



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 29 AUGUST 2019
ESK ROOMS, BRUNTON HALL, MUSSELBURGH

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Voting Members Present:

Councillor F O'Donnell
Councillor N Gilbert
Ms F Ireland
Mr P Murray

Non-voting Members Present:

Mr D Binnie
Ms L Cowan
Ms C Flanagan
Ms E Johnston
Ms A MacDonald
Ms M McNeill
Dr J Turvill

Officers Present from NHS Lothian/East Lothian Council:

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

Clerk:

Ms F Currie

Apologies:

Councillor S Akhtar
Mr A Joyce
Prof. M Whyte
Dr R Fairclough
Ms J Tait
Ms J Trench

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 27 JUNE 2019 (FOR APPROVAL)

The minutes of the meeting on 27 June were approved.

2. MATTERS ARISING FROM THE MINUTES OF 27 JUNE

Elaine Johnston asked if it would be possible for members to receive a copy of the 'Start STRiVE' project presentation given at the last meeting. The Chair agreed that this would be useful and Alison MacDonald suggested that, in future, all presentations should be circulated to the members.

Peter Murray advised members that the NHS Lothian Board would shortly be holding a development day focusing on the 'whole system approach'. Chief Officers of IJBs and others would be looking at how to work together more effectively to achieve the IJB-related actions highlighted in today's paper (Item 3).

3. NHS LoTHIAN BOARD ESCALATION

The Chief Officer had submitted a report informing the IJB of the decision to move NHS Lothian to level 3 of the NHS Scotland escalation process and setting out the main issues and recovery work being scoped and planned to improve performance.

The Chair advised members that NHS Lothian had been placed at level 3 of the escalation process by the Cabinet Secretary. The Board was facing a number of challenges and it would be essential for all Lothian IJBs to engage in the work to improve performance and outcomes for service users.

Ms MacDonald presented the report outlining some of the key issues. She explained the definition of 'level 3' and that the Scottish Ministers would now expect the Board to engage with external advisers and Scottish Government officers and draw up a recovery plan. She indicated that the situation had resulted from an amalgamation of issues including cancer waiting times, mental health services at the Royal Edinburgh Hospital and problems with the new children's hospital building.

She summarised some of the work already underway to address these issues as they affected East Lothian patients, and to relieve some of the pressure on system. In particular, support for cancer patients by offering simple chemotherapy treatments within the new community hospital, reviewing unplanned admissions/occupied bed days on a daily basis and working on preventing admissions and supporting quicker discharge. Ms MacDonald advised members that the monthly census figure for delayed discharges was currently 5; the lowest recorded. She added that the improvements to and development of community services had supported the work on delayed discharges and these services were reflected in the recovery plans proposed by NHS Lothian.

Ms MacDonald emphasised the importance of the IJB engaging fully with the recovery programme and ensuring that the East Lothian perspective was appropriately represented. She also assured members that recovery plans involving community services would not necessarily result in changes to existing services in East Lothian. Services which were already working well here, such as Hospital at Home and Home First, would remain the same but similar services in Edinburgh or Midlothian may be designed differently depending on the needs of those areas.

The Chair thanked Ms MacDonald for her report and her reassurance that East Lothian services which were already working well would not be altered as a result of the need for additional Lothian-wide recovery plans. The Chair asked about the role of Edington and Belhaven Hospitals and whether full use was already being made of these facilities.

Lorraine Cowan advised that the Patient Flow Team were making very good use of all facilities in repatriating East Lothian patients from Edinburgh Royal Infirmary. The Hospital at Home service was continuing to support patient discharge and to ensure that patients were in the right place with the right level of care. Ms Cowan reported that both Edington and Belhaven currently had beds available and that this was a testament to the level and quality of collaborative working which was now embedded within local services.

The Chair suggested that in future when reports were presented to the IJB they should include an indication of whether a new or amended Direction was required. Ms MacDonald said that while this report was for information, there may be actions resulting from it which would require new or amended Directions and these would require the approval of the IJB.

Fiona Ireland asked if officers were comfortable that they had the capacity to cover all of the identified work streams. Ms MacDonald advised that a Head of Operations had recently been appointed and would provide additional support in managing the work that would result from the recovery plans. At present it was difficult to know how much extra work would be generated.

Ms Ireland said that, going forward, it would be important to bear in mind the impact this would have on the IJB's existing work streams.

David Binnie asked if it was possible to outline the potential financial risks to the IJB from these recovery plans. Claire Flanagan explained that it was probably too early to quantify the financial risks but that part of NHS Lothian's response to the Scottish Government included a request for additional support. She said that discussions were ongoing and until these were concluded it would not be possible to know the full impact.

Jon Turvill pointed out that this could also be an opportunity to look at the programmes in the community that had been successful in reducing delayed discharges and occupied bed days and consider what more could be done to ease the pressure on in-patient services.

Mr Murray informed members that it was not only operational matters which were of importance. It was essential that the governance structures of all the Lothian IJBs and NHS Lothian were aligned to ensure a successful conclusion to the current challenges. He added that if the proposed recovery plans involved the movement of funds that may also require a greater level of involvement from the IJBs.

The Chair stated that increasing the IJB's work with the third and voluntary sectors would also be important.

Ms Ireland noted that, as a result of the issue with the children's hospital, East Lothian's new community hospital would be subject to four weeks of additional assurance work and this would include sign off by external bodies.

Ms MacDonald advised that the project board had also invited the external auditors to go through every system and sign off on each. While the children's hospital was a more complex facility than the community hospital, the intention was to resolve any potential

snagging issues by the end of the four week testing period. She acknowledged the importance of learning lessons from the children's hospital but said that this would only be possible once the work was concluded.

Decision

The IJB agreed to:

- i. Note the content of the NHS Lothian Board paper.
- ii. Agree to support a collaborative, whole system approach to addressing sustainable, longer-term change.
- iii. Note that two areas: delayed discharge and mental health are delegated functions/responsibilities that are included in the scope of work.
- iv. Direct the Chief Officer of the IJB to support the developing improvement plans, ensuring alignment to work already underway within the East Lothian Health & Social Care Partnership
- v. Receive a report in six months on progress being made, or earlier, if significant matters arise.

DRAFT

Signed

Councillor Fiona O'Donnell
Chair of the East Lothian Integration Joint Board



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

WEDNESDAY 11 SEPTEMBER 2019
ALDHAMMER HOUSE, PRESTONPANS

Voting Members Present:

Councillor F O'Donnell (Chair)
Councillor S Akhtar
Councillor N Gilbert (Items 1 – 7)
Mr P Murray
Councillor S Kempson

Non-voting Members Present:

Mr D Binnie
Ms L Cowan
Ms C Flanagan
Ms A MacDonald
Ms M McNeill
Ms J Tait
Dr J Turvill
Mr A Tweedy (*substitute)

Officers Present from NHS Lothian/East Lothian Council:

Ms T Carlyle
Mr P Currie
Mr B Davies
Ms D Gray
Ms R Laskowski
Ms J Odgen-Smith

Visitors Present:

Ms G Woolman, Audit Scotland (Items 1 – 6)

Clerk:

Ms F Currie

Apologies:

Ms F Ireland
Mr A Joyce
Prof. M Whyte
Dr R Fairclough
Ms E Johnston*
Mr T Miller

Declarations of Interest:

None

1. REAPPOINTMENT OF A VOTING MEMBER OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

The Chief Officer had submitted a report informing the IJB of NHS Lothian's decision to reappoint Fiona Ireland as a voting member for the period September 2019 to September 2022.

The Chair invited members to consider the recommendation of the report.

Decision

The IJB agreed to note the reappointment of Fiona Ireland as a voting member of the IJB for the maximum term of office.

2. CHAIR'S REPORT

The Chair said that the issues she intended to highlight were covered in the agenda business.

Peter Murray reported on recent meetings that the IJB Chairs and Vice Chairs Group had with representatives from the Standards Commission and Audit Scotland to discuss Best Value reviews and the proper operation of IJBs. He said that the Standards Commission were concerned that some IJBs were not operating as efficiently as they would wish and the Commission was in the process of drafting a guidance note to assist members in clearly defining their roles in relation to IJBs.

In response to a question from the Chair, the Clerk confirmed that the IJB had its own Code of Conduct. The Chair suggested that this be circulated to members as a reminder of their roles.

Mr Murray also reported that NHS Lothian held a development day the previous week on 'whole system thinking'. He thought that this would be of relevance to IJBs and offered to share with colleagues the actions from the meeting.

3. NHS HEALTHCARE GOVERNANCE COMMITTEE

Alison MacDonald informed members that yesterday's meeting of the Committee had considered annual reports from all Lothian Health & Social Care Partnerships. East Lothian's report was particularly well received. There was also discussion around the IJB Clinical & Care Governance Committees and their roles and interactions.

Lorraine Cowan added that it had been an interesting meeting with many of the same themes being raised across all IJBs.

Mr Murray commented on the process for presentation of papers to different committees. Giving an example of a recent Edinburgh IJB paper, he suggested that any papers which dealt with IJB issues should be considered first by the appropriate IJB before being presented at the NHS Lothian Board or committee meetings.

4. ISSUES OF RELEVANCE TO THE IJB:

Delayed Discharges

Ms Cowan reported that this month's census had recorded 5 delayed discharges, and the figure as of that morning was 2. She said that the work being done across community services meant that East Lothian continued to exceed its target trajectory.

Clinical & Care Governance

Ms MacDonald advised that this was now an embedded process across all services and monthly reporting on risk management and governance had been taking place since last November.

Councillor Shamin Akhtar asked if anything had been done differently since the last update on delayed discharges. Ms MacDonald said that the progress reflected a huge amount of joint working across health and social care services and involving independent providers. There was also currently capacity within step-down beds, there had been a reduction in occupied bed days, assessments were quicker and the whole process had become much smoother.

The Chair added that it was also about prevention work and reducing admissions.

Ms MacDonald advised members that the IJB's next meeting on 31 October 2019 would be held in the new East Lothian Community Hospital and there would be an opportunity for members to tour the facility before the meeting.

5. EAST LOTHIAN IJB 2018/19 ANNUAL AUDIT REPORT

The East Lothian IJB 2018/19 annual audit report had been submitted by Audit Scotland.

Gillian Woolman presented the report advising members that it had been discussed at the Audit & Risk Committee and was presented as part of the IJB's approval of its annual accounts. She gave a summary of the key messages contained in the report regarding financial management, sustainability, governance, transparency, the timing of reporting and consideration of Best Value. She confirmed that she intended to issue an unqualified audit opinion and she referred members to the information contained in the appendices, including the recommendations within the action plan.

The Chair referred to the discussion of the report that had taken place at the Audit & Risk Committee. In particular, members had considered the recommendation around demonstrating Best Value and had concluded that a large amount of information was already available but that work was required on how to put this into a format that clearly demonstrated Best Value. She added that a huge amount of progress had been made by the Chief Officer and Chief Finance Officer in relation to financial management and planning and this was also reflected in the audit findings.

Councillor Sue Kempson, Chair of the Audit & Risk Committee, echoed the Chair's remarks.

Claire Flanagan responded to questions from members on how the reserves were created and when and how these would be spent. She said that earmarked reserves would be utilised first and that any remaining reserves could be held over to 2020/21, if not required in the current financial year.

In response to questions on Best Value, Ms Woolman stated that the East Lothian Council Best Value review report would be a good contextual starting point for the IJB. She also informed members that Audit Scotland would shortly be preparing the third overview report in its Health & Social Care series and when it had examples of good practice to share it would do so.

Mr Murray suggested that a development session for IJB members might also be a useful way forward.

On the issue of performance reporting, Paul Currie explained that one of the difficulties was that some data was incomplete and the flow of data was often slow which led to challenges in meeting the report publication deadline. He hoped that officers would receive more timely data in future.

Marilyn McNeill proposed that as the community sector was so important to the IJB it should use its surplus to offset increases in day centre fees. Bryan Davies advised that he would be bringing forward a report to the IJB next year regarding service level agreements for day centres and, in the meantime, there was a commissioning review ongoing.

The Chair acknowledged the need for caution while the review was underway and she suggested it might be useful if she met separately with Ms McNeill to discuss this issue.

Ms Flanagan clarified that the IJB had a Reserves Policy which recommended a general reserve of 2%. Currently the IJB had less than 1% and this needed to be balanced against any additional spending proposals.

Mr Murray said it was useful to hear these views from Ms McNeill. The route for feeding in service user views was not always clear and service users needed to understand where they fitted into the process. Mr Davies agreed saying more work was needed on developing a mechanism for capturing the user voice, particularly as part of the longer term planning of services.

Andrew Tweedy commented that there was currently no reference group for carers/users of older people's services and this was a major gap. Mr Davies argued that the change boards and reference groups for Shifting the Balance of Care and Transforming Care for Older People provided a forum for such views.

The Chair said it would be important to get an update for the IJB's next meeting.

6. 2018/19 AUDITED ANNUAL ACCOUNTS

The Chief Finance Officer had submitted a report presenting the IJB's audited annual accounts for 2018/19.

Ms Flanagan presented the report advising members that following the IJB's consideration of the draft accounts in June changes had been made to the management commentary. She briefly outlined the contents of the management commentary, financial statements and the annual governance statement. The annual accounts which were now ready for signing and publication.

Mr Murray commented on the importance of both voting and non-voting members attending as many meetings as possible to ensure a breadth of discussion and a balanced view. He added that, if necessary, the IJB should replace those members who are unable to attend regularly. The Chair confirmed that concerns about attendance levels were being addressed.

Several members suggested additions or clarifications to the accounts for future years. These included putting figures against different areas of working, teasing out support for the third sector within cost headings, providing a breakdown of spending in each area of mental health and including some performance reporting information.

Ms Flanagan advised that much of the accounts were constrained by regulations but she would consider these request for the 2019/20 accounts. Ms Woolman agreed that while the financial statements were standardised additional information could be included in the management commentary.

Decision

The IJB agreed:

- i. To note the report of the Independent Auditor; and
- ii. That the IJB's annual accounts for 2018/19 were now signed on behalf of the IJB by the Chair, the Chief Officer and the Chief Finance officer.

7. QUARTER 1 FINANCIAL REVIEW 2019/20

The Chief Finance Officer had submitted a report updating the IJB on its year to date financial position in 2019/20 and the recent Quarter 1 financial reviews which considered the projected year end outturn, undertaken by both the IJB partners, East Lothian Council and NHS Lothian.

Ms Flanagan presented the report advising members that the position as of June was an overspend of £212,000; of which £156,000 was attributable to social care budgets and £56,000 to health. The Quarter 1 forecast outturn for the year was a £459,000 overspend. She outlined the key pressures on budgets during 2019/20 and the areas that were currently performing well. She concluded that the budget-setting process had previously targeted savings of c£700,000 but recommended that the suite of actions be widened to cover the projected overspend.

The Chair raised a number of questions around staffing pressures, winter planning and whether the IJB would qualify for additional winter funding.

Ms MacDonald advised that some of the key staff pressures related to an ageing workforce and the use of bank staff and work was underway to address these issues. She explained that a winter plan was prepared each year and this year NHS Lothian had received notice from the Scottish Government that winter funding would be cut by half. A draft workforce plan was to be prepared before the end of the month, with the final plan being presented by the end of October. This plan would involve all four Lothian IJBs and would require sign-off by the Strategic Planning Group, chief officers and each IJB. Ms MacDonald indicated that East Lothian's bids would focus on areas that would have the greatest impact but that members should be aware that the IJB may not be successful in securing additional funds.

Mr Murray argued that IJBs could not operate effectively when funding for such a key aspect of their services was determined by an annual bidding process. If this additional money was required to fund winter planning each year then it should form part of the IJB's basic annual budget requirements.

Ms Flanagan explained that the winter funding came annually from the Scottish Government as a separate funding stream and did not form part of the main NHS Lothian budget allocation.

Ms MacDonald added that services always recruited additional staff well before the winter money was available and it was considered a bonus if they got the money back from the bidding process. She said that the key requirement was to demonstrate the impact that additional staff would have as this would put the IJB in a good position regarding its funding bids.

In response to further questions from the Chair, Ms Flanagan and Mr Davies clarified the expected spend for the implementation of Frank's Law and advised that progress would be closely monitored to ensure that the monies were utilised as required.

Councillor Neil Gilbert asked about the expected Quarter 2 position and how this compared with last year. Ms Flanagan said that the social care position was much improved on last year and the health spend was in line with expectations. Both would continue to be closely monitored.

The Chair noted that Brexit would continue to add pressure to the prescribing budget. Ms MacDonald acknowledged this but indicated that social care remained the area where greatest pressure was expected.

In reply to a final question from Councillor Akhtar, Ms Flanagan advised that there was no update yet on the UK Government Spending Review but that the national IJB Chief Finance Officers' network would continue to feed into that process.

Decision

The IJB agreed to:

- i. Note the current financial position; and
- ii. Note the Quarter 1 financial reviews undertaken by the partners.

Sederunt: Councillor Gilbert left the meeting.

8. NEW MODELS OF CARE FOR DEMENTIA AND PSYCHIATRY OF OLDER ADULTS PROVISION AND REPATRIATION OF EAST LOTHIAN PATIENTS

The Chief Officer had submitted a report providing the IJB with an update on the work to develop new models of care for dementia and psychiatry of older adults provision and the repatriation of East Lothian patients from Midlothian Community Hospital.

Ms Cowan presented the report advising members of the arrangements being put in place to facilitate patient's repatriation, as per the IJB's Direction, and outlining the three key pieces of work which were supporting this undertaking. She concluded that as a result of this work patients and families would now have only one port of call and it would reduce transfers and associated confusion for more vulnerable patients.

