



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 26 MARCH 2020
VIA TELECONFERENCING

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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
Mr P Murray

Non-voting Members Present:

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

Officers Present from NHS Lothian/East Lothian Council:

Mr P Currie

Clerk:

Ms F Currie

Apologies:

None

Declarations of Interest:

Paul White declared an interest in relation to Item 4, in his role as an employee of ELCAP.

The Chair welcomed members to the meeting which was being conducted via teleconferencing. She also welcomed Marie Sharp of the East Lothian Courier who was present via telephone.

1. MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD OF 27 FEBRUARY 2020 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board (IJB) meeting on 27 February 2020 were approved.

2. MATTERS ARISING FROM THE MINUTES OF 27 FEBRUARY

There were no matters arising.

3. COVID-19 EMERGENCY RECESS PROCEDURES

The Chief Officer had submitted a report putting in place procedures for a decision making process in the event that East Lothian Integration Joint Board and its associated committees were unable to be convened as a result of the current COVID-19 outbreak.

Paul Currie presented the report outlining the arrangements to be put in place for dealing with essential business over the coming weeks and informing members' that, once in emergency recess, all meetings of the IJB and its committees would be cancelled until further notice. He also highlighted the implications for the Integration Scheme review and the publication of the IJB's annual performance report.

The Chair referred to the section of the report relating to Engagement and the requirement for IJB meetings to take place in public. She said she was seeking advice from the Scottish Government on the issue of public meetings and, in the meantime, she reminded members that a representative from the East Lothian Courier was present at this meeting.

The Chair also confirmed that both she the Vice Chair had nominated Deputies in case of need. The Deputy for the Chair would be Shamin Akhtar and the Deputy for Peter Murray would be Fiona Ireland.

Mr Murray asked about the likelihood of additional funding to cover the cost of dealing with COVID-19 and if, in the meantime, all associated costs could be recorded to ensure that there is no detriment to the IJB.

Claire Flanagan said it was unclear at present if there would be additional funding for creating capacity in hospitals to deal with COVID-19. However, she was continuing to link with the partners and seek clarity from the Scottish Government. She agreed to update members when more information was available.

Alison MacDonald advised that a mobilisation plan had been drawn up and an application would be made to the Scottish Government for the funding needed to implement the plan. This was estimated to be £5m. She added that if the money was not provided then the work could not be done.

In reply to a question from the Chair, Ms MacDonald indicated that no additional staff training would be required as part of the mobilisation plan but training would be needed

to support the redeployment of staff to other duties. The costs had yet to be identified and the 4 Lothian IJBs were currently working on this.

Paul White asked about additional support for third sector organisations to help keep their staff safe, and help for third sector providers running Council-commissioned services who may have to cancel those services due to the impact of COVID-19.

Ms MacDonald advised that East Lothian Council had issued a letter to third sector providers confirming that they would not be disadvantaged by the impact of COVID-19. She also advised that a fund had been created, with money from the Scottish Government, to ensure third sector resilience and providers could apply directly for support. She confirmed that additional funding would be fast tracked to the areas that required support.

Ms Ireland referred to the recommendations contained in the report and the proposal that the emergency recess period last 'until further notice'. She suggested that it might be better to place a timescale on this, e.g. 3 months, at which point the measures could be reviewed.

She formally proposed that the following sentence be added to recommendation 2.2: *"These would be in place from 27th March 2020 for a period of up to 12 weeks, at which point the position would be reviewed."* This proposal was seconded by Mr Murray.

In reply to questions from the Chair and Councillor Akhtar, Ms MacDonald confirmed that a volunteer scheme had been set up, similar to that in England and Wales. To date, 2000 people had registered and the first 560 would receive their virtual induction on 30th March, with the remainder being filtered in over the coming weeks. These volunteers would undertake roles such as ward helpers or assisting in supporting vulnerable people in the community. However, they would not be working with patients with COVID-19.

Thomas Miller stated that a number of NHS Lothian administration staff were also willing to volunteer.

David Binnie asked if it was still the IJB's intention to issue a tender for services in June of this year. Ms MacDonald said that she was seeking advice and would update members once a decision had been taken.

Ms MacDonald responded to further questions from Mr Murray and Patricia Donald around the ongoing management of operational matters. She confirmed that all of the usual clinical and care governance reports would still be submitted and that the committee would hold virtual meetings to review issues. In addition, the DATIX system and other recording and reporting processes would remain in place and function as normal. She was also working closely with the other Lothian IJBs and the partners, and daily reporting on staffing issues was already taking place.

Ms MacDonald indicated that in relation to operational matters, such as staffing, her first point of contact would be NHS Lothian or East Lothian Council. However, she would report to the IJB if there was likely to be an impact on the delivery of the Strategic Plan.

Dr Donald felt that the situation was being managed very well and she reminded Ms MacDonald that the IJB members were also here to support her.

Ms MacDonald thanked Dr Donald. She then advised that, in addition to the measures already reported, a decision-making log for both health and social care would be maintained throughout the emergency recess period. This would record the decisions,

the reasons for decisions and how these accorded with national guidance. The relevant management teams would also be meeting daily. The IJB would be updated on a monthly basis, or more frequently if necessary, and this would include a staffing update. At the first full meeting of the IJB after the end of the recess period, a report would be presented listing the decisions taken at IJB level and those taken by the CO/CFO in consultation with the Chair and Depute Chair.

The Chair thanked Ms MacDonald and added that it would be useful to have a formal debrief at some point.

Councillor Neil Gilbert asked about current staffing levels in care homes and within the care at home sector. Ms MacDonald said she was in almost daily contact with independent care home providers and ELC care homes and no alerts had been received as yet. In relation to independent care providers at home, there had been a few issues but no major concerns regarding staffing. Overall, she said that services were managing at present but staffing could become a concern in the coming weeks. She added that the biggest issue was making sure that PPE was available for independent sector staff and she continued to liaise with providers and care homes on this matter.

Mr Currie then drew members' attention back to the report and to the implications for the Integration Scheme review and the publication of the IJB's annual performance report. He advised that the Scottish Government had confirmed that the review would not need to be as comprehensive as previously requested and NHS Lothian had appointed an officer to deal with the review of all four Lothian Integration Schemes. Regarding the annual performance report, this would still be due for publication by 31st July but it would not be as detailed as in previous years.

The voting members agreed unanimously to approve the recommendations as amended.

Decision

The IJB agreed to:

- i. Approve the COVID-19 Emergency Recess Procedures as outlined in the report;
- ii. 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. These would be in place from 27th March 2020 for a period of up to 12 weeks, at which point the position would be reviewed;
- iii. Delegate to the Chief Officer, in consultation with the IJB Chair and Vice Chair, provision for specific business, as set out in the report;
- iv. Request that the Chair and Vice Chair each nominate a Depute for the purpose of approving business submitted during the Emergency Recess should they themselves be unavailable;
- v. Note the acceptance of delay in completion of work to review the Integration Scheme and production of the IJB Annual Performance Report; and
- vi. Approve the amended East Lothian Integration Joint Board Standing Orders reflecting the Emergency Recess provisions.

4. BUDGET 2020/21 UPDATE

The Chief Finance Officer had submitted a report presenting the IJB with an update on the assumptions and the principles in the budget offers from East Lothian Council and NHS Lothian for 2020/21. The report also provided an update on the ongoing challenges facing the IJB and the work to support delivery of savings in the coming financial year, 2020/21.

Ms Flanagan presented the report advising Members that, while at the time of writing no formal budget offers had been received, the offer from East Lothian Council had been issued earlier that afternoon and the offer from NHS Lothian was due in early April. She pointed out that the report had been written from a 'business as usual' perspective and did not include any additional funding required for the IJB's response to COVID-19. She summarised the key points of the indicative budget offers including the additional funding from the Scottish Government in relation to social care.

Ms Flanagan informed members that she considered both offers to be in line with the current financial climate and challenges, and that they were based on previous budget planning covering the next few financial years. She referred to the challenges predicted in 2020/21 and explained that as financial plans for the coming year had been refined these challenges had reduced and would continue to be addressed through ongoing mitigation measures. Further detail of these measures would be shared at future meetings of the IJB.

She also confirmed that she was currently in dialogue with the partners with a view to ensuring that the IJB retained its anticipated underspend from 2019/20 to further boost its reserves. She concluded by cautioning that the financial position could change rapidly and significantly but that any such change would be reported to members.

In response to a question from the Chair, Ms Flanagan advised that she was still in discussion with colleagues to provide clarity as to whether the sum of £1.801M of additional Scottish Government funding would be sufficient to cover the cost of the IJB's new obligations.

Mr Murray asked what was meant by the statement in paragraph 3.10 of the report: *"NHS Lothian are keen to understand how the IJB will support financial balance through the delivery of savings and efficiencies..."* Ms Flanagan explained that NHS Lothian's financial plans were not currently in balance and they would be asking the four Lothian IJBs to support them by delivering 3% savings. The East Lothian IJB had managed to do this over the past two financial years by achieving underspends in both years.

Mr Murray also commented that currently most Acute service provision was not directed by IJBs and if this were to change in the future IJBs would see more clearly where money was being spent. Ms Flanagan acknowledged this but added that IJBs were currently developing processes to better understand financial pressures across these services and to develop plans for dealing with these.

The Chair commented that this was another reason for maintaining regular dialogue with other IJBs.

The voting members agreed unanimously to approve the recommendations.

Decision

The IJB agreed 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.

DRAFT

Signed

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



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 25 June 2020
BY: Chief Officer
SUBJECT: COVID-related HSCP Service Changes

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1 PURPOSE

- 1.1 To update the East Lothian Integration Joint Board on the temporary changes made across HSCP managed and commissioned services resulting from COVID-19 and those changes that may apply in the longer term.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Accept the attached summary (appendix 1) of the many actions taken across all HSCP services over the last three months (some arising from centrally delivered service changes and UK and Scottish Government Policy) to respond to restrictions arising from COVID-19.
- 2.2 Note that guidance and policy has changed regularly. This has required managers to continue to adapt their service delivery offer to patients and clients. Flexibility in planning and delivery of HSCP services is likely to be required for many months yet.
- 2.3 Note that enforced changes to services have allowed for exploration of different ways of working, including increased utilisation of video and other technologies in patient assessment and care and for service management.
- 2.4 Note the development themes below that are common across the service summaries. Further work is needed to review these and to take action where indicated:
- Continue the rollout of technologies
 - Redesign premises
 - Consolidate new ways of working
 - Extend partnership/joint working
 - Address 'digital exclusion' and vulnerability.

3 BACKGROUND

- 3.1 In January 2020, the World Health Organisation (WHO) announced that a new respiratory illness in Wuhan, China was associated with a novel (new) coronavirus called COVID-19.
- 3.2 As the virus spread around the world and reached Europe, it became clear that mortality varied across age groups with the elderly appearing to be at particular risks as were those with certain health conditions. This has since been confirmed through case presentations and mortality figures and is reflected in UK and Scottish Government policy.
- 3.3 Scotland confirmed its first case in early March 2020. By mid-March the Scottish Government took steps to reduce virus transmission, advising against all non-essential travel, asking those who could work from home to do so and further advising that certain groups of people (pregnant women, the over 70s, and those with certain health conditions) should self-isolate, along with those displaying symptoms.
- 3.4 Towards the end of March, the Scottish Government ordered the closure of schools, restaurants, pubs and other areas people might gather in numbers.
- 3.5 By the end of March, the UK moved into a 'lockdown' phase with all people advised to stay at home, unless they had a key role (which included many NHS and Social Care staff) or for essential purposes, such as shopping. Legislation allowed for enforcement and fines for non-compliance. The lockdown asked people to observe social distancing and to adopt strict hand washing. There are recent gradual relaxations of restrictions on the general public, which will continue in coming weeks and some divergence between the arrangements in Scotland and the other three countries of the UK.
- 3.6 In East Lothian, non-clinical/non key worker staff from the HSCP were asked to work from home, utilising IT systems to continue working and to maintain contact across management and administrative teams. These arrangements continue in the main. Although there has been some limited reopening of offices, the continuing social distance rules severely restrict the number of staff able to occupy the HSCP's building.
- 3.7 The restrictions have had considerable impacts on the delivery of all HSCP services for the last 3 months. Managers and clinical staff have developed innovative approaches to maintain key services for patients and to sustain supplies of Personal Protective Equipment (PPE) across all clinical settings. The action taken across the HSCP functions and future plans are summarised in appendix 1 (Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian). It is likely that service delivery restrictions will continue for some time.

- 3.8 As noted elsewhere, the longer-term impacts of COVID have implications for the delivery of the HSCP's services while maintaining social distancing. Changes will also be required to NHS Lothian's outpatient, diagnostic, surgical and treatment services which East Lothian residents access. This has increased waits for diagnostics and treatment.

