effectiveness of the IJB's governance framework is informed by :-

- The work of the IJB Board, the Strategic Planning Group, and the Audit and Risk Committee
- The annual assurances that are provided by the IJB Chief Officer and the Chief Finance Officer
- The IJB Chief Internal Auditor's annual assurance report which is based on internal audit work completed during the year
- Reports from the IJB's external auditor
- Reports from other external review bodies, agencies and inspectorates.

The key governance arrangements and controls are set out in the Local Code of Corporate Governance.

## **Statutory and other Compliance**

East Lothian IJB ('the Board') has secured compliance with statutory and other requirements, as follows:-

- Membership - its minimum membership (voting and non-voting) is set by statutory instrument, with the power to appoint additional members as it sees fit. The Board's membership is fully populated
- Standing Orders - the Board is required by statutory regulations to have Standing Orders to regulate its business, with some aspects stipulated in those regulations. Standing Orders were adopted at its inaugural meeting. They comply with statutory requirements
- Committees - the Board has established an Audit and Risk Committee with a detailed remit and powers and with the membership clearly defined. This complies with statutory requirements and with the Board's Standing Orders
- Meetings - the Standing Orders adopted by the Board allow the public to have prior access to meeting agendas and reports, and to attend meetings of the Board and its committees, except in clearly defined and limited circumstances

- Strategic Plan - the Board established its Strategic Planning Group as required by legislation, with Terms of Reference approved by the Board covering membership, meetings and meetings procedures
- Officers - the Board appointed a Chief Officer and a Chief Finance Officer as required by the legislation. A Chief Internal Auditor has been appointed to carry out the Board's internal audit requirements and assist its Audit and Risk Committee
- Finance - the Board received reports in relation to financial assurance prior to the setting of budgets for the functions delegated by East Lothian Council and NHS Lothian, and adopted Financial Regulations in relation to the conduct of its financial affairs, the maintenance of its accounting and financial records, and its annual accounts and financial statements
- Code of Conduct - pending finalisation of arrangements for a Code of Conduct for Members, the Board adopted an Interim Code based on the existing Model Code for Members of Devolved Public Bodies in Scotland, and members have registered their interests according to that Code. The Scottish Government approved the IJB's Code of Conduct on 1 June 2016.

The IJB Chief Internal Auditor has responsibility for the provision of Internal Audit services to the East Lothian IJB and reports functionally to the IJB Audit and Risk Committee to allow appropriate independence. The IJB Chief Internal Auditor is professionally qualified and suitably experienced to lead and direct the Internal Audit team.

The IJB Chief Internal Auditor concluded that based on the work undertaken in 2018/19 that reasonable assurance can be placed on overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the period to 31 March 2019, but noted areas for further development. These improvements are reflected below.

## Action Plan

During 2018/19, areas identified with scope for improvement included the following:

- To improve the budget monitoring arrangements in place, to ensure planned efficiencies are being achieved and recovery plans are having their desired effect.
- Further development of the Risk Register, to ensure compliance with the Risk Management Strategy and Policy.
- Advance the arrangements in place for monitoring, reviewing and reporting on the effectiveness and impact of the engagement activities being undertaken by the IJB.
- Continue with the ongoing work on the Workforce Plan, to ensure compliance with the Integration Scheme and with Scottish Government guidance.

The implementation by Management of agreed actions to address the weaknesses identified should provide assurance that the system of internal control is operating as intended.

It is our opinion, subject to the weaknesses outlined above, that reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the year to 31 March 2019.

**Fiona O'Donnell**  
Chair of the IJB

**Alison MacDonald**  
Chief Officer

## Independent auditor's report

### **Independent auditor's report to the members of the East Lothian Integration Joint Board and the Accounts Commission**

#### **Report on the audit of the financial statements**

#### **Opinion on financial statements**

I certify that I have audited the financial statements in the annual accounts of the East Lothian Integration Joint Board for the year ended 31 March 2019 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and Notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (the 2018/19 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2018/19 Code of the state of affairs of the East Lothian Integration Joint Board as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2018/19 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

#### **Basis for opinion**

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is three years. I am independent of the East Lothian Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the East Lothian Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

## Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about East Lothian Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Risks of material misstatement

I have reported in a separate Annual Audit Report, which is available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

## Responsibilities of the Chief Finance Officer and the Audit and Risk Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the East Lothian Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Audit and Risk Committee is responsible for overseeing the financial reporting process.

## Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional

omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Other information in the annual accounts**

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

### **Report on other requirements**

#### **Opinions on matters prescribed by the Accounts Commission**

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

### **Matters on which I am required to report by exception**

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

### **Conclusions on wider scope responsibilities**

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

### **Use of my report**

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Gillian Woolman MA, FCA CPFA  
Audit Director  
Audit Scotland  
102 West Port  
Edinburgh  
EH3 9DN

September 2019

## Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in the Movement in Reserves Statement.

<b>2017/18</b>			<b>2018/19</b>
Net Expenditure		Note	Net Expenditure
£000's			£000's
1,376	Community AHPS		2,641
8,855	Community Hospitals		8,465
2,215	District Nursing		2,269
14,610	General Medical Services		15,491
1,453	Health Visiting		1,450
6,321	Mental Health		6,357
7,751	Other		8,838
21,305	Prescribing		20,762
3,226	Resource Transfer		3,227
24,687	Older People		23,924
2,877	Physical Disabilities		3,083
15,374	Learning Disabilities		15,328
2,598	Planning and Performance		2,587
25,039	Share of pan Lothian Health Services		24,918
21,636	Set Aside		20,477
<b>159,323</b>	<b>Cost of Services</b>		<b>159,817</b>
159,323	Taxation and Non-Specific Grant Income	6	161,589
	<b>0 Surplus or (Deficit) on Provision of Services</b>		<b>1,772</b>
	<b>0 Total Comprehensive Income and Expenditure</b>		<b>1,772</b>



## Movement in Reserves Statement

This Statement shows the movement in the year on the different reserves held by the East Lothian IJB

	2017/18	2018/19
	£000's	£000's
<b>Useable Reserves</b>		
<b>General Reserves</b>	<b>0</b>	<b>0</b>
Surplus on Provision of Service	0	1,077
<b>Total Comprehensive Income &amp; Expenditure</b>	<b>0</b>	<b>0</b>
<b>Earmarked Reserves</b>		
Surplus on Provision of Service	0	695
<b>Total Comprehensive Income &amp; Expenditure</b>	<b>0</b>	<b>0</b>
<b>Total Useable reserves</b>	<b>0</b>	<b>1,772</b>
<b>Unuseable Reserve</b>		
Employee Statutory Adjustment Account	0	0
<b>Balance, as at 31 March, carried forward</b>	<b>0</b>	<b>1,772</b>

### Reserves

The reserves are classified as either Useable or Unuseable Reserves

The Integration Joint board is permitted to set aside future amounts of reserves for future policy purposes. These reserves normally comprise funds that are set aside for specific purposes; and funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies. They are created by appropriating amounts out of revenue balances. When expenditure to be funded from a reserve is incurred, it is charged to the appropriate service in that year and thus included in the Comprehensive Income and Expenditure Statement. Movements in reserves are reported in the Movement in Reserves Statement.

### Useable reserves

East Lothian IJB has both a general reserve which can be used to mitigate financial consequences of risks and other events impacting on the IJB's resources and an earmarked reserve the monies within this fund are earmarked for specific purposes.

East Lothian IJB has an earmarked reserve which can be used to mitigate financial consequences of risks and other events impacting on the specific project budget. The monies within this fund are earmarked against the specific project, these being the Primary Care Improvement Fund, the Action 15 funding to support implementation of Scottish Government's Mental Health Strategy and the Alcohol and Drugs Partnership funding allocated from Scottish Government.

### **Unuseable Reserve**

East Lothian IJB's only unuseable reserve is the Employee Statutory Adjustment Accounts which is required by legislation.

## Balance Sheet

The Balance Sheet shows the value, as at 31 March 2019, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.

<b>2017/18</b>	<b>Notes</b>	<b>2018/19</b>
<b>£000's</b>		<b>£000's</b>
<b>Current Assets</b>		
0 Short Term Debtors	Note 4	1,772
<b>Current Liabilities</b>		
0 Short Term Creditors		0
<b>0 Net assets</b>		<b>1,772</b>
<b>Useable Reserves</b>		
<b>0 Total Reserves</b>	MIRS Note 5	<b>1,772</b>

The unaudited accounts were issued on 27<sup>th</sup> June 2019 and the audited accounts were authorised for issue on 11<sup>th</sup> September 2019.

**Claire Flanagan**  
Chief Finance Officer

## Notes to the Financial Statements

### 1. Significant Accounting Policies

#### General Principles

The Financial Statements summarises the IJB's transactions for the 2018/19 financial year and its position at the year-end of 31 March 2019.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

#### Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:-

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet
- Where debts may not be received, the balance of debtors is written down.

It should be noted that the above principles are those applied by the partners (NHS Lothian and East Lothian Council). The IJB has funded these partners to deliver the delegated functions and these partners have charged the IJB as above.

## Funding

The IJB is wholly funded through funding contributions from the statutory funding partners, East Lothian Council and NHS Lothian. Expenditure is incurred in the form of charges by the partners.

## Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partner. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the Balance Sheet. There are no outstanding funding balances from either partner at 31<sup>st</sup> March 2019.

## Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report.

## Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event, settlement of the obligation is probable, and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

The IJB has no provisions, contingent liabilities or contingent assets at 31 March 2019.

## Reserves

The IJB's reserves are classified as either Useable or Unuseable Reserves.

The IJB's only Useable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. As noted above, the IJB had reserves of £1,772,000 at 31 March 2019.

The IJB's only Unuseable Reserve is the Employee Statutory Adjustment Account. This is required by legislation.

## Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Lothian and East Lothian Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. The IJB holds separate indemnity insurance through its membership of the CNORIS scheme; the charge for this in 2018/19 was £6,000.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

## **2. Critical Judgements and Estimation Uncertainty**

The critical judgements made in the Financial Statements relating to complex transactions are:

- The partner organisations have considered their exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the partner organisations' opinion that a transfer of economic benefits will be required, material contingent liabilities have been disclosed (there are none).
- The Annual Accounts contains estimated figures that are based on assumptions made by the IJB about the future or that are otherwise uncertain. Estimates are made taking into account historical

experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates. There are no items in the IJB's Balance Sheet at 31 March 2019 for which there is a significant risk of material adjustment in the forthcoming financial year.

### Provisions

The IJB has not created any provisions in respect of compensation claims. The IJB has not had any claims made against it in 2018/19 nor is it aware of any claims pending. However, it is not certain that all claims have been identified or that the historic level of settlement payments is a reliable guide for future settlements.

### **3. Events After the Reporting Period**

The Annual Accounts were authorised for issue by the IJB on 11<sup>th</sup> September 2019. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2019, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

### **4. Short Term Debtors**

The IJBs short term debtors are broken down as follows:-

	2017/18	2018/19
	£000's	£000's
Funding due from NHS Lothian	0	1,471
Funding due from East Lothian Council	0	301
<b>Total</b>	<b>0</b>	<b>1,772</b>

### **5. Reserves**

The IJB's useable reserve is broken down as follows:-

	2017/18	2018/19
	£000's	£000's
<b>Earmarked Reserves</b>		
Scottish Government Mental Health Strategy - Action 15	0	164
Scottish Government Primary Care Improvement Plan Fund	0	219
Midlothian and East Lothian Drug and Alcohol Partnership	0	312
	<b>0</b>	<b>695</b>
<b>General Reserves</b>	<b>0</b>	<b>1,077</b>
<b>Total Reserves</b>	<b>0</b>	<b>1,772</b>

## 6. Taxation and Non-Specific Grant Income

2017/18		2018/19
£000's		£000's
44,589	Contributions from East Lothian Council	45,058
114,734	Contributions from NHS Lothian	116,531
<b>159,323</b>	<b>Total</b>	<b>161,589</b>

The contributions received by East Lothian IJB represent the funding provided by the Partners (East Lothian Council and NHS Lothian).

The funding contribution from the NHS Board shown above includes £19,936k in respect of the set aside resources and £24,944k in respect of East Lothian's share of pan Lothian health services resources.

### Corporate Service

Included in the above costs are the following corporate services:-

£000's		2018/19 £000's
53	Staff (Chief Officer)	47
6	CNORIS	6
24	Audit Fee	25
<b>83</b>	<b>Total</b>	<b>78</b>

## 7. Related Party Transactions

As partners with the East Lothian Integration Joint Board both East Lothian Council and NHS Lothian are related parties and the material transactions with these bodies are disclosed in these accounts.

There are elements of expenditure which are shown against the NHS Lothian above but where the resources are used by the social care services delivered by East Lothian Council.



2017/18			2018/19	
Net Expenditure			Net Expenditure	
£000's			£000's	
114,734		NHS Lothian	115,060	
-3,226		Resource Transfer	-3,226	
-6,240		Social Care Fund	-6,216	
<b>105,268</b>		<b>Total</b>	<b>105,618</b>	
44,589		East Lothian Council	44,757	
3,226		Resource Transfer	3,226	
6,240		Social Care Fund	6,216	
<b>54,055</b>		<b>Total</b>	<b>54,199</b>	

Both Resource Transfer and the Social Care fund are resources which are part of the NHS Lothian Budget and are shown as expected there in but these funds are used to deliver social care service supplied by East Lothian Council.

## 8. VAT

The IJB is not a taxable entity and does not charge or recover VAT on its functions.

The VAT treatment of expenditure and income within the accounts depends upon which of the partners is providing the services as these bodies are treated differently for VAT purposes.





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 11 September 2019  
**BY:** Chief Finance Officer  
**SUBJECT:** Quarter 1 Financial Review 2019/20

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## **1 PURPOSE**

- 1.1 This report provides an update to the IJB on its year to date financial position in 2019/20 and the recent Quarter 1 financial reviews which consider the projected year end out-turn, undertaken by both the IJB partners East Lothian Council and NHS Lothian.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to:
- i. Note the current financial position; and
  - ii. Note the Quarter 1 financial reviews undertaken by partners.

## **3 BACKGROUND**

- 3.1 At the IJB meeting in March 2019 the IJB were provided with the likely financial outlook for 2019/20 this was circa £1.4m of a projected overspend position and this included the funding from NHS Lothian to provide uplift to the value of 2.6% and funding for the additional costs associated with the NHS Lothian investments in unscheduled care.
- 3.2 These projections continued to be refined and at the June IJB meeting the 5 year rolling financial plan was presented to the Board with the 2019/20 financial projections being circa £1.5m of projected overspend for the IJB.
- 3.3 These projections continue to be developed and through the recent Quarter 1 financial reviews undertaken by partners, East Lothian Council and NHS Lothian financial forecast have been undertaken as at end of June 2019.

## Year to date financial position as at June 2019 & Quarter 1 Forecast

- 3.4 The IJB financial position as at the end of June 2019 is £212k overspent.

