



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 5 December 2019
BY: Chief Officer
SUBJECT: Changes to the Non-Voting Membership of the IJB

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1 PURPOSE

- 1.1 To ask the IJB to agree to the replacement of Penny Dutton, East Lothian Council's staff representative non-voting member of the IJB.
- 1.2 To ask the IJB to note the replacement of Elaine Johnston as Third Sector representative and non-voting member of the IJB.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
 - i. agree the appointment of Lesley White as the Council's new staff representative non-voting member of the IJB, in place of Ms Dutton; and
 - ii. note the appointment of Paul White, ELCAP, as the new Third Sector representative and non-voting member of the IJB.

3 BACKGROUND

- 3.1 As prescribed by the Integration Joint Board (IJB) Order 2014 No. 285, each IJB is required to appoint representatives of the staff of the constituent authorities engaged in the provision of services under integration functions. In this case, East Lothian Council and NHS Lothian.
- 3.2 Ms Dutton was appointed as the Council's staff representative non-voting member of the IJB in March 2018. Following correspondence from union representatives in October 2019, it is proposed that Ms Dutton be replaced by Lesley White and that this change in IJB

membership should take effect from December 2019 and will be for a maximum of three years.

- 3.3 At its meeting on 24 August 2017 the IJB agreed to adopt the new Third Sector delegate structure facilitated by STRiVE with elected delegates serving on the IJB, the Strategic Planning Group and any subsidiary Planning Groups. The IJB was also made aware that the Third Sector membership of the IJB may change once this system was adopted.
- 3.4 In December 2017 Elaine Johnston, Co-ordinator at Changes Community Health Project, replaced Eliot Stark, Chief Executive of STRiVE, as the Third Sector representative on the IJB. This appointment was for a maximum of two years. Earlier this month STRiVE held further Third Sector Delegate Elections which saw Paul White of ELCAP appointed to represent the Third Sector on the East Lothian IJB. This appointment will again be for a maximum of two years.

4 ENGAGEMENT

- 4.1 As above, these proposals were discussed and agreed with the relevant bodies and in accordance with their stated procedures.

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 The subject of this report does not affect any existing Directions and does not require the preparation of a new Direction.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – there are none.
- 8.2 Personnel – there are none.

9 BACKGROUND PAPERS

9.1 None.

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DATE	27 November 2019



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 31 OCTOBER 2019
EAST LOTHIAN COMMUNITY HOSPITAL, HADDINGTON

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Voting Members Present:

Councillor F O'Donnell (Chair)
Councillor S Akhtar
Councillor N Gilbert
Mr P Murray
Councillor S Kempson (Items 1 – 9)

Non-voting Members Present:

Ms C Flanagan
Ms E Johnston
Ms A MacDonald
Ms M McNeill
Mr T Miller
Dr J Turvill

Officers Present from NHS Lothian/East Lothian Council:

Ms T Carlyle
Mr P Currie
Ms R Crichton
Ms M Goodbourn
Mr I Gorman
Ms J Holland
Ms R Laskowski
Ms R Miller
Ms J Odgen-Smith

Visitors Present:

Ms N Cochran, NHS Lothian
Mr M Bonnar, MELDAP

Clerk:

Ms F Currie

Apologies:

Ms F Ireland
Mr A Joyce
Prof. M Whyte
Mr D Binnie
Dr G Choudhury
Ms L Cowan

Declarations of Interest:

None

The Chair welcomed everyone to the meeting. She informed members that Jean Trench, non-voting member and independent sector representative, had resigned from the IJB. Discussions were underway to appoint a replacement.

1. PRESENTATION BY MID & EAST LoTHIAN DRUGS AND ALCOHOL PARTNERSHIP (MELDAP)

Martin Bonnar of MELDAP and Nicky Cochran, NHS Lothian gave a detailed presentation to members on the drug-related deaths in 2018; the impact of poly-drug use; current actions to mitigate and minimise risk; prevention and early intervention work and plans for future expansion of services.

Mr Bonnar and Ms Cochran responded to questions from members providing further detail on priorities for the service going forward and assessing the needs of clients who are accessing services. They also asked members to promote the message that drug and alcohol abuse was not restricted to one area of the community and should be everyone's concern. Talking about these issues openly and reducing the stigma of drug and alcohol issues would be an important step in dealing with the problem and helping to reduce future drug deaths.

The Chair thanked both Mr Bonnar and Ms Cochran for their very informative presentation and hoped that a future session could be arranged with IJB members to discuss some of the issues in more detail.

2. MINUTES OF THE EAST LoTHIAN IJB MEETINGS ON 29 AUGUST AND 11 SEPTEMBER 2019 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board (IJB) meetings on 29 August and 11 September were approved.

3. MATTERS ARISING FROM THE MINUTES OF 29 AUGUST AND 11 SEPTEMBER

The following matters arising were discussed:

29 August 2019

The Chair noted that a number of actions had been progressed but sought an update regarding David Binnie's request for the inclusion of more detailed risk information in financial reporting. Claire Flanagan indicated that the format for the annual accounts was fairly rigid but that it may be possible to include more information in the Management Commentary.

11 September 2019

Item 2 - Peter Murray to give feedback on the development session with NHS Lothian. He said that, for him, the session had raised questions about whether the existing NHS Committee structure complemented the IJB governance structures or whether there would have to be a change in future. No answers had been forthcoming at the development session but it was a subject which would likely evolve over time.

Item 5 – the Chair said it was important to consider how to take forward work on demonstrating Best Value as part of performance reporting. Mr Murray referred to the Improvement Service which offered a free assessment which may be worth considering but he cautioned that any such assessment should complement the work already being done.

Mr Murray raised the issue of strengthening the service user voice on the IJB and ensuring that it had the opportunity to influence the work being done. The Chair agreed adding that having service user input at an earlier stage was also an important factor.

Jon Turvill observed that the challenge would be to increase representative at Change Board and planning group levels. Jane Ogden-Smith added that the Health & Wellbeing Groups set up by each of the Area Partnerships and the new Patient Participation Groups provided opportunities for service users to feed into discussions on local issues.

4. CHAIR'S REPORT

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

5. NHS HEALTHCARE GOVERNANCE COMMITTEE

Alison MacDonald informed Members that there was no update as the Committee had not met since the last IJB meeting on 11 September.

6. ISSUES OF RELEVANCE TO THE IJB:

Clinical & Care Governance

Ms MacDonald reported on the Clinical & Care Governance Committee meeting which had taken place earlier that day. She informed members that the main areas of interest were the Self-Directed Support action plan, the Community Justice Services inspection planned for January 2020 and the review of complaints. There were no areas of concern noted at the meeting.

Trish Carlyle confirmed that no significant risks had been identified that needed immediate action.

Delayed Discharges

Ms MacDonald reported that at the time of this month's census the team had reached its target trajectory of 12. However, she was concerned about the trend over the next few weeks as staff and services move to the new community hospital.

7. WINTER PLANNING

The Chief Officer had submitted a report explaining East Lothian HSCP's plans to ensure all possible steps are taken to assist in controlling pressures on Lothian's acute hospitals during the winter months through effective planning and provision of additional capacity in key services.

Members were asked to note that the report did not cover the ongoing resilience work being undertaken across the partners to plan for business continuity across the county.

Ms MacDonald presented the report outlining some of the proposals including Enhanced Discharge to Assess, 7 Day Working Patient Flow Team, increasing the capacity of Hospital to Home and increasing the Emergency Social Care Service. She said that the proposals were being funded through additional monies from the Scottish Government specifically for winter planning.

The Chair said it would be extremely important to evaluate how the new and expanded services impacted on pressures within other areas.

Jon Turvill endorsed the proposals adding that as well as being very valuable from a primary care perspective they also strengthened out of hours care.

Mr Murray expressed disappointment that the IJB was having to rely on additional monies to deal with any form of service planning and particularly matters which were delegated functions of the IJB.

Councillor Akhtar welcomed the proposals as being very positive; especially Hospital to Home. She asked if there was any review of service user feedback.

Ms MacDonald confirmed that a care survey was undertaken with users of the Hospital to Home service and high levels of satisfaction had been recorded. Feedback was regularly reported to the Clinical and Care Governance Committee.

Mr Murray endorsed Councillor Akhtar's point and said that measuring performance through service user feedback was the type of approach and focus that the IJB should be adopting across its local services.

The Chair said it would be interesting to see that reflected at a national level. She informed members of feedback she had received through a constituent who had had a very positive experience of local services.

Decision

The IJB agreed to note the work being taken forward to cope with additional pressures which were likely to arise in the Lothian acute hospitals during the winter months.

8. ROYAL INFIRMARY OF EDINBURGH (RIE) FRONT DOOR SERVICES

The Chief Officer had submitted a report informing the IJB of developments concerning the 'Front Door' entry points to the Royal Infirmary of Edinburgh (RIE) unscheduled care services.

Rebecca Miller gave a presentation outlining the background to the redesign of front door services at the RIE, which had included assessing future capacity requirements and identifying the most appropriate clinical assessment models. She highlighted the pressures on existing services and that these would continue to increase over the coming years due to an increasing and ageing population in Lothian. A core group had considered the strategic case for change and a Programme Board had been subsequently established to determine the scope of the redesign and to develop the preferred clinical model. She explained that the Lothian IJBs were now being asked to support, in principle, the proposal for capital investment and the Health & Social Care Partnerships would be required to develop appropriate community-based alternatives to acute hospital care to reduce demand on the RIE front door.

Ms Millar responded to questions from members providing clarification and additional details on the planning process, the impact of the opening of the Children's Hospital on

demand and the impact investment in acute services may have on other IJB budget priorities.

Dr Turvill observed that the percentage increase in demand was quite alarming and he worried about expanding capacity rather than looking at suitable alternatives in the community. While he acknowledged that patients were dealt with differently when assessed in hospital and that the increase in capacity may be inevitable, he echoed the points regarding the potential impact on budgets and on opportunities for developing community based services.

Ms MacDonald reminded members that as the population increased so too would the number of patients who required treatment in the RIE and there were no community-based alternatives to some of these services.

Mr Murray commented that the timing of the second recommendation in the report, regarding the development of community-based alternatives, should be given priority.

Decision

The IJB agreed:

- i. To support, in principle, an application for capital investment from NHS Lothian, in the RIE Front Door services; and
- ii. That East Lothian HSCP would undertake 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.

Sederunt: Councillor Kempson left the meeting.

9. IJB DIRECTIONS AND DELIVERY PLAN

The Chief Officer had submitted a report updating the Integration Joint Board (IJB) on progress against the 2018-19 Directions; the proposed suite of 2019-20 Directions; and the associated Delivery Plan.

The Chair commented that a significant amount of work had gone into the Directions and Delivery Plan; both of which were making real progress in improving services for people living in East Lothian.

Melissa Goodbourn presented the report summarising the background to the preparation of the Directions and the Delivery Plan; the focus on streamlining and linking Directions to the key priorities within the IJB's Strategic Plan and with national targets; and the emphasis on monitoring with six monthly and annual reporting. She also reminded members that the Directions could be reviewed and amended to take account of changing circumstances and priorities during the year.

Paul Currie added that the Directions only worked when the Partners engaged with them. He informed members that once the Directions were approved discussions would take place with the Partners to agree arrangements for performance monitoring and reporting.

Ms Goodbourn responded to questions from the Chair on some of the detail within the Plan, including the purpose of the 'Link' column and identifying Directions with the work of individual Change Boards.

Marilyn McNeill queried the co-production approach listed against Direction D12d. She said that, as far as she was aware, those with an interest were not consulted on the project plan. Ms MacDonald explained that this referred to a Hub Southeast event held at Queen Margaret University and added that the plan was a live document and would be kept under review.

Mr Murray welcomed the Directions and the Delivery Plan noting the clear links between Directions, budgets and Change Board leads. Referring to the increased level of performance reporting he noted that the scrutiny arrangements had yet to be agreed; whether Audit & Risk Committee should take the lead in reviewing this information and report by exception to the IJB or whether all reports should come directly to the IJB. He personally favoured the Audit & Risk Committee taking on the main scrutiny role.

Councillor Akhtar noted the new Directions in relation to mental health priorities and asked whether the IJB could be confident that existing services had the capacity to deliver these new Directions.

Ms Goodbourn said that in many cases the work had been underway for some time but had never previously been reflected formally in the Directions.

Rona Laskowski added that this was particularly true for mental health services which had been reviewed over the past 18 months or so to take account of Strategic Plan priorities and the Mental Health Implementation Plan. She also referred to the transformation programme for day services as another example.

Mr Currie said that officers were trying hard not to increase the number of Directions year on year to the point where they got in the way of delivery, but rather to have a core set of Directions that matched the IJB's strategic priorities.

Mr Murray proposed an amendment to the wording of recommendation (iv); that it should be revised to read "agree that all of the partners responsible for delivering Directions will be asked to report to the IJB on progress for the purposes of monitoring achievement". This proposal was seconded by the Chair and the IJB agreed to amend recommendation (iv).

Decision

The IJB agreed:

- i. Note progress against all the Directions operating through 2018-19.
- ii. Accept the proposed Directions for 2019-20 which the Strategic Planning Group approved on 16th October 2019.
- iii. Accept the associated Delivery Plan produced in collaboration with the Change Boards and their Reference Groups.
- iv. Agree that all of the partners responsible for delivering Directions will be asked to report to the IJB on progress for the purposes of monitoring achievement.
- v. 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.
- vi. 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.

10. MONTH 5 FINANCIAL REVIEW 2019/20

The Chief Finance Officer had submitted a report providing an update to the IJB on its year to date financial position in 2019/20 and the recent financial forecast projections which considered the projected year out-turn undertaken during August 2019 by East Lothian Council and NHS Lothian.

Ms Flanagan presented the report advising members that as of end August 2019 the position for the IJB was a total overspend of £115,000 and a forecasted year end position of £645,000 overspent. She explained that these figures were based on the first 5 months of the year and that the formal Quarter 2 position would be presented to the IJB at its next meeting. She outlined some of the factors which had impacted on financial performance and the key challenges for the IJB during the remainder of the year.

The Chair acknowledged that the position remained challenging and that the IJB needed to ensure that money was available to spend on transformation of services and that it was getting Best Value for its money. However, she cautioned against the use of reserves to bolster the overall financial position. She also noted that the budget planning was based on the assumption of a flat cash position and that much would depend on the Scottish Government budget settlement.

Ms Flanagan reminded members that the figures were based on only 5 months of the year. She added that the Quarter 1 forecast for health had been fairly prudent and the Quarter 2 position may present a more favourable picture. She pointed out that the forthcoming General Election was creating some uncertainty in relation to future budget planning.

Mr Murray said it would be helpful if the report to the December IJB included examples of recovery actions should the financial forecast for the current year remain unchanged.

The Chair observed that there were factors that may still influence the current year performance and that the IJB was not yet at the stage of requiring recovery plans.

Decision

The IJB agreed to:

- i. Note the current financial position; and
- ii. Note the Month 5 financial reviews undertaken by the partners.

11. MEMBERSHIP OF THE EAST LOTHIAN INTEGRATION JOINT BOARD AND THE AUDIT & RISK COMMITTEE

The Chief Officer had submitted a report asking the IJB to agree that the newly appointed Head of Operations within the Health & Social Care Partnership should become a non-voting member of the IJB. The report also sought approval for the appointment of David Binnie as a non-voting member of the Audit & Risk Committee.

The Chair invited members to consider the recommendations as set out in the report.

Decision

The IJB agreed that:

- i. the Head of Operations within the Health & Social Care Partnership was appointed as a non-voting member of the IJB; and
- ii. David Binnie was appointed as a non-voting member of the Audit & Risk Committee.

12. MINUTES OF THE AUDIT & RISK COMMITTEE (FOR NOTING)

Minutes of the IJB's Audit & Risk Committee meetings on 10 January, 19 March and 4 June 2019 were presented for noting.

Decision

The IJB agreed to note the minutes of the Audit & Risk Committee.

Danny Harvie

The Chair informed members that Danny Harvie, who had previously been a non-voting member of the IJB, had passed away. She paid tribute to his dedication and commitment to making people's lives better and expressed her condolences to his family and friends.

Signed

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



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 5 December 2019
BY: Chief Social Work Officer
SUBJECT: Chief Social Work Officer Annual Report 2018/19

5

1 PURPOSE

- 1.1 To provide the IJB with the Annual Report of the Chief Social Work Officer (CSWO) 2018/19 on the statutory work undertaken on the Council's behalf. The report also provides an overview of significant social policy themes current over the past year.
- 1.2 During the timeframe of this report the services commented on in the CSWO Annual Report were managed within the Health and Social Care Partnership, whilst not all services are delegated to the IJB (i.e. Children's Services), the IJB needs to be aware of the differing pressures, issues and outcomes within all service areas as these rarely operate in isolation.
- 1.3 This report is to encourage debate and discussion around the IJB's Directions and the impact these are having on tackling the issues and challenges identified within the CSWO Annual Report.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the contents of this report.

3 BACKGROUND

- 3.1 The requirement that every local authority should have a professionally qualified CSWO is contained within Section 45 of the Local Government (Scotland) Act, 1994. The particular qualifications are set down in regulations. This is one of a number of officers, roles or duties with which local authorities have to comply. The role replaced the requirement in

Section 3 of the Social Work (Scotland) Act, 1968 for each local authority to appoint a Director of Social Work.

- 3.2 This report is prepared in line with the national guidance - The Role of the Chief Social Work Officer - published by the Scottish Government in 2016. Further, this report fulfils a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work service within East Lothian.
- 3.3 The Chief Social Work Advisor to the Scottish Government, in consultation with CSWOs, the Care Inspectorate, Social Work Scotland and the Scottish Government, created this template for the annual CSWO report. This template is designed to create parameters around the information provided. It does not ask for new information to be produced but is designed to draw out key information in a more focussed way and to create a more analytical and reflective report.

4 ENGAGEMENT

- 4.1 The Chief Social Work Officer Annual Report comments on the different engagement strategies and events within services. This Annual Report is a public document.

5 POLICY IMPLICATIONS

- 5.1 This report covers all statutory requirements including child protection, adult protection, justice social work (including MAPPA), and violence against women and girls. Commentary and analysis on the Health and Social Care Partnership is also included.
- 5.2 During 2018/19, social work services have continued to receive high numbers of referrals across all departments. Further, presenting needs are becoming more complex. These pressures need to be addressed within the confines of austerity measures and efficiency targets.
- 5.3 Our task is to learn how to manage our demand better, within safe and sustainable services. We also need to demonstrate that we are being effective and achieving outcomes.
- 5.4 A transformation programme is assisting the HSCP to become more efficient and effective in terms of smarter ways of working. We are now needing to identify how we can reduce barriers within the different professional roles and services so that we can deliver effective services on a partnership basis.

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 As stated in the Purposes section, this report is to encourage debate and discussion around the IJB's Directions and the impact these are having on tackling the issues and challenges identified within the CSWO Annual Report.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – none
8.2 Personnel – none
8.3 Other – none

9 BACKGROUND PAPERS

- 9.1 Annual Report 2018/19 (attached)

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DATE	2 December 2019



East Lothian Chief Social Work Officer Annual Report 2018/19

Introduction

I am pleased to present the Chief Social Work Officer's annual report for East Lothian 2018/19. The report provides a summary of social work activity, including key developments and information on statutory decisions made by the Chief Social Work Officer on behalf of the Council. The report is not intended to be exhaustive but gives an indication of trends, priorities, challenges and opportunities over the past year and as we move towards the years ahead. This report covers the period when the role was held by the previous chief social work officer, Fiona Duncan, before I took up the role in June 2019.

2018/19 was a year of significant change in terms of the leadership and management of social work services across children and adult services and leadership arrangements within the health and social care partnership. It has been a time of uncertainty and challenge but managers and staff have responded extremely well. They have continued to provide care and deliver services to some of the most vulnerable people in East Lothian. Within the context of financial pressures, staff have worked in partnership with colleagues from other professions and agencies to plan, develop and implement new and innovative approaches that will improve the lives of vulnerable people. They have contributed to discussions around how services are delivered and in setting future priorities. I wish to thank them for their continued efforts and look forward to reporting on the developments that are currently underway in next years' report.

Judith Tait
Chief Social Work Officer

Section 1: Summary

- 1.1 2018/19 saw both the development and the implementation of new and innovative approaches to improving the lives of vulnerable adults and young people through promoting and enabling independence. The Wellwynd Hub, a partnership approach between H&SCP and the council's housing service is a dementia friendly setting that features smart technology to assist people in managing daily tasks. The My Space project, also a partnership between children's social work services and housing, is an innovative model of living for care experienced young people beyond their care placements that aims to transform the pathway to adulthood.
- 1.2 The legislative and policy landscape for social work and social care services is continually changing. Whilst the aspirations and intentions of improving the safety and lives of vulnerable people are sound, the impact on services of widening expectations and eligibility brings challenges that must be recognised and planned for within social work services and with our key partners. In response to the implementation of the Carers (Scotland) Act in April 2018, the East Lothian Carers' Strategy was developed in consultation with stakeholders and sets out our approach and the supports and services required to identify and meet the needs of young carers and carers for adults and older people. The Continuing Care legislation extends the rights of young people looked after away from home to remain in their care placement until they are 21. We recognise how this can improve the life chances of vulnerable young adults and help them make a successful transition to adulthood. It brings its challenges however in our context of a reducing fostering workforce.
- 1.3 Meaningful engagement and involvement with people who use services is at the heart of good social work practice and service planning. The transformation programme of community and day supports for adults with complex needs has been underpinned by a broad range of stakeholder involvement to ensure the work is grounded in an accurate understanding of people's lived experience and the services required to be fit for the future. The work of East Lothian Champions Board has made a significant contribution to raising awareness and understanding of the needs of looked after and care experienced children and young people.
- 1.4 Managing and reducing demand for targeted "downstream" social work services depends on effective and joint approaches to reducing poverty and inequality, building resilient and inclusive communities and meeting emerging concerns and needs at an early stage. Our strategic partnerships around community planning, public protection, community justice and children's services have a key role to play in developing integrated approaches to addressing the impact of substance misuse on adults families and young people, the rising levels of domestic abuse and increasing demand for mental health supports and services. The growing population in East

Lothian will bring benefits and opportunities alongside increased demand for social work and social care services.

- 1.5 Assessing need and achieving the correct balance of promoting independence whilst managing risk of harm across the spectrum of vulnerable children, young people and adults is at the core of the professional social work task. As we are challenged to do more within the challenging arena of achieving financial efficiencies and reducing resources, the importance of a well-trained, settled and resilient staff group cannot be underestimated.

Section 2: Partnership Working, Governance and Accountability

- 2.1 During the 2018/19 reporting period, the role of chief social work officer for East Lothian was held by the senior manager for adult statutory (social work) services. In terms of organisational structure, all of adult social work services, including criminal justice social work services are delegated to the IJB. The governance of children's social work services remained within the council but was managed through the health and social care partnership by the head of children and adult services who reported to the chief officer of the health and social care partnership.
- 2.2 The work to inform a decision about the future structure of children's social work culminated in a decision by Council in February 2019 to retain the governance of the service within East Lothian Council, to separate the leadership arrangements of children and adult services and create an Education and Children's Service. The implementation of this new structure and resulting changes to management and leadership and the place of the CSWO will be reported in the 2019/20 annual report.
- 2.3 Although not a member of the council's management team, the CSWO had protected time to attend and contribute to a range of strategic and senior leadership forums and partnerships that had a role in governing and directing the delivery of social work functions. These included:
- East Lothian Integration Joint Board
 - Clinical and Care Governance Committee (of the IJB)
 - East Lothian Health and Social Care Partnership Core Management Team
 - East and Midlothian Critical Services Oversight Group
 - Children's Strategic Partnership
 - Community Justice Partnership
 - Corporate Parenting Group
 - East and Midlothian Public Protection Committee (EMPPC)
 - Mid and East Lothian Drug and Alcohol Partnership (MELDAP),
 - MAPPA Strategic Oversight Group
- 2.4 The strategic direction for the role and contribution of social work and social care services in protecting and improving the wellbeing and outcomes of East Lothian residents sits within the context of community planning, and the integration of health and social care.

- 2.5 The East Lothian (community planning) Partnership Plan 2017-27¹ sets out its high level focus for:
- Reducing inequalities across our area
 - Tackling poverty
 - Working to prevent problems - and acting quickly when problems start
- 2.6 The Integration Joint Board’s strategic Plan 2016-19², the first plan for the new body, identified its priorities as:
- Delivering more care closer to home
 - Addressing the variation in the use and delivery of health and social care services across the county and tackling inequality
 - Developing a strong focus on prevention and “low level” support
 - Ensuring best value for the public purse through more effective partnership working.

Social work and social care services play a vital role in championing and addressing the impact of poverty and inequality in the lives of vulnerable people and are well placed to inform the prevention and early intervention agenda. Key service achievements during 2018/19 are set out in later sections of this report.

Relationship with wider community planning structure

- 2.7 The East Lothian Integration Joint Board has responsibility for strategic planning. The East Lothian Health & Social Care Partnership (H&SCP) has lead responsibility to co-ordinate and deliver the health and wellbeing outcomes of the Community Planning Partnership (CPP). It is required to develop and report on a suite of outcome indicators that demonstrate performance and improvement at a local and national level. The IJB Strategic Plan brings together all the East Lothian strategies and plans for transformation of health and adult social care and relates directly to the NHS Local Delivery Plan, the Single Outcome Agreement and other East Lothian Council plans, including the Local Housing Strategy and Criminal Justice partnership plans.

Practice governance arrangements

- 2.8 The CSWO has a role in providing assurance that the governance arrangements for professional social work and social care practice are safe and effective. Over the course of 2018/19, the acting chief officer of the IJB directed the development and piloting of a clinical and care governance framework³ for health, social work and social care services. The committee was adopted as a formal sub-committee of the IJB and began meeting on a monthly basis from July 2018. Considerable work has been done to find an appropriate “fit” between the clinical governance processes that are well

¹[East Lothian Plan 2017 - 27](#)

²[East Lothian IJB Strategic Plan 2019-2022](#)

³[ELHSCP Clinical Care Governance Framework](#)

defined across health services, and the arrangements to assure the quality of social work practice and performance.

- 2.9 During 2018/19, children's (social work) services were included in the piloting and testing of the new framework. This provided a good opportunity for colleagues across adult health and care services to learn about the legislative and operational responsibilities of children and families' social work services. However, the ongoing challenge of integrating the thinking and understanding about children's services into the predominantly "adult" agenda meant opportunities for scrutiny, support and challenge were not fully realised within this process. Following the decision to retain children's social work services within the council, work began to develop a performance and quality assurance framework for children's services and this will be reported on in the 2019/20 CSWO report.

Strategic Partnerships

- 2.10 Most social work functions take place within the context of joint operational working with colleagues within the H&SCP and council services and across key partner agencies including the third sector. Working with others to strategically plan and develop services is essential to benefit the people of East Lothian. The Community Justice Partnership benefits from having key health services for substance misuse and mental health and criminal justice social work delegated to the IJB and working within the health and social care partnership. The role of the head of children and adult services as co-chair of the CJP during 2018/19 supported a holistic approach to community justice.
- 2.11 As part of our statutory partnership structures, East Lothian benefits from a formal partnership with Midlothian for public protection (EMPPC) and with our drug and alcohol partnership (MELDAP). The MELDAP Strategic Group has high level representation from a range of key partners; NHS Lothian, East Lothian and Midlothian councils, Police Scotland and the third sector to provide leadership and direction. Members of the Strategic Group are also represented on key East Lothian groups such the Children's Strategic Partnership, Community Justice Partnership and HSCP. The MELDAP Delivery Plan (2016-19) reflects the relevant priorities set out in the IJB Strategic Plan. Such arrangements ensure that there clear lines of accountability, a strength noted by the Care Inspectorate, 'transparent and robust governance in place with routine reporting on performance, both internally and externally, to joint accountable bodies'.
- 2.12 The first CJP Annual Report was prepared for Community Justice Scotland and focused on achievements in delivering the East Lothian Community Justice Local Outcome Improvement Plan 2017-2020 (ELCJLOIP). The Report identified the following improvements, plans and challenges for 2018/19:

- Embed the Community Justice Coordinator role into the partnership – this will allow for a coordinated approach to Community Justice and support integrated working and collaboration across the partnership.
 - Improve access to services for residents across East Lothian but especially those with convictions – the incidence of poor mental or physical health, substance misuse, and low educational attainment continues to be over-represented in this group. The difficulty in accessing appropriate, secure housing continues to be a challenge.
- 2.13 In 2018/19 the Community Justice Partnership reviewed its priorities and implemented three separate work streams: community engagement, early intervention and prevention and improving access to services were identified as the key needs in East Lothian. The groups have been tasked with developing their Terms of Reference, setting aims & objectives and detailing their outcomes and data collation needs.
- 2.14 The East and Midlothian Public Protection Committee provides a single formal partnership to coordinate the development, oversight and performance of multi-agency working across the public protection agenda. The CSWO has a role in assuring the effectiveness of governance arrangements for child, adult and public protection. The performance and quality improvement sub-group of the public protection committee provides effective oversight and scrutiny of performance and management information and considers the findings of reviews of practice across all areas of public protection at both national and local level. These include:
- Initial case reviews
 - Significant case reviews
 - Serious Incident reports
 - Large scale investigations
- 2.15 As a member of the public protection committee and CSOG the CSWO had oversight of the work of this sub-group. In addition, the CSWO was a member of a small group of senior staff who would take on the role of chairing large scale inquiries in care home settings and initial case reviews across East and Midlothian.
- 2.16 The PPC has a well-developed performance reporting framework that is subject to regular scrutiny by the PQI sub-group, the PPC and by chief officers at CSOG. The indicators are reviewed over time to ensure their continued relevance as measures of performance. The breadth of information, for example across the child protection, violence against women and drug and alcohol data sets, provide an important opportunity to see the dynamic relationship between these areas of practice and the impact on the safety of children, young people and women, and support managers and chief officers to prioritise resources and plan services accordingly. This will be an area for further development in 2019/20.