4 ENGAGEMENT

- 4.1 All opportunities for engagement will be taken as services begin to be reintroduced and where longer-term changes are required to how services are delivered to maintain compliance with COVID-related restrictions and Government and local policy.

5 POLICY IMPLICATIONS

- 5.1 An assessment will be carried out on all service changes to understand any policy implications.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 The implications for Directions are unknown at this time, but will become clearer as services re-establish.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – A record is being kept of all COVID-related costs. These will be reported on in detail at a future IJB meeting.
- 8.2 Personnel – As above, personnel costs are being monitored and will be reported to the IJB at an appropriate time.
- 8.3 Other – None

9 BACKGROUND PAPERS

9.1 None.

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Appendix 1 - Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian

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Service area and service lead	<p>Community Learning Disability Team (CLDT)</p> <p>Gillian Neil – Interim General Manager - gneil@eastlothian.gov.uk</p>
Actions taken and outcomes	<ul style="list-style-type: none"> • All patients/carers/families were sent a letter from the CLDT to advise how to contact the team during COVID-19. The letter also included accessible information and details of how the team would respond given current restrictions. • A vulnerable client list was produced to highlight risk in the absence of key team members • Essential visits were maintained to support high risk patients, to monitor bloods, administer depot medication and prevent hospital admission due to a deterioration of mental health • Staff have kept in touch on a regular basis with patients/carers/families allocated to them • Video calls have been used if appropriate.
Guidance/policy directing actions	<ul style="list-style-type: none"> • Scottish Government • Public Health Scotland • Learning Disability Managed Clinical Network guidance
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Daily Hospital Huddle to report and manage staffing across all teams • Daily task sheet for all clinicians within the clinical area • Weekly Team meeting held via Microsoft Teams • Monitoring all of all allocated cases • Monthly clinical governance report • Daily Duty system in place • Learning Disability Lothian-wide meeting held via Microsoft Teams
Current service delivery status	<ul style="list-style-type: none"> • Telephone Triage system in place and assessments, if appropriate, are being conducted over the telephone • Face-to-face-visits are conducted based on risk assessment and essential criteria
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned	<ul style="list-style-type: none"> • Work is underway to put plans in place which reflect the Scottish Government Route Map • Due to social distancing rules and Test and Protect strategy, staff are working at home or in office with appropriate desk placement. • CLDT will continue to offer a service and increased face-to-face contact will progress for more routine cases as lockdown measures are relaxed. • In addition to essential visits, high risk clients are offered visits within the garden area of their homes and walking

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<p>services</p>	<p>within the community.</p>
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Challenges</p> <ul style="list-style-type: none"> • Lack of continuity for patient group • Lack of structure, routine and predictability for patients • Patient isolation and understanding of COVID -19 restrictions <p>Opportunities</p> <ul style="list-style-type: none"> • Increased use of technology • To progress work to fully integrate Social Work and the Community Learning Disability Team to form an enhanced Learning Disability Service.

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Service area and service lead	<p>Intensive Home Treatment Team (IHTT - Adult Mental Health)</p> <p>Colin Baptie - Colin.Baptie@nhslothian.scot.nhs.uk</p>
Actions taken and outcomes	<ul style="list-style-type: none"> • IHTT has continued to provide face to face contact with patients, but all patients are COVID risk assessed prior to a home visit taking place. This has been ongoing since lockdown commenced. • Patients have all been advised that staff will be wearing PPE during any face to face contact. • Staff workstations are now separated to ensure social distancing, and other rooms in OPD 2 have been utilised to support this.
Guidance/policy directing actions	<ul style="list-style-type: none"> • Speed Reads are communicated to all staff when they are released • The COVID-19 Situation in NHS Lothian Summary • Scotland's Route Map through and out of the crisis • National benchmarking – what other IHTT/Crisis services are doing, Senior Managements guidance • PPE Policy • East Lothian Community Hospital Huddle every morning • Test and protect stakeholders' toolkit.
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • IHTT staff complete a daily safety brief. This highlights patients on the IHTT caseload, and indicates risk using the RAG system. Any concerns re: COVID are highlighted. Daily activity is also logged on this form (triage, assessment, referral, acute inpatients, any delayed discharges A&E presentations, Distress Brief Intervention and Mental Health Collaborative Working for Integrated Care (CWIC) activity etc). This information is then collated by the Mental Health Services Manager to the CSOG. • Clinical Governance Committee - bi-monthly • Health and Safety - quarterly • Team Managers Meeting – Monthly • Mental Health remobilisation – Royal Edinburgh and Associated Services (REAS) – Scottish government • 1:1 with service manager - service priorities reported on monthly.
Current service delivery status	<ul style="list-style-type: none"> • IHTT continue to operate as it did pre COVID due to the critical nature of the service. • All guidance has been implemented in relation to PPE, social distancing, staff utilising individual rooms – only 2 staff in main office at any one time if more, mask coverings to be worn, staff travelling to home visits do so individually as all

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	<p>IHTT visits must be conducted by 2 members of staff.</p> <ul style="list-style-type: none"> • Due to COVID, IHTT have taken over the role of providing Lothian Unscheduled Care Service (LUCS) mental health assessments for East Lothian patients to allow GPs to focus on physical health issues.
<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned services</p>	<ul style="list-style-type: none"> • Due to track & trace, IHTT will continue to function, but with more stringent social distancing measures in place for staff members. • Staff will continue to support patients as per operational policy, but with an emphasis on remote consultations where risk assessment allows. • Patients are being introduced to Near Me as a facility to maintain virtual face-to-face contact.
<p>Challenges and opportunities arising from changes to service delivery</p>	<ul style="list-style-type: none"> • There may be service delivery issues concerning maintenance of 2 x staff visits, or transportation of patients to the REH. PPE will be worn by staff and all patients will be asked to wear a mask. • Increase access to medical staff • All staff now have Smartphones - allowing them to access emails etc. remotely • Investment in Near Me • Investment in IT • Improved standardisation of clinical documentation • Improved collection of data to reflect service activity • Improved communication with access to Microsoft Teams • Working remotely allowing managerial time • Working in collaboration with the Mental Health CWIC service • Working in collaboration with recently launched Distress Brief Intervention project.

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<p>Service area and service lead</p>	<p>Psychiatry of Old Age (Community Mental Health Team, East Lothian Care Home Assessment, Support and Education (ELCHASE))</p> <p>Janice Flockhart, Hannah Wallace, and Suzanne Walker</p> <p>01620642741/01620642742</p>
<p>Actions taken and outcomes</p>	<p>Staff</p> <ul style="list-style-type: none"> • Contingency plans in place for all areas • Daily 'Speed Read' available for staff • Daily team 'Huddles' to disseminate information to staff. Those staff working from home are called to keep up to date with any changes. Allocations of referrals to service are also discussed with the Multi-disciplinary Team (MDT) at these meetings • Staggering staff numbers in the office between working from home to ensure social distancing • Essential visits only with risk assessment for COVID before visits. Uniforms now worn on visits with PPE • Hand gels and wipes available in office and on visits • Encourage peer support using teams • PPE training • Installed Microsoft teams for communication • Laptops ordered - still waiting • Smartphones received for all staff to assist with remote working. <p>Patients</p> <p>Older Adult service</p> <ul style="list-style-type: none"> • Services identified patients at most risk • All patients are currently given telephone support on a regular basis, including any routine referrals • Urgent referrals- Triaging by telephone, grading urgency, liaising with GP, social work and other agencies involved. Home visits carried out where appropriate following risk assessment. Staff wear uniform and full PPE. • Liaising with family as appropriate • Risk assessments.

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	<p>East Lothian Care Home Assessment, Support and Education ELCHASE Staff As above</p> <p>Patients/Clinical As above and :</p> <ul style="list-style-type: none"> • Telephone triaging and assessments, with carers from home liaising with Care Home staff • Psychology Lead has distributed 3 information packs to all homes in the sector (supporting people with dementia during COVID, staff well-being, and difficult conversations about death and dying). Psychology Lead also has extended remit to provide psychological first aid for Care Home staff and managers • All training currently on hold (1 day Essentials and 2 day Psychological Interventions) • Currently conducting urgent visits only. Leads are seeking advice from senior management with regards to recommencing some routine visits (i.e. for observations of behaviour, initial assessments and medication monitoring) • Leads looking into setting up using Near Me or Microsoft Teams to limit the number of routine visits required.
Guidance/policy directing actions	<ul style="list-style-type: none"> • Senior Management guidance • PPE Policy • Scottish government guidance (route map) • Health Protection Scotland
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Daily report re nursing staff ,sickness ,COVID-related absences, issues etc • Monthly team meetings staff and team leads • Emails with updates.
Current service delivery status	As described above.
<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned</p>	<p>Face-to-face visits</p> <ul style="list-style-type: none"> • Assessing risk at the moment but plan to start reduced routine visits from Phase2 • Memory Clinic has already restarted via telephone assessment • Discuss all possible face-to-face visits with managers and RA • CMHT routine alternating visits with telephone support • Triaging urgent cases.

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<p>services</p>	<p>East Lothian Care Home Assessment, Support and Education</p> <ul style="list-style-type: none"> • Meeting with Care Home Team to share information on patients that are jointly supported • To maintain social distancing and reduce footfall, triage/assessment over the phone continues, making use of electric equipment ie scanning for results of completed tools • Visit when urgent only at the moment i.e. prevention of admission to hospital • Looking at criteria for visiting (waiting on further guidance) • When visiting, only one Care Home a day, reducing footfall, wearing PPE • Re-establish previous meetings with relevant agencies and MDT meetings etc. • All possible use of Near Me but has its challenges i.e. people don't have appropriate equipment and software at home, cognitive ability of the patient and sensory impairment. <p>Memory Clinic</p> <ul style="list-style-type: none"> • Recommended assessments by telephone. Set up for Near Me, but very little patient uptake on this option <p>Post Diagnostic Support Link Workers - Alzheimer's Scotland</p> <ul style="list-style-type: none"> • Continuing to work from home and support by telephone. However a very small number of patients are willing to try 'Near Me '
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Challenges</p> <ul style="list-style-type: none"> • Patients in vulnerable category because of age (65yrs +) and co-morbidities • Staff feeling isolated when working from home • Lack of IT equipment to allow working from home effectively i.e. laptops • Care Homes again vulnerable - risk of carrying infection into homes, difficulty assessing over the phone as relying on information given by carers as people have different tolerance/thresholds and perspectives of situations • Most work is based on observation of interactions with the patient to reduce distress. Near Me not always appropriate due to patient group and possible cognitive impairment • Potential for team to fragment due to working from home. Potential for patients to be missed due to reduced communication if the team is split into smaller teams for social distancing • Link Workers don't have access to NHS systems for referrals. Looking at Global Desktop or NHS laptops • Difficulties linking in with other services and providing additional support • Memory Clinics - delay in reopening in OPD2 (ELCH) due to patient shielding and risk of cross infection

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	<ul style="list-style-type: none"> • Getting patient information to Dementia Link Worker as they have no access to NHS systems. <p>Opportunities</p> <ul style="list-style-type: none"> • Remote working for staff, reducing the need to return to the office therefore reducing mileage claims • More use of electronic equipment when available for meetings etc • Microsoft Teams for improved communication when staff aren't in the office • Look at making some service changes permanent • Working in collaboration with Care Home Team and Advanced Nurse Practitioners • Working in collaboration with wider stakeholders from Care Homes across ELHSCP • More efficient/effective ways of utilising IT.
<p>Challenges and opportunities arising from changes to service delivery</p>	<ul style="list-style-type: none"> • Opportunity to invest in mobile technology enabling practitioners to work flexibly reducing footfall in premises and reduce time travelling • Reduced ability to robustly assess Child/Family which may impact on the ability for early intervention and prevention interventions.

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Service area and service lead	<p>Health Visiting East Lothian</p> <p>Lorraine Cowan, Chief Nurse – Lorraine.cowan@nhslothian.scot.nhs.uk</p> <p>Jill Irwin, Clinical Nurse Manager - Jill.irwin@nhslothian.scot.nhs.uk</p>
Actions taken and outcomes	<p>26/03/20</p> <ul style="list-style-type: none"> • NHS Lothian and Scottish Government Guidance disseminated to staff and discussed in full • All non-essential face to face contacts suspended substituted with telephone contact • Individual caseload holder responsible for communicating changes to service provision to clients • Social distancing measures in place in all Health Visitor office areas – a blended model of working is in place • Guidance minutes produced following regular teleconferences for Health Visitors.
Guidance/policy directing actions	<ul style="list-style-type: none"> • National Clinical Guidance for Nursing and AHP Community Health Staff during COVID-19 Pandemic • COVID-19 Interim PRACTICE GUIDANCE FOR CHILD PROTECTION – East Lothian and Midlothian
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Continued delivery of Health Visiting Universal Pathway as per Scottish Government guidance • Weekly reporting via Local Authority to Scottish Government • Community Children’s Nursing and AHP services, Pan Lothian COVID-19 Resilience Plan held by Child Health Commissioner.
Current service delivery status	<ul style="list-style-type: none"> • As per Scottish Government Guidance.
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	<ul style="list-style-type: none"> • Await Scottish Government guidance. • Limited home visiting.