The Chair welcomed this report and the breadth of work being done to ensure that patients with more complex needs were in the right place with the right level of care. She suggested that this was the sort of good news story that should be celebrated.

In reply to a question from Mr Murray, Ms Flanagan advised that £865,000 of resources had been transferred as part of this work.

Mr Murray proposed an amendment to the recommendations in the report suggesting that the Chief Officer should be asked to provide the IJB with an update on progress in due course. Councillor Akhtar seconded this proposal and the amendment was agreed by the members.

Decision

The IJB agreed to:

- i. Note the contents and ongoing actions of this joint report with Midlothian IJB on the repatriation of patients from Midlothian Community Hospital;
- ii. 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; and
- iii. Ask the Chief Officer to provide the IJB with an update on progress in due course.

9. EAST LoTHIAN IJB ANNUAL PERFORMANCE REPORT FOR 2018/19

The Chief Officer had submitted a report presenting the IJB its third annual performance report covering the year 2018-19.

Mr Currie presented the report thanking colleagues for their contributions and particularly Jane Ogden-Smith for pulling all of the information together. He advised that to make the report more accessible a short summary version would be prepared and both documents would be made available online. He acknowledged that the report had missed the Scottish Government publication deadline, however there were reasons for this and it was hoped that improved data flow would allow officers to meet the deadline in future years.

Ms Ogden-Smith added that the summary version would be made available in libraries and other public locations.

The Chair praised the report and the efforts of officers and encouraged members to share links to the document on social media and generally promote it as much as possible.

Ms McNeill asked about the lack of available data in relation to a question on the carer's role and the need to improve on some of the key results in this area. Mr Currie advised that data was not always produced annually and he hoped that the results would be better next year.

Jon Turvill noted that certain patient experience surveys were only carried out every two years and that one was due to start shortly and report in April 2020. It would involve a sample of patients from each GP practice and would be published online by the Scottish Government. He added that response rates were usually quite low and anything that the IJB could do to improve that would be welcome.

Mr Murray suggested that it might be more productive for the IJB to design its own performance measures rather than be limited by existing tools. Dr Turvill agreed, observing that sometimes a range of measures were required to fully answer questions or assess the impact of Directions.

Responding to questions from Councillor Akhtar, Trish Carlyle reported that a thematic review of self-directed support would allow officers to add to the range of survey questions related to carers and demonstrate how the carers' strategy was working across client groups.

Mr Tweedy welcomed moves to improve information gathering in relation to carers' issues and that it would be useful if the IJB encouraged Change Boards to see carers' issues as a priority.

Mr Currie confirmed that the use of partners' data had been discussed at the Strategic Planning Board along with the importance of finding the best way to tell individual stories.

Ms Ogden-Smith concluded that although there was some missing data in this year's report, the IJB was performing well in relation to most national measures.

Decision

The IJB agreed to:

- i. 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;
- ii. 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;
- iii. 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;
- iv. 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; and
- v. 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.

Signed

Councillor Fiona O'Donnell
Chair of the East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 31 October 2019

BY: Chief Officer

SUBJECT: Winter Planning

7

1 PURPOSE

- 1.1 This report explains East Lothian HSCP's plans to ensure all possible steps are taken to assist in controlling the pressures on Lothian's acute hospitals during the winter months through effective planning and provision of additional capacity in key services.
- 1.2 It should be noted that this report does not cover the ongoing resilience work being undertaken across partners to plan for business continuity across the county.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the work being taken forward to cope with additional pressures which are likely to arise in the Lothian acute hospitals during the winter months.

3 BACKGROUND

- 3.1 Each year NHS Boards are required to draw up plans to ensure resilience over winter. This is in response to well-documented additional pressures experienced in hospitals during the winter e.g. resulting from flu and adverse weather. The Draft NHS Lothian Winter Plan is attached as appendix 1.
- 3.2 The winter planning process is managed through a partnership approach involving the 4 local IJBs and NHS Lothian. The need for this whole system approach has been reinforced by the Scottish Government's decision to place NHS Lothian at Level 3 on the NHS Board Performance Escalation Framework. Unscheduled Care and Delayed Discharge were identified as areas that required improvement.

3.3 Proposals to augment local services through short-term financial investment have been developed by the East Lothian HSCP team and subsequently subjected to peer review on a Lothian-wide basis.

3.3.1 **Enhanced Discharge to Assess**

- The intensive rehabilitation model has been very successfully implemented within the central cluster of East Lothian; it has been one of the initiatives that has successfully enabled a reduction in bed utilisation. This has been very successfully applied to those patients within the stroke unit. East Lothian patients are being discharged out of hospital by the team utilising the agreed stroke pathway up to 10 days earlier than before. This means patients receive active rehabilitation in the community within the confines of their own home.
- Patients with Chronic Obstructive Pulmonary Disease who would be admitted to Royal Infirmary of Edinburgh are managed collectively with the Advanced Physiotherapy Practitioner and Hospital at Home Team to keep them within the community. Support includes including administering IV antibiotics at home.

3.3.2 **7 Day Working Patient Flow Team**

- This initiative includes both social work and health teams and will support weekend and extended week day hours within the Partnership to work with discharge teams in the two Edinburgh acute sites. This will allow the commencement of speedier needs assessment and allow the relevant information to support discharge across seven days rather than five.
- This will enable discharge paperwork and arrangements to be prepared and reduce length of stay in hospital

3.3.3 **Increase Hospital to Home Capacity**

- The Hospital to Home team within East Lothian has been in place for several years. The service has increased year upon year from one team to six including a 'double up' team. Over the last year they have successfully supported a total of 448 patients to return home.
- Increasing the capacity within the hospital to home team to provide packages of care within the community will ensure that patients can be allocated a package of care at the point of discharge.
- The further expansion of this service will reduce the number of patients waiting on packages within acute beds and will ensure that patient return to the community when medically fit.

3.3.4 Increase the Emergency Social Care Service

- The Emergency Care Service (ECS) is geared for rapid response to those in the community. It is currently a daytime service, augmenting it to run overnight will enhance the service's ability to maintain more people at home, avoiding a hospital admission.
- Increasing capacity within the ECS will ensure that those requiring care within the community during a crisis are provided with this rather than being admitted to hospital beds or care home beds overnight, this service will be implemented from 10 pm to 8 am.

3.4 These proposals have been considered alongside a range of proposals by other Lothian HSCPs and the Acute Services Division. These have now been approved by the NHS Lothian Unscheduled Care Committee and submitted to Scottish Government.

4 ENGAGEMENT

4.1 East Lothian HSCP Management Team discussed and agreed submissions based on evidence from current practice within a challenging timeframe for submissions and with experience of previous winter actions.

5 POLICY IMPLICATIONS

5.1 Reducing hospital admissions and avoid unnecessary delays in hospital discharge are key targets for IJBs. While there is a need to redesign services on a sustainable basis over the longer term to reduce pressures in hospitals, it is also necessary to be able to take short term measures to introduce both capacity and flexibility into our system and to ensure that East Lothian benefits from any additional resource made available to support our population.

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 This proposal supports Directions:

D11b – Occupied Bed Days and D11c – Delayed Discharge

8 RESOURCE IMPLICATIONS

- 8.1 Financial - The allocation of winter funding from Scottish Government has also been supported with the commitment of a further £2M from NHS Lothian to support the Winter Plan. East Lothian HSCP has received its requested funding of £196,524.
- 8.2 Personnel – Recruitment is underway for all positions required to support the plan.
- 8.3 Other – None

9 BACKGROUND PAPERS

- 9.1 NHS Lothian Draft Winter Plan.

AUTHOR'S NAME	Alison Macdonald
DESIGNATION	Chief Officer
CONTACT INFO	Alison.X.Macdonald@nhslothian.scot.nhs.uk
DATE	21 October 2019

NHS Lothian: Winter Plan 2019/20



Reducing Attendances		
Wherever possible by managing care closer to home, preferably at home with services focussed on assessment and care closer to home.		
Winter Initiative	Live Date	Context/Quantifiable Impact
Midlothian Health & Social Care Partnership		
ED Redirection/Support for < 65	November 2019	<ul style="list-style-type: none"> • On average, 6626 Midlothian residents attend ED each year. • During June 2019 there were 1197 Royal Infirmary of Edinburgh ED attendances by Midlothian residents aged under 65. This is the highest monthly figure this year • On average, about 29 people were frequent attenders each year (attending ED 10 or more times within that year). • Top reasons for attendance included non-specific chest or abdominal pain, cellulitis, asthma, and lower respiratory tract infection. For the 18-44 age group, overdoses, wounds, and alcohol intoxication were unique top reasons. For ages 45-65, COPD, UTI, deep vein thrombosis, vasovagal syncope, and pulmonary embolism were unique top reasons. • 76% self-referrers to ED took not advice prior to attendance. Funding will support a reduction to repeat attendance by signposting and redirecting.
East Lothian Health & Social Care Partnership		
Enhanced Discharge to Assess	December 2019	<ul style="list-style-type: none"> • The intensive rehabilitation model has been very successfully implemented within the central cluster of East Lothian; it has been one of the initiatives that has successfully enabled a reduction in bed utilisation. This has been very successfully applied to those patients within the stroke unit. East Lothian patients are being pulled out of hospital by the team utilising the agreed stroke pathway up to 10 days earlier than before. They now have active rehabilitation in the community within the confines of their own home. • The COPD patients who would be admitted to Royal Infirmary of Edinburgh would be managed collectively with the advanced physiotherapy practitioner and hospital at home to team keep them within the community including administering IV antibiotics at home.
Edinburgh Health & Social Care Partnership		
CRT+	December 2019	<ul style="list-style-type: none"> • Number of referrals. • Source of referral. • Average time to contact. • Average home visits and telephone calls per patient. • Number of patients at risk of admission. • % of 'at risk' patients remaining at home at 48 hours and 1 week. • Number of 'supported discharge patients' • Number of supported discharge patients remaining at home at 48 hrs and 1 week

Date Approved: 4th October

		<ul style="list-style-type: none"> • This scheme will also support Admission Avoidance and Focus on Flow through Acute Care. Metrics include: <ul style="list-style-type: none"> ○ Number of 'supported discharge patients' ○ Number of supported discharge patients remaining at home at 48hrs and 1 week
Festive Practice	20 th December 2019	<ul style="list-style-type: none"> • Reduced number of attendances at A&E, LUCS, and Mental Health Services on public holidays • Reduce need for DN home visits for dressings
Winter Support Team	December 2019	<ul style="list-style-type: none"> • Reduction in attendances at acute hospitals • This scheme will also support Admission Avoidance and Reducing Length of Stay. • Metrics for Reduced Length of Stay include reduction in Delayed Discharges.
Open House (Stafford Centre)	December 2019	<ul style="list-style-type: none"> • Providing an alternative to A&E for those in mental health crisis <ul style="list-style-type: none"> ○ Numbers of people supported during a crisis ○ Numbers of people reporting increased resilience ○ Numbers of carers supported
Lothian Unscheduled Care Service (LUCS) and Flow Centre		
Weekend cover for Care Homes	December 2019	<ul style="list-style-type: none"> • For practices which are recognised as the lead practice for a care home or care homes to provide additional cover over winter weekends to improve continuity of care for patients, avoid hospital admissions, and reduce pressure on LUCS and A&E. • Between 10 and 14 practices participated over the dates covered last year and 18 to 21 care homes received cover from their lead practice. • 179 patients were visited at a total cost of £50,400 giving a cost per visit of £103 over the festive holidays and £142 on the other Saturdays • There was a positive impact on LUCS demand for care home visits. If all Lothian practices had participated and had the same impact as the practices that did participate the LUCS visits to care homes could have reduced from 153 in 2017/18 to 55 in 2018/19. A home visit for LUCS is estimated to cost £200-£250/visit (based on volume of work and cost of supporting the service (GPs/drivers/equipment/drugs/other) over the course of a year)
Increase number of alternatives to admission including access to these in evenings and at weekends.	December 2019	<ul style="list-style-type: none"> • % alternatives booked through Flow Centre • Increase availability of alternative pathways
Communications		
Winter Communications Plan	November 2019	<ul style="list-style-type: none"> • Last year, the campaign reach was 105,022 across social media, and 931 likes, shares, retweets and 46,722 impressions overall. • It is estimated that Bus advertising reached 89 per cent of adults visually and the aim is

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		<p>to replicate this again.</p> <ul style="list-style-type: none"> • Radio advertising on Radio Forth reaches an audience of 405,000 and the target will be aimed to improve this reach 19/20. • The Plan will also support recruitment of flu champions and peer vaccinators via internal communications campaign using all channels: Intranet, staff magazine, social media and direct email cascade. Last year this tactic resulted in the recruitment of more flu champions and more peer vaccinators. • Roll out seasonal flu campaign Be Incredible 2 – the sequel to last year’s effective promotion. We ask staff to “Be Incredible” and fight flu by being vaccinated.
<p>Managing / Avoiding Admission Wherever possible with services developed to provide care at home across 7 days.</p>		
Winter Initiative	Live Date	Context/Quantifiable Impact
<p>Midlothian Health & Social Care Partnership</p>		
Rapid Extended MDT Frailty Intervention	November 2019	<ul style="list-style-type: none"> • People identified with severe frailty are 4 times more likely to be admitted into hospital within 12 months than the non-frail population. • 716 frail people in Midlothian accounted for 20,000 unplanned OBD in 2018. • 190 were from two practices that will be supported in this project. • When someone with severe frailty presents to ED in 75% of presentations they will be admitted. For moderately frail patients the likelihood of admission is 60% (Midlothian analysis). • Access and Relational continuity of care in general practice is associated with a significant number of benefits to individuals and wider health systems, including: better clinical outcomes for an array of conditions; reduced mortality; better uptake of preventative services; better adherence to medication; reduced avoidable hospital admissions (Nuffield trust 2018). • A reduction of 20% hospital activity is achieved by this cohort, would equate to cost avoidance over £600K. This does not include the impact of the third practice.
<p>West Lothian Health & Social Care Partnership</p>		
REACT Care Home	January 2019	<ul style="list-style-type: none"> • Reduction in admissions from care homes at weekends
<p>Edinburgh Health & Social Care Partnership</p>		
Open House (Phone link & Befriending)	December 2019	<ul style="list-style-type: none"> • Providing an alternative to (for example) emergency Primary Care attendances for repeat medications • Providing support to augment existing community-based care (e.g. D2A, H@H) • Providing a link back to Locality Hub to intervene earlier in the event of a decline <p>○ Numbers of crisis appointments reduced in (for example) PC</p>

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		<ul style="list-style-type: none"> ○ Numbers supported ○ Numbers reporting increased resilience ○ Number of carers supported
St. John's Hospital		
Acute Respiratory Nurse Specialist (RNS) in reaching into ED and MAU	January 2020	<ul style="list-style-type: none"> ● Patients presenting with Respiratory illness increases over winter period. By providing a RNS into front door, will allow a treatment plan identified for those who can be discharged and supported in the community, rather than being admitted, therefore reducing admissions. This links also with the Flu campaign ● Monitoring impact will be through RNS activity : <ul style="list-style-type: none"> ○ Number of patients reviewed ○ Number of patients who were discharged ○ Length of Stay ○ Site admission profile ○ Reduction in overcrowding in ED
Cardiology Nurse Practitioner (NP) in reaching into ED	January 2020	<ul style="list-style-type: none"> ● This would be a test of change for the site, where there would be a NP at front door. Troponin waits are the second largest reason accounting for clinical exception breaches. Buy having a NP at front door would allow them to assess patients and discharge all appropriate patients, with a view of moving into a planned clinic slot Monitoring impact will be evidenced through NP activity : <ul style="list-style-type: none"> ○ Number of patients reviewed ○ Number of patients who were discharged ○ Length of Stay ○ Site admission profile ○ Reduction in overcrowding in ED
Royal Infirmary of Edinburgh		
ED Hogmanay	December 2019	<ul style="list-style-type: none"> ● Enhanced staffing model to ensure we can deliver safe and effective patient care throughout the Hogmanay period.
ED Resilience	December 2019	<ul style="list-style-type: none"> ● The scheme will help reduce time to first assessment during the holiday period.
Therapy Services		
Adult Physiotherapy – Respiratory (APP) Royal Infirmary of Edinburgh /Community	December 2019	<ul style="list-style-type: none"> ● Collecting data on the impact of APP working across acute and community managing acute respiratory patients. ● Reducing Length of Stay, aided by clinical decision making from experienced, well-established community respiratory physiotherapy colleagues and knowledge of community capacity to support discharge. ● Increased discharges on a Friday/late in week when confidence may previously be low

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		for discharge over/towards the weekend, thereby a more consistent spread of discharges over the week. <ul style="list-style-type: none"> Increased weekend discharge as improved knowledge of CRT
Paediatric Physiotherapy	December 2019	<ul style="list-style-type: none"> Collecting data on the increased number of respiratory patients receiving physiotherapy in hospital and supporting hospital to home for immediate discharge from A&E and/or earlier supported discharge from wards will allow us to quantify the impact increased physiotherapy intervention has in contributing to decreased LOS and admission avoidance. Collecting data on the those patients receiving physiotherapy in the community with chronic complex respiratory conditions and the long term ventilated patients who are often in hospital for extended periods will allow us to quantify the impact increased physiotherapy intervention has in contributing to avoiding admissions.
Lothian Unscheduled Care Service (LUCS) and Flow Centre		
LUCS winter (inc festive) provision	January 2020	<ul style="list-style-type: none"> Patient capacity / avoidance of redirection to EDs due to inability to provide timely OOH service / turnaround of festive patients (Christmas and NY) / increased home visiting and base capacity, supportive of admission avoidance to hospitals
Increase number of Alternatives to Admission including Hospital @ Home including evenings and weekends	December 2019	<ul style="list-style-type: none"> % H@H referrals booked through Flow Centre Increase availability of alternative pathways
Reducing Length of Stay		
Through reduction in delayed discharges, discharge to assess, access to intermediate care services and provision of rehabilitation services at home or a community setting.		
Winter Initiative	Live Date	Context/Quantifiable Impact
Midlothian Health and Social care Partnership		
Seven day working for Discharge to Assess Team	December 2019	<ul style="list-style-type: none"> To date the service has delivered: <ul style="list-style-type: none"> 110 Patients supported home earlier from Royal Infirmary of Edinburgh Saving 542 bed days Financial savings of £135 000 Provides ability for 7 days a week discharging
East Lothian Health & Social Care Partnership		
7 Day Working Patient Flow Team	December 2019	<ul style="list-style-type: none"> This initiative will allow weekend and extended week day hours within the Partnership to work with discharge teams in the two Edinburgh acute sites. This will allow the commencement of needs assessment quicker and allow the relevant information to support discharge across seven days rather than 5.