### East Lothian IJB Financial Performance – June 2019 & Q1 Forecast

	Year to Date Outturn		Q1 Forecast Outturn
	£k		£k
Social Care	-56		-354
Health	-156		-105
	-212		-459

- 3.5 The Quarter 1 financial review position for the IJB projects a £459k overspend for 2019/20.
- 3.6 Within social care budgets the forecast overspend reflects pressures in transport costs for day services, an increase in the number of older people in external residential placements and an increase in the average cost of clients within Physical Disabilities external placements.
- 3.7 Within the health budgets these are split into core, hosted and set aside. The core budgets project a small underspend of £141k, this being driven via financial pressures within health visiting due to pay regrading and Mental Health drugs costs increasing. These pressures are offset by a projected underspend within the prescribing budgets and the community hospital budgets underspending mainly due to the timing of the new hospital opening.
- 3.8 The hosted budgets are projecting a £208k underspend mainly from the out of area placements budget hosted within the REAS business unit of NHS Lothian. This budget can be unpredictable so we will continue to monitor this. The set aside budgets are projecting the most significant financial pressures; currently projections are that these budgets will be £455k overspent. A&E continues to have recruitment issues resulting in additional costs of locums/agency to cover and make safe staffing rotas, Junior Medical cost pressures are driven by additional staffing requested to cover rotas for sickness; maternity and vacancies causing an over-establishment against funded levels in particular within A&E areas and finally General Medicine financial pressures driven by ongoing staffing issues and ongoing bed pressures across the hospital sites.
- 3.9 At the start of the year and as part of the budget setting process, to achieve allocated savings target (£702k), the HSCP has developed a suite of recovery actions to meet this savings target. Due to the

projected overspend this work should be widen to include financial recovery actions to also bring the IJB back into balance for 2019/20. We will also continue to monitor the projected costs associated with the new monies allocated this financial year for Fanks law and Carers.

#### **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 5 rolling financial plan 2019/20 – 2023/24 – June 2019 IJB meeting.  
 8.2 Financial Update – March 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>	2 September 2019





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

**MEETING DATE:** 11 September 2019

**BY:** Chief Officer

**SUBJECT:** New Models of Care for Dementia & Psychiatry of Older Adults Provision and Repatriation of East Lothian Patients.

8

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## 1 PURPOSE

- 1.1 To provide the IJB with an update position on the work to develop New Models of Care for Dementia & Psychiatry of Older Adults provision and the repatriation of East Lothian patients from Midlothian Community Hospital.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the contents and ongoing actions of this joint report with Midlothian IJB on the repatriation of patients from Midlothian Community Hospital to East Lothian.
- 2.2 The IJB is also asked to instruct the Chief Officer to continue with the implementation of the East Lothian Direction (D03c) 2019/20 to repatriate patients belonging to East Lothian and in conjunction with the changes required for the development of the new East Lothian Community Hospital.

## 3 BACKGROUND

- 3.1 East Lothian and Midlothian IJB's both have Directions 2019/20 to repatriate patients belonging to East Lothian but who have in recent years accessed Midlothian Community Hospital, specifically wards Rossbank and Glenlee. This is part of the development for the New East Lothian Community Hospital in Haddington. The repatriation of these patients links to other service transition taking place in East Lothian.
- 3.2 This forms part of the East Lothian IJB Direction to repatriate East Lothian patients from Midlothian Community Hospital.

## **4 ENGAGEMENT**

- 4.1 Significant engagement on all Directions was undertaken as part of the development and production of the East Lothian IJB Directions 2019/20.
- 4.2 In addition a mechanism for on-going engagement is built into the Change Board structure in the form of multi-stakeholder Reference Groups.

## **5 POLICY IMPLICATIONS**

- 5.1 Contributes to the achievement of action on dementia as set out in the East Lothian IJB Strategic Plan 2019-2022:

### **Actions proposed in dementia work**

Initial planning to outline possibilities for best use of Midlothian and East Lothian community hospital services for people with a diagnosis of dementia.

This work is being developed in conjunction with Midlothian Health and Social Care Partnership:

- analysis of data on use and need for East Lothian individuals using Midlothian Community Hospital
- outline options and consider model of repatriation of East Lothian individuals with a diagnosis of dementia requiring in-patient care from Midlothian Community Hospital to East Lothian (new) Community Hospital.
- to outline options for a local dementia specialist care home in East Lothian
- to review and develop 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
- to review and develop the post diagnostic support for people given a diagnosis of dementia.

## **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 D03c - Deliver to East Lothian IJB in 2019/20 the financial resources released through the repatriation of East Lothian residents from Midlothian Community Hospital (new East Lothian Direction - replaces D03a and D03b).
- 7.2 The repatriation of East Lothian patients from Midlothian Community Hospital is in response to the Direction as set out in the D03a, D03b and subsequently updated to D03c in 2019/20 East Lothian IJB Directions.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – Services transitioned and delivered within current envelope of recurring costs.
- 8.2 Personnel – Senior Managers, Staff side representatives and staff area representatives involved in supporting staff through transition.
- 8.3 Other – none.

## **9 BACKGROUND PAPERS**

- 9.1 Attached joint paper - **Midlothian and East Lothian development of New Models of Care for Dementia and Psychiatry of Older Adults Provision involving repatriation of East Lothian patients**

<b>AUTHOR'S NAME</b>	Alison MacDonald
<b>DESIGNATION</b>	Chief Officer
<b>CONTACT INFO</b>	01620 827765
<b>DATE</b>	3 September 2019



**Title of Report:**

**Midlothian and East Lothian development of New Models of Care for Dementia and Psychiatry of Older Adults Provision involving repatriation of East Lothian patients**

**Purpose of Report**

To provide and update to East Lothian Integrated Joint Board on progress of Direction D03c 2019/20 (updated DO3b 2018/19).

To note that the Chief Officer has received regular updates on progress from the Chief Nurse.

To instruct the Chief Officer to continue with the implementation of the East Lothian Direction D03c 2019/20 to repatriate patients belonging to East Lothian and in conjunction with the changes required for the development of the new East Lothian Community Hospital.

**Summary**

East Lothian and Midlothian IJB's both have Directions 2019/20 to repatriate patients belonging to East Lothian but who have in recent years accessed Midlothian Community Hospital- specifically wards Rossbank and Glenlee. This is part of the development for the New East Lothian Community Hospital in Haddington. The repatriation of these patients links to other service transition taking place in East Lothian.

With the repatriation of these (East Lothian) patients from Midlothian Community Hospital Glenlee and Rossbank wards, the IJB in Midlothian have been considering the redesign of inpatient mental health beds to allow care closer to home deliver services on budget and continue to provide high quality services.

**Introduction**

In light of the IJB Directions from East and Midlothian and following on from the letter from the Scottish Government in June 2018, Transforming Specialist Dementia Hospital Care (See Appendix 1) it was agreed after discussion that East Lothian and Midlothian partnerships would develop separate plans but take note of the development from each other to move forward with development of new models of care for Dementia and Psychology of Older Adults provision.

Each area will provide their inpatient services locally. In East Lothian this is the new East Lothian Community Hospital which opens its older adult's mental health inpatient unit in October 2019, the development of which offers that possibility. This will allow patients to be cared for closer to their home and benefit for carers and families to be able to visit and care for their relatives closer to their home and community.

It was agreed that both areas would work to a shared timeline/milestone of October 2019 to commence the repatriation. It is not anticipated that this will be the end date for repatriation. Nor is this the only development for either partnership. Both Midlothian and East Lothian are able to use this opportunity to develop services further for older people requiring support locally. This allows both in patient and step down care, where people can be cared for closer to home and with less hospital input, in a more home like setting.

### **East Lothian**

In East Lothian a short life working group has been established, chaired by the interim Chief Nurse to develop options on:

- The repatriation of East Lothian patients from Midlothian Community Hospital wards Rossbank and Glenlee back to the New East Lothian Community Hospital September 2019.
- The transition of patients from Herdmanflat Hospital Lammerlaw ward to the New East Lothian Community Hospital
- The use and capacity of the top floor of Crookston care home and how this may be able to be redesigned for people with behaviours that challenge. Any redesign would also take account of those patients who do not require to be in hospital as they have no clinical need and can be cared for in more appropriate facilities close to home<sup>1</sup>.

The aims and objectives for the East Lothian developments are:

1. Services transitioned and delivered within current envelope of recurring costs.
2. Equal access for all East Lothian patients to have East Lothian service provision where ever possible (the objective of the repatriation of the current Directions D03c is to help achieve this).
3. To offer care close to home or in a homely setting whenever possible. Hospital care is only offered if required.
4. Redesign of community teams to support discharge, prevent unnecessary admission to hospital care and support GPs and our care providers to deliver high quality mental health care within community settings.

<sup>1</sup> 2018 Transforming Specialist Hospital Dementia Care.

5. Full use of locally based services, spaces and places in order to support people, families and have options for people to be cared for locally.

### **Midlothian – for information**

Within Midlothian a short life working group was set up to explore the redesign opportunities arising from the reconfiguration of beds within Midlothian Community Hospital. MHSCP approach to care is person-centred, aiming to support people to stay healthy and to recover from ill health as fully as possible.

To this end a key part of this is providing care closer to home, or in a homely setting and reducing use of inpatients beds wherever it is appropriate. Midlothian Community Hospital currently provides mental health care for older people on two wards, Rossbank (24 beds) for assessment admissions and Glenlee (20 beds) for dementia care.

A version of this joint paper went to the Midlothian Transformation Project Board on the 24<sup>th</sup> April and subsequently to Midlothian IJB on the 13<sup>th</sup> June 2019. Both boards supported the paper and actions outlined for the redesign and repatriation.

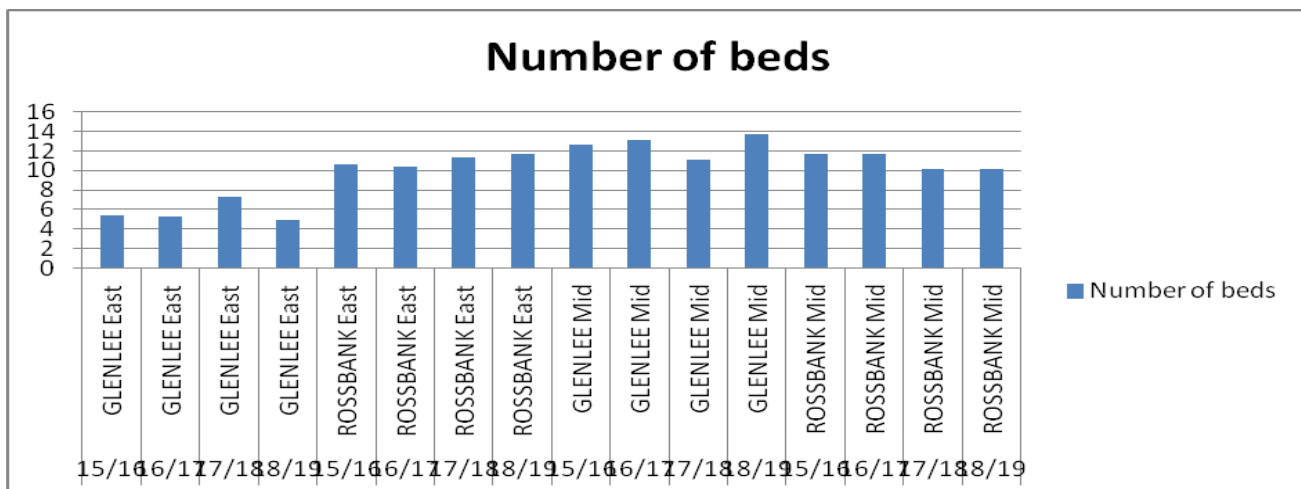
### **Current Situation**

#### **Bed Occupancy**

Midlothian bed usage - By using the occupied bed day's information to calculate the number of beds required (Chart 1), the last 3 years information suggests that the numbers of beds required for Midlothian patients are: 24 in total, 11 in Rossbank and 13 in Glenlee. This would be equivalent to the current situation for Midlothian; if a reduction in reliance on hospital beds is required then this should be reduced to 20 in total. There is a need to provide an environment and a clinical model to support this. This model would free up a ward in the hospital for an alternative use.

East Lothian bed usage - By using the same information from chart 1 the last 3 years information for East Lothian indicates that 17 beds are utilised over the two wards. This is 6 in Glenlee and 11 in Rossbank. More analysis of the reasons behind referrals into both wards is being undertaken. This will help to further develop clinical pathways and local supports in East.

#### *Chart 1*



- 17 beds usage – East Lothian- across Rossbank and Glenlee wards
- 24 beds usage Midlothian

## Future Proposal

### East Lothian

The transition to the new East Lothian Community Hospital from Herdmanflat, Midlothian Community Hospital and potential transition to Crookston (top floor) to care and support patients who require step down support or care and support for challenging behaviours and for patients who do not meet the criteria for HBCCC.

In developing these transitions the following areas will require further consideration:

- Workforce - current staff at Midlothian community hospital will need supported to decide whether to remain or move with the services. This will be lead by the HR team and Trade Union support using current policy and workforce organisational change processes.
- Training needs – with the transition and development of other services then there is a requirement to development new skills and training for staff and staff teams.
- Clarity of patient pathways including referral processes, clear admission criteria and appropriate fast throughput to relevant services.

### Midlothian – for information

In Midlothian services will need to be provided differently. Doing this would aim to reduce the number of beds beyond the current requirements and in order to support care closer to home or at home there are a number of developing strands of work that is required which will in effect help bolster and develop community teams:

### Communication / Consultation / Involvement

Although there will be individual Communication plans within both East and Midlothian it is considered vital for there to be some joint communication approaches. The areas for joint communications are:

- Joint Communications with patients and carers: For East Lothian patients there should be clear messages with patients and carers that there would be a transition period from September with a phased reduction and where appropriate 'new' patients would be admitted to the new East Lothian Community Hospital. Current East Lothian patients it is hoped would remain in Midlothian unless agreement was reached together with the patient, carers and the clinical teams.
- Joint Communications with the public and local media.
- Joint Communications with all current staff: all staff needs to be informed as soon as possible that there are some planned changes within both areas. Unions and HR will also need to be communicated with jointly.

## **Risks**

If either H&SCP slip on any of the timescales in relation to the community services they need to provide, this could impact on the reduction of beds within Midlothian.

If the environmental elements required in the Midlothian wards can't be completed in a timely fashion this will impact on the ability to reduce beds within Midlothian and potentially create unutilised space.

## **Governance for East Lothian IJB**

This paper and its proposals have now been through the following governance routes.

- Agreed and supported by the Older People and Access Management group May 2019.
- Tabled, discussed and supported at the East Lothian IJB Strategic Board on 12<sup>th</sup> June 2019 by Chief Nurse.
- Presented to the Strategic Change Board Shifting the Balance of Care on the 18<sup>th</sup> June 2019. Supported by the Board with additional emphasis highlighted on the need to for there to be clear and robust admission processes to ensure adherence to care model for patients and staffing models to support people with emotional communication issues (behaviours that challenge).

- Paper circulated and presented by the Chief Nurse to the Core Management Team of the IJB on the 19<sup>th</sup> June 2019. This was supported by the Core Management team.
- This High level vision paper being presented to the IJB Board meeting on the 11<sup>th</sup> September 2019.

