



## MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 27 FEBRUARY 2020  
COUNCIL, CHAMBER, TOWN HOUSE, HADDINGTON

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### **Voting Members Present:**

Councillor F O'Donnell (Chair)  
Councillor S Akhtar  
Dr P Donald  
Councillor N Gilbert  
Ms F Ireland  
Mr A Joyce  
Councillor S Kempson  
Mr P Murray

### **Non-voting Members Present:**

Mr D Binnie  
Dr R Fairclough  
Ms C Flanagan  
Mr I Gorman  
Ms A MacDonald  
Ms M McNeill  
Mr T Miller  
Ms J Tait  
Mr P White

### **Officers Present from NHS Lothian/East Lothian Council:**

Mr P Currie  
Ms L Berry  
Ms C Goodwin

### **Visitors Present:**

Mr D Williams, Scottish Government

### **Clerk:**

Ms F Currie

### **Apologies:**

Dr G Choudhury  
Ms L Cowan  
Dr J Turvill  
Ms L White

### **Declarations of Interest:**

None

The Chair advised members that she may have to leave the meeting early. In that event the Vice Chair, Peter Murray, would chair the remainder of the meeting.

## **1. CHANGES TO THE MEMBERSHIP OF THE IJB**

The Chief Officer had submitted a report informing and seeking approval from the IJB for changes to its voting and non-voting membership.

The Chair presented the report and invited Patricia Donald and Marilyn McNeill to provide a brief summary of their experience and what they would bring to the IJB.

Mr Murray welcomed Dr Donald's appointment as a new voting member and Ms McNeill's re-appointment for a further term as a non-voting member. He added that he was particularly pleased to support the appointment of a new public health representative as this was an important area of focus for the IJB.

The Chair added her own welcome to the new and returning members.

### **Decision**

The IJB agreed to:

- i. note the appointment of Dr Patricia Donald as a NHS Lothian voting member of the IJB, for the maximum term of office;
- ii. approve the re-appointment of Marilyn McNeill as a service user representative and non-voting member, for the maximum term of office; and
- iii. approve the creation of a new public health non-voting member of the IJB and the appointment of Dr Philip Conalglan in this role.

## **2. MINUTES OF THE EAST Lothian IJB MEETING ON 5 DECEMBER 2019 (FOR APPROVAL)**

The minutes of the East Lothian Integration Joint Board (IJB) meeting on 5 December 2019 were approved.

## **3. MATTERS ARISING FROM THE MINUTES OF 5 DECEMBER**

The following matters arising were discussed:

**Item 10** – Councillor Gilbert asked for an update and whether the new Community Hospital had been integrated into the Winter Plan.

Alison MacDonald reported that dormant wards in the new hospital had been successfully utilised to provide an additional 12-14 beds and that this had been fully funded through additional winter monies from the Scottish Government. However this funding would run out at the end of March and Ms MacDonald was currently seeking to extend the funding as the beds were likely to be required for an additional period.

**Item 7** – the Chair asked for an update on the review of the Change Board structure.

Paul Currie advised that the change board structure, specifically the groups dealing with primary care and mental health issues, had recently been the focus of a review by Internal Audit with a report likely to be completed in the next couple of weeks. The

Partnership's own review of the change board structure would take account of the audit findings as well as consulting with members of the boards and reference groups. A report would be brought to a future meeting of the IJB to present the findings of this review.

The Chair referred to a comment in the minutes about providing updates to members on the work of each of the Change Boards. She asked if these updates could be circulated via the Clerk. Mr Currie agreed to take this forward.

#### **4. CHAIR'S REPORT**

The Chair reported on East Lothian Council's budget proposals for 2020/21 which were to be considered at a meeting of full Council on 3<sup>rd</sup> March. She outlined some of the key issues around the social care budget and the likely impact for the Health & Social Care Partnership.

She also reported on a recent meeting of the Strategic Planning Group which had included papers on carers' funding, presented by David Binnie, and primary care presented by Dr Jon Turvill.

Councillor Shamin Akhtar thanked the Chair for her update and suggested it might be helpful for IJB members to see any additional briefing material that might be available to help them understand the implications of Council budget decisions.

The Chair agreed that further information would be useful when the IJB came to determining whether the budget offers from their partners were 'fair and adequate'.

Claire Flanagan acknowledged that Health Boards were facing similar challenges to those of local authorities. She added that NHS Lothian was currently sitting below its fair share of the NRAC formula which meant that it was likely to get additional funding from the Scottish Government to give it parity with other health boards.

Peter Murray also reported on meetings and development sessions he had recently attended which had included very useful discussions on subjects including dental and pharmacy services and the expansion of GP services. He drew members' attention to a paper on performance and accountability issued by CoSLA's Health & Social Care Board and he emphasised the need to ensure that the IJB's focus was aligned with that of CoSLA and the Ministerial Steering Group.

Mr Murray also highlighted the IJB Chairs and Vice Chairs' event taking place on 24<sup>th</sup> April where the theme would be 'Are IJBs using their authority effectively?' and presentations would be given by health boards and CoSLA.

#### **5. NHS Lothian Annual Operational Plan/ System Transformation Plan**

The Chief Officer had submitted a report informing the IJB of work underway by NHS Lothian to produce a two year Annual Operational Plan (AOP) as part of the System Transformation Plan (STP); which are documents required by the Scottish Government as part of the governance of the Health Board.

Mr Currie presented the report outlining the background to the current draft AOP and drawing members' attention to some of the actions contained within it which would contribute to the delivery of the priorities within the NHS Strategic Plan.

Mr Currie and Ms MacDonald responded to questions from members regarding public engagement and consultation, the need for integrated impact assessments and how to put in place effective monitoring arrangements particularly for hosted services.

Mr Murray welcomed the AOP which he noted had taken almost two years to develop. He said he had been lobbying for IJBs to have a greater impact and he was pleased to see that this was now happening.

## **Decision**

The IJB agreed to:

- i. note that colleagues in the Strategic Planning Department of NHS Lothian are leading the preparation of the Annual Operational Plan/ System Transformation Plan, working to guidance from Scottish Government on the plan's structure and content. The AOP/STP is still in development with a final draft scheduled for consideration by NHS Lothian's Strategic Planning Committee in mid-March and final sign off by Lothian NHS Board on the 8<sup>th</sup> April.
- ii. note that the plan includes a section describing in summary the strategic priorities of the Lothian IJBs. The Strategic Planning Leads of the HSCPs contributed these sections and are supporting the preparation of the AOP/STP.
- iii. consider the final version of the AOP/STP at the IJB meeting on 26<sup>th</sup> March, with a view to supporting the commitments within.

## **6. INTEGRATION SCHEME REVIEW**

The Chief Officer had submitted a report informing the IJB of the statutory requirement for East Lothian Council and Lothian Health Board to carry out a full review of the Integration Scheme for the East Lothian Integration Joint Board.

Mr Currie presented the report outlining the background to the Integration Scheme and the legal requirement to review it within 5 years of its approval by Scottish Ministers. He reminded members that the Scheme had been reviewed in 2019 to take account of the introduction of the Carers Act. Initially it had been thought that this review would 're-set the clock' on the 5 year review process but the Scottish Government had since advised that the IJB was still required to carry out a statutory review by June 2020. Mr Currie then summarised the process for this review, as set out in the report.

Ms MacDonald added that there were some services which the Health & Social Care Partnership managed for NHS Lothian and East Lothian Council but which were not delegated to the IJB. She indicated that there were unlikely to be fundamental changes to the Scheme which related to the IJB or which involved primary care services but that more detailed discussions would be required on areas such as mental health.