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		<ul style="list-style-type: none"> • Weekday working till 8.00pm and Saturday and Sunday working. • Enable discharge paper work and arrangements to be prepared and reduce length of time patients/clients are in the acute sector.
Increasing Hospital to Home Capacity	December 2019	<ul style="list-style-type: none"> • The Hospital to Home team within East Lothian has been in existence for several years. The service has increased year upon year from one team to six including a double up team. Over the last year they have successfully supported a total of 448 patients to return home. • The Emergency Care Service (ECS) is geared for rapid response to those in the community. It is currently a day time service and augmenting the service to run overnight will enhance their ability to maintain more people at home, avoiding a hospital admission. • Increasing the capacity within the hospital to home team to provide packages of care within the community will ensure that patients can be allocated a package of care at the point of discharge. • The further expansion of this service will reduce the number of patients waiting on packages within acute beds and will ensure that patient return to the community when medically fit. • To increase capacity within the Emergency Care Service (ECS) to ensure that those requiring care within the community during a crisis are provided with this rather than being admitted to hospital beds or care home beds overnight, this service will be implemented from 10 pm to 8 am.
West Lothian Health & Social Care Partnership		
7 Day Equipment Delivery	January 2020	<ul style="list-style-type: none"> • Reducing length of stay • Facilitating weekend discharges • Impact will be determined by demand • Earlier discharges on Mondays with planning over the weekend
Edinburgh Health & Social Care Partnership		
AWI (Adults with Incapacity)	December 2019	<ul style="list-style-type: none"> • Reduced length of stay for patients in hospital whose discharge is being impacted by issues of capacity to make welfare and/or financial decisions • Reduction in delayed discharges for this cohort of patients. <p>Impact will be evidenced through Tableau and local systems to monitor capacity such as delays coding. All delays due to issues of capacity are coded 51X and are reported weekly.</p>
Social Work to Support the Home First Model	December 2019	<ul style="list-style-type: none"> • Reduction in delayed discharges due to earlier intervention of social workers • Reduction in number of people waiting for an assessment
St. John's Hospital		

Managing patient flow 4- additional nurse practitioner at weekends	January 2020	<ul style="list-style-type: none"> • This will improve decision making at weekends, assisting in improving weekend discharges to meet demand on unscheduled care. • Monitoring impact will be evidenced through: <ul style="list-style-type: none"> ○ Discharges at weekends ○ Time of discharge ○ Length of Stay ○ Boarding numbers ○ Breaches associated with bed waits
Managing patient flow 6- Acute Consultant increase on Ward rounds	January 2020	<ul style="list-style-type: none"> • This initiative was trialled last year and was evaluated well. Essentially job planned clinic activity in January is converted to ward rounds, to maximise the number of decision makers on ward rounds, to expedite patient treatment and decision to discharge. To offset the closed clinics in January, patients are booked into extra clinic slots generally within their TTG. • Monitoring impact will be evidenced through: <ul style="list-style-type: none"> ○ Length of Stay ○ Time of Discharge ○ Breaches associated with bed waits ○ Out-patient TTG performance
REACH	January 2020	<ul style="list-style-type: none"> • This will allow service to expand into back door and Sundays. Frail patients can be followed through their pathway, with early interventions and identification as to where they could be discharged to home or other facility, which would be more appropriate with their care requirements. Close working with the discharge hub will be integral and having a Sunday service, will allow better planning for week ahead • Monitoring impact will be evidenced through: <ul style="list-style-type: none"> ○ Activity by REACH ○ Reduced Length of Stay ○ Reduction in delays ○ Earlier in day discharge
Royal Infirmary of Edinburgh		
Boarding Team: Acute & General Medicine	December 2019	<ul style="list-style-type: none"> • Reduced length of stay • Weekend senior medical cover to facilitate discharge decisions
Boarding Team: MOE & Stroke	December 2019	<ul style="list-style-type: none"> • Earlier reviews for patients that are boarded out with their specialities.
Orthopaedic Supported Discharge	December 2019	<ul style="list-style-type: none"> • Enhanced support with ambulatory care pathways • Earlier access to services in the community

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		<ul style="list-style-type: none"> • Earlier engagement with community teams • Prevents delays as patients are able to have ongoing rehab in the community and reduce the amount of inpatient rehab that is required.
Orthogeriatric Pathways Coordinator	December 2019	<ul style="list-style-type: none"> • Orthopaedic supported discharge has reduced 11,337 occupied bed days since commencing in feb 2017. This service supports on average 20-30 patients a day at home depending on their level of care/rehab dependency. Evidence supports that an additional 3 HCSWs would support a further 12 patients a day with OSD taking the service up to 32-42 a day.
Western General Hospital		
Optimising length of stay in patients with diabetes	January 2019	<ul style="list-style-type: none"> • Data analysis has demonstrated an increased length of stay for patients with diabetes. Evidence has also demonstrated that a focused proactive inpatient diabetes services (utilising e-health initiatives –which NHS Lothian are embedding) reduces length of stay. • CHI linkage of information will allow length of stay analysis. Focused MAU pick up in the morning will reduce length of stay for appropriate patients and will facilitate early review rather than wait for post take ward round review and time to subsequent referral. • QI work to data has focused 3 keys areas for intervention to improves length of stay / flow (based on tableau dashboard data) – inpatients on surgical wards, patients with type 1 diabetes and acute admissions which will be the targeted focused of this winter plan to facilitate timely discharge and improve flow.
Pharmacy		
Royal Infirmary of Edinburgh Weekend Working (1) Winter weekend clinical pharmacy service on the three anticipated busiest months	January 2020	<ul style="list-style-type: none"> • Pharmacy will be able to demonstrate quantifiable impact around the following elements for all initiatives: <ul style="list-style-type: none"> ○ Number of medicines reconciliation with error rate ○ Volume of patients assessed/reviewed by clinical pharmacists ○ No of IDLs & IPSs reviewed and error rate ○ Number of Interventions ○ Number of High Risk Patients ○ Increase in capacity of over labelling service ○ Time of receipt of requests to pharmacy ○ Turnaround time of prescriptions from pharmacy performance
Royal Infirmary of Edinburgh Clinical (2) Clinical pharmacy prioritising areas that did not have a pre-existing clinical pharmacy service		
Therapies		
Adult Physiotherapy - Royal Infirmary of Edinburgh /Western General Hospital MMOET	December 2019	<ul style="list-style-type: none"> • Reduction in average length of stay for physiotherapy patients • Patients being discharged faster from physiotherapy services • A clinically meaningful improvement in patient function in more than 80% of caseload • Patient flow was directed to a high degree of accuracy

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		<ul style="list-style-type: none"> • Patients being discharged less frail and more independent
Physiotherapy - Activity Support Workers Royal Victoria Building/ Western General Hospital Royal Infirmary of Edinburgh	January 2020	<ul style="list-style-type: none"> • Reduction in average length of stay for physiotherapy patients • Patients being discharged faster from physiotherapy services • A clinically meaningful improvement in patient function in more than 80% of caseload • Patient flow was directed to a high degree of accuracy • Patients being discharged less frail and more independent
Occupational Therapy - Roving - Western General	December 2019	<p>The target of increased Roving winter resource at Western General Hospital would be to decrease the length of stay of medical boarders and increase flow of patients to point of discharge. Medical boarding patients are predominantly: over 65yrs; fall under frailty groups; sit on medical wards outwith their specialities; and wait for assessment from under capacity teams. By improving links to OTs at the 'front door' and tracking patients from there who are boarded directly, roving team members can assist better handover and enable earlier intervention</p> <p>Measurement is aimed at collecting data on:</p> <ol style="list-style-type: none"> 1. Point of admission to hospital 2. Point of transfer to boarding ward from admissions and when referral received by roving. 3. Response time of OT roving assessment and intervention date and type 4. Date of planned discharge plan 5. Actual discharge date and actions
Occupational Therapy - Roving – Royal Infirmary of Edinburgh	December 2019	<p>The target of increased Roving winter resource at Royal Infirmary of Edinburgh would be aimed at general medical and boarding patients. These patients are currently scoring low on prioritisation parameters and are getting delayed response time from OT. Their average LOS subsequently is higher. Roving will have the specific role to target and screen these patient borders and give them a higher prioritisation status; earlier intervention and improved discharge planning.</p> <p>Measurement is aimed at collecting data on:</p> <ol style="list-style-type: none"> 1. Point of admission 2. Point of transfer to boarding ward and when referral received. 3. Response time of OT assessment and intervention 4. Date of planned discharge plan 5. Actual discharge
Lothian Unscheduled Care Service (LUCS) and the Flow Centre		
Reduce Length of Stay for patients awaiting repatriation transport to their home board	December 2019	<ul style="list-style-type: none"> • Bed days saved for repatriations • Utilisation rates – Demand from service/ capacity utilised
Focus on flow through Acute Care		
Through adherence to discharge trajectories, earlier in the day discharges and improvements through ED flow.		

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Winter Initiative	Live Date	Context/Quantifiable Impact
Midlothian Health and Social Care Partnership		
Single Point of Contact Older People Services	November 2019	<ul style="list-style-type: none"> • Local ownership of patients will reduce length of patient journey as a result of local planning and system knowledge of capacity and options available. • Reduced Length of Stay in Royal Infirmary of Edinburgh, Midlothian Community Hospital and Highbank Intermediate Care • Reduced delays • Easy to navigate system to reduce time to refer for Royal Infirmary of Edinburgh
Edinburgh Health & Social Care Partnership		
Festive Practice	December 2019	<ul style="list-style-type: none"> • Improvements to ED flow by drawing activity away from the front door during public holidays.
St. John's Hospital		
Efficiency of Discharge Lounge in supporting DDD	January 2020	<ul style="list-style-type: none"> • This scheme will allow the discharge lounge to increase opening hours, with staff attending huddle, prioritising and pulling patients into lounge. This expands on the work which is a focus for the site, in improving discharges to earlier in day, thus reducing patients waiting for beds • Monitoring impact will be through evidenced through: <ul style="list-style-type: none"> ○ Site discharge profile hour by hour ○ Reduction in breaches associated with bed waits ○ Improvement in pre 12 discharge
Expansion of discharge hub & DDD	January 2020	<ul style="list-style-type: none"> • This scheme will allow all back door wards to have support from discharge hub, providing support and focus in discharge planning around complex patients and will link to discharge lounge also. • Monitoring impact will be undertaken by: <ul style="list-style-type: none"> ○ Site discharge profile hour by hour ○ Reduction in breaches associated with bed waits ○ Reduction in delayed discharges ○ Length of stay reduction

Managing patient flow 3- PAA	January 2020	<ul style="list-style-type: none"> • This initiative continues to support GP flow going through Primary Assessment Area (PAA), rather than being diverted to ED. This allows for an expansion of the current model to meet the later demand surge that the site experiences in the evening, allowing patients to be assessed and treated as ambulatory unless identified as need to be admitted. This will continue to reduce admissions into MAU and assist with delays in patients being allocated beds between PAA and ED. • Monitoring impact will be undertaken by: <ul style="list-style-type: none"> ○ Breaches associated with bed waits ○ PAA time to bed allocation ○ Admission and discharge profile of MAU ○ Any diverts to ED of PAA flow ○ Time of discharge
Royal Infirmary of Edinburgh		
Surgical Observation Unit Additional Fellow	December 2019	<ul style="list-style-type: none"> • Reduced length of stay • Improving time of surgical review on patients in an OOH period to maintain surgical flow throughout the front door areas – this has been recognised as a pressure in the OOH periods previously • Increased patient moves into the inpatient areas • Improved morning discharge profile • More robust staffing profile during winter months to support flow and address the acuity that will present during the winter months
Surgical ANP	December 2019	
AMU Medical Cover	December 2019	
Ward 204: Consultant Cover	December 2019	
Ward 204: Registrar Cover	December 2019	
Ward 204: FY2 Cover	December 2019	
Respiratory Nurse Specialist	December 2019	
Western General Hospital		
Enhanced Nursing Support to OPAT Service	January 2019	<ul style="list-style-type: none"> • Supporting this bid would reduce patients attending the front door as unscheduled care activity • Additional resource would also provide capacity for nursing staff to attend consultant rounds with ID at the Western General Hospital and Royal Infirmary of Edinburgh to help identify patients who are suitable for the OPAT service in a timely way and improve discharge planning within wards.
<i>Enhanced Medical cover (overnight, weekends and boarding patients)</i>	December 2019	<ul style="list-style-type: none"> • Increased number of weekend discharges, effective management of boarding patients and average length of stay: further enhancement of weekend medical staffing would help support timely senior review of patients and support discharge.
Radiology		
Radiology Winter Plan - Increased demand for diagnostic imaging	December 2019	<ul style="list-style-type: none"> • Additional provision is proposed to ensure patient flow is not impacted by any delays to diagnosis for admission and discharge. • Additional reporting capacity is provided for the three month period as WLI sessions

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		and some extended days, to keep on top of the additional workload and avoid delays in reporting. <ul style="list-style-type: none"> Additional Radiographer cover, CSW/RDA and portering will meet front door additional demand and maintain inpatient flow through CT/MRI/US.
Pharmacy		
Western General Hospital Same as Royal Infirmary of Edinburgh above		<ul style="list-style-type: none"> Pharmacy will be able to demonstrate quantifiable impact around the following elements for all initiatives: <ul style="list-style-type: none"> Number of medicines reconciliation with error rate Volume of patients assessed/reviewed by clinical pharmacists No of IDLs & IPSs reviewed and error rate Number of Interventions Number of High Risk Patients Increase in capacity of over labelling service Time of receipt of requests to pharmacy Turnaround time of prescriptions from pharmacy performance
Lothian Unscheduled Care Service (LUCS) and the Flow Centre		
Increase number of alternative pathways for patients attending front door areas. Reduce time waiting for repatriation transport. Increase transport for discharges and transfers from acute sites	December 2019	<ul style="list-style-type: none"> % alternatives booked through Flow Centre Increase availability of alternative pathways Bed days saved for repatriations Utilisation rates – Demand from service/ capacity utilised Number of patients transferred or discharged from sites across NHS Lothian
Seasonal Flu, Staff Protection and Outbreak Resourcing		
Ensure that there are adequate plans in place to manage the outbreak and vaccinations of multiple staff and patient groups as well as contingency planning for Norovirus outbreak control measures.		
Winter Initiative	Live Date	Context/Quantifiable Impact
Midlothian		
Local Flu Campaign	October 2019	<ul style="list-style-type: none"> Midlothian Staff flu uptake was the Partnerships best ever at 59.9% in 18-19 Lothian wide. There have been reports that the additional clinics and clinics running in new areas were well received and attended. Locally the Partnership built on NHSL 'Be Incredible' social media campaign with regular social media messages that began early October. This included a YouTube and Face Book video of Clinical Director being vaccinated which had over 5000 views and 26 shares. Uptake amongst Over 65s continues to increase across the board at 74.9%, almost

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		<p>reaching the WHO target of 75%. Uptake amongst those at risk remains a challenge across the board at 43% for the year 18/19.</p> <ul style="list-style-type: none"> Comparing data from 2017 and 2018 there was a reduction in potentially preventable admissions due to flu. There was a change in the age profile of those that were admitted with an increase in the number of those aged 80+ and an increase in occupied bed days.
Public Health		
Housebound Flu	September 2019	<ul style="list-style-type: none"> Last season 6,700 Housebound patients were vaccinated. The aim is to match this uptake for 2019/20 The effect of not delivering the influenza vaccination to housebound patients could potentially impact on healthcare pressures – this can be evidence by the increase in acute winter admissions in 2017 when influenza virus was more potent and the vaccine less effective A benefit of the centrally coordinated housebound vaccination programme could free up time for GP and District Nurse teams for other clinical activities The timely launch of the programme and administration of the vaccine must be taken in to account as the immune response to vaccination takes about 2 weeks to fully develop The programme is delivered by NHS L Bank staff vaccinators and this group of staff maintain their competencies and can be utilised to deal with flu outbreaks eg Nursing Home
Staff Flu Programme	September 2019	<ul style="list-style-type: none"> Last season 17,200 staff were vaccinated. 15,800 NHS L staff (59% uptake) and 1400 of staff from social care partners The NHS Lothian uptake for 2018/19 increased from the 51% achieved during 2017/18 season. For this coming season the aim is to improve uptake of clinical staff The main benefit of delivering the staff flu programme is to maximise reduction of flu transmission in addition to providing individual protection. This will potentially reduce staff sickness rates and minimise local disruption/impact on local service delivery This service also assists with the data collection and reporting process – could potentially enhance response rates should there be an outbreak
Point of care testing for influenza in emergency medical patients (children and adults) attending A/E and MAU at the 4 hospital sites across Lothian.	October 2019	<ul style="list-style-type: none"> Rapid diagnosis, in this case POCT has been shown to reduce length of stay by 1 day. In NHS Lothian length of stay has been compared in periods where POCT is available to time periods where it is not and has found that length of stay is reduced overall in periods where POCT is available by 1 day. Additionally the following impacts will be evidenced following funding of POCT Flu Testing: <ul style="list-style-type: none"> Reduced bed closures Improved patient flow less patient moves