## Next Steps

1. **Clarity on the plan** - clarity and confirmation of service transitions and timeline (including any contingency for slippage). The Older People and Access Management group, led by the Chief Nurse will continue, at its meetings with the operational actions required to achieve this Direction.
2. **Agreed joint Governance routes across and between both Midlothian and East Lothian.** Regular update conference calls take place with the relevant programme managers and the joint paper is being taken through local governance routes in both Midlothian and East Lothian (as identified above).
3. **Staff/Partnership:** Programme Manager meeting with Partnership Representative to ensure correct procedure and communication is undertaken regarding potentially changing roles. Chief Nurse meets regularly with Staff Side representative. Staff side representative also attends Strategic Change Board and Core Management Team. Interim Chief Nurse to invite staff side representation to attend the Older People and Access Management Group as part of the operational phase of the repatriation programme.
4. **Financial split, including Beds:** Agreement reached between Midlothian and East Lothian with regards to the number of beds to be transferred; at present this is likely to be 17 beds to East Lothian and 24 beds for Midlothian. This then has implications for staff groups and support requirements identified under item 3 above. Chief Officers of East and Midlothian IJB have agreed split of resources based on 17/24 beds.
5. **Communication:** joint communication timeline and communication messages drawn up between respective Communication and Engagement teams. This will form part of the operational actions. Chief Nurse to update and invite East Lothian Communications team to attend Older People and Access Management meeting.
6. **Care Inspectorate** – East Lothian IJB Chief Officer met with the Care Inspectorate to discuss registration of new facilities at the Care Inspectorate offices in Dunfermline on the 23<sup>rd</sup> July 2019. An informal visit to Crookston was arranged with Chief Officer and Care inspectorate staff for the 6<sup>th</sup> September 2019.
7. **Chief Nurse** – to continue to provide regular updates as required. Chief Nurse has been providing updates ongoing as outlined in the Governance



actions identified above. The Chief Nurse regularly updates the Core Management Team and directly with the Chief Officer at regular 1:1 meetings.

## **Appendix 1**

<https://www.gov.scot/publications/transforming-specialist-dementia-hospital-care/>





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 11 September 2019  
**BY:** Chief Officer  
**SUBJECT:** East Lothian Integration Joint Board Annual Performance Report for 2018-19

9

---

## 1 PURPOSE

- 1.1 To present to the Integration Joint Board its third annual performance report covering the year 2018-19.
- 1.2 Any member wishing additional information should contact the authors of the report in advance of the meeting.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Approve the draft annual report for 2018-19 (appendix 1) prepared in line with Scottish Government guidance (see 3.3) noting that East Lothian HSCP performance varies across a number of measures as reported in-year to the IJB.
- 2.2 Approve publication of the annual report on the internet and on social media, with printed copies provided only if requested, noting that in previous years there have been no requests for printed copies.
- 2.3 Note that guidance requires that IJB annual reports are made as “...accessible as possible to the public...” To meet this requirement, the annual report will be publicised and made widely available via the IJB’s established social media channels and the internet. It will also be made available to staff on the East Lothian Council and NHS Lothian intranet.
- 2.4 Agree that a summary version of the annual report should also be produced and made available via social media and the internet and intranet. Printed copies of this document would be available on request.
- 2.5 Note that in line with guidance, annual report data ‘...must be included for both the year which the report covers, and the 5 preceding years, or

*for all previous reporting years, if this is less than 5 years.”* For this reason, the 2018-19 annual report includes reference to performance from the two preceding years, 2016-17 and 2017-18.

### **3 BACKGROUND**

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014, requires the development of Integration Joint Board or Lead Agency arrangements to integrate health and social care services.
- 3.2 The 2014 Act requires the ‘Integration Authority’ (Integration Joint Board/Lead Agency) to publish every year a performance report on its achievements in planning and delivering its integration functions.
- 3.3 The performance report must take into account Scottish Government guidance (<http://www.gov.scot/Publications/2016/03/4544/downloads>) and has to be published within four months of the end of the year being reported on. For the 2017-18 period this meant the report should have been published by 31 July 2018.
- 3.4 Due to difficulties in getting complete and validated data for the period covered by the performance report, its production was delayed until the first suitable IJB business meeting on 11 September. Colleagues in the Integration Team in the Scottish Government were made aware of this delay.
- 3.5 The guidance requires the annual report to be available online and to be made accessible to the public and to partners. Although there is no specific requirement to produce printed copies of the document, as in previous years these will be produced on request. There were no requests for a printed copy of any of the previous annual reports.
- 3.6 The Scottish Government guidance requires the report to describe, as a minimum, performance against specific elements:
  - National Health and Wellbeing Outcomes
  - Core Integration Indicators
  - Financial Performance
  - Localities
  - Service Inspections.
- 3.7 For the 2018-19 report the Information Services Division’s (ISD) Local Intelligence Support Team (LIST) once more provided analytical and data input.
- 3.8 Content for the report was provided by colleagues from across the Health and Social Care Partnership’s functions.

#### **4 POLICY IMPLICATIONS**

- 4.1 There are no policy implications arising from this report or the recommendations within.

#### **5 INTEGRATED IMPACT ASSESSMENT**

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

#### **6 RESOURCE IMPLICATIONS**

- 6.1 Financial - None. The annual report and summary annual report will be published via the internet, intranet and social media at no cost. In the event that paper copies, or other (for example large print) versions of the report or summary are requested these can be produced 'in-house' at marginal cost.

- 6.1.1 Costs may arise if a request is received for translated or other bespoke versions of the report, so requiring production by an outside agency. No such requests have been received for previous annual reports.

- 6.2 Personnel - Production of the annual report was carried out in-house by the HSCP team. This team will also produce the summary report.

- 6.3 Other – None.

#### **7 BACKGROUND PAPERS**

- 7.1 None.

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## **Appendix 1 – Draft IJB Annual Report for 2018-19**



# East Lothian Integration Joint Board Annual Performance Report 2018-19

East Lothian  
Health & Social Care Partnership



## Foreword

Welcome to the East Lothian Integration Joint Board (IJB) Annual Report 2018/19, which offers an insight into the wide range of services that we provide and commission. It shows you the positive impact that integration is having for people who use our services, and their families and carers. Integrated working is stimulating better communication, more effective targeting of resources, and services that are streamlined and better tailored to individual need.

The year from April 2018 to March 2019 has been a very productive one where East Lothian IJB has really come in to its stride. In the first two years, we were finding our feet, setting up the structures we needed to function well and beginning to integrate our staff teams. 2018/19 was the first year when we could really start bringing our vision to life.

It has also been a time of change, in which we bade farewell to David Small, who took up the role of Director of Transformation for Primary Care at NHS Lothian in June 2018. And Children's Services moved to East Lothian Council's Education service, which helps them to better pursue the Getting It Right For Every Child (GIRFEC) agenda and enables us to concentrate on adults from 16 upwards.

As you will see as you read on, it's been a very important year. We engaged extensively on how to transform services for older people and also for adults with complex needs. Those projects are both now at a stage where a new vision is ready to be realised. We also engaged widely around our new IJB Strategic and Primary Care Improvement Plans and again positive developments are now underway.

We won a number of awards, including East Lothian Council Star and NHS Celebrating Success awards, and our Wellwynd Hub has just been nominated for a national COSLA award. We have also been cited for good practice, including by the Coalition of Carers in Scotland for role carers play in our strategic planning.

Our staff are what make us what we are and we would be remiss in not highlighting how their dedication, skill, ideas and passion drives good outcomes for the people we serve. This year, we saw our Workforce Strategy come to fruition, which sets out not only how we will help our existing teams to develop, but also how we will attract and retain more staff to replace those who are nearing retirement.



Continuity is vital the people who use our services and we are keen to make East Lothian Health and Social Care Partnership a stimulating and rewarding environment for everyone who works for us.

We would also like to thank our staff for their commitment to self-evaluation and continuous improvement. It has played a major role in achieving excellent financial results this year, where we managed to make efficiencies while maintaining the quality of service. That saving will go into our reserve, giving us greater resilience in the years to come.

We hope you find the Annual Report interesting and if you want more information about anything in it please email [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk) or phone 01620 827 755.



**Alison Macdonald**  
**Director of Health**  
**and**  
**Social Care**  
**ELHSCP/Chief**  
**Officer East Lothian**  
**IJB**



**Peter Murray**  
**IJB Chair, 2017-19**

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# About the East Lothian Integration Joint Board (IJB)

## Our history

The East Lothian Integration Joint Board is made up of representatives from NHS Lothian, East Lothian Council, the Third and Independent Sectors and those who use health and social care services. It was set up as part of the Public Bodies (Joint Working) (Scotland) Act 2014. This Act focuses on integrating health and social care at a local level. There IJBs are legally separate both from their local health board and local authority. As well as council and NHS Lothian appointed members, the IJB includes health and social care professional and union representation, and carers, service-user, third and independent sector representatives.

## What is the East Lothian IJB responsible for?

East Lothian IJB is responsible for the planning, resourcing and governance of health and social care services. It sets the strategic direction of Health and Social Care Delivery in East Lothian.

## What is East Lothian Health and Social Care Partnership (ELHSCP)?

ELHSCP delivers services operationally to meet the strategic aims of the IJB. It provides leadership and operational management for services.

## What services are we responsible for?

We are responsible for a wide range of services including some hospital services, for example, Accident and Emergency. See the graphic below to get an idea of the range of activities that we cover. You can see more information about all the services delegated to us in Appendix 4.



# Our strategic objectives

## Getting it right for East Lothian

We developed our Strategic Objectives in consultation with our stakeholders. They show our commitment to adopting approaches that tailor services to the needs of people and communities while, at the same time, developing efficient and future-proofed service arrangements. We will:

- make universal services more accessible 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
  - 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
  - reduce unscheduled care. We want to reduce unnecessary demand for services including hospital care.
  - 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
  - deliver services within an integrated care model. We recognise the need to make people's journey through all our services smoother and more efficient
- enable people to have more choice and control. We recognise the importance of person-centred and outcomes focused care planning
  - further optimise efficiency and effectiveness. We want to improve the quality of our services whilst recognising and addressing the challenging financial constraints we face
  - reduce health inequalities. We want to reduce inequalities, break the cycle and impact of deprivation and support and protect the vulnerable in our communities.
  - build and support partnership working. We recognise the importance of developing effective and wide ranging strategic partnerships in delivering our ambition, vision and values.





## Our people


Facts and figures about the East Lothian population  
now and in the future


# Our people


Like most public sector organisations, we face some major challenges. Our services are designed to help mitigate this and improve health and wellbeing. We have a rapidly growing population. We also have an increasing number of older people in East Lothian, living longer, with some needing a little extra support. Here is a quick snapshot about living in East Lothian now and in the years to come.


## Our growing population




**105,000**  East Lothian population in 2018

**110,695**  East Lothian population in 2023

**23%**  population growth by 2037

**72%**  increase in the 65+ age group by 2037

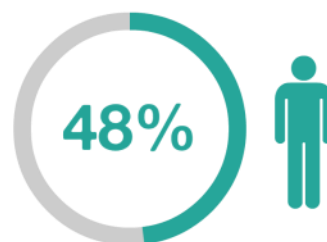
**162%**  increase in the 85+ age group by 2037

## About our population

Female



Male



**20%**  of our population is aged 65+

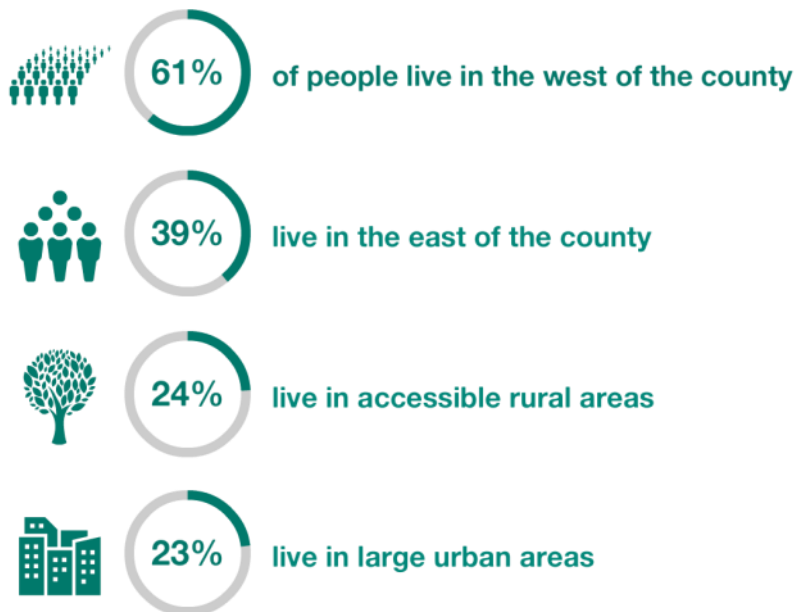
**82.7**  Average life expectancy for women

**78.3**  Average life expectancy for men

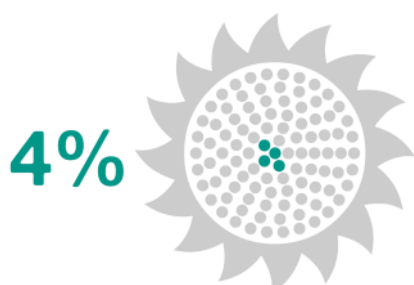


# Our people

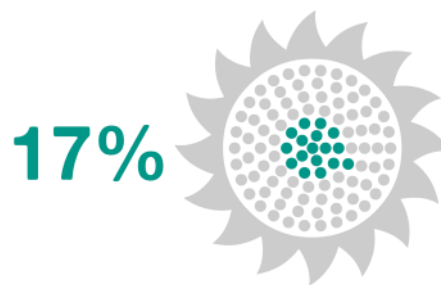
## The East/West split



The population is much larger in the west of the county than the east.



of the population live in the most deprived SIMD Quintile



of the population live in the least deprived SIMD Quintile

SIMD (the Scottish Index of Multiple Deprivation) provides a deprivation rank for each of the 6,505 datazones in Scotland. Quintiles split up the dataset into five groups, each containing 20% of the data.



That's why initiatives like the new East Lothian Community Hospital (ELCH) are so important. ELCH will repatriate hospital services back to East Lothian, helping our growing population to access health care closer to home, including ante-natal care. It will also support rehabilitation of older people coming home from hospital in the city, continuing to support our impressive work on reducing delayed discharge.



Keeping people independent and well

**National Health and Wellbeing Outcome 1**

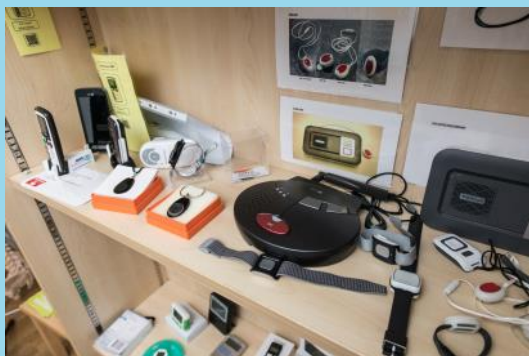
People are able to look after and improve their own health and wellbeing  
and live in good health for longer

## Supporting independence

*East Lothian Health and Social Care Partnership is committed to working with people to help them look after their health and wellbeing. In the course of 2018-19, we have continued to promote healthy living through our Public Health Team and their partners; provided more locally accessible physiotherapy support, and continued with the 1st Response travelling drop-in service, delivered by Penumbra, Changes and Stepping Out. It has been a particularly exciting year for us because we were able to open our new Active and Independent Living Clinic at Wellwynd in Tranent.*

### Wellwynd Hub

East Lothian Health and Social Care Partnership recently opened Wellwynd Hub as a resource to assess people with functional difficulties to look at solutions to help gain independence and improve activity. The Health and Social Care Partnership, working with East Lothian Council's Housing Service, has converted a sheltered housing warden's flat into a 'dementia friendly' homely setting with smart technology to assist people requiring help with daily tasks such as reminders or turning on lights by voice command. Home to the Active and Independent Living Clinic, it allows people the chance to try adaptations and equipment such as wet rooms, adapted showers, specialist wash/dry toilets, adjustable beds and a wheelchair accessible kitchen.