Judith Tait drew members' attention to the text of paragraph 3.2 in the report and indicated that the wording of the first sentence was incorrect. It should refer to 'community justice' rather than 'criminal justice' and make clear that this was always a delegated function of the IJB.

Mr Murray said it was important that members understood the review process and impact of any potential changes to the Scheme. He suggested that a development session would be helpful.

Ms Ireland supported his suggestion and adding that as well as the opportunity to discuss more complex issues it would allow the IJB to consider whether it wanted to make more radical changes to its Scheme.

The Chair suggested that a background paper would help to focus the discussion and Ms McDonald agreed to draft a report for circulation to members along with a proposed timeline, as the review was due to be concluded by the end of June 2020.

Mr Murray said that this would be a useful way forward with the key issue being the practical impact on the people of East Lothian and how the IJB could clearly state its intent in the timeframe available.

## **Decision**

The IJB agreed:

- 2.1 to note the statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 to fully review the Integration Joint Board Integration Scheme every five years;
- 2.2 to note that although Scottish Government advice was that the introduction of Carers Legislation, which required a revision to the East Lothian IJB's Integration Scheme in 2019, would 'reset' the timeframe for a comprehensive review to 2024, this is no longer the case;
- 2.3 to note that, as a result of the removal of the 'reset' date, the East Lothian Integration Scheme needs to be fully reviewed at the 5<sup>th</sup> anniversary of the original scheme's approval, requiring this to be completed by 27<sup>th</sup> June 2020;
- 2.4 to note that the Strategic Planning Group supported this proposal at its meeting on 19<sup>th</sup> February 2020; and
- 2.5 the indicative review process.

## **7. FINANCIAL POSITION FOR 2019/20, QUARTER THREE FINANCIAL REVIEWS AND FINANCIAL OUTLOOK FOR 2020/21**

The Chief Finance Officer had submitted a report informing the IJB of quarter three financial reviews carried out by both its partners. East Lothian Council presented their review at the Council meeting on 25<sup>th</sup> February and NHS Lothian reported their review to their Finance and Resources Committee on 22<sup>nd</sup> January.

The financial reviews were used to provide forecast outturn positions. The quarter three forecasts projected that the 'health' arm of the IJB will be underspent and the 'social care' arm of the IJB will be overspent.

Ms Flanagan presented the report highlighting the key points of the Q3 financial reviews and advising members of the resulting forecast underspend of £444,000. However, she remained members that significant financial pressures remained and continued volatility in budgets such as prescribing meant that this position could change before the end of the financial year.

She also updated members on the budget planning for 2020/21, advising that as a result of delays with the setting of UK and Scottish Government budgets and local authority budgets, no indicative offers had been received to date. She outlined some

additional funding which had recently been announced and would be focused on particular costs and services. She confirmed that discussions were ongoing with both partners and that budget offers were expected to come forward in the next few weeks.

The Chair noted that the situation was fluid but that the IJB's baseline position was that the offers must amount to the previous year's budget plus some additional monies. However she acknowledged that in practice this may be difficult to achieve. She also asked Ms Flanagan if East Lothian's share of the additional national funding would be sufficient to cover all of the expected costs.

Ms Flanagan said she had asked colleagues in East Lothian Council to make projections for the next 3 years but her initial impression was that the money would not be sufficient to cover even the carer costs.

Mr Murray commended Ms Flanagan and Ms MacDonald for their work and for the news that the IJB was likely to end the current financial year underspent. He added that the Cabinet Secretary had recently acknowledged that not all IJB s had been able to achieve a positive financial position at year end.

The Chair echoed his comments saying that it reflected well on the whole team and that integration was now making a real difference to people living in East Lothian. She accepted that some may question why the IJB maintained a reserve when there was an increasing demographic in the county but she believed that it was the responsible thing to do.

## **Decision**

The IJB agreed to:

- i. note the current financial position;
- ii. note the quarter three financial reviews of 2019/20; and
- iii. note the financial forecast for 2020/21.

## **8. UPDATE ON IJB RESERVES POSITION**

The Chief Finance Officer had submitted a report providing an update to the IJB on reserves held and a reminder of the Reserves Policy. It also sought support from the IJB to reinvest delegated funding recently disaggregated from a Medicine of the Elderly ward closure on the Western General Hospital site into local services to support unscheduled care.

Ms Flanagan presented the report outlining some of the key points including the overall reserves position, the use of earmarked reserves within 2019/20 and details of how additional funds received in-year would be used to support operational budgets within the Health & Social Care Partnership. She also confirmed that some of the IJB's reserves remained with the Scottish Government and would be available for draw down in future years.

Ms Flanagan responded to questions from members clarifying the reasons for the use of certain reserves during the financial year.

Ms MacDonald highlighted the fact that, for the first time, money had moved from set aside to community services.

The Chair, Mr Murray and Dr Donald all welcomed this news as indicative of a positive direction of travel for the IJB.

In response to further questions, Ms MacDonald advised that a report would be provided on how this and other money was being spent and that the money moved from set aside would be used to enhance services already identified within the Strategic Plan and approved by the IJB.

### **Decision**

The IJB agreed to:

- i. note the contents of the report; and
- ii. approve the release of East Lothian's share of the NHS Lothian Ward 71 budget; to be reinvested locally supporting unscheduled care.

*Sederunt: Councillor O'Donnell left the meeting and Mr Murray chaired the remainder of the session.*

## **9. IJB AND AUDIT & RISK COMMITTEE MEETING DATES 2020/21**

The Chief Officer had submitted a report setting the dates of IJB business meetings and development sessions and meeting dates for the Audit & Risk Committee during 2020/21.

The Clerk drew members' attention to the options for the IJB meeting date in December 2020, as outlined in Appendix 1. The members indicated a preference for Thursday 10<sup>th</sup> December and all other dates were accepted without amendment.

### **Decision**

The IJB agreed:

- i. the dates for IJB business meetings during session 2020/21;
- ii. the dates of IJB development sessions during session 2020/21; and
- iii. the dates for the Audit & Risk Committee meetings during session 2020/21.

## **10. ISSUES OF RELEVANCE TO THE IJB (FOR NOTING)**

### **a. HOSPITAL DELAYED DISCHARGES**

The Chief Officer had submitted a report updating the IJB on performance for delayed discharges in East Lothian and seeking agreement to further actions to maintain progress.

Ms MacDonald presented the report explaining what was meant by a delayed discharge and how the census was taken; confirming that the IJB's Direction 11c – to reduce the number of Occupied Bed Days (OBDs) for East Lothian residents by 10% – had been achieved; and highlighting that the monthly delayed discharge figures had remained consistently low for the last 12 months. She outlined some of the factors that had contributed to the improvement in the figures and the continuing challenges facing East Lothian in keeping both OBDs and delayed discharges to a minimum.

Iain Gorman advised that, while not officially published, East Lothian had the lowest rate of delayed discharges in the county and the lowest rate of hospital attendances. He added that work was ongoing to review the factors affecting performance with a view to demonstrating clear cause and effect.

The members welcomed the progress and sustained performance on both OBDs and delayed discharges and acknowledging the work of staff across the relevant services.

Paul White said that this news highlighted the benefits of joined up working and that the achievements should be celebrated.

Dr Donald said it was important to understand why this work had been so successful and what East Lothian was doing differently to achieve these results.