2.17 During 2018/19, EMPPC was chosen as one of the three pilot areas to test the new national data set for child protection as developed by CELCIS and the Care Inspectorate. Data was collated August 2018-March 2019 and although this was a resource intensive exercise, it has highlighted a number of operational issues for the committee to explore further and the graphs and charts generated allow better identification of trends over time.

Stakeholder engagement

2.18 During 2018, East Lothian Integration Joint Board established a new strategic planning structure with six Change Boards to deliver the Directions and Priorities as agreed by the IJB and East Lothian Health & Social Care Partnership:

- primary care
- adults with complex needs
- mental health and substance misuse
- shifting the balance of care
- Care home and community hospital re-provision programmes
- Carers

2.19 There are seven reference groups which support stakeholder involvement in service planning. The IJB has made a clear commitment to ensure the contribution of stakeholders is valued and influences strategic planning of health and care services. There are key principles or golden threads that underpin the work of the boards that include: early intervention and prevention; meeting carers' needs; tackling health inequalities and discrimination; re-ablement/recovery and tackling social isolation.

2.20 As part of specific work streams around the service transformation for older people and implementation of the Carer's Act, there was a range of stakeholder communication and engagement events and activities including public meetings, newsletters social media and provider sessions. The ELH&SC Engagement strategy was developed and signed off during 2018/19. Key messages that emerged from the engagement from the transformation project of community and day services for adults with complex needs included;

- Importance of maintaining friendships
- Flexibility of service provision including extended hours
- Employment and vocational opportunities and use of social enterprise
- Access to advice and Information
- Improved transport / access
- Improved support for carers

East Lothian's Champions Board

- 2.21 East Lothian Champions Board is now in its third year and members are rightly proud of its achievements. Members come from a range of care backgrounds, with the majority living in foster care or care leavers. The ages range from 14 up to 26 and reaches out to all care experienced young people. The champs meet weekly and are supported by a paid participation assistant, herself a care experienced young person.
- 2.22 Young people tell us they get to make new friends who have had similar experiences to themselves. They don't feel so alone. They learn new skills by speaking in front of others. This year, they played a role in understanding the budget position for the Champs Board and the importance of getting funding to sustain the Board. In April 2018, the Champs hosted an event at Queen Margaret University to showcase two films they made to highlight the challenges faced by care experienced young people in education and in moving into independent living⁴. The 'We are the Champions' event was very well received. They met with the Minister Maree Todd. The champs spoke about how the event made them feel proud of what they had achieved and that they were respected for who they are.
- 2.23 The Champs use aggregate data from Viewpoint as a way of feeding in the wider views of care experienced young people looked after at home and away from home. During 2018, the Champs supported the head of children and adult services to pilot a Care Inspectorate questionnaire with looked after children and young people as part of a self-evaluation of the service. Towards the end of 2018/19, the champs supported the induction of the new independent reviewing team. They shared their views on what makes a good plan an effective review meeting and things to remember when making decisions about contact between young people and their brothers and sisters and parents. All external recruitment to management posts within children's services include an interview with a panel of care experienced young people. Their views on how well candidates engage, understand and value the voices of LAC are integral to the process. In 2018 year the champs built on the Top Tips for Social workers and created top tips for corporate parents⁵. This information is shared at training and awareness raising events.

⁴ Housing

<https://www.youtube.com/watch?v=QjBEMIV9BVg>

Education

<https://www.youtube.com/watch?v=5BrHi85IyeQ>

⁵ [Top Tips for Corporate Parents](#); [Top Tips for Social Workers](#)

2.24 Other successes include

- the opportunity in early 2019 for one of our participation assistants to complete a leadership programme in India
- The Champions Board was shortlisted for the Scottish Social Services Award.
- Another participation assistant was shortlisted for the ‘Young tenant of the Year’ award.
- Regular visits from MSPs and MPs and engagement with the Independent Care Review to hear about the work of the Board

2.25 The Champs Board was established with funding from the Life Changes Trust and relies on this to operate and deliver its functions. During 2018/19, a further period of funding was awarded, although at a reduced level, and will cease entirely in 2021. Members of the Corporate Parenting Board, on behalf of all East Lothian corporate parents will be tasked with identifying a sustainable solution during the next 18months to ensure the continuation of this essential and highly successful service.

Section 3: Social Services Delivery Landscape: Partnership Working and Commissioning

Demography, Geography and Socio-economic Context

- 3.1 The population of East Lothian is 104,840 with a higher proportion of both older and younger people than the Scottish average. Overall the population is forecast to grow by 18% between 2016 and 2041, one of the fastest rates across Scotland. The population changes vary across age groups and geography but projections suggest that the 75+ age group will have the largest percentage change, by 100%, and more than the Scottish average (nearly 79%). However, the age group 30-49 will remain the largest proportion of the population (NRS, 2016).
- 3.2 The number of 0-15 year olds is projected to increase by 27.5% between 2012 and 2027 and the number of households is projected to grow by 23.8% between 2015 and 2037 compared to a growth of 14.3% in Scotland. Fa'side area is projected to have the largest population increase by 2026 of some 41.6%. (East Lothian by Numbers 2016).

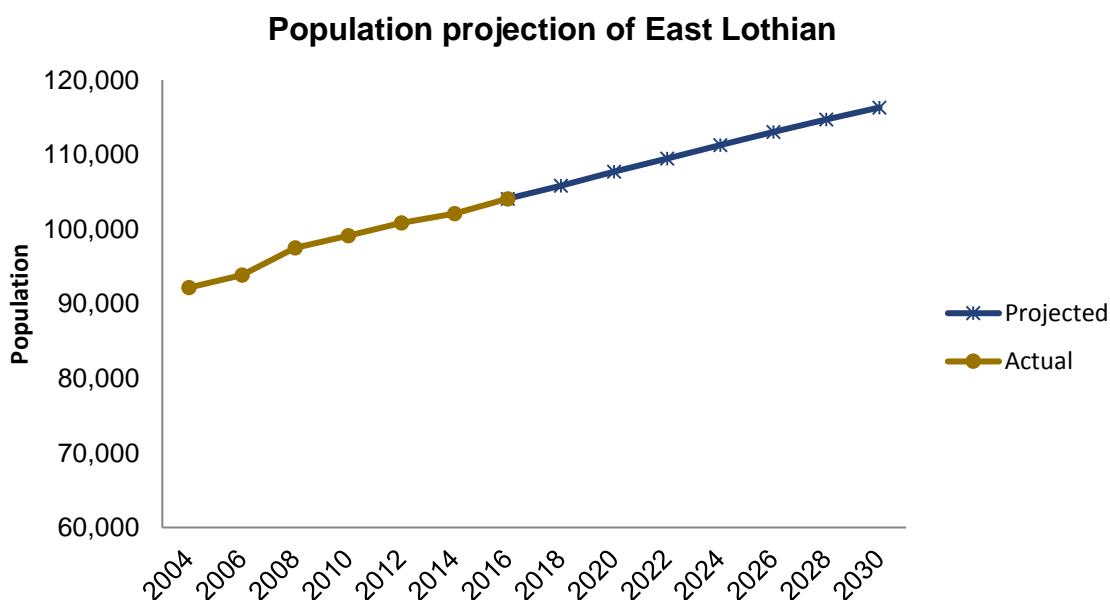


Figure 8. East Lothian population projection, 2016 to 2030, with actual population from 2004 (NRS, 2016)

3.3 The current age profile of East Lothian is generally older than Scotland with a higher proportion of the population aged 60 and over. Figure 2 displays the age range of East Lothian in comparison to Scotland in 2016 (NRS, 2016).

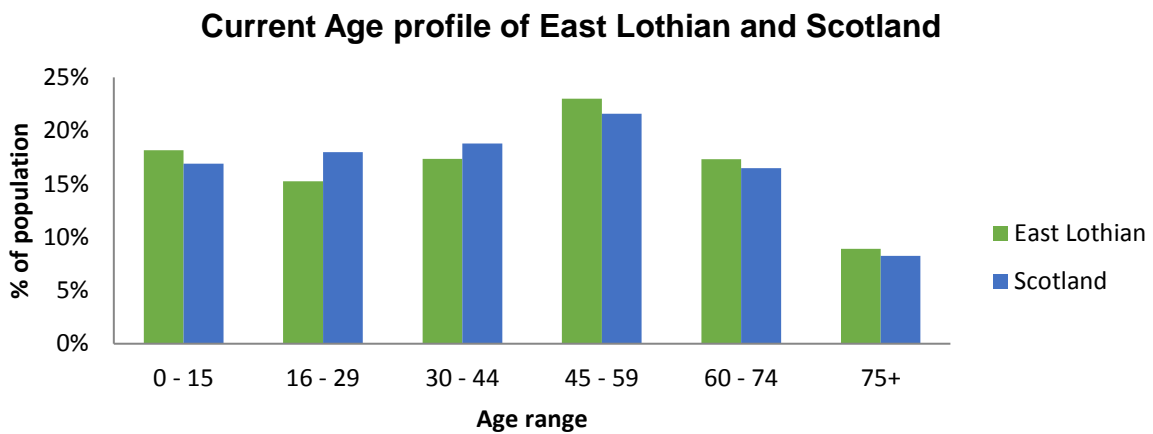


Figure 2. Estimated population by age group (NRS, 2016)

3.4 In terms of our socio-economic context, overall, 4% of the East Lothian population live in the most deprived Scottish quintile, while 20% live in the least deprived quintile. (NRS, 2016). However, this varies by locality. Higher levels of deprivation are concentrated in the western part of East Lothian (around Musselburgh, Wallyford, Tranent and Prestonpans), although there are also pockets of deprivation in Haddington and Dunbar. Once housing costs are included, 20.3% of children in East Lothian are living in poverty.

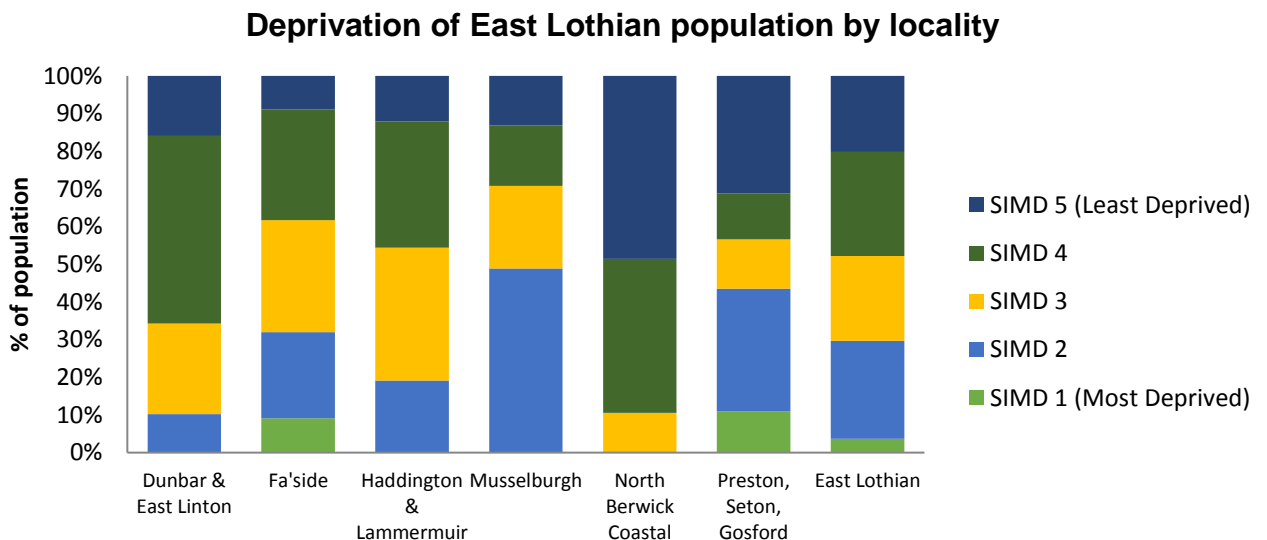


Figure 3. SIMD 2016 Locality Population for East Lothian (NRS, 2016)

Geography of East Lothian

3.5 East Lothian has a geographical profile that differs from the Scottish average. Figure 4 below demonstrates the urban/rural distribution of the East Lothian population. Around 24% of the population are classed as living in a large urban area, compared to nearly 70% of the Scottish population that live in a large urban town, or other urban area. All of these residents are in the Musselburgh locality. Almost 22% of the population live in accessible rural areas. In comparison, in Scotland, 10% of the population live in accessible rural areas (SHS, 2017).

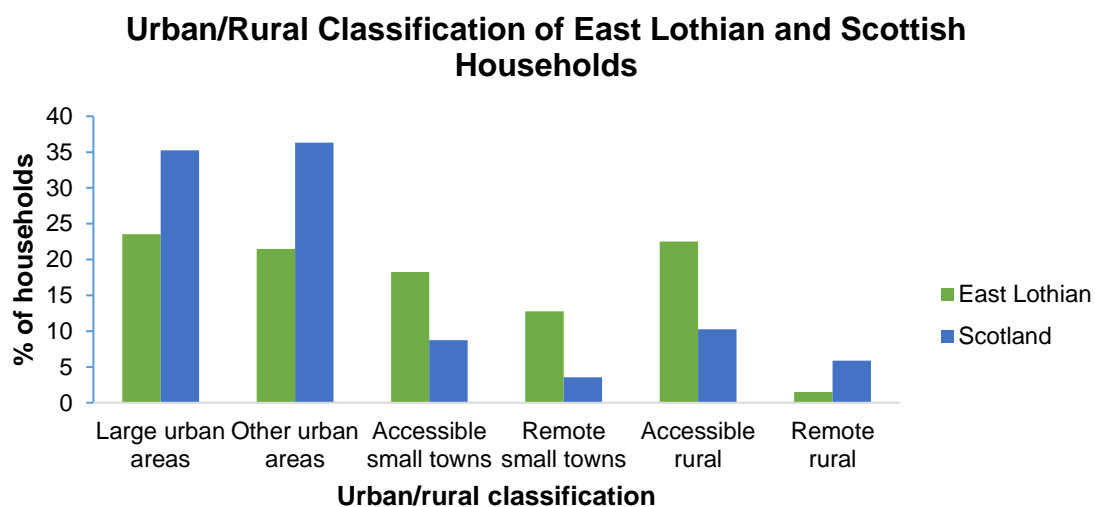


Figure 4. Distribution of population of East Lothian by rurality (SHS, 2017)

3.6 This more rural distribution of the population has an impact on accessibility of services to the general public. One example of this is access to public transport. Figure 5 demonstrates the accessibility to regional public transport according to geographic access deprivation.

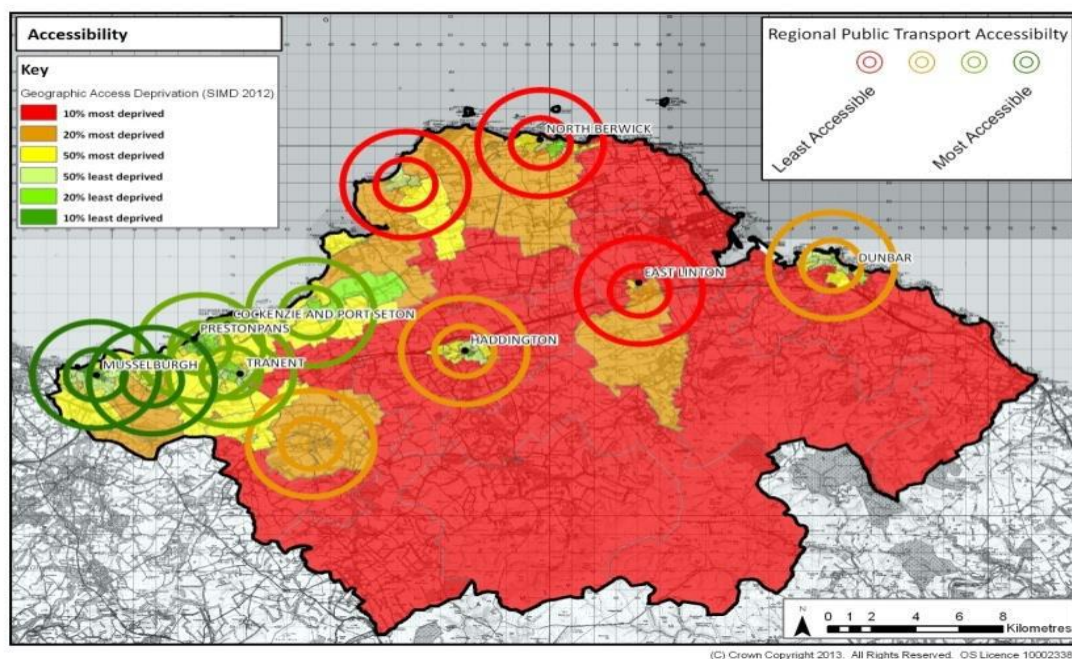


Figure 5. Geographic Access Deprivation (SIMD 2012) showing access to regional public transport (East Lothian Local Development Plan, 2018)

The Workforce

3.7 82.3% of East Lothian population is economically active. The Scottish average is 77.8%. 21.4% of economically inactive population are retired, compared to 14.3% average in Scotland (NOMIS, 2017). There has been a trend for the chief earner of the household to work outside East Lothian, with 30% of chief earners commuting to work outside East Lothian in 2017, a rise from 17% in 2011. Analysis by ward reveals that those who lived in Dunbar and East Linton were most likely to have said the chief income earner works within East Lothian (56%). On the other hand, Preston, Seton and Gosford respondents were most likely to have said the chief income earner commutes to work outside East Lothian (EL Resident Survey, 2017). However, employment for disabled people is lower and income is lower. After housing costs, nearly a quarter of people living in a disabled household were in poverty in 2007/08, compared with 17% of those living in non-disabled households (ScotPHO, 2010).

Volunteering

3.8 In 2017, 33% of the East Lothian population provided unpaid help. In general, there is an increase in the proportion of 65+ who volunteer, with 34% providing unpaid help in 2017, compared to 25% in 2013. 44% of residents in accessible rural areas provided unpaid help, compared to 21% of residents in large urban areas. Local community or neighbourhood groups was the most popular choice of organisation to provide unpaid help with 29 out of 90 (32%) of volunteers providing help to this type of organisation. Health, disability and social welfare was the second most popular type with 19 out of 90 (21%) volunteers providing help for this group (SHS, 2017).

Carers

- 3.9 The percentage of carers aged over 65 in East Lothian was 18.7% in 2011, slightly less than Scotland proportion of 19.3%. However, this varies by geography with a range of 7.1% (West Barns) to 30.2% (Gullane).

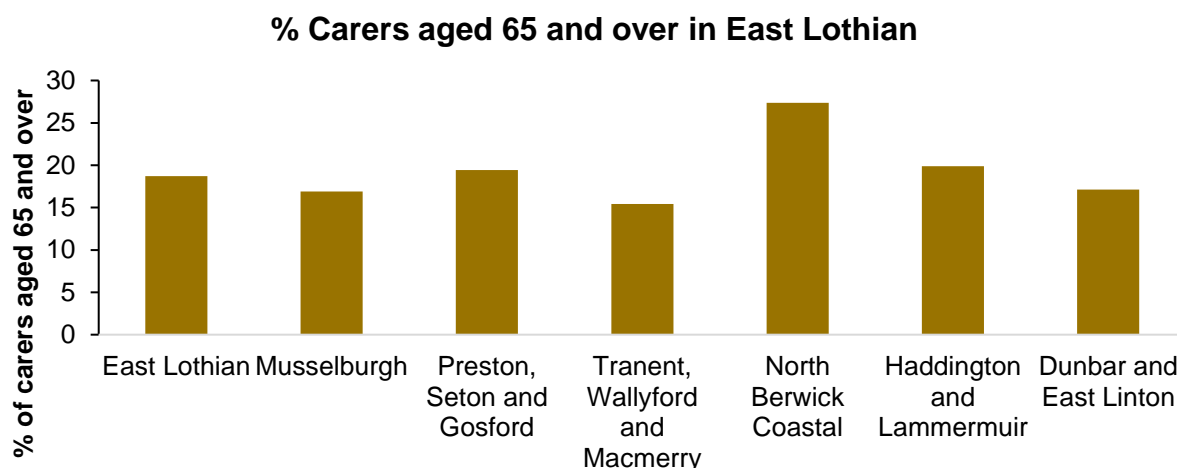


Figure 6. Proportion of carers aged 65 and over by locality (Census, 2011)

It is estimated there are at least 2000 young carers in East Lothian (East Lothian Young Carers, 2018). Young carers are twice as likely as young people to report a mental health condition. They also have worse self-reported health and have a higher prevalence of physical health conditions (Scottish Government, 2017).

Dementia

- 3.10 As East Lothian is the second fastest growing local authority area in Scotland the new housing and communities that are being created need to respond to the needs of the increasing numbers of people who will be affected by dementia. We are working in partnership with Dementia Friendly East Lothian to assist in this and prepare for new families and individuals who make East Lothian their home. This will, in addition, involve working in partnership with Community Planning, housing and the third sector to ensure that dementia friendly communities become part of development agendas.
- 3.11 Partnership working across Community Planning and Health and Social Care, as well as the third sector is also significant in bringing a focus to those affected by inequality or poverty who also have a diagnosis of dementia. As noted, East Lothian has a diverse population in an area of mixed urban and rural communities, some affected by deprivation. These factors impact on how easily people with dementia can access services. This focus needs to be brought into the local dementia care pathway to best support individuals and families within the county.

Gypsy Travellers

- 3.12 There is currently no systematically collated data about the Gypsy Traveller population in East Lothian making it difficult to provide an accurate assessment of numbers and needs; however, health outcomes for Gypsy Travellers are generally poorer than for the wider population and they experience greater levels of stigma and discrimination than other minority ethnic groups. There is one official local authority site at the Old Dalkeith Colliery, with pitches for 12 trailers. East Lothian Council maintain a quarterly collection of data from this site, which has a steady number of families living there, with no waiting list.
- 3.13 The Gypsy Traveller Steering Group is a Lothian-wide multi-agency partnership with representation from: health; education; local authorities; police and the third sector. The group coordinates activities aimed to improve the health and wellbeing of the Gypsy Traveller community across Lothian. The work is governed by an action plan which is based on the priorities set out in a Fairer Scotland for All: Race Equality Action Plan. The plan supports the 'golden threads' within HSCP planning to reduce inequalities and focus on prevention and early intervention.

Social Care Provision

Adults with Complex Needs

The transformation programme of community supports and day services for adults with complex needs was formally launched during 2018/19. The work was supported by a financial intern who modelled financial projections for social care requirements and costs based on past patterns of service demand, provision and spend. This underpinned the rationale for change and the modernisation of services.

- 3.14 In 2018, 725 adults with learning disability were known to the East Lothian Health and Social Care Partnership. The number of adults with learning disability in East Lothian reported to the Scottish Commission for Learning Disability (SCLD) is 8.5 adults per 1,000. East Lothian has the highest number of adults with learning disabilities known to local authorities in Scotland (Scotland average 5.2 adults per 1,000). Projections examining the predicted social care requirements have been calculated by East Lothian Council. Social care users with learning disability are projected to grow from 368 in 2019 to 651 in 2041. Learning disability social care costs are projected to grow at an average yearly real rate of 4.5%. Learning disability is currently on trend to grow below expected projected growth.
- 3.15 Physical disability social care users are projected to grow from 180 to 213 by 2041. Physical disability social care costs are projected at an average yearly real rate of 3%. Physical disability is currently on trend to grow in line the expected projected growth. Mental health social care users are projected to grow from 202 to 218 by 2041. Mental health social care costs are projected to grow at an average yearly real rate of 2%. Mental health is currently on trend to grow in line the expected projections growth.

3.16 In 2018-19, 25.1 per cent of all East Lothian pupils had an additional support need (ASN) recorded. This figure includes pupils with a Co-ordinated Support Plan (CSP), Individualised Education Programme (IEP), Child Plan or some other type of support. The East Lothian average in 2018-19 was 2 to 3 percent below the national average across the sectors. The prevalence of learning disabilities increased from 1.3% in 2008 to 2.3% in 2015. Autism prevalence increased from 0.7% to 1.7% (SLDO, 2018). Work is underway to identify earlier those young people who may need support from adult social services. Managers anticipate around 25 young people every year are leaving school requiring significant levels of support, including community day support.

The discovery phase of the **transformation programme of community supports and day services for adults with complex needs** was carried out August 2018- January 2019. The scope of the review includes day services; housing; repatriation of out of area placements; night-time support; use of TEC and alternatives to statutory services. This included population and demographic data analysis, service user data analysis, reach of services, internal and commissioned service make up and current provision, environmental assessments and analysis of current buildings, current national and local policy and strategy, qualitative feedback and consultation from stakeholders, good practice examples.

Key findings that will inform the options for future models of service delivery include:

- There is an increasing population of adults with complex needs, with increasing age and decreasing mortality also factors in the growth of this population group.
- Current services are not able to manage the level of demand across all service user groups, with many operating waiting lists. There is an increase in referrals for younger people transitioning from children's services to adults and adults transitioning to older people's services.
- East Lothian has been working with the same model of day supports and services for some years. Existing premises (building based learning disability services) are not currently able to adequately support the wide variation in both physical and psychological needs of the supported people who are accessing services.
- Costs associated with transport and out of area placements / provision are contributing to significant budget pressures and not sustainable
- There is no strengths based approach to supporting people with complex needs where the role of volunteering, employment and further education is fully developed across services.
- Current commissioning and funding arrangements are restrictive and do not support growth or innovative approaches.

The 2019/20 CSWO report will provide an update on the new models of service delivery.

Through current arrangements for commissioning services, some concerns have been raised in relation to providers having recruitment and retention issues, as well as a shortage of adequately trained staff to provide care for current identified complex care needs.

Forecasting from children's services has clearly indicated that clients with more complex care needs will be transitioning into adult services in the immediate and longer term. The Integration Joint Board have been made aware of this risk and further discussions regarding a comprehensive approach to commissioned services will be taken forward.

Care at Home Provision

- 3.17 In East Lothian, care at home is predominantly provided by the independent sector, with only 5.5% provided via East Lothian Council's homecare team and the NHS funded Hospital to Home Team. In terms of service quality, 73% of services were graded Good (grade 4) or above from the Care Inspectorate with only 27% at a Grade 3 (adequate). With the challenges in the Care at Home sector managers are reassured with this level of quality within the service. During 18/19 one provider chose to leave East Lothian. Care Staff were TUPE'd to another Framework provider who continued to deliver the services and in turn improved capacity and quality of service within East Lothian. The service is currently developing an Integrated Care at Home Service which includes Home Care (funded by ELC) Hospital to Home (funded by NHS) and Emergency Care Service (Jointly funded by ELC and NHS). The opening of the East Lothian Community Hospital in 2019 year will offer joint accommodation and development of joint teams in the partnership.
- 3.18 Last year's CSWO report discussed the work to implement a care at home framework with 15 external providers. The new contract allowed for delivery of services by two methods; time and task and personal budget model. The latter allowing people to receive their services focused and measured on assessed outcomes, significantly pushing forward the SDS agenda under an option 3 purchase arrangement⁶. The service has continued to see benefits in terms of building in incentives to drive up quality and achieve efficiencies through a gain share mechanism. All services are monitored through balanced scorecard approach which includes a series of KPIs as well as measures to respond to material breaches of contract. The contract was developed through extensive stakeholder engagement and use of a more flexible approach to purchasing of services has been welcomed by service users and providers.
- 3.19 There has been a significant improvement in partnership working with Providers through the development of collaboration allocations, allowing providers to be clustered into areas improving the delivery of service as well as reducing travel time and cost for providers. The Scottish Living Wage for care at home providers both on and off the Framework has been implemented whilst remaining in budget for care at home services.
- 3.20 There is a challenge in recruiting and retaining care staff for care at home services. Despite the national implementation of living wage for all care workers, the job is still viewed as low paid but with high levels of responsibility, autonomy yet close scrutiny.

⁶ [Social Work Scotland - Best Practice & Local Authority Progress in Self-Directed Support](#)

There is still high mobility of carers between providers, causing additional disruption to people who access services and increased costs to providers and commissioners of services.