*'We are so excited about Wellwynd Hub because it allows people, and their carers, to experiment with all sorts of mobility aids and technical solutions that can really make a difference to you being independent in your own home. For lots of people, mobility problems make it feel like their much-loved home is now actively working against them. The Hub shows you how you can turn this around.'* **Councillor Fiona O'Donnell, IJB Chair**



Occupational Therapist Morven McLelland with Fiona O'Donnell



### Breaking News

***Wellwynd Hub has been nominated for a COSLA Award in the Service Innovation and improvement category!***

# Keeping independent and well

## Telecare solutions at Wellwynd Hub

People can also find out more about and try out Telecare solutions such as motion sensors, bed sensors and community alarms. Some of the most innovative approaches involve the use of readily available products that people may already have in their homes such as voice activated devices, smart TVs and lighting, and apps that control heating.

Paul Di Caccia who lives with MS and is a regular user of the Hub has made a video for us about how he uses TEC to help him stay independent and get the most of life.

He says:

*'There's something very special about bumble bees. It's not that they've got a stripy coat or that they've got six legs. It's the fact that their wings are too small to carry their body. But, nobody told the bumble bee so it keeps on doing it. That's the way I live my life. I don't worry about the things I can't do. I keep going with the things I can do. And stay a bumble bee and keep flying.'*

*'Just because you have had some trauma in your life, it doesn't mean your life is over. You can change it, keep going forward, embrace change and flourish.'*



Paul at Wellwynd Hub



## Impact of Wellwynd Hub

- The Occupational Therapy waiting list has reduced from 421 to 322 since January 2019, a reduction of 23%.
- We are able to assess on average an additional 39 people per month.
- The estimated annual saving based on average of 39 clients per month = £57,096.00.
- We have evidence that 87% of people attending clinic have improved personal and/or functional outcomes.

# Keeping independent and well

- A rolling programme of Telecare/Smart TEC awareness sessions for all frontline staff in particular care staff, social workers, Allied Health Professions (AHPs), Housing Officers and District Nurses started in April with a maximum of 10 attendees per session. Evaluations indicate 100% would recommend this training to others and as a result had increased in confidence in this area.
- The HUB has been successful in demonstrating Telecare and Smart Technology in a working environment and assisted in reducing anxiety from individuals and their carers during transition into their own properties. The use of Technology has allowed greater independence and a reduction in care hours.

## HILDA

HILDA, (**H**ealthy **I**ndependent **L**iving with **D**aily **A**ctivities) is our online Healthy Ageing platform which continues to support people with a range of useful information and advice on local services, equipment and help to complete an online self-assessment. People can contact HILDA by mobile phone or tablet.

HILDA promotes healthy ageing for all and offers a range of useful information to help people stay as fit and able as possible. An added feature on HILDA is the Lifecurve™ an evidenced based tool which can be easily completed to identify needs at an early stage to target the most appropriate intervention and support required.

Do you, or a friend or relative, need a bit of help as you get older? HELP FROM HILDA gives trusted advice on items you can borrow or buy.

East Lothian Health & Social Care Partnership

Professional help, tailored for every individual

Everyone can improve how they age

Browse and start a self-assessment

Find out how

Find out about the research behind the ADL LifeCurve and how it is helping people in their ageing journey

Local Info


Equipment Catalogue


Hints, Tips and Info

General Health Info

[www.eastlothian.gov.uk/hilda](http://www.eastlothian.gov.uk/hilda) – Get the most out of life with help from HILDA



**1,931**  people visited the HILDA website since May '18

**81%**  of these were new visitors



## Living independently at home or in your community

### **National Health and Wellbeing Outcome 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

# Living independently at home or in your community

In the section of this report about our Strategic Aims we talked about our intention to:

- reduce unscheduled care
- provide care closer to home.

This section looks at a variety of very effective ways that we are doing this. Their impact can be seen in the tables below.

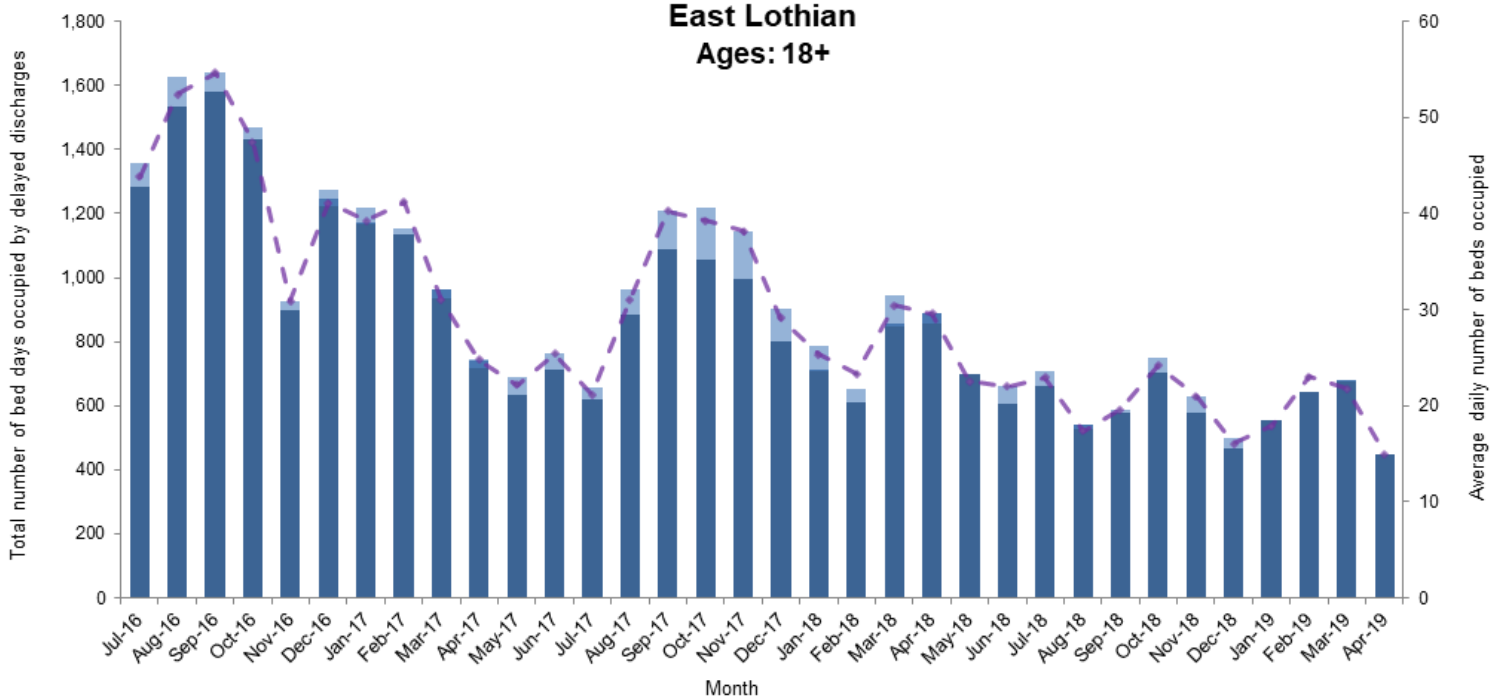
## Driving down delayed discharge

### Sustained downward trend in delayed discharge

#### Bed Days Occupied by Delayed Discharges

July 2016 - April 2019

East Lothian  
Ages: 18+



This downward trend is reflected in our performance against the Scottish Government’s National Health and Wellbeing indicators, which show we are outperforming most IJB areas in Scotland. For full information, please see Appendix 1. The diagrams below show our performance this year.



Emergency admission rates  
10.035 per 100,000



Readmission to hospital within 28 days  
94 per 1,000



Emergency bed day rate  
94,445 per 100,000



Delayed discharge days  
648 per 1,000

# Living independently at home or in your community

## Discharge2Assess team—getting people home from hospital quickly and safely

The Discharge2Assess (D2A) team is an Allied Health Professional (AHP) led service that provides continuing Occupational Therapy (OT) and Physiotherapy (PT) assessment at home on the day or day after someone is discharged from hospital.

Following review and analysis of the established five-day service, we were able to see a clear need for Discharge to Assess to become a seven-day service. We made a successful application to NHS Winter Monies fund for £34,000. We were then able to design a model for OT and PT Community Rehabilitation seven-day working that was robust, measureable and equitable, ensuring the best possible care for patients.

**OPEN**  
**7 DAYS A WEEK**

Evaluation of the service over a 12-week period between January and March 2019 showed that we were able to see five more patients. Sixteen patients were supported to leave hospital over the weekends through D2A/START during this 12-week period, which was 25% of the overall total number of D2A/START patients supported to go home. In 2019, 11% of all interventions carried out over the weekends were new facilitated hospital discharges (this was 12% in 2018).



**904** ❤️ patients seen by D2A since May 2015

**2,712** ❤️ saved bed days

**£813,600** ❤️ in savings

Much of its success is down to a culture of ownership of East Lothian residents across services. There has been extensive investment in building close relationships with acute AHPs through weekly 'in-reach' contact to RIE, regular in service training and proactive use of daily admission lists.



# Living independently at home or in your community

## START

The Short Term Assessment & Rehabilitation Team (START) works with older people in the Tranent, Prestopans and Port Seton area. It was set up in April 2018, and focuses on helping people to become more active and independent after illness. It aims to reduce the delays around hospital discharge, prevent unnecessary admissions and help older people to be more confident and independent in their own homes and communities. It works so well because of its relationships with wider community services including GP practices, District Nurses, Social Work, Hospital at Home, Day Centres and the third sector. Key to its success is the working relationship between the occupational therapists, physiotherapists, community care workers and physiotherapy assistants with STRiVE, East Lothian's third-sector interface organisation. STRiVE has been instrumental in recruiting, training and supporting local people and their families and offering the opportunity to help older people in their local community. The START team members and volunteers help to ensure that once people are discharged from hospital, they have social and practical help. They also encourage families and communities to support each patient's wider rehabilitation and achievement of short and long term goals. People have to be referred to the scheme by the Duty Response and Rehabilitation team, the Discharge to Assess scheme or their GP.

## Impact of START

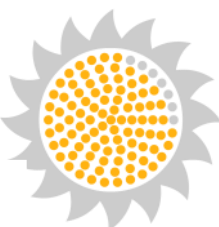


**141** ❤️ referrals

**26** ❤️ preventions of admission to hospital

**103** ❤️ facilitated discharges

**93%**



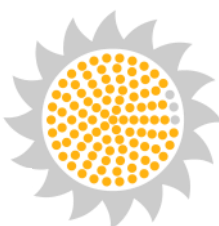
% of patients and carers that thought START was beneficial

**92%**



% of people that felt safe, secure and supported

**97%**



% of people that felt they had more access to support and advice at home

# Living independently at home or in your community

**Maureen Allan from STRiVE** says:

*'Finding volunteers for START didn't just happen overnight. People had to interview for us to show that they had the right skills and outlook; they had to supply us with references, and submit to an enhanced PVG check before they began training with us. We needed to make sure we had the right people. Our volunteers are fantastic and do what they do because they want to give something back to their own community, trying to make their community a better safer place to stay.'*



*'We meet them all regularly and we are always at the end of the phone if they want support or advice. They have built great relationships with all the START staff team and also with the people they support.'*

*'This has been such a good project for people in Tranent, Prestonpans and Port Seton – I can't wait to see how other areas will benefit from it too.'*

## Technology Enabled Care (TEC)

Technology Enabled Care (TEC) has a key role to play in the modernisation of health and social care. It offers a range of possibilities to help people to live independently for longer. It can also prevent hospital admissions and earlier than necessary moves to residential care. There is now an extensive range of assistive and enabled care technologies available including:

- Telecare
- identifying someone's location to support people with dementia (GPS)
- monitoring blood pressure at home and texting readings to GP practice
- voice activated devices (Amazon Echo)
- tablets and video conferencing/ consultation between professionals to citizens in their own home.

These are just a fraction of the technologies available to us in everyday life and they can either be purchased and set up privately or provided through statutory services following assessment. By ensuring that technology is considered during all stages of our engagement with people, we can support people to make informed choices to find the best possible solutions in line with local and national strategies and outcomes.

East Lothian TEC team currently has over 2,200 clients with analogue connected alarms and 4,301 connected telecare products (as from July 2019).




# Living independently at home or in your community

## Some telecare figures for 2018/19

To give you an insight into the work of the Telecare Team, here is a breakdown of some of their key activities in 2018/19.




**466**  new CAS alarm referrals

**262**  new telecare referrals

**90**  new CAS & telecare referrals

**852**  technician task visits

**59,523**  alarms calls into contact centre

## Scale-Up BP Project

This project encourages people to use technology to monitor their own blood pressure. Research shows that in the UK blood pressure checks are the second commonest reason for people visiting their GP. However, sometimes surgeries are not the most conducive environment to get representative readings. Reasons for this include 'white coat' syndrome and, in a few cases, ageing equipment.

The innovative Scale Up BP scheme is currently funded by the British Heart Foundation and uses text reminders to get patients to monitor their BP regularly at home with state-of-the-art equipment. The readings are shared with the patient's GP, who can then check up on the patient and ask to see them if the readings are abnormal. This is a very useful early intervention technique that can be used to diagnose hypertension and other conditions. It also frees up GP time while providing the patient with a much more robust service. We currently have 872 people registered in East Lothian. The British Heart Foundation funding ends on 31<sup>st</sup> December 2019. New funding of £126,905 has been granted by the Scottish Government that will enable the project to run through to 31<sup>st</sup> March 2021.

# Living independently at home or in your community

## Transforming services for adults with complex needs

The Transformation Programme became 'live' in August 2018 with a range of public and staff engagement events. We outlined our ambition to collaborate with all interested stakeholders to review the community based day time needs of people with complex needs, current service provision and, through conversation and debate, reimagine how we can best organise and shape our service provision in East Lothian to best meet the needs of this wide population group.

This process followed an iterative process, where we developed the key messages and emerging model, then went back out to our stakeholder groups to check in, amend and consolidate our thinking at each stage.

We interspersed these conversations with regular newsletters.

Throughout this process we were held to account by the Transformation Programme Reference Group; a group of representatives of carers, users, advocacy groups and service providers, who hold the remit of critical friend and co-producers for this area of work.

By June 2019, we were able to achieve full consensus with our stakeholders on the overarching model framework and our 12 key recommendations.

Currently, in collaboration with the Reference Group, we are working through the options appraisals to detail how we intend the actual delivery model to work, for example, where the various aspects of service might be located.

We are also in the process of costing the new model.

Once these two aspects of work are concluded, we will take the costed model to the Integration Joint Board for endorsement, and permissions to move on to the next stages—developing the commissioning strategy and implementation plan.