Richard Fairclough said if they were able to improve access to services the people would get the care they needed from the appropriate person at the appropriate time. He added that, as a GP, he could see that areas such as home visits were improving and that visiting frail and elderly patients at an earlier stage could reduce or prevent admissions and keep them in their own homes for longer.

Mr Murray said it would be useful to get some emerging evidence to show why these initiatives were successful.

Mr Gorman said that they were trying to get to the stage of demonstrating cause and effect and that they hoped to be in a position to publish this information in the near future.

## **Decision**

The IJB agreed to:

- i. note the improving trend on performance and recent actions; and
- ii. discuss the issues involved in performance on hospital delayed discharge.

### **b. CLINICAL AND CARE GOVERNANCE**

Ms MacDonald advised that a review of the clinical and care governance structures was ongoing and the results would be brought to the IJB in due course.

Ms Ireland said she felt that there was an element of duplication in the work of the NHS Lothian Clinical and Care Governance Committee and the IJB's own Committee.

Alex Joyce echoed this remark.

Ms MacDonald pointed out that practitioners who were involved in the local Committee recognised the benefits of presenting cases, reviewing issues and identifying learning from across services. She felt that without this opportunity staff would not get the full benefits from collaborative working.

Ms Ireland agreed that they would not want to lose the local Committee but she questioned the relevance of the work at Health Board level.

Dr Donald said that as a member of the NHS Lothian Committee she recognised the need to seek assurance that there were appropriate governance structures in place.



She hoped that once established there would be greater confidence in these structures and less need for reassurance.

## **12. MINUTES OF OTHER GROUPS OF RELEVANCE TO THE IJB (FOR NOTING)**

The minutes of the Audit & Risk Committee meeting on 10 September 2019 were presented for noting.

### **Decision**

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

The Chair asked members to note the following additional items:

Ms MacDonald advised that confirmation had been received from the Cabinet Secretary that the brief regarding the extension to the boundary for Blindwells was correct.

Ms McNeill raised two issues: the cancellation of budgets for health and wellbeing work undertaken by local Area Partnerships; and the delay in community engagement meetings regarding the ongoing reprovision project.

Councillor Akhtar reiterated her earlier point about the importance of IJB members understanding the serious position faced by local authorities regarding budgets for 2020/21.

Mr Murray suggested that Ms McNeill discuss the Area Partnership budgets with the Chair but that she send the information to him in the meantime.

Ms MacDonald advised that there had been a meeting with community groups in January to discuss the reprovision project and they had been advised that there would be delays. She confirmed that the project manager would be in touch with community groups very shortly.

Signed .....

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





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 26 March 2020  
**BY:** Chief Officer  
**SUBJECT:** COVID-19 Emergency Recess Procedures

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## 1 PURPOSE

- 1.1 To put in place procedures for a decision making process in the event that East Lothian Integration Joint Board and associated committee are unable to be convened as a result of the current COVID-19 outbreak.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Approve the COVID-19 Emergency Recess Procedures as outlined in Section 3.3 of this report.
- 2.2 Delegate to the IJB Chief Officer, in consultation with the IJB Chair and Vice Chair, the decision to invoke the COVID-19 Emergency Recess procedures, as and when necessary.
- 2.3 Delegate to the Chief Officer, in consultation with the IJB Chair and Vice Chair, provision for specific business, as set out in section 3.4.
- 2.4 It is requested that the Chair or Vice Chair each nominate a Depute for the purpose of approving business submitted during the Emergency Recess should they themselves be unavailable.
- 2.5 Note acceptance of delay in the completion of work to review of the Integration Scheme and production of the IJB Annual Performance Report.
- 2.6 Approve the amended East Lothian Integration Joint Board Standing Orders reflecting the Emergency Recess provisions (at Appendix 1 – see section 15).

### **3 BACKGROUND**

- 3.1 Due to the ongoing public health concerns, and the guidance that has been issued as a result of the current COVID-19 outbreak, it is proposed that measures be put in place to allow an Emergency Recess to be invoked whereby any scheduled meetings of the IJB and its associated committees from 27 March until further notice be cancelled, as determined by the Chief Officer, in consultation with the IJB Chair and Vice Chair.
- 3.2 This will not replace the IJB, but will establish decision making for significant areas of IJB business and strategic matters, with discussion still taking place to support such decisions, albeit not within a traditional meeting format.
- 3.3 It is proposed that during any Emergency Recess, the Chief Officer (or officers authorised by them to act on their behalf) will produce reports relating to any business decisions required, and that these be circulated electronically to Voting Members of the IJB for consideration. Where a decision is needed, approval will be required from a minimum of three of the Voting Members, including either the Chair or Vice Chair (or another Voting Member authorised by either of them to act on their behalf – see section 3.5 below).
- 3.4 In addition, it is proposed that authority is delegated to the Chief Officer by the IJB Chair and Vice Chair in relation to identifying financial priorities and agreeing expenditure, whilst taking into consideration feedback from the Chief Finance Officer, IJB Chair and Vice Chair. If any additional delegated authority is required by the Chief Officer this can be considered under the provision detailed in 3.3 above.
- 3.5 It is requested that the Chair or Vice Chair each nominate a Depute for the purpose of approving business submitted during the Emergency Recess should they themselves be unavailable. The Health and Social Care Partnership Head of Operations will act as Depute for the Chief Officer in their absence.
- 3.6 Reports approved during the Emergency Recess period will be circulated to all members of the IJB. In addition, business undertaken during the Emergency Recess, and any decisions made, will be summarised in a report to the next meeting of the IJB following the end of the Emergency Recess period.
- 3.7 In terms of IJB business with deadlines in the coming months, consideration will be given to delaying completion in recognition of the anticipated reduction in staff capacity as resource is focussed on managing COVID-19 related issues. This will include the review of the Integration Scheme and production of the IJB Annual Performance Report.
- 3.8 Recent communication from the Scottish Government has advised that there is no expectation that work will continue to develop successor Integration Schemes. However, it is suggested that each Health Board

and Local Authority is still required to have carried out a review of the Integration Scheme 'jointly and formally', even if this review simply notes the need for further work on the Scheme at a later date, potentially including the production of a successor scheme. Work in relation to the Integration Schemes for the Lothian HSCPs is being led by one officer under the direction of the Director NHS Lothian Strategic Planning on behalf of all partners.

- 3.9 It is proposed that the end of the Emergency Recess period and resumption of IJB meetings be determined by the Chief Officer, in consultation with the IJB Chair and Vice Chair.

#### **4 ENGAGEMENT**

- 4.1 No engagement is required. Any decision to amend the IJB's Standing Orders or procedures is a matter for the IJB.

#### **5 POLICY IMPLICATIONS**

- 5.1 Changes will be made to the East Lothian Integration Joint Board Standing Orders to temporarily suspend meetings.
- 5.2 Deadlines for completion of the Integration Scheme review and the publication of the Annual Performance Report will be revised to reflect prioritisation of service planning and service delivery.

#### **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 Not applicable

#### **8 RESOURCE IMPLICATIONS**

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

#### **9 BACKGROUND PAPERS**

## 9.1 Draft Revised East Lothian Integrated Joint Board Standing Orders

<b>AUTHOR'S NAME</b>	Claire Goodwin
<b>DESIGNATION</b>	Assistant Strategic Programme Manager
<b>CONTACT INFO</b>	<a href="mailto:Claire.Goodwin@nhslothian.scot.nhs.uk">Claire.Goodwin@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	19 March 2020

**STANDING ORDERS  
EAST LoTHIAN INTEGRATION JOINT BOARD**

**1 General**

- 1.1 These Standing Orders regulate the conduct and proceedings of the East Lothian Integration Joint Board. The Integration Joint Board is the governing body for what is commonly referred to as the East Lothian Health & Social Care Partnership. These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) (“the Order”). The Integration Joint Board approved these Standing Orders on 1 July 2015.