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Service area and service lead	<p>Shared Lives East Lothian</p> <p>Gillian Neil - Interim General Manager, Adult Community - gneil@eastlothian.gov.uk</p>
Actions taken and outcomes	<ul style="list-style-type: none"> • The service has continued to operate but without face-to-face contact. Staff have been working from home and maintaining contact with Shared Lives Carers and supported people by phone on a regular basis • Staff have provided ongoing support and guidance to carers on managing behaviour, risks, infection control, PPE and testing. • Staff have made use of a range of resources including ‘easy read’ publications provided by Scottish Commission for Learning Disability. • The flexibility shown by carers has been remarkable, with carers adapting to provide 24 hour support quickly when day services and day opportunities were closed. The Shared Lives model has been beneficial because of the requirement to lockdown within a household. • The service stopped providing Short Breaks and Day Support. This affected 1 person in a long term arrangement who would have stayed for breaks with one of our Short Break carers, another person who would have received short breaks and someone who would have received fortnightly day support.
Guidance/policy directing actions	<ul style="list-style-type: none"> • Relevant guidance (from the Care Inspectorate and Health Protection Scotland and updated documents from the Scottish Government on the decision-making framework) was circulated via Planning and Performance and actions implemented as required • Shared Lives Plus, the national umbrella network have also provided useful guidance and advice.
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Regular 1:1 staff supervision has continued to ensure quality of practice • Regular support to carers and supported people has been provided • Monthly meetings held with Interim General Manager and Planning and Performance Team • Liaison with the Care Inspectorate.
Current service delivery status	<ul style="list-style-type: none"> • The service is being delivered remotely • For the more challenging situations some 1:1 support from Fisherrow staff has been invaluable, as has availability of respite at Potters Path. • Preparation for Shared Lives carers week of 15th June is in the final stages.

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	<ul style="list-style-type: none"> • There is some concern about the mental wellbeing of service users confined to the house and missing the social contact provided by day services/activities.
<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned services</p>	<ul style="list-style-type: none"> • Staff are able to work from home more regularly. However, homeworking is having a big impact on processes in terms of reviewing Support Profiles and Carer Reviews. It also means that we are not able to collect, check and return financial records and review medication records. A review is required on how to fulfil these functions in a different way • IT use has to expand and be better utilised with carers, some of whom have no, or very limited, IT skills or do not have broadband or smartphones • Business Support has experienced increased demand on its service • There is uncertainty over how face-to-face services can restart, particularly regarding short breaks and recruitment of new carers. Support from Shared Lives Plus and Planning and Performance will help to establish a realistic timeline and a framework for this • The development of the service and recruitment of carers is 3-6 months behind the original schedule.
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Opportunities</p> <ul style="list-style-type: none"> • Being able to contribute to work in cluster settings, having Cluster catch ups and being part of a bigger team rather than just the 2 Shared Lives Coordinators • The commitment and the dedication of the Carers has kept the service going and this can be built on • There is a need to revisit the recruitment process to consider how more use of technology and social media can support this – this is being supported by the Communications and Engagement Manager • In the medium to long term Shared Lives model could potentially provide additional day opportunities for people who previously used day centres. Links have been made with the community transformation project for adults with complex needs. <p>Challenges</p> <ul style="list-style-type: none"> • Finance - enhanced payments are required for carers to reflect the additional work undertaken • Not being able to see people in person has been a very difficult barrier. This impacts on the support offered, the inability to assess potential carers, or conduct meaningful reviews. • Organisational policies preventing use of certain technologies (e.g. Zoom, WhatsApp) has prevented more flexible and accessible support being provided • Need for technology training • Need for a clearer framework for digital governance in relation to digital communication with service users and carers • Concern about how carers will be able to sustain providing care 24/7 without the respite provided by day services.

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Service area and service lead	<p>Commissioned Services: Older People's Day Centres</p> <p>Christine Johnston, Planning and Performance Manager - Cjohnston5@eastlothian.gov.uk</p>
Actions taken and outcomes	<ul style="list-style-type: none"> • At the start of the pandemic all centres provided a RAG rating of services users, a business continuity plan and a detailed closure plan. The RAG rating assisted colleagues in social work to identify priorities for additional care and support in the community • Staff have been working from home and maintaining contact with service users and supporting people by phone on a regular basis • Access to each centre was limited to a core number of management staff where necessary. Local authority colleagues from Engineering and Building standards were updated regarding buildings which were mothballed.
Guidance/policy directing actions	<ul style="list-style-type: none"> • Relevant guidance (including from the Care Inspectorate, Health Protection Scotland and updated documents from the Scottish Government on the decision making framework) was circulated via Planning and Performance and actions implemented as required.
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Daily situation reporting has now moved to weekly with exception reporting on people or areas of concern. Areas covered include resource shortfall, PPE, staffing issues, service availability, and the risk assessment of services overall • Individual risks are escalated via adult social work.
Current service delivery status	<ul style="list-style-type: none"> • All centres are closed and are providing a variety of outreach services in the local community working with local resilience groups, Connected Communities and other third sector groups. Examples include: daily contact by phone, going out for a walk, one to one small bus run (with PPE/risk assessment), social distance home visiting outside, delivering meals, shopping, and wider community working.
<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned</p>	<ul style="list-style-type: none"> • All centres are actively engaged with the Partnership and have provided detailed feedback on how their services have responded to the pandemic and what the challenges would be in resuming core services. • Further discussion is required to help reshape the service provision given the constraints regarding infection control and social distancing. Each centre has a different challenge due to varying space configurations and some are for shared use. Initial assessment indicates an average of 50% reduction in capacity if social distancing requirements are sustained

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<p>services</p>	<ul style="list-style-type: none"> • In considering redesign, links with Connected Communities are key and broader thinking needs to take place about how centres could continue to provide services in the community, how they could dovetail with Care at Home provision, and develop recent links with other work streams, such as the Community Transformation programme and Council Food Poverty group. The aim is to identify dependences, risk and challenges and work across the partnership and local authority to identify proposals and ensure some level of community engagement in doing so • Benchmarking with other Partnerships and liaison with relevant national bodies is taking place. The aim is to have draft plan by late July.
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Challenges:</p> <ul style="list-style-type: none"> • Supporting people living with dementia when they do not understand what is happening and need social contact • Too many community contacts for vulnerable individuals who often did not know who they were speaking to or having contact with – made even more difficult due to people wearing essential PPE making recognition difficult • Meeting the needs of people with sensory impairment • Impact of school closures and part time return on staffing • Hygiene and infection control requirements • Transport logistics • PPE supply and training • Lack of appropriate digital equipment • Cost of keeping underutilised buildings open • Carer stress. <p>Opportunities:</p> <ul style="list-style-type: none"> • Reshape services with a stronger community base.

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Service area and service lead	<p>Primary Care</p> <p>Jamie Hetherington - Jamie.hetherington@nhslothian.scot.nhs.uk</p>
Actions taken and outcomes	<ul style="list-style-type: none"> • A link was rapidly made with GP representatives through their identified COVID-related representative (Dr Andy Forder). • Services were paused and re purposed as a COVID Community Assessment Centre. This was based on SG guidance issued on 18 March 2020 via NHS Lothian • The CWIC (Collaborative Working for Integrated Care) service was paused on 27 March 2020 and COVID Community Assessment Centre in Musselburgh Primary Care Centre (MPCC) opened on 31 March 2020 • The COVID Community Assessment Centre was part of a NHS Lothian-wide response and this was communicated to all parties as part of the launch of the services. The COVID Community Assessment Centre in MPCC was available to patients from across Lothian, not just East Lothian • A new 'East Lothian Primary Care Access Service' was set up to directly support General Practice in the event of unexpected Practice closure. Due to the success of ELHSCP initiated work with GP Practices to set up 'buddying' arrangements (to allow neighbouring practices to share resources (premises, staff, equipment etc) in the event that they couldn't provide services) and the rapid response of GP Practices to amend access models, this service has not so far been required, other than minimal activity in its first few days, so has been paused • The Community Treatment and Care Service (CTACS) which was due to open on 01 April 2020 was also paused. • The CWIC Mental Health Occupational Therapy service was combined with Action 15 funded Mental Health Nurses to form a new county wide Integrated CWIC Mental Health pathway, to provide a more resilient service, enabling patients to access same day Mental Health support with a specialist practitioner via one telephone number with no referral. A communication strategy was developed after engagement with GPs and the number has been widely advertised via social media • A system for supporting additional medicine deliveries supported by ELC re-allocated staff was developed to support shielding and vulnerable patients • A service for ensuring Opiate Substitution Therapy (OPT) delivery for vulnerable and shielding patients has been agreed with MELD in collaboration with pharmacy and MELDAP colleagues, which can also offer additional harm reduction intervention and support.
Guidance/policy directing actions	<ul style="list-style-type: none"> • Guidance to support medicine delivery for shielding and vulnerable patients was developed in collaboration with Pharmacotherapy and East Lothian colleagues • Guidance and policy from the Lothian Primary Care Tactical Group.

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<p>Activity/outcome monitoring and governance arrangements</p>	<ul style="list-style-type: none"> • Activity/governance of COVID Community Assessment Centre was monitored at a NHS Lothian level. This involved visits from the leads of the service • Daily, then weekly calls on the COVID Community Assessment Centre pathway strategy were also held across all sites hosting a COVID Community Assessment Centre • Activity information was published on a NHS Lothian dashboard which was updated on a daily basis • Activity for the CWIC MH service is being monitored on a weekly basis by an internal Implementation group. Wider evaluation, feedback and Quality Improvement work is ongoing with a joint QI group involving GP stakeholders • The Community Link Worker sub-group has been re-established.
<p>Current service delivery status</p>	<ul style="list-style-type: none"> • Following Lothian-wide review, the East Lothian COVID Community Assessment Centre was mothballed on 22 May 2020 as part of Lothian-wide reduction of COVID Community Assessment Centres due to lower than expected presentations of patients. It can be re-established if COVID numbers increase • CWIC service not yet able to restart due to requirement to maintain ability to provide COVID Community Assessment Centre restart and the loss of key components of the prior model, including withdrawal of NHS24. Current CWIC staff undertaking training to work to non-face-to-face care model, with the service also providing temporary staffing support to other primary care functions, including Care Home nursing team • CTAC service is planned to open on 15 June 2020 at ELCH covering the three Haddington Practices initially • Mental Health pathway established on 28/04/2020 for 5 practices and rolled out county-wide on 05/05/20 which provides same day Mental Health support. Service provision is ongoing and due to be reviewed in mid-July.
<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of H&SCP services/ commissioned services</p>	<ul style="list-style-type: none"> • Timelines for the re-establishment of CWIC is dependent on Scottish Government guidance around Primary Care service remobilisation but will be accelerated when possible. • GP practices most directly impacted by suspension of CWIC are being routinely engaged with to ensure their awareness of the current CWIC position • The Community Link Worker (CLW) procurement was paused due to COVID. The CLW sub-group is reviewing the service specification to ensure future services can adapt to changes, ensure safe ways of working and take into account changes in third sector capacity • CLW services have been identified as priority for procurement with a target of September 2020. • The planned commissioning process has had to be amended to take into account the reality of COVID and the need to maintain services on an interim basis whilst work is taken forward to reinstate planned commissioning programmes • Opportunities will be taken to expand use of Near Me and other online platforms for patient consultations

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	<ul style="list-style-type: none"> • Patient Participation Groups will be important in gathering wider feedback regarding different ways of working?
<p>Challenges and opportunities arising from changes to service delivery</p>	<ul style="list-style-type: none"> • There has been a significant change in the way communities are accessing Primary Care Services. Previous models of delivery have relied heavily on the assumption that face-to-face assessment is the most likely requirement of a contact. Within a matter of days, there has been a shift to a position where face-to-face is only expected or offered when there is no reasonable alternative. These new arrangements are proving popular with many patients. • This affords the opportunity to rapidly implement new technology, including video consultations and internet-based access pathways and consultations. Consistent with any change management process, independent contractors in primary care are at various stages of readiness in terms of adopting new technology and ways of working and will require various levels of support. • The HSCP's managed Primary Care services have expanded and developed their operations in response to patient and community need, and taking into account changes in the wider landscape. There is an ongoing challenge to implement consistent county-wide strategic direction while balancing the views and priorities of a range of independent contractors in Primary Care. • Efforts will continue to be made as much as possible to consult and engage with stakeholders on specific areas of change, however under remobilisation the need to rapidly adjust services to ensure ongoing access to services, wider resilience, and safe ways of working present tighter timescales for service change • The overall impact of COVID in Primary Care is likely to present longer-term challenges, including increased health inequalities, additional support required for those who have experienced delays in treatment and diagnosis, longer term rehabilitation needs and an increase in individuals requiring support for their mental health and well-being. • Future opportunities will include continued emphasis on multi-disciplinary teams in Primary Care, further adoption of digital solutions, and work with HSCP and East Lothian Council colleagues to tackle wider health inequalities, and ongoing improvement of services informed by patient and stakeholder feedback.