**Transforming non-NHS adult disability and mental health services in East Lothian**

**Modern, flexible services**

**Good personal outcomes**

**We need your ideas**

**Get involved!**







Phone 01620 827 755 or email [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk)

East Lothian Health & Social Care Partnership

# Living independently at home or in your community

## The engagement process between September 2018 and April 2019

As well as working closely with the reference group, a key part of the project was in-depth engagement with stakeholders, including service-users, carers, staff and providers. Key themes in the feedback included wanting to have more activities locally in mainstream facilities, issues with transport, the need be able to access education, training and employment, and having activities in the evenings and weekend. All the feedback has been used by the team and the reference group to begin work on developing options for the options appraisal.

- 
- 5  stakeholder engagement sessions Sept/Oct 2018
  - 5  stakeholder engagement sessions Nov/Dec 2018
  - 8  targeted stakeholder discussion sessions Nov18/Apr19
  - 1  baseline research project with Community Care Forum
  - 4  feedback & progress newsletters for stakeholders

*' would like to thank all the people who took time to come along and talk to us. We found out that lots of people felt very positive about the support they get already and about project. Although there were lots of things that people liked about services now, they could see that there was plenty of scope for doing things differently and better. We are looking forward to working on bringing that vision to life.*

**Rachel King, Transformation Project**

*...being together with the opportunity to share from our own point of view — we are all important...*

**Carer**





## Positive experiences of health and social care

### **National Health and Wellbeing Outcome 3**

People who use health and social care services have positive experiences of those services, and have their dignity respected

# Positive experiences of health and social care

## Collaborative Working for Immediate Care (CWIC)

Over the last two years, we have been developing CWIC, an innovative service developed to accommodate 'same day demand' for health care differently. CWIC absorbs this aspect of care from GP colleagues, facilitating their management of more chronic and complex health conditions. Patients who do not require to attend a GP are directed to another, appropriate health care professional. This ensures rapid access to the right care, delivered by the right professional at the right time to receive assessment signposting and/or treatment.



## Feedback

Early, locally arranged, evaluation of Patient Experience in CWIC shows that around 80% of patients are very satisfied with the service. Here are key satisfaction themes from that survey.



- I understood the info I was given
- I was listened to
- I was given enough time
- I was treated with compassion

## CWIC in action

Fiona Graham has worked for the NHS for 30 years in a number of roles, all mental-health related. She has been working with CWIC for around 10 months. She says:

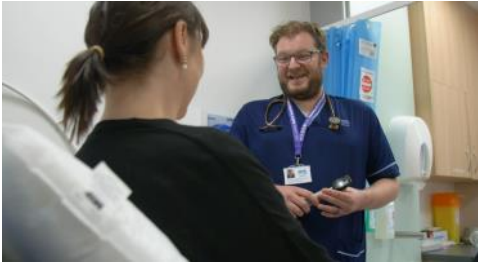
*'With CWIC, I work as a Mental Health OT.(MHOT) I assess people in a holistic way – looking for both mental and physical health difficulties. OTs are quite distinctive – when registered, we are qualified in physical and mental health and this really helps with the holistic approach. At CWIC, I assess both mental health and the way that impacts on people's lives. I see a very mixed case load, including people who are signed off sick from work. In fact, using the AHP Fitness for Work report, I can sign people off. Then I can work with them, looking at vocational rehab with goals. I aim to get people well and back to work. Using an MHOT means that people can get counselling and support straight away. It's also good for employers, helping them to support people's return to work and enabling them to make reasonable adjustments and offer ongoing support. We are reducing the reliance on the rest of the primary care team and offering an approach that doesn't rely on pharmacotherapy.*



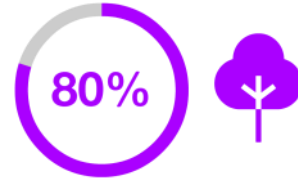
*'I am also dealing with quite a lot of 18 – 22 year olds who are struggling with transitions from school to uni, self-esteem and confidence issues and social media pressures. I do brief interventions with them to build self-esteem and self-confidence and resilience. Mental health resilience-building is a big factor in mental health these days – supporting people to bounce back.*

# Positive experiences of health and social care

*'I really enjoy it here and I think I am doing some really good clinical work. I feel that I can leave work at the end of the day having done some good preventative work – promoting good self-management. It's more rewarding than I had actually expected because the people I have been seeing could potentially end up with serious mental health problems and I think what we do here is preventing that escalation.'*



CWIC Advanced Nurse Practitioner with a patient



Adults had a positive experience of the care provided by their GP practice across all East Lothian practices

## East Lothian Care Home Team: Improving the patient and carer experience

Christine Pizzey, a Nurse Practitioner with the Care Home Team, says: *'Prior to the Care Home Team being in place, the GPs would have to visit the care homes on a regular basis—not just for acute episodes of illness, but also for residents managing long-term conditions—looking at anticipatory and palliative care for patients. These are aspects of what we do now, with the support of the GPs back at the surgery.'* Comprising seven Clinical Nurse Practitioners and two Care Home Liaison Nurses, they:

- Provide medical management to Care Home Residents (Mon-Friday 8-6pm)
- Release GP time
- Reduce hospital admissions
- Provide training, clinical support and advice to promote local and national standards
- Undertake polypharmacy reviews
- Undertake anticipatory care planning and Key Information Summaries
- Undertake DNA/CPRs
- Have an adult support and protection role
- Make referrals and liaison with multidisciplinary agencies, for example, social work.

### The Future

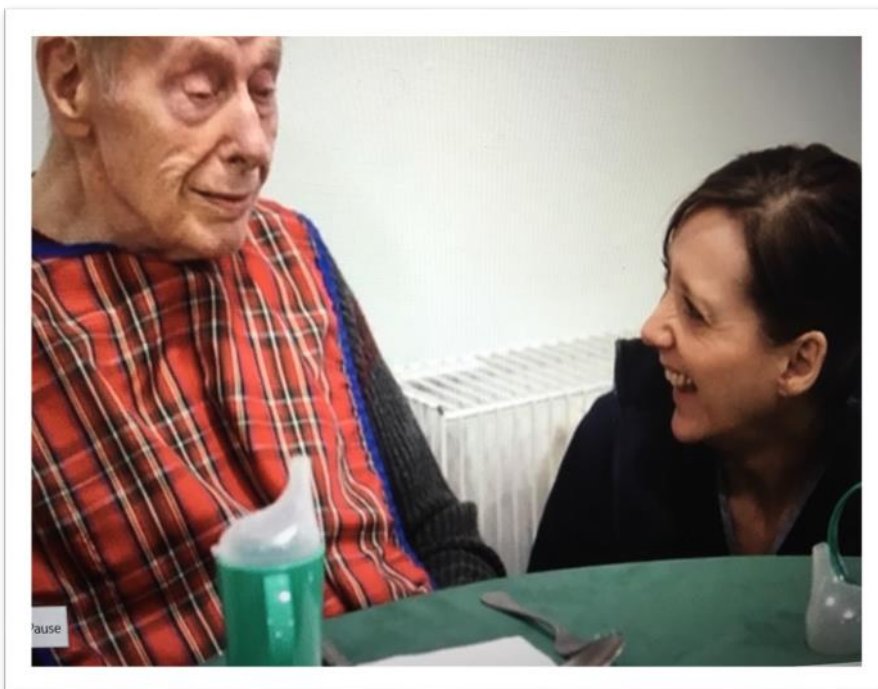
- Expand to cover all GP practices in East Lothian
- Improve standards of clinical knowledge and skill through education improving the care provided to care home residents.



# Positive experiences of health and social care

## Impact of Care Home Team

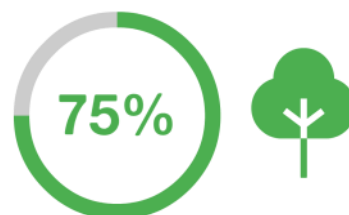
- ✓ Reduced hospital admission and promote supported discharge, reducing bed pressures and improving patient flow
- ✓ Proactively managed medical conditions
- ✓ Reduced out-of-hours GP call-outs
- ✓ Reduced prescribing through polypharmacy reviews, accurate assessment and multi-agency working.



*I don't think GPs have the time to do that holistic care planning. They treat what they see whereas we look to see if there's anything underlying—do we need to look at future anticipatory care planning; do we need to have discussions with families now?'*

Suzanne Brown

Nurse Practitioner, East Lothian Care Home Team



**Adults receiving any care or support rated it as excellent or good**

# Positive experiences of health and social care

## Practice Administrative

### Staff Collaborative (PASC)

This collaborative focused on two areas – reducing the amount of time GPs spend on document management, and making the best use of practice appointments and resources so that patients would be able to see the right person, at the right time, in the right place.

As part of this, East Lothian primary care teams have grown their capability in Quality Improvement methodology. We were lucky to have support from the NHS Lothian Quality and Safety Manager for Primary Care to support us during the life of the Collaborative and together we have successfully delivered in both areas.

The Collaborative has helped to forge strong links between practices and enabled them to share learning with other HSCP teams.

Healthcare Improvement Scotland funding supported the delivery of PASC. The majority of this funding was spent on training for administrative staff in areas including Medical Terminology, Docman Workflow, Communication Skills and Care Navigation. Staff also attended a number of national learning events and a celebratory event in March 2019.

*'This work is crucial to the implementation of the Primary Care Improvement Plans under the new General Medical Services Contract (2018). The new GMS contract supports the expansion of the Primary Care Multidisciplinary team and the evolution of the GP role into that of Expert Medical Generalist. The development of the role of administrative staff in practices is key to enabling this transition.'*



Dr Jo Smail, Cluster Quality Lead,  
West of East Lothian



Maintaining or improving your quality of life

**National Health and Wellbeing Outcome 4**

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

# Maintaining or improving your quality of life

*This is what East Lothian Health and Social Care Partnership is all about so we've picked out some of the key aspects of our work last year that are helping service-users and carers to maintain or improve the quality of their lives.*

## Self-Directed Support

Self-directed Support is Scotland's mainstream approach to social care. Self-Directed Support (SDS) puts the person at the centre of the support planning process. It enables people, carers and families to make informed choices about what their social care support is and how it is delivered.



It's not an add-on or a separate way of doing things, since the 2014 Act it is the legal way in which all social care must be delivered. What Self-directed Support does is ensure that people who are eligible for support are given the choice and control over how their individual budget is arranged and delivered to meet their agreed health and social care outcomes.

In East Lothian, we are making good progress in encouraging people to explore all SDS options, as you can see from the table below.

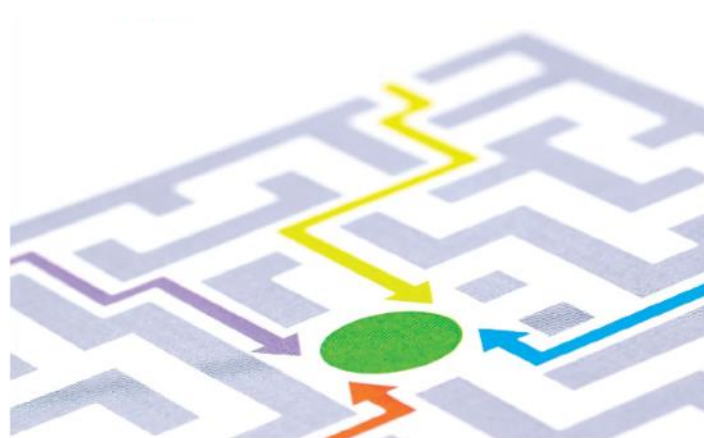
TOTAL UPTAKE FOR EACH OPTION	2017-18	2018-19
All Option 1 (Direct Payment—service user or carer selects and arranges services out of an agreed personal budget)	112	126
All Option 2 (Service-user chooses provider, but ELHSCP or other agency manages budget)	98	196
All Option 3 (ELHSCP selects and arranges support for the service-user)	845	831
All Option 4 (included in Options 1, 2 and 3) (A mixture of options)	129	151
TOTAL UPTAKE FOR WHERE PEOPLE SELECT ONE OPTION ONLY	2017-18	2018-19
Option 1 only	36	72
Option 2 only	45	92
Option 3 only	716	687
Option 4 (mixed)	129	151
<b>TOTAL CLIENTS</b>	<b>926</b>	<b>1002</b>

# Maintaining or improving your quality of life

## SDS Thematic Review

East Lothian Health and Social Care Partnership (ELHSCP) was one of six Scottish health and social care partnerships to take part in a Care Inspection Thematic Review of the Implementation of Self-Directed Support (SDS) in Scotland. The Care Inspectorate visited East Lothian during September last year and worked with service-users, carers and staff to establish how well SDS was being implemented in the county. They had some very positive insights to share. They thought that the way that ELHSCP supported people to experience positive personal outcomes through the implementation of self-directed support was good in East Lothian. Here's what the inspectors had to say.

*'Good conversations and positive outcomes were clear strengths of our inspection findings in East Lothian. Staff...were confident that they were supporting people to achieve positive outcomes...many supported people and unpaid carers were clear that they were experiencing flexibility, choice and control in their care and support and that this was making a difference to their lives.'*



They also noted that staff felt confident, competent and motivated to practice in an outcome-focused and person-led way. They rated us as good, saying:

*'The majority of social work staff we met...felt autonomous, confident and supported. There were appropriate arrangements in place to express views, share, discuss and reflect on practice issues at events, workshops and individual support levels with managers.'*

Another area that impressed the inspectors was the way we had effectively communicated and engaged with our stakeholders and promoted more flexible commissioning strategies. They also liked the way that we empowered and supported staff to develop and exercise appropriate skills and knowledge, and they felt that leadership was good too.

*'I've worked with carers for years and have been one for years. I love what I'm seeing now, and I wish this [SDS] had all been around when I was in the darkest days of being a carer.'*

**East Lothian carer**

## Maintaining or improving your quality of life

They said: *'The self-directed support vision, values and culture were generally well established across the partnership...Overall, the partnership was collaborative, innovative and had designed and embedded numerous new ways of working all based around efficiencies, market stimulation and self-directed support principles.'*

### SDS prepayment card

In January 2019, we introduced the SDS prepayment card. We put the amount agreed for the service-user's four-weekly Direct Payment on to it every four weeks. It works like a debit card and has an online user account—just like an online bank account—and each card is PIN-protected.

With more people using Direct Payments, we need to put better, more efficient monitoring in place. The payment card will mean that no one will have to make quarterly submissions any more (and people will be able to check their balance online at any time). There will no longer be any need for people to open special bank accounts for Direct Payments, so it will be much quicker to set Direct Payments up. We think this system will be an added incentive for people thinking about or currently using SDS, as it will make finances much easier for service-users to control.



### Martin the Football Barber

*Part of maintaining or improving quality of life in care home settings is about making things homely and enjoyable. Here's one small example—meet the Football Barber*

Eskgreen Care Home is working with the 'Football Barber' Martin Murphy on a new service. Martin pops into Eskgreen every six weeks to provide a barber's service to residents while talking sports. Martin says:

*'I am a football barber! The concept is simple. I aim to deliver a barbering service to gentlemen, while incorporating stimulating conversation through the medium of sport; predominantly the national sport, football!'*

Martin's approach is to help people who can't visit their local barber anymore to still be able to enjoy the full barber shop experience. So far, it's been a real winner at Eskgreen.



# Maintaining or improving your quality of life

## Community Review Team

In 2018, it was agreed that the Community Review Team would be given additional investment to expand the staffing ratio because existing staffing levels were not able to cope with annual reviews of client support plans arranged by staff within the partnership. As a result we now have one senior practitioner, two full-time social workers and five-and-a-half full-time-equivalent Community Care Workers.