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		<ul style="list-style-type: none"> ○ correct and appropriate use of antivirals ○ reduced spend of antivirals for prophylaxis owing to ward patients being exposed to flu <p>Reduced nosocomial cases</p>
<p>Preparedness for Additional Surge Capacity across Health and Social Care services Planned dates for the introduction of additional acute, OOH and Social care services is agreed and operational before the anticipated surge period.</p>		
Winter Initiative	Live Date	Context/Quantifiable Impact
St. John's Hospital		
1. Managing acute patient flow 1-ward 18 staffing	January 2020	<ul style="list-style-type: none"> • All 3 of these schemes are interlinked and relate to medicine taking capacity from ward 18 and cohorting medical patients into this area. To reduce impact on Head & Neck activity, DOSA will be used to supplement capacity and will move to a 7 day service between January- March, thus requiring additional staff. • To ensure that this is safe for patients and staff enhanced staffing is required in ward 18, to supplement the required care needs of this group of patients. Additionally medical staffing will be required to be increased to support this group of patients and any other patients that are boarding outside of medicine on the site. • Metrics which will be used: <ul style="list-style-type: none"> ○ Number of breaches associated with bed waits ○ Length of Stay ○ Time of discharge ○ Complaints/ compliments ○ Boarding numbers
2. Managing acute patient flow 2-medical staffing	January 2020	
3. Managing patient safety and dependency- DOSA	January 2020	
Supporting Acute ORS flow over Winter	January 2020	<ul style="list-style-type: none"> • Historically the demand for Orthopaedic rehabilitation increases over winter months. This would allow for the addition 6 unfunded beds in ward 14 to open, to allow pull of West Lothian Orthopaedic patients requiring rehabilitation to be pulled over onto site, instead of being delayed at Royal Infirmary Edinburgh or other Orthopaedic centres and allow access to rehabilitation earlier in their journey. • Metrics which will be used: <ul style="list-style-type: none"> ○ Time to repatriation on site ○ Reduced length of stay
Royal Infirmary of Edinburgh		
DSU Winter Capacity	December 2019	<ul style="list-style-type: none"> • Enhanced site resilience in anticipation of increased attendances and admissions.
Western General Hospital		
Enhanced Medical cover (overnight, weekends and	January 2020	<ul style="list-style-type: none"> • Support system wide patient flow and the reduction of the number of delayed discharges in acute beds, optimising hospital capacity for acute admissions.

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boarding patients) This proposal is to open 21 beds flexibly in Ward 15 to support delayed discharge patients		<ul style="list-style-type: none"> To mitigate the risk associated with the reduction of 26 beds following ward 71 closure
Additional MDT Support for Medicine of the Elderly Team	January 2020	<ul style="list-style-type: none"> Reduction in length of stay and number of delayed discharges Improvement in Planned Discharge Dates in collaboration with MDTs Support MDTs in the early initiation of realistic conversations with families to manage expectations Support the reduction - to support length of stay post 71 ward closure
Workforce It is essential that the appropriate levels of staffing are in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods.		
Pharmacy		
St. Johns Extending hours would support safe supply of discharge medicines and manage staff welfare which requires additional manpower NOT additional hours to existing staff.	December 2019	<ul style="list-style-type: none"> Pharmacy will be able to demonstrate quantifiable impact around the following elements for all initiatives: <ul style="list-style-type: none"> Number of medicines reconciliation with error rate Volume of patients assessed/reviewed by clinical pharmacists No of IDLs & IPSs reviewed and error rate Number of Interventions Number of High Risk Patients Increase in capacity of over labelling service Time of receipt of requests to pharmacy Turnaround time of prescriptions from pharmacy performance
Therapy Services		
Occupational Therapy - Ward 15 - Western General	December 2019	Impact is aimed at providing maintenance therapy to those who are awaiting NH or POC. The aim is to prevent de-conditioning / deterioration whilst continuing to work on improving function and reducing package of care requirements or requirements for complex discharge planning. Measurement will be aimed at: <ol style="list-style-type: none"> Scoring functional capacity using pre and post measures of function to assess incremental gains or deterioration during length of stay Improved patient experience
Adult Physiotherapy - Western General Hospital Ward 15	December 2019	Collecting data on those patients awaiting a Package of Care or Nursing Home placement. Physiotherapy to maintain/progress patients functional and mobility status and prevent de-conditioning whilst in hospital and increase patients' resilience at point of discharge. Collate impact of physiotherapy on: <ol style="list-style-type: none"> reduction in falls. reduced requirement for analgesia. reduction in re-admission rates

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REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 31 October 2019
BY: Chief Officer
SUBJECT: Royal Infirmary of Edinburgh (RIE) Front Door Services

8

1 PURPOSE

- 1.1 To inform the IJB of developments concerning the 'Front Door' entry points to the Royal Infirmary of Edinburgh (RIE) unscheduled care services.

2 RECOMMENDATIONS

- 2.1 The IJB is asked:
- i. To support, in principle, an application for capital investment from NHS Lothian, in the RIE Front Door services; and
 - ii. To agree that East Lothian HSCP undertakes a programme of work in conjunction with the RIE and the other Lothian HSCPs to examine and develop, as appropriate, viable and cost-effective community based alternatives to acute hospital care to reduce demand on the RIE Front Door.

3 BACKGROUND

- 3.1 As unscheduled care is a delegated function under the Public Bodies Act 2014, the responsibility for revenue costs rests with the four Lothian Integration Joint Boards.
- 3.2 Integration legislation required NHS Boards to delegate responsibility for planning unscheduled care, including accident and emergency services to IJBs. In practice, this must be undertaken in close collaboration with NHS Lothian Acute Services and with neighbouring IJBs which have a shared interest in the Lothian Acute Hospitals.
- 3.3 The Integrated Care Forum is a Lothian-wide forum which takes responsibility for ensuring a coordinated approach to planning. Additionally, following the Scottish Government's decision to place NHS Lothian at level 3 of NHS Board Performance Escalation Framework, a

cross Lothian forum has been established to address the performance issues relating to unscheduled care.

- 3.4 There have been a range of service developments in East Lothian over a number of years intended to support the Acute Hospital system including the Hospital at Home and Hospital to Home teams. On the basis of this and other work, East Lothian has had considerable success in delivering good delayed discharge performance.
- 3.5 Crowding is a key barrier to providing safe and effective care within the RIE Emergency Department (ED). Within the publication *Crowding in Emergency Departments*, the Royal College of Emergency Medicine cites published evidence, which demonstrates that ED crowding is linked to increased mortality.
- 3.6 Crowding also affects the ED's ability to achieve and maintain sustainable performance against the Emergency Access Standard. Without change, there is unlikely to be significant improvement in performance against the standard.
- 3.7 The RIE Emergency Department, which opened in 2003, was originally designed during the 1990s to manage 80,000 patient attendances per annum. In 2008, 79,725 patients attended the ED. Attendances have continued to increase since 2008 and in 2018, 119,783 patients were reviewed and assessed, with the department accepting anywhere between 330 to 400 presentations per day.
- 3.8 The Royal Infirmary of Edinburgh (RIE) Front Door comprises all entry points to acute hospital unscheduled care and includes the Emergency Department, Minor Injuries, Ambulatory Emergency Care and Surgical Receiving services. Front Door services have been under continual and growing pressure for a number of years. These pressures will increase reflecting projections of a growing and ageing population in Lothian over the next 15 years.
- 3.9 NHS Lothian has put in place interim measures to manage increasing demand, including a modular build to accommodate the minor injuries unit and a test of change to provide additional capacity for ambulatory emergency care and observation of patients requiring a stay greater than 4 and less than 12 hours. However, there is recognition that sustainable solutions are required to manage demand in coming years.
- 3.10 A redesign and extension of the current clinical space is required to enable the delivery of safe and effective services at the RIE Front Door. This will require capital investment. NHS Lothian has a clear process for prioritisation and development of capital projects, in line with Scottish Capital Investment Manual (SCIM) guidance. The guidance covers issues around investment appraisal, financial affordability and procurement, as well as project management and governance arrangements.
- 3.11 A core group, comprising clinical and management staff working across front door services, was established in autumn 2018 to develop the

strategic case for change, and begin to develop proposals for the development of the RIE front door. In late 2018 it was recognised that there was a need to include a wider group of stakeholders in discussions. A Programme Board was subsequently established in March 2019 to determine the preferred scope of the redesign, along with a number of sub groups to develop the clinical model. Lothian's Health and Social Care Partnerships have been invited to join both the Programme Board and its sub-groups.

- 3.12 East Lothian IJB will need has agreed to carry out work on behalf of NHS Lothian and the other three Lothian IJBs to consider all options for the development and delivery of community based and clinically safe alternatives to the current suite of unscheduled care services.
- 3.13 This work will provide an assessment of the costs and benefits of alternative approaches to reducing demand within the Emergency Department.

4 ENGAGEMENT

- 4.1 The changes, which will arise from any proposed improvements to the front door, will be subject to engagement as necessary. At this early stage, the need for such engagement is not indicated.

5 POLICY IMPLICATIONS

- 5.1 There are no policy implications from the proposed RIE Front Door developments.
- 5.2 The development of community based and delivered alternatives to services in the acute setting is in line with policy to shift the balance of care.

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 This proposal supports Direction:
- D11a – Emergency Admissions

8 RESOURCE IMPLICATIONS

- 8.1 Financial – The implications for Front Door developments are to be appraised as part of the Capital Planning process. The East Lothian work on community alternatives to acute-based unscheduled care services will provide costings in due course.
- 8.2 Personnel – Personnel implications have yet to be assessed.
- 8.3 Other – None are expected.

9 BACKGROUND PAPERS

- 9.1 None.

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DATE	21 October 2019



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 31 October 2019
BY: Chief Officer
SUBJECT: IJB Directions and Delivery Plan 2019-20

9

1 PURPOSE

- 1.1 To update the Integration Joint Board (IJB) on progress against the 2018-19 Directions
- 1.2 To update the IJB on the proposed suite of 2019-20 Directions and the associated Delivery Plan.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
 - i. Note progress against all the Directions operating through 2018-19 (Table 1).
 - ii. Accept the proposed Directions for 2019-20 (Appendix 1) which the Strategic Planning Group approved on 16th October 2019.
 - iii. Accept the associated Delivery Plan (Appendix 2) produced in collaboration with the Change Boards and their Reference Groups.
 - i. Agree that each partner responsible for delivering a Direction should be obliged to report to the IJB on progress for the purposes of monitoring achievement.
 - ii. Agree the IJB should, during its future business sessions, take the opportunity to review the requirement for changes to or retirement of existing Directions or development of new Directions.
 - iii. Note that the Directions intended to operate in 2019-20 reflect either the IJB priority areas as outlined in the IJB Strategic Plan or operational priorities.

3 BACKGROUND

- 3.1 The Public Bodies (Joint Working)(Scotland) Act 2014 sets out the process by which an Integration Joint Board delivers its Strategic Plan by issuing 'Directions' to the Local Authority and the Health Board as appropriate. East Lothian IJB policy states that Directions will be issued for each delegated function including the allocation of the associated financial resource.
- 3.2 At its meeting of 24th May 2018 East Lothian IJB agreed its 2018-19 Directions. The Chief Officer subsequently issued these Directions on behalf of the IJB to East Lothian Council and NHS Lothian for the financial year 2018-19.
- 3.3 As with the preceding year, once agreed by the IJB, the Directions for 2019-20 will be issued by the Chief Officer to partners and will clearly ask for updates on progress.
- 3.4 End of year progress for the 2018-19 Directions is summarised in Table 1 below. Not all of these Directions are intended to deliver in one financial year.

Table 1 – Outcomes for all Directions operating in 2018-19

2018-19 Directions	Outcomes
NHS Lothian Community Services:	D01h – In Process D01i – No longer relevant
East Lothian Council Delegated Functions:	D02f – In Process (updated) D02i – In Process (updated)
NHS Lothian Transfer of IJB Resources:	D03c – Achieved
NHS Lothian Hosted Services:	D04a – Retired D04b – In Process (revised)
Resource Transfer:	D05a - Retire – Business as usual D05b - Retire – Business as usual
Primary Care:	D10b – In Process (updated) D10d – In Process (updated) D10i – Replaced with related Direction D10j
Acute Services/Increasing Community Provision:	D11a – In Process D11b – In Process D11c – In Process D11d – In Process D11e – In Process
Shifting the Balance of Care:	D12a – In Process D12b – Achieved D12c – In Process D12d – Achieved (updated) D12f – Achieved D12g – In Process (updated)

Delivery of Modern Outpatients:	D13b – In Process (updated)
NHS Lothian and East Lothian Support:	D14a – In Process (updated)
Drug and Alcohol Services and Mental Health:	D15b – Achieved D15c – In Process (updated) D15d – Achieved D15e – Achieved D15f – Achieved D15g – In Process (updated)
Community Justice:	D16a – In Process (updated)
Strategic Plan:	D17a – Achieved

3.5 The ‘*Health and Social Care Integration: Progress Review*’ published in February 2019¹ from the Ministerial Strategic Group for Health and Community Care included recommendations to ensure effective governance and accountability arrangements. The report noted:

*“(iv) **Clear directions must be provided by IJBs to Health Boards and Local Authorities.** Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.”*

3.6 A review of Directions was carried out in recent months to ensure clear accountability and engagement with partners. Change Boards were asked to reflect on progress against the 2018-19 Directions and to provide feedback on how the Directions could be improved to ensure they were in line with the IJB;s current strategic and operational priorities.

3.7 Proposed Directions were developed in collaboration with the Change Boards and through the Reference Groups. The final suite of Directions for 2019-20 includes continuing Directions and as well as proposed new Directions to reflect current priorities and the new three year IJB Strategic Plan.

4 ENGAGEMENT

4.1 Engagement was carried out with NHS Lothian and East Lothian Council and with Health and Social Care Partnership officers.

¹ www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/

- 4.2 Each Change Board was asked to provide feedback regarding the relevance of current Directions and the need for future Directions.
- 4.3 Face-to-face meetings with Change Board Chairs were also offered to facilitate further discussion to develop Directions that would be relevant for each priority area.
- 4.4 Feedback from the Strategic Planning Group and an IJB Development Session was taken into account in refining the final set of proposed Directions and the Delivery Plan.
- 4.5 A Delivery Plan was also developed in partnership with Change Boards and Reference Groups. This plan will be reviewed each year.
- 4.6 In response to feedback gathered during the review, the final Directions list was designed in a summarised and more 'user-friendly' format than previous years. It will be communicated with NHS Lothian and East Lothian Council and widely across the Health and Social Care Partnership to ensure awareness of the Directions, and the work they are intended to deliver, is high.

5 POLICY IMPLICATIONS

- 5.1 There are no new policy implications arising from this paper. Existing policy with regards to the production of Directions and the obligations these place on NHS Lothian and East Lothian Council remains extant.

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 the economy.
- 6.2 Individual Directions, which result in service change, will be appraised by the partner/s introducing the change, with action taken accordingly.

7 DIRECTIONS

- 7.1 The paper, its recommendations and accompanying documents are supportive of planned and future work to further establish Directions as drivers for service development and delivery of strategic and operational priorities.

8 RESOURCE IMPLICATIONS

- 7.1 Financial – The IJB's policy on Directions lays out that each, in line with the regulations associated with the Public Bodies (Joint Working) (Scotland) Act 2014, will show the financial resources to be used to

achieve that Direction. For 2019-20 financial elements are included in a summary table but with a clear connection to the individual Direction.

8.2 Personnel – There are no personnel implications directly associated with the recommendations contained in this paper.

8.3 Other – None

9 BACKGROUND PAPERS

9.1 Appendix 1. 2019-20 Directions

9.2 Appendix 2. 2019-20 Delivery Plan

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East Lothian Integration Joint Board 2019/20 Directions

1. Policy Context

National Guidance - The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. East Lothian Integration Joint Board (IJB) requires a mechanism to action the Strategic Plan; this mechanism takes the form of binding directions from the Chief Officer as outlined below from the Integration Joint Board to one or both of NHS Lothian and East Lothian Council. All directions issued are pursuant to Sections 26 to 28 of the Public Bodies (Joint Working) Act 2014 and the appropriate element of East Lothian IJB's Integration Scheme.

East Lothian IJB's Approach to Directions 2019/20 - For Directions to successfully deliver their expected outcomes, they need to be considered and enacted in a genuine spirit of partnership working between the IJB, East Lothian Council and NHS Lothian. There is a clear commitment by the IJB not to create financial turbulence and instability in the delivery of direct services.

To reflect the evolving nature of IJB priority areas and delegated functions, there may be a need for new or revised Directions throughout the financial year. Implications for Directions will be reviewed regularly during IJB business sessions.

During 2019/20, as in the year before, the Partnership will seek to work in close collaboration with both NHS Lothian and East Lothian Council to ensure delivery of the Directions without unintended consequences for other parts of the system. As the IJB moves into its fourth year of operation it must maintain leadership in reshaping health and social care services to continue to move towards local management and local delivery of these services, while delivering efficiencies. The Directions, which operate in 2019/20, set out the ambitions of the IJB.