- 3.21 In terms of demand, at March 2019, there were 1370 adult service users, similar to last year, with approximately 21500 hours provided each week. Like many local authorities, we experience a shortage of hours. However our performance in reducing unallocated care hours has improved significantly since 2017/18. The community review team works hard to improve efficiencies by stopping care once outcomes have been met and ensure those at greatest risk are allocated first.

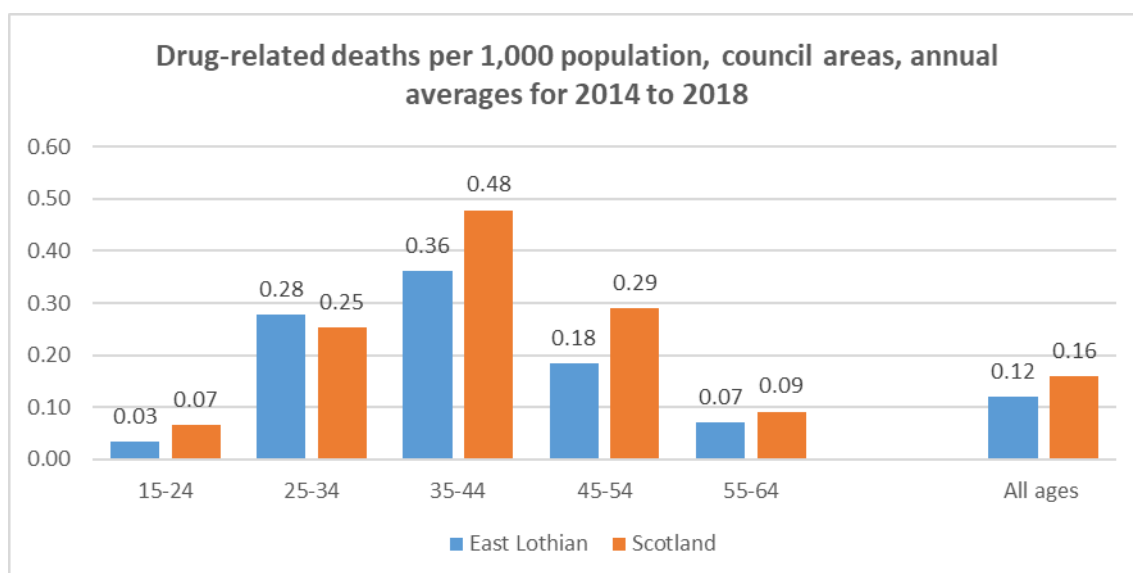
Care Home Provision

- 3.22 East Lothian has 17 care homes for older people in total. Three residential care homes and Belhaven nursing home are managed by ELH&SCP staff. The remainder are provided by the independent sector. In April 2018, there were 599 clients (aged over 65) being supported within care homes rising to 606 by the 31 March 2019. This compared to 584 in 2017. Of these clients, 44% are self-funding, which has increased over the last two years.
- 3.23 The length of care home placements are getting shorter. For the period Sept 2018 to April 2019 (using a similar period to the previous report) 182 placements ended, 52 (29%) lasted less than 6 months and 73 (40%) were less than a year so slightly less than the previous report. However, overall, the average length of time residential packages lasted dropped from 2.40 years in the period Sep 2017 to Apr 2018 down to 2.19 years during Sep 2018 to Apr 2019.
- 3.24 There has been a recent increase in provision of care home placements with Muirfield Nursing Home increasing their beds to 60 and also the opening of the new Haddington Care Home with 68 beds in 2018. As a result some of the other homes are reporting an increase in vacancies. Although this may impact the providers it does mean that residents have more choice in placements.
- 3.25 Respite provision for adults over 65 years continues to remain a challenge for service users. Although respite beds are block purchased at Haddington the home has just recently been purchased by another provider though and it is not yet clear whether they will wish to continue with the current respite arrangement. Other homes continue to offer respite but only when beds are not being occupied by a permanent resident.
- 3.26 Officers are continuing to develop a non-national care home contract for homes not currently under the National Care Home Contract. The intention is to bring these homes under the same terms as the National Care Home Contract, although recognise that these are more specialist resources which may offer services above and beyond

the traditional contract. The new contract will provide us with greater control over contract management and also rate increases.

Substance Misuse Services

3.27 Alcohol and drug use and misuse affects all of our communities but with the greatest level of harm experienced by those living in communities facing the most complex challenges. It is estimated that in East Lothian there are 1800 children living with a parent with some level of problematic alcohol use and 413 children living with a parent who is a problem drug user. Older people are affected by the misuse of drugs too with the highest level of alcohol related hospital stays for both men and women occurring in 55-64 age range. Family members and friends are affected by the death of a loved one as a result of alcohol and drugs. In 2018/19 there were 18 drug related deaths primarily in an ageing, poly-drug using cohort and 16 alcohol related deaths.



3.28 Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) commissions a number of services from NHS Lothian, East Lothian Council and third sector providers to support people who misuse alcohol and drugs as well as those affected by someone’s substance use. In recognition of the multiple challenges often faced by people who misuse alcohol and drugs work has continued to build a Recovery Orientated System of Care (ROSC) by strengthened links to other services such as housing, mental health and criminal justice services. The needs of women, particularly women who use drugs and the additional barriers they face to access appropriate services has been identified as a new priority and a needs assessment has been commissioned to define more clearly the scale of the problem and provide possible strategies to address these. The rate of drug related deaths is rising faster for women than men, and last year 7 of the 18 deaths were women.

- 3.29 While the majority of spend is dedicated to adult treatment services, recent commissioning decisions increased the range of recovery orientated services. These include recovery cafes, the Recovery College, an increased role for people with lived experience through the appointment of peer support workers as well establishing a Recovery Hub with improved access for clients seeking treatment and support. The absence of a young people's substance use support service designed to identify support those young people most at risk of developing problematic substance use was been recognised. The design and commissioning phases of its development were underway during this reporting period.
- 3.30 The main services for adults which can be accessed through the Recovery Gateways are the Substance Misuse Service (SMS) which provides a range of services to clients who wish to regain control over their substance use and make positive changes in their lives. Other MELDAP commissioned services for adults include:
- Midlothian and East Lothian Drugs (MELD)
 - Edinburgh and Lothian's Council on Alcohol (ELCA)
 - Recovery College, in partnership with Access to Industry
 - Starfish Recovery Café
 - Peer support.

Criminal Justice Social Work

- 3.31 Criminal justice social work services in East Lothian are provided in a framework of social and community initiatives intended to achieve a reduction in reoffending, increase social inclusion of former offenders and provide support for victims of crime, while increasing community safety. Work across criminal justice social work services is funded by a ring-fenced direct grant from the Scottish Government and are required to adhere to National Outcomes and Standards. Social work services responsibilities include:
- providing effective supervision of offenders in the community
 - challenging offending behaviour and help offenders realise the impact of their behaviour on themselves, their families, the community and their victims
 - assisting with problems that may contribute to offending, for example, drug or alcohol misuse
 - providing courts with a range of alternatives to prison in appropriate circumstances
 - promoting community safety and public protection.

- 3.32 East Lothian Council's Criminal Justice Service is the main provider of criminal justice social work locally, but works in partnership with voluntary organisations and community groups in the provision of justice services in the county. Data indicates that people who have, or who are at risk of offending are more likely to have multiple and complex health issues, including mental and physical health problems, learning difficulties and substance misuse. In addition, they are three times more likely to die prematurely and ten times more likely to commit suicide than the general population. The introduction of community justice on a legislative basis reflects the need to provide a targeted and coordinated response to people with convictions to reduce health inequalities, promote successful integration and reduce the risk of reoffending.
- 3.33 Work is underway across mental health, substance misuse and criminal justice services to explore opportunities for integrated support arrangements for women with convictions and will be reported in the 2019/20 annual report.

Children's Services

Fostering Service

- 3.34 East Lothian used to be a fertile local authority for the recruitment of foster carers. When independent fostering agencies were permitted to recruit on a 'not for profit' basis in Scotland, this impacted on local authority foster carer recruitment, as these agencies pay high rate weekly fostering allowances along with a reasonable foster care fee, passing these costs to the local authorities who procure the placement, in addition to a management fee. Increased spending against looked after children budgets resulted. This, combined with the impact of austerity on local authority finance led our neighbouring large council to make significant investment in their own foster carer recruitment. Edinburgh now procure fewer placements from East Lothian, other neighbouring authorities and independent fostering agencies.
- 3.35 At April 2018 there were 60 East Lothian foster carer households providing 90 placements to East Lothian Children:
- 24% were committed to providing long- term/permanent placements so have no additional capacity.
 - 24% of carers are aged between 60 - 75 years, some of whom are indicating they are planning to retire when their current placements come to an end or plan to reduce the number of placements they provide.
 - 6% were dedicated respite foster carers providing support care. These foster carers have no plans to become full time foster carers.

This left less than 50% of foster carers with capacity to provide new foster placements when their current placements end. The current and anticipated

pressures included the need to recruit more long-term and permanent foster carers to reduce future use of external fostering placements and the need to recruit more foster carers to enable young people to remain in their foster placement via Continuing Care.

- 3.36 In response to this pressure the council agreed a budget investment that enabled the service to change the fee payment scheme for foster carers and share the carers to allow the service to compete with agencies already recruiting within East Lothian. The funding was also used to resource and launch a new and more assertive advertising and recruitment strategy with new branding, new designs for lamp-post wraps and bus-ends. It has taken time to implement some aspects of the new approach and there is always a significant time lag between advertising and approving new carers. However, momentum has been gathering and a more detailed evaluation will be provided in the 2019/20 CSWO report.

Children's Disability Resources

- 3.37 Although the inclusion of providers of care at home to children and young people within the framework contract has allowed for continuity of provision, it has not delivered the scale of benefits for children's services seen in services for older people. Although four providers were successful in being awarded, in reality only two of these have been routinely offering packages of support. Children's care at home comprises small packages of care required at peak times. Children's needs are often complex and the framework rate does not provide an incentive for providers to train staff to manage their needs. This has implications for the budget as the service may need to go off contract to spot purchase from what may be the only available provider. Without these services, families are at risk of disrupting and requiring more expensive residential resources.
- 3.38 Another service challenge is sourcing more specialist day support from agencies/workers with the skill set to work with children who have autism and high levels of anxieties and the behaviours which may result. Full time residential care is a gap when education needs can be met in East Lothian or Edinburgh but family based care is not possible for the child. We want to be able to keep children locally and recent experiences of most residential schools has not been positive – we have returned two young people from residential schools where care and/or education has not been good enough – however providing alternative provision is a complex and challenging task.

Accommodation for care leavers

- 3.39 The Council has a legal duty to provide advice and assistance to young people who cease to be looked after on or after their 16th birthday. We are also legally required to provide aftercare support until the care leaver turns 19, and to assess any eligible needs for aftercare support until they turn 26. The Children and Young People (Scotland) Act 2014 strengthened the approach to Throughcare and Aftercare by setting out a legal duty for Corporate Parents to promote the wellbeing of care leavers.

Regulation 14 states that when we are providing a young person with or supporting them in accommodation, we must ensure that any such accommodation is suitable and meets their needs.

- 3.40 Young people leaving care are more likely to become homeless and experience housing instability due to their vulnerability and limited economic and social resources. Safe, settled and sustainable accommodation is a crucial foundation for achieving positive outcomes for care leavers. Whilst acknowledging the very challenging context across East Lothian of insufficient housing stock, the impact on our most vulnerable and difficult to place young people reached a point in 2018/19 where there was significant levels of unmet need resulting in high usage of inappropriate accommodation including bed and breakfast.
- 3.41 In May 2018, the council agreed to invest in our most vulnerable and complex young people who were not ready for mainstream living through the purchase of three flats and provision of 24 hour staff support to meet the needs of our most vulnerable care experienced young people. These are young people who may be involved with anti-social behaviour or criminality and require extra guidance and support as well as a safe place to stay. They have often exhausted all community options with family or friends and have become homeless due to our current lack of suitable resources. This will include support with tenancy management, gatekeeping, finances, daily living and assistance with practical and emotional matters.
- 3.42 Working with an existing provider Blue Triangle, the new service was launched in April 2019. Alongside these developments, the relationships and joint working arrangements with housing and homeless services have been strengthened in particular over recent months which has seen significant gains for our care leaver population, in particular a significant reduction in the use of inappropriate accommodation. We will report on this fully in the 2019/20 annual report.

Prevention and early intervention services

- 3.43 Children's Services has historically used Section 10 of the Social Work (Scotland) Act 1968 grant funding to make contributions by way of grants to third Sector organisations. This has enabled services to deliver in partnership, some core functions, such as independent advocacy for care experienced children and young people, residential respite for children with complex needs and disabilities, conflict mediation and resolution between young people and their main care givers and housing support and accommodation for those care experienced young people who are moving towards their independence. Section 10 has also been used to fund early intervention services including Home-Start East Lothian and the East Lothian Special Needs Play Scheme. We recognise that they provide important services with positive impact for vulnerable families.

- 3.44 Children's social work services has had limited access to *targeted early intervention* services in recent years. These are services that can work effectively with children and families with complex or challenging behaviours to either slow down or turn around deteriorating behaviour or to target those who are at risk of needing to become looked after. Edinburgh Cyrenians provide a conflict mediation service to young people at risk of becoming homeless. Children 1st provide a family group decision making service as an evidence based approach to promoting and identifying family-based solutions and provide kinship care assessments. However during 2018/19 it became clear that East Lothian's continuing low numbers of kinship care placements and rise in children requiring external residential care required a more assertive approach to keeping children within their families and additional capacity within the family group decision making (FGDM) and kinship assessment and support arrangements.
- 3.45 Work has been underway since autumn 2018 to consider how to create capacity within the social work service to intervene earlier and more effectively to both prevent young people becoming accommodated and to return some young people home to East Lothian from expensive out of area placements. This work is linked with a wider review of how well the council supports children with additional support needs and a review of the totality of resources and services to support families and strengthen parenting that will feature in the next CSWO report.

Section 4: Finance and Resources

The Financial Environment

4.1 In their 2016 report *Social Work in Scotland*⁷, Audit Scotland presented the headline message that the current approaches to delivering social work services would not be sustainable in the long term. Social work departments/services were seen as facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. Elected members were recognised as having a key role to play in a wider conversation with the public about service priorities and managing people's expectations of social work and social care services that councils can afford to provide in the future. Key recommendations included:

- Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, to set the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future.
- They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally.
- They also need to build capacity in communities to better support vulnerable local people to live independently in their own homes and communities.

4.2 The follow up (impact) report published in December 2018⁸ recognised that there had been a lot of activity in response to the report including the promotion of key messages. Work had started to strengthen governance and scrutiny arrangements and address workforce challenges. However, there was no evidence that councils and IJBs had been working with Scottish Government, COSLA or other stakeholders to agree a model for social work services in the future and how this would be funded.

4.3 From an East Lothian perspective, the demand for social care and social work services will continue to increase as the population rises, people live longer and experience associated health and care needs. The additional impact and cost of poverty, domestic abuse, substance misuse and poor mental health mean we must consider bold and transformational change. Prevention and reducing demand for services needs to be the golden thread that runs through our strategic approach to designing and delivering services.

4.4 The East Lothian Best Value Audit Report, 2018 confirmed that financial management in East Lothian was effective with a budget-setting process that focused on the council's priorities. The council has established a Transformation Programme to

⁷ [Audit Scotland - Social Work in Scotland Report](#)

⁸ [Audit Scotland - Social Work in Scotland - Impact Report](#)

embrace new technologies and to help address the forecast funding gap. The five-year funding gap projections will be reviewed annually as the council updates its financial strategy and the council is continuing to work to identify additional measures to reduce expenditure and increase income.

2018/19 Budget

Children's services	Additional investment	Efficiencies	
Budget £13,890m	£444,000 To support service pressures	Sell one place at Lothian Villa care home	£156,000
		Buysmart Review	£4,000
		Reduction in training budget	£2,000
Older people and adults	Additional investment	Efficiencies	
Budget £51,233m	Adult wellbeing – increase in operational staff £224,000	Reduction in operational supplies budget	£45,000
		Charging policy	£358,000
		Integration	£350,000

- 4.5 In 2018/19 a review of charging was undertaken and evidence for the changes established through benchmarking and impact assessment. New arrangements included a 15% increase on existing non-residential and residential charges, the introduction of two new 'flat fee' charges for day centre attendance and transport use and a 20% increase in the Taper used when financially assessing. All changes were fully consulted upon and sought to adhere to the COSLA 2018/19 guidance on charging for non-residential care services. A full year review of impact of these changes is currently underway.
- 4.6 In children's services, the investment money was targeted at areas of known financial pressure: increasing capacity in fostering resources; supported accommodation for care leavers and increasing social worker capacity in duty and the reviewing service. In adult wellbeing, the investment was used to build capacity in the community reviewing service in order to deliver efficiencies through reviewing individual care plans. These developments were fully implemented by the end of this reporting period. The evaluation and impact will be reported in 2019/20.
- 4.7 During 2018/19, the main areas of pressure continued to be within increased demand for care services, particularly elderly external care and clients with learning and physical disabilities as well as increased transport costs. These pressures were managed in year on a non-recurrent basis, from underspends in other operational

services. Due to a combination of factors- a lower than anticipated expenditure in relation to the delivery of services, a reduction in commissioned service costs due to lower than forecast demand for services and review of care packages, and a number of non-recurring unexpected benefits, overall the council services delegated to the IJB delivered an underspend of £311,000. In accordance with the approved scheme of integration, this underspend has been used to create a reserve for the IJB. Taking into consideration the Health delegated functions, in total the IJB now has in total the IJB now has total reserves of £1.782 million of which £695,000 is earmarked.

- 4.8 Work continues through discussion between East Lothian Council and NHS Lothian Finance functions to evidence a shift in the balance of care which will in turn result in a shift in resources from the NHS part of the delegated budget to support the increasing provision of social care funded support in the community.
- 4.9 All services in health and social care are reviewed through a formal Change Board structure. This is to ensure they deliver the best quality care within the resources available. Some initial benefits of this redesign have contributed to the improved financial position for the IJB within this financial period. Many historic operational pressures remain a challenge and further efficiencies are required in the coming year to ensure financial balance remains. Overall, the break-even position has been achieved by non-recurrent benefits and slippage (underspends) in elements of the health and social care services. Although an in year surplus, the IJB continues building the management of pressure areas into its financial plans for 2019-20.
- 4.10 The main areas of pressure for children's services was within the external residential and external fostering budgets. In 2018/19 there was a significant increase in demand for these services particularly external residential and secure placements. Alongside an increased use of external residential placements, the average cost of a package increased from £158,000 to £201,000 and fewer young people were discharged from accommodation during 2018/19. Over this time period, seven young people met the criteria for secure care because of either significant self-harming behaviour, they had or were likely to cause injury to another person, or they had absconded and could not be kept safe/ would abscond again.
- 4.11 A further service area experiencing pressure was the Throughcare and After Care service delivered through the 15+ team. Following the introduction of the Children and Young People (Scotland) Act 2014, the numbers of children requiring support after they leave care has steadily risen over the past few years. Meeting the requirements of continuing care commitments, increases in accommodation costs and the impact of Universal Credit were additional drivers for spend. These pressures were partially offset by savings from vacancies and lower internal fostering costs.

4.12 The Health & Social Care Partnership Directorate (covering Children's, Adults and Older People) reported an overspend of £2.43 million against budget and the main reasons for this were: The Children's Services budget delivered an overspend of £2.336 million. Budget recovery plans were developed alongside work to identify the factors contributing to patterns of activity and demand and to strengthen governance around assessment and planning arrangements across children and adult social work services. The Chief Executive established a Vulnerable Children's Project Board in May 2019 to review the financial performance of Children's Services and identify opportunities to transform service delivery and bring financial efficiencies. This will be reported on fully in the 2019/20 CSWO report.

Section 5: Performance, Quality, Service Developments and Statutory Functions

Contribution to National Priorities and Outcomes

- 5.1 Annual performance reporting is provided through indicators agreed by East Lothian Partnership, East Lothian Council and the East Lothian Integration Joint Board. For 2018/19 the council revised its approach and agreed its “Top 50” council plan indicators. Within the overarching commitment to reduce inequalities within and between communities, the measures that most directly relate to the contribution of social work and social care services sit within the “Growing our People” cohort of measures (see appendix 1). The IJB’s annual performance report 2018/19 provides a comprehensive account of the service developments and performance against the nine national health and wellbeing outcomes (see appendix 2).

Key service developments in adult social care through 2018/19

Self-directed Support

- 5.2 East Lothian was identified as one of the six areas selected by the Care Inspectorate for a thematic review of the implementation of self-directed support in 2018. The preparation and submission of a self-evaluation in July – August was followed by on-site activity in September-October. The report was published in June 2019, although the draft report was received at the end of March. The purpose of the review was to find out if the principles and values of self-directed support were being met and delivering positive personal outcomes. Overall the Care Inspectorate assessed five of the seven areas for evaluation as “good”, including key performance outcomes and leadership and two as “adequate”.

The following strengths were identified:

- Inspectors said that the way that ELHSCP supported people to experience positive personal outcomes through the implementation of self-directed support was good in East Lothian.
- Staff felt confident, competent and motivated to practice in an outcome focused and person-led way.
- ELHSCP had effectively communicated and engaged with stakeholders and promoted flexible commissioning strategies.

- Staff were empowered and supported to develop and exercise appropriate skills and knowledge.

5.3 Recommendations for improvement included strengthening service users understanding of SDS options and ensuring this is recorded accurately in order to support the effective measurement of the difference services are making. A further area for development was to embed the principles of choice and control into appropriate health services and ensure these principles remained at the heart of strategic service planning across the partnership.

SDS Prepayment Card

5.4 In January 2019 SDS prepayment card was introduced. An amount agreed for the service-user's Direct Payment was uploaded on to the card every four weeks. It works like a debit card and has an online user account—just like an online bank account—and each card is PIN protected. With more people using Direct Payments, the service needs robust and efficient monitoring arrangements. The payment card will require no quarterly submissions and people will be able to check their balance online at any time. There will no requirement for special bank accounts for Direct Payments, so it will be much quicker to set Direct Payments up. This system will be an added incentive for people thinking about or currently using SDS, as it will make finances much easier for service-users to control.

Active and Independent Living Clinic

5.5 The clinic is an integrated project involving Community Occupational Therapy, Physiotherapy and with input from the Housing Team. Set up with the aim of shifting the balance of care to enable the delivery of more services in the community, to reduce inequalities and improve health and care outcomes for local people. The clinic is based in the Wellwynd Hub, developed to simulate a person's own home with the opportunity to trial a variety of equipment, adaptations and Technology Enhanced Care. The resource offers an innovative solution for early intervention, prevention and self-management whilst enabling people to adopt a solution focussed approach, empowerment, and engagement from the outset.

Wellwynd Hub

5.6 Wellwynd Hub opened in 2019 as a resource to assess people with functional difficulties to look at solutions to help gain independence and improve activity. Working in partnership with East Lothian Council's Housing Service, converted a sheltered housing warden's flat into a 'dementia friendly' homely setting with smart technology to assist people requiring help with daily tasks such as reminders or turning on lights by voice command. Home to the Active and Independent Living Clinic, it

allows people the chance to try adaptations and equipment such as wet rooms, adapted showers, specialist wash/dry toilets, adjustable beds and a wheelchair accessible kitchen. Wellwynd has been named as a finalist in 2019's COSLA Excellence Awards.

Duty, Response and Rehabilitation Falls Team

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

START

- 5.8 The Short Term Assessment & Rehabilitation Team (START) works with older people in the Tranent, Prestonpans and Port Seton area. It was set up in April 2018, and focuses on helping people to become more active and independent after illness. It aims to reduce the delays around hospital discharge, prevent unnecessary admissions and help older people to be more confident and independent in their own homes and communities. It works so well because of its relationships with wider community services including GP practices, District Nurses, Social Work, Hospital at Home, Day Centres and the third sector.

Care Home Assessment and Review Team

- 5.9 The team has two main functions; to provide a social work assessment and 5.9hospital discharge service to NHS Lothian hospitals, in particular where multi-disciplinary teams are planning to discharge patients to care homes. Social workers carry a caseload of patients from the point of referral in hospital through to 12 week review of placement, taking referrals from all NHS Lothian hospitals. Secondly the team works with residents living in care homes who require social work input, including Adult Support and Protection investigations, reviews of provision and operating a Duty system to deal with immediate concerns. The team takes a lead role in Large Scale Investigations into care homes where there have been Adult Protection concerns. Over the last 1.5 years the team has developed a Link Social Worker role for all East Lothian care homes which has improved communication between providers and the H&SCP.

Community Connector Model

- 5.10 This is a model (first full year of implementation in 2017) which improves community capacity building, reduces individual needs for statutory services and efficiency in moving people from 1:1 support to peer and community support. It has been a period of reflection in terms of the perceptions of social care in the area. Systems, supported people and assessors' perceptions needed to change and move to a more outcome focused service, rather than a service based on tasks and hours. By moving to a community and outcome focused service, personal outcomes have been achieved for less cost to the local authority.
- 5.11 One-to-one support is often ingrained in a supported person's life. Moving away from that can be daunting, so creating a positive narrative in which the network model provides a two-way system of support is vital. Members now work together with the CLWs for the support they need. By replacing one-to-one services with a peer support model, East Lothian Health and Social Care Partnership has also seen a reduction in costs.

Implementation of the Carer's Act

- 5.12 With the Carers (Scotland) Act coming into force on 1st April 2018 work was undertaken across adult and children's services to ensure the Act's requirements were met. As a result officers have:
- Published an East Lothian Carers Strategy in consultation with carers and third sector organisations. The strategy focuses on 8 outcomes. Awareness of the Act and the new strategy was widely publicised during April to June 2018.
 - Implemented Adult Carer Support Plans and Young Carer Statements in partnership with our local carer's organisations. These were trialled with adult and young carers and are now being used by all carer organisations in place of the previous carer's assessments. Particular effort was directed to making the young carers statements accessible by making the form easy to read and simple to complete
 - Published local Carers Eligibility Criteria in consultation with carers and third sector organisations. This will be used against information provided in the Adult Carer Support Plans (ACSPs) and Young Carers Statements (YCS)
 - Published East Lothian's Short Breaks Statements detailing short break services available across the county – these are split by user group (Adults, Parent Carers and Young Carers all have individual short break statements as the services they access are quite different)

- Supported implementation work to prepare our workers for the changes, including providing them with briefings on the new ACSP/YCS tools and eligibility criteria

Young Carers

5.13 The young carer's pathway provides an integrated approach to identifying young carers in East Lothian. Young people can also self-identify themselves as young carers. This pathway for identification, assessment and planning is supported by the Viewpoint tool. This allows for the identification, assessment and support plan all to be completed electronically when appropriate. An East Lothian Young carer's web page has been developed and hosts the link to the screening questionnaire and relevant information about young carers⁹.

Supporting Young People in Transition

5.14 For young people with disabilities and/or complex needs, the experience of moving from children's to adult health, education and social care services can be stressful and challenging both for them and their families. This is compounded by having to navigate through complex pathways and service systems and eligibility processes to access resources. Achieving a seamless transition requires effective communication with young adults and families as partners, early engagement and planning, clear protocols and information and having the right services in place to meet need at an appropriate level. During 2018/19, staff across services worked hard to establish accurate data about of the needs of young people approaching transition in order to forecast resource requirements in the short term and future needs. This was especially relevant given the growth agenda in East Lothian. The development of updated protocols, a handbook and materials for young people and families and staff is underway, and will be reported in the 2019/20 annual report.

Short Breaks

5.15 Managers have developed a Short Breaks Services Statement with Carers of East Lothian, written in consultation with carers and other professionals, in line with duties under the Carers (Scotland) Act 2016. This provides information for unpaid carers, and for others who might support someone, about the different breaks from caring available in East Lothian. It also includes details of local services which may be of help. Carers can be young carers, young adult carers, parent carers or adult carers. We know that breaks are essential for unpaid carers to help them have the chance to take care of their own health and wellbeing, allow them to have time to themselves, or to spend time with people who are important to them. We have developed a helpful online guide to short breaks¹⁰.

⁹ [East Lothian Council - Young Carers](#) .

¹⁰ [Short Breaks](#)

Mental Health Officer Activity

- 5.16 A mental health officer (MHO) is a “specially trained social worker who has training, education, experience and skills to work with people who have a mental disorder. The Mental health (Care and Treatment) (Scotland) Act 2003 sets out the requirement upon local authorities to appoint a “sufficient “number of persons to undertake the role. MHOs are responsible for making decisions about compulsory admissions to hospital for people who are in the MHO’s judgment at significant risk to their health, safety and welfare. The MHO also has a number of duties under the Adults with Incapacity (Scotland) Act 2000 including providing a professional, independent and non-medical perspective on decisions which affect the civil liberties of individuals with mental illness, learning disability and other related conditions.
- 5.17 East Lothian Council has a statutory mental health officer team which consists of 5.4 WTE posts (this includes 1 WTE lead MHO with supervisory responsibilities). For this reporting period there were 4 satellite MHOs (i.e. qualified and accredited MHOs who work in other areas of the service). Only two are able to take on a small amount of active MHO work, none were able to commit to the duty rota on a regular basis. The core MHO establishment for East Lothian has not increased in the last 10 years. It has been in the lowest quantile in the rates of MHOs per capita across Scottish Local Authorities since the introduction of the Mental Health (Care and Treatment) Act 2003.