Membership of the Integration Joint Board

- 1.2 The Integration Joint Board shall have two categories of members:
- (i) Voting Members; and
  - (ii) Non-Voting Members
- 1.3 East Lothian Council and Lothian NHS Board have elected to nominate 4 members each to the Integration Joint Board, who shall be the voting members.
- 1.4 The Order prescribes a list of non-voting members who are to be included in the membership, and these members shall be appointed as described by the Order. The Integration Joint Board may appoint additional non-voting members as it sees fit.
- 1.5 East Lothian Council and the Lothian NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Order. If and when a voting member ceases to be a councillor or a member of the NHS Board for any reason, either on a permanent or temporary basis, then that individual ceases to be a member of the Integration Joint Board. Any cessation referred to above shall be immediate and automatic even if no formal removal has been affected and in addition that the IJB (and any committees relating thereto) will not recognise any individual who ceases to be a voting member by virtue of ceasing to be a member of the NHS Board or a councillor.
- 1.6 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting. If a non-voting member is unable to attend a meeting of the Integration Joint Board, that

member may arrange for a suitably experienced substitute to attend the meeting subject to prior agreement with the Chair.

## **2 Varying, Revoking or Suspending Standing Orders**

- 2.1 Any statutory provision, regulation or direction by Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.
- 2.2 Any one or more of these Standing Orders may be varied, suspended or revoked at a meeting of the Integration Joint Board following a motion moved and seconded and with the consent of the majority of voting members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly indicates that there is a proposal to amend the standing orders, and the proposal itself does not result in the Integration Joint Board not complying with any statutory provision or regulation.

## **3 Chair**

- 3.1 The Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order. The Chair will preside at every meeting of the Integration Joint Board that he or she attends.
- 3.2 If both the Chair and Vice Chair are absent, the voting members present at the meeting shall choose a voting Integration Joint Board member to preside.

## **4 Vice-Chair**

- 4.1 The Vice-Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order.
- 4.2 In the absence of the Chair the Vice-Chair shall preside at the meeting of the Integration Joint Board.

## **5 Calling and Notice of Integration Joint Board Meetings**

- 5.1 The first meeting of an Integration Joint Board is to be convened at a time and place determined by the Chair.
- 5.2 The Chair may call a meeting of the Integration Joint Board at any time. The Integration Joint Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.
- 5.3 A request for an Integration Joint Board meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of voting members, and presented to the chair. If the Chair refuses to call a meeting, or does not do so within 7 days of receiving



the requisition, the members who signed the requisition may call a meeting. They must also sign the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.

5.4 Before each meeting of the Integration Joint Board, a notice of the meeting (in the form of an agenda), specifying the date, time, place and business to be transacted and approved by the Chair, or by a member authorised by the Chair to approve on that person’s behalf, shall be delivered electronically to every member (e.g. sent by email) or sent by post to the members’ usual place of residence so as to be available to them at least five clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

5.5 With regard to calculating clear days for the purpose of notice:

<p>Delivery of the Notice</p>	<p>Days excluded from the calculation of clear days:</p> <ul style="list-style-type: none"> <li>✓ The day the notice is sent</li> <li>✓ The day of the meeting</li> <li>✓ Weekends</li> <li>✓ Public holidays</li> </ul> <p>Example: If a meeting is to be held on a Tuesday, the notice must be sent on the preceding Monday. The clear days will be Tuesday, Wednesday, Thursday, Friday, and Monday. If the notice is sent by post it must be sent out a day earlier.</p>
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5.6 Lack of service of the notice on any member shall not affect the validity of a meeting.

5.7 Integration Joint Board meetings shall be held in public. The Chief Officer shall place a public notice of the time and place of the meeting at the designated office of the Integration Joint Board at least five clear days before the meeting is held. The designated office of the East Lothian Integration Joint Board is John Muir House, Haddington.

5.8 While the meeting is in public the Integration Joint Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

5.9 The Integration Joint Board may pass a resolution to meet in private in order to consider certain items of business, and may decide to do so for the following reasons:

- 5.9.1 The Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
- 5.9.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
- 5.9.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
- 5.9.4 The business necessarily involves reference to exempt information, as determined by Schedule 7A of the Local Government (Scotland) Act 1973.
- 5.9.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 5.10 The minutes of the meeting will reflect the reason(s) why the Integration Joint Board resolved to meet in private.
- 5.11 A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

## **6 Quorum**

- 6.1 No business shall be transacted at a meeting of the Integration Joint Board unless there are present at least one half of the voting members of the Integration Joint Board.
- 6.2 If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.

## **7 Authority of the Chair at meetings of the IJB and its Committees**

- 7.1 The duty of the person presiding is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 7.2 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the

meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

- 7.3 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.
- 7.4 No business shall be transacted at any meeting of the Integration Joint Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be made to the Chair at the start of the meeting and the majority of voting members present must agree to the item being included on the agenda.

## **8 Adjournment**

- 8.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion.

## **9 Voting and Debate**

- 9.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 9.2-9.10 would not need to be used.
- 9.2 Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.
- 9.3 Any voting member may move a motion or an amendment to a motion and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the motion to be in writing and that the mover states the terms of the motion. Every motion or amendment is required to be moved and seconded.
- 9.4 Any voting member may second the motion and may reserve his/her speech for a later period of the debate.
- 9.5 Once a motion has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board.

- 9.6 Where a vote is being taken, except for the mover of the original motion, no other speaker may speak more than once in the same discussion.
- 9.7 After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations and, immediately after his/her reply, the question shall be put by the Chair without further debate.
- 9.8 A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.
- 9.9 Where there has been an equality of votes, the Chair of the Integration Joint Board on reflection of the discussion, will bring consideration of the matter to a close for that meeting, and give direction to the Chief Officer on how the matter should be taken forward. The Chief Officer will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon in line with Standing Order 9.
- 9.10 Where the matter remains unresolved, and the Chair concludes that the equality of votes is effectively a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a representation of a dispute between the two constituent parties, then the Chair and the Chief Officer must work together to arrive at an acceptable position for the integration joint board.

## **10 Changing a Decision**

- 10.1 A decision of the Integration Joint Board cannot be changed by the Integration Joint Board within six months unless notice has been given in the notice of meeting and:
- 10.1.1 The Chair rules there has been a material change of circumstance: or
- 10.1.2 The Integration Joint Board agrees the decision was based on incorrect or incomplete information.

## **11 Minutes**

- 11.1 The names of members present at a meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, shall be recorded. The names of any officers in attendance shall also be recorded.

- 11.2 The Chief Officer (or his/her authorised nominee) shall prepare the minutes of meetings of the Integration Joint Board and its committees. The Integration Joint Board or the committee shall receive and review its minutes for agreement at its following meeting.

## **12 Matters Reserved for the Integration Joint Board**

### Standing Orders

- 12.1 The Integration Joint Board shall approve its Standing Orders.

### Committees

- 12.2 The Integration Joint Board shall approve the establishment of, and terms of reference of all of its committees.
- 12.3 The Integration Joint Board shall appoint the chairs of its committees and the membership (except for the members nominated by each constituent party).

### Values

- 12.4 The Integration Joint Board shall approve organisational values, should it elect to formally define these.