The East Lothian Strategic Plan 2019-21 outlines the direction of travel for the development of health and social care services in the county. In many areas the Plan remains at a high level to allow further work to be undertaken with key partners about how to achieve desired changes, such as reducing reliance on Acute Hospitals and Care Homes by strengthening community, primary care and care at home services. NHS Lothian and East Lothian Council are asked to develop and implement action plans which will

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enable the direction of travel outlined in the Strategic Plan to be realised with a particular emphasis on all services taking action to address Health Inequalities in all its manifestations. East Lothian Council and NHS Lothian are also asked to fully engage in the development of approaches to realise the ambition of much stronger locality working, maintaining a focus on services to older people.

The East Lothian Integration Joint Board (IJB) must ensure that mechanisms are in place to action the Strategic Plan through its binding Directions to one or both of NHS Lothian and East Lothian Council and through action arising from the Directions. For 2019/20, the Directions have been amended to include clear information for partners regarding oversight of IJB Directions. A central component will be reports and updated progress against the associated IJB Delivery Plan which maps Directions against the existing Change Board structure. Actions and progress against the IJB Delivery Plan requires support and action by East Lothian Council and NHS Lothian as partners.

Addressing inequalities - There are significant pockets of poverty across East Lothian. Although there is more deprivation in the west of the county, 50% of people experiencing poor health do not live in the most deprived areas¹. Also, there is evidence that being part of a specific group, including those with 'protected characteristics' under equalities legislation, for example people with disabilities, minority ethnic groups and the LGBT community can increase the likelihood of poor life chances.

East Lothian IJB will consider the impact of its policies and services on health inequalities and wider social inequalities by continuing to:

- Provide universal services which are proportionate to needs and complement these with flexible, targeted specialised services as required (e.g. for those who are most vulnerable and/or have the highest needs)
- Improve accessibility of services
- Take a person-centred, needs-driven approach to planning, delivery and evaluation of services
- Develop policies and approaches which consider the impacts upon wider determinants of health and wellbeing (income, employment, housing, transport, community resources, natural and built environments etc)
- Avoid price barriers to accessing services wherever possible and minimise price barriers where they are unavoidable
- Increase preventative and community-based resources.

¹ As defined by the Scottish Index of Multiple Deprivation

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User Involvement - All partners are required to fully involve service users, carers and other stakeholders in the development and delivery of services in support of all relevant Directions. The IJB remains fully committed to the principle (and practice) of user involvement in both the on-going delivery of services and as a key part of the transformational process and planning for service change.

2. Financial Context

The financial resource allocated to each delegated function in a direction is a matter for the Integration Joint Board to determine. East Lothian IJB is constituted under Local Government regulations and as such, under the Local Government in Scotland Act 2003, has a duty to make arrangements to secure best value. It remains the expectation of the IJB that NHS Lothian and East Lothian Council will deliver the functions as directed in the spirit of this obligation.

The financial values ('budgets') associated with the Directions are based on the East Lothian IJB budget offers by NHS Lothian and East Lothian Council for the 2019/20 year. The current budget estimates are set out in table 1 below. East Lothian IJB will not sanction expenditure in excess of these amounts without further discussion and agreement.

The financial position for 2019/20 will be challenging, with both NHS Lothian and East Lothian Council continuing to face major financial pressures. It is recognised that the initial proposals on allocation of the Set Aside and Hosted Services budgets for 2019/20 will require more detailed work to ensure parity but also to take account of significant differences in need and in the availability of local resources. A key direction of travel remains to disinvest in institutional care, including bed-based hospital care and care homes for older people.

The IJB is required to deliver financial balance in each and every year and to financially plan to deliver recurrent balance. Achieving a firm financial footing is critical to the success of the IJB and its Strategic Plan and to its ability to drive system-wide reforms. Central to this is the need to ensure that the IJB creates financial headroom to ensure it can maintain financial resilience. NHS Lothian and East Lothian Council are therefore required to share information on financial performance of delegated functions to allow the IJB to gain assurance that said functions are currently being delivered sustainably within approved resources and that the anticipated budgets will be sufficient for the IJB to carry out its integration functions.

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Table 1

East Lothian IJB budget for Directions 2019/20

£k

156,537

19-20

Direction

Core	Community AHPS	3,769	D01
	Community Hospitals	10,638	D01, (D01h), D12, D13, D15
	Complex Care	178	D01
	District Nursing	2,398	D01
	GMS	15,282	D10
	Health Visiting	1,750	D01
	Mental Health	5,378	D15
	Other	5,533	D01 , D10
	Prescribing	20,470	D01
Resource Transfer	3,226	D02	
Social Care	Learning Disability	15,508	D17
	Mental Health	1,592	D15
	Older People	25,535	D02 (D02f), D12
	Physical Disability	4,274	D18
	Performance & Planning	2,794	D02
	Other	3,574	D02, D14, D16, D18
	Statutory Protection	203	D16
Hosted	AHPs	1,446	D04

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	Complex Care Nursing	147	D04
	Hospices	498	D04, D11d
	Learning Disabilities	1,644	D04, D18
	Lothian Unsched. Care Serv.	1,426	D04
	Mental Health	2,230	D15
	Oral Health Services	2,039	D04
	Other	950	D04
	Psychology Service	800	D04
	Rehabilitation Medicine	557	D04
	Sexual Health	752	D04
	Substance Misuse	502	D15
	UNPAC	788	D04
Set Aside	A & E (outpatients)	2,145	D11
	Cardiology	1,000	D11
	Diabetes	418	D11, D13b
	Gastroenterology	671	D11
	General Medicine	6,138	D11
	Geriatric Medicine	2,998	D11
	Infectious Disease	470	D11
	Junior Medical	2,979	D11
	Management	599	D11
	Outpatients	62	D13b
	Rehabilitation Medicine	483	D11
	Respiratory Medicine	1,172	D11
	Therapies	1,524	D11e
Total Budget		156,537	

3. Growth in demand



The IJB has examined a number of factors to estimate anticipated growth including population and non-demographic growth, estimated looking at historical trends and extrapolated. Our plans acknowledge rising year-on-year activity and growth demand. In monitoring directions, the IJB will continue to undertake further analysis of the assumptions applied as they develop including:

- Whether the total budget and activity aligned to each programme is realistic and achievable
- Whether the split of budget and activity assumed for individual programmes is sensible
- Further examination of thresholds and any assumed increases or reductions.

As a fundamental principle, there should be neither disinvestment nor further investment in delegated functions without being subject to full discussion and agreement with East Lothian IJB.

4. Compliance and Performance Monitoring

To ensure the East Lothian IJB fulfils its key strategic planning and scrutiny functions, and delivers on the priority areas of its Strategic Plan, monitoring of our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB. The 2019/20 Directions clarify responsibility and accountability for each Direction to ensure delivery is in line with decision-making.

Directions have been mapped against IJB delegated functions (Appendix 1) and included in the associated IJB Delivery Plan which has been developed in collaboration with Change boards to ensure ongoing progress. Progress against Directions and the associated IJB Delivery Plan will be reported annually to the IJB.

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An IJB Performance Framework is also in development to reflect ongoing performance management, monitoring and assurance processes that are in place. NHS Lothian and East Lothian Council will continue to provide performance information for relevant services on a regular basis through the year.

In addition to the specific commitments set out in East Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian will provide the Integration Joint Board with any information which the Integration Joint Board may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

For each service which the IJB issues Directions for, NHS Lothian and East Lothian Council will, as appropriate through its officers, provide an regular report on a six-monthly basis throughout the financial year 2019/20 on how it:

- Assesses the quality of services it provides on behalf of the IJB
- Ensures the regular evaluation of those services as part of an integrated cycle of service improvement.

NHS Lothian is expected to provide performance monitoring data in line with the Ministerial Strategic Group (MSG) and Core Integration Dataset, Local Delivery Plan (LDP) Standards and other relevant indicators.

East Lothian Council is expected to provide performance monitoring data in line with Local Government Benchmarking Framework and other relevant indicators.

In addition, for each service which the IJB issues Directions for, NHS Lothian and East Lothian Council will, as appropriate through its officers, provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the Integration Joint Board to NHS Lothian in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.

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The IJB also directs NHS Lothian to provide costed activity analysis for all delegated functions as they pertain to the East Lothian population.

5. NHS Lothian Acute Hospitals Plan

The key objective of integration, to shift the balance of care from hospital and care home provision to community provision requires careful planning with the acute sector in collaboration with the other three IJBs in Lothian. As plans are developed the IJB will require a better understanding of East Lothian's current and expected use of all set-aside resources (beds and outpatient facilities). Following this, new or updated Directions may be issued in-year to initiate necessary changes. This approach will aim to maintain the stability of service delivery as NHS Lothian, the acute hospital service and partners work together on the finalisation and implementation of the Hospital Plan.

6. NHS Hosted Services

Progress has been made in identifying opportunities for integrated management arrangements to locally deliver some services such as substance misuse. For those services, which, because of economies of scale, such an approach is not considered viable, arrangements will be developed which strengthen a whole system approach within East Lothian. As arrangements develop, further Directions will be issued as appropriate. In the meantime, NHS Lothian Hosted Services are asked to take account of the general direction of travel described in the Strategic Plan.

7. Fully Collaborative Working

East Lothian Integration Joint Board's Strategic Plan and aligned financial plan acknowledge the need to plan collaboratively on a prudent and realistic basis; this recognises the importance of maintaining current joint planning and risk sharing strategies across Lothian. During 2019-20, East Lothian IJB will seek to increase collaborative working with all partners (including the other Lothian IJBs) to deliver Directions, to increase efficiency and to improve performance. It should be noted that the IJB is also keen to work collaboratively with all partners (not just the statutory partners) locally, regionally and across Scotland as and when the opportunity arises.



8. IJB Directions 2019-20

The 2019-20 Directions have been developed with input from a variety of stakeholders including engagement across Change Boards and Reference Groups, and are informed by the Directions Review undertaken with partners to ensure Directions are relevant and accurately reflect IJB priorities.

Continuing New

Directions					Budget (Total: £156,537K)
Directions to NHS Lothian on Delegated Community Health Services					Budget: 32,725K
No.	Title	Direction	Related Function	Link	Oversight
D01h	New Hospital	NHS Lothian to improve the range of locally, easily accessible secondary care services including a relevant range of outpatient and treatment services by finalising delivery of the new East Lothian Community Hospital. (revised)	Inpatient hospital services		Upon completion of the hospital a final report will be submitted to the SPG.
Direction to East Lothian Council on Delegated Adult Social Care Services					Budget: 34,732K
No.	Title	Direction	Related Function	Link	Oversight
D02f	Health and Housing and Social Care Group	East Lothian Council to better meet people's housing and social care needs through facilitation of the housing and health and social care planning interface group. The group will deliver the key actions and priorities from the 2019-22 Strategic Plan's Housing Contribution Statement, needs assessment and reprovion plans. (revised)	Services and support for adults with Physical disabilities and learning disabilities Social work services for adults and older people Aspects of housing support, including aids and adaptations		The Housing and Social Care Group will report yearly progress against the Housing Contribution statement to the SPG.

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No.	Title	Direction	Related Function	Link	Oversight
D02i	Young Adults with Complex Needs	NHS Lothian and East Lothian Council to transform community supports for younger adults with complex needs, including a comprehensive evidence based needs assessment and completing the review of all remaining commissioned third sector community provided services.	Social work services for adults and older people Services and support for adults with physical disabilities and learning disabilities		Progress will be monitored through the Adults with Complex Needs Change Board. A final review will be presented to the IJB with recommendations.
D02j	Transitions for Young People into Adult Services	East Lothian Council to support joint working with East Lothian Health and Social Care Partnership and other relevant partners to improve outcomes for young people with additional support needs transitioning into Adult Health and Social Care services, including establishment of robust planning, policy and protocol. East Lothian Council to ensure ELHSCP has the opportunity to contribute to any relevant needs assessment or review of services for young people with complex needs transitioning into adult services. (NEW Direction)	Social work services for adults and older people Services and support for adults with physical disabilities and learning disabilities		Progress will be monitored through the Adults with Complex Needs Change Board. Policies and protocols will be agreed by the IJB. A report of young person and carer's experience regarding the transition progress will be submitted. The number of young people receiving multi-agency transition planning will be monitored and reported against the end-of-year Delivery Plan.
D02k	Mental Health Officer	East Lothian Council to ensure delivery of a rights based approach for patients subject to the Mental Health Act 2003 through timely access to a Mental Health Officer to help safeguard patients rights' and fulfil statutory duties, including assessment, providing information and advising on individual's rights and choices. (NEW Direction)	Mental health services		Delivery of a sustainable MHO model will be monitored locally through the Mental Health and Substance Misuse Change Board. Improvements will be measured against existing MHO targets reported to SPG

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Direction to NHS Lothian on Hosted Services					Budget: 9,284K
No.	Title	Direction	Related Function	Link	Oversight
D04b	Phase 2 Royal Edinburgh	NHS Lothian to improve in-patient experience for East Lothian residents and ensure East Lothian HSCP has appropriate influence in development, decision-making and approval of a business case for phase 2 of the Royal Edinburgh Hospital Campus. The redevelopment should be based on the East Lothian bed numbers agreed by the IJB in April 2018. NHS Lothian to bring the business case to the IJB for agreement on bed numbers and financial model. (revised)	Mental health services provided in a hospital		A business case will be taken to the IJB for approval by December 2020, with regular progress provided to IJB through the End-of-year report against the Delivery Plan.
D04c	Guide Communicator Service	NHS Lothian to ensure people in East Lothian with dual sensory impairment have appropriate access to the guide communicator service to improve their access to health services, and improve awareness of the service across third sector and health providers. (NEW Direction)	Services and support for adults with Physical disabilities and learning disabilities Community learning disability services		No. of people supported by the guide communicator will be reported annually in IJB Delivery Plan progress report.
D04d	Phase 3 Royal Edinburgh	NHS Lothian to ensure better care for physical health needs of East Lothian in-patients at the Royal Edinburgh Hospital campus by proceeding with the development of the business case for Phase 3 and the planning and delivery of integrated rehabilitation services. NHS Lothian to ensure East Lothian HSCP is involved in development, decision-making and approval of the business case. (NEW Direction)	Mental health services provided in a hospital		Final completion of Phase 3 by 2020, with regular progress provided to IJB through the End-of-year reports against the IJB Delivery Plan.

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Directions to NHS Lothian on Primary Care					Budget: 17,922K
No.	Title	Direction	Related Function	Link	Oversight
D10b	Cluster Work	NHS Lothian to allocate to East Lothian Health and Social Care Partnership its proportionate share of all funds allocated for the development and support of GP Quality Clusters in order to support further development of quality improvement activities in general practice and to meet the Cluster National Guidance. (revised)	Primary Medical Services and General Medical Services	https://www.sehd.scot.nhs.uk/pc/a/PCA2019(M)08.pdf	GP Clusters will report progress into the Primary Care Change Board. Progress against Direction will be included end of year Delivery Plan progress report.
D10d	Primary Care Improvement Plan	NHS Lothian to implement the Primary Care Improvement Plan for East Lothian covering all delivery arrangements for all aspects of the new GMS Contract. (revised)	Primary Medical Services and General Medical Services		Progress against the Primary Care Improvement Plan (PCIP) will be monitored through existing reporting to Scottish Government, with annual updates to be approved by the IJB and GP Subcommittee. Regular progress will be provided to IJB Delivery Plan End-of-year reports.
D10j	Primary Care Premises and Infrastructure	NHS Lothian to ensure sustainable premises and infrastructure, including timely implementation of eHealth solutions, for Primary Care to support future delivery of the Primary Care Improvement Plan (NEW Direction)	Primary Medical Services and General Medical Services		<p>Number of sustainability loans and support for premises will be monitored through existing PCIP reporting to Scottish Government, with annual updates to be approved by the IJB and GP Subcommittee.</p> <p>NHS Lothian to provide a report to IJB regarding results of premises audit. Progress against eHealth requirements will be reported to Primary Care Change Board and included in IJB Delivery Plan End-of-year report.</p>

East Lothian Health & Social Care Partnership



No.	Title	Direction	Related Function	Link	Oversight
D10k	Transport	East Lothian Council and its Transport Department to work with NHS Lothian, East Lothian HSCP and the 3 rd Sector to design and provide flexible and responsive transport arrangements (based on improved public transport and dedicated patient transport) to enable patients to attend clinics and to receive treatment and care in the East Lothian Community Hospital, in the East Lothian Community Treatment and Care Service (CTACS) and the planned Elective Centre in St John's Hospital in Livingstone. (New Direction)	Inpatient hospital services Primary Medical Services and General Medical Services	Elective Centres Primary Care Improvement Plan	Ongoing progress will be overseen by Primary Care Change Board and reported in the End-of-year Delivery Plan progress report.

Directions to NHS Lothian and ELC on Reducing Use of Acute Services and Increasing Community Provision					Budget: 20,597K
No.	Title	Direction	Related Function	Link	Oversight
D11a	Emergency Admissions	NHS Lothian and its acute services to work with officers of the East Lothian Health and Social Care Partnership and other HSCPs to review the provision of emergency assessment services in Lothian, with a view to streamlining this provision. (revised)	Accident and Emergency services provided in a hospital		Progress will be monitored through the Shifting the Balance of Care Change Board and included in IJB Delivery Plan End-of-year report. MSG performance reports highlighting trends in Emergency Admissions against our identified targets will be provided for IJB Business meetings.