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Service area and service lead	<p>Commissioned Services: Community Supports for Adults under 65 with Complex Needs</p> <p>Christine Johnston, Planning & Performance Manager - cjohnston@eastlothian.gov.uk</p>
Actions taken and outcomes	<ul style="list-style-type: none"> At the start of the pandemic all providers provided a RAG rating of services users, a business continuity plan and a detailed action/closure plan. The RAG rating assisted colleagues in social work to identify priorities for additional care and support in the community.
Guidance/policy directing actions	<ul style="list-style-type: none"> Relevant guidance (including from the Care Inspectorate, Health Protection Scotland and updated documents from the Scottish Government on the decision making framework) has been circulated via Planning and Performance and actions implemented as required Social Work Scotland (Learning Disability subgroup) is working with the Scottish Government to draft agreed principles/framework for access to community support. East Lothian HSCP is represented at these discussions.
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> Daily situation reporting has now moved to weekly with exception reporting on people or areas of concern, these include resource shortfall, PPE, staffing issues, service availability, and the risk assessment of services overall. Individual risks are escalated via adult social work.
Current service delivery status	<ul style="list-style-type: none"> At this stage, external community provision has consisted of outreach support from peoples' homes for those with identified critical needs. The providers have looked at alternative ways of providing support e.g. Zoom calls Weekly telephone calls are also in place to offer support and monitor any changes in need Relevant PPE is being supplied and risk assessments are in place.
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	<ul style="list-style-type: none"> It is hoped that there will be a gradual increase in community provision by the 11th August in line with schools reopening. These services are in scope of the Community Transformation programme. The programme is currently being re-scoped in relation to constraints imposed by COVID-19 and revised recommendations and priorities will be presented in due course. In the meantime, it is hoped that an interim procurement framework for the community support providers will be completed by July 2020. All community support providers have now been asked to complete a spreadsheet to identify all service users and to set out agreed criteria to identify their need for provision in line with a RAG system. Providers have also been asked to identify the types of service they will offer in the future e.g. community versus centre based arrangements and possible capacity. This will allow mapping of need across all provision and will include

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	<p>Social Work assessments to inform service delivery and options.</p> <ul style="list-style-type: none"> • Further discussion is required to help reshape service provision given the constraints regarding infection control and social distancing. This gradual easing is in line with Phase 1 of the Scottish Government route map • In considering redesign, links with Connected Communities are key as well as links with other work streams, such as the Community Transformation programme. The aim is to identify dependences, risk and challenges and work across the partnership and local authority to identify proposals and ensure some level of community engagement in doing so • Benchmarking with other Partnerships and liaison with relevant national bodies is taking place. The aim is to have draft plan by late July.
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Challenges</p> <ul style="list-style-type: none"> • Managing the demand for services against availability as services will be operating on a much smaller scale due to social distancing requirements • Transport logistics and costs • Need for extensive training for third sector on use of PPE • Need for digital governance framework for third sector providers • Staff capacity for wider community and service user engagement. <p>Opportunities</p> <ul style="list-style-type: none"> • Develop community hubs to counteract the challenges noted above. This would mean smaller groups across a number of locations and require the change of use of some facilities (but could result in additional costs for using community spaces) • Rapid change and effective community responses can be built on • Work with care at home providers to explore further how their services could provide additional support to people during the day, specifically those who have significant care at home packages.

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Service area and service lead	<p>Commissioned Services: Mental Health - Community services, Care at home and Rehabilitation services</p> <p>Christine Chambers - cchambers@eastlothian.gov.uk</p>
Actions taken and outcomes	<ul style="list-style-type: none"> • A RAG rating was completed at beginning of COVID pandemic. Providers will be asked to review and reassess risk for individual clients and the RAG rating of their overall service. This will highlight vulnerable service provision and those individuals who need additional supports, facilitating quick response • Feedback from providers has been invited on what has worked well/challenges throughout the pandemic and will inform how services are re-established and where risks are. Awaiting responses • Coordinated weekly Mental Health 3rd Sector and Partners Forum to provide platform to share supportive information and challenges and has improved communication between providers and statutory services • Mental Health 3rd Sector Forum was used to cascade Infection Control and PPE training to providers • Participation with development of pathway to CWIC Mental Health team established in response to COVID-19 - 3rd Sector providers can now access the team for professional support/discussions through a direct phone line • Frequent direct contact with providers as required and support in relation to challenging issues is needed. • Distribution of information/guidance etc to providers as required.
Guidance/policy directing actions	<ul style="list-style-type: none"> • National Guidance
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Situation Reports - daily response initially though now weekly • Routine reporting of activity
Current service delivery status	<ul style="list-style-type: none"> • Service provision has been ongoing, in keeping with national guidelines and directions • Community services have managed their support through phone and video contacts where possible • Individual assessment have resulted in care at home support being managed through phone and video contacts where possible, with housing support or face to face support being provided only where necessary • Rehabilitation in residential setting (Cameron Cottage) is ongoing.

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<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned services</p>	<ul style="list-style-type: none"> • Service provision has been ongoing but face-to-face contact/reintroduction of group support will be introduced as informed by national guidance • Is it anticipated that demands on Mental Health services will increase as the impact of the COVID-19 pandemic is realised. Continuing the co-ordinated and flexible response across the statutory and 3rd Sector providers will be essential.
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Challenges:</p> <ul style="list-style-type: none"> • Inequalities of access to IT for clients and staff working from home • Further isolation of a population who is already marginalised and already identifies isolation as a key issue • Staff isolation • When National direction allows - Access to sufficient safe spaces which would enable small group meetings and safe face to face meetings. Existing office space/meeting spaces do not allow safe distancing. <p>Opportunities:</p> <ul style="list-style-type: none"> • Reaching clients through use of IT who, because of their mental health, would not have previously engaged with services • Improved partnership working.

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<p>Service area and service lead</p>	<p>Carers Services</p> <p>Trish Carlyle</p>
<p>Actions taken and outcomes</p>	<p>The Scottish Government announced on the 23rd March that due to the spread of Coronavirus, the UK would be entering a stricter period of social distancing, with people only allowed to leave their homes for limited purposes, including travel to and from work, and only where that work could not be carried out at home.</p> <p>As a result, East Lothian Carers Organisations were required to make significant changes in the way they are operating their services.</p> <p>Carers of East Lothian</p> <ul style="list-style-type: none"> • Cancelled home visits and face to face contact with carers, other than in exceptional cases • The majority of staff are homeworking. The office at the East Lothian Community Hospital is only being used as and when needed. • Focus on telephone contact • Development of alternative ways of offering support <p>Bridges</p> <ul style="list-style-type: none"> • Service is unable to conduct fact-to-face appointments, staff continue to support young people on a 1:1 basis through other means including email, text, phone calls, FaceTime, social media and Zoom • Bridges also planned to start conducting online group work sessions using Zoom and other social media platforms • Virtual / phone contact ongoing, but plans also underway in relation to re-establishing face to face contact when guidance allows, including outdoor meetings, using larger rooms online, using different entrances / toilets, etc. <p>East Lothian Young Carers</p> <ul style="list-style-type: none"> • Young carers clubs ceased to run in accordance with the social distancing guidelines

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	<ul style="list-style-type: none"> • During the first two weeks, all young carers and their families were contacted to gather the following information: <ul style="list-style-type: none"> ○ Whether someone in the family was in the vulnerable/shielding group ○ Whether support was required with shopping/picking up prescriptions ○ Whether young carers were accessing free school meals ○ Whether they wished to put in place an emergency plan ○ Ensure up to date contact information • Families are now being called weekly for a check in and to determine if further support required. • Young carers' club support has now been moved to an online service. • Opening hours have changed and ELYC are now open seven days a week and also remained open Easter weekend. • Young carers statements will need to be completed by phone or online • Murray Davies has designed a young carers app and ELYC are currently learning how to use this at the moment.
Guidance/policy directing actions	<ul style="list-style-type: none"> • Scottish Government • Public Health Scotland
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Monthly meetings held with providers to support the provision of service delivery and identify any gaps and challenges
Current service delivery status	As described above
Timetable and plans to re-establish services	<ul style="list-style-type: none"> • Work is underway to put plans in place which reflect the Scottish Government Route Map
Likely ongoing impacts on delivery of HSCP services/ commissioned	<ul style="list-style-type: none"> • Due to social distancing rules and Test and Protect strategy, staff are working at home or in office with appropriate desk placement.

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<p>services</p>	
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Challenges</p> <ul style="list-style-type: none"> • Providing face to face support to carers in distress/ at risk of breakdown of care support • Developing a performance framework for current service provision • Procurement process suspended <p>Opportunities</p> <ul style="list-style-type: none"> • Increased use of technology • Increased opportunities to work in partnership across the organisations • Innovation in delivery of support

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Service area and service lead	<p>Management of PPE across Health and Social Care providers</p> <p>Chris King – Chris.King@nhslothian.scot.nhs.uk</p> <p>Shannon Leslie - sleslie@eastlothian.gov.uk</p>
Actions taken and outcomes	<ul style="list-style-type: none"> • The PPE hub has been operational at ELCH since 9th April 2020 and provides PPE for all health and social care provision, Personal Assistant (PA) employers and unpaid families/carers • There has been regular communication to all stakeholders about the process and how to access PPE. A robust process has been established for ordering of PPE, with requests possible via email or telephone.
Guidance/policy directing actions	<ul style="list-style-type: none"> • HPS guidance • Scottish Government & National Carer Organisations - Advice sheet for: local PPE Hubs, Health and Social Care Partnerships, and local carers' centres
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • All requests and orders are logged at the Hub to support tracking and monitoring • East Lothian Care Homes continue to receive PPE deliveries once a week direct to the home • Care at home providers are also receiving deliveries or can collect from the Hub • PA employers and unpaid families/carers have the option to collect from the Hub or to have it delivered to their home
Current service delivery status	<ul style="list-style-type: none"> • The hub is operational 7 days a week. When Hub staff are not present PPE can be accessed using the ELCH bleep system • Staff are present Monday to Friday 9 – 5 and Saturday 1 – 5. This decision was made in line with demand over a number of weeks • There continues to be sufficient stock of PPE in the Hub to meet local requirements.

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<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned services</p>	<ul style="list-style-type: none"> • The hub continues to provide an invaluable resource to all stakeholders to ensure the correct PPE is available to reduce the risk of infection across a number of settings.
<p>Challenges and opportunities arising from changes to service delivery</p>	<ul style="list-style-type: none"> • There continues to be ongoing challenges for providers and individuals to access PPE from their normal routes due to a global shortage and the significant increase in cost. There is an opportunity to look at the Hub providing PPE to providers at cost given that some of the cost would be part of their financial model. • Deliveries of PPE to Care Homes are provided by Criminal Justice staff – when they resume normal duties alternative arrangements will need to be put in place • Further infection control training is required for HSCP staff and commissioned services.