### Strategic Planning

- 12.5 The Integration Joint Board shall establish a Strategic Planning Group ([Section 32](#) of Public Bodies (Joint Working) Scotland Act 2014), and appoint its membership (except for the members nominated by each constituent party).
- 12.6 The Integration Joint Board shall approve its Strategic Plan ([Section 33](#)) and any other strategies that it may need to develop for all the functions which have been delegated to it. The Integration Joint Board will also review the effectiveness of its Strategic Plan ([Section 37](#)).
- 12.7 The Integration Joint Board shall review and approve its contribution to the Community Planning Partnership for the local authority area. The Integration Joint Board shall also appoint its representative(s) at Community Planning Partnership meetings.

### Risk Management

- 12.8 The Integration Joint Board shall approve its Risk Management Policy.
- 12.9 The Integration Joint Board shall define its risk appetite and associated risk tolerance levels.

### Health & Safety

12.10 In the event that the Integration Joint Board employs five or more people, it shall approve its Health & Safety Policy.

### Finance

12.11 The Integration Joint Board shall approve its annual financial statement ([Section 39](#)).

12.12 The Integration Joint Board shall approve Standing Financial Instructions and a Scheme of Delegation.

12.13 The Integration Joint Board shall approve its annual accounts.

12.14 The Integration Joint Board shall approve the total payments to the constituent bodies on an annual basis, to implement its agreed Strategic Plan.

### Performance Management

12.15 The Integration Joint Board shall approve the content, format, and frequency of performance reporting.

12.16 The Integration Joint Board shall approve its performance report ([Section 43](#)) for the reporting year.

## **13 Integration Joint Board Members – Ethical Conduct**

13.1 Voting and non-voting members of the Integration Joint Board are required to subscribe to and comply with the Code of Conduct which is made under the [Ethical Standards in Public Life etc \(Scotland\) Act 2000](#). The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Chief Officer (or his/her authorised nominee) shall maintain the Integration Joint Board's Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the Chief Officer (or his/her authorised nominee) of the need to change the entry within one month after the date the matter required to be registered.

13.2 The Chief Officer (or his/her authorised nominee) shall ensure the Register is available for public inspection at the principal offices of the Integration Joint Board at all reasonable times.

13.3 Members must always consider the relevance of any interests they may have to any business presented to the Integration Joint Board or one of its committees

and disclose any direct or indirect pecuniary and non-pecuniary interests in relation to such business, before taking part in any discussion on the matter.

- 13.4 The Integration Joint Board or committee must determine whether the interest declared prohibits the member from taking part in the discussion and vote on the relevant item of business.
- 13.5 Members shall make a declaration of any gifts or hospitality received in their capacity as an Integration Joint Board member. Such declarations shall be made to the Chief Officer (or his/her authorised nominee) who shall make them available for public inspection at all reasonable times at the principal offices of the Integration Joint Board.

#### **14 Committees and Working Groups**

- 14.1 The Integration Joint Board shall appoint such committees, and working groups as it thinks fit. The Integration Joint Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required. The terms of reference of these committees will be incorporated into a Scheme of Administration (Appendix 1 to these Standing Orders). This Standing Order should be read in conjunction with the Scheme of Administration.
- 14.2 The committee must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.
- 14.3 The Integration Joint Board shall appoint committee members to fill any vacancy in the membership as and when required (except for the members nominated by each constituent party).
- 14.4 Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.
- 14.5 The Standing Orders relating to the calling and notice of Integration Joint Board meetings, conduct of meetings, and conduct of Integration Joint Board members shall also be applied to committee meetings, unless otherwise stated. The same Standing Orders will not apply to working groups.
- 14.6 The Integration Joint Board shall be notified of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Integration Joint Board.
- 14.7 The Integration Joint Board may authorise committees to co-opt members for a period up to one year. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a

member of the Integration Joint Board, cannot vote and is not to be counted when determining the committee's quorum.

- 14.8 A member may be regarded as being present at a meeting of a committee if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

## **15 Emergency Recess Arrangements**

- 15.1 During any Emergency Recess, the Chief Officer (or officers authorised by them to act on their behalf) will produce reports relating to any necessary business and these will be circulated electronically to Voting Members of the IJB. Where a decision is needed, approval will be required from a minimum of three of the Voting Members, including either the Chair or Vice Chair (or another Voting Member authorised by either of them to act on their behalf).
- 15.2 This Standing Order will also apply to the IJB's committees.





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 26 March 2020  
**BY:** Chief Finance Officer  
**SUBJECT:** Budget 2020/21 Update

---

4

## **1 PURPOSE**

- 1.1 This report presents the Board with an update on the assumptions and the principles in the budget offers from East Lothian Council and NHS Lothian for 2020/21. Further to this the report provides an update on the ongoing challenges facing the IJB and the work to support delivery of savings in the coming financial year 2020/21.

## **2 RECOMMENDATIONS**

- 2.1 As a result of this report Members are being asked to:-
- i. Consider the principles in the East Lothian Council budget offer for 2020/21;
  - ii. Consider the principles and the indicative budget offer from NHS Lothian;
  - iii. Note the challenges facing the IJB and the work to mitigate these and deliver savings;
  - iv. Note the wider risks and, in particular, the rapidly developing situation in response to the COVID 19 pandemic;
  - v. Note COVID-19 Emergency Recess Procedures and the corresponding delegated authority these bring; and
  - vi. Delegate to the Chief Officer, in consultation with the Chief Finance Officer the IJB Chair and Vice Chair, the authority to agree budgets with Partners on behalf of the IJB.

## **3 BACKGROUND**

- 3.1 It is important to note that the 2020/21 budget proposals below are presented on the basis of “business as usual”, ongoing and developing COVID-19 issues highlight that this is not the case.
- 3.2 Details of the East Lothian Council budget development process was included in the financial update paper at February’s IJB. Draft budget

assumptions were shared and a net increase of circa £1.55m was anticipated.

- 3.3 This budget has been updated following further clarity on the Local Authority settlement, the East Lothian Council budget being agreed at Council committee on the 3rd March 2020 and the passage of the Scottish Government budget on the 5<sup>th</sup> March 2020. This budget includes a £1.801m increase to Social Care. East Lothian Council have not yet issued their formal budget offer letter to the IJB so this paper update on the current principles of the budget offer.
- 3.4 Earlier indicative offers by East Lothian Council included a £250k corporate savings target, this is no longer in place as the intention of the additional funding in the budget announcement was that these funding increases would be fully passed through to the IJB and social care budgets must include this additionality in full. There remains significant cost pressures in both health and social care which are discussed later in this report. Appendix 1 includes the letter from Scottish Government.
- 3.5 The budget offer from East Lothian Council to the IJB should be considered in the context of the Council's overall financial position, the conditions of the government settlement, and the budget gaps projected for 2021/22 and beyond. Details are noted below.

<b>Indicative Budget to East Lothian Integration Joint Board from East Lothian Council</b>	<b>2020/21</b>
	<b>£000's</b>
Previous Years Allocation	52,746
Share of new £100m ( transferred via Health Portfolio):	
Additional Carers - £218k Personal and Nursing - £43k Remaining Funding - £1,540k <span style="font-size: 2em; vertical-align: middle;">}</span>	1,801
<b>Adult and Wellbeing Budget</b>	<b>54,547</b>
Less Non Delegated Functions	tbc
Non HRA PSG	tbc
HRA Disabled Adaptations Capital & Garden Aid	tbc
<b>Total IJB Budget</b>	<b>tbc</b>

*Table 1: Indicative Budget from East Lothian Council*

- 3.6 The additional funding is required to offset a wide range of additional inflationary costs within the social care services, including contractual commitments relating to National Care Home Contract, Non National Care Home Contract and Care at Home.