East Lothian Health & Social Care Partnership



No.	Title	Direction	Related Function	Link	Oversight
D11b	Occupied Bed Days	NHS Lothian to reduce the length of stay for all patients admitted following unscheduled admission. This is to be achieved by a reduction in delayed discharges, avoidable admission and inappropriately long stays in acute hospital and through the development of locally available community services and facilities (continuing)	Inpatient hospital services		<p>Progress will be monitored through the Shifting the Balance of Care Change Board and included in IJB Delivery Plan End-of-year report.</p> <p>MSG performance reports highlighting local trends against our identified targets for Occupied Bed Days will be provided for IJB Business meetings.</p>
D11c	Delayed Discharge	NHS Lothian to delegate to the IJB the agreed budget for the Delayed Discharge Fund and working with East Lothian Council to continue to make progress towards delivery of delayed discharge targets and a reduction in occupied bed days, through the provision of alternatives to inpatient care. (continuing)	Inpatient hospital services		<p>Progress will be monitored through the Shifting the Balance of Care Change Board and included in IJB Delivery Plan End-of-year report.</p> <p>MSG performance reports highlighting local trends for Delayed Discharge against our local MSG targets will be provided for IJB Business meetings.</p>
D11d	Palliative Care	NHS Lothian to work with the MCN for Palliative Care, hospital, community and third sector palliative care services to provide specialist assessment of patients in their own homes, care homes or community hospitals to maximise the delivery of patient-centred end of life care at home or in a homely setting. (continuing)	Palliative care services		<p>Progress will be monitored through the Shifting the Balance of Care Change Board and included in IJB Delivery Plan End-of-year report.</p> <p>MSG performance reports will be provided for IJB Business meetings.</p>

East Lothian Health & Social Care Partnership



No.	Title	Direction	Related Function	Link	Oversight
D11e	AHP Resource	NHS Lothian to provide information on the numbers of AHPs and associated resources in acute settings and to work with East Lothian HSCP to plan for the redeployment of appropriate numbers of these AHPs and associated resources to community settings to avoid admission and to support discharge of East Lothian residents (continuing)	Occupational therapy services		Agreed transfers of AHP resource will commence in early 2020 overseen by East Lothian's Rehabilitation and Access Manager, and progress reported in IJB Delivery Plan End-of-year report.

Direction to NHS Lothian and East Lothian Council on Shifting the Balance of Care for Care Groups					Budget: 8,616K
No.	Title	Direction	Related Function	Link	Oversight
D12a	Hospital to Home and Home Care Services Review	NHS Lothian and East Lothian Council to simplify and speed up the process for assessing and acting on an individual client's needs for care at home by completing a review of Hospital to Home and Home Care Services, including development of more effective protocols for assessment process. (Continuing)	District nursing services Community care assessment teams		Progress will be monitored regularly through the Shifting the Balance of Care Change Board. End-of-year report IJB Delivery Plan target, will include: Reductions in average No. of days client waits for assessment. Reduced No. of days awaiting care following assessment Increased % of clients reviewed every 3 months.
D12c	Day Services Review	East Lothian Council improve access to and quality of day services across the county while delivering service efficiencies through completion and implementation of the strategy for day services for older people. (continuing)	Day services		A completed Review report will be submitted to the IJB by January 2020.

East Lothian Health & Social Care Partnership



No.	Title	Direction	Related Function	Link	Oversight
D12d	Transforming Care for Older People	NHS Lothian and East Lothian Council to transform services for older people in East Lothian through working in collaboration with HUB Southeast approach to agree future of Eskgreen and Abbey Care Homes and Edington and Belhaven Hospitals and to deliver on the recommendations of the Housing with Care report. (revised)	Services provided outwith a hospital in relation to geriatric medicine		Project plan finalised and agreed in August 2019. Initial agreement to be presented to IJB via SPG.
D12g	Adults with Complex Needs Review	NHS Lothian and East Lothian Council to support the IJB priority to transform community supports for adults with complex needs through the development of a transformation programme involving full engagement and consultation with appropriate parties. (revised)	Services and support for adults with physical disabilities and learning disabilities Mental health services		Progress will be monitored by the Adults with Complex Needs Review and a full report with recommendations presented to IJB.
D12j	Extra Care Housing Implementation	East Lothian Council Housing and Officers of East Lothian Health & Social Care Partnership to: Maximise independent living <ul style="list-style-type: none"> • Provide specific interventions according to the needs of the service user • Provide a clear care pathway which connects services Contribute to preventing unnecessary hospital admission through implementation of recommendations from the extra care housing review (NEW Direction – replaces D12b)	Aspects of housing support, including aids and adaptations		Progress will be monitored through Planning and Performance, and in the End-of-year IJB Delivery Plan.

East Lothian Health & Social Care Partnership



No.	Title	Direction	Related Function	Link	Oversight
D12k	Mental Health Repatriation	NHS Lothian to ensure East Lothian residents receive care closer to home through repatriation of mental health beds from Midlothian community hospital to the East Lothian Community Hospital. (NEW Direction)	Inpatient hospital services		Agreed transfers of AHP resource will commence in early 2020 overseen by East Lothian's Group Services Manager (Mental Health), with progress reported against IJB Delivery Plan including: Increased % of Midlothian beds released.

Direction to NHS Lothian to Support Delivery of Modern Outpatients Recommendations					Budget: 787K
No.	Title	Direction	Related Function	Link	Oversight
D13b	Diabetes Services	NHS Lothian to work with East Lothian HSCP to ensure patients in East Lothian access a high quality Primary Care service closer to home by agreeing a new way of delivering Diabetes services, with a focus on community based services. (revised)	District nursing services		Completion of a fully costed plan will be approved by Primary Care Change Board by January 2020, with implementation monitored through Primary Care Change Board and IJB Delivery Plan End-of-year report.

Direction to NHS Lothian and East Lothian Council on Support to Carers					Budget: 397K
No.	Title	Direction	Related Function	Link	Oversight
D14a	Carer's Strategy Implementation	NHS Lothian and East Lothian Council to ensure Carers in East Lothian are identified, informed and supported to maintain their health and well-being in line with the East Lothian Carers' Strategy, working with East Lothian Health and Social Care Partnership, third sector and other partners. (revised)	Carers support services		Implementation progress monitored through Carers Change board. A baseline for the number of carers known to ELHSCP and other carer organisations will be established by September. 2019. Changes monitored through annual national reporting and IJB Delivery Plan End-of-year report.

East Lothian Health & Social Care Partnership



No.	Title	Direction	Related Function	Link	Oversight
D14c	SDS Implementation	NHS Lothian and East Lothian Council to deliver a rights based approach to support people to make choices about their care and finalise the development of an outcomes framework to monitor implementation of SDS, including client satisfaction and taking into account recommendations from SDS Audit. (NEW Direction)	Social work services for adults and older people Community care assessment teams Respite provision		An SDS Outcomes and Development Framework will be completed by March 2020.

Directions to East Lothian Council and NHS Lothian on Drug and Alcohol Services and Mental Health					Budget: 9,702K
No.	Title	Direction	Related Function	Link	Oversight
D15c	Mental Health Triage	NHS Lothian and East Lothian Council to improve access to mental health services, including reduction in how long people wait to access services and develop clearer referral pathways to access specialist support. (revised)	Mental health services		Progress monitored through Mental Health and Substance Misuse Change board. Service model in place by April 2020, with an agreed plan for monitoring service performance and service targets in place.
D15g	Primary Care Assertive Outreach	NHS Lothian to evaluate assertive outreach in primary care and ensure access to dedicated mental health and substance misuse professionals in community settings to maximise opportunities for treatment and recovery and improve the service offer across East Lothian. (revised)	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.		Progress monitored through the Mental Health and Substance Misuse Paper. Evaluation report to be submitted to MH/SM Change Board and Primary Care Change Board.

East Lothian Health & Social Care Partnership



No.	Title	Direction	Related Function	Link	Oversight
D15h	Mental Health Action Plan Implementation	NHS Lothian and East Lothian Council to improve outcomes in relation to mental and emotional health and well-being for people in East Lothian through establishment and delivery of the East Lothian Mental Health Action Plan, including development of community based preventative and early intervention services, crisis support and longer term recovery in line with the Scottish National Mental Health Strategy. (NEW Direction)	Mental health services		<p>Mental Health Action plan agreed by 2020 at IJB. Continued reporting of National targets will be carried out through NHSL and reported via IJB Delivery Plan End-of-year report.</p> <p>including:</p> <ul style="list-style-type: none"> percentage of people accessing therapy within 18 weeks from point of referral, and Reduced Third Sector waiting times <p>Local oversight provided by Mental Health and Substance Misuse Change Board, including local embedding of quality indicators.</p>
D15i	Mental Health Housing Review	NHS Lothian and East Lothian Council to improve and enable recovery of people experiencing poor mental health through development and delivery of community based housing with access to appropriate support, review of Cameron Cottage and alternative models of service provision. (NEW Direction)	Mental health services		<p>Agreement of service specification and business plan for new service to be commissioned by October 2020 and progress reported via IJB Delivery Plan End-of-year report.</p>

East Lothian Health & Social Care Partnership



No.	Title	Direction	Related Function	Link	Oversight
D15j	Post Diagnostic Dementia Support	<p>NHS Lothian and East Lothian Council to improve care for people with dementia and their families, including:</p> <ul style="list-style-type: none"> • delivery of the 5 pillar model of support to people diagnosed with dementia, and • implementation of the Scottish Government ambition 'Transforming Specialist Dementia Hospital Care' through the transfer of resource to develop local dementia specialist care. <p>(NEW Direction)</p>	Mental health services		<p>Progress will be overseen locally within the Mental Health and Substance Misuse Change Board. Reporting against National LDP Standards will continue at Board Level, and IJB Delivery Plan End-of-year report including:</p> <ul style="list-style-type: none"> • increased percentage of people referred for post-diagnostic support • increased percentage of people who received a minimum of one year's support and delivery of the 5 pillar model
D15k	Centralised Alcohol Services Review	<p>East Lothian Council and NHS Lothian to improve access to alcohol services through supporting East Lothian Health & Social Care Partnership to review and assess alternative local delivery of centralised alcohol services</p> <p>(NEW Direction)</p>	Services provided in a hospital in relation to an addiction or dependence on any substance		Options appraisal to be completed by April 2020 regarding local alternative service models and presented to Mental Health and Substance Misuse Change Board and in turn to the SPG.
D15l	Psychological Services Delegation	<p>NHS Lothian to ensure East Lothian residents can access local provision of psychology services through the delegation of psychology services to East Lothian HSCP.</p> <p>(NEW Direction)</p>	Mental health services		Increased amount of funding or resource delegated to be identified by April 2020 and reported to East Lothian via IJB Delivery Plan progress report.

East Lothian Health & Social Care Partnership



No.	Title	Direction	Related Function	Link	Oversight
D15m	Substance Misuse Services	East Lothian Council and NHS Lothian to tackle inequalities through the delivery of the Local Substance Misuse Plan and to improve access to Substance Misuse Services for people in East Lothian. This includes supporting East Lothian HSCP to ensure robust management and oversight of the Local Substance Misuse plan. (NEW Direction)	Drug and alcohol services		Percentage of people accessing substance misuse services within 3 weeks will be monitored through MELDAP and continue to be reported nationally through NHS Lothian. Progress against the Local Delivery Plan will be monitored through the Mental Health/Substance Misuse Change Board and reported through the IJB Delivery Plan End-of-year report.

Direction to NHS Lothian and East Lothian Council on Community Justice					Budget: 203K
No.	Title	Direction	Related Function	Link	Oversight
D16a	Community Justice Partnership	ELHSCP to work with Community Justice Partnership to: <ul style="list-style-type: none"> • Improve understanding of community justice • Ensure Strategic planning and partnership working • Offer equitable access to services • Develop Evidence based interventions (revised) 	Criminal Justice Social Work services including youth justice		Ongoing oversight and monitoring of the Local Outcome Improvement Plan will be held by the Community Justice Partnership. ELHSCP will identify a representative for the Community Justice Partnership by November 2020. Progress in the three identified workstreams will be reported through the IJB Delivery Plan End-of-year report.

East Lothian Health & Social Care Partnership



Direction to NHS Lothian and East Lothian Council on Adults with Complex Needs					Budget: 21,573K
No.	Title	Direction	Related Function	Link	Oversight
D18a	Learning Disability Housing Strategy Implementation	East Lothian Council to maximise independent living for people with a Learning Disability and people with physical disability and/or sensory impairment, ensuring more efficient use of night time support to reduce dependency on out of area placements and reducing the exposure to stand alone single tenancies; and more options in relation to housing models with support through developing core and cluster housing and implementation of housing strategy actions. (NEW Direction)	Community learning disability services Aspects of housing support, including aids and adaptations		System for monitoring and relevant polices should be developed by March 2020, with oversight provided by Adults with Complex Needs Change Board and progress reported in IJB Delivery Plan End-of-year report.
D18b	Learning Disability Action Plan	East Lothian Council and NHS Lothian to better understand and meet the needs of the people with Learning Disabilities through: <ul style="list-style-type: none"> establishment and implementation of local Learning Disability action plan in line with 'The Keys to Life', improved access to the Forensic Learning Disability Service so that people with a learning disability in East Lothian with a specific health care need can access relevant services within agreed timescales. forecasting needs of the old age population of people with learning disabilities and increasing access resources as appropriate to meet their needs. (NEW Direction)	Community learning disability services Services and support for adults with physical disabilities and learning disabilities		LD Forensic Service model agreed and implemented by January 2020. LD Action Plan and needs assessment completed and approved by IJB by January 2020, with progress monitored regularly through the Adults with Complex Needs Change board and IJB Delivery Plan End-of-year report.

East Lothian Health & Social Care Partnership



No.	Title	Direction	Related Function	Link	Oversight
D18c	Fairer Scotland Action Plan	East Lothian Council to help tackle poverty, reduce inequality and to contribute to building a fairer and more inclusive Scotland through production and delivery of a local implementation plan for the Fairer Scotland Action Plan. This work must provide greater opportunities to participate in local consultations and ongoing monitoring of hate crimes against people with disabilities. (NEW Direction)	Community learning disability services Services and support for adults with physical disabilities and learning disabilities		Disability hate crimes will be monitored and reported via Public Protection report quarterly from December 2019. ELC consultations will be reviewed for accessibility by December 2019 to ensure they are in line with National Community Engagement Standards. Oversight will be provided by the Adults with Complex Needs Change Board and progress reported through the IJB End-of-year report.
D18d	Shared Lives Service Implementation	East Lothian Council to ensure people eligible for the Shared Lives service will be supported to develop relationships and share family and community life through further development and expansion of the Shared Lives service as an alternative to residential and other forms of care. (NEW Direction)	Community learning disability services Services and support for adults with physical disabilities and learning disabilities Respite provision		Number of people receiving Shared Lives service will be reported through the IJB Delivery Plan End-of-year report and ongoing oversight of development provided by the Adults with Complex Needs Change Board.
D18e	Accessible Social Work assessment	NHS Lothian and East Lothian Council to ensure people in East Lothian with sensory impairment have appropriate access to social work assessment and associated service that accommodates communication and equipment requirements.(NEW Direction)	Social work services for adults and older people		Progress will be monitored through Adults with Complex Needs change board



Appendix 1. The functions listed in Part 1 of Annex 1

1. Accident and Emergency services provided in a hospital.
2. Inpatient hospital services relating to the following branches of medicine—
 - (a) general medicine;
 - (b) geriatric medicine;
 - (c) rehabilitation medicine;
 - (d) respiratory medicine; and
 - (e) psychiatry of learning disability.
3. Palliative care services provided in a hospital.
4. Inpatient hospital services provided by General Medical Practitioners.
5. Services provided in a hospital in relation to an addiction or dependence on any substance.
6. Mental health services provided in a hospital, except secure forensic mental health services.
7. District nursing services.
8. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
9. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
10. The public dental service.
11. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978().
12. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978().
13. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978().
14. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978().
15. Services providing primary medical services to patients during the out-of-hours period.
16. Services provided outwith a hospital in relation to geriatric medicine.
17. Palliative care services provided outwith a hospital.
18. Community learning disability services.
19. Mental health services provided outwith a hospital.



20. Continence services provided outwith a hospital.
21. Kidney dialysis services provided outwith a hospital.
22. Services provided by health professionals that aim to promote public health.

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

- 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

East Lothian Integration Joint Board



Annual Delivery Plan 2019/20

The East Lothian Integration Joint Board approved its 2019-2022 Strategic Plan on the 28th March 2019. This set out the following priority areas:

- deliver the Primary Care Strategy/new GP Contract Implementation Plan
- development and delivery of the Financial Plan for 2018-19 and beyond
- work in collaboration to agree future of Eskgreen and Abbey Care Homes and Edington and Belhaven Hospitals to deliver on the recommendations of the Housing with Care report
- review Community Services for adults with complex needs to develop a transformation programme
- review services for adults with mental health and substance misuse issue
- implement the Carers Strategy

A number of Golden Threads were also identified and must be taken into account as the Change Boards progress their work.

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

Delivering Our Strategic Priorities

The strategic planning structure includes six Change Boards which will support delivery of the priority areas as identified in the Integration Joint Board (IJB) Strategic Plan 2019-22 as well as performance against the Ministerial Strategic Group (MSG) and other relevant targets.

The Delivery Plan was developed and agreed in partnership with Change Boards. In developing the Delivery Plan it is important to acknowledge that each Change Board is at different stages in agreeing priorities, establishing terms of operation and supporting delivery of key targets.

Key actions for 2019-20 are mapped out according to each Change Board's area of work against relevant IJB Directions as well as local Key Performance Indicators (KPIs). The Delivery Plan provides a framework for commissioning both internally and externally delivered health and social care services.

There are many areas that will cross over a number of Change Boards. For example, Self-Directed Support is of interest across a number of Change Boards, but is overseen by the Carers Change Board. Community Justice continues to be a Golden Thread which will be overseen primarily by the Community Justice Partnership, while still connecting with relevant work carried out by the Mental Health and Substance Misuse Change Board.

The Delivery Plan provides a framework for Change Boards to work collaboratively with partners to ensure ongoing progress against Directions. Directions will continue to be a vehicle for delivering transformational work across the Strategic Priority Areas and will be developed and monitored for attainment in discussion with our East Lothian Council and NHS Lothian partners.