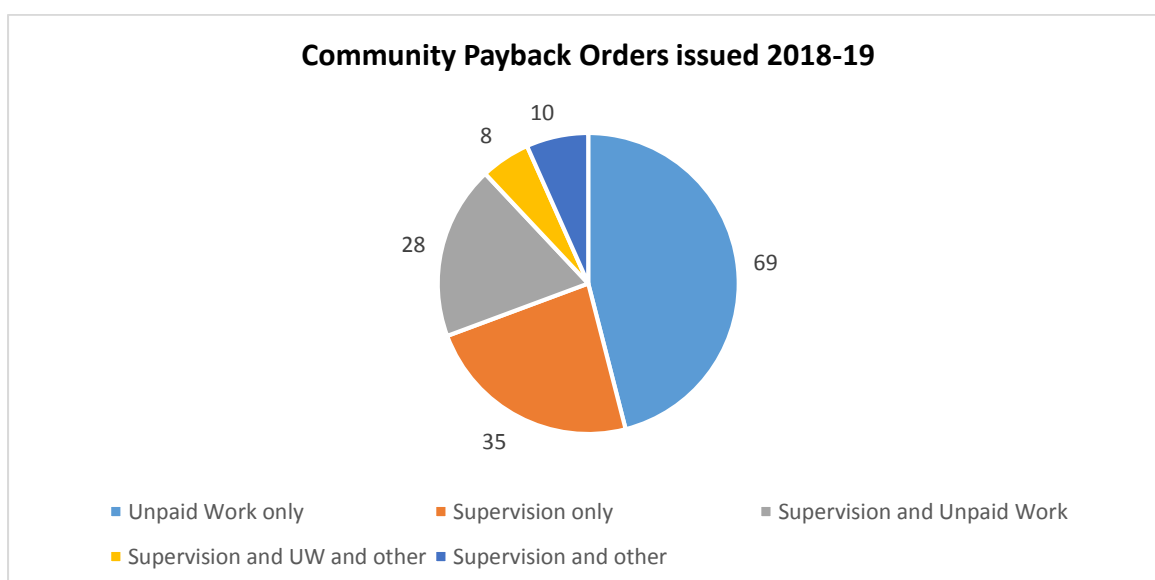
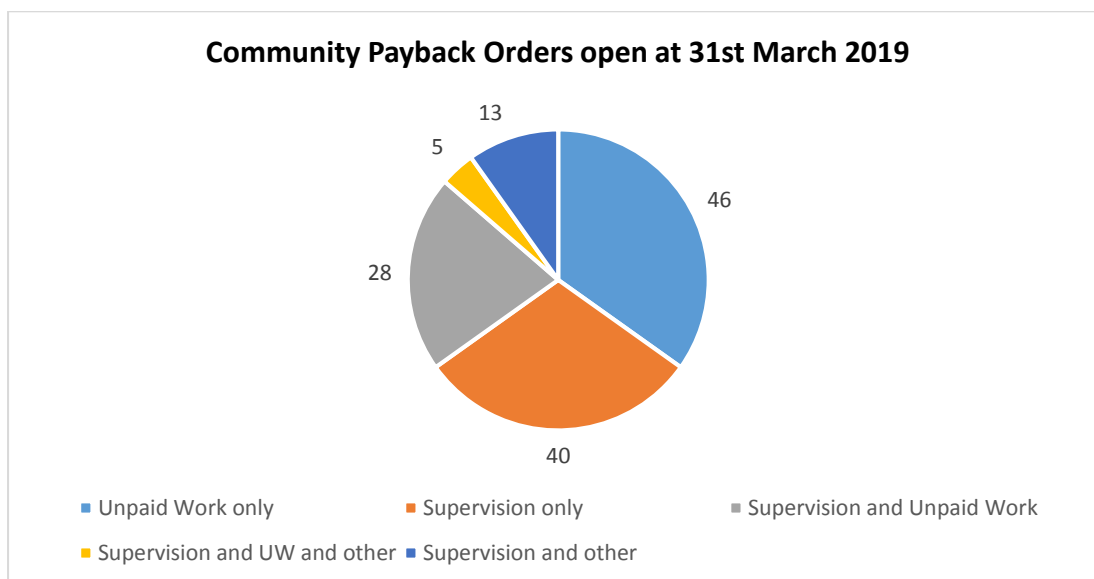
	2016-17	2017-18	2018-19
STDCs granted	63	60	93
CTOs granted	22	17	29
LA Guardianships granted	18	14	20
Private Guardianships granted	38	51	40

Road to Recovery

- 5.18 MELDAP has continued to strengthen the development of a Recovery Orientated System of Care (ROSC), a network of community-led and community-based person-centred services designed to promote recovery. For many people wanting to address their problematic alcohol or drug use, the starting point is one of the well-established ‘Gateways to Recovery’ and they can simply drop into venues such as the Esk Centre. They will be seen immediately and directed to the most appropriate treatment service. The ROSC model also includes self-help groups such as Alcoholics Anonymous, Cocaine Anonymous and SMART available at venues across East Lothian with the SMART group having up to 14 weekly attendees.
- 5.19 Linking people with education Support to re-engage with education, develop new skills and gain qualifications is provided through the MELDAP Recovery College which, over the last 12 months, has worked with 41 students with 13 gaining SQA qualifications, two moving on to Further Education, five into work and six becoming volunteers. Friday Friends cafe and the Starfish Recovery Cafe help people reconnect

with the wider community and reduce isolation seeing some 30 to 40 people weekly. MELD peer support workers, all people with lived experience, provide a range of practical support to clients; helping them engage with services, accompanying them to appointments and acting as an advocate when needed. Support to help clients' mindfulness and support recovery is provided through alternative therapies such as ear acupuncture offered to MELD clients. The Lothian and Edinburgh Abstinence Programme (LEAP) provided a place for 10 people who needed longer term residential treatment with 70% of clients completing the 12-week programme.

Criminal Justice Social Work Services



5.20 Due to the ongoing welfare and social needs of people with convictions in 2017/18 the Criminal Justice Team increased its complement of Social Work Assistant staff in

2018/19, allowing for individualised support and advocacy for those with convictions. To further strengthen the skills mix in December 2018 the Senior Practitioner post was re-introduced and this has supported developmental work to:

- Improve partnership working with colleagues in housing and substance misuse services
- Increase efficacy and governance of the CONNECT Group – a women’s only group for those either involved with, or at risk of becoming involved with, the criminal justice system
- Improved oversight of non-statutory interventions, with specific reference to Voluntary Through care

5.21 Community Payback Orders with unpaid work/other activity continues to be a core component of our social work business. In 2018/19 the number of hours issued by Court was 11,909 and this represented a 10% increase whereas the number of hours completed was 14,951, indicating a drop of 5%. The highlighted projects undertaken include:

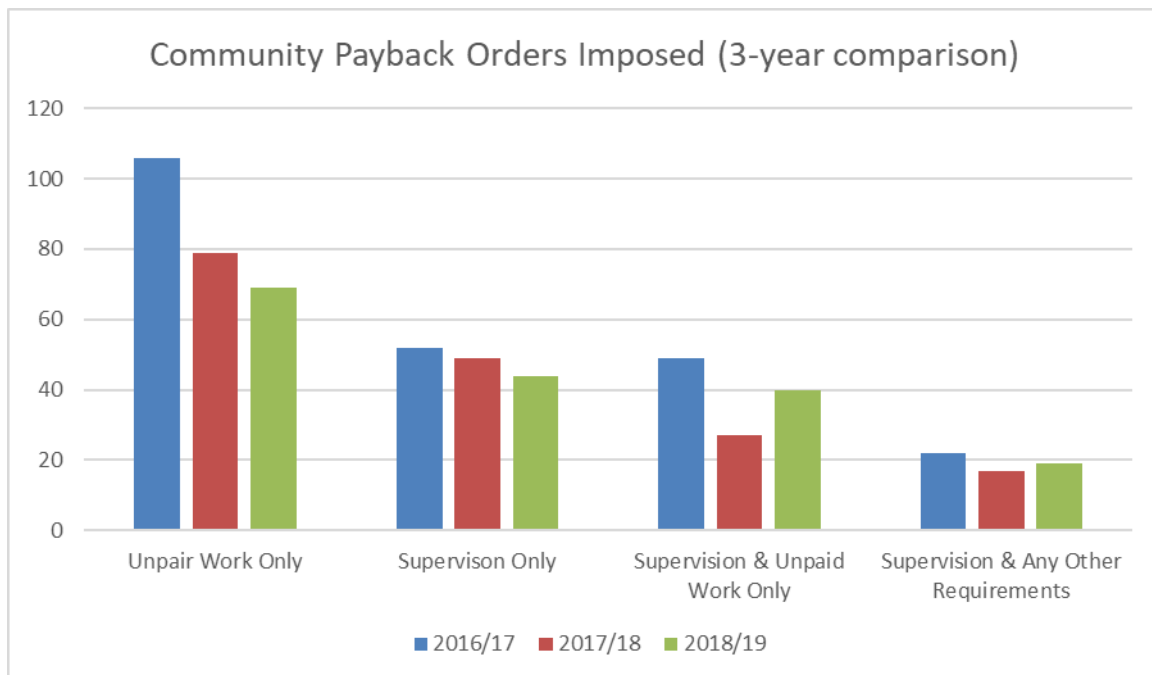
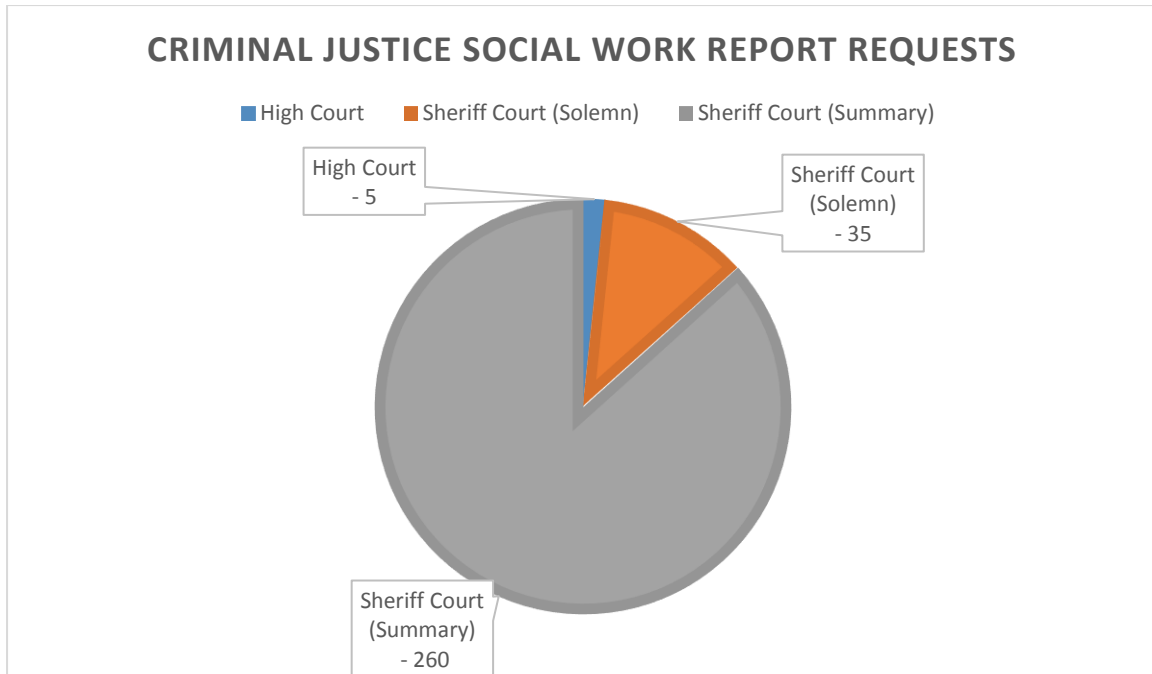
- Ground care management and development work with Muirfield Riding Therapy – this project uses the horse’s motion to improve an individual’s physical or mental health and well-being
- The Garden Project - established as a partnership with the Tenancy Support Team to clear or upgrade gardens of residents who have mental health or vulnerability issues
- The Children’s Service’s Fostering and Adoption Team were supported throughout the year by the siting and relocation of publicity boards for the service

5.22 Statutory Throughcare provides risk management and targeted interventions for those subject to post-release supervision as part of a release Licence. At year-end, on 31 March 2019, there were 21 individuals subject to such supervision with a further 29 receiving community based social work support during their custodial sentences. There were a further 25 individuals receiving a Voluntary Throughcare service. This is a slight decrease on the figures from 2017/18.

5.23 Multi Agency Public Protection Arrangements (MAPPA) continue to work well in East Lothian and there were fewer incidents of social media outing and/or targeting of those with sexual convictions. Following the 2017 local elections, a representative of the Lothian and Borders MAPPA Team and the East Lothian Criminal Justice Team provided an information session for new elected members. The focus was around the need to safely house and support all East Lothian residents whilst acknowledging the concerns of local communities alongside the rights and responsibilities of both victims and perpetrators.

5.24 Throughout 2018/19 there has been focus on working with women who have convictions – the CONNECT Group Programme has been well attended with on

average eight women attending the weekly sessions. The focus has been on recognising the impact of trauma on many of the group’s attendees, alongside both holding them to account for offending or anti-social behaviour and addressing issues of social exclusion or accessing services.



Children’s Services

5.25 2018/19 was a year of significant change and challenge for the service. This included a change to senior leadership; the departure of two very experienced managers through retirement, and the decision to re-structure the service and align it formally

within an integrated education and children’s service. Within this context, the service faced a continued increase in referrals and in demand to support challenged and challenging young people that it was unable to meet from within its own resources.

Service Demand

5.26 The 2018/19 financial year closed with a total of 3,210 referrals to Children’s Services. This is probably the highest total on record and meant that the service received an average of 62 referrals per week. The rise was a 9.4% increase on the same period last year. The estimated 0-17 East Lothian population rose again last year by 225 which compounds the steady population growth in the county as a whole in the last 25 years and provides further challenges for maintaining the traditional low looked after children population.

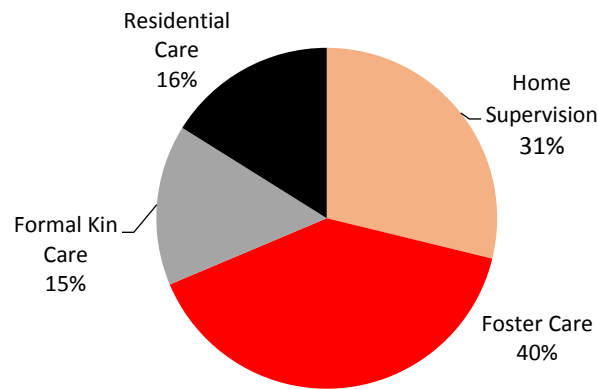
Looked After Children as at 31 March 2019

March 2019	Number	Monthly Change	Annual Change	Rate per 1,000*	Scotland Rate per 1,000*
Home Supervision	64	-4	-2	3.0	3.7
Foster Care	93	-1	-9	4.4	5.3
Formal Kin Care	39	3	5	1.8	4.0
Residential Care	38	0	13	1.8	1.5
(Secure Accommodation = 3)					
Total	234	-2	7	11.0	14.5

5.27 The March 2019 total showed there were 234 children who were looked after. This was a decrease of 7 on the total this time last year. Whilst this might appear a positive change, the placement makeup changed considerably mainly in relation to young people in residential care and the use of external residential placements. However, in the context of looked after children and young people East Lothian remains significantly below the national average rate even allowing for child poverty estimates. In an earlier section, the report discussed the work underway to increase our numbers of local foster carers. The use of external fostering placements has financial implications and the service seeks to avoid this placement option wherever possible. However, East Lothian’s use of external fostering is still well below the average for Scotland.

5.28 Although overall, fewer children and young people required to be accommodated in 2018/19 than the previous year, nineteen young people had needs of such significance and challenge that could not be met within East Lothian residential or fostering resources. As referred to earlier, seven young people met secure care criteria with serious mental health concerns, offending behaviour or persistent absconding being

the leading concerns. Other factors include high-tariff anti-social and offending behaviour within young people’s home communities. The use of drugs and the influence of young adults and group pressure were also common themes. The age group at greatest risk and likelihood of placement were boys aged 14 years.



5.29 The rate of children accommodated in formal kinship care placements remains significantly lower than the Scottish average. Unfortunately there is no national data that includes those in informal kinship care placements (this includes children who were looked after but their carers have obtained a section 11 order that gives them certain parental rights and responsibilities). Notwithstanding that the service is successful in supporting kinship carers to take such action, the use of kinship care and family based solutions remains low. This is an area currently being targeted for improvement in terms of practice and support to carers and will be covered in further detail in the 2019/20 CSWO report.

Fostering and Adoption Services

5.30 The 2018 annual report¹¹ sets out the range of business and achievements of the service during the calendar year. The goal of increasing the pool of carers by six households each year is ambitious but necessary to East Lothian’s children have the best care close to family, school and friends. Five children had their adoptions finalised in 2018. The service now offers introductory sessions of “Theraplay” when a child is placed in an adoptive family. This is a gentle, play-based approach that helps children develop trust in their new parent. The team supports around 30 post adoption contact arrangements, and as the population rises, we can anticipate that requests for post adoption support will also increase as families are attracted to live in East Lothian.

5.31 The Fostering and Adoption services were inspected in February 2019 and received evaluations of very good and good for the quality of staffing and care and support. Inspectors found that children placed experienced safe nurturing care by foster carers

¹¹ [Fostering & Adoption Annual Report 2018](#)

who felt confident and well prepared for the task. Healthy active lifestyles were encouraged and the views of children were taken seriously and used to influence their care and support. Children in adoptive placements enjoyed secure, nurturing relationships, stable living situations, healthy lifestyles and positive early learning experiences. Inspectors were positive about the involvement of a clinical psychologist who helped promote a better understanding of the effects of trauma and the need for therapeutic parenting.

Residential Services

5.32 The residential service for East Lothian young people continues to be delivered through the Lothian Villa Ravensheugh and Meadowmill houses and a flat in Musselburgh that is staffed up when required. The services have well-established track record of providing high quality care and support and have achieved inspection grades of “excellent” consistently since 2015. The most recent inspection findings will be reported on in the 2019/20 CSWO report but throughout the reporting year has maintained a high profile in residential child care through its contribution to local, national and international training and development. Staff have become increasingly involved in outreach activities to support fragile home situations and this will be reported on further in next years’ report.

The 15+ Team

5.33 The team works with looked after and care experienced young people to provide the statutory duty of a throughcare and aftercare service designed to support a successful transition to adulthood. In addition, the team provides a housing support function to young people aged 16-25 which is registered and regulated by the Care Inspectorate. The service was inspected in March 2019 and the quality of care and support and quality of staffing were both evaluated as very good. At the time of the inspection there were 94 young people being supported by the service. The extension in responsibilities towards older care leavers and the development of continuing care means that more young people are being supported within the service. Historically the service performs well above the Scottish average for remaining in contact with those care leavers eligible for aftercare support. Whilst the number of care leavers (with a known destination) in education, employment or training is below the Scottish average, this needs to be seen in the context of the service remaining in contact with almost all those who are eligible, which is significantly higher than the Scottish average.

5.34 In 2018/19, the 15+ team developed and implemented a financial framework to strengthen the scrutiny and consistency of decision making around financial support for care leavers.

- 5.35 Work to establish the three new supported accommodation flats for care leavers referred to earlier, was underway during 2018. However, over this period, the limitations of existing accommodation options, in particular emergency accommodation in East Lothian for care leavers manifested itself in increasing and costly use of bed and breakfast and other unsuitable accommodation. Senior leaders recognised the need to address this and along with new approaches within homeless service, joint working arrangements to support care leavers have been significantly strengthened.
- 5.36 In late 2018, staff from housing and children's services were successful in making a joint bid for funding from the Life Changes Trust for the My Space Project. The council will purchase 10 properties over a period of three years to provide accommodation for up to 20 care experienced young people. They will be supported by a Peer Flatmate (recruited from Queen Margaret University and potentially rolled out to Napier and Herriot Watt University), a Housing Support Provider, a Care Experienced Research and Link Worker, and East Lothian Council as the tenancy management agent. Each tenancy will be made up of two care experienced young people and a peer flatmate.
- 5.37 The care experienced young people might come from B&Bs, straight from foster care, or they might already be living in their own tenancy but feel that they are not coping well or feel isolated. The peer flatmate will bring a degree of stability and knowledge about life skills and tenancy management. This will help create an environment in which care experienced young people will be encouraged to live independently and create a home for themselves. The final element is the employment of a care experienced Research and Link Worker. East Lothian Council is committed to providing care experienced young people with the necessary skills to gain meaningful employment.

Youth Justice Service

- 5.38 East Lothian has a small service with limited capacity, delivered by a team leader and staff within one of the long term team social work teams. Social workers complete court reports and supervise community payback orders, some with restriction of liberty orders and some with unpaid work. Family support workers complete diversion reports and subsequent intervention when required. It has been a challenge for the service to develop and maintain the specialist skills and knowledge required by staff to work effectively in this area of practice and maintain this capacity within a small team.
- 5.39 In terms of demand, requests for Criminal Justice Social Work reports have declined due to the efforts to avoid criminalising children and dealing with their needs and risks within the community as far as possible. Diversion report requests have largely been the same and with a success rate of all but two. There have been no breaches of

Community Payback Order; all young people have worked well with us and none have been charged with another offence.

- 5.40 Given the anticipated legislation to raise the age of criminal responsibility and the move to decriminalise children's behaviour, unless the offence is of a more serious nature, the service is likely to continue to receive fewer requests for Criminal Justice Social Work Reports. Instead there will be an expectation staff will work with these same young people through Diversion from Prosecution or under Early and Effective Intervention measures. The voluntary nature of this approach will require a range of effective service approaches in order to encourage and motivate young people to engage. The current service offer around early intervention and diversion in East Lothian is limited and has been recognised by the Community Justice Partnership as a priority area for improvement. In late 2018, the government provided additional limited ring-fenced funding of £25,000 in recognition of the need to protect and support the delivery of early and effective intervention (EEI). However, despite several attempts, the service was unable to recruit a senior practitioner with the necessary experience to strengthen the approach to EEI and re-establish a group work programme, until August 2019.
- 5.41 Although numbers were small, in 2018/19 some of our East Lothian communities experienced episodes of high tariff anti-social and offending behaviour coupled with the impact of drugs that have been contributory factors in the need to accommodate young people in external placements.

Children's Disability Team

- 5.42 The team provides a highly valued service to children and families with disabilities and complex needs. The team supports around 160 children and young people and works closely with colleagues in education and health. The use of SDS is well developed as a means of giving families choice and control. For children with severe, complex and enduring needs, a multi-agency resource panel considers the assessment of their needs with representation from social work, health, education and the voluntary sector. The Panel provides an independent forum to advise on the fairest use of limited resources and uses a vulnerability scale to assess the needs of the child and parents against a range of criteria to make sure needs are prioritised and resources allocated in a clear and fair way. With external support from In Control, the team has developed piloted and tested a new the model of resource allocation that reflects the need to offer families choice and control and meets the requirements of self-directed support.

Models of social work practice

- 5.43 East Lothian remains committed to implementing the **Signs of Safety**. This is a risk balanced, safety-organised approach to child protection case work. It expands the

investigation of risk to encompass strengths and signs of safety that can be built upon to stabilise and strengthen a child and family's situation. The heart of the signs of safety process is a risk assessment and case-planning format that is meaningful for professionals as well as the parents and children.

- 5.44 **Family Group Decision Making** is a method of helping families come together to make a plan and find a safe solution for difficulties they are having with a child or young person. It is a model first developed in New Zealand and is now used by an increasing number of local authorities across Scotland to help to keep children living within their families and avoid accommodating them. During 2018/19 children's services was focused on increasing the capacity of the FGDM service and promote the approach as early intervention.
- 5.45 The East Lothian and Midlothian Public Protection Office continues to coordinate our approach to the implementation of **Safe and Together**. This is an approach designed at supporting women who have experienced domestic violence and aimed at partnering with women and supporting them to remain safe and together with their children. Fourteen practitioners attended the first cohort of Safe and Together Core Practice Training in January 2019 with further training and briefing sessions planned in 2019/20.

Self-evaluation and Quality Assurance

Children's Services

- 5.46 In July-October 2018, the head of children and adult services carried out a structured self-evaluation of the performance of children's services using the EFQM model. It also considered how well the service was working with partners in order to protect and improve the lives of vulnerable children and young people. This was to inform a decision about whether the children's social work service should become delegated to the IJB or whether the interests of vulnerable children would be better served if the governance of the service remained within East Lothian Council and the leadership and management arrangements moved from the H&SCP to the council. Activities included;
- Interviews/focus groups with 89 staff
 - Audit of children's records
 - Multi-agency staff survey (636 respondents)
 - Review of documents, performance and management data
- 5.47 The report concluded that notwithstanding the need for good links between adult and children's services, it was difficult to raise and sustain the profile of children's services within the integration agenda. The structure did not assist leaders to best consider the

dynamic relationships and inter-dependencies between key council services to have a shared rationale for what should change and be protected. There was a pressing need to strengthen relationships between staff working in children's social work and education, and a strong message that these services need to be closer both strategically and operationally in order to protect and improve the lives of our most vulnerable children and young people.

- 5.48 In February 2019, the council accepted the executive team's recommendation to retain the governance of children's services within the council and separate the leadership and management arrangements from adult services and the H&SCP. A decision followed to create an integrated education and children's service with chief operating officers for education and children's services reporting to a single head of service.

Independent Reviewing Service

- 5.49 In response to the findings of the self-evaluation and audit of children's cases, the service developed what had been separate child protection and looked after reviewing posts into a team of 2.5 WTE independent reviewing officers. In post since December 2018, officers are responsible for chairing individual children's formal reviews and supporting practitioners to ensure children's plans are of a consistently high standard and that plans are being implemented in a timely manner.

Performance and Quality Assurance in Public Protection Arrangements

Child Protection

Initial and Significant Case Reviews

- 5.50 Work has commenced to evaluate if and how improvement actions from Initial and Significant Case Reviews have been embedded in a sustainable way. Initial Case Review and Significant Case Reviews. There have been no Child Protection Initial or Significant Case Reviews (SCR) initiated in the East Lothian area in the 2018/19 fiscal year. A Significant Case Review, initiated in November 2016 was concluded and agreed by the Critical Services Oversight Group in April 2018. This review, involving a 16 year-old male in transition between children and adult services, was conducted as an Adult Support and Protection SCR. The executive summary of this review was published¹². Identified learning and areas for improvement are being taken forward through the public protection improvement plan.

¹² [Significant Case Review - Executive Summary Child R](#)

Multi-agency self-evaluation

- 5.51 A programme of multi-agency self-evaluation, using A Quality Framework for Children and Young People in Need of Care and Protection, was initiated in February 2019, with a file audit of 8 cases (4 from East Lothian and 4 from Midlothian). Cases were randomly selected of children who had their names removed from the child protection register between January and June 2018. Due to a Lead Officer for Child Protection vacancy, there was a delay in the implementation of phase 2 (interviews with parents/carers and where appropriate, children and young people) and phase 3 (focus groups with staff). This is now underway. Evidence will be triangulated and findings will inform our improvement agenda.

Inter-agency Referral Discussion (IRD overview group)

- 5.52 The Inter-agency Referral Discussion (IRD) overview group continues to meet and review decisions taken at IRD, the quality of interim safety plans and whether or not effective actions have been taken to reduce risk. The Lead Officers for Child and Adult Protection will be developing a framework to capture learning in a more systematic and meaningful way, to support service improvement.

Child Sexual Exploitation

- 5.53 Following the national Child Sexual Exploitation survey in April 2019, an exercise will be undertaken this autumn to evaluate the East Lothian and Midlothian position in relation to the National Action Plan to Prevent and Tackle Child Sexual Exploitation. This will involve reviewing our response to identified cases of Child Sexual Exploitation, our use of data and intelligence and how that helps frame the deployment of resource.

Performance Reporting

- 5.54 The revised framework for reporting on improvement actions within the public protection improvement plan is starting to embed, with reports on the progress of improvement actions being provided to the sub-group most relevant to the action and area for improvement. This allows for closer oversight of improvement activity, including a repository for and validation of evidence; and gives those with lead responsibility the opportunity to seek additional support if required.

Looked After and Accommodated Children Who Go Missing

- 5.55 The East Lothian and Midlothian Public Protection Office has led on an exercise to improve our multi-agency response to Looked After and Accommodated Children who go, or at risk of going missing. This has involved developing a senior oversight and an operational implementation group. The East Lothian and Midlothian Public Protection Committee agreed a local inter-agency partnership protocol, following from the national pilot. This has been supported by a series of trainings and local briefings, including bespoke sessions for 21 members of staff from the East Lothian Pathway and Lothian Villa residential units.