- 3.7 The remaining areas of the social care budget to be confirmed are expected to remain at same levels as previous years.
- 3.8 Following the Scottish Governments indicative allocation letter issued to NHS Boards on 6th February, NHS Lothian has issued an indicative budget offer on 27th February to the IJB detailing their assumptions and principles. NHS Lothian has for 2020/21, received uplift to its baseline funding of 3% plus further additional funding to support their move towards NRAC (national resource allocation formula) parity. Both letters are included in Appendix 2 and 3.
- 3.9 The indicative budget offers to the IJB is shown below. Recurrent budget is based on budget used in January 2020 NHS Lothian financial plan. This excludes General Medical Services (GMS) which is uplifted in a separate allocation (East Lothian IJB GMS budget was circa £16.1m in 2019/20). The formal offer will not be notified until early April 2020 after sign off by the NHS Lothian Board on the 8<sup>th</sup> April 2020. The proposed East Lothian IJB budget offer from NHS Lothian is:

<b>NHS Lothian Indicative Budget Offer</b>	<b>2020/21</b>
	<b>£000's</b>
East Lothian IJB baseline recurrent	90,774
3% uplift on baseline	2,723
	<b>93,497</b>

*Table 2: Indicative Budget from NHS Lothian*

- 3.10 NHS Lothian is planning to pass through the 3% uplift in full to their IJBs but that at this stage their financial plan is not in balance for 2020/21. NHS Lothian are keen to understand how the IJB will support financial balance through the delivery of savings and efficiencies and it is the expectation of NHS Lothian that uplift will be used the support existing cost pressures.
- 3.11 In recent years a variety of additional funding has been allocated to Integration Authorities to support for example Primary Care Improvement, increased Mental Health Workforce as part of Scottish Government's Mental Health Strategy and Alcohol and Drugs funding. These funding sources will continue, with some at an increased level, further details of increases will be confirmed when details are known.
- 3.12 Both budget offers should be considered in context of the challenging financial climate both partners face, forecasted expenditure and the resulting financial gap. In June 2019, a 5 year financial plan was shared with the IJB. A reminder of the forecast gap for 2020/21 is shown below. This forecast was based on a number of assumptions for both additional funding and cost increases. Forecasts will continue to be revised and there will be another update when the financial plan for NHS Lothian is finalised and formal budget offers from both Partners have been agreed. These updates will be shared throughout 2020/21

with the IJB. The Social Care forecast has not been updated since June 2019 but for Health, the forecast has reduced financial gap, this is because there is a better understanding of the underlying cost pressures and more certainty on additional funding available.

<b>East Lothian IJB Forecasted Net Position for 2020/21</b>			
	<b>June 2019 Financial Plan</b>	<b>November 2019 Update</b>	<b>January 2020 Update</b>
Total Gap	(£7.57m)	(£4.64m)	(£3.54m)
%	4.5%	2.8%	2.1%

*Table 3: Financial Projections for 202/21 before savings*

- 3.13 The finance update paper in December updated the IJB on the work taking place to mitigate cost pressures and deliver savings. To balance the position in 2020/21 this requires this work to be ongoing and enhanced to support a break even position for the IJB. Work is underway in the HSCP and savings workstreams developed for 2020/21. A full updated programme of planned work for 2020/21 will be shared at a future IJB meeting.
- 3.14 Finally as we progress to the end of financial year 2019/20 and as referred to previously at IJB meetings the current financial forecast projects an underspend for East Lothian IJB and as such we have engaged in dialogue with our partner NHS Lothian regarding the year end management principles for such underspend and would look to retain this underspend, in line with Integration Scheme, within the IJB ultimately transferring to the IJB reserve.
- 3.15 The COVID-19 Emergency Recess Paper proposes that authority is delegated to the Chief Officer in relation to identifying financial priorities and agreeing expenditure whilst taking into consideration feedback from the Chief Finance Officer, IJB Chair and Vice Chair. It should be recognised that extraordinary costs are being incurred and will continue to be incurred for the foreseeable future. These costs will be recorded separately, with the assumption that costs will be covered by partners, and ultimately by government.

## **4 ENGAGEMENT**

- 4.1 Meetings of the IJB are held in public and the papers are available to view on East Lothian Council's website.

## **5 POLICY IMPLICATIONS**

- 5.1 There are no policy implications from this report.

## **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 Directions will be issued for budgets delegated back to East Lothian Council and NHS Lothian.
- 7.2 Directions for the utilisation of the IJB Budget will be issued to NHS Lothian and East Lothian Council by the beginning of the new financial year.

## **8 RESOURCE IMPLICATIONS**

- 8.1 The resource implications are detailed in Section 3, including best value and following the public pound considerations.

## **9 RISK**

- 9.1 Due to the rapidly developing situation in response to the COVID-19 pandemic, there may be a need to consider emergency budget measures as part of responses. The potential financial and economic impacts of COVID-19 represent a significant additional risk to the IJB, and the wider public sector going forward.
- 9.2 COVID-19 may involve stepping down non-essential services, mobilisation plans are being developed and the Chief Officer will keep the members of the IJB informed of developments.
- 9.3 The risks associated with “business as usual” are included within the IJB risk register.

## **10 BACKGROUND PAPERS**

Financial Update – 5 December 2019

Financial Update – 27 February 2020

Medium term rolling 5 year financial plan – 27 June 2019

East Lothian Council Budget Development – 3 March 2020

COVID-19 Emergency Recess Procedures – 26 March 2020

<b>AUTHOR'S NAME</b>	Claire Flanagan
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	<a href="mailto:claire.flanagan@nhslothian.scot.nhs.uk">claire.flanagan@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	19 March 2020

**Appendices:**

Appendix 1 - Scottish Government to Directors of Finance, Local Authorities  
Directors of Finance, NHS Boards and Chief Finance Officers,  
Integration Authorities on Budget for 2020/21

Appendix 2 – Letter from NHS Lothian confirming indicative budget offer to  
East Lothian IJB

Appendix 3 – Scottish Government to NHS Chief Executives on 2020/21  
budget allocations



Chief Executives, Local Authorities  
Chief Executives, NHS Boards  
Chief Officers, Integration Authorities

Copy to: Directors of Finance, Local Authorities  
Directors of Finance, NHS Boards  
Chief Finance Officers, Integration Authorities

***Issued via email***

28 February 2020

Dear Colleagues

**Budget 2020-21**

The Scottish Government's Budget for 2020-21, which was announced in Parliament on 6 February by the Minister for Public Finance and Digital Economy, confirmed that the Health Portfolio will transfer a further £100 million to Local Authorities for investment in social care and integration, and for continued support for school counselling services. This will take the total funding transferred from the health portfolio to £811 million in 2020-21.

The distribution of the additional £100 million for Local Authorities is set out in the **Annex**, and includes a contribution to continued delivery of the Living Wage (£25 million), uprating of free personal and nursing care payments (£2.2 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£11.6 million), along with further support for school counselling services whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014 (£4 million).

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2019-20 recurring budgets for social care services that are delegated. Similarly, the £4 million for school counselling services must be additional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £100 million greater than 2019-20 recurring budgets.

Similar to last year, flexibility will be available to Local Authorities to offset their adult social care allocations to Integration Authorities by up to 2% and a maximum of £50 million in 2020-21 based on local needs.