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<p>Service area and service lead</p>	<p>Care Homes</p> <p>Lorraine Cowan – Chief Nurse - Lorraine.cowan@nhslothian.scot.nhs.uk</p>
<p>Actions taken and outcomes</p>	<ul style="list-style-type: none"> • Established regular supply of PPE for Care Home providers, initially through the central NHS Triage Line (20th March), followed by the subsequent development of local hubs at Randall House (now moved to East Lothian Community Hospital) • Care home providers largely ceased reporting issues with access to PPE by early May • Consistent access to PPE has helped reduce the severity and frequency of outbreaks reported • Daily reporting from Care Home providers was established just prior to lockdown on 23rd March. Daily situation reports enabled Care Home managers to report on a range of issues including access to PPE, staff isolating due to COVID related issues, suspected and confirmed COVID cases among residents, deaths due to COVID and a RAG-rated assessment by the Care Home manager on the service’s ability to manage with the issues reported • As of 9th June, Care Homes have begun using the Scottish Government Safety Huddle Template. This acted as an early warning system for the tactical team and support to Care Homes was then offered on a targeted basis • Ability to track the development of COVID across East Lothian homes • Daily support available to Care Homes via the East Lothian HSCP Care Home Team. This has included clinical support, training and advice around use of PPE and application of Health Protection Scotland Guidance, resident testing for COVID. This has been available from the start of the pandemic and has continued throughout and ensured consistent application of HPS guidance among all Care Homes • Clinical support and testing of residents off their baseline (regardless of whether they have COVID symptoms) has meant the outbreaks reported, and the severity of these, have decreased over time. As of 10th June, East Lothian has no current COVID positive residents in Care Homes, although testing of symptomatic residents continues in line with guidance • Social Work staff in the Review Team have continued to focus on Adult Support and Protection issues and urgent reviews (carried out by Skype and by phone). Contact has been maintained with managers to allow them to highlight any concerns in relation to specific resident’s needs • Established supplementary staffing support to Care Homes through the use of the NHS Staff Bank service (12th May). Care Home managers who had concerns about loss of staff through increased staff testing for COVID have thus received support when needed. This has ensured that appropriate staffing levels are maintained within homes for resident care. We are continuing to access support from the NHS Staff Bank as further testing is rolled out across all homes in East Lothian

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	<ul style="list-style-type: none"> • Leuchie House altered its function from a respite service to a temporary Care Home service as of 6th April. The aim was to offer temporary Care Home accommodation to clients in the community whose providers were experiencing staffing issues due to the pandemic and also to continue to facilitate hospital discharges. 12 beds were initially contracted. This has reduced to 6 as demand for the service has not been as high as expected • Attendance at Problem Assessment Group (PAG) meetings, led by the Health Protection Team, to assess and advise on testing in Care Homes with an active outbreak in line with new guidance from the Scottish Government to increase testing. Testing was initially targeted at homes with a recent/newly identified outbreak but is now being increased to all homes regardless of whether there is a COVID positive case in the home. PAG meetings resulted in full testing of residents and staff at two East Lothian homes. • A variation to the role of the Executive Nursing Director has placed additional responsibilities on Health and Social Care Partnerships to undertake a daily Care Home huddle and to conduct physical audits of all East Lothian Care Homes whatever their management arrangements. Audits will review care standards and have a particular focus on infection control practice. The huddles began on 25th May and continue to be held daily • Attendance at a daily pan-Lothian oversight group to develop a Lothian wide audit tool, escalate concerns to the Care Inspectorate and Scottish Care and share Lothian-wide testing data • Financial sustainability payments to Care Home providers are being reviewed in line with COSLA guidance and work is underway to review occupancy data pre-pandemic with current levels to determine appropriate levels of financial support.
Guidance/policy directing actions	<ul style="list-style-type: none"> • Current Health Protection Scotland Guidance • Guidance on testing in Care Homes • Financial sustainability guidance
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Daily reporting from Care Homes, initially using our own Sitrep report, now using the Scottish Government Safety Huddle Template • Daily Care Home huddle meetings to review any issues flagged by providers, development of the audit tool and planning of visits across East Lothian homes • Review of planned testing in Care Homes and monitoring in case additional staffing support is required. Meeting is attended by the Chief Nurse, ELHSCP management, Policy and Performance, Care Home Link Officer, members of the NHS Care Home Team
Current service delivery status	<ul style="list-style-type: none"> • All Care Homes are continuing to operate as normal with the exception of Leuchie House which continues to offer a temporary Care Home service. Physical distancing measures are in place and any symptomatic residents are isolated

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	<p>for 14 days as a precaution</p> <ul style="list-style-type: none"> • In homes where significant outbreaks occurred barrier nursing was in place for all residents.
<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned services</p>	<ul style="list-style-type: none"> • Care homes are continuing to admit residents from hospital and the community in line with HPS guidance. • Restrictions are currently in place on visiting although the majority of Care Homes have put in place a number of creative ways in which to maintain residents contact with family members and next of kin (Zoom calls, face time, visits through the windows). • Homes are also able to continue to provide residents with daily activities with some providers organising singers/entertainment/art work in their gardens as well as through normal daily activities provided by care staff. • Few homes have reported increases in stress and distress behaviour and those experiencing this have been referred to East Lothian Care Home Assessment, Support and Education for support.
<p>Challenges and opportunities arising from changes to service delivery</p>	<ul style="list-style-type: none"> • The challenge of managing outbreaks within Care Homes has highlighted the value of the East Lothian HSCP Care Home team which has been in key in supporting Care Home managers and staff to understand the frequent changes in HPS guidance, and reassurance that they are complying. • Strong compliance with the use of PPE and prompt testing of residents has contributed to the significant reduction in COVID positive residents in East Lothian homes. • The Care Home Team is currently being expanded.

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<p>Service area and service lead</p>	<p>Commissioned Services - Care at Home</p> <p>Carol Jenner cjenner@eastlothian.gov.uk 07714 140365</p>
<p>Actions taken and outcomes</p>	<ul style="list-style-type: none"> • 13/03/20 - Commissioned Care at Home providers were asked to update their Business Continuity Plans; RAG (Red, Amber, Green) their clients and email information to us. Data was collated on master spreadsheet and shared with operational colleagues. Outcome was that we were able to work with all stakeholders to ensure appropriate delivery of care. • 13/03/20 - CAH providers were asked to submit a daily situation report on status of their critical activities and critical resources, including PPE. Provider responses are collated onto a Master Spreadsheet for overview appropriate action by Partnership Tactical Team. Outcome is that the Partnership has oversight of delivery of critical CAH services. • 28/4/20 - P&P Manager - worked with ELC HR Department to promote SSSC Recruitment Portal, to help commissioned services fill vacancies in Care Homes and Care at Home services. Outcome: commissioned services were supported by Partnership. • 15/4/20 - we began sharing with commissioned services the names and addresses of their service users who have been identified by NHS National Services Scotland as requiring 'Shielding'. Outcome: commissioned services are aware of shielded people and can ensure that staff take appropriate action i.e. ensure that your staff wear PPE in compliance with HPS Guidance at all times. • 16/03/20 - we began to develop Partnership processes to make Social Care Provider Sustainability payments, to all commissioned social care services (if eligible), in line with COSLA guidance. Outcome will (hopefully) be sustainability of service provision in East Lothian. • 10/4/20 - we began to support CAH providers with regard to PPE – this included sharing Health Protection Scotland and Scottish Government guidance on PPE; supporting providers to access NHS Triage emergency PPE supplies; supporting providers to access emergency PPE Hub at Randall House; NHS training on correct use of PPE; ordering supplies of PPE; and so on. Outcome: commissioned CAH providers were able to deliver services safely. • 5/6/20 - commenced support to Partnership regarding Test, Trace, Isolate and Support (Test and Protect) Strategy. • Since mid-March - sharing information with CAH providers: e.g. information from Care Inspectorate, SSSC, Scottish Government, COSLA, Partnership guidance, and so on. • In mid-March all commissioned Care at Home work was reprioritised to focus on Covid-19 related matters. Some exceptions to this include continuing the close monitoring of a CAH provider, dealing with complaints, FOI enquiries, etc.

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Guidance/ policy directing actions	<p>Health Protection Scotland: https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiPxuegpvfpAhUMHcAKHe-uDnwQFjAAegQIFBAD&url=https%3A%2F%2Fwww.hps.scot.nhs.uk%2F&usg=AOvVaw0xrR6TusbcZecS2pQR3s4Z</p> <p>COSLA: https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiouO24pvfpAhVFZcAKHc5lC3gQFjAAegQIFhAD&url=https%3A%2F%2Fwww.cosla.gov.uk%2F&usg=AOvVaw2OxlrB4s4QfxihuFVeJypW</p>
Activity /outcome monitoring and governance arrangements	<p>Initially daily (now twice weekly) CAH service delivery monitoring via Sitrep Reports Twice weekly master reports to Tactical Team Weekly Community Capacity Report to Scottish Government There will likely be reporting requirements to do with sustainability payments to providers, but we do not know the requirements yet.</p>
Current service delivery status	<p>Current status of Care at Home service delivery is RAG = Green</p>
<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services / commissioned services</p>	<p>The impact of Covid-19 on CAH service delivery going forward is uncertain. The East Lothian market is stable at present but the medium and long term impacts are not yet known. Much will depend on whether a second wave of the pandemic can be avoided and on the financial climate.</p>
Challenges and opportunities arising from changes to service delivery	<p>Challenges:</p> <ul style="list-style-type: none"> • initially very challenging due to uncertainty about PPE guidance; PPE supplies; • difficult to deliver services when staffing levels are impacted; • Financial challenges for providers and Partnership.

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	Opportunities: Closer working with providers and opportunity to improve working relationship.
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Service area and service lead	School Nursing East and Mid Lothian Lorraine Cowan, Chief Nurse Jill Irwin, Clinical Nurse Manager : Jill.irwin@nhslothian.scot.nhs.uk
Actions taken and outcomes	26/03/20 - NHSL and Scottish Government Guidance disseminated to staff and discussed in full.
Guidance/policy directing actions	National Clinical Guidance for Nursing and AHP Community Health Staff during COVID-19 Pandemic COVID-19 Interim Practice Guidance for Child Protection East Lothian & Midlothian Public Protection
Activity/outcome monitoring and governance arrangements	Continued contact with active caseload and liaison with Education. Weekly reporting via Local Authority to Scottish Government. Community Children's Nursing and AHP services, Pan Lothian Covid 19 Resilience Plan held by Sally Egan.
Current service delivery status	As per Scottish Government Guidance.
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	Await Scottish Government guidance. Increased waiting list for LIAM programme.
Challenges and opportunities arising from changes to service delivery	Opportunity to invest in mobile technology enabling practitioners to work flexibly reducing footfall in premises and reduce time travelling. Reduced ability to robustly assess Child/Family which may impact on the ability for early intervention and prevention interventions.

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Service area and service lead	Adult Resource Centres – Internal Services – Fisherrow Hub, Port Seton and Tynebank Gillian Neil – Interim General Manager
Actions taken and outcomes	On 23/03 the Adult Resource Centres were temporarily closed to all services users and a letter was sent prior to this to advise all service users and their carers. All service users were RAG rated and only those who were identified at the highest risk (home/family situation at risk of breakdown, carer stress, care at home provider unable to provide a service) were offered a service within Port Seton Community Centre or Tynebank. Fisherrow Trust closed the building. Outreach care has also been provided at home for those again identified at the highest risk. Day Service staff have contacted service users and family/carers/providers on a daily basis to monitor the situation at home and all calls have been recorded.
Guidance/policy directing actions	Guidance from Scottish Government and Health Protection Scotland Social Work Scotland Learning Disability and Autism Sub group – sub group formed to jointly work on eligibility criteria and framework for delivering day services post Covid.
Activity/outcome monitoring and governance arrangements	Care Inspectorate call each Adult Resource Manager on a weekly basis to review situation and a CI variation has been completed to reflect the different type of service provided. Weekly meeting between Adult Resource Managers and Interim General Manager Monthly clinical care governance reports.
Current service delivery status	Port Seton and Tynebank resource centres currently supporting those service users identified at the highest level of risk with centres. Some outreach support being provided in service user homes. Weekly contact made with all service users, families/carers and providers.
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	This work is currently underway and no definite timescales have been identified at present. Will be unable to provide the same level of service due to social distancing and test and protect strategy. Currently reviewing RAG rating of all service users, weekly updates and those young people due to transition as other options/opportunities will need to be explored. Likely impact on internal transport as due to social distancing , very limited number of service users could be accommodated. Potential to increased transport costs or to internal service as it is likely that alternative modes of transport will need to be considered. All service users and families/carers and providers have been contacted weekly and only once we have confirmed what service

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	<p>we can realistically deliver, will we communicate with service users etc. There could be a risk of raising expectations on if communicate too early.</p>
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Challenges:</p> <ul style="list-style-type: none"> • Not being able to meet level of demand • Cost • Inability to support planned and gradual transitions <p>Opportunities:</p> <ul style="list-style-type: none"> • Development of day service model as outlined in Transformation Project. • Increased use of technology