5.56 The Police Scotland 'J' Division Missing Persons Coordinator now sits under the divisional public protection unit. A weekly intelligence report is now shared with social work partners to help identify those who most frequently go missing and target our response accordingly. The Missing Persons Coordinator is working with the Lead Officer for Child Protection to engage with local private providers and undertake briefing sessions, to ensure a consistent approach across the local authority area.

Pan Lothian Chronology Working Group

5.57 In her role as chief executive, Angela Leitch proposed and facilitated the development of a pan-Lothian approach to multi-agency chronologies. The work is coordinated by NHS Lothian through a pan-Lothian oversight board and working group. East Lothian are set to pilot the first multi-agency chronology to test and trouble shoot the developed system.

Practice Themes and Emerging risks

Prevent

5.58 Prevent is one of the four strands of the UK Government's 2018 CONTEST Strategy which seeks to reduce the risk to the United Kingdom and its interests overseas from terrorism, so that people can go about their lives freely and with confidence. East Lothian have seen a rise in the number of Prevent referrals. Further work is required to promote and embed the East Lothian and Midlothian Prevent protocol and referral pathway, so that it is applied in the most appropriate and consistent way.

Violence Against Women and Girls

5.59 There has been a continued increase in the number of domestic abuse incidents recorded by the Police in East Lothian. At the end of the reporting year, domestic abuse was recorded as a significant risk for 57% of all East Lothian children with their name listed on the Child Protection Register. In the 2018/19 reporting period 1145 incidents were recorded, against 932 during the previous year. 103 victims of domestic abuse (with a total of 137 children) were referred to Multi-Agency Risk Assessment Conference (MARAC) during the 2018/19 year, against 78 victims (with a total of 110 children) during the previous year. The test for MARAC is risk of homicide or serious harm. Measures have been put in place to ensure that the Domestic Abuse Service are notified when a Child Protection Case Conference is to be held and domestic abuse is identified as a risk factor.

5.60 There is clearly co-occurring forms of harm within many families as a system, including protection issues, perpetrator interventions, mental health and substance misuse. This year, the Lead Officer for Child Protection will work with the other Lead Officers and operational leads to undertake an exercise to explore how we can improve our whole family approach to co-occurring forms of harm. In 2019, the Lead Officer for Child Protection will front an exercise to explore how we can improve our whole family

approach to co-occurring protection processes (such as the MARAC and Child Protection Case Conference), enabling an integrated, outcome-focussed approach.

Adult Support and Protection

	2015-16	2016-17	2017-18	2018-19
Total number of ASP referrals	493	663	791	778
Total Duty to Enquires	226	343	449	289
Total Investigations	69	151	112	86

- 5.61 The group service manager provides a helpful monthly service update report to senior officers and the CSWO to monitor adult support and protection and appropriate adult activity. This includes a breakdown of ASP referrals; commentary on relevant performance indicators reported to the public protection committee and ASP activity across the care home and care at home provision in East Lothian.
- 5.62 Single agency chronologies and multi-agency risk assessments were identified as areas of focus within the Adult Support and Protection Improvement plan in 2018/19. Chronology workshops were delivered in December 2018 and February 2019. Practice was found to have improved in terms of the number of chronologies in place ahead of an initial adult support and protection case conference. Annual audits were carried out to assess the quality and effectiveness of multi-agency risk assessments and risk management plans.

Learning from Initial Case Review / Significant Case Reviews

- 5.63 There were two initial case reviews (ICRs) in 2018/19. Neither were found to meet the criteria for a significant case review. However, in response to the first one, a series of multi – agency workshops were delivered on the circumstances of this case and an evaluation report was submitted to the Learning & Development sub group as part of the workshops. The workshops were positively received and evaluated well especially by G.Ps who valued the opportunity to have a clearer understanding of the role of social work and the ASP Act. The second ICR followed a fatal fire and in response, Scottish Fire and Rescue Service delivered a number of briefing sessions across East Lothian, including children and adult services as well as care providers, to raise awareness of fire risk indicators.
- 5.64. Following the ICR EMPPC developed a Home Fire Safety Referral Pathway which has been widely distributed across partnerships and community safety groups. To measure the effectiveness of the briefing sessions and SFRS Home Fire Safety Referral Pathway, SFRS report to P&QI quarterly on the number of referrals to this service, the source of the referral and how many of these referrals they consider to be High Risk of Fire.

Large Scale Investigations

- 5.65 There were three large scale investigations within the reporting period in East Lothian, 2 care homes, one with a repeated within the last year. The other is a respite facility for adults with chronic physical conditions and their families.

Section 6: Workforce

6.1 East Lothian Council employee engagement survey was carried out in 2018. The aggregate results for adult and children’s services are shown in the table below. Although some measures had declined since 2017, the overall results remained positive.

Health & Social Care (including children’s services) (31%)	2018 Positive %	2017 Positive %
I know how my job / individual objectives contribute to the Council’s objectives	94.6%	93.6%
I am encouraged to offer new ideas for improvement	76.6%	80.4%
The Council is a great place to work	84.7%	86.2%
I have a manageable workload	70.4%	74.3%
I am treated fairly	79.5%	85.1%
Change is managed well in my school, business unit, service	55.7%	70.1%
I am aware of the “East Lothian Way”	82.3%	88.1%

Results from the staff survey carried out as part of the self-evaluation of children’s services September 2018

Sample of staff survey questions – responses from children’s services staff	% Agreed or strongly agreed
I feel listened to and respected within my own organisation	90%
I feel valued by other practitioners when working as part of a multi-disciplinary team	90%
I feel meaningfully involved when developing or improving services for vulnerable children, young people and families	63%
My service values the need for me to make and sustain relationships with children/ young people/ their families	90%
Q28 I have access to relevant learning/development opportunities that equip me to competently undertake my role	91%
I have access to regular, high quality, reflective supervision from my manager	86%
I receive effective challenge from my manager about my practice	85%
My manager oversees significant decisions or recommendations I make in relation to children or young people	82%
Leaders communicate clearly the rationale for service improvement /change	67%
Change is managed well in my service	51%

We have a shared approach to self-evaluation and improvement that is embedded in our work	67%
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- 6.2 In March 2019 ELH&SCP prepared a workforce plan 2019-22 for submission to government¹³. Children’s services reported separately through council processes as the decision had been taken to separate children’s and adult services. Recruitment and retention of social workers was seen as challenging across adult and children’s services due partly to new recruits generally starting at the bottom of the pay scale. This places existing managers under greater pressure in supervising a growing number of newly qualified staff and enhanced levels of training and supervision are required. The Scottish Social Services Council is carrying out a review of post qualifying learning for social workers and services will need to be ready to respond to any additional requirements for a new post qualifying framework to ensure social workers in the workforce have appropriate professional development and career development opportunities. Recruitment of senior practitioners and /managers was also identified as a challenge despite the favourable remuneration levels compared with neighbouring authorities.
- 6.3 At March 2019, East Lothian was 50% below the required level of MHO’s per head of the population as indicated by SSSC. It has been nationally recognised that the MHO services across Scotland are under significant pressure. There has been an increased demand for statutory functions linked to legislative, policy and practice change. These include changes in MHO responsibilities in relation to the Named Person, increased use of Private Guardianships and increased use of multiple Substitute Guardians which places additional demands on the MHO at point of application. In order to address this the service recognises the need to accelerate the current ‘grow our own’ MHO training programme for existing workers while addressing the consequent reduction in experienced staff from the generic adults social work team who take up this career development opportunity.
- 6.4 The increasingly ageing workforce in home care services needs to attract younger recruits. This will require reviewing service models which is already underway and considering innovative approaches to attracting new workers including trainee schemes and apprenticeships.

¹³[JB Workforce Development Plan](#)

Learning and Development: Children's Services, Adult Services and Public Protection

Children's Services

- 6.5 In August 2018, the children's services practice teaching coordinator started a two year secondment at Stirling University. The post was not backfilled so her duties were absorbed within the performance and service improvement team. In 2018/19, staff were offered specific training in Signs of Safety, Safe and Together and court skills training.
- 6.5 The national policy and legislative landscape changes frequently within children's services and staff need to be aware and familiar with new expectations, guidance and policies. The two-hour protected learning sessions are an efficient method of developing staff and the calendar is shared with foster carers and partner agencies (education / health / children's panel /adult services/ third sector). Working in partnership, staff deliver multi-disciplinary training – Child Protection Level 1 (6 times per year) / SMART Planning / Signs of Safety ½ day training / Corporate Parenting / Young Carers / Child Protection Awareness for Probationer Teachers. E-learning modules on Learn Pro are also fully utilised. New starts complete the mandatory modules and others are encouraged to access corporate training as appropriate.
- 6.6 In response to the findings of the self-evaluation, and the need to develop leadership capacity, children's services collaborated with colleagues in corporate services to develop a bespoke leadership development programme for first line managers in social work. This has been accredited by CMI and the first cohort is currently underway. The evaluation and impact of the programme will feature in the 2019/20 CSWO report.

Adult Services

- 6.7 Training programmes were delivered to Social Work assessment staff in 2018/2019 to promote the implementation of both the Carers (Scotland) Act 2016 and the Self Directed Support (Scotland) Act 2013. This included mandatory e-learning modules based on the Equal Partners in Care (EPiC) the national framework for workforce learning relating to unpaid carers. Approximately 90 staff have completed both Level 1 'Carer Aware' and Level 2 'Caring Together' awards. In addition cultural competency training was provided regarding outcomes focused assessment with minority ethnic service users and carers. A related audit of minority carers in East Lothian was planned and will be delivered in 2019/20 with further training for the workforce. In relation to Self-Directed Support the Adult Services workforce received training on 'Option Two' implementation as well as sessions on Delegated Finance Authority, Undertaking Confident Conversations about Technology with Service Users and outcomes focused assessment for Occupational Therapy staff. Training related to the implementation of a pre-paid cards scheme for service users was also provided for Social Work assessment workers in Adult Services.

The Adult Services service provision workforce including Care Homes for Older Adults, Care at Home services, Community Resources for Adults with Disabilities have undertaken the full range of mandatory training including Moving and Assisting training, Infection Control, Contenance Awareness, Food Hygiene, Dementia Promoting Excellence Skilled Level training, Epilepsy training and ‘Team Teach’ Behaviour Management training. In addition the delivery of Higher National Certificate and Scottish Vocational Qualifications in Social Services and Healthcare and Management at SCQF levels 6,7,9 and 10 have ensured that Care Inspectorate and SSSC requirements are met. An initiative to upskill the workforce in the Council’s Care Homes for Older Adults has resulted in 16 Social Care Workers achieving SVQ Social Services and Healthcare SCQF Level 7. Additional candidates have also commenced this award. This will ensure that the Care Home Social Care Worker group is fully qualified at Practitioner level for professional registration with the SSSC.

Criminal Justice

- 6.8 In 2018/19 there was further consolidation of training for social work practitioners – two team members completed their Risk Practice Training so now all staff are fully trained in line with the RMA Guidance. Additionally, one team member completed their Caledonian System Case Manager Training and another undertook training in SA07/RM2000, which enable working with those with sexual convictions. As a result, five practitioners are trained in both Caledonian and working with sexual offenders and three can work with one or other offender type – this latter will be addressed in the coming year.

East and Midlothian Public Protection Committee

- 6.9 Learning and development is one of the core functions of a child protection and adult support and protection committees. In 2018, EMPPC developed its Learning and Practice Development Multi-agency Workforce Strategy 2018-2021¹⁴ setting out the priorities and approaches for the next three years.

Total number of face to face Public Protection training events delivered 58.

Total number of Public Protection training attendees who attended face to face training 1157

Total number of Public Protection Learn-pro modules completed by thematic area
Adult Support & Protection 706

Child Protection 1,305

Violence against Women and Girls 75

¹⁴ [East & Midlothian Public Protection Committee - Learning & Practice Development Multi-agency Workforce Strategy 2018-2021](#)

- Percentage of training attendees reporting an increase in their knowledge from attending face to face training by thematic area

Adult Support & Protection 78%

Child Protection 89%

Violence against Women & Girls 85%

- Percentage of training attendees reporting that they have enough information to put their learning into practice from attending face to face training 93%

Training that is new for 2018/19

Safe & Together Core Practice Training

Public Protection Face to Face Training Delivered by thematic area

Adult Support & Protection

- Adult Support & Protection Level 1
- Adult Support & Protection Level 2
- Adult Support & Protection Level 3
- Adult Support & Protection Care at Home Train the Trainer
- Adult Support & Protection Care Homes Train the Trainer
- The learning from national SCRs and local ICRs
- Interaction of the 3 Acts

Child Protection

- Interagency Child Protection Risk Assessment & Processes
- Protecting Children with Disabilities
- Supporting Families who Find it Difficult to Engage with Services
- Child Sexual Exploitation Awareness
- Child Affected by Parental Substance Misuse
- SMART Planning
- Vulnerability of Babies

Violence against Women and Girls

- Understanding and Responding to Domestic Abuse
- Supporting Children & Young People Living with Domestic Abuse
- Supporting Survivors of Rape & Sexual Assault
- Supporting Survivors of Childhood Sexual Abuse
- Honour Based Violence
- MARAC –Multi agency Risk Assessment Conference
- Human Trafficking and Exploitation
- Safe & Together Briefings
- Safe & Together Core Practice Training

Public Protection E-learning modules

- Adult Support & Protection Level 1
- Child Protection Level 1
- Capacity & Consent
- CAPSM
- Financial Harm Awareness
- Gender Based Violence

Section 7: Looking Forward

7.1 The report highlights a wide range of service development and improvements in the planning and delivery of social work and social care that are already underway and progress against these will feature in the 2019/20 report. As the incoming chief social work officer, I would highlight the following as areas to anticipate will bring both achievements and challenges in the coming year:

- Transforming our community services for adults with complex needs
- Ensuring we can recruit and sustain a workforce that is trained and skilled to deliver services for the future.
- Preparing for inspection: We need to ensure our approaches to self-evaluation and continuous improvement are embedded in practice, policy and planning.
- Anticipating the findings of the Independent care review
- Sustainability of our Champion's Board
- Developing and publishing the new Children's Services Plan 2020-23 and Corporate Parenting Plan 2020-23
- Transforming children's services: implementing findings from the vulnerable children's project
- Integration of social work within the core adult mental health and learning disability services
- Planning and managing transitions for young people with complex needs

Judith Tait
Chief Social Work Officer
10 October 2019

Appendix 1

East Lothian Council Plan 2018/19 Top 50 Indicators

Growing our People						
Reduce the attainment gap (SG3)	12	% of pupils from deprived areas gaining 5+ awards at level 5	35%	31%	Available Nov 2019	S. Average (42%)
Raise the attainment of our children and young people (SG4)	13.	% of school leavers attaining literacy and numeracy at SCQF Level 5 or above	63.2%	61.3%	Available Nov 2019	S. Average (67.1%)
	14. (T.3)	% of school leavers attaining 3 or more SCQF at Level six	50.4%	50.4%	Available Nov 2019	S. Average (50.3%)
	15.	School exclusion rate per 1,000 pupils – Secondary and Primary	35.9	34.14	16.8%	S. Average (26.8)
Meet stretching positive destination targets	16.	% participation rate for 16-19yr olds	93.1%	94.7%	94%	95%
Improve the life chances of the most vulnerable people in our society – vulnerable children (SG5)	17. (T.4)	The % of young people receiving After Care, for whom a destination is known, who are in a positive destination (i.e. Employment, Training or Education)	N/A	49% (34 out of 69)	37% (27 out of 73)	53% (2020)
	18.	% of Looked After Children who feel settled where they live (8-17yr olds)	N/A	72%	92%	85% (2020)
Improve the life chances of the most vulnerable people in our society – vulnerable adults (SG5)	19.	% of under 65 with long-term care needs receiving personal care at home	N/A	78%	74.64%	Target to be agreed by IJB
	20.	% of all under 65 non-residential service users receiving care under SDS Options 1, 2 and 3	N/A	65%	68.6%	Target to be agreed by IJB

Improve the life chances of the most vulnerable people in our society – older people (SG5)	21. (T.5)	% of 65+ with long-term care needs receiving personal care at home	63.5%	63.9%	60.9%	Target to be agreed by IJB
	22.	% of all 65+ non-residential service users receiving care under SDS Options 1, 2 and 3	N/A	21%	18.5%	Target to be agreed by IJB
Enable provision of 1140 hours of early learning and childcare for all 3 & 4 yr olds	23.	% of eligible 3 & 4 yr olds accessing 600 hours of early learning and childcare (1140 hours from 2020)	N/A	99%	98%	99%
Take concerted action to tackle obesity in children	24.	% of children in Primary 1 who are overweight or obese using epidemiological ('at risk') and clinical ('critical') measurements	At risk: 22% Critical: 15.6%	N/A	N/A	At risk: 18% Critical: 13% (2020)
	25.	% of primary school pupils benefitting from at least 2 hours per week of physical education and % of secondary school pupils (S1 to S4) benefitting from two periods of P. E. per week	100%	100%	100%	100%
Continue to develop services that aim to reduce hospital admissions and delayed discharge of older people	26.	Number of days people spend in hospital when they are ready to be discharged (18+) The published information by ISD for 2018/19 is provisional as a result of information not being fully verified. As the information is verified, this information will be updated in due course	14,762	10,688 (Target: 9,677)	7,839	7,381 (Proposed 2019/20)
	27.	Emergency/ Unplanned hospital admissions (18+)	7,650	8,242 (Target: 7,268)	6,640 (Q1-Q3 2018-19) Data for Q4 still not complete	7,268 (Proposed 2019/20)

Reduce Inequality/ Poverty	28.	% of children in families with limited resources 'living in a household whose income is less than 70% of median net household income and experiences material deprivation'	N/A	8% (2014-16)	5% (2014-17)	6.5% (2023) National targets – 8% by 2023; 5% by 2030
	29.	% of children living in households with less than 60% of median net household income after housing costs	N/A	18.9% (Sept 2017)	17% (March 2018)	16% (2023) National targets – less than 18% by 2023; less than 10% by 2030

Appendix 2

East Lothian Health and Social Care Partnership Performance Framework

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 5 December 2019
BY: Chief Officer
SUBJECT: IJB Performance Framework 2019-20

6

1 PURPOSE

- 1.1 To update the Integration Joint Board (IJB) on the development of a Performance Framework.
- 1.2 To update the IJB on responsibilities in relation to Ministerial Steering Group indicators as well as reporting relationships with partner bodies.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the aims of performance monitoring and management, including: clarity of reporting structures, ensuring robust monitoring, identifying areas for development, making best use of local intelligence and delivering high quality services.
- 2.2 Note the Performance Framework Performance Indicator hierarchy chart which details the various levels of reporting to ensure effective delivery across the IJB delegated service areas. (Table 1).
- 2.3 Review and accept the IJB Performance Framework as an accurate reflection of the local reporting requirements and intention to ensure robust monitoring of services.
- 2.4 Note that there may be ongoing evolution of Performance Indicators which will be updated by Planning and Performance.
- 2.5 Support planning and Performance to continue to have dialogue with Community Planning Partners to agree a relevant set of Indicators which are reflective of IJB priorities.
- 2.6 Note that to ensure ongoing progress and use of local data, ongoing support from partner bodies will be required to ensure appropriate Information Governance and infrastructure.

3 BACKGROUND

- 3.1 The Public Bodies (Joint Working)(Scotland) Act 2014 sets out the process by which an Integration Joint Board reports on performance indicators through the publication of its Annual Performance Report.
- 3.2 The IJB has responsibility for overseeing various high level indicators, including the Ministerial Strategic Group (MSG) Indicators and Core Integration Indicators. Additional guidance is available which highlights the rationale of the Core Integration Indicators to be included within the Annual Performance Report.¹
- 3.3 The IJB 2019-20 Directions and associated Delivery Plan were approved on 31st October 2019 following a review of the local approach to Directions. The IJB Delivery Plan sets out local Performance and Process Indicators to measure progress.

4 ENGAGEMENT

- 4.1 The IJB Performance Framework has been developed in collaboration with the East Lothian Health and Social Care Data Group which includes representatives from Public Health and the Local Intelligence Support Team (LIST), and the ELHSCP Core Management Team.
- 4.2 Further engagement and discussion has been carried out with East Lothian Council and Community Planning Partners.
- 4.3 The Performance Framework takes into account Key Performance and Process Indicators as identified by Change Groups during the development of the IJB Delivery Plan.

5 POLICY IMPLICATIONS

- 5.1 There are no new policy implications 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 the economy.

¹ <https://www2.gov.scot/Resource/0047/00473516.pdf>

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

- 8.1 Financial – There are no financial implications directly associated with the recommendations contained in this paper.
- 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 Performance Framework

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DATE	28 November 2019

East Lothian Integration Joint Board



IJB Performance Framework 2019-22

1. Our Approach

The East Lothian Integration Joint Board (IJB) has a responsibility to ensure robust monitoring and oversight of delegated health and social care services delivered in East Lothian. The East Lothian Health and Social Care Partnership (ELHSCP) is responsible for delivering on the National Health and Wellbeing Outcomes¹. The Integration Joint Board (IJB) published its 2019-2022 Strategic Plan on the 28th March 2019 which sets out local strategic priority areas. The East Lothian IJB Directions and the associated Delivery Plan 2019-20 were approved on the 31st October 2019.

The IJB Performance Framework describes the role of performance monitoring across the Health and Social Care Partnership, including outlining relationships with its partner bodies. It also provides a framework for understanding how local data and intelligence should be used to embed a culture of continuous improvement.

Performance Management in health settings is defined as ‘the practice of actively using performance data to improve the public’s health.’ This practice involves the strategic use of performance measures and standards to establish performance targets and goals.’²

The ELHSCP aims for performance monitoring include:

- Providing clarity regarding reporting structures for delegated areas
- Ensuring robust monitoring and assessment of performance
- Identifying areas for development and generation of solutions
- Making use of local intelligence and findings to guide and assess improvement
- Delivering effective and high quality services

2. Performance Monitoring and Management

Timely and accurate data and information is essential for effective performance monitoring. Information Services Division (ISD) has developed a range of tools aimed at providing core intelligence needed to support Performance planning and management for Health and Social Care Partnerships via the Source Tableau Platform³.

¹ <https://www2.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes>

² Silos to Systems: Using Performance Management to Improve Public Health Systems – prepared by the Public Health Foundation for the Performance Management National Excellence Collaborative, 2003)

³ <https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/Introduction/>

Locally there is a need to ensure accurate information is available to the Core Management team on a regular basis and that data is provided nationally for assurance and monitoring processes. It is the responsibility of Service Managers to ensure systems and resources are in place (either in form of an electronic Information System or other data collection methods) to collect the agreed service information for performance monitoring purposes. It is the duty of the service and staff to collect and record data accurately and in a timely manner.

The Planning and Performance team will provide centralised support to ensure ongoing performance monitoring, however will rely on operational services to ensure accurate data collection and reporting, and subsequent contextualisation of data analysis. The East Lothian HSCP will continue to develop robust approaches to capturing outcomes and impact on individuals which will further contextualise high level reporting measures.

The East Lothian HSCP is responsible for various levels of performance reporting in relation to the National Health and Well-being Outcomes. In addition local process and outcome indicators may be identified to ensure ongoing progress against the IJB Strategic Plan. Appendix 1 details indicators in Level 1, Level 2 and Level 3.

Table 1. Performance Framework Performance Indicator Reporting Hierarchy Chart

Level 1: National Integration and MSG Indicators	The Core Suite of Indicators are developed from national data sources and are grouped into Outcomes Indicators (Indicators 1-10) and Indicators derived from organisational data (Indicators 11-23). The Ministerial Steering Group has also identified a set of performance indicators which are intended to provide a view of how Partnerships are progressing against a range of whole system level measures. IJBs are responsible for setting MSG targets on an annual basis.
Level 2: National Delegated Targets for Health and Social Care	A subset of the parent bodies publicly accountable targets and standards have been delegated to Health and Social Care Partnership for delivery. A range of NHS Local Delivery Plan (LDP) targets and Local Authority Statutory PIs have been agreed for delegation to the IJB where delivery is provided wholly or in large part via services managed by the East Lothian HSCP.
Level 3: Delivery Plan, Service Plan	Local indicators to measure performance against strategic objectives have been agreed with Change Boards and are described in the local IJB Delivery Plan. The IJB Delivery Plan is crucial for translating strategic priorities into measurable targets, aligning with finance and workforce development issues. The IJB Strategic Plan and Delivery Plan will be used to inform related operational and strategic plans of NHS Lothian and East Lothian Council. Within the Delivery Plan KPIs are a range of process and outcomes indicators which will be used to ensure progress against the IJB Strategic priorities. There may also be additional PIs not directly aligned to the Strategic Plan deliverables however which are critical for monitoring the full range of Integration service functions.

Level 4: Senior Management Team and Clinical Care Governance Reports	Regular operational reports will be provided to Senior Management based on up-to-date intelligence and data which can be used for smaller tests of change. The Clinical Care and Governance Committee provides clinical oversight to services including highlighting service risks and areas for improvement.
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3. Ensuring Quality of Health and Social Care Services

The East Lothian Health and Social Care Partnership, supported by the actions of its partner bodies, is responsible for ensuring the quality of services provided locally, including both internally managed and delivered health and social care services as well as commissioned services delivered by third sector and independent providers. This requires a robust approach which includes proactive Quality Planning, Quality Assurance and Quality Improvement, embedded in and delivered through the actions of management and operational teams. In addition, ensuring high quality services which appropriately meet the needs of the local population requires a robust approach to monitoring and tackling health inequalities and the use of Integrated Impact Assessments at an early stage in the planning of services. This may include short-term measures such as embedding health inequalities measures into our local monitoring and evaluation, and ensuring that services are designed to address the socially determined factors that may limit people’s chances to live longer, healthier lives. It also means ensuring that the IJB and ELHSCP is monitoring health inequalities in the long-term and establishing services that will result in more equitable access to health and social care services.

Measuring compliance against the National Outcomes for Health and Well-being and the National Ministerial Steering Group (MSG) Indicators provides assurance that we are meeting our identified objectives. It also enables us to compare performance against identified targets and make decisions based on the difference.

Quality control measures are in place both internally and externally through participation in audits and inspections, for example through Healthcare Improvement Scotland, Social Care and Social Work Improvement Scotland (The Care Inspectorate), and Audit Scotland. Future actions will be identified as appropriate and reflected in future Team, Service and Delivery Plans, with a summary of findings included in the Annual Performance Report.

Quality Improvement includes a systematic approach of carrying out smaller tests of change based on local need to generate a continual cycle of learning which shapes services that are more responsive and effective. The Plan-Do-Study-Act cycle (Figure 1) is a Model for Improvement commonly used for testing change and providing a structured approach that supports the delivery of care that is safe, timely, effective, efficient, equitable and cost effective. The Plan-Do-Study-Act cycle provides a structured framework for identifying what we are trying to accomplish, measuring the impact of changes, and making adjustments accordingly. A range of approaches should also be used locally to inform and drive

service improvements, including needs assessments that take into account Health Inequalities and wider social determinants, the development of local outcomes frameworks to capture individual level impacts, ongoing stakeholder engagement and understanding the best available evidence to know what works best, for whom and in which context.

Support for ongoing improvement can be provided internally from Planning and Performance, as well as externally from the Local Intelligence Support Team (LIST), Public Health Scotland and Healthcare Improvement Scotland to support continuous improvement.

Figure 1. Plan Do Study Act Cycle⁴



⁴ <https://ihub.scot/project-toolkits/diabetes-think-check-act/diabetes-think-check-act/getting-started/plan-do-study-act/>

4. Scrutiny and Assurance

The landscape of governance and assurance across Integration Joint Boards, Local Authorities and NHS Boards is complex. It is important to consider the potential overlaps of performance management that could result in dual reporting, and where possible to align targets and measures across structures. For example the Local Delivery Plan (LDP) remains the contract the NHS Board has with Scottish Government, however some of the standards within it relate to delegated functions of the IJB.

Figure 2 highlights the role of the IJB as well as its partner bodies in providing oversight and scrutiny. For certain delegated service areas reporting is required across the Community Planning Partnership, Community Justice Partnership, and the Critical Services Oversight Group (CSOG).

Performance Management Structure



The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 requires an Annual Performance Report which will report on progress against the IJB's strategic priority areas, and which will include performance in relation to the Core Integration Indicators and the MSG Indicators.

Level 1 Indicators will be included in the Annual Performance Report. Progress against MSG targets will also be reported to the IJB Business Sessions via an agreed performance reporting template.

Level 2 Indicators are reported regularly via NHS Lothian and East Lothian Council, including performance against LDP Targets, the Local Government Benchmarking Adult Social Care Framework, and any additional targets as approved by the IJB. Where possible targets and measures should align with existing targets. Where further engagement with partners indicates a need for additional measures approval for setting any additional targets should first be agreed by the IJB and in line with IJB strategic priorities.

Level 3 Indicators will provide monthly progress reports via Change boards to the Strategic Planning Group and where indicated will report against Delivery Plan Performance Indicators on a six-monthly basis to both the SPG and the IJB through a formal mid-year or end-of-year Report.