Reviews are essential to making sure that people who use services:

- are receiving person centred care
- have plans that reflect what is important to them and assess what is working or not working
- are assured of choice and control around the support they receive (where appropriate)
- have plans that are meeting the outcomes identified in their Support Plans
- are receiving a quality of support that is adequate
- are assured that there no conflicts or complaints.



We have developed a link worker system where reviewing officers meet care at home providers monthly in order to identify and prioritise reviews to hold jointly. This model was developed from the feedback we received from service users who told us that they would prefer multi-agency reviews that have a holistic and person-centred approach. Staff are now 'linked' to agencies on our care at home provider framework and in turn each framework agency will have a single point of contact.

We know from experience that collaborative working with our partners enables a 360° vision of how delivered support assists clients to achieve their outcomes and therefore we will continue to contact partners when undertaking a review.

East Lothian currently provides approximately 22,000 hours of care to roughly 1600 clients and therefore realistically we would struggle to see every client annually. However, by building and developing the relationship with our providers, we are now in a position to monitor clients who need a review whilst monitoring those clients reviewed by the agency. Establishing positive working relationships enhances good communication and provides a transparent escalation process if issues or complexities are identified. Our goal is prevention and de-escalation through earlier intervention.

## Maintaining or improving your quality of life

The new model continues to ensure we work closely with the Planning and Performance Team. Contract monitoring is linked to quality assurance and performance and therefore this function needs to work collaboratively with the operational team as the reviewing officer will have the skills to engage with service users and providers to mediate when there is any conflict within the support plan, complaints or poor performance.

Finally, one of the outcomes of our recent Self Directed Support Thematic Inspection, was that we needed to improve our frequency of reviews whilst ensuring that they were focused on outcomes and person-centred support.

Number of completed reviews	
Jan 2018 to May 2018	Jan 2019 to May 2019
94	234
INCREASE OF 248%	
Efficiencies while delivering the same or better outcomes = £183,335.00	

East Lothian Health and Social Care Partnership runs three care homes and commissions services in nursing homes around East Lothian and further afield. It runs its own Home Care Service and also commissions care at home from a number of providers to deliver this service. In 2018, we completed a major retendering process, which resulted in a new framework of 14 providers in March 2018. The production of the brief for the tender was the product of a long and thorough engagement process with all stakeholders over the period of 18 months.

Here is a snapshot of what we provided every week in 2018/19.



**20,300** 🏠 hours of home care every week

**1,200** 🏠 hours provided by ELHSCP care@home team

**400-500** 🏠 extra hours provided by Hospital2Home



# Maintaining or improving your quality of life

## Transforming services for older people

In 2017, East Lothian Health and Social Care Partnership was asked to develop a strategy for the re-provision of Belhaven and Edington Community Hospitals and Abbey and Eskgreen Care Homes. These facilities provide a range of services including NHS community beds (step down care, palliative care, NHS Short Care Provision, day treatments), residential care beds, nursing home beds, residential Short Care Provision care and minor injuries (not all the facilities provide all these services). The Edington site also accommodates North Berwick Medical Practice. All the facilities have building challenges and need significant upgrades to meet the expectations for modern care standards. We thought this was a great opportunity to think about how we could do things differently and better and wanted to work with communities to get their thoughts.

Therefore we undertook an 12-month initial consultation period to get this work underway. As well as social media and online consultations and media stories, we had more intensive four-



- 11 staff and relatives meetings
- 21 community meetings
- 6 pop-up/community event engagements
- 1 month of radio/newspaper ads/interviews
- 6 councillor engagements/briefings
- 10 newsletters/email updates

month period of engagement between March and June 2018, and a development session with community representatives and the IJB in November 2018.

In December 2018, the East Lothian IJB approved the re-provisioning of Belhaven and Edington Community

Hospitals and the Abbey and Eskgreen Care Homes through the development of extra care housing or equivalent alternatives and charged East Lothian Health and Social Care Partnership (ELHSCP) with taking this work forward. Early in 2019, HUB South East agreed to work with ELHSCP on developing a business case and work is about to begin with each of the three communities on provision that is tailored to local need. Peter Murray says:

*'Local communities have been instrumental in helping us to get this far and we are looking forward to working together closely with local representatives throughout the next phase. We want to come up with local solutions that meet the individual needs of each of the three communities.'*

*'I see this as a very exciting time for health and social care in East Lothian and I am delighted that we now have the green light to start taking things forward in terms of preparing business cases.'*



**IJB Chair (2017-19) Peter Murray**



## Reducing health inequalities

### **National Health and Wellbeing Outcome 5**

Health and social care services contribute to reducing health inequalities

# Reducing health inequalities

*Tackling health inequalities is a Golden Thread (see page 9) and is at the forefront of all our planning and delivery. Here are a few projects that we feel will make significant impact in tackling inequalities.*

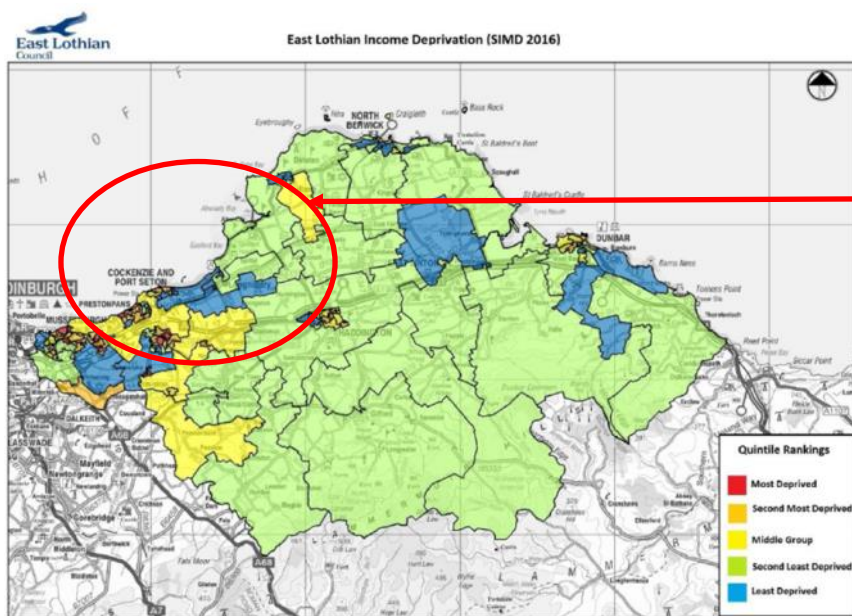
## Improving access to primary care for all

In 2018, we produced a Primary Care Improvement Plan (PCIP) to support the new Scottish contract for GPs. The Plan describes how the HSCP will provide new services, including vaccinations; pharmacy support to GPs; community treatment and care; urgent care; acute musculoskeletal physiotherapy; community mental health and community link workers. The Improvement Plan describes ELHSCP's intentions for development of the primary care multi-disciplinary team to include advanced nurses, advanced physiotherapists, specialist mental health OTs, pharmacists and others who will work with our GP colleagues delivering services which:

- establish new ways of working and new ways to deliver primary care services across the county
- provide improved, accessible information and education
- provide more supported self-care and self-management
- enhance third sector services and community and voluntary support.

As East Lothian's 15 GP practices range in size from 2,700 to over 19,000 patients, with some serving the large towns and others covering more rural areas, care was taken to ensure the timetable for planned service developments matched practice need and focused on inequality (see map below). The Plan also took into account the increasing demand from a growing and ageing population and the pressures this places on individual practices.

We were one of four Health and Social Care Partnership (HSCP) teams involved in the Practice Administrative Staff Collaborative (PASC) supported by Healthcare Improvement Scotland's Improvement Hub from February 2018 to May 2019.



## Why we need to



4%  
people living in the most deprived SIMD quintile



17%  
people living in the least deprived SIMD quintile

# Reducing health inequalities

## New East Lothian Community Hospital Open on budget, on time

Three years in the making, and many more in the planning, the new £70 million East Lothian Community Hospital is set to open in September 2019.



Alison Macdonald, Chief Officer East Lothian Integration Joint Board, says:

'This hospital has been long awaited and will bring huge benefits for patients and carers in East Lothian. In particular, it will enable people to have a range of procedures in a brand new, purpose-built hospital for which they previously had to travel to Edinburgh or further afield.

'Services that have been repatriated from Edinburgh include Urology, Orthopaedics (MSK), Rheumatology, Gynaecology, Adult ENT and Audiology. We will also be hosting services new to East Lothian, for example, Plastic Surgery for hands, Adult Psychiatry, Ante-natal services, Dietetics and Palliative Care. We are also planning to host Paediatric ENT, Paediatric Audiology and Phototherapy. Being able to receive care closer to home and in a community setting is really important in terms of the positive impact it will have for patients and carers. It will make a big difference to local health care in East Lothian.'



# Reducing health inequalities

## Roodlands OPD's new home

In March 2018, the Outpatient Department (OPD) of Roodlands Hospital moved into the initial phase of the new East Lothian Community Hospital (ELCH). This provided the same capacity (20 clinic rooms) as the previous configuration. We have been working to attract services to increase their clinic usage within the new hospital.

Working collaboratively with service teams across the Edinburgh-based Outpatients Departments, we have attracted some of these services to East Lothian. This has enabled an increase in outpatient activity of just over nine per cent in the new East Lothian Community Hospital. Services increasing their clinic usage of the new hospital include:

- Urology
- Orthopaedics
- MSK
- Rheumatology
- Gynaecology
- Adult ENT
- Audiology.

We have also started some new clinics for:

- Plastic surgery
- Adult Psychiatry
- Ante-natal
- Dietetics
- Palliative Care



Phototherapy treatment will be introduced from October 2019, for certain dermatological conditions, saving patients who currently have to travel into Lauriston twice a week for up to an 12-week treatment cycle, to have that care locally.

Increasing capacity and the range of clinic specialities, reduces the need for East Lothian residents to travel into Edinburgh. In September 2019, phase three will be commissioned providing additional capacity of eight clinic rooms, an interview room and two treatment rooms. We continue to work with services across Lothian to see what additional clinics could be started at ELCH Outpatients Department. Whilst we will require additional staff to enable full utilisation of the extra floor capacity, we will also be ensuring our nursing staff have the opportunity of gaining a wider skill set, to enable us to attract a broader range of clinical services.

# Reducing health inequalities

## Working with Local Area Partnerships

Our Health Improvement Team works closely with Local Area Partnerships on a wide range of initiatives designed to tackle Health Inequalities. In early 2019, for example, they supported Musselburgh Local Area Partnership's Your Voice, Your Choice 2 initiative. People living in the area were asked to put forward local ideas for projects which would have a positive impact in reducing inequalities. £20,000 of funding was provided by Musselburgh Area Partnership and £45,000 from the Scottish Government's Community Choices Fund.

Fourteen projects were selected, including a local tool library, a big family food garden, a money advice service, a summer play scheme and a Musselburgh community kitchen.

## Link worker scheme



We have been running a link worker scheme in East Lothian with STRiVE for the last three years at four practices in areas of greatest need. They work with patients on the day-to-day issues that may impact on general health and wellbeing, for example money and debt issues, social isolation and other personal issues.

The link workers are trained to provide first stage advice and link patients with advice and support agencies that can provide expert help. With the role of the new GMS contract, we are now evaluating this service and looking at how we can roll link worker provision to support all medical practices and patients in East Lothian.

## Reducing health inequalities

*Substance misuse is a major contributor to health inequality, impacting on service-users and their families and carers. There is a new, recover- based support that is already making a difference.*

### Primary Care Assertive Outreach Team

Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP), which supports the statutory and third sector integration of substance misuse services in East Lothian, agreed to set up a Primary Care Assertive Outreach service, based in medical practices in key locations across East Lothian. This was with a view to better meeting the Scottish Government strategic objective of delivering a 'recovery orientated approach which reduces harm and prevents deaths.

### Additional Community Psychiatric Nurses (CPN)

This expansion has taken the form of two fulltime substance misuse service community psychiatric nurses, peer support workers and an increase in the Consultant Psychiatrist establishment, to provide learning and support to GP colleagues. This was funded using a proportion of the East Lothian allocation of revenue arising from the Scottish Government strategy, Rights Respect and Recovery, published November 2018.

The service already provides support to medical practices for 223 patients, with a further 258 in transition from secondary to primary care. They support over 300 patients across the following practices—Riverside (Musselburgh), Prestonpans, Tranent, North Berwick and the three in Dunbar.

### The way ahead

We are seeking expansion to cover rest of county in 2019/20 financial year and a principal aim of this expansion is to promote health equality by focusing resources on the areas of most need.

IMPROVING  
SCOTLAND'S  
HEALTH



**Rights, Respect  
and Recovery**

Scotland's strategy to improve health by preventing  
and reducing alcohol and drug use, harm and related deaths



## Carers

### **National Health and Wellbeing Outcome 6**

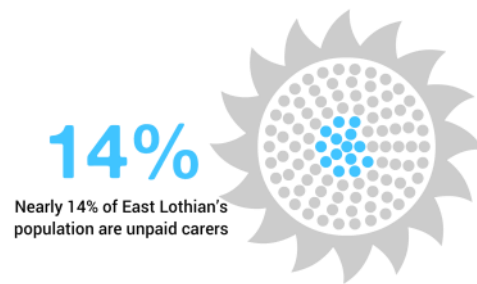
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being



# Carers

## About the East Lothian Carers Strategy

Our Carers Strategy identifies eight outcomes with key actions under each one that are based on feedback from extensive engagement with carers over a period of 18 months through reference groups, surveys, commissioned research and public events. The 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.

## Short Breaks

We have developed Short Breaks Services Statement with Carers of East Lothian, written in consultation with carers and other professionals, in line with our duties under the Carers (Scotland) Act 2016. This provides information for unpaid carers, and for others who might support someone, about the different breaks from caring available in East Lothian. It also includes details of local services which may be of help .

Carers can be young carers, young adult carers, parent carers or adult carers.

We know that breaks are essential for unpaid carers to help them have the chance to take care of their own health and wellbeing, allow them to have time to themselves, or to spend time with people who are important to them. We have developed a helpful online guide to short breaks that outlines:



# Carers

- What a short break means
- How to arrange a short break
- Help from local carer organisations
- Help with costs
- Charges for support
- Planning a break
- What sort of breaks are available.



## Adult Care and Support Plans (ASCP) and Young Carer Statements (YCS)

The Carers Act introduced ASCPs and YCSs. They look at how caring affects carers' lives, including for example, physical, mental and emotional needs, and whether they are able or willing to carry on caring. We put a lot of effort into raising awareness of ASCPs and YCs in partnership with staff, carers and advice organisations and online. We produced a new suite of information leaflets for carers and also used social media and local radio to try to encourage carers to come forward and take up their new entitlements. The graphic below gives the ASCP and YCS activity for 2018/19.



<b>244</b>	—	ASCP offered
<b>134</b>	—	ASCP declined
<b>82</b>	—	ASCP completed
<b>35</b>	—	YCS offered
<b>29</b>	—	completed

We are continuing to work with partners and awareness campaigns to improve uptake.

## Coalition of Carers in Scotland (CCS) Good Practice examples

We received two honourable mentions in the most recent CCS report. They said:

- East Lothian and Aberdeen both provided exit interviews for departing Carer Representatives whose tenures ended. This allows appreciation to be shown and learning to be shared. As noted elsewhere in this report [CCS], planning for succession, recruitment and handover while the representative is still in post are also important.
- [East Lothian] Include carer representation on change boards.