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Service area and service lead	Commissioned Services - Advocacy Individual and collective advocacy for adults with a learning disability, Mental Health Issues and older people/people with dementia. Christine Chambers – cchambers@eastlothian.gov.uk
Actions taken and outcomes	<ul style="list-style-type: none"> • Feedback from providers sharing what has worked well/challenges throughout pandemic and will inform how we move forward and where risks are. Awaiting responses. • Coordinated fortnightly meetings with advocacy providers to facilitate communication and share information/challenges. • Frequent direct contact with providers as required and support in relation to challenging issues is needed. • Distribution of information/guidance etc to providers as required
Guidance/policy directing actions	National Guidance
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Routine reporting of activity
Current service delivery status	<ul style="list-style-type: none"> • Independent advocacy has been provided in keeping with national guidelines and directions – no face to face support has been provided • Individual advocacy have not been providing face to face support – all support has been provided by phone or an appropriate video communication. • Support has mainly been provided in relation to statutory responsibilities – hospital detentions.
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	<ul style="list-style-type: none"> • Service provision has been ongoing but face to face contact will be introduced as informed by National Guidance. • Ensuring representation and attendance at Children’s Hearings and Mental Health Tribunals will be determined by National Guidance • Individual providers are considering their plans to resume fuller service provision and how this will be facilitated/supported

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<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Challenges:</p> <ul style="list-style-type: none"> • Individual not getting access to statutory right - Individual Advocacy - through detention process • Inequalities of access to IT for clients and staff working from home • Reliance on use of IT for communication with groups who do not have physical access to IT or challenges in relation to communication, lack of support or cognitive impairment. • Staff isolation • When National direction allows - access to sufficient safe spaces which would enable small group meetings and safe face to face meetings to support collective advocacy. • Accessing PPE for organisations who have limited requirement for PPE <p>Opportunities:</p> <ul style="list-style-type: none"> • Positive feedback about use of WhatsApp when client is in a ward setting – feedback about ward staff support is very positive. • NearMe technology and ability to accommodate 3rd Party representation (advocacy) has been very positive • Improved partnership working

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Service area and service lead	Justice Social Work Trish Carlyle
Actions taken and outcomes	<p>At point of lockdown (23/03/2020):</p> <ul style="list-style-type: none"> • All staff sent home with full connectivity – laptops and smart phones. • All service users RAG-rated with focus on risk of causing serious harm and personal vulnerabilities. Only those whose ROSH was such that it could only be managed with face-to-face contact were required to be seen – no such cases identified in East Lothian. • All contacts moved to telephone – RAG basis for weekly (RED), fortnightly (AMBER) and monthly (GREEN) contact in line with risk and need • Additional telephone contacts were made to all perpetrators of domestic abuse offences (where they were in a relationship and/or living with a partner) – this related to those subject to unpaid work only as well. • All unpaid work/other activity Community Payback Orders service users have been advised of 12-month extension to their current Orders and all work (group, placements) put into abeyance • Multi-agency and partnership risk management and business meetings continued using teleconferencing and SKYPE (MAPPA, EMPPO) • City of Edinburgh JSW closed all group work, Court social work unit, Prison social work unit, DTTO social work provision – these services are provided to East Lothian service users by city of Edinburgh employees – we did not receive any official communication from City of Edinburgh JSW confirming the status of these services. • Followed guidance and decisions of key partners – Scottish Prison Services, Scottish Courts & Tribunal Services/COPFS, NHS, Parole Board for Scotland etc.
Guidance/policy directing actions	<p>Wide range of guidance / policy has guided work (e.g. Scottish Government, Social Work Scotland) – including:</p> <ul style="list-style-type: none"> • Justice Board Coronavirus (COVID-19) Sub Group • Coronavirus (Scotland) Bill • Justice Directorate & Children & Families Directorate correspondence re Business Continuity • Scottish Government correspondence re Early Release from Prisons • SWS correspondence re Parole Board arrangements; Courts & Tribunal Service; Diversion from Prosecution; and Fiscal Work Orders

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<p>Activity/outcome monitoring and governance arrangements</p>	<p>Provision of initially daily and then weekly updates as follows:</p> <ul style="list-style-type: none"> • Health & Social Care Partnership • CSWO – Impact Log • CSWO - MAPPA Reassurance • Risk Register (now stopped) • Business Continuity Plan (now stopped)
<p>Current service delivery status</p>	<ul style="list-style-type: none"> • Unpaid work/other activity is not being delivered • Supervision (Throughcare and Community Payback Orders) - being delivered via telephone contacts • CONNECT group in abeyance • Additional funds and Foodbank provided to all prisoners being released • Bail Supervision – being delivered via telephone contacts (no new service users as reports completed by City of Edinburgh Council partners based within Edinburgh Sheriff Court and there is little current Court business) • Criminal Justice Social Work Reports, Diversion Reports – being completed via telephone interviews • Throughcare activities (custodial setting) – being facilitated via email a prisoner, virtual attendance at ICM, Home Background Reports, Home Detention Curfew Assessments being completed via telephone interviews. There has been some face-to-face contact with prisoners – assessed on an individual basis, depending on safe interviewing facilities • Drug Treatment & Testing Orders – facilitated by City of Edinburgh Council partners and no current delivery • Group Work (Caledonian and Moving Forward: Making Changes) – facilitated by City of Edinburgh Council partners and no current delivery
<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned services</p>	<p>This will be based on:</p> <ul style="list-style-type: none"> • Scottish Government Route Map – Phase 3 identifies an increase in provision and specifically mentions Justice Social Work, although it is noted that ‘at risk’ individuals noted for prioritising in phase 1 should include JSW service users • Social Work Scotland Justice Committee – Covid-19 Exit Strategy (report pending) • Likely 30-40% capacity for current building spaces – awaiting guidance from CMT • Likely unable to return to previous unpaid work provision – group pick-ups and use of vans does not support social distancing. The service will need fully reconsidered and individual or 1:2 provision put in place • Increase in contact with service users based on previous RAG-rating – there will be continued use of virtual and telephone contact for the foreseeable future, but as we progress to Phase 3 we will undertake face-to-face meetings with RED-rated individuals before progressing to AMBER and GREEN

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	<ul style="list-style-type: none"> • Move to all report interviews being completed via telephone but from the office (not home), with an aim of reintroducing face-to-face report interviews in September 2020 • Attendance at multi-agency meetings moving to face-to-face for those where the focus is on risk management strategies (RMCCs, CPCCs, MAPPA, MARAC, MATAC), but maintain virtual for others (EMPPO, Delivery Groups). This is likely from phase 3 onwards • We will await decisions from City of Edinburgh JSW relating to Caledonian, Moving Forward: Making Changes, Court & Prison Social Work Units, DTTO, Bail Supervision
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Opportunities:</p> <ul style="list-style-type: none"> • Review provision of unpaid work activities to increase the use of other activity and be more creative/innovative in group and/or 1:1 or 1:2 provision • Practitioners have evidenced their commitment to working from home and maintaining positive, working relationships with service users. We will be able to review our working arrangements and allow for greater flexibility – this should promote improved work/life balance across the team • The Management team have begun to consider digital platforms for accessing focused work interventions for service user • Consideration is being given to developing a bespoke component to the JSW website that could support e-learning (modular format) for interventions that address service user risk and need and compliance with additional CPO or Licence requirements • Improved national communication and data sharing between JSW and SPS – this related to Early Release and the signing of the Data Sharing agreement by all Local Authorities and the possible continuation of the Multi-Agency Release Planning Group • Collation of good quality data relating to JSW service users – spreadsheets have been developed that are updated weekly and allow for immediate access to key information • Looking at developing the JSW Diversion Service – time available to consider expectations and processes • Seek service user feedback process – specific to Covid-19 JSW response as well as longer term for annual reporting and service improvement <p>Challenges:</p> <ul style="list-style-type: none"> • Recognition that in several areas of our work we have to await decisions and action from partners out with East Lothian

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	<p>JSW notably, City of Edinburgh Council JSW and the Scottish Prison Service</p> <ul style="list-style-type: none">• Lack of an accepted digital platform for cross-service communications – it is vital that all Councils, H&SCPs and Statutory partners (Police Scotland, NHS, SPS, SCTS etc.) agree on ONE single platform. Currently although access can be gained to different ones their full use and application cannot be guaranteed for all attendees.• Awareness of practitioners undertaking inappropriate work from their homes – no breaches of confidentiality or poor performance/behaviour, but this relates to the type of work people have had to take home. This should be stopped ASAP with a return to the office environment for such activities – staff wellbeing is paramount• CONNECT Women’s Group – finding a forum to re-start this group (lead worker due to leave in July 2020)
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Service area and service lead	East Lothian Substance Use Service Team Manager: Stuart Ferrier stuart.ferrier@nhslothian.scot.nhs.uk 0131 446 4853
Actions taken and outcomes	<ol style="list-style-type: none"> 1. 23/3/2020: All non-essential face to face patient contact stopped, drop in clinics & planned appointments cancelled, telephone review initiated as standard. All prescriptions delivered to pharmacies to reduce need for patient travel, home delivery of prescriptions for patients self-isolating or shielding. Patients contacted by telephone to advise. Social distancing practices limiting numbers to be in rooms at any time, re-enforcing 2m rule employed within the workplace. Advice issued re use of anti-bacterial wipes & hand gel/sanitiser. Information leaflets (mental health support, access to agencies, foodbanks/fuel poverty, benefits advice lines) stapled to prescriptions distributed to pharmacies. MELD (3rd sector partners) take over all East Lothian Gateway to Recovery assessment clinics offering telephone assessment & triage. Information segment (25 minutes duration) broadcast on local radio. Single use PPE (face masks, gloves & aprons) & social distancing employed at all clinical contacts. For essential contacts all patients directed to hand washing / anti-bacterial gel facilities upon entry to premises. 30/3/20: Clinical staff group split into A & B teams with teams home working / base working alternately to reduce risk of Covid-19 related illness spreading throughout service 2. 6/4/2020: A & B Team initiative abandoned due to difficulties accessing NHS systems from home & concerns over confidentiality over the recording patient information & transporting to base for upload to TRAK. Social distancing practices reapplied 3. 29/5/20: Stricter application of social distancing within the workplace, max 3 staff in largest office with specific distanced desks being employed, remaining staff employing single offices with rigid “wipe down” procedures – computer keypad, desk surfaces, chair arms, telephones, door handles being employed at commencement & end of working day & between patients if seen. Record of all visitor attendances to Esk commenced with trace details recorded.
Guidance/policy directing actions	<ul style="list-style-type: none"> • 22/3/2020: Scotland’s First Minister + UK PM announce lockdown “people should only go outside to buy food, to exercise once a day or to go to work if they absolutely cannot work from home” • 28/5/2020: Test, trace, isolate & support rolled out in Scotland • NHS Lothian Speed-reads • Scottish Government Route Map for moving out of lockdown

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	<ul style="list-style-type: none"> NHS Lothian infection control information / guidance
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> Weekly staffing reports forwarded to EL IJB Weekly Covid-19 impact assessment & contingency planning forwarded to Management Team Daily waiting list reports inform SMS of any patients awaiting assessment/treatment Daily EL Hospital admission reports inform SMS of any patients admitted to hospital, circumstances of admission & alert to possible unmet need. Daily Huddle – sharing of information / local developments / anticipated issues Weekly Team Meeting – strategic development / challenges to be addressed, clinical planning to address challenges
Current service delivery status	Service continues to function effectively, all staff remain well, one PT OT shielding. No drop in or face to face clinics
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	<ol style="list-style-type: none"> Re-establish Primary Care Nursing service in consultation/negotiation with individual GP practices: potentially mid July 2020 First consultative meetings with GP practices arranged to take place from 15/6/2020 Re-establish drop in service with restricted numbers: July/Aug 2020 Liaise with stakeholders regarding structure & processes required to be considered (admin, clinical & 3rd sector staff, control of infection, fire officer) to allow for initiation, discussions to begin w/com 14/6/20 Collaborative discussion with 3rd sector partners regarding developing of online relapse prevention / coping skills training – innovative approaches to development of small groups to encourage engagement of patients: potentially July/Aug 2020
Challenges and opportunities arising from changes to service delivery	<p>Challenges</p> <ol style="list-style-type: none"> Reduced face to face contact with patient group, reduction in supervision capacity of pharmacies Inadequate IT equipment, staff unfamiliar with efficient /effective use 3rd sector partners working entirely from home, increased potential for communication issues <p>Opportunities</p> <ol style="list-style-type: none"> Staff proactive in attempting to maintain service – increased morale / bonding in face of adversity Greater employment of IT reducing need for travel (time & costs) developing innovation – necessity is the mother of