5. Making Best Use of Data

The East Lothian Health and Social Care Partnership Data Group aims to support the best use of Data to drive local improvements and ensure robust performance monitoring. Group membership includes representation from Planning and Performance, Public Health, and the Lothian Analytical Service. The group will help build capacity for the partnership to be able to integrate robust methodology which drives local improvement.

Current areas of work include:

- Building local capacity including greater awareness of data landscape and ensuring robust approaches in data collection, analysis and presentation
- Development of local operational dashboards and tools which integrate health and social care data locally, and facilitate more robust performance management of the Core Management Team
- Prioritisation of analytical resources based on identified priority areas as defined in the IJB Strategic Plan 2019-22
- Collaboration with Lothian Analytical Services (LAS), the Local Intelligence Support Team (LIST) and Public Health Scotland to make best use of resources
- Linking with Community Planning Partners to agree key performance indicators
- Development of an agreed set of Health Inequalities measures to better understand local population needs according to levels of severe and multiple deprivation over time.

Appendix 1. Level 1, 2, and 3 Performance Indicators

Level 1	Frequency and Oversight
National MSG Indicators	
Emergency Admissions Acute Unplanned Bed Days A&E Attendances Delayed Discharge Percentage of last six months of life by setting Balance of care: Percentage of population in community or institutional settings	Reported at IJB Business sessions (5x/year) and annually in the IJB Performance report.
National Core Integration Indicators	
Percentage of adults able to look after their health very well or quite well Percentage of adults supported at home who agree that they are supported to live as independently as possible Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided Percentage of adults supported at home who agree that their health and care services seemed to be well coordinated Percentage of adults receiving any care or support who rate it as excellent or good Percentage of people with positive experience of care at their GP practice Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life Percentage of carers who feel supported to continue in their caring role Percentage of adults supported at home who agree they felt safe Percentage of staff who say they would recommend their workplace as a good place to work Premature mortality rate Rate of emergency admissions for adults Rate of emergency bed days for adults Readmissions to hospital within 28 days of discharge Proportion of last 6 month of life spent at home or in community setting Falls rate per 1,000 population in over 65s	Reported in IJB Annual Performance reports (5 year comparisons)

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections Percentage of adults with intensive needs receiving care at home Number of days people spend in hospital when they are ready to be discharged Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency Percentage of people admitted from home to hospital during the year, who are discharged to a care home Percentage of people who are discharged from hospital within 72 hours of being ready Expenditure on end of life care	
Level 2	
Local Delivery Plan (LDP) Standards	
People newly diagnosed with dementia will be offered a minimum of one year's post-diagnostic support, coordinated by a named Link Worker 90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral 90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings GPs to provide 48 Hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients NHS Boards to achieve a sickness absence rate of 4 per cent or less 95 per cent of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98 per cent	Reported via NHS Lothian to Scottish Government
Council Top 50 – Needs updated	
% of under 65 with long-term care needs receiving personal care at home % of all under 65 non-residential service users receiving care under SDS Options 1, 2 and 3 % of 65+ with long-term care needs receiving personal care at home under option 1, 2 and 3 % of all 65+ non-residential service users receiving care under SDS Options 1, 2 and 3 Number of days people spend in hospital when they are ready to be discharged (18+)	Reported to East Lothian Council annually
East Lothian Plan	
Potentially Preventable admissions rate per 1,000 Type 2 Diabetes Prevalence rates by SIMD Falls per 1,000 population aged over 65	Reported to Community Planning

Premature mortality rates fro people aged under 75 (per 100,000) % of 65+ and under 65s with long-term care needs receiving personal care at home Suicides registered in East Lothian 2014-2018 5-year standardised rolling average rate per 100,000 population Slope index for Inequality for individuals aged 15+ prescribed medication used to treat depression and anxiety	Partnership Governance Group
Local Government Benchmarking Framework	
Number of days people spend in hospital when they are ready to be discharged per 1,000 population (75+) Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections Rate of readmission to hospital within 28 days per 1,000 discharge % of people reporting 'I was supported to live as independently as possible' % of people reporting 'I had a say in how my help, care or support was provided' % of people reporting 'The help, care or support improved or maintained my quality of life' % of people reporting 'I feel supported to continue caring' Home care costs per hour for people aged 65 or over Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+ Percentage of people aged 65 or over with long-term care needs receiving personal care at home Percentage of adults receiving any care or support who rate it as excellent or good Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	Reported via East Lothian Council
Level 3	
Delivery Plan Key Performance Indicators	
Primary Care Change Board Cluster workplan agreed Increased % population accessing Community Treatment and Care Services Increased % population with Mental Health and Musculoskeletal input Increased No. of practices benefiting from support of pharmacist or pharmacy technician Completed Link Worker Strategy and Service Specification No. of Completed Strategic assessments Premises audit completed No. of sustainability loans provided No. of practices supported with refurbishment	Reported to IJB via 6 monthly Progress report

eHealth infrastructure in place

Process established for IT review

Completed Integrated Impact Assessments

Updated GP Transport service specification

Fully costed Diabetes transformation plan

Carers Change Board

Establish baseline for No. of carers known to ELHSCP and carer organisations

Establish baseline for No. of carers receiving support as identified in Cared for person's support plan

Increase in No. of individual carer budgets

Increase in No. of Adult Carer Support Plans

Increase in No. of Young Carer Support Plans

Development of Outcomes Framework completed

Shifting the Balance of Care Change Board

Reduced average No. of days client waits for assessment of need

Reduced No. of days awaiting care following assessment

Increased % of clients reviewed every 6 months

Completed Day services report to IJB

No. of individuals supported in pain management clinics

Completed review of A&E attendances and admissions data

From Baseline year -10% reduction in Delayed Discharge Occupied Bed Days to 72,086

Increased No. of WTE AHP staff redeployed in community settings

4% Increase from baseline year (2016/17) to 90% last 6 months of life spent in community

Establish baseline for No. of people using palliative care beds

Transforming Services for Older People

Completion of hospital and wards re-located

Financial model completed

Phase 3 REH complete

Project Plan finalised with HUB SE

Completion of initial agreement for reprovisioning

Increased % of Midlothian beds released

Sheltered Housing report recommendations agreed and approved

Mental Health and Substance Misuse

Publication of local plan

Agreement of service specification and business plan (Cameron Cottage)

Increase in statutory MHO duties completed on time

Positive user feedback from MHO

Establish baseline for service performance and future targets (MH teams)

Assertive in-reach evaluation complete

% of patients receiving minimum of 1 year post-diagnostic support following Dementia diagnosis

Options appraisal completed for alcohol services

% people accessing therapy within 18 weeks from referral

Reduced Third Sector MH waiting times

Increase in local psychological therapy resource

% of people accessing substance misuse services within 3 weeks

Identified HSCP link with Community Justice Partnership

Completed Community Justice Outcomes Framework

Adults with Complex Needs

Increased No. of people receiving multi-agency transition planning 14+

Completed report of young person and carers' experience of transition process

Increased No. of people receiving appropriate assessment and equipment

Increased No. of people supported by Guide communicator and Interpretation service

Full project implementation plan developed and agreed with IJB

Establish system for ongoing monitoring housing strategy developments

Policy developed to support core and cluster housing

Completed Needs Assessment to inform Learning Disability action plan

Disability hate crimes included in Public Protection report

Consultations reviewed for accessibility

Completed LD needs assessment for old age population

LD forensic service model agreed and implemented

Fairer Scotland implementation plan agreed

P&P resource agreed for respite service review

Increased No. of people receiving Shared Lives Service

Increased No. of new carers recruited



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 5 December 2019
BY: Chief Officer
SUBJECT: Update on Progress with Change Boards

7

1 PURPOSE

- 1.1 To update the Integration Joint Board on progress across the six Change Boards in progressing work across service areas and client groups which reflect strategic priorities.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note progress in each Change Boards' delivery of work across its priority areas.

3 BACKGROUND

- 3.1 In February 2018 the IJB agreed that the Health and Social Care Partnership (HSCP) should focus its energies in 2018-2019 and beyond on priority work in order to deliver against financial pressures and to support service change and delivery of local, regional and national priorities. The agreed priorities were:

- develop and deliver the Primary Care Improvement Plan
- develop and deliver the Financial Plan for 2018/19 and beyond
- commence reprovision of Abbey and Eskgreen care homes and Edington and Belhaven hospitals and provision of housing with care
- review community services for adults with complex needs
- review services for adults with mental health and substance misuse issues
- implement the Carers Strategy

- review actions to deliver delayed discharges/emergency admissions/A&E improvements.
- 3.2 To support delivery of these priorities a new strategic planning structure was established, with six 'Change Boards' to be formed towards the end of 2018, to focus on the six agreed IJB strategic priorities at the core of the 2019-2022 strategic plan. The Change Boards are tasked with delivering programmes for change, to support integrated working as part of:
- improving access to primary care through the delivery of the Primary Care Improvement Plan
 - improving services for adults with complex needs
 - improving services for adults with mental health and substance use issues
 - shifting the balance of care
 - re-provisioning services (renamed 'Transforming Services for Older People' to reflect the group's focus – this Board has yet to begin its work)
 - improving support to carers.
- 3.3 In delivering on the above priorities the Change Boards also have a key role in progressing the:
- IJB strategic aims and objective
 - MSG Indicators
 - golden threads
 - all other relevant strategies and target.
- 3.4 The five established Change Boards were important contributors to the development of the 2019-2022 Strategic Plan. This ensured the plan reflected their strategic priorities. The Boards remain engaged with strategy development through the attendance of the chairs on the Strategic Planning Group.
- 3.5 As the Transforming Services for Older People Change Board has yet to establish itself, its work has yet to progress. It is expected to launch in the spring.
- 3.6 Robust links are being established to ensure the transformational change expected of the IJB Directions is monitored and reported on by the relevant Change Board.
- 3.7 Each Change Board is chaired by a senior HSCP Officer and co-chaired by an IJB member.

- 3.8 The work of the Change Board is informed by a standing reference group with a wide membership reflecting the focus of work. This ensures ongoing engagement is built into each Board's work. The Primary Care Change Board has used a working group approach focussed on 4 service development areas. These Working Groups will only operate until they deliver on priorities within the Primary Care Improvement Plan. The Primary Care Change Board also links to the West and East Cluster Groups of GPs.
- 3.9 There is an expectation that when a Change Board delivers against its work areas the Board will be brought to a close and another established focussing on another priority area.
- 3.10 The relationship of the Change Boards to the Strategic Planning Structure is set out in the chart at appendix 1
- 3.11 The Change Boards are at various stages of development as set out in the attached and most recent reports from each Change Board.

4 ENGAGEMENT

- 4.1 Engagement is achieved for each Change Board through the operation of the corresponding Reference Group, or in the case of the Primary Care Change Board its Working Groups and the Cluster Groups.

5 POLICY IMPLICATIONS

- 5.1 There are no policy implications 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 the economy.
- 6.2 Individual actions, which result in service change, will be appraised using an Integrated Impact Assessment by the partner/s introducing the change, with action taken accordingly.

7 DIRECTIONS

- 7.1 Each Change Board is responsible for the delivery of all Directions associated with their work areas. In view of this, any implications for Directions arising from the actions will be individually assessed with the partner/s involved in the work and reported on to the IJB as required.

8 RESOURCE IMPLICATIONS

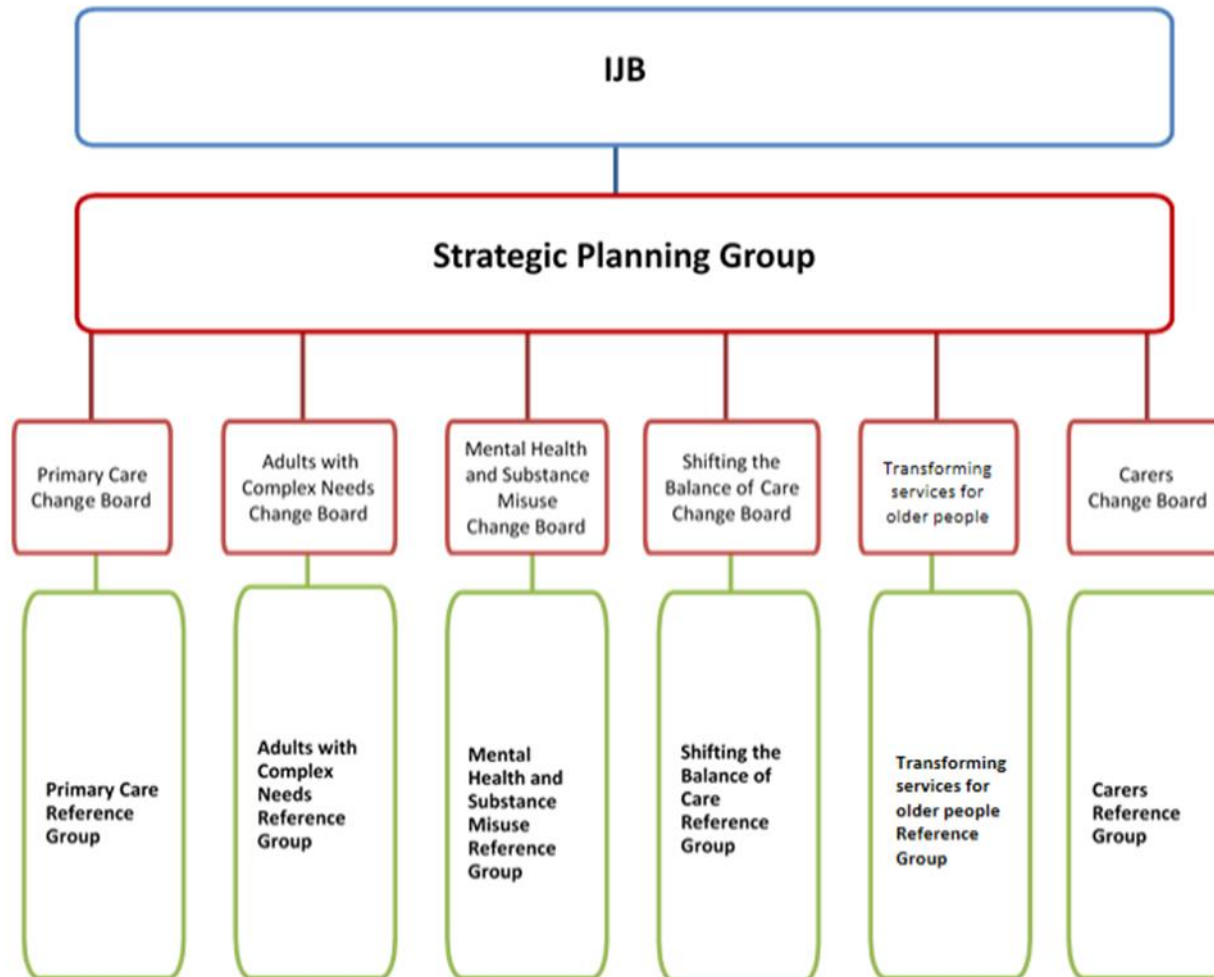
- 7.1 Financial – There are no financial implications arising from this paper or the recommendations within.
- 8.2 Personnel – There are no personnel implications associated with the recommendations contained in this paper.
- 8.3 Other – None

9 BACKGROUND PAPERS

- 9.1 Appendix 1. Change Board Structure
- 9.2 Appendix 2. Change Board Reports

AUTHOR'S NAME	Paul Currie
DESIGNATION	Strategic Planning and Performance Manager
CONTACT INFO	paul.currie@nhslothian.scot.nhs.uk
DATE	25 th November 2019

Appendix 1. Change Board Structure



Appendix 2 – Change Board Reports



ELHSCP Strategic Planning Group – Highlight Report

Date:

Change Board:

		Lead
Programme/Project <i>(Please note any current workstreams)</i>	1. Delivery of the Transformation Programme – transforming the model of care for community based day supports and services	Rona Laskowski
	2. Delivery of the Learning Disability Action Plan	Rona Laskowski
	3. Increase capacity for opportunity for independent living for people with complex needs	Rona Laskowski
	4. Transitions - policy, planning and process for transition of young people into adult HSCP services	Rona Laskowski
	5. Delivery of additional capacity through Shared Lives Services business plan	Gillian Neil
	6. Delivery of the Fairer Scotland Action Plan	Gillian Neil
Outcome Description <i>(What do you hope to achieve through each workstream)</i>	1. Through a process of community engagement, develop a redesign and associated policy change to address need for affordable, sustainable day time community services which can meet the needs of the growing population with complex needs.	
	2. Deliver the range of actions negotiated with the LD planning group, which includes: <ul style="list-style-type: none"> • increase capacity for local short breaks services • work with NHS Lothian and Lothian HSCP partners to ensure fit for future specialist LD forensic service • work with the HSCP data group to progress a needs assessment to identify/ forecast the growing number of older people with LD, and to begin to plan/ prepare services accordingly 	
	3. In partnership with housing, and the commitments in the EL Local Housing Strategy, develop capacity of local housing options which can provide efficient and appropriate community based housing with support for people with complex needs	
	4. Ensure HSCP service and budget planning processes are informed, in a timely manner, of forthcoming needs of young people requiring adult services from the HSCP. Ensure young people and their families are supported to engage in transition planning at an early stage to ensure outcomes focussed assessment and plans are negotiated well in advance of school leaving age.	



ELHSCP Strategic Planning Group – Highlight Report

Date:

Change Board:

	5. Develop and implement a business plan that builds resilience and sustainability into the core Shared Lives service, enabling appropriate business conditions for growth and expansion to maximise opportunities for short breaks.
	6. In partnership with the Physical Disability and Sensory Impairment Planning Group - develop and implement East Lothian's contribution to the Fairer Scotland strategy.
Progress to date:	1. Transformation Programme: Final recommendations and model supported by the Reference and Engagement group and endorsed by this Change Board at its meeting of 05.09.19
	2. Forensic service: Negotiation underway with Lothian HSCP partners. Seeking conclusion by end of current financial year. Capital Finance secured to develop Hardgate flat, Haddington, to develop a local respite service for people with complex needs. PIN notice to test market interest in development.
	3. HSCP has secured a development in Elder Street Tranent, and is continuing to seek resolution on the Fa'side development.
	4. Not progressed. Awaiting identification of strategic support from Planning and Performance.
	5. Shared Lives Business plan developed for consideration by CFO and CO.
	6. EL is engaged with the Lothian wide sensory impairment group. Current contracts for specialist provision are under review.
Key Milestones ahead <i>(Key dates with regards to reviews, deadlines for delivery)</i>	1. Transformation programme to report model and key initial implementation stages to SPG and following IJB to seek endorsement and authority to proceed. Indicative time frame December / Feb IJB.
	2. PIN notice for respite service – January 2020



ELHSCP Strategic Planning Group – Highlight Report

Date:

Change Board:

<i>of work, implementation etc)</i>	3.
	4.
Golden Threads: What are you actively doing to support work on the Golden Threads <i>(For each workstream, please identify which Golden Thread(s) is being supported and how)</i>	1.Carers needs are underpinning the development of both the Shared Lives and respite service developments.
	2. SDS is a core principle of the model of provision within the Transformation Programme.
	3.Transition – supports early intervention and prevention
	4. Ensure maximum efficiency of resources – underpins all the above work streams

Golden Threads



ELHSCP Strategic Planning Group – Highlight Report

Date:

Change Board:

- Support Early Intervention and Prevention
- Support Carers Needs and Rights
- Promote SDS Rights
- Support the Tackling Health Inequalities
- Support Re-ablement/Recovery
- Address the Needs of people with Dementia
- Support Health Promotion

- Support Community Justice
- Support Tackling Social Isolation
- Ensure Maximising Efficient Use of Resources
- Promote Integrated Working and Delivery
- Can be evidenced through holistic datasets
- Advocacy



ELHSCP Strategic Planning Group – Highlight Report

Date: 20.11.2019

Change Board: Carers Change Board

		Lead
Programme/Project <i>(Please note any current workstreams)</i>	1.Implementation of the East Lothian Carers Strategy	Trish Carlyle
	2.	
	3.	
	4.	
Outcome Description <i>(What do you hope to achieve through each workstream)</i>	1.NHS staff will be well informed of support available to carers and how to refer carers for services	
	2.ELHSCP to be provided with an assessment of how well Minority Ethnic groups, and those with protected characteristics are included within our services, policies and strategies.	
	3.ELHSCP will have a longer-term plan in place for carer funding providing through a formal procurement process. This will provide greater security for our carer organisations whilst also meeting procurement and legal requirements.	
	4.Staff to be briefed on the changes to replacement care/respice charging.	
	5.Carers will have access to counselling support through their local carers organisation	
Current Update & Risks to Delivery	1. COEL has continued to provide Think carer training to NHS staff over the course of the year completing sessions with clinical support staff, OT's, managers and Hospital to Home services. A further session is planned for Jan 2020. These are being conducted alongside Jess Kearslake from VOCAL. COEL has now completed their move to the East Lothian Community Hospital and hopes that this will raise their profile among NHS staff to make referrals for their services more likely. Discussions are taking place with John Gibson and Gordon Gray around including COEL within staff induction into the hospital.	
	2.The MECOPP audit steering group has met again in November. The audit is underway and MECOPP hope to have a draft completed by end Dec. Training sessions on outcomes workshops will be planned for 2020. Dates to be confirmed.	



ELHSCP Strategic Planning Group – Highlight Report

Date: 20.11.2019

Change Board: Carers Change Board

	<p>3. The procurement working group comprising of staff from Childrens Wellbeing, MELDAP, The One Partnership Fund and Adult Wellbeing is continuing to outline plans for procurement of carer services. Engagement is ongoing with carers. SurveyMonkey questionnaires have been sent to adult carers, both hard copies via COEL’s newsletter and an online survey available through the consultation hub. There have been delays with engagement with young carers due to challenges working with ELYC. Members of the working group recommended that schools and guidance teachers be involved in completing the survey with young carers known to them. ELYC are also to complete focus groups with young carers in November. Feedback from the engagement will inform the service specification. Current carer services have also been mapped against the outcomes within the carers strategy – as a result it has been noted that much of the current funding is focused on awareness raising, information and advice and identification of carers. While this is appropriate at this stage as we try to raise awareness of carers and carer issues, the group are keen that procurement look at improving provision of services to carers (outcomes 4 – 8 of the strategy) ie breaks from caring, supporting carers to have a life outside of their caring role.</p> <p>4. Replacement care briefings have taken place over October to assessment staff in Adult Wellbeing. Staff now understand the approach ELHSCP are taking to charging for breaks from caring and replacement care. Support plans are beginning to filter through for carers to access free breaks from caring/replacement care. Work is still ongoing with MOSAIC team around changing how this support is logged on the system. Performance reports may have to be amended to reflect the changes and need to be planned to ensure they capture the data correctly.</p> <p>5. Carers of East Lothian was provided with funding this year to set up a counselling post within their service. The 12 counselling co-ordinator post recruited. The co-ordinator will provide both direct counselling as well as co-ordinate counselling students to provide a service to carers. COEL has now confirmed the service will start once they have moved to the new hospital end Oct with carers being offered 6 sessions. Recruitment of student counsellors will happen once the service is more established.</p>
<p>Key Milestones ahead</p> <p><i>(Key dates with regards to reviews, deadlines for delivery of work, implementation etc)</i></p>	<p>1.</p> <p>2. Audit to be completed by Dec 2019</p> <p>3. Procurement aims to be completed around June 2020, depending on engagement with carers and whether there is a need to build in time for mobilising a new provider.</p>



	4. Staff briefings planned for Oct 2019
	5. The service will begin early Sep 2019
<p>Golden Threads: What are you actively doing to support work on the Golden Threads</p> <p><i>(For each workstream, please identify which Golden Thread(s) is being supported and how)</i></p>	<p>1. All elements of the project are working towards supporting carer needs and rights (making respite/replacement care free of charge, raising awareness among staff of the changes to processes, and ensuring carers organisations are adequately funded). Support provided to carers also supports the promotion of the four SDS options.</p>
	<p>2. Increasing awareness of minority ethnic groups and their ability to access services will support social isolation as well as potentially positively impacting health inequalities.</p>
	<p>3.</p>
	<p>4. Briefings to senior practitioners will promote SDS rights by re-iterating that carers will be able to access the same SDS options as the cared-for person.</p>

Golden Threads



ELHSCP Strategic Planning Group – Highlight Report

Date: 20.11.2019

Change Board: Carers Change Board

- Support Early Intervention and Prevention
- Support Carers Needs and Rights
- Promote SDS Rights
- Support the Tackling Health Inequalities
- Support Re-ablement/Recovery
- Address the Needs of people with Dementia
- Support Health Promotion

- Support Community Justice
- Support Tackling Social Isolation
- Ensure Maximising Efficient Use of Resources
- Promote Integrated Working and Delivery
- Can be evidenced through holistic datasets
- Advocacy



ELHSCP Strategic Planning Group – Highlight Report

Date: 25th November 2019

Change Board: Primary Care

		Lead
Programme/Project <i>(Please note any current workstreams)</i>	1. Musselburgh Model Rollout to HIVE practices	Aleisha Hunter
	2. PCAHPs (Primary Care AHPs and Primary Care OT's)	Alastair Clubb
	3. CTACS (Community Treatment and Care Services)	Krista Clubb
	4. ELHViS (East Lothian Health Visiting Service)	Alastair Clubb
	5. Pharmacotherapy	Alan Millarvie
	6. Links workers	Jo Smail
Outcome Description <i>(What do you hope to achieve through each workstream)</i>	1. Same day Triage and advice/consultation in support of Inveresk, The Harbours and Tranent practices, bringing a total of 52000 patients into the care model.	
	2. Physio Practitioner and Primary Care OT led services available by self referral/care navigation from all East Lothian GP practices, available same day to all East Lothian residents	
	3. Treatment Room nurse led services available by self referral/care navigation from all East Lothian GP practices, available same day to all East Lothian residents	
	4. Paramedic and Nurse Practitioner led home visiting services in support of East Lothian GP Practices	
	5. Level 3 Pharmacotherapy Service for all East Lothian practices as specified in 2018 GP Contract.	
	6. Links worker service for all East Lothian practices as specified in 2018 GP Contract, by April 2020	
Current Update & Risks to Delivery	1. HIVE practices in consultation over concerns about capacity in CWIC. This may delay rollout.	



ELHSCP Strategic Planning Group – Highlight Report

Date: 25th November 2019

Change Board: Primary Care

	<p>2. Recruitment of staff- Five additional Primary Care (mental health) Occupational Therapists now in post.</p>
	<p>3. Recruitment dependent.</p>
	<p>4. Pilot is in progress and further expansion likely to follow in 2020 dependent upon evaluation</p>
	<p>5. Variable level of Pharmacotherapy support, not all practices yet receiving support. Staff turnover and recruitment shortfalls relevant</p>
	<p>6. Pilot still running in four practices in west of county. Engagement with potential service providers and with service users including GP practices, in progress October 19. Service specification and tendering process to follow</p>
<p>Key Milestones ahead</p> <p><i>(Key dates with regards to reviews, deadlines for delivery of work, implementation etc)</i></p>	<p>1. Rollout scheduled to begin 22 October 2019.</p>
	<p>2. Mental Health service commencing before the end of 2019 MSK service commencing in November 2019</p>
	<p>3. First CTACS expected to open at ELCH before Xmas 2019.</p>
	<p>4. Pilot is in progress and further expansion likely to follow in 2020 dependent upon evaluation</p>
	<p>5. Target is by April 2021</p>



ELHSCP Strategic Planning Group – Highlight Report

Date: 25th November 2019

Change Board: Primary Care

	<p>6. Current Links worker service target implementation date is April 2020.</p>
<p>Golden Threads: What are you actively doing - the whole Primary Care Improvement Plan programme addresses the golden thread Ensure Maximising Efficient Use of Resources-GPs are a scarce resource with the workforce crisis being the main driver of the whole programme to support work on the Golden Threads</p> <p><i>(For each workstream, please identify which Golden Thread(s) is being supported and how)</i></p>	<p>1. Support Early Intervention and Prevention, Support Tackling Health Inequalities, Promote Integrated Working and Delivery</p> <p>1. The Musselburgh Model is improving access to Primary care, and particularly early intervention with its ability to provide a same day response for patients. Thereby we are addressing health inequalities by improving capacity and access in an area of higher deprivation. One of the strengths is integrated working and delivery, with GP practices, HSCP/CWIC, and NHS24 working together in very novel ways.</p>
	<p>2. Support Early Intervention and Prevention, Support Tackling Health Inequalities, Promote Integrated Working and Delivery</p> <p>PCAHPs will deliver same day/next day access to mental health and MSK advice and support, with an emphasis on early supported self management, delivered by AHP colleagues, addressing these three golden threads</p>
	<p>3. CTACS will mainly increase capacity in treatment room delivered care and might be argued thereby to address health inequalities consequent upon lack of capacity in practices to meet all demand.</p>
	<p>4. ELHViS focuses on improving home visiting capacity and thereby can be expected to address the golden threads Support Re-ablement/Recovery, Address the Needs of people with Dementia , and Support Tackling Social Isolation</p>
	<p>5. Pharmacists and technicians take on work which would otherwise have to be done by GPs thus addressing the golden thread - Ensure Maximising Efficient Use of Resources-GPs are a scarce resource with the workforce crisis being the main driver of the whole programme</p>
	<p>6. Links workers are intended to have major impact on health inequalities by introducing patients with complex psychosocial issues to appropriate sources of help and support. Income maximisation by provision of information and support on benefits and rights has significant potential in this area.</p>



Golden Threads

- | | |
|---|--|
| <ul style="list-style-type: none">• Support Early Intervention and Prevention• Support Carers Needs and Rights• Promote SDS Rights• Support the Tackling Health Inequalities• Support Re-ablement/Recovery• Address the Needs of people with Dementia• Support Health Promotion | <ul style="list-style-type: none">• Support Community Justice• Support Tackling Social Isolation• Ensure Maximising Efficient Use of Resources• Promote Integrated Working and Delivery• Can be evidenced through holistic datasets• Advocacy |
|---|--|



ELHSCP Strategic Planning Group – Highlight Report

Date: September up-date

Change Board: Shifting the balance of care

		Lead
Programme/Project	1. Repatriation of mental health beds from Midlothian community hospital to the East Lothian community hospital.	Lorraine Cowan.
	2. Review of hospital to home services and homecare services to move towards an integrated team.	Lorraine Cowan.
	3. Proposed pain pathway	Jon Turvill / Lesley Berry
	4. Actively reviewing patient processes to continue to improve delayed discharge performance, introduction of the home first concept.	Lorraine Cowan
Current Update	1. Project Board and working group continues to take this forward, paper presented at the IJB who thought this was a positive move, date set for the move to commence. Meeting taking place with the Mental health	
	2. Project Board established. Four working groups that were in operation now amalgamated into one group focusing on the model and the management structure.	
	3. Paper brought to last meeting illustrating how the pain service proposed could be delivered locally, this is going to workforce and organisational change board.	
	4. Older people and access resource group are progressing work to further develop patients pathways to reduce delayed discharge.	
Key Milestones ahead	1. Paper has gone through governance framework.	
	2. Paper completed illustrating model and way forward presented at all relevant groups , work now continues to progress to identify operation working and governance structure.	