# Carers

## Thank you to all our carers

In 2018 and 2019, we put a lot of work into National Carers Week. We did this to:

- Celebrate the contribution that carers make
- Try to encourage more people to identify as carers
- Raise awareness of carers' needs amongst the wider community and encourage them to think what they can do to support carers, including businesses and employers.



East Lothian Council Health and Social Care spokesperson Councillor Fiona O'Donnell issued a media release to thank East Lothian's Carers at the beginning of Carers Week. She said:

*'There are around 14,500 unpaid carers in East Lothian and unpaid carers across the UK save the economy around £132 billion every year. Carers' Week is an annual "thank you" to our unsung heroes.'*

*'This year I am delighted to say that again East Lothian businesses have come up trumps with lots of discounts and freebies for people who use the East Lothian Carer Card. I want to say a heartfelt thanks for all the very kind offers that we've had, which include cream teas, beauty treatments, therapies, a distillery tour and biking and outdoor adventures. It is wonderful to see businesses big and small getting behind Carers Week.'*

*'East Lothian Integration Joint Board has also been working all out for carers. We have increased funding for carers to over £355,000 this year, which means more for carer support workers, counselling and micro grants for short breaks. It means more Young Carers Club places, support for the Schools' Young Carers worker and transitions support. It also means more for individual carer budgets. There's lots more to do but we have made a good start.'*



*We did this last year [Carer Card] and offered the carers a 20% discount off the carer's entry price. We would be happy to do this again during that week when they show their East Lothian Carer card.*

**East Links Family Farm Dunbar**, one of the many East Lothian businesses to support the Carer Card.



Keeping people safe from harm

**National Health and Wellbeing Outcome 7**

People using health and social care services are safe from harm

# Keeping people safe from harm

*Keeping people safe from harm can mean lots of things. It includes public protection, protecting in mental-health crisis and keeping our communities safe through the work of the Criminal Justice Team.*

## East and Midlothian Public Protection Office

The East and Midlothian Public Protection Office (EMPPO) has had a busy year across all its areas of activity. It has been active in promoting national campaigns, for example, the White Ribbon Campaign, Financial Harm, Scammers, Coercion and #EyesOpen campaigns. It has also continued to support ELHSCP in Adult Protection matters with providers. One of the highpoints of the year was issuing the EMPPO Position statement on Commercial Sexual Exploitation.



## Providing positive alternatives to hospital admission for mental health issues— Intensive Home Treatment Team

The Intensive Home Treatment Team (IHHT) works in partnership with the patient, their family and carers in their treatment and recovery from an acute episode of mental distress requiring intensive interventions. This service is delivered in the patient's own home or other community resource as a direct alternative or prevention of admission to inpatient treatment where safe to do so. It helps in-patients to return to the community by offering the appropriate levels of care, treatment and support to them and their carers. The IHHT team also responds to referrals on the same day, offering patients support by phone and/or an initial face-to-face comprehensive mental health assessment. They take a holistic approach to care planning and treatment. They offer a brief intervention until the crisis has resolved and symptoms have stabilised, and coordinate appropriate onward referral for continued support within the person's community and with appropriate agencies to meet the needs of the person. IHHT has played a major role in reducing inpatient admissions for people in East Lothian.



**697** ❤️ Referrals  
**175** ❤️ GP referrals  
**149** ❤️ Consultant referrals  
**118** ❤️ Police referrals  
**166** ❤️ Self-referrals



**46** ❤️ inpatient admissions July-Sept 2014  
**81** ❤️ IHHT interventions July-Sept 2014  
**26** ❤️ inpatient admissions July-Sept 2018  
**181** ❤️ IHHT interventions July-Sept 2018

Referrals to IHHT in 2018/19 and the four top referrers

Snapshot of inpatient admissions/IHHT interventions in July-Sept 2014 and July-Sept 2018. Notice both the fall in inpatient admission and the growth in referrals overall

# Keeping people safe from harm

## 1st Response

1st Response is for people who are feeling at crisis point. It's for people who are dealing with long-term, mounting stress and feeling unable to cope. Most of these people will have little contact with the usual agencies like GPs or social work. They may be at crisis point because of:

- Money or debt worries
- Unemployment or problems at work
- Housing issues
- Changes in their health
- Family or caring concerns.

East Lothian  
**1st Response**

All around East Lothian  
All the time

## Feeling at crisis point?

No-appointment-needed drop-in sessions  
Monday to Friday every week  
at venues around East Lothian

Free confidential help from people who really understand  
Find out where we'll be at  
[www.eastlothian.gov.uk/1stresponse](http://www.eastlothian.gov.uk/1stresponse)

East Lothian Health & Social Care Partnership | CHANGES | penumbra

Whatever the issue, 1st Response can support them to resolve their crisis. It provides face-to-face support throughout East Lothian. Workers provide sensitive and non-judgmental support based on each person's individual circumstances and needs, and helps people them to access other services. They support people to plan and manage their next steps and provide information about other organisations which could help (such as health services, social work, benefits advice and other support). A key feature of their work is helping people to develop skills they need to manage their mental health.

1st Response is run by specially trained practitioners and peer workers – people who use their own experience of mental health difficulties to help others achieve recovery. The service is open to anyone aged 18 years old and over who lives in East Lothian and is experiencing distress and reduced mental wellbeing. Appointments are available Monday – Friday at a variety of locations across East Lothian. People are invited to call to make an appointment so that they are guaranteed a face-to-face session.

The scheme has a peripatetic structure to help people who need help to receive it locally. 1st Response have found that familiar surroundings in a local community are more congenial and also circumvent the expense of travel and lack of local transport in some areas. The project is now entering its third year and evaluations have been positive.

# Keeping people safe from harm

## Criminal Justice Social Work Service

The Criminal Justice Social Work Service in East Lothian is committed to reducing the number of prison sentences handed out by offering a wide range of alternative sentences in the community. These services take into account the needs of the people who offend, the victims of crime and public protection.

In East Lothian the Criminal Justice Team is made up of social workers, unpaid work supervisors, social work assistants and business support staff.

They prepare social enquiry reports to help the client and the courts, and the range of outcomes they work with includes:

- Drug Treatment and Testing Order
- Restriction of Liberty Order
- Monetary Penalty
- Deferred Sentence
- Community Payback Order—unpaid work only
- Community Payback Order—supervision only
- Community Payback Order—supervision and unpaid work



## Community Payback Orders (CPO)

CPOs are imposed by the Court to support a person who offends to address their offending behaviour. The Order contains up to nine requirements, each one offering the opportunity to change behaviour, pay back to the local community or protect the public and potential victims of crime.

The East Lothian Community Payback Team supports the work of community and charitable organisations by taking on a variety of jobs that enhance the physical environment for the benefit of the community. This is the result of their labours on behalf of tenants of ELHA's Hedges housing in Tranent. Karen Barry, Housing Manager, East Lothian Housing Association Ltd, says:

*'Our community garden project at The Hedges in Tranent looked like it might fall by the wayside. East Lothian Council had drawn up plans for the garden and funds had been set aside for it but there was a real lack of volunteers to do the digging over and planting up. So in stepped ELHSCP's East Lothian Community Payback Team – the plants are now in place and although there are still things to do, the place is looking a lot better!'*

# Keeping people safe from harm

## The road to recovery

MELDAP is a partnership that includes Midlothian and East Lothian Health and Social Care Partnerships, Police and the Voluntary Sector. Together the partners work to raise awareness of the work that is being done to reduce the harm caused to individuals, families and communities by the misuse of alcohol and drugs.



MELDAP has continued to strengthen the development of a Recovery Orientated System of Care (ROSC), a network of community-led and community-based person-centred services designed to promote recovery. For many people wanting to address their problematic alcohol or drug use, the starting point is one of the well-established 'Gateways to Recovery' and they can simply drop into venues such as the Esk Centre or East Lothian Community Hospital Outpatient department. They will be seen immediately and directed to the most appropriate treatment service. The ROSC model also includes self-help groups such as Alcoholics Anonymous, Cocaine Anonymous and SMART available at venues across East Lothian with the SMART group having up to 14 weekly attendees.

## Linking people with education

Support to re-engage with education, develop new skills and gain qualifications is provided through the MELDAP Recovery College which, over the last 12 months, has worked with 41 students with 13 gaining SQA qualifications, two moving on to Further Education, five into work and six becoming volunteers. Friday Friends cafe and the Starfish Recovery Cafe help people reconnect with the wider community and reduce isolation seeing some 30 to 40 people weekly. MELD peer support workers, all people with lived experience, provide a range of practical support to clients; helping them engage with services, accompanying them to appointments and acting as an advocate when needed. Support to help clients' mindfulness and support recovery is provided through alternative therapies such as ear acupuncture offered to MELD clients. The Lothian and Edinburgh Abstinence Programme (LEAP) provided a place for 10 people who needed longer-term residential treatment with 70% of clients completing the 12-week programme.

The progress MELDAP made in development a ROSC was noted in the 2017 Care Inspectorate Report. *'There was good evidence that the ADP had laid strong foundations in terms of their community work through the independently commissioned Recovery Orientated System of Care (ROSC) service review and subsequent Recovery Connections Network, mutual aid, whole population approach, new psychoactive substance (NPS) strategy and links to other thematic groups such as community safety.'*





## Engaging and supporting our staff

### **National Health and Wellbeing Outcome 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

# Engaging and supporting our staff

## Working together

*We are our staff. Central to our success is ensuring that 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.*

## Engaging and learning from staff as we change and grow

Since we were still a shadow board in 2014, we have been committed to keeping our staff informed and have been in a continuous engagement with them on:

- how to develop and improve services
- integrating teams and structures.

At the moment, we have several major engagements that involve both public and staff. We are working with staff, service-users, carers and the full range of stakeholders on:

- Transforming community support for adults with complex needs
- Better integrating our home care teams
- Reproviding our older hospitals and care homes.

Staff input has been invaluable in areas as diverse as bringing into being our Care at Home Framework and the design of the new East Lothian Community Hospital in Haddington. Nursing staff played a key role in ensuring that the new building is patient, carer and clinician friendly.

## East Lothian Health and Social Care Workforce Plan

*The changing nature of adult health and social care is complex and our aim is to consider what changes will make the greatest difference to outcomes for patients, service users and carers. As a Partnership we will seek to ensure that our workforce is motivated, knowledgeable and skilled and able to respond to the changes we envisage. Read on to find out what underpins our recently published Workforce Plan.*

Our workforce has to be equipped to support people to improve their health and reduce health inequalities. We also have to align the skills of our workforce, now and in the future, with the needs of patients and service users. In particular, we need to reskill our workforce to be able to shift the balance of care and move treatment and support away from institutional settings to community ones.

Integration includes relationships beyond traditional NHS and local authority providers. The majority of social care services, for example, are delivered by the independent sector and integration of services is as relevant and important for them as it is for wider public services such as housing and leisure.

# Engaging and supporting our staff

To ensure we meet our statutory and policy requirements, mandatory and statutory training has to be embedded within services to ensure our workforce is meeting legislative and policy requirements. We have to ensure that there are robust arrangements in place in both the Council and NHS to identify and address current and future development needs as well as to deliver and track completion of mandatory and statutory training.

## Workforce snapshot



- we spend 15-20% of our budget on staff
- many will be retiring soon
- we have to act now to avoid shortages
- we have to equip staff to meet change

Consequently, learning and development plans for our regulated workforce are clearly linked to continuous professional development.

Central to our workforce plan is the provision of regular supervision. This enables support and guidance for professional practice and practitioner professional development through the assessment of competencies, knowledge, skills and value-based practice.

## Working in partnership with independent providers

The independent sector is the largest social services employer in Scotland and employs 45% of care workers in East Lothian



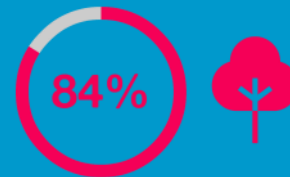
We value the staff who work in our commissioned services and engage with them when appropriate.

*'Our workforce is our most valuable asset and one which we need to continue to develop and promote. To help us plan for future needs and demands, we will actively seek to promote health and social care as a career of choice.'*

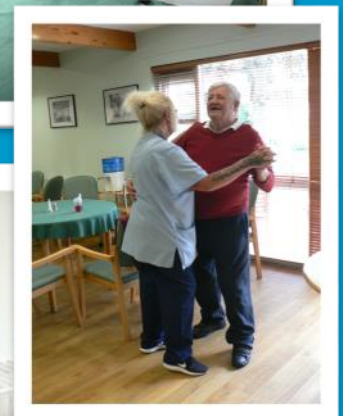
Alison Macdonald  
**Director of Health and Social Care**

## Partners' workforce

Our partners' commitment to workforce development is reflected in the good inspection results they achieve



Care services graded GOOD (4) or better in Care Inspectorate inspections





## Money matters

### **National Health and Wellbeing Outcome 9**

Resources are used effectively and efficiently in the provision of health and social care services

# Money matters

## 2018/19 Financial Performance

### Underspend

The IJB was underspent at the end of 2018-19, that is, the charges from the partners for the IJB's services was less than the income available to the IJB. We have used this surplus create a reserve.

The financial position for 2018-19 was underspent within both health and social care arms of the budget. The main drivers for the underspend in social care related to one-off benefits and may not continue into 2019-20.

### Increased demand for care services

The areas where we saw most pressures were increased demand for care services, particularly external care for older people and people with learning and physical disabilities, as well as increased transport costs.

*'We have had a successful year in terms of coming in on budget. We are in this fortunate position because of the way that everyone has worked together to use our resources efficiently and well. There has been no reduction in service.'*

*'This achievement is down to our staff and I would like thank them for their hard work and dedication to the people who use our services.'*

*'We will continue to face challenges in the coming year due to increased demands with a growing population. However, if we continue in this focused manner, we will be able to ensure we are able to continue to support the most vulnerable in our communities.'*

**Alison Macdonald , East Lothian Director of Health and Social Care/IJB Chief Officer**

East Lothian  
Integration Joint  
Board Income (IJB)  
and Expenditure  
2018/19

	Income	Expenditure	Surplus
	£000's	£000's	£000's
<b>Health</b>	116,531	115,060	1,471
<b>Social Care</b>	45,058	44,747	311
<b>Total</b>	161,589	159,807	1,782

# Money matters

Change Boards oversee all transformational change. This transformational change will in turn lead us to services that deliver more efficiently and contribute to an improved financial position, not just in 2018/19 but as we progress in the years to come. This has contributed to the improved financial position for the IJB during 2018/19.

## Spending in 2018/19 (figures rounded up)



<b>£28m</b>		Health services for in-patients
<b>£47m</b>		Primary care
<b>£33m</b>		Other community health services
<b>£51m</b>		Social care services

Alison Macdonald adds:

*'We have been careful with our resources this year and have managed to set aside a reserve against future years without reducing services to our service-users and patients. We have to be careful though not to be too jubilant. The impact of the growing population is, and will continue to, place a huge demand for services.'*

*'What is heartening is that we have been able to show that integrating teams and a move towards working together in local groups in local settings and new ways of working to make a better use of resources are popular with people who use our services and our staff.'*

*'There will be lots of changes ahead but underlying everything that we do is to do our best for the people we are here for. That means shifting the balance of care, getting involved earlier to prevent complications later, linking people to good information and advice, and being able to keep people at home or closer to home in a homely setting. Our work in primary care in particular is about trying to help people to be seen quicker by the right clinical professional at the right time. As you will have seen in the article about CWIC, this is having a very positive impact on patients.'*

*'We cannot keep on doing what we have always done. We have to be clever, careful and compassionate in designing services and support that meet the needs of people now. We have lots of exciting developments underway now and I look forward on being able to report back to you this time next year.'*

Thank you for taking the time to read our Annual Report. If you need more information or make a comment, please email us at [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk) or phone 01620 827 755.