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	<p>invention</p> <p>3. Some innovations in practice have proved effective & led to increased efficiency – not all will be given up once restrictions are lifted</p>
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Service area and service lead	<p>Community Mental Health and Therapy Team</p> <p>Jamie Morris, Team Manager 01620 642 761 Jamie.morris@nhslothian.scot.nhs.uk</p>
Actions taken and outcomes	<p>CMHT has continued to see patients when necessary. We carry out a telephone risk assessment before each visit and confirm this again once we get to the patient. PPE is worn during all visits; the patient is made aware that this will happen during the initial phone call. Where possible we are now encouraging patients to go out for a walk with clinicians rather than sitting in the patient's home. We are going to patients where possible rather than asking them to travel, especially by public transport.</p> <p>Psychological Therapy staff are mainly working from home. Some staff don't have access to NHS systems at home so they come into the office one day/week.</p>
Guidance/policy directing actions	<ul style="list-style-type: none"> • Speed reads have been communicated to all staff when they are released. • The COVID-19 Situation in NHS Lothian Summary • Scotland's route map through and out of the crisis • National benchmarking – what other IHTT / Crisis services are doing Senior Managements guidance • PPE Policy • ELCH – huddle every morning • Test and protect stakeholders toolkit • The COVID-19 Situation in NHS Lothian Summary
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Risk is managed using the RAG system. Any concerns re: COVID are highlighted and updated on a day to day basis. Patients not receiving face to face visits are telephoned on a regular basis and outcomes recorded on Trak as usual. • Patients on depot medication are highlighted and planning for depots is done on a whole team basis rather than being the responsibility of individual keyworker. This is updated weekly. • Psychological Therapies staff are continuing therapy but over the phone, we have a RAG system open to allow reporting of particular concerns. Communication is open across both teams who are able to help each other deal with quickly changing demand if necessary. • Clinical Governance Committee – bimonthly • Health & safety - quarterly

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	<ul style="list-style-type: none"> • Team managers meeting – Monthly • MH remobilisation – REAS – Scottish government • 1:1 with service manager – service priorities reported on monthly
Current service delivery status	<p>CMHT continue to visit patients if face to face contact is necessary due to medication needs or if patient is deemed to be at risk. All other support is done over the phone or using Near Me.</p> <p>PTS have switched to phone/Near Me based therapy. Otherwise they continue to work as normal but mainly from home.</p> <p>We have had to pause group work across services.</p>
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	<p>The work of teams continues as usual with a shift to telephone/Near Me. The only work that has stopped is Group based interventions. We are investigating the possibility of using online tools to replace group work in the shorter time but will start some degree of in person group work as soon as possible. Probably Phase 3.</p> <p>If we are not able to offer some form of group work, this will add capacity pressure to both the CMHT and PTS teams. In particular, this is likely to impact on the A12 Psychological Therapy waiting list.</p> <p>We are in regular contact with our patient group and communicate directly with them if there are changes to the way the team is operating.</p>
Challenges and opportunities arising from changes to service delivery	<p>There may be service delivery issues concerning 2xstaff visits, or transportation of patients to the REH. PPE will be worn by staff and patient will be asked to wear a mask.</p> <ul style="list-style-type: none"> • All staff now have smart phones – access emails etc remotely • Use of Near Me is likely to be a benefit we can continue to use post COVID • Investment in IT and equipping staff with suitable equipment will allow mobile staff to stay mobile instead of having to return to base to write notes etc. • Improved standardisation of clinical documentation • Improved collection of data to reflect service activity • Improved communication with access to TEAMS • Working remotely increases flexibility of workforce

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Service area and service lead	Acute and Ongoing Care Lorrain Cowan, General Manager and Interim Chief Nurse
Actions taken and outcomes	<ul style="list-style-type: none"> • 7 day working of patient flow and social work established. • Very clear communication and team working between the patient flow team at ELCH, and the Royal Infirmary • Social work team and patient flow working across 7 days to ensure communication with patients and families were at a premium, and that discharge planning was commenced on admission. • 8am safety huddle extended to include primary care staff and community staff (alongside hospital staff) • To enable good communication with all sites, administration staff manned the telephones on the wards to ensure that these were answered quickly - this also allowed the nursing staff to concentrate on patient care. • Nursing staff worked together across the hospital to ensure that all areas were fully supported. • Opening of ward 5 to support Lothian wide patients. • Hospital to home and home care working more closely together. • Purchase of additional bed capacity in Leuchie house and Haddington Care Home. • PPE hub set up in ELCH supplying NHS and social care services, opened 7 days per week manned by administrative staff. Staff from other areas of social work also joined the team, making delivery of PPE possible. • General Practice and Dentistry PPE distribution has also been incorporated into the HUBs remit • The care home team provided training, education and support to care homes within the community to ensure the wellbeing of residents. The care home team have been invaluable in ensure support to the care homes along with providing support and guidance, they provided practical training. • A programme was set up to provide training to the independent care providers this was well received. • Soft furnishings cleared from main foyer to ensure 2 metres between people, home working / new working patterns tried for those who were not essential to be onsite. • Gel stations at key points. • Suspended visiting to wards and introduced laundry collection using the front of house admin team • Introduction onto wards of Tablets/Ipads to enable communication between patients and families. • Use of tablets for 'skype' type calls between patients who are looking for a care home and the management team at the care home with the option of virtual tours.
Guidance/policy directing actions	Scottish Government, NHS and Public Health Scotland guidance (e.g. Scotland Route Map-through and out of the crisis, Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, NHS Lothian Covid-19 Remobilisation Plan (May 25 th 2020)

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Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> Daily 8am Safety Huddle that covers all inpatient beds, and hospital based services such as AHP, H@H,H2H , has been expanded to incorporate all services . These include the Community Vaccination team, Health Visiting, School Nursing, District Nursing, Palliative Care, Care Home Team, Mental Health - as well as the Days Services on the ELCH.
Current service delivery status	<ul style="list-style-type: none"> Inpatients Wards across ELCH, Belhaven and Edington have and continue to maintain normal services - Community based nursing services are being maintained – services such as the Care Home Team and Community Vaccination team are being offered and given additional support. Day services at both ELCH and MPCC are very much reduced, urgent referrals only (e.g. suspicion of Cancer—Bowl screening) and telephone consultations where appropriate. The days services nursing staff are redeployed to support the inpatient areas
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	<ul style="list-style-type: none"> NHS Lothian Covid-19 Remobilisation Plan (25th May 2020) sets out the ‘<i>problem-solving approach being applied to a range of services whilst remaining focussed on mitigating the spread of the disease across the population</i>’. Scotland’s Route map through and out of the crisis –Scottish Government May 2020 Re-mobilise, recover, Re-design: The Framework for NHS Scotland Scottish Government May 2020 <p>Consideration will be given to maintaining and developing some of the new arrangements set up to respond to COVID – including:</p> <ul style="list-style-type: none"> Streamlining that took place of the process between social care and health to improve discharge planning 7 day working of patient flow and social work More rotation of staff around the hospital where appropriate Home working and changing work patterns
Challenges and opportunities arising from changes to service delivery	<p>Opportunities:</p> <ul style="list-style-type: none"> Learning from changes made; and the opportunity to continue those changes that proved effective <p>Challenges</p> <ul style="list-style-type: none"> Maintaining moral and support for front line staff – be that nursing staff in the community or on the wards—Care Home staff – Ensuring all areas of the Partnership are aware and informed of evolving and changing practices on managing the epidemic- to reduce duplication of workloads- allowing staff to focus efforts as efficiently as possible.

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<p>Service area and service lead</p>	<p>Mental Health Officer (duties, as governed by the Adults with Incapacity Act and Mental Health Act)</p> <p>Trish Carlyle – Group Service Manager Statutory Services Rod Mackenzie – Service Manager Shirley Hopper- Lead Mental Health Officer</p>
<p>Actions taken and outcomes</p>	<p>Some of the actions we have taken to adapt to the COVID restrictions;</p> <ul style="list-style-type: none"> • MHOs are limiting face to face visits to urgent/ essential visits only e.g. MHO assessments under Mental Health Act for Short Term Detentions and assessments, new interim (urgent) guardianship applications and applications for warrants under Mental Health Act • Any non urgent guardianship applications have been placed on hold. Only urgent cases of high risk/ significant restrictions in place are being brought to the court at present • Guardianship reviews and CTO reviews via Skype, Microsoft Teams and over the phone where possible • Mental Health Tribunals are being held via teleconference • Court hearings for AWI applications are being held remotely • AWI reports are being electronically signed • Named person acceptance forms do not require to be witnessed during the pandemic • Guardianship renewal applications are on hold under ‘stop the clock’ provisions under new Coronavirus Act • We have developed and distributed ‘guardianship information packs’ and a ‘guardianship referral process flowchart’ so colleagues can access info online/ in the shared drive as face to face consultations on hold • Guardianship case discussions have been suspended, however we have developed a new referral form for local authority guardianship applications to maximise effective info sharing and screening to enable to proceed with most urgent cases • Established an activity tracker to reflect activity
<p>Guidance/policy directing actions</p>	<ul style="list-style-type: none"> • Coronavirus (Scotland) Act 2020 • Coronavirus (Scotland)(No.2) Act 2020 <p>Guidance documents include (but not limited to):</p> <ul style="list-style-type: none"> • Mental Welfare Commission- COVID-19 FAQs for practitioners. Advice Notes. March 2020.

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	<ul style="list-style-type: none"> • Coronavirus (Scotland) Bill 2020 Explanatory Note • Mental Health Directorate Update on Coronavirus Act 2020 as it relates to Scottish Mental Health legislation • Coronavirus (COVID-19): Social Work - safe and ethical practice during the pandemic • SHERIFFDOM OF LOTHIAN AND BORDERS COVID-19 GUIDANCE IN RESPECT OF CIVIL BUSINESS • NOTICE FOR COURT USERS DURING COVID 19 OUTBREAK • Health Protection Scotland Core COVID-19 Information and Guidance for General (Non-Healthcare) Settings
Activity/outcome monitoring and governance arrangements	<ul style="list-style-type: none"> • Regular one to one supervision • Daily emails to Shirley to register in the mornings • Weekly team meeting via Skype • Daily buddy system for peer support and consultation re legal issues, practice issues, good practice etc • Activity tracker reviewed and exceptions reported to GSM/ CSWO
Current service delivery status	Reduction of face to face contacts, but statutory duties continue to be met- face to face for essential/ most urgent work and remotely for less urgent/ essential work and Suspension of some non-MHO related tasks, particularly when another worker is involved e.g. social worker or CPN
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	<p>The measures under the new Act will automatically expire six months after they come into force. The Scottish Parliament may extend these measures for two further periods of six months, giving the measures a maximum duration of 18 months.</p> <p>Where a measure is no longer considered necessary, Scottish Ministers can bring it to an end earlier than on this six-monthly schedule</p> <p>Scottish Ministers are required by the Bill to report on the continued need for the measures, and on the use of powers in the Bill, every two months.</p> <p>Due to guardianship renewal applications being placed on hold and only urgent guardianship cases being progressed at this time, there is likely to be a significant back-log of guardianship applications to be made following the pandemic. There will also be a back log of guardianship reviews and other MHO related tasks following the pandemic.</p> <p>It is planned that Guardianship Case Discussions will resume via Skype as soon as possible.</p>
Challenges and opportunities arising	<p>Challenges include, but are not limited to:</p> <ul style="list-style-type: none"> • Challenges engaging with acutely unwell clients over the phone/ virtually or while wearing PPE and/ or socially

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<p>from changes to service delivery</p>	<p>distancing e.g. clients experiencing psychosis, paranoia, hallucinations and older clients e.g. with hearing impairment, cognitive impairment and communication</p> <ul style="list-style-type: none"> • Challenges keeping up to date with your legal duties/ responsibilities in a constantly evolving climate including in relation to changes in policies, guidance and legislation, in absence of peer support • Additional layer of risk when weighing up benefits of intervening against the risks of intervening due to the risk of spreading the virus to vulnerable people (many clients, particularly AWI clients fall into higher risk groups e.g. older people or people with underlying conditions) • Loss of peer support re daily ethical dilemmas arising from balancing the rights of individuals via risks, issues relating to incapacity etc. • Pandemic has necessitated sharing of urgent info via email, which is less secure • Contact issues in LA guardianship cases where ELC has powers re associations which arose during lockdown <p>Opportunities:</p> <ul style="list-style-type: none"> • Development of more streamlined/ effective processes e.g. new guardianship referral processes • Re-evaluation of core/ essential versus non-essential tasks or tasks not specifically related to MHO duties • More formal peer support, albeit remotely
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Service area and service lead	Adult Social Work (includes Duty, Assessment Teams, Review Team, Care Home Assessment and Review Team for all adults 16+)
Actions taken and outcomes	<p>March 10th – 19th: all service users in receipt of a package of care “rag rated”, i.e. identified as red, amber, green, in relation to risk should the care not be available. This was intended to enable us to inform allocation of rationed care should the workforce be lost.</p> <p>We did not need to enact this rationalisation of care.</p> <p>All respite for 65+ in residential care homes cancelled – unless emergency admission was required. This continues and has recently been extended until September 2020.</p> <p>W/B 8 June - ASW beginning telephone assessment of all families impacted to ensure wellbeing/ identify those who require immediate alternatives</p> <p>All respite in learning disability services cancelled; apart from those identified as “red”.</p> <p>April/ May – all transition plans for young people with disability leaving school and moving to adult social care services have been delayed. ASW contacted all families affected to ensure wellbeing. Where the families have identified stress/ vulnerability of resilience etc. alternative arrangements are being made to deliver care at home/ interim arrangements until day services resume in their new model.</p> <p>Adult Protection/ Council Officer function continued throughout, all be it assessments, unless otherwise indicated by risk assessment, moved to telephone/ Skype based interventions.</p>
Guidance/policy directing actions	<ul style="list-style-type: none"> • Coronavirus (Scotland) Act 2020 • Coronavirus (Scotland)(No.2) Act 2020 • Coronavirus (COVID 19) Changes to Social Care Assessments ; Statutory Guidance Sections 16 and 17 of the Coronavirus Act 2020 • HPS – Guidance for Social or Community Care and Residential Settings • HPS – Guidance for Care at Home, Housing Support and Sheltered Housing • HPS – Information and Guidance for Care Homes • NHS Lothian – PPE – Final Guidance 09.04.2020