ELHSCP Strategic Planning Group – Highlight Report

Date: September up-date

Change Board: Shifting the balance of care

	<ol style="list-style-type: none"> 3. Paper to go to workforce and organisational change group.
	<ol style="list-style-type: none"> 4. First home concept being implemented across all ward areas within East Lothian , roll out programme in operation
Outcome Description	<ol style="list-style-type: none"> 1. To repatriate mental health beds and patients back to East Lothian, enabling patient to have their care provided locally, and their families to be able to support and visit their relatives within East Lothian.
	<ol style="list-style-type: none"> 2. To redesign the two services within the partnership utilising the concept of enablement, ensuring that clients remain as independent as possible, whilst streamlining the two service that operationally manage key areas such as double up service, palliative care and rehabilitation.
	<ol style="list-style-type: none"> 3. To be taken forward to implementation.
	<ol style="list-style-type: none"> 4. To improve the partnerships performance in relation to delayed discharge by redefining and redesigning processes.
Status	<ol style="list-style-type: none"> 1. Date set for repatriation.
	<ol style="list-style-type: none"> 2. In progress
	<ol style="list-style-type: none"> 3. Progressing well.
	<ol style="list-style-type: none"> 4. Ongoing – home first concept being rolled out will be completed by end of December.



ELHSCP Strategic Planning Group – Highlight Report

Date: September up-date

Change Board: Shifting the balance of care

Golden Threads: What are you actively doing to support work on the Golden Threads	1. Address the needs of people with dementia.
	2. Support re-ablement and recovery, and to maximise use of all resources
	3. Promote integrated working and delivery.
	4. Maximising efficient use of resources by promoting integrated working through delivery.

Golden Threads	
<ul style="list-style-type: none"> • Support Early Intervention and Prevention • Support Carers Needs and Rights • Promote SDS Rights • Support the Tackling Health Inequalities • Support Re-ablement/Recovery • Address the Needs of people with Dementia • Support Health Promotion 	<ul style="list-style-type: none"> • Support Community Justice • Support Tackling Social Isolation • Ensure Maximising Efficient Use of Resources • Promote Integrated Working and Delivery • Can be evidenced through holistic datasets • Advocacy



ELHSCP Strategic Planning Group – Highlight Report

Date: 25th November 2019

Change Board: MH & SMD

		Lead
Programme/Project <i>(Please note any current workstreams)</i>	1. Delivery of the East Lothian Mental Health Plan	Rona Laskowski
	2. Delivery of the Alcohol and Substance Misuse Action Plan for East Lothian	MELDAP
	3. Delivering Trauma Informed Practice	Rona Laskowski
	4. Delivering suicide Prevention Training to all NHS Workforce in the HSCP	Rona Laskowski
Outcome Description <i>(What do you hope to achieve through each workstream)</i>	1. A range of improvements of access, ongoing support and recovery for people experiencing difficulty and/ or distress related to mental ill- health or substance misuse issues	
	2. Addressing the health inequalities experienced by people with substance misuse needs , and those with poor mental health, particularly those with severe and enduring conditions.	
	3. Collaboration with community justice to support those with poor mental health and/or substance misuse needs	
	4. Improved access to a range of treatment and supports locally, i.e. in East Lothian and within the area partnerships across East Lothian.	
Current Update & Risks to Delivery	1. Workforce scoping underway to identify training needs/ resource required to begin to roll out trauma informed practice to Health and Social Care, Childrens Services, Primary Care, Housing and Community Development. Suicide Prevention Training will be delivered alongside given the complimentary nature of the input.	
	2. Health Needs Assessment for East Lothian very recently completed by Public Health to inform our planning of the needs of the population in relation to substance misuse and sexual health needs.	
	3. Following 2 public engagement events, the MH Reference Group is currently prioritising actions for year 1 of the action plan which will be reported to the January 2020 Reference Group, and subsequent Change Board.	
	4. Development of a service specification and development of an enhanced Grade 4 rehabilitation and recovery housing care and treatment support service, increasing access to this aspect of care for East Lothian by 50%.	



ELHSCP Strategic Planning Group – Highlight Report

Date: 25th November 2019

Change Board: MH & SMD

Key Milestones ahead <i>(Key dates with regards to reviews, deadlines for delivery of work, implementation etc)</i>	1.	January 2020 Reference Group for the recommendations for year 3 Acton 15 mental health strategy monies.
	2.	January/ February Change Board for the prioritised actions for the mental health plan.
	3.	
	4.	
Golden Threads: What are you actively doing to support work on the Golden Threads <i>(For each workstream, please identify which Golden Thread(s) is being supported and how)</i>	1.	Both the MH and SMS plans are focussed on outreach/ improving access and therefore improving early intervention and prevention.
	2.	Support to family and carers is an underpinning priority of the MH plan.
	3.	
	4.	

Golden Threads

- Support Early Intervention and Prevention
- Support Carers Needs and Rights
- Promote SDS Rights
- Support the Tackling Health Inequalities
- Support Re-ablement/Recovery
- Address the Needs of people with Dementia
- Support Health Promotion

- Support Community Justice
- Support Tackling Social Isolation
- Ensure Maximising Efficient Use of Resources
- Promote Integrated Working and Delivery
- Can be evidenced through holistic datasets
- Advocacy



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 5 December 2019

BY: Chief Finance Officer

SUBJECT: Financial Position 2019/20 and Financial Forecast for 2020/21

8

1 PURPOSE

- 1.1 This report further updates the IJB on its current financial position in 2019/20, reports the projected year end outturn from the quarter two financial reviews and provides an early indication of the financial forecast for 2020/21.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the current financial position
 - ii. Note the quarter two financial reviews of 2019/20
 - iii. Note the initial financial forecast for 2020/21

3 BACKGROUND

- 3.1 At its meeting in October 2019, the IJB received an update on its Month 5 forecast which projected a year end position of £645k overspend for 2019/20. A formal quarter 2 review has now taken place and an updated outturn of £34k overspend is expected across the whole of the IJB. The quarter 2 reviews highlighted a projected underspend within the health budget and a small overspend within the social care budget of the IJB.

East Lothian IJB Financial Performance Updated Forecast

	Year to Date Outturn at September 2019		August Forecast Outturn	Q2 Forecast Outturn	Movement
	£k		£k	£k	£k
Social Care	-166		-540	-241	-299
Health	21		-105	207	-312
	-145		-645	-34	-611

- 3.2 The social care movement in 2019/20 forecast is partially due to funding moving through the Partnership to support care home beds. A review process identified there are currently 14 additional care home beds in use in 2019/20 at an average cost of £25k per bed per annum. This increase in care home beds supports the low numbers of delayed discharges along with retaining care packages during short term hospital stays and on this basis funding was moved to cover the costs incurred by social care for this.
- 3.3 Another favourable movement in the forecast is the sustained reduction to care at home hours. These benefits are offset by increasing weekly costs of residential placements within learning disabilities. .
- 3.4 As reported previously within the health budgets these are split into core, hosted and set aside. Of the £312k improvements in the health forecast,
- £279k relates to core. This improvement is mainly due an improvement in hospital services as good internal controls have seen a drop in expenditure, also as the timing and staffing requirements for the new hospital are finalised.
 - Within set aside, budget pressures relating to staffing costs for nursing and medical staff continue. This is driven partly by activity and also by high levels of sickness; vacancies; acuity and difficulty in recruiting. Higher activity also leads to increased pressures on medical supplies. General Medicine and A&E are seeing the biggest activity pressures.
 - Hosted services forecast has not changed and is projecting a £209k underspend. This is 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.

Financial Recovery Actions

- 3.5 As previously reported, part of the budget setting process, included a savings target of £702k. The HSCP developed a suite of recovery actions to meet this target. Savings targets and recovery actions remain challenging as timelines to implement new models are taking longer than originally anticipated. We also continue to monitor the projected costs associated with the new monies allocated this financial year for Franks law and Carers, with any slippage in these monies offsetting timing delays in savings non recurrently. These actions should allow an improved social care position to support bringing the overall financial position for the IJB in 2019/20 back into balance. Further detail of the savings and recovery actions are included in Appendix 1

2020/21 Financial Position

- 3.6 Moving forward to 2020/21 the IJB and its delegated functions will have significant underlying financial pressures with the challenging financial environment both Partners face. Both Partners are preparing financial budget modelling for approval and the current position is noted below:

	2020/21 Forecast Outturn
	£k
Core	-734
Hosted	-103
Set Aside	-737
Total Health	-1,574
Social Care (based on June 2019 financial plan)	-3,195
Total	-4,769

- 3.7 It is clear and in line with the rolling financial plan for the IJB developed in June 2019 that there is financial pressures in the IJB's 2020/21 budgets and as the financial outturn assumptions are refined that the IJB consider how to address this. This iteration of the 2020/21 financial outlook has improved from the predicted £7,570k in the rolling financial plan.
- 3.8 On 29th October 2019 East Lothian Council reported on the financial prospects for the next 5 years. It highlighted the continued uncertainty around future public sector funding alongside increased demand, requiring the Council to find new ways of delivering sustainable services to the public for fewer resources. The report outlined the budget process and expected a Scottish Government draft budget announcement and the consequential financial settlements to be known by January 2020. The budget announcement will be later than expected due to the General Election on the 12th December 2019 and a revised budget approval timeline will be agreed.

- 3.9 Included in the report are different financial planning scenarios and the impact each has on future budget plans. The modelling demonstrates the high likelihood of further savings being required. This is in addition to the already required recurring savings of £11.3m over 2019/20 to 2021/22.
- 3.10 Next steps for the IJB is to understand the consequences of these pressures in the context of the Health & Social Care Partnership when accepting or not the budget for 2020/21. Work has begun on modelling budget requirements based on the activity levels in 2019/20.
- 3.11 For NHS Lothian the latest iteration of the Financial Plan for 2020/21 will be shared with Finance and Resources Committee on 27th November, further updates due to the January Committee and a final version to be approved by the Board in March. The latest plan highlights a gap of £39m for next year (East Lothian's share is £1.5m).
- Within Core £734k pressures relate to General Medical Services, Prescribing and Health Visiting. Efficiency plans and spending controls will be developed to mitigate these overspends.
 - The £737k pressures in Set Aside are the same as previously reported; increased activity in General Medicine and A&E and staffing pressures within nursing and medical staffing.
 - Hosted services are showing financial pressures of £103k which is spread across a number of areas with Learning Disabilities and Mental Health inpatient services facing large financial challenges for next year.
- 3.12 Within the scheme of integration, when agreeing the 2020/21 budget the IJB must apply two tests to any budget proposition – that of fairness (a fair share of the resources available to the partner) and adequacy (which is measured on the ability of the partner to manage the projected financial pressure as laid out in their own financial plan). In the context of the circumstances both partners are facing, budget forecasting and approval for the IJB will be brought to future IJB meetings for discussion.

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 October 2019 - East Lothian Council Financial Review 2019/20 and Financial Prospects.
- 8.2 November - NHS Lothian Financial & Resources Committee - Financial Plan for 2020/21 and beyond.

AUTHOR'S NAME	Claire Flanagan
DESIGNATION	Chief Finance Officer
CONTACT INFO	claire.flanagan@nhslothian.scot.nhs.uk
DATE	28 November 2019

Service	Description	Original Target Efficiency 2019-20 £k	Revised Target Efficiency 2019-20 £k	Projected Efficiency 2019-20 £k
Budget Control & Efficiencies				
Adults	Potential income generated from Intensive Housing Management service change by ensuring all tenants eligible claiming housing benefit.	£200	£200	£200
Older People	Historical Homecare vacancies	£150	£87	£87
Adults	Review the financial component of the individual service offer to cover transport costs.	£50	£0	£0
Older People - Hospital service	With the appointment of the speciality doctor, two sessions per week currently being provided by a GP on the bank can be ceased.	£26	£13	£13
Older People - Hospital service	Review secretarial services with a view to skill mix and save a post.	£24	£12	£12
Adults	Look to review Financial Support Service and potentially bring in house	£20	£0	£20
Equalising of Charges across service groups				
Adults	Equalise thresholds for charging for under and over 65s to ensure equality across service users.	£106	£18	£18
Adults	Introduction of contributions to attend external day opportunities for reasons of equity.	£31	£20	£20
Efficiencies in Partnership Working				
Adults	Review of partnership working and funding to include public protection and substance misuse.	£50	£0	£0
Community / Hospital Interface				
Older People	Review the provision of service within Edington Hospital and review the minor injuries facility overnight.	£46	£12	£12
Efficiencies Identified		£703	£362	£382
Slippage in new funding				
	Franks Law Year 1 slippage		£468	£468
	Carers Act slippage		£100	£100
Overall Savings		£703	£930	£950

* £87k achieved and an additional £63k rated as Amber

RAG Status
Achieved
Achievable
TBC



East Lothian Health and Social Care Partnership

WINTER PLAN 2019/2020

FINAL DRAFT



1.0 INTRODUCTION

The National Health Service and Council Social Work Department are required to plan for the winter period, when it is recognized that demand for services is likely to be at its highest level. The expectation is that plans for 2019/2020 build on the Winter Plans for 2018/2019 for East Lothian Health & Social Care Partnership and take into account the lessons learned.

The required outcomes of winter planning are to ensure:

- Clear identification that the Director of Unscheduled Care and the respective Director of Health and Social Care Partnership are the accountable persons for ensuring that effective Winter Plans exist;
- That comprehensive plans are in place in East Lothian Health and Social Care Partnership covering the headings in the Scottish Government Health Department Winter Planning communications;
- The provision of high quality services are maintained through periods of pressure;
- The impact of pressures on the levels of service, national targets and finance are effectively managed;
- That a process is in place to meet the reporting requirements of the Scottish Government.

2.0 THE PROCESS AND TIMETABLE FOR REVIEWING WINTER PLANS

Hospital and community services have contributed to the preparation of an H&SCP Winter Plan local to East Lothian that meets the needs of the Partnership. Winter Planning Executive Team for ELHSCP is as follows:

No.	Function	Name
1	Lead Manager	Alison Macdonald, Director ELHSCP
2	Senior Manager	Lorraine Cowan, Interim Chief Nurse
3	Senior Manager	Iain Gorman, Head of Operations
4	Clinical Director	Dr Jon Turvill
5	Lead Partnership Representative	Thomas Miller



Senior Managers (Appendix 1) will conduct a weekly monitoring process to assess progress against the winter plan. This process will be used to escalate issues that arise during the peak winter period. The ELHSCP Core Management Team will meet monthly between November 2019 and March 2020 to monitor and evaluate the winter planning process taking any actions necessary. Priority will be to monitor the levels of pressure in the system and the effectiveness of the Winter Plan and identify further interventions as required by NHS Lothian, ELHSCP and Partner Organisations. This will be a standing agenda item for the Joint Management Team meetings. Additionally the ELHSCP will be represented at all winter planning meetings from November 2019.

3.0 KEY PRIORITIES FOR ACTION IN 2019/20

A number of priority areas have been identified through national and local experience.

3.1 Capacity Planning

- To predict and manage variation in demand; and maximise capacity to meet demand.
- To identify the potential for a temporary flexible increase in capacity that is not solely reliant upon opening additional acute beds.
- To work with providers to increase capacity in Homecare and Hospital to Home.
- Additional capacity will raise the number of beds available flexibly during the peak winter period. These step down beds will be available across the winter period. Step Down increases the range of hospital discharge options available for older people.
- Huddle that takes place at 8am will incorporate discussions around bed capacity. The senior manager chairing the huddle will decide what the beds will be used for, and agree any contingency plans needed both during the week and at this will weekends.



3.2 Escalation

- All ward areas within the East Lothian Community Hospital, Belhaven and the Edington will have internal escalation procedures with clear trigger points and actions; (Appendix 5) that those identified will be required to participate in.
- Some aspects of provision within these facilities are unavailable for flexible use because they provide In Patient Complex Care Frail Older people and Psychiatry of Old Age, these being Lammerlaw and East Fortune House. This will however, be discussed each day at the huddle.
- The H&SCP will also review demand for admissions and utilise beds in a flexible manner any request for respite should be directed to the duty social work team.
- Community-wide escalation procedures will be agreed with clear triggers and actions;
- A de-escalation process will be agreed likewise.
- Morning Huddle will evaluate staffing resources in advance to ensure safe staffing, and the additional staffing to flex further bed capacity, if required.

3.3 Infection Control

- Measures will be agreed to address the requirements of the most common infections, for example, Norovirus, Clostridium difficile, Influenza, MRSA;
- Contingency plans are in place to minimise the impact of outbreaks of infection, in particular, Norovirus and similar infections leading to a reduction in bed availability;
- Clear links are being made to Pandemic Influenza Planning;
- An effective immunisation programme against seasonal influenza is in place. Flu vaccination for patients who are housebound and vulnerable as well as their carers should be commenced as soon as vaccine arrives with the practice around 1st October, patients known to staff who can vaccinate should be undertaking this as part of their anticipatory care process, it requires to be an integral part of their care and can have a huge impact on avoidable admissions. Flu clinics are also being piloted in community pharmacies in the West GP cluster. Staff clinics are set up across Lothian and managers both health and council should be encouraging staff to attend for vaccination. All materials are on NHS Lothian intranet. If council colleagues require additional clinics they will be arranged if staff are identified to attend. The key is to action the delivery of the vaccine to patients and staff as early as possible, this includes patients in long stay establishments both NHS and care homes.



4.0 OVERVIEW OF WINTER PLAN SUBMITTED BY EAST LOTHIAN H&SCP

Operational readiness will be assessed under the following headings;

Resilience

- Severe Weather
- Festive period
- Contingency plans for bed flexibility
- Escalation and business continuity procedures

Unscheduled/Elective Care

- Admissions avoidance
- Management of community activity
- Other service actions and interventions
- Facilitation of early discharge

Infection Control

- Norovirus
- Seasonal Flu

Communications

- Management Information
- Co-ordination of information

4.1 **Effective preparation must be made in all areas however, particular attention is required in relation to:**

- Demand profiling and capacity planning: to ensure that sufficient capacity and contingencies are made available to meet the anticipated demand; see previous comments under capacity and escalation.
- Control: measures are being put in place to reduce the risk of and to manage any infection control outbreaks.
- Effective discharge arrangements are in place which will be enhanced over periods of high demand.
- Severe Weather: Business continuity plans and severe weather policy will be brought into use.



5.0 SUMMARY

The responsibilities of the H&SCP Senior Management Team in Winter 2019/2020 are

- To establish clear roles of accountability of services to manage the winter period
- To assure proactive engagement of all partner agencies
- To ensure that all local winter planning groups and social care communities have made satisfactory plans
- To create clear escalation and communication processes
- Robust staff communication across the Partnership

6.0 TASKS OVERVIEW		
TOPIC	LEAD	ACTIONS
Resilience	Alison Macdonald, Iain Gorman, Jon Turvill, Lorraine Cowan	
a. Severe Weather	Alison Macdonald Lorraine Cowan Iain Gorman Bryan Davies All Managers	<ul style="list-style-type: none"> • Close contact with NHS Lothian and East Lothian emergency planning mechanisms. • Completion of SITREP template for submission to NHS Lothian (Appendix 2) • Operational team for Health and Social Care will meet as required to ensure operational activity is maintained and joint priorities agreed.
b. Festive Period	Alison Macdonald Lorraine Cowan Iain Gorman All managers	<ul style="list-style-type: none"> • Rostering appropriate staffing and resources to maintain services through the festive period (Appendices 3&4) • On Call rota for duty managers and clinical service leads • Service areas are being encouraged to consider booking supplementary staffing in anticipation of requirements, to ensure supply via Staff Bank.
c. Contingency plans for bed closures	Lorraine Cowan Margaret Drew Ellie Hunter Gordon Gray Carolyn Wyllie	<ul style="list-style-type: none"> • Maintain review of availability of beds in East Lothian Community Hospital, Belhaven, Edington and step down facility on an ongoing basis, including care homes • Develop mechanisms to maximise care at home • Reviewed and monitored daily at operational meetings • Report for weekly Informal Directors • Review Homecare and other care home capacity
d. Escalation and business continuity procedures	Lorraine Cowan Lesley Berry Gordon Gray Trish Carlyle Ellie Hunter Margaret Drew Carolyn Wyllie Bryan Davies	<ul style="list-style-type: none"> • Develop escalation/alert tool for downstream beds as part of whole system bed management approach. Daily Alert System Rehabilitation to be provided as required for patients occupying the beds on a Mon – Friday service. • BC Operational Plans on shared drive for all essential services available to Senior Management and Clinical Managers • Daily teleconferencing including daily morning UHD bed meetings during period of peak activity • Daily 8am Huddle across East Lothian •

6.0 TASKS OVERVIEW		
TOPIC	LEAD	ACTIONS
Unscheduled and Elective Care	Alison Macdonald, Iain Gorman, Lorraine Cowan, Jon Turvill	
a. Admission Avoidance	Senior Management Team H&SCP	<ul style="list-style-type: none"> • Proactive management of patients at risk and vulnerable adults in the community • Maximise Hospital at Home and Hospital to Home capacity • Falls – screening for patients falling at home, admitted with fall, or deemed at risk of future falls • Physio screening of moderate COPD patients at risk of admission • GP Anticipatory Care Plans for nursing home residents/identified patients at risk. • Maximise capacity within Discharge to Assess and START • Continuously review capacity within ECS service
b. Management of community activity	Lorraine Cowan Lesley Berry Jon Turvill Fiona Gallacher Ellie Hunter Carolyn Wyllie Nicola Cochrane Aleisha Hunter	<ul style="list-style-type: none"> • Initiation of real time data reporting on hospital admissions and discharges • Ensure availability of multi-disciplinary team for patients returning from hospital and those being managed at home • Continuity planning for Care Provider organisations, carer support organisations and the charitable/voluntary sector • Mental Health assessment services and community services over festive and winter period • Communicate hours of operation Primary Care Services over festive periods and adjacent weekends • Determine point of contact between Acute services and DN Services OOH • Management of community activity via CWIC
c. Other service actions and interventions	Brian Robb Kenny Glynn	<ul style="list-style-type: none"> • Agreement with logistics department for both mail and specimens pick up in severe weather - East Lothian Community Hospital develop close working links with all other operational areas • Equipment Service focused on discharges and terminal care with additional priority over festive and winter period

6.0 TASKS OVERVIEW		
Topic	Lead	Actions
Infection Control		
a. Norovirus	Lorraine Cowan Ellie Hunter Charge nurses Fiona Gallacher Infection Control Nurse Care Home Managers Registered Care Providers	<ul style="list-style-type: none"> • All managers to ensure HAI protocols in place • Ensure compliance with all infection control procedures • Ensure Care Home Managers are aware of and implementing infection control procedures across care settings, including registered Care at Home providers • District nurses to ensure that procedures are in place within the community to comply with infection control policies. • Toolbox talks to take place in each ward area.
b. Seasonal Flu	Lorraine Cowan Jon Turvill Patricia McIntosh Ellie Hunter	<ul style="list-style-type: none"> • Carer vaccination to be encouraged by GP Practices and also offered to carers of housebound patients • Vaccination sessions for HSCP staff planned – take up rates to be monitored. This is done retrospectively but locally could be captured • Effective outbreak policies and procedures in place. Outbreak reports are provide daily and outcomes are communicated • Community Nursing to ensure that all eligible patients in the community are vaccinated.
Communications		
Lorraine Cowan, Alison Macdonald, Iain Gorman		
a. Management of Information	Barbara Renton	<ul style="list-style-type: none"> • Weekly circular on winter plan • Briefing/copy of winter plan to all on call clinical staff and partner organisations • Duty Management over Christmas and New Year period available to clinical staff and partner organisations
b. Co-ordination of information	Alison Macdonald Lorraine Cowan Iain Gorman	<ul style="list-style-type: none"> • East Lothian H&SCP representative at all monthly meetings. Attendance at daily bed meetings as required. • Co-ordination of information through daily huddles at East Lothian Community Hospital.

Appendix 2

Scottish Government Health: SEVERE WEATHER REPORTING: DAILY RETURN FROM NHS Lothian

Date:	Date?
Completed by:	Name? Post?
Areas:	All areas

Staff Absences	Approximate Number (or %) of staff affected by weather?
Nursing	
Medical	
Other	
SERVICE DELIVERY	Please detail any impact on services
A&E	
12 hour trolley waits	
Out of Hours (Has the Service been affected in any other way)	
Cancelled outpatient clinics and Day Hospitals (the number of patients and location of those cancelled. Please include details of when out patient clinics are due to be re-established)	
Total number of elective cancellations (location and specialities. Please include details of when elective admissions are due to be re-established)	
Discharge The number of beds being occupied by patients unable to return home who are otherwise fit for discharge (number as at 9:00 that morning).	
Gas supplies Provide information regarding interruptions to gas supplies to your hospitals: - 1. Details of which hospitals are disconnected 2. Number of day's stock of fuel oil in place 3. Plans to re-stock for fuel 4. Any contingency arrangements	
Look Ahead Provide a brief outline of what actions you expect to take over the next 24 hours to manage emerging issues (e.g. cancellation of electives, ward closures, opening additional beds).	

Appendix 3

EAST LoTHIAN COUNCIL

Christmas and New Year Arrangements

2019/2020

Adult Wellbeing Services

East Lothian Council Adult Wellbeing Services will be operating out with the set Public Holiday dates. Enclosed are details of how and where to access services via Council Offices, Home Care Services and Emergency Care Service. Included are telephone numbers for the provision of normal services and contact numbers for services out with the normal hours.

Contact Telephone Numbers

Emergency Social Care Services

E.S.C.S. 0800 731 6969

**East Lothian Council
Adult Wellbeing**

**Phone 0845 6031576 / 01875 824309/ 01875 618960
Fax 01875 615327**

East Lothian Council

Home Care Services

**East Lothian Council Adult Wellbeing Services provides a Home Care Service
To people living within the towns and villages of East Lothian.**

**Any new referrals out with normal hours should be directed via ESCS.
Care Support Workers will be working as normal over the holiday period including all Public Holidays.**

Main Office Number: 01875 618960 (6am – 10pm)

Fax: 01875 615327

Availability from Tuesday, 24th December 2019 –Thursday, 2nd January 2020

Team	Contact Telephone Number	Operating Times	Dates
Home Care (CCC Team)	01875 618960	06.00am 18.00pm	25 th & 26 th December 2019
Community Access Team	01875 824309	Closed	25 th & 26 th December 2019
Home Care (CCC Team)	01875 618960	06.00-18:00	27 th & 28 th December 2019
Community Access Team	01875 824309	09.00-16.00pm	27 th December 2019
Home Care (Office Staff)	01875 618960	8.00-17.00pm	27 th ,28 th & 29 st December 2019
Home Care (CCC Team)	01875 618960	06.00-18:00	
Community Access Team	01875 824309	Closed	28 th & 29 th December 2019
Customer Care Team	01875 618960	09.00-17.00pm	30 th & 31 st December 2019
Community Access Team	01875 824309	06.00am-18.00pm	1 st & 2 nd January 2020
Community Access Team	01875 824309	Closed	1 st & 2 nd January 2020

Back to normal office hours on 03/01/20.

Our Home Care Customer Team will be providing a service from 6.00am – 10.00pm throughout the festive period.