Key Actions and Outcomes by Priority Area

Primary Care Change Board

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Develop collaborative working with Cluster Leads and HSCP.	Cluster workplan agreed with PCCB	January 2020	D10b NHS Lothian to allocate to East Lothian Health and Social Care Partnership its proportionate share of all funds allocated for the development and support of GP Quality Clusters in order to support further development of quality improvement activities in general practice and to meet the Cluster National Guidance.	People in East Lothian have access to high quality primary care.
Roll out of CTACS pilot	Increased % population accessing Community Treatment and Care Services	January 2020	D10d NHS Lothian to implement the Primary Care Improvement Plan for East Lothian covering all delivery arrangements for all aspects of the new GMS Contract. (Updated)	People in East Lothian have increased access to the right care at the right place and the right time.
Extend multi-disciplinary models of care.	Increased % population with Mental Health / MSK	November 2019		Primary Care provision is delivered equitably across East Lothian, taking into account needs, including inequalities.

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Extend pharmacotherapy provision to all practices. Develop Link Worker Model for roll out in 2020.	Increased % of practices benefiting from support of pharmacist/ Technician Completed Link Worker Service Specification and Strategy	Apr 2021 April 2020	D10d NHS Lothian to implement the Primary Care Improvement Plan for East Lothian covering all delivery arrangements for all aspects of the new GMS Contract. (Updated)	GPs experience reduced workload and receive more multi-disciplinary support Links Workers support available to patients within the 15 East Lothian practices
NHS Lothian to complete strategic assessments and support practices to ensure sustainable premises.	No. Completed strategic assessments Premises audit completed No. of sustainability loans provided. No. of practices supported with refurbishment	December 2019 January 2020 April 2020 April 2020	D10i NHS Lothian to ensure sustainable premises and infrastructure, including timely implementation of eHealth solutions, for Primary Care to support future delivery of the Primary Care Improvement Plan (NEW Direction)	Primary Care has fit for purpose technology to ensure it is more integrated and better coordinated with community and secondary care.

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Develop eHealth and infrastructure to support primary care services.	eHealth infrastructure agreed and in place Process established for IT review	September 2020	D10i NHS Lothian to ensure sustainable premises and infrastructure, including timely implementation of eHealth solutions, for Primary Care to support future delivery of the Primary Care Improvement Plan (NEW Direction)	Primary Care has fit for purpose technology to ensure it is more integrated and better coordinated with community and secondary care.
Hold Transport workshop to inform Integrated Impact Assessments Ensure GP transport support reflects PCIP	Completed Integrated Impact Assessments Updated service specification	November 2019 March 2020 March 2020	D10k East Lothian Council and its Transport Department to work with NHS Lothian, East Lothian HSCP and the 3 rd Sector to design and provide flexible and responsive transport arrangements (based on improved public transport and dedicated patient transport) to enable patients to attend clinics and to receive treatment and care in the East Lothian Community Hospital, CTACs and the planned Elective Centre in St John's Hospital in Livingstone. (New Direction)	Transportation options support delivery of Primary Care services

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Develop diabetes services in primary care	Completion of fully costed service transformation plan	January 2020	D13b - NHS Lothian to work with East Lothian HSCP to ensure patients in East Lothian access a high quality Primary Care service closer to home by agreeing a new way of delivering Diabetes services, with a focus on community based services. (Revised)	Agreed process for the transfer of patients to ensure they receive the highest level of diabetes care in the correct setting for their needs.

Carers Change Board

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Identify carers locally and develop clear referral pathways to carer support services.	Establish baseline for No. of carers known to ELHSCP and carer organisations	Establish a baseline by end of August 2019	D14a NHS Lothian and East Lothian Council to ensure Carers in East Lothian are identified, informed and supported to maintain their health and well-being in line with the East Lothian Carers' Strategy, working with East Lothian Health and Social Care Partnership, third sector and other partners.	Carers in East Lothian are recognised, identified and have greater access to appropriate information and feel supported.
Ensure appropriate information and advice is available from a variety of sources.	Establish No. of Carers receiving support as identified in the Cared for person's support plan (TBC) Increase in No. of individual carer budgets	Baseline established by December 2019 dependent on Mosaic capability Reported six-monthly in line with Census		Adult, Young Adult and Young Carers are identified and can access support.

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Roll out Adult Carer Support Plans and Young Carer Support Plans	Increase in No. of Adult Carer Support Plans and Young Carer Support plans completed	Reported six-monthly in line with Census	D14a NHS Lothian and East Lothian Council to ensure Carers in East Lothian are identified, informed and supported to maintain their health and well-being in line with the East Lothian Carers' Strategy, working with East Lothian Health and Social Care Partnership, third sector and other partners.	<p>Carers in East Lothian are supported to maintain their own health and well-being.</p> <p>Carers are supported to maintain their own physical, emotional and mental wellbeing</p> <p>Young carers are identified and supported to have a life outside their caring role.</p>
<p>Work with Carer's organisations to agree a shared Outcomes Framework</p> <p>Support workforce to hold 'good conversations' with clients which support proportionate assessment and identification of personal outcomes and which reduce dependence on statutory services</p>	Development and roll-out of an Outcomes Framework	March 2020	<p>SDS Thematic Audit</p> <p>D14c NHS Lothian and East Lothian Council to deliver a rights based approach to support people to make choices about their care and finalise the development of an outcomes framework to monitor implementation of SDS, including client satisfaction and taking into account recommendations from SDS Audit. (NEW Direction)</p>	Ensure people in East Lothian are supported to make informed choices about their care

Shifting the Balance of Care Change Board

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Complete review of hospital to home services and home care services to move towards an integrated team	<p>Reduced Average No. of days client waits for assessment</p> <p>Reduced No. of days awaiting care following assessment</p> <p>Increased % of clients reviewed every 3 months</p>	April 2020	D12a - NHS Lothian and East Lothian Council to simplify and speed up the process for assessing and acting on an individual client's needs for care at home by completing a review of Hospital to Home and Home Care Services, including development of more effective protocols for assessment process. (Continued)	More effective protocols and assessment process for people who need care at home
Review of Day Services	Completed report to IJB	January 2020	D12c - East Lothian Council improve access to and quality of day services across the county while delivering service efficiencies through completion and implementation of the strategy for day services for older people. (Continued)	Improved access and quality of Day Services

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Support the development of new proposed pain pathway	No. of individuals supported	Align to pain pathway proposal	Shifting the Balance of Care / Care Closer to Home	Improve early access to specialist pain advice
Review of A&E attendances and admissions data	Completed review	March 2020	D11a NHS Lothian and its acute services to work with officers of the East Lothian Health and Social Care Partnership and other HSCPs to review the provision of emergency assessment services in Lothian (revised)	
Actively review patient processes to continue to improve delayed discharge performance	-10% change from Baseline year Delayed Discharge Occupied Bed Days with a target of 72,086	Ongoing	<p>D11b NHS Lothian to reduce the length of stay for all patients admitted following unscheduled admission.</p> <p>D11c NHS Lothian to delegate to the IJB agreed budget for Delayed Discharge Fund and work with East Lothian Council to make progress towards delivery of delayed discharge targets and a reduction in occupied bed days</p>	<p>Reduce the length of stay for all patients admitted following unscheduled admission</p> <p>Continue to make progress towards delivery of delayed discharge targets and a reduction in occupied bed days, through the provision of alternatives to inpatient care (Revised)</p>

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Liaise with NHS Lothian to agree transfer of AHP resource from Secondary Care	Increase in No. of WTE AHP staff redeployed in community settings	Agreed transfers to commence in early 2020	D11e NHS Lothian to provide information on the numbers of AHPs and associated resources in acute settings and to work with East Lothian HSCP to plan for the redeployment of appropriate numbers of these AHPs and associated resources to community settings to avoid admission and to support discharge of East Lothian residents (Continued)	Increased availability of AHP expertise in the delivery of local services in primary care and community settings
Develop the provision of home-based health and social care for people living with cancer and/or long term conditions who are at the end of life Work with LIST to evaluate impact of palliative care beds	4% increase from baseline year to 90% of last 6 months of life spent in community Establish a baseline for No. of people using palliative care beds	Ongoing Ongoing	D11d - NHS Lothian to work with the MCN for Palliative Care, hospital, community and third sector palliative care services to provide specialist assessment of patients in their own homes, care homes or community hospitals to maximise the delivery of patient-centred end of life care at home or in a homely setting (Continued)	Improvement in the numbers of people at the end of their life receiving home-based care and improvements in relevant MSG target More effective use of palliative care beds

Transforming Services for Older People

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Complete delivery of hospital on-time	Completion of hospital and wards re-located	September 2019	D01h - NHS Lothian to improve the range of locally, easily accessible secondary care services including a relevant range of outpatient and treatment services by finalising delivery of the new East Lothian Community Hospital. (revised)	Improved range of secondary care services
Ongoing collaboration with housing colleagues	TBD	Ongoing	D02f – East Lothian Council to better meet people’s housing and social care needs through facilitation of the housing and health and social care planning interface group. The group will deliver the key actions and priorities from the 2019-22 Strategic Plan’s Housing Contribution Statement, needs assessment and re-provision plans.	Improved options for meeting East Lothian residents’ housing and social care needs

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Complete financial model based on analysis of current bed usage data	Financial model completed	December 2020	D04b - NHS Lothian to improve in-patient experience for East Lothian residents and ensure East Lothian HSCP has appropriate influence in development, decision-making and approval of a business case for phase 2 of the Royal Edinburgh Hospital Campus.	Improved in-patient experience
East Lothian Health and Social Care officers continue to work with and report on the work of NHS Lothian Royal Edinburgh Hospital Reprovisioning board	Phase 3 REH complete	2022	D04d - NHS Lothian to ensure better care for physical health needs of East Lothian in-patients at the Royal Edinburgh Hospital campus by proceeding with the development of the business case for Phase 3 and the planning and delivery of integrated rehabilitation services. NHS Lothian to ensure East Lothian HSCP is involved in development, decision-making and approval of the business case. (NEW Direction)	East Lothian residents have access to appropriate acute rehabilitation care when needed

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Work with HUB South East to ensure scoping and delivery of an initial agreement using a co-production approach.	Project plan finalised with HUB South East Completion of initial agreement	Project Plan agreed August 2019	D12d - NHS Lothian and East Lothian Council to transform services for older people in East Lothian through working in collaboration with HUB Southeast approach to agree future of Eskgreen and Abbey Care Homes and Edington and Belhaven Hospitals and to deliver on the recommendations of the Housing with Care report. (Updated)	Older people in East Lothian have increased access to quality specialist housing which contributes to positive outcomes. People in East Lothian have opportunities to shape local housing provision.
Repatriate mental health beds from Midlothian community hospital to the East Lothian community hospital	Increased % of Midlothian beds released	2020	D12k NHS Lothian to ensure East Lothian residents receive care closer to home through repatriation of mental health beds from Midlothian community hospital to the East Lothian Community Hospital.	People in East Lothian with mental health needs have access to local provision

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Complete report including recommendations in collaboration with Housing colleagues	Completed report approved by IJB	March 2020	<p>D12j East Lothian Council Housing and Officers of East Lothian Health & Social Care Partnership to:</p> <ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission through implementation of recommendations from the extra care housing review (NEW Direction – replaces D12b) 	East Lothian residents experience a clear pathway for independent living options according to the needs of the individual

Mental Health and Substance Misuse Change Board

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Agree first year priorities in implementation plan	Publication of local plan	TBD	D15h – NHS Lothian and East Lothian Council to improve outcomes in relation to mental and emotional health and well-being through establishment and delivery of the East Lothian Mental Health Action Plan, including development of community based preventative and early intervention services, crisis support and longer term recovery (NEW Direction)	People experiencing poor mental health have timely and quality support and can access the appropriate level of support
Review of Cameron Cottage service provision Develop service specification for redesigned service	Agreement of service specification and business plan	October 2020 (commission service to be live May 2020)	D15i – NHS Lothian and East Lothian Council to improve and enable recovery of people experiencing poor mental health through development and delivery of community based housing with access to appropriate support, review of Cameron Cottage and alternative models of service provision. (NEW Direction)	People experiencing mental health problems that require rehabilitation experience a high quality service that fits as part of the Wayfinder framework

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Link with workforce planning work to analyse demand on service/ MHO team	<p>Increase in level of statutory duties being met on time</p> <p>Positive service user feedback</p>	April 2020	D02j - East Lothian Council to ensure delivery of a rights based approach for patients subject to the Mental Health Act 2003 through timely access to a Mental Health Officer to help safeguard patients rights' and fulfil statutory duties, including assessment, providing information and advising on individual's rights and choices. (NEW Direction)	Increased capacity of MHO to come closer to national average
<p>Agree workforce plan around operational management and professional lines and implement multi-disciplinary team</p> <p>Analyse current MH teams and carry out tests of change for referral process focusing on open access</p>	Establish baseline for service performance and future improvement targets	April 2020	D15c – NHS Lothian and East Lothian Council to improve access to mental health services, including reduction in how long people wait to access services and develop clearer referral pathways to access specialist support.	<p>People using mental health service receive the right support by the right people at the right time, close to home.</p> <p>Staff feel integrated and share common framework of service delivery</p>

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Evaluate impact of assertive alcohol and substance misuse in-reach to primary care	Evaluation complete	April 2020	D15g – NHS Lothian to evaluate assertive outreach in primary care and ensure access to dedicated mental health and substance misuse professionals in community settings to maximise opportunities for treatment and recovery and improve the service offer across East Lothian. (Continued)	Improved identification of people with substance misuse issues and increased treatment and support
Continue commissioning of Alzheimer Scotland to provide PDS Review the current model's suitability to undertake developments around specialist dementia care	% of patients receiving minimum of 1 year post-diagnostic support following Dementia diagnosis	Ongoing (To continue into next financial year)	D15j - NHS Lothian and East Lothian Council to improve care for people with dementia and their families, including: <ul style="list-style-type: none"> • delivery of the 5 pillar model of support and • implementation of the Scottish Government ambition 'Transforming Specialist Dementia Hospital Care' through the transfer of resource to develop local dementia specialist care. (NEW Direction) 	Older adults who are experiencing the first level of support need for dementia are offered timely high quality local support. Care for those who have specialist care needs due to dementia is available to the best of recent evidence and research.

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Analyse use of central services and the impact of creating local alternatives Carry out options appraisal to inform service developments	Options appraisal completed regarding use of local services versus regional	April 2020	D15k- East Lothian Council and NHS Lothian to improve access to alcohol services through supporting East Lothian Health & Social Care Partnership to review and assess alternative local delivery of centralised alcohol services (NEW Direction)	Clarity around best options for ELHSCP to deliver substance misuse services
Develop effective models of: early intervention, crisis support, psychological therapies across primary, secondary and third sector, taking into account health inequalities and barriers to accessing support	% people accessing therapy within 18 weeks from point of referral Reduced Third Sector waiting times	June 2020	D15c NHS Lothian and East Lothian Council to improve access to mental health services, including reduction in how long people wait to access services and develop clearer referral pathways to access specialist support.	People in East Lothian have timely relevant access to support and services where they have concerns about their mental health. Support will have an early intervention focus.
Pan-Lothian discussion and agreement about way forward for psychology services and timescale	Increased amount of resource (either funding or staff) delegated to East Lothian	April 2020	D15l - NHS Lothian to ensure East Lothian residents can access local provision of psychology services through the delegation of psychology services to East Lothian HSCP. (NEW Direction)	EL HSCP has strategic direction for psychology services locally

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
<p>Analyse data on waiting times</p> <p>Initiate tests of change for areas for improvement in terms of timely access</p> <p>Consider other best practice models and test implementation</p>	<p>% people accessing substance misuse services within 3 weeks</p>	<p>June 2020</p>	<p>D15m - East Lothian Council and NHS Lothian to tackle inequalities through the delivery of the Local Substance Misuse Plan and to improve access to Substance Misuse Services for people in East Lothian. This includes supporting East Lothian HSCP to ensure robust management and oversight of the Local Substance Misuse plan. (NEW Direction)</p>	<p>People receive timely support for substance misuse issues. Local plan is managed with outcomes that meet the underlying principles of the HSCP and tackle inequalities</p>
<p>Establish clear links between ELHSCP and Community Justice Partnership</p> <p>Establish framework for monitoring progress against Local Outcome Implementation Plan</p>	<p>Identified link agreed from HSCP</p> <p>Completed Criminal Justice Outcomes Framework</p>	<p>October 2020</p> <p>December 2019</p>	<p>D16a – ELHSCP to work with Community Justice Partnership to:</p> <ul style="list-style-type: none"> • Improve understanding of community justice • Ensure Strategic planning and partnership working • Offer equitable access to services • Develop Evidence based interventions (updated)* 	<p>Improve understanding of community justice</p> <p>Ensure Strategic planning and partnership working</p> <p>Offer equitable access to services</p> <p>Develop Evidence based interventions</p>

Adults with Complex Needs Care Board

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Review completed	Recommendations approved by IJB	January 2020	D02i NHS Lothian and East Lothian Council to transform community supports for younger adults with complex needs, including a comprehensive evidence based needs assessment and completing the review of all remaining commissioned third sector community provided services.. (revised)	Improved outcomes for young adults with complex needs
Establish transition policies and protocols Develop clear information for the public	Increased No. of people receiving multi agency transition planning 14+ Completed report of young person and carers' experience of transition process	April 2020	D02j East Lothian Council to support joint working with East Lothian Health and Social Care Partnership and other relevant partners to improve outcomes for young people with additional support needs transitioning into Adult Health and Social Care services, including establishment of robust planning, policy and protocol.	All young person and carers transfer into Adults feeling supported, well-understood and reporting a good experience of the process

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
Advertise availability of Deaf Blind Scotland guide communicator service to public, staff and primary care	Increased No. of people supported by the guide communicator service to access health appointments.	December 2019	D04c – NHS Lothian to ensure people in East Lothian with dual sensory impairment have appropriate access to the guide communicator service to improve their access to health services, and improve awareness of the service across third sector and health providers. (NEW Direction)	Staff and members of the public have greater awareness of service
Secure IJB approval of recommendation Develop implementation plan to agreed models Delivery Improvement Plan (annual progress to be reported to IJB)	Full project implementation plan to be developed and agreed	October 2019 January 2020 Annually	D12g - Review of Services for Adults with complex needs to transform community supports for adults with mental health, physical disabilities, learning disabilities and sensory impairment	Adults with complex needs in East Lothian have choice and control to access community supports to meet identified outcomes.