The Scottish Government and COSLA have agreed joint work to support ongoing local plans to manage the deficit position with a small number of Integration Joint Boards (IJBs) and their partner Health Boards and Local Authorities. The aim of this support is to ensure that structural deficits in funding do not impact on the operational budgets of IJBs, giving them the time and space to redesign and reform services to deliver within agreed budget parameters.

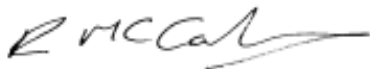
Finally, the Scottish Government and COSLA have agreed joint political oversight to drive improved performance in health and social care through a combination of enhanced joint accountability and a streamlined improvement and development offer for IJBs. This will be achieved by working with Local

Government and NHS Boards to agree a shared national and local approach to accountability for delivery. This will take account of standards, data and measures and we have agreed to work together to develop a small number of deliverable outcomes to help ensure Integration Authorities use their total resources to focus on delivery of key areas for improvement, including reducing delays in care. This work will be progressed quickly using normal mechanisms and we will keep you informed of progress.

Yours sincerely

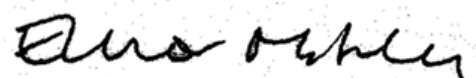
**RICHARD MCCALLUM**

Interim Director of Health Finance and Governance



**ELINOR MITCHELL**

Director of Community Health and Social Care





## Annex

<b>Allocation of £100m from Health and Social Care Budget</b>	
	Total (£m)
<b>Aberdeen City</b>	3.51
<b>Aberdeenshire</b>	3.99
<b>Angus</b>	2.29
<b>Argyll and Bute</b>	1.74
<b>Clackmannanshire</b>	0.87
<b>Dumfries and Galloway</b>	3.14
<b>Dundee City</b>	2.77
<b>East Ayrshire</b>	2.26
<b>East Dunbartonshire</b>	1.93
<b>East Lothian</b>	1.80
<b>East Renfrewshire</b>	1.63
<b>Edinburgh, City of</b>	8.28
<b>Eilean Siar</b>	0.62
<b>Falkirk</b>	2.75
<b>Fife</b>	6.62
<b>Glasgow City</b>	10.98
<b>Highland</b>	4.24
<b>Inverclyde</b>	1.63
<b>Midlothian</b>	1.45
<b>Moray</b>	1.80
<b>North Ayrshire</b>	2.70
<b>North Lanarkshire</b>	5.69
<b>Orkney</b>	0.43
<b>Perth and Kinross</b>	2.96
<b>Renfrewshire</b>	3.20
<b>Scottish Borders</b>	2.24
<b>Shetland</b>	0.36
<b>South Ayrshire</b>	2.41
<b>South Lanarkshire</b>	5.75
<b>Stirling</b>	1.57
<b>West Dunbartonshire</b>	1.63
<b>West Lothian</b>	2.77
<b>SCOTLAND</b>	96.00
<b>School Counselling (to Education)</b>	4.00
<b>Total</b>	100.00



**By Email Only**

Letter to Chief Officer & Chief Finance  
Officer of East Lothian IJB

Date 27 February 2020

Your Ref

Our Ref

Enquiries to Craig Marriott

Extension 35543

Direct Line 0131 465 5543

Email [Craig.Marriott@nhsllothian.scot.nhs.uk](mailto:Craig.Marriott@nhsllothian.scot.nhs.uk)

Dear Colleagues,

**East Lothian IJB – UPLIFT FOR 2020/21**

Further to NHS Lothian's Finance and Resources (F&R) Committee on January 22<sup>nd</sup>, I write to update you on the position relating to uplift to be allocated to East Lothian IJB by NHS Lothian in 2020/21.

We have yet to conclude our financial planning process, and we will look to take a final iteration of the Plan through our F&R Committee on the 25<sup>th</sup> of March, with final sign off at our Board meeting on the 8<sup>th</sup> April.

In total, and based on the indicative allocation communicated to Boards on the 6<sup>th</sup> of February from the Scottish Government (which remains subject to confirmation), NHS Lothian will receive an uplift allocation of 3% against baseline for 2020/21, equating to £44.5m.

For East Lothian IJB, the current (January) iteration of the Plan recognises a baseline recurrent budget (excluding GMS) of £90,774k. On this value, a 3% uplift equates to £2,723k and it is intended that this uplift will be allocated to the IJB in full.

At this stage, the Plan for East Lothian IJB shows the following additional resource requirements:

Pay Uplift	£1,996k
Remaining Uplift	£ 727k
Total of above	£2,723k

The final review of the NHS Lothian Financial Plan will conclude shortly, and further changes will be incorporated in the final iteration in terms of the agreed changes to the IJB mapping table for 2020/21, additional savings and efficiencies that have been identified

Headquarters  
Waverley Gate  
2-4 Waterloo Place  
Edinburgh EH1 3EG

Chair Brian G. Houston  
Chief Executive Tim Davison

*Lothian NHS Board is the common  
name of Lothian Health Board*



and any further additional resources allocated. A final confirmatory update on 2020/21 budgets will be provided to you at this time.

Given that our financial planning indicates that the level of uplift is insufficient to meet all the cost pressures in the system, I am keen to understand from East Lothian IJB as early as possible how its Directions will shape the delivery of efficiency savings in 2020/21 and the application of resources in support of financial balance. The Plan assumes that all health uplift will be retained to be prioritised against health service pressures.

I would be happy to have further discussion with your IJB in advance of the final confirmation on the application of health resources in 2020/21.

Yours sincerely

A handwritten signature in black ink, appearing to read 'CRAIG MARRIOTT', written in a cursive style.

CRAIG MARRIOTT  
Deputy Director of Finance

T: 0131-244 3464  
E: richard.mccallum@gov.scot

### Appendix 3

Chief Executives, NHS Scotland

Copy to: NHS Chairs  
NHS Directors of Finance  
Local Authority Chief Executives  
Integration Authority Chief Officers  
Integration Authority Chief Finance Officers

#### ***Issued via email***

6 February 2020

Dear Chief Executives

#### **Budget 2020-21 – Indicative Allocation**

Following the announcement of the Scottish Government's Budget for 2020-21 by the Minister for Public Finance and Digital Economy in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Portfolio settlement will make a significant contribution to the central purpose of the National Performance Framework - enhancing population wellbeing through our core work delivering the healthy and active outcome. In addition, there is a wider benefit from investment in the health and sport portfolio, particularly in relation to outcomes for an inclusive and sustainable economy, reducing poverty and inequality, growing and sustaining inclusive and resilient communities, and promoting a bright future through our children and early years.

The settlement will support continued delivery of the core priorities set out in the Programme for Government, which focus on; waiting times improvement, primary care, investment in mental health and delivering further progress in the integration of health and social care, as well as continuing to shift the balance of spend towards community health services. It also recognises the wider inflationary pressures faced by Boards and Integration Authorities.

#### **Baseline Funding**

All Territorial Boards will receive a baseline uplift of 3%. In addition to this, those Boards furthest from NRAC parity will receive a share of £17 million, which will continue to maintain all Boards within 0.8% of NRAC parity.

The National Waiting Times Centre, Scottish Ambulance Service, The State Hospital and NHS 24, along with the NHS National Services Division and Scottish National Blood Transfusion Services (within NHS National Services Scotland) will also receive a baseline uplift of 3%. NHS National Services Scotland, Healthcare Improvement Scotland, and NHS Education for Scotland will receive funding uplifts of 2%, which includes funding towards pay costs. The new budget for Public Health Scotland includes funding transferred from NHS Health Scotland and NHS National Services Scotland.

This position continues to assume that the £15 million of National Board savings is fully delivered in 2020-21 and that further progress is made in National Boards collaborating to deliver service improvement and further savings.

## Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £461 million will be invested in improving patient outcomes in 2020-21, as set out below:

Improving patient outcomes	2019-20 Investment in reform (£m)	2020-21 Investment in reform (£m)	Increase for 2020-21 (£m)
Primary Care	155	205	50
Waiting Times Improvement	106	136	30
Mental Health and CAMHS	61	89	28
Trauma Networks	18	31	13
<b>TOTAL</b>	<b>340</b>	<b>461</b>	<b>121</b>

When combining the £121 million increase in investment in reform with an increase of £333 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £454 million (4.2 per cent) in 2020-21. Further detail is set out in **Annex A**.

Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas.

### Core Areas of Investment

#### Primary Care

Investment in the Primary Care Fund will increase to £205 million in 2020-21. This will support the implementation of the GP contract and development of new models of primary care - where multidisciplinary teams of nurses, doctors, pharmacists, AHPs and other clinicians work together to meet the needs of their communities. This includes £10 million to be invested in GP premises.

#### Waiting Times Improvement Plan

Investment of £136 million will be provided to support waiting times improvement and reform. Work will continue to develop Annual Operational Plan submissions, with specific focus on inpatient and day cases, as well as wider plans to deliver sustainable solutions, including progress against the development of the elective centres. Included in this funding is £10 million for winter 2020-21, to allow Boards maximum opportunity to plan as appropriate.

#### Mental Health and CAMHS

Funding of £89 million will be directed to a range of partners for investment to support mental health, and children and young people's mental health. In the year ahead we will build on previous support to Territorial and National Boards through ongoing delivery of the Mental Health Outcomes Framework, the NHS Workforce Development Programme and support to improve access to high quality mental health services. We will also continue to fund the additional CAMHS staff recommended by the Children & Young People's Mental Health Taskforce from within £5.1 million administered by NHS Education Scotland. This will see a continuation in the Scottish Government's specific investment in Boards to support mental health service delivery. The Minister for Mental Health and her officials will discuss investment plans in more detail with you in the coming months.

The Mental Health Services budget also includes funding to be directed to Integration Authorities for the recruitment of 800 additional mental health workers as outlined in action 15 of the Mental Health Strategy. There will also be investment in perinatal and infant mental health overseen by the Programme Board led by Hugh Masters. Nonetheless the bulk of service provision is funded through NHS Boards' baseline funding, and we expect NHS Boards and Integration Authorities to prioritise spending in these areas in response to increasing demand and in line with Programme for Government commitments to deliver a shift in the balance of overall spending.

#### Trauma Networks

This funding will increase from £18 million to £31 million, taking forward the implementation of the major trauma networks.

### Alcohol and drugs

The Portfolio budget includes an additional £12.7 million to tackle the harm associated with the use of illicit drugs and alcohol. The Minister for Public Health, Sport and Wellbeing and his officials will discuss investment plans in more detail with Boards and Integration Authorities in the coming months. It is expected investment by Boards and Integration Authorities will increase by 3% over and above 2019-20 agreed recurring budgets to address these issues.

### Reform Funding

This budget prioritises baseline funding, along with increased investment in particular areas of reform that will improve patient outcomes. We will however work with colleagues to agree investment in specific programmes of work, such as in relation to radiology and laboratories services, as well as in-year funding to support the strategies of NHS 24 and Scottish Ambulance Service, which will have a wider benefit to the service.

### Health and Social Care Integration

In 2020-21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3% over 2019-20 agreed recurring budgets.

In addition to this, and separate from the Board Funding uplift, the Health Portfolio will invest a further £100 million in Local Authorities for investment in social care and integration, and continued support for school counsellors. This will take the total funding transferred from the health portfolio to £811 million in 2020-21. The additional £100 million for local government includes a contribution to continued delivery of the Living Wage (£25 million), uprating of free personal and nursing care payments (£2.2 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£11.6 million), along with further support for school counselling services whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014 (£4 million).

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2019-20 recurring budgets for social care services that are delegated. Similarly, the £4 million for school counselling services must be additional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £100 million greater than 2019-20 recurring budgets.

In 2020-21 integration will bring together, under the direction of Integration Authorities, more than £9.4 billion of expenditure previously managed separately by NHS Boards and Local Authorities for social care, community health care and some hospital services. Integration Authorities must be empowered and supported by their Local Authority and NHS Board partners to use the totality of these resources, including any targeted investment already committed for specific purposes, to better meet the needs of their local populations.

### Capital Funding

Boards should assume an unchanged initial capital formula allocation, with additional investment planned for the elective centres and Baird and Anchor Centre in Aberdeen.

### **Three Year Financial Plan**

We will continue to engage with Boards to finalise Annual Operational Plans and three year planning assumptions. This will set out a number of principles to be delivered in relation to finance and wider performance and I hope the information contained in this letter will assist in the finalising of plans.

Yours sincerely



**RICHARD MCCALLUM**

Interim Director of Health Finance and Governance

## Annex A – Board Funding Uplifts

NHS Territorial Boards	Total 2019-20	Uplift £m	Uplift %	2020-21 Total
	Allocation £m			allocation £m
Ayrshire and Arran	740.2	22.2	3.0%	762.4
Borders	213.4	6.4	3.0%	219.8
Dumfries and Galloway	306.9	9.2	3.0%	316.1
Fife	679.3	22.2	3.3%	701.5
Forth Valley	541.5	17.3	3.2%	558.7
Grampian	984.0	29.5	3.0%	1,013.5
Greater Glasgow and Clyde	2,295.8	68.9	3.0%	2,364.7
Highland	645.3	20.7	3.2%	666.0
Lanarkshire	1,231.2	36.9	3.0%	1,268.1
Lothian	1,482.6	57.4	3.9%	1,540.1
Orkney	51.1	1.5	3.0%	52.6
Shetland	52.3	1.6	3.0%	53.9
Tayside	784.9	23.5	3.0%	808.5
Western Isles	77.7	2.3	3.0%	80.0
	<b>10,086.2</b>	<b>319.7</b>	<b>3.2%</b>	<b>10,405.9</b>
<b>NHS National Boards</b>				
National Waiting Times Centre	58.3	1.7	3.0%	60.0
Scottish Ambulance Service	270.3	8.1	3.0%	278.4
The State Hospital	36.5	1.1	3.0%	37.6
NHS 24	70.6	2.1	3.0%	72.7
NHS Education for Scotland*	444.8	16.7	3.8%	461.5
NHS Health Scotland / Public Health Scotland**	18.9	0.4	2.0%	47.9
NHS National Services Scotland**	345.6	9.1	2.6%	327.7
Healthcare Improvement Scotland	25.8	0.5	2.0%	26.3
	<b>1,270.7</b>	<b>39.8</b>	<b>3.1%</b>	<b>1,312.1</b>
<b>Total NHS Boards</b>	<b>11,357.0</b>	<b>359.5</b>	<b>3.2%</b>	<b>11,718.0</b>
<b>Improving Patient Outcomes</b>	<b>340.0</b>	<b>121.0</b>	<b>-</b>	<b>461.0</b>
<b>Total Frontline NHS Boards***</b>	<b>10,861.9</b>	<b>453.8</b>	<b>4.2%</b>	<b>11,315.7</b>

\* The uplift for NHS Education for Scotland includes recurring funding for training grades.

\*\* Budget for Public Health Scotland of £47.9 million reflects budget for new public health body and includes transfer of £27.1 million from NHS National Services Scotland.

\*\*\* Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital, and NHS 24.