**East Lothian Council
Emergency Care Service, Residential Services**

This service will work as normal over the festive period.

East Lothian Council Adult Resource Centres

**These services will be closed from during the festive period from:
Tuesday, 24th December 2019 reopening on Friday, 3rd January 2020**

**East Lothian Council
Adult Wellbeing Services**

Contact with Social Work Services can be made via

Out of Hours: 0845 6031576

Community Alarm: 01875 824309

Emergency Care Service: 01875 618960

Availability 20th December 2019 to 3rd January 2020

Friday: 20th December	09.00 – 16.00
Saturday/Sunday: 21st and 22nd December	Normal Weekend Cover E.S.C.S.
Monday, 23rd December	09.00 – 17.00
Tuesday: 24th December	09.00-17.00
Wednesday/Thursday: 25th and 26th December	E.S.C.S
Friday : 27th December	09-00 - 16.00
Saturday/Sunday: 28th & 29th December	Service via E.S.C.S.
Monday: 30th December	9.00 -17.00
Tuesday: 31st December	9.00-17.00
Wednesday and Thursday : 1st and 2nd January	Service via ESCS
Friday: 3rd January 2019	Normal service resumes

Appendix 4 Health Services

Community Nursing

Day	Date	Daytime	Out of Hours	Day	Date	Daytime	Out of Hours
Friday	20 December 19	08.00 - 16.30 GP Practice or individual DN Bases	16.30 - 18.00 GP Practice 18.00 - 00.00 NHS24	Friday	27 December 19	08.00 - 16.30 GP Practice or individual DN Base	16.30 - 18.00 GP Practice 18.00 - 00.00 NHS24
Saturday	21 December 19	NHS24: 08454 242424	NHS24: 08454 242424	Saturday	28 December 19	NHS24: 08454 242424	NHS24: 08454 242424
Sunday	22 December 19	NHS24: 08454 242424	NHS24: 08454 242424	Sunday	29 December 19	NHS24: 08454 242424	NHS24: 08454 242424
Monday	23 December 19	08.00 - 16.30 GP Practice or individual DN Bases	16.30 - 18.00 GP Practice 18.00 - 00.00 NHS24	Monday	30 December 19	08.00 - 16.30 GP Practice or individual DN Bases	16.30 - 18.00 GP Practice 18.00 - 00.00 NHS24
Tuesday	24 December 19	08.00 - 16.30 GP Practice or individual DN Bases	16.30 - 18.00 GP Practice 18.00 - 00.00 NHS24	Tuesday	31 December 19	08.00 - 16.30 GP Practice or individual DN Bases	16.30 - 18.00 GP Practice 18.00 - 00.00 NHS24
Wednesday	25 December 19	NHS24: 08454 242424	NHS24: 08454 242424	Wednesday	01 January 2020	NHS24: 08454 242424	NHS24: 08454 242424
Thursday	26 December 19	NHS24: 08454 242424	NHS24: 08454 242424	Thursday	02 January 2020	NHS24: 08454 242424	NHS24: 08454 242424

Health Visiting Services

Day	Date	Daytime	Out of Hours	Day	Date	Daytime	Out of Hours
Friday	20 December 2019	9am – 4.30pm	NHS24/ESWS	Friday	27 December 2019	9am – 4.30pm	NHS24/ESWS
Saturday	21 December 2019	NHS24/ESWS	NHS24/ESWS	Saturday	28 December 2019	NHS24/ESWS	NHS24/ESWS
Sunday	22 December 2019	NHS24/ESWS	NHS24/ESWS	Sunday	29 December 2019	NHS24/ESWS	NHS24/ESWS
Monday	23 December 2018	9-4.30pm	NHS24/ESWS	Monday	30 December 2019	9am – 4.30pm	NHS24/ESWS
Tuesday	24 December 2019	9-4.30pm	NHS24/ESWS	Tuesday	31 December 2019	9am – 4.30pm	NHS24/ESWS
Wednesday	25 December 2019	NHS24/ESWS	NHS24/ESWS	Wednesday	01 January 2020	NHS24/ESWS	NHS24/ESWS
Thursday	26 December 2019	NHS24/ESWS	NHS24/ESWS	Thursday	02 January 2020	NHS24/ESWS	NHS24/ESWS

Community Psychiatric Nursing

Day	Date	Daytime	Out of Hours	Day	Date	Daytime	Out of Hours
Friday	20 December 2019	9-5pm	NHS24	Friday	27 December 2019	9-5pm	NHS24
Saturday	21 December 2019	Closed	NHS24	Saturday	28 December 2019	Closed	NHS24
Sunday	22 December 2019	Closed	NHS24	Sunday	29 December 2019	Closed	NHS24
Monday	23 December 2019	9-5pm	NHS24	Monday	30 December 2018	9-5pm	NHS24
Tuesday	24 December 2019	9-5pm	NHS24	Tuesday	31 December 2019	9-5pm	NHS24
Wednesday	25 December 2019	9-5pm	NHS24	Wednesday	01 January 2020	9-5pm	NHS24
Thursday	26 December 2019	9-5pm	NHS24	Thursday	02 January 2020	9-5pm	NHS24

MH Team: 0131 536 8646

IHTT

Day	Date	Daytime	Out of Hours	of Day	Date	Daytime	Out of Hours
Friday	20 December 2019	8am-midnight	NHS24	Friday	27 December 2019	8am-midnight	NHS24
Saturday	21 December 2019	8am-midnight	NHS24	Saturday	28 December 2019	8am-midnight	NHS24
Sunday	22 December 2019	8am-midnight	NHS24	Sunday	29 December 2019	8am-midnight	NHS24
Monday	23 December 2019	8am-midnight	NHS24	Monday	30 December 2018	8am-midnight	NHS24
Tuesday	24 December 2019	8am-midnight	NHS24	Tuesday	31 December 2019	8am-midnight	NHS24
Wednesday	25 December 2019	8am-midnight	NHS24	Wednesday	01 January 2020	8am-midnight	NHS24
Thursday	26 December 2019	8am-midnight	NHS24	Thursday	02 January 2020	8am-midnight	NHS24

IHTT: 01620 642 910 / MOBILE NO: 07973 729 009

Substance Misuse Service

Day	Date	Daytime	Out of Hours	Day	Date	Daytime	Out of Hours
Friday	20 December 2019	9-5pm	NHS24	Friday	27 December 2019	9-5pm	NHS24
Saturday	21 December 2019	Closed	NHS24	Saturday	28 December 2019	Closed	NHS24
Sunday	22 December 2019	Closed	NHS24	Sunday	29 December 2019	Closed	NHS24
Monday	23 December 2019	9-5pm	NHS24	Monday	30 December 2018	9-5pm	NHS24
Tuesday	24 December 2019	9-5pm	NHS24	Tuesday	31 December 2019	9-5pm	NHS24
Wednesday	25 December 2019	9-5pm	NHS24	Wednesday	01 January 2020	9-5pm	NHS24
Thursday	26 December 2019	9-5pm	NHS24	Thursday	02 January 2020	9-5pm	NHS24

Substance Misuse Contact: 0131 446 4853

Older Adult Community Mental Health Team

Day	Date	Daytime	Out of Hours	Day	Date	Daytime	Out of Hours
Friday	20 December 2019	9-5pm	NHS24	Friday	27 December 2019	9-5pm	NHS24
Saturday	21 December 2019	Closed	NHS24	Saturday	28 December 2019	Closed	NHS24
Sunday	22 December 2019	Closed	NHS24	Sunday	29 December 2019	Closed	NHS24
Monday	23 December 2019	9-5pm	NHS24	Monday	30 December 2018	9-5pm	NHS24
Tuesday	24 December 2019	9-5pm	NHS24	Tuesday	31 December 2019	9-5pm	NHS24
Wednesday	25 December 2019	9-5pm	NHS24	Wednesday	01 January 2020	9-5pm	NHS24
Thursday	26 December 2019	9-5pm	NHS24	Thursday	02 January 2020	9-5pm	NHS24

Older Adult Community Mental Health Team Contact: 0131 536 8520

Psychological Therapies

Day	Date	Daytime	Out of Hours	Day	Date	Daytime	Out of Hours
Friday	20 December 2019	9-5pm	NHS24	Friday	27 December 2019	9-5pm	NHS24
Saturday	21 December 2019	Closed	NHS24	Saturday	28 December 2019	Closed	NHS24
Sunday	22 December 2019	Closed	NHS24	Sunday	29 December 2019	Closed	NHS24
Monday	23 December 2019	9-5pm	NHS24	Monday	30 December 2018	9-5pm	NHS24
Tuesday	24 December 2019	9-5pm	NHS24	Tuesday	31 December 2019	9-5pm	NHS24
Wednesday	25 December 2019	9-5pm	NHS24	Wednesday	01 January 2020	9-5pm	NHS24
Thursday	26 December 2019	9-5pm	NHS24	Thursday	02 January 2020	9-5pm	NHS24

Psychological Therapies Contact: 0131 536 8518

NHS East Lothian: Hospital to Home: Christmas and New Year arrangements: 2019/2020 (confirmed correct by LC)

NHS Lothian Hospital to Home service provides a Home Care service to people living within the towns and villages of East Lothian.

Any new referrals out with normal hours should be directed via East Lothian Council Adult Wellbeing service.

Community Care Support Workers will be working as normal over the holiday period including all Public Holidays.

Hospital to Home office contact number: 0131 536 8432
 Hospital to Home out of hours: 0131 536 8300 ask for Duty Charge Nurse

East Lothian Council Adult Wellbeing: 0845-6031-576 / 01875-824-309 / 01875-618-960

Availability from Friday, 20th December 2019 - Friday, 3rd January 2020:

Friday, 20th December 19	0800-1600 HtH office	Saturday, 28th December 19	Service via 0131 536 8300
Saturday, 21st December 19	Service via 0131 536 8300	Sunday, 29th December 19	Service via 0131 536 8300
Sunday, 22nd December 19	Service via 0131 536 8300	Monday, 30th December 19	0800-1600 HtH office
Monday, 23rd December 19	0800-1600 HtH office	Tuesday, 31st December 19	0800-1600 HtH office
Tuesday, 24th December 19	0800-1600 HtH office	Wednesday, 1st January 20	Service via 0131 536 8300
Wednesday, 25th December 19	Service via 0131 536 8300	Thursday, 2nd January 20	Service via 0131 536 8300
Thursday, 26th December 19	Service via 0131 536 8300	Friday, 3rd January 20	0800-1600 HtH office
Friday, 27th December 19	0800-1600 HtH office		

PHARMACY OPENING HOURS - INFORMATION NOT YET AVAILABLE

DRAFT

ESCALATION PLAN

EAST LOTHIAN HOSPITALS

EAST LOTHIAN COMMUNITY HOSPITAL

BELHAVEN

EDINGTON

STEP DOWN UNIT

2019/2020

FINAL DRAFT

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BACKGROUND

The purpose of this Plan is to set out procedures to be followed incrementally during periods of excessive demand on available beds. The actions are based on a traffic light system of moving from Green, through Yellow, Amber to Red. The agreed actions are intended to prevent the hospital from reaching 'Red' status. The responsibility for initiating actions in the first instance lies with the discharge coordinator in conjunction with Clinical Leads/Clinical Services Managers. Please make reference to the East Lothian Community Hospital, Belhaven and Edington Hospital Admission protocols when considering this plan.

PRINCIPLES OF ESCALATION

The escalation information is colour coded and has specific actions at each level.

GREEN (Level 1):

There is sufficient bed capacity within the hospital and patient flow is being managed with very small numbers waiting.

YELLOW (Level 2):

There is a reduction in the level of accessible beds which could cause admission delays. Rehabilitation waiting lists are continuing to grow.

AMBER (Level 3):

Despite measures undertaken, escalation continues to increase. The numbers of patients waiting still exceeds the beds likely to become available over the next week.

RED (Level 4):

The hospital has no accessible beds and Lothian is experiencing difficulty in managing patient flow across all sites. All internal boarding has been completed; rehabilitation waiting lists are high, no further planned discharges or boarding identified across sites.

PROCEDURES IN AND OUT OF HOURS

Within the hours of 08.00 to 16.00 (Mon to Fri), the discharge coordinator will be the first point of contact and will act as a liaison with all wards in East Lothian Community Hospital. This office can be contacted on 01620 642 796 or bleep 7450 VIA ELCH switchboard.

Out of hours and weekend information on admissions to rehabilitation beds and medicine of the elderly beds should be directed to the site coordinator. He/she will liaise with the East Lothian Community Hospital medical staff and admitting ward and will confirm whether the admission(s) can go ahead or not.

Due to limited medical cover after 5pm, all admissions to East Lothian Community Hospital site must be achieved before the cut off point of 7pm Monday to Friday and 5pm at weekends.

TRANSPORT

Transport required within 24 hours can be booked through the transport hub. In exceptional circumstances the day hospital transport may be utilised if available, alternatively private transport can be booked following agreement from CSDM.

- Patient Transport Service (via switchboard) 0300 123 1236
- Urgent Ambulance 0845 602 3999
- HUB (discharges) 21002
- Haddington Depot 01620 824 863

ROLES & RESPONSIBILITIES

<u>Stakeholder</u>	<u>Contact</u>	<u>Responsibility</u>	<u>Out of hours</u>
Patient Flow Team	Gordon Gray	<ul style="list-style-type: none"> • Main point of contact with East Lothian Community Hospital Site capacity within office hours • Have predicted site discharges on a daily basis • Hold up to date bed states across East Lothian Community Hospital site and associated hospitals • Identify any delays and board as appropriate. • Manage daily rehab/COE list in liaison with East Lothian Community Hospital wards and associated hospitals • Attend daily (Mon-Fri) 10am teleconference (and others as required/requested) • Provide daily bed update email • Contact key staff as per escalation plan • Alert key staff to daily level of escalation status • Liaise with RIE Discharge lounge to book transport re priority discharges • Escalate any patient flow issues to CSM. 	<p>As per contact details for site co-ordinator.</p> <p>Sandra Glass</p>
Consultant / Geriatrician	Lewis Morrison	<ul style="list-style-type: none"> • Liaise with East Lothian Community Hospital consultants to identify boarding patients and/or accepting patients out-with their speciality • Attends Red Alert (Level 4) bed meeting • Attends Level 3 /4 teleconference meeting, if required • Alerts on-call consultant to any outstanding bed management issues out-with office hours. 	<p>On-call East Lothian Community Hospital consultant</p> <p>Lewis Morrison</p>
<p>Interim Chief Nurse/Group Service Manager</p> <p>Service Managers</p>	<p>Lorraine Cowan</p> <p>Ellie Hunter</p> <p>Margaret Drew</p> <p>Gordon Gray</p>	<ul style="list-style-type: none"> • Attend teleconference at Amber/Red level as required • In liaison with patient flow team and site co-ordinator, communicate with wards as required to flex bed capacity • Identify any staffing issues in flexed up areas • Agree taxi use to facilitate early discharge from wards – when required • Attends Red Alert (Level 4) bed meeting 	<p>Site co-ordinator:</p> <p>EL Co-ordinator based at ELCH via Switchboard</p>

<u>Stakeholder</u>	<u>Contact</u>	<u>Responsibility</u>	<u>Out of hours</u>
Director of Health and Social Care	Alison Macdonald	<ul style="list-style-type: none"> To agree jointly with Interim Chief Nurse the opening of any unfunded capacity 	Out of hours : On-call Senior Manager via Switchboard
Service Manager, EL Integrated Rehabilitation Service	Lesley Berry	<ul style="list-style-type: none"> Assist in identifying patients for early discharge 	Team Manager for AHPs: Band 7s
Group Service Manager, Assessment & Care Planning	Carolyn Wyllie	To link with community teams in assisting with early discharge where possible	Assistant Team Manager

PROCESS OF ESCALATION

GREEN (Level 1):

- Patient flow is managed daily by East Lothian Community Hospital patient flow team in conjunction with the Senior Charge Nurse of the ward area.
- TRAK is checked for accuracy.
- Any delayed discharges identified for boarding and paperwork completed.
- Empty beds and planned discharges communicated to LUHD Site Capacity Management via daily teleconference at 10am.
- Daily bed email to communicate bed status (and escalation level) from East Lothian Community Hospital patient flow team to LUHD Site Capacity Management, Service Managers and site co-ordinator.

YELLOW (Level 2):

- As above and Site Coordinator/ On site Rehabilitation Consultant Geriatrician / Service Manager alerted to numbers waiting.
- Priority given to move any East Lothian Community Hospital delays into any vacant boarding beds across the county.
- Inform SW dept of escalation level and likely boarding of any delayed discharges out with East Lothian Community Hospital site.
- The site co-ordinator should liaise with the Service Managers over any transport required to co-ordinate transfers and admissions.

AMBER (Level 3):

- As above and/or
- Site Coordinator / On site Rehabilitation Consultant Geriatrician /Service Managers alerted to numbers waiting and agree escalation to level 3
- Site Coordinator / On site Rehabilitation Consultant Geriatrician / Service Managers requested to attend teleconference
- Any potential 'boarding' patients to be identified by On site Rehabilitation Consultant Geriatrician for transfer to other speciality areas
- On site Rehabilitation Consultant Geriatrician to liaise with other consultants to accommodate rehab list with 2 hours of first teleconference. Following receipt of referral, decision made for acceptance before 2nd teleconference.
- Bed management liaise with Site capacity management in diverting admissions to other hospitals across Lothian to assist in accommodating rehab list.
- Notify Discharge to Assess / START teams of escalation for any potential patients for early discharge with support
- Site co-ordinator and discharge coordinator to attend 2nd Teleconference with Site Capacity to update plans by 2 pm.

RED (Level 4):

- As above and /or
- Site Coordinator / On site Rehabilitation Consultant Geriatrician / Service Managers alerted to numbers waiting and agree escalation to Level 4 status
- Call Level 4 (Red) alert meeting (1pm) to discuss with Site Coordinator / On site Rehabilitation Consultant Geriatrician / Service Managers / SW to identify any further actions
- CHP General Manager alerted
- All un-funded beds to be considered for temporary use following consultation with Director of Health and Social Care

De-escalation

Important to de-escalate as soon as appropriate. On site Rehabilitation Consultant Geriatrician and Service Managers to decide when, in discussion with East Lothian Community Hospital patient flow team and Site Coordinator.

Appendix 1

East Lothian Hospitals Ward Information

EAST LOTHIAN COMMUNITY HOSPITAL			
Ward	Speciality	Beds	
1	HBCCC	20 beds –single rooms	
2	Lammerlaw	20 beds –single rooms	
3	MoE Acute Assessment & Rehabilitation	24 beds	
4	Stepdown	20 beds	
BELHAVEN HOSPITAL			
1	Blossom House	11 single rooms	
3	Hollytrees	12 single rooms	
EDINGTON HOSPITAL			
	GP Admissions & Palliative	5 single rooms 2 double rooms	

Total capacity of MoE acute assess. & Rehab beds : 20
Total capacity of Complex Care beds : 20
Total capacity of GP Admission beds : 14 – Belhaven & Edington
Total capacity for Step Down: : 20

Total number of admission beds
[Excluding Nursing Home] across sites: 74 inpatient + 14 day care beds



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 5 December 2019

BY: Chief Officer

SUBJECT: Hospital Delayed Discharges

11a

1 PURPOSE

- 1.1 This report updates the Integration Joint Board (IJB) on performance for delayed discharges in East Lothian and asks the IJB to agree further actions to maintain progress.

2 RECOMMENDATIONS

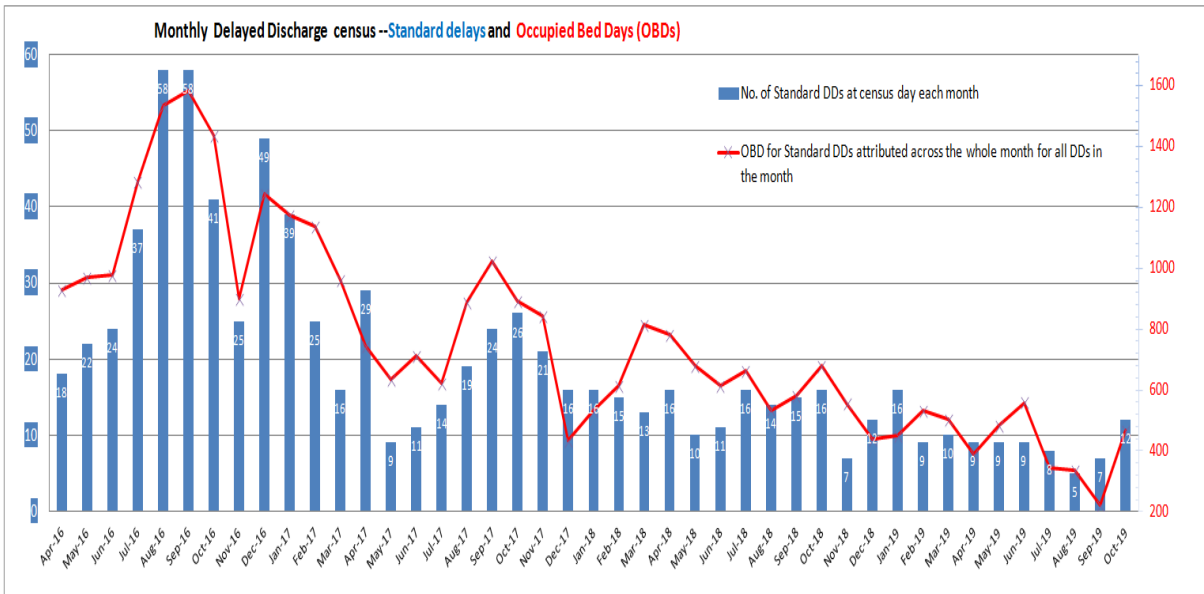
- 2.1 The IJB is asked to:
- (i) Note the improving trend on performance and recent actions.
 - (ii) Discuss the issues involved in performance on hospital delayed discharge.

3 BACKGROUND

- 3.1 The national target for hospital delayed discharge performance requires that following being declared medically fit to leave hospital no (non-complex coded) patient should waiting more than 2 weeks for discharge.
- 3.2 An East Lothian Integration Joint Board Direction (no. 11c) for 2019-20 agreed a local target to reduce the total number of occupied bed days for East Lothian residents arising from all episodes of unscheduled care by 10 % compared to the previous year.
- 3.3 The Scottish Government, through its *Health and Social Care Delivery Plan* (December 2016) states that one of its Health and Social Care Integration actions is to reduce unscheduled bed days in hospital by 10% by 2018 (Nationally this is as much as 400,000 bed days) by reducing delayed discharges, avoidable admissions and

inappropriately long stays in hospital. A progress report on this plan was released in November 2019 and this remains a work in progress. An updated Scottish Government Health and Social Care Delivery plan is due to be released shortly.

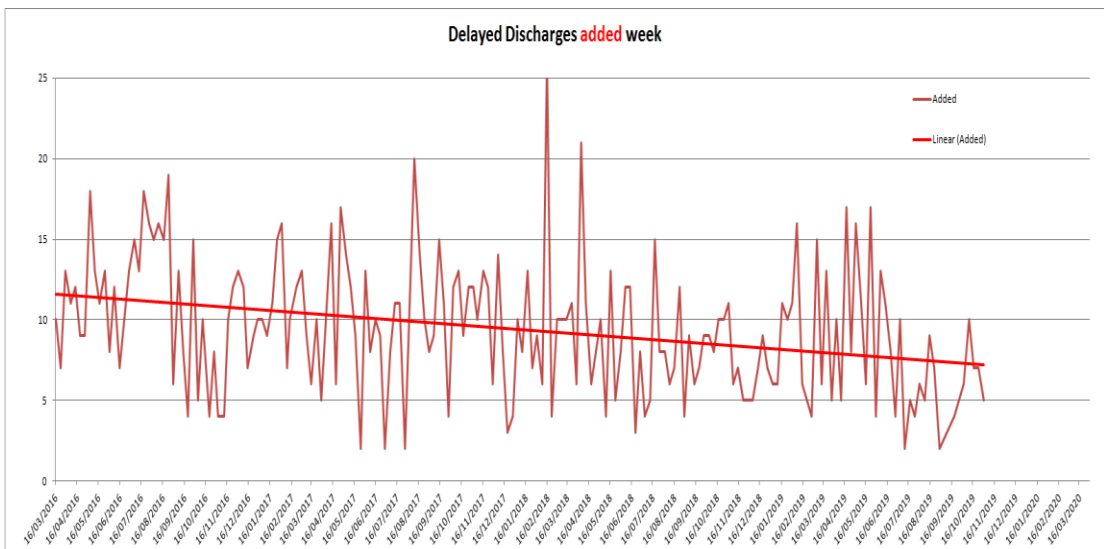
- 3.4 Delayed discharge is essentially the situation where an individual's need for healthcare in the acute hospital setting is complete and they await transfer for provision of care in a community setting, or from another non-NHS type of service.
- 3.5 The actual number of individual people reported as being delayed in their discharge from hospital at a single point in each month has historically been the most common expressed measure of performance. However, what can also be measured is the Occupied Bed Days (OBD) across the whole month by all delayed discharge patients. This extends beyond the simple data capture at 1 minute past midnight on the last Thursday of each monthly census snapshot.
- 3.6 East Lothian has performed well across the last three years in both reducing the number of individuals who experience a delay in their hospital discharge and in overall Occupied Bed Days.
- 3.7 The Health and Social Care Partnership's Occupied Bed Days from a high of 1,400 days per months are now down to less than 400 in each of the last twelve months. Actual numbers of individuals being recorded as a delayed discharge on the census day has been 10 or below for the last year and has also been below 10 individuals for nine of the last twelve months. We are now firmly among the top quarter of the 29 mainland Health and Social Care Partnerships.
- 3.8 The graphic below shows both the Occupied Bed Days (OBD on the red line, right hand axis) and the number of individuals recorded as a delayed discharge at the census point (blue columns, left hand axis).



Data source NHS Lothian live Trak

3.9 There have been fluctuations over time, but the direction of travel has been a steady and sustained reduction in East Lothian residents experiencing a delay in hospital discharge.

3.10 The numbers of patients becoming a delayed discharge is reducing and the speed at which the Health and Social Care Partnership reacts continues to improve. The table below shows the number of people becoming a delayed discharge weekly from April 2016 to October 2019. From circa 12 people being added weekly this has been reduced to 7. The improvement is down to several interlinking factors detailed in section 3.12. What this does is allow officers slightly more time to concentrate on some of the more complex cases and to find workable solutions expeditiously.



- 3.11 Within the county, from a hospital delayed discharge perspective, the number of OBDs has reduced circa 70% from 2016 for standard delays.
- 3.12 Factors contributing to the improvement:
- 3.12.1 Core Health and Social Care services continue to work with discharge hubs on all acute hospital sites
- 3.12.2 The Hospital to Home service (H2H) takes people from hospital and gives them care in their own home and rehabilitation input. The client can then be taken on by a care provider, often with a reduced care need. Discharge to Assess Team in-reach to secondary care to support discharge at an earlier stage in journey. This team works closely with core services to co-ordinate care, if required.
- 3.12.3 The East Lothian Community Hospital based Hospital at Home service (H@H) team which accepts East Lothian GP referrals, to assess and maintains a patient in their own home, thus avoiding a hospital admission. This is not just of benefit to the patient, but also avoids an unscheduled admission and a potential delay in discharge further down the
- 3.12.4 Weekly collaborative meetings across health, social work, care brokers and care providers has greatly improved understanding and the ability to offer joint working and shared solutions. This has enabled clients to return home quicker than would have historically been the norm. Health and social work colleagues now sit together with in the East Lothian Community Hospital HUB
- 3.12.5 The continued commitment to weekly meetings with senior management and operational staff from health and social work ensures every client is discussed and resolutions sought. The discussion is not only around 'hospital delayed discharges', but other clients in need of care be they in hospital or community settings.
- 3.12.6 The daily 8am health teleconference looks at bed capacity, expected discharges, and admissions, as well as H@H and H2H workloads and what capacity is required in order to avoid an acute admission or to discharge patients from the acute hospitals. There are also twice daily teleconferences involving all NHS Lothian acute and community sites to, review capacity and discharge options.

Continued Challenges

3.13 The key issues in East Lothian regarding delayed discharges are:

- The vulnerability of the care at home market
- Wait for care at home packages is the single biggest reason for clients remaining in hospital. The situation is county wide and is more acutely felt where two carers are required for each visit. The short term issue affecting access to nursing home places has eased, with all homes in the county capable of taking new clients.
- There is a growing need for care homes with dementia places.
- Growth in the over 65 population continues, which brings ever greater demand on health and social care services
- In addition, the service provision has to balance the needs of people who are delayed in hospital with people in the community.

4. POLICY IMPLICATIONS

4.1 The achievement of the national standards is set out in the Single Outcome Agreement and the IJB strategic plan.

5. INTEGRATED IMPACT ASSESSMENT

5.1 There is no requirement to carry out an impact assessment on this issue.

6. RESOURCE IMPLICATIONS

6.1 Financial – the resolution of the delayed discharge situation may have a financial impact. The costs of the living wage and the additionality required in home care are assumed to be covered through the social care fund.

6.2 Other – none.

7. BACKGROUND PAPERS

7.1 None

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