## Appendices

Performance against National Health and Wellbeing Outcomes

Finances

Strategic Planning Structure

# 1. Performance again National Health & Wellbeing Outcome

Source: ISD (June 2019)

<b>94%</b>	1. Adults are able to look after their health very well or quite well		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	96	n/a	94	n/a
		Scotland	n/a	95	n/a	93	n/a

<b>72%</b>	2. Adults supported at home agreed that they are supported to live as independently as possible		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	84	n/a	72	n/a
		Scotland	n/a	83	n/a	81	n/a

<b>68%</b>	3. Adults supported at home agreed they had a say in how their help care or support was provided		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	79	n/a	68	n/a
		Scotland	n/a	79	n/a	76	n/a

<b>66%</b>	4. Adults supported at home agreed that their health and social care services seemed to be well coordinated		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	76	n/a	66	n/a
		Scotland	n/a	75	n/a	74	n/a

<b>75%</b>	5. Adults receiving any care or support rated it as excellent or good		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	85	n/a	75	n/a
		Scotland	n/a	81	n/a	80	n/a

<b>80%</b>	6. Adults had a positive experience of the care provided by their GP practice		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	85	n/a	80	n/a
		Scotland	n/a	85	n/a	83	n/a

<b>75%</b>	7. Adults supported at home agreed their services and support had an impact on improving or maintaining their quality of life		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	91	n/a	75	n/a
		Scotland	n/a	83	n/a	80	n/a

<b>36%</b>	8. Carers feel supported to continue in their caring role		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	45	n/a	36	n/a
		Scotland	n/a	40	n/a	37	n/a

<b>81%</b>	9. Adults supported at home agreed they felt safe		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	86	n/a	81	n/a
		Scotland	n/a	83	n/a	83	n/a

<b>333 per 100,000</b>	11. Premature mortality rate		2014	2015	2016	2017	2018p
		East Lothian	n/a	n/a	375	372	333
		Scotland	n/a	n/a	440	425	432

<b>10,035 per 100,000</b>	12. Emergency admission rate		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	n/a	9,622	10,338	10,035
		Scotland	n/a	n/a	12,215	12,192	11,492



# 1. Performance again National Health & Wellbeing Outcome

<b>94,445</b> per 100,000	13. Emergency bed day rate		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	n/a	121,931	120,782	94,445
		Scotland	n/a	n/a	126,988	123,035	107,921

<b>94 per</b> 1,000	14. Readmission rate to hospital within 28 days		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	n/a	100	106	94
		Scotland	n/a	n/a	100	103	98

<b>89%</b>	15. Of the last 6 months of life is spent at home or in a community setting		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	n/a	86	86	89
		Scotland	n/a	n/a	87	88	89

<b>19.6 per</b> 1,000	16. Falls rate (65+)		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	n/a	18.9	18.8	19.6
		Scotland	n/a	n/a	20.8	22.7	21.6

<b>84%</b>	17. Care services graded GOOD (4) or better in Care Inspectorate inspections		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	n/a	77	85	84
		Scotland	n/a	n/a	84	85	82

<b>??%</b>	18. Adults with intensive care needs are receiving care at home		2014	2015	2016	2017	2018p
		East Lothian	n/a	n/a	65	64	
		Scotland	n/a	n/a	62	61	

<b>648 per</b> 1,000	19. The number of days people spend in hospital when they are ready to be discharged		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	n/a	1,158	775	648
		Scotland	n/a	n/a	841	762	805

<b>21%</b>	20. Health and care resource spent on hospital stays where patient was admitted as an emergency		14/15	15/16	16/17	17/18	18/19p
		East Lothian	n/a	n/a	23	25	21
		Scotland	n/a	n/a	24	25	22

## 2. IJB Finance report for 2018/19

### Managing our resources well

The financial year 2018-19 was the third in which East Lothian IJB received a financial allocation from its partners (East Lothian Council and NHS Lothian) for the functions delegated to it. The IJB built on the experience of its budgetary management in the last two years and undertook a detailed financial assurance process examining the budget offers from its partners for 2018-19. This process allowed the IJB to consider two broad issues:

- Was the allocation proposed by the partner 'fair' – that is, was the allocation a fair share for East Lothian of the total resources available to the partner?
- Was the allocation adequate?

In terms of fairness, the IJB accepted that the budgets offered were a fair share of the overall resources available to the partners. In terms of adequacy, the IJB had to consider the financial pressures in the system which the partners had provided to the IJB to allow the financial assurance process. The IJB agreed to accept the partners' offers on the basis that actions would be taken in-year to resolve the financial pressures identified.

### 2018-19 Out-turn – Financial Performance

The IJB were underspent at the end of 2018-19, that is the charges from the partners for the IJB's services was less than the income available to the IJB. In summary, before any further adjustments, the initial year end out-turn for East Lothian IJB was as follows:

	<b>Income</b>	<b>Expenditure</b>	<b>Surplus</b>
	£000's	£000's	£000's
<b>Health</b>	116,531	115,060	1,471
<b>Social Care</b>	45,058	44,747	311
<b>Total</b>	161,589	159,807	1,782

This surplus has been used to create a reserve which is described further below.

The financial position for 2018-19 was underspent within both health and social care arms of the budget. The main drivers for the underspend in social care related to one off benefits and is unlikely to continue into 2019-20.

Within the health budgets although there were operational overspends within Mental Health Services and GMS these were offset by underspends in Health Visiting and Prescribing and slippage (that is some programmes starting later in the year than planned and thus generating an underspend) within the system.

## 2. Finance report for 2018/19

Within the social care budgets the pressures lay within increased demand for care services, particularly elderly external care and clients with learning and physical disabilities as well as increased transport costs. These pressures were managed in year on a non-recurrent basis, that is from underspends in other operational services.

All services in health and social care are being reviewed through a formal Change Board structure. This is to ensure they deliver the best quality care within the resources available. Some initial benefits of this redesign have contributed to the improved financial position for the IJB within this financial period. Many historic operational pressures remain a challenge and further efficiencies are required in the coming year to ensure financial balance remains.

Overall, the break-even position has been achieved by non-recurrent benefits and slippage (underspends) in elements of the health and social care services. Although an in year surplus, the IJB continues building the management of pressure areas into its financial plans for 2019-20. The total overall position was as follows:

### East Lothian IJB - Budget Performance in 2018-19

	Budget	Actual	Variance	
	£000's	£000's	£000's	
Health Services for In-Patients	28,437	28,942	(505)	
Primary Care	46,926	47,295	(369)	
Other Community Health Services	34,953	32,608	2,345	
Social Care Services	51,274	50,963	311	
<b>Total</b>	<b>161,589</b>	<b>159,807</b>	<b>1,782</b>	

*Note - variances are underspend/(overspend). Social care services include the social care fund.*

Primary Care expenditure includes:

- GMS – the costs of running the GP service in East Lothian
- GOS – support to the delivery of community ophthalmic (optician) services
- GPS – support to the delivery of community pharmacy services
- GDS – support to the delivery of community dental services
- GP Prescribing – the costs of prescriptions for the 15 East Lothian GP practices.

Part of the budget above includes the £19.9m of acute set aside budget. Acute set aside is the expenditure on functions that are delegated to the IJB but managed by the NHS Lothian acute

## 2. Finance report for 2018/19

management team, these budgets being 'set aside' on behalf of the IJB. This concerns mostly inpatient bed costs but there is also a small element of outpatient services depending on how the delegated function is delivered. This includes the Accident and Emergency service at the RIE.

Included in the social care services above is expenditure on social care services on care homes or adult placement of £6.2m.

The Social Care Fund now stands at £6.2m for East Lothian. This fund has been used to underpin the additional costs resulting from ensuring that all staff who provide social care received the Scottish living wage. It has also supported the creation of additional capacity within social care. The Social Care Fund is recurrent and incorporated into the IJB's baseline budget.

### Reserves

The IJB now has a reserve which the IJB can use in later years to support service provision. As noted above, the IJB has £1,782k reserves at 31 March 2019.

The IJB has set aside future amounts of reserves for future policy purposes. These reserves normally comprise; funds that are set aside for specific purposes; and funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies.

In 2018-19 investment was given by the Scottish Government for specific programmes in Primary Care, Mental Health and Alcohol and Drug Partnerships. As slippage in expenditure occurred in the initial set up of these programmes, this sits within the reserves until needed.

The reserve is broken down as follows into specific purposes and general :-

	£000's
<b>Primary Care Investments</b>	219
<b>Mental Health</b>	164
<b>Alcohol and Drug</b>	312
<b>General Reserves</b>	1,087
<b>Total</b>	1,782

### The financial year ahead

The IJB has agreed budgets for 2019-20, having used the same methodology as last year. There remains a significant financial challenge both in terms of additional pressures from demographic growth and other increases in demand and from the underlying financial pressures which were, as described above, benefited from non-recurrently in 2018-19.

The Scottish Government has made available £30m nationally (East Lothian's share being £546k) to the Councils to support Free Personal Care for under 65's (Franks Law) and £10m (East Lothian's share £188k) for the Carers Act. - all of these funds have been passed by the Council to

## 2. Finance report for 2018/19

the IJB.

As in 2017-18 the Scottish Government continues to invest in primary care, mental health and substance misuse services. These additional funds along with the carry forward reserves have been made available to the IJB in 2019-20.

The IJB continues to develop its financial plan and will use the additional resources discussed above to allow it to further the transformation of its services which will provide fully integrated, locally delivered and community based services for East Lothian that are financially sustainable.

### 3. IJB Change Board Structure

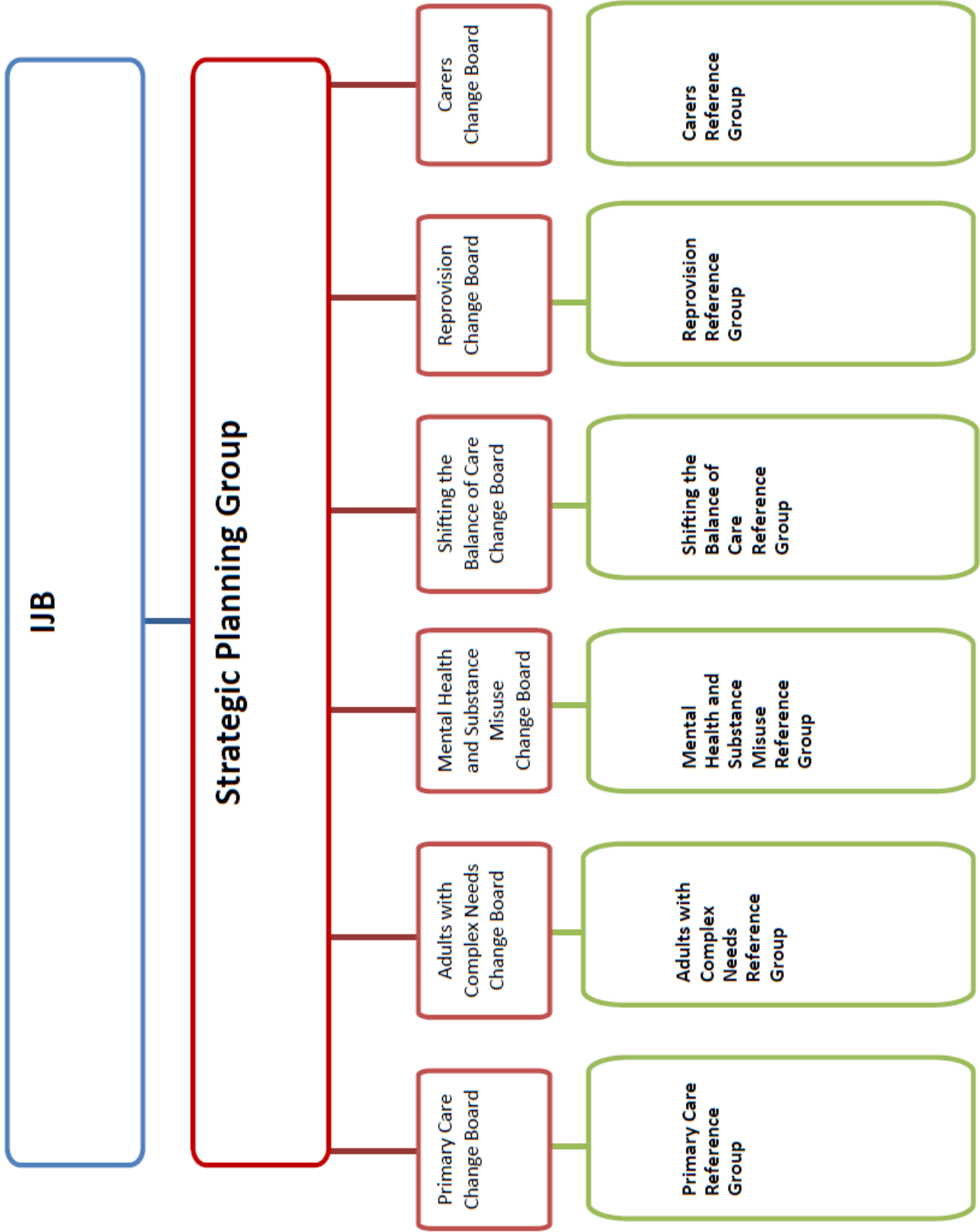


Figure 1 – strategic planning structure

## 4. Services delegated to the IJB

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

(Source: East Lothian Integration Scheme)

#### 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(); 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

## 4. Services delegated to the IJB

c) the function is exercisable in relation to the following health services:

Accident and Emergency services provided in a hospital.

Inpatient hospital services relating to the following branches of medicine—

general medicine;  
geriatric medicine;  
rehabilitation medicine;  
respiratory medicine; and  
psychiatry of learning disability.

Palliative care services provided in a hospital.

Inpatient hospital services provided by General Medical Practitioners.

Services provided in a hospital in relation to an addiction or dependence on any substance.

Mental health services provided in a hospital, except secure forensic mental health services.

District nursing services.

Services provided outwith a hospital in relation to an addiction or dependence on any substance.

Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

The public dental service.

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().

General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978().

Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978().

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().

Services providing primary medical services to patients during the out-of-hours period.

Services provided outwith a hospital in relation to geriatric medicine.

Palliative care services provided outwith a hospital.

Community learning disability services.



## 4. Services delegated to the IJB

Mental health services provided outwith a hospital.

Continence services provided outwith a hospital.

Kidney dialysis services provided outwith a hospital.

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

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:

Primary Medical Services and General Medical Services (including GP Pharmaceutical services)

General Dental Services, Public Dental Services and the Edinburgh Dental Institute

General Ophthalmic Services

General Pharmaceutical Services

Out of Hours Primary Medical Services

Learning Disabilities

Health Visiting

School Nursing

## 4. Services delegated to the IJB

### 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