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
<p>ELHSCP work with ELC housing to deliver strategic allocation of housing</p> <p>The HSCP to develop a policy which identifies that commissioned support with housing maximises resources and opportunities for shared support.</p>	<p>Establish system for ongoing monitoring</p> <p>Policy developed</p>	Ongoing	D18a East Lothian Council to maximise independent living for people with a Learning Disability and people with physical disability and/or sensory impairment, ensuring more efficient use of night time support to reduce dependency on out of area placements and reducing the exposure to stand alone single tenancies; and more options in relation to housing models with support through developing core and cluster housing and implementation of housing strategy actions.	<p>More efficient use of night time support, reducing dependency on out of area placements and reducing the exposure to stand alone single tenancies.</p> <p>People in East Lothian with physical disabilities, learning disabilities and/or sensory impairment have more options in relation to housing models with support</p>
<p>Work in partnership with Public Protection Office to capture disability in reporting</p> <p>Ensure HSCP consultations are in line with National Community Engagement Standards regarding accessibility</p>	<p>Disability hate crime included in Public Protection report</p> <p>Consultations reviewed for accessibility</p>	March 2020	D18c East Lothian Council to help tackle poverty, reduce inequality and build a fairer and more inclusive Scotland through local consultations through establishment and delivery a local implementation plan of Fairer Scotland, (NEW Direction)	<p>More robust data in relation to disability hate crimes are monitored</p> <p>People with disabilities have greater opportunity to participate in local consultations</p>

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
<p>Complete implementation plan for IJB approval</p> <p>Work with ELHSCP data group to carry out needs assessment for the growing LD old age population to identify what local resources are required to meet the needs of this group</p> <p>ELHSCP to work with NHS Lothian to ensure access to the specialist LD Forensic Service as required</p>	<p>Implementation plan agreed</p> <p>Completed needs assessment</p> <p>Model agreed and implemented</p>	<p>March 2020</p> <p>January 2020</p>	<p>D18b East Lothian Council and NHS Lothian to better understand and meet the needs of the people with Learning Disabilities through:</p> <ul style="list-style-type: none"> • establishment and implementation of local Learning Disability action plan in line with 'The Keys to Life', • improved access to the Forensic Learning Disability Service so that people with a learning disability in East Lothian with a specific health care need can access relevant services within agreed timescales. • forecasting needs of the old age population of people with learning disabilities and increasing access resources as appropriate to meet their needs. (NEW Direction) 	<p>Ensuring appropriate strategic planning support and up-to-date needs assessment for LD old age population</p> <p>People with a learning disability and a specific health care need can access relevant services within agreed timescales</p>

Key Actions	Key Performance Indicators	Timeframe	Related Directions or other Policy Drivers	Outcomes
<p>Develop and implement an agreed business plan to enhance availability of enhanced respite and breaks from caring services to support PMLD, Autism, utilising Shared lives Service.</p> <p>Secure IJB approval to uplift Shared Lives Carer Fees</p> <p>Develop and implement an agreed business plan to expand the Shared Lives Service to offer long term placements, short breaks and day support</p> <p>Recruitment Campaign</p>	<p>Completed business plan to Procurement Board</p> <p>Increased No. of people receiving shared Lives service</p> <p>Increased No. of new carers recruited</p>	<p>October 2019</p> <p>December 2019</p>	<p>D18d East Lothian Council to ensure people eligible for the Shared Lives service will be supported to develop relationships and share family and community life through further development and expansion of the Shared Lives service for people in East Lothian as an alternative to residential and other forms of care.</p>	<p>Carers will have access to short breaks/breaks from caring via enhances services.</p> <p>Service users in a Shared Lives placements will be supported to develop relationships and share family and community life.</p>
<p>Put in place robust contractual arrangements and trail staff</p> <p>Develop and implement clear Integrated Care Plan for people with physical disability and/or sensory impairment</p>	<p>Increased No. of people supported by Interpretation Service and appropriate equipment</p>	<p>April 2020</p>	<p>D18e NHS Lothian and East Lothian Council to ensure people in East Lothian with sensory impairment have appropriate access to social work assessment and associated services.(NEW Direction).</p>	<p>People with Sensory Impairment and/or Physical Disabilities in East Lothian have improved access to Social Work services</p>

Partnership working and Collaborative Leadership

It is important to maximise collaborative and partnership working to meet agreed priorities. The IJB Self-evaluation (Appendix 1) evidenced that locally there is established leadership in place with the ability to drive collaborative change. Further improvements are planned including providing shared learning opportunities for Senior Management, building closer links with Community Planning Partners and with the Community Justice Partnership, and regular review of the Change Board structure to ensure effective involvement of stakeholders.

Commissioning

Transformation programmes and reviews will continue to identify innovative ways to deliver services and strengthen community capacity. These findings will inform future commissioning and the way we work with third sector and other organisations to deliver services. Change Boards will have a role in creating opportunities for external commissioning. The Procurement Board will provide strategic oversight of Commissioning on behalf of the Health and Social Care Partnership.

Workforce Planning

The East IJB Workforce Plan 2019-22 aims to ensure that East Lothian is equipped with sufficient health and social care staff with the appropriate skills to meet the current and future needs of the East Lothian population. The partnership is committed to ensuring the local workforce is motivated, knowledgeable and skilled and able to respond to service changes we envisage. Ensuring a skilled and effective workforce requires a continuing focus on learning and development to ensure we are able to meet future challenges as well as our legislative and policy requirements.

Monitoring Progress

Change Boards will be asked to report on agreed Key Performance Indicators. In addition, performance will be monitored through quarterly reporting on six agreed Ministerial Strategic Group (MSG) Targets, and the delivery of an Annual Report.

Within the IJB's delegated service areas, there are a range of additional reporting requirements which will be further detailed in the East Lothian IJB Performance Framework. The East Lothian HSCP Data Group will also continue to build capacity across the Partnership and Change Boards to make better use of data and local intelligence to inform future planning, improvements and delivery.

East Lothian's MSG targets for 2019-20 are shown in Tables 1 and 2.

Table 1. MSG 2019-20 Targets for Indicators 1-3.

1. Emergency admissions				2. Unplanned bed days					3. A&E attendances			
<i>Baseline year</i>	<i>Baseline total</i>	<i>% change</i>	<i>Expected 2019/20 total</i>	Acute	<i>Baseline year</i>	<i>Baseline total</i>	<i>% change</i>	<i>Expected 2019/20 total</i>	<i>Baseline year</i>	<i>Baseline total</i>	<i>% change</i>	<i>Expected 2019/20 total</i>
2016/17	7,650	-5%	7,268			2016/17	80,095	-10%	72,086	2016/17	19,532	2.82%
Through coordinated actions of: Primary Care Teams, Community Teams, Hospital at Home Tea, Care Home Team, and the Hospital to Home Team taking a proactive role.				Through coordinated actions of: Primary Care teams, Community Teams, Hospital to Home Team.					Through coordinated actions of: A&E Team Acute Team, and considering local responses to minor injuries and the prevention of falls. Note: In 2016/17 there was a rate of 23,600.5 A&E attendances per 100,000 population based on mid-year 18+ population estimates. The target is to maintain the rate of A&E attendances in comparison to the baseline. Due to local population growth it is expected that the number of A&E attendances will increase slightly in comparison with baseline figures.			

Table 2. MSG 2019-20 Targets for Indicators 4-6

4. Delayed discharge bed days (18+)					5. Percentage of last 6 months of life spent in community (all ages)				6. Proportion of 65+ population living at home (supported and unsupported)			
All reasons	<i>Baseline year</i>	<i>Baseline total</i>	<i>% change</i>	<i>Expected 2019/20 total</i>	<i>Baseline year</i>	<i>Baseline %</i>	<i>% change</i>	<i>Expected 2019/20 %</i>	<i>Baseline year</i>	<i>Baseline %</i>	<i>% change</i>	<i>Expected 2019/20 %</i>
		2016/17	14,762	-50%	7,381	2016/17	85.6%	4%	90.0%	2016/17	96.3%	1.70%
<p>Through coordinated actions of: Primary Care Teams, Community Teams, Hospital at Home Team, Care Home Team maintaining clients in their care home whilst unwell and not admitting to acute, and the District Nursing Team intervening early to support patients.</p>					<p>Through coordinated actions of: Palliative Care Team, Hospital at Home Team, and the Care Home team.</p>				<p>Through coordinated actions of: Care of Elderly Team, Primary Care Teams, Community Teams, Hospital to Home Team, and the Hospital at Home Team.</p>			

Financial Planning

The IJB Strategy 2019-2022 set out the funding that IJB will receive and how it is allocated to meet our priorities. The IJB accepted formal budget offers from NHS Lothian and East Lothian Council on 23 May 2019. Following acceptance of the formal budget offers for 2019/20 from both partners and the indication budget values for future years the IJB's rolling 5 year financial plan for 2019/20 – 2023/24 has been developed in line with the Scottish Government financial framework for Health and Social Care.

The rolling 5 year financial plan was presented to the IJB on 27th June 2019 which highlighted future financial pressures and the need to continue to develop a medium term recovery plan.

Future work will continue to focus on building a better understanding of relative financial positions of each partner in relation to the IJB. There will also be further consideration to set-aside budgets and the levels of resources needed to support Financial Planning within the IJB.

Reserves

The IJB created a reserve in 2018-19 which can be used in later years to support service provision. This comprises funds that are set aside for specific purposes and general funds which are set aside to deal with unexpected events or emergencies. The reserve is broken down as follows into specific purposes and general at 31 March 2019:

	£000's
Primary Care Investments	219
Action 15 - Mental Health	164
MELDAP - Alcohol and Drug	312
General Reserves	1,087
Total	1,782

Appendix 1. Summary of IJB Self-evaluation				
Feature supporting integration	Not yet Established	Partly Established	Established	Exemplary
Collaborative leadership and building relationships				
1.1: All leadership development will be focused on shared and collaborative practice			√	
1.2: Relationships and collaborative working between partners must improve		√		
1.3: Relationships and partnership working with the third and independent sectors must improve		√		
Integrated finances and financial planning				
2.1: Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration		√		
2.2: Delegated budgets for IJBs must be agreed timeously		√		
2.3: Delegated hospital budgets and set aside budget requirements must be fully implemented			√	
2.4: Each IJB must develop a transparent and prudent reserves policy			√	
2.5: Statutory partners must ensure appropriate support is provided to IJB S95 Officers.			√	
2.6: IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.		√		
Effective strategic planning for improvement				
3.1: Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.			√	
3.4: Improved strategic planning and commissioning arrangements must be put in place.		√		

3.5: Improved capacity for strategic commissioning of delegated hospital services must be in place.		√		
Governance and accountability arrangements				
4.1: The understanding of accountabilities and responsibilities between statutory partners must improve.			√	
4.2: Accountability processes across statutory partners will be streamlined.		√		
4.3: IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.			√	
4.4: Clear directions must be provided by IJB to Health Boards and Local Authorities.			√	
4.5: Effective, coherent and joined up clinical and care governance arrangements must be in place.			√	
Feature supporting integration	Not yet Established	Partly Established	Established	Exemplary
Ability and willingness to share information				
5.1: IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data		√		
5.2: Identifying and implementing good practice will be systematically undertaken by all partnerships.			√	
Meaningful and sustained engagement				
6.1: Effective approaches for community engagement and participation must be put in place for integration.			√	
6.2: Improved understanding of effective working relationships with carers, people using services and local communities is required.			√	
6.3: We will support carers and representatives of people using services better to enable their full involvement in integration.		√		



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 31 October 2019
BY: Chief Finance Officer
SUBJECT: Month 5 Financial Review 2019/20

10

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 financial forecast projections which consider the projected year end out-turn undertaken during August 2019 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
 - ii. Note the Month 5 financial reviews undertaken by partners

3 BACKGROUND

- 3.1 At the IJB meeting in September 2019 the IJB were provided with the outputs from the recent Quarter 1 financial reviews for 2019/20 this was £459k of a projected overspend position.
- 3.2 These projections continue to be developed throughout the year and as at end of August 2019, the position for the IJB had slightly deteriorated to a forecasted year end position of £645k overspend for 2019/20. This projection being reported is based on the first 5 month of the year and therefore not a formal Quarter 2 review position. The Quarter 2 positions are currently being worked through by partners and will be updated once concluded.
- 3.3 East Lothian Council will be reporting the month 5 financial reviews to their meeting on the 29th October 2019 and NHS Lothian will report their Quarter 2 financial review to their Finance and Resources Committee during November 2019.

Year to date financial position & Year End Forecast as at August 2019

- 3.4 The IJB financial position as at the end of August 2019 is £115k overspent.

East Lothian IJB Financial Performance at August 2019 & Updated Forecast

	Year to Date Outturn at August 2019		Q1 Forecast Outturn	August Forecast Outturn
	£k		£k	£k
Social Care	38		-354	-540
Health	-153		-105	-105
	-115		-459	-645

- 3.5 The IJB accepted budget offers for 2019/20 from Partners at the May meeting of the IJB this was £53.48m from East Lothian Council and £104.114m from NHS Lothian. Since May there have been changes to the IJB budget position mainly through health funding where additional allocations have come in during the year from Scottish Government, for example our PCIF and Mental Health Action 15 funding. Further to this within social care a small budget amendment of £40k has happened, this has moved £40k out of the social care budget to East Lothian Councils Corporate Policy and Improvement Team by transferring this funding it reduces the need for unnecessary internal recharges within the Council departmental budgets. This means our current IJB budget is £163.627m and the above positions are based on this.
- 3.6 Within social care budgets the forecast overspend has increased by £186k to £540k. This increase is due to an increasing number of residential beds and an increasing weekly cost of residential placements within learning disabilities. These increases have been partially offset with a reduction in care at home hours.
- 3.7 As reported previously within the health budgets these are split into core, hosted and set aside. Core budgets are projecting a small overspend of £80k driven by financial pressures within health visiting due to pay regrading and Mental Health drugs costs increasing offset by favourable positions within hospital services expenditure as the timing and staffing requirements for the new hospital are finalised and a favourable prescribing position.
- 3.8 Hosted services are projecting a £209k 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. Nursing and Medical Staffing budgets are projecting

an overspend due to high levels of sickness, vacancies and difficulties in recruitment. This requires locums/agency to cover and make safe staffing rotas compliant. Also, General Medicine financial pressures are driven by ongoing staffing issues and ongoing bed pressures across the hospital sites.

- 3.9 It worth noting that it's likely the Quarter 2 financial projections in our health delegated budgets will improve due to having more data available from the first 6 months of the year. This will be reported to the IJB once concluded. In light of the adverse movement in the social care position a number of meetings have been set up within the HSCP to analyse the assumptions used in forecast, the drivers of this position and what mitigating actions can be taken.

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 Financial Update – Quarter 1 Review – September 2019 IJB Meeting

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DATE	22 October 2019



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 31 October 2019

BY: Chief Officer

SUBJECT: Changes to the Membership of the East Lothian Integration Joint Board and the Audit & Risk Committee

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1 PURPOSE

- 1.1 This report asks the Integration Joint Board (IJB) to agree that the newly appointed Head of Operations within Health & Social Care Partnership should become a non-voting member of the IJB.
- 1.2 The IJB is also asked to approve the appointment of David Binnie as a non-voting member of the Audit & Risk Committee.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
 - i. Agree that the Head of Operations within the Health & Social Care Partnership is appointed as a non-voting member of the IJB; and
 - ii. Agree that David Binnie is appointed as a non-voting member of the Audit & Risk Committee.

3 BACKGROUND

- 3.1 In April 2016, the IJB agreed that the Head of Adult and Children's Services should become a non-voting member of the IJB, in order to ensure full operational and strategic support to the IJB and to aid scrutiny. In June 2019 the IJB noted that this Head of Service role had been revised to Chief Operating Officer for Children's Services and that the current post-holder had also been appointed to the role of Chief Social Work Officer.
- 3.2 As a result of further changes to the management structure within the Partnership, it is proposed that the new Head of Operations be

appointed as a non-voting member of the IJB. Iain Gorman will take up the post of Head of Operations on 28 October 2019.

- 3.3 The IJB's Standing Orders govern arrangements for the establishment and membership of its committees. It is proposed that David Binnie be appointed as a non-voting member of the Audit & Risk Committee, replacing Margaret McKay who retired last year. Mr Binnie was approached by the Chair of the Committee earlier this year and has confirmed that he would be willing to take up this role.

4 ENGAGEMENT

- 4.1 Decisions on changes to the membership of the IJB and its committees are a matter for the IJB and do not require wider consultation.

5 POLICY IMPLICATIONS

- 5.1 The regulations that support the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014, and the IJB's Scheme of Integration, allow for the integration joint board to appoint such additional members as it sees fit.
- 5.2 The IJB's Standing Orders govern the arrangements for the establishment and terms of reference for all of its committees. This includes the appointment of chairs and members of its committees.

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 Directions or require a new 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 None.

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