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	<ul style="list-style-type: none"> • Coronavirus – Additional National Adult Support and Protection Guidance for Chief Officers and Adult Protection Committees • COVID 19 – Ethical Framework for Adult Social Care • EMPCC - ASP Practice Guidance • MWC – COVID 19 Advice Notes
<p>Activity/outcome monitoring and governance arrangements</p>	<p>A daily check in with Team Managers Senior Practitioners from every team has been established. This provides us with a safe and well check of all staff, including monitoring all any issues, COVID related or otherwise.</p> <p>A daily 2.30pm Skype meeting was established with all Team Managers, initially to provide feedback from the Management Tactical Meetings.</p> <p>As the Tactical meetings were reduced, we followed, maintain a pattern of 3 2.30 management updates per week, on a Tuesday Wednesday and Thursday.</p> <p>In addition to the above, we established daily Care R.A.G meetings to monitor and hold the oversight of care allocation. The anticipated pressures through lack of availability of workforce did not materialise, so these meeting shave also been reduced and now operate on a Monday, Wednesday and Friday.</p> <p>In terms of financial governance – we have re-established Complex Care meetings, 3 weekly. Any case where the Package of Care is in excess of £35,000 per annum must come to this meeting for analysis prior to consideration of authorisation. Also, any situation where the circumstances/ need is complex and out of the ordinary is directed to this meeting for peer consideration and input to identify options for resolution.</p> <p>I have established weekly Skype Staff Briefings for Adult Social Work – we have not put any restrictions on access, therefore colleagues form Justice Services etc. now participate. This allows us to maintain wellbeing checks/ ensure key information gets out to the full workforce, and provides opportunity to maintain a sense of belonging to the service.</p>
<p>Current service delivery status</p>	<p>Social work practice, in terms of the range of activity/ case loads etc. is returning to normal, all be it predominantly telephone based assessment unless circumstances/ presenting risks require a physical presence.</p> <p>All statutory duties continue to be delivered.</p>

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<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned services</p>	<p>Phase 1 indicated an expectation that social work practice would begin to resume more face to face practice. Plans are underway to arrange safe work places to hold interviews with members of the public. All access to offices for personnel or public that are not based there will be on an appointment only basis.</p> <ul style="list-style-type: none"> • Need to enhance the “Front Door” Community Access Team responses as they will bear the weight of an increasing number of calls as the first point of contact; given all other offices will be close to people presenting with enquiries. Planning in underway – with intention of conclusion of first phase of changes by 8th July 2020. • Face to face physical assessments whether in the client’s home or at an office base will continue to be informed by professional risk assessment of the presenting need, enhanced by COVID assessment. • Requirement to enhance our use of tech/ software to enable informed conversations with service users and their guardians/ family.
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Challenges include, but are not limited to:</p> <ul style="list-style-type: none"> • Ensuring key messages reach the workforce in its entirety • Implementation of safe and well and lone working policy across ASW teams, given many of the workforce will be permanently home based. • Managing short notice need for double up ASW visits where risk assessment indicates 2 workers are required, and workers are home based. • Managing the workload to ensure all crisis/ emergency interventions do not fall to those staff who are office based • Managing the sense of belonging for staff in this virtual world • Challenges engaging clients over the phone/ virtually or while wearing PPE and/ or socially distancing e.g with hearing impairment, cognitive impairment and communication • Challenges keeping up to date with your legal duties/ responsibilities in a constantly evolving climate including in relation to changes in policies, guidance and legislation, in absence of peer support • Additional layer of risk when weighing up benefits of intervening against the risks of intervening due to the risk of spreading the virus to vulnerable people (many clients, particularly AWI clients fall into higher risk groups e.g older people or people with underlying conditions) • Loss of peer support re daily professional decisions e.g. balancing least restrictive approaches with responsibilities to ensure the wellbeing of clients.

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	<p>Opportunities:</p> <ul style="list-style-type: none">• Development and delivery of more frequent, planned, team development sessions, in a socially distanced manner, to facilitate staff wellbeing and continuity of professional offer• Development of agreed quality/ performance monitoring in a virtual manner so support professional decision making/ service standards• Development of a paper lite approach• Development of IT application across social work.• More formal peer support, albeit remotely
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<p>Service area and service lead (please include contact details)</p>	<p>East Lothian Integrated Rehabilitation Service (ELIRS)</p> <p>Lesley Berry, East Lothian General Manager & AHP Lead Lesley.Berry@nhslothian.scot.nhs.uk 01620 642 860</p>
<p>Actions taken and outcomes (please include dates and describe communication approaches with affected services/providers and patients/clients/carers etc)</p>	<ul style="list-style-type: none"> • Twice daily update with all managers within the service (VC and MS Teams), with an action plan formulated to reflect all work carried out by ELIRS. This included all services MSK, Domi, Inpatient PT OT, Domi PT OT, Community OT, TEC, MHPT. • A weekly action plan formulated for ward areas including training of redeployed staff and specific management of Covid team. • TEC team have developed an action plan which is regularly reviewed • Weekly meeting and action plans for cluster development • Development of Digital Learning log • Creation of staff wellbeing plan • Draft version of Annual Report • Action plans available for review on request.
<p>Guidance/policy directing actions (please include a link to documents if possible)</p>	<p>Home visit checklist Telecare Service continuity COVID-19 https://tec.scot/wp-content/uploads/2020/03/COVID-19-Telecare-Service-Continuity-20-March-2020.pdf https://tec.scot/covid-19-telecare-service-continuity/ Mental Welfare commission COVID-19 https://www.mwscot.org.uk/news/covid-19-mental-welfare-commission-advice-note-version-9-27-may-2020 Digital Health and Care Strategy: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/04/scotlands-digital-health-care-strategy-enabling-connecting-empowering/documents/00534657-pdf/00534657-pdf/govscot%3Adocument/00534657.pdf Rehabilitation in the wake of Covid 19 – A phoenix from the ashes. British Society of Rehabilitation Medicine: https://www.bsrn.org.uk/downloads/covid-19bsrmissue1-published-27-4-2020.pdf CSP rehabilitation COVID 19 CSP policy statement: https://www.csp.org.uk/system/files/publication_files/001739_Rehabilitation%20%26%20Covid-19%20-%20CSP%20Policy%20Statement_MOB1st_V4%20%281%29.pdf OT Guide for people recovering from COVID 19: https://www.rcot.co.uk/sites/default/files/Quick%20guide%20for%20OTs%20People%20recovering%20from%20COVID-19.pdf</p>

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	<p>Health Protection Scotland PPE guidance: https://www.hps.scot.nhs.uk/guidance/ NHS Lothian and ELC working from home guidance: http://intranet.lothian.scot.nhs.uk/COVID-19/Workforce%20docs/Working%20from%20Home%20Guidance%20-%20COVID-19%20(5).pdf</p>
<p>Activity/outcome monitoring and governance arrangements (please include reporting frequency)</p>	<ul style="list-style-type: none"> • COVID speed read- sent out daily to all members of ELIRS – all were numbered and stored electronically in a shared drive. • Alison’s blog updates sent out to all staff. • All policies such as patient H+S related sent out to staff. • Staffing spreadsheet created recording details of dependents and shielding, and daily attendance. Initially daily reports to HSCP, latterly weekly. • Folder within shared drive where all information pertaining to COVID 19 was kept. • Financial COVID 19 spending tracker. • All staff engaged in clinical contact provided with uniform across H&SC. • Standard Operating Procedure (SOP) for use of PPE, auditing use and provision. • Home working templates used by all staff working from home, and reviewed by managers. • Completed monthly managers governance reports. • General Manager’s reports completed. • AHPD Governance reporting maintained. • Fortnightly whole Service staff information meetings with General Manager using VC and remote viewing where possible, NB social distancing. • Score card for all services detailing face to face contacts, phone and digital contacts so that non face to face were counted across the service. • Monthly AHPD meeting held over MS Teams. • Professionals’ forums for Physiotherapy and Occupational Therapy maintained. • Staff encouraged to continue with TURAs and other forms of CPD / PDP despite option to suspend formal appraisals. • Staff side meetings continued monthly with Senior Manager. • Each rehab specialism maintained team regular team meetings with clinicians. • Learning log created to monitor and support staff competencies.

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<p>Current service delivery status (please include links to any service reports)</p>	<p>TEC team: For business continuity purposes the TEC team started working /based from home from 16 March as a small team working closely together therefore a significant risk of not being able to provide service. TEC are continuing a reactive service both remotely and face to face. Provision criteria reviewed to respond urgent referrals, to facilitate hospital discharges, prevent hospital admissions and to people who live alone. For those who don't meet the critical criteria the TEC team have developed an option for people to "Self-install " a basic community alarm with written guidance and remote support from the technicians. The same option has also been opened to H&SC staff with SOP. The team are telephoning all service users in replacement of face to face routine visits, to check wellbeing, test equipment, update information and signpost where necessary. A RAG rating system was created to highlight the most vulnerable service users. To date the team have contacted more than half active service users. Face to face TEC awareness sessions have currently ceased however TEC team have created & recorded a "Virtual TEC awareness Session " for H&SCP staff. Smart TEC – outcome focused OT clinic appointments and home visits have stopped due to COVID.</p> <p>Mental Health Physiotherapy: Routine 1:1's will not be dealt with face to face, and exercise therapy groupwork is not operating at present. Routine referrals with a MSK component are streamed toward our MSK advice line where a telephone consultation / video consultation can be made if the patient wishes. All existing patients and new referrals for exercise therapy are being regularly contacted via telephone to make 'wellbeing checks'. Where appropriate 'exercise patients' have been sent new routines / progressions and remotely supported to maintain physical activity – this has been well received by our patients. Any 1:1 referrals triaged by Physiotherapy as urgent will be seen.</p> <p>D2A: Referrals continue to be accepted with initial face to face assessment undertaken. Ongoing rehab provided remotely as able. Prevention of admission work direct from GPs has been prioritised.</p> <p>Community Physiotherapy: All patient on the waiting list have been contacted and provided with advice and sign posting. Urgent patients seen if deemed necessary.</p> <p>In Patient OT/PT rehab: no change in service in focusing on rehab and discharge planning although have not been delivering rehab in groups. Additional staffing redeployed from Community (ELC) staff, MSK and Mental Health Staff.</p> <p>Neuro Out-Patients: no face to face service. Patients on waiting list contacted to reassure and signpost.</p>
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	<p>Steady on Groups: suspended.</p> <p>Community OT: Community Occupational Therapists moved into Clusters to support D2A, and ward work whilst also responding to urgent and crisis work in the community e.g. breakdown of care arrangements, carer stress, moving and handling, breakdown of equipment, adult protection and Nursing Home interventions.</p> <p>MSK: All routine care postponed until further notice. Continued delivery of care for urgent cases via telephone/Near me with a high threshold for face to face appointments. MSK request for assistance service initiated using Near Me technology where appropriate – report including statistics and GP numbers, and pt feedback available.</p> <p>PACE: All group work suspended. Small numbers of 1:1 exercise therapy delivered where urgent. Telephone checks with patients initiated. Well attended staff wellbeing groups led throughout Covid; midday sessions and end of day sessions.</p>
<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned services</p> <p>patients/clients/carers etc)</p>	<p>Working in line with Lothian requirement to re-establish services with approval from ‘Gold group’ with Risk assessment and SBAR, a spreadsheet detailing our response and including a gant chart to show and plan phased progress. Work around MSK for this. An AHP phased plan for return to services was submitted on 6 May and can be shared on request. TEC: continues to provide a service to existing service users (approx 2300 clients) and prioritised those with highest level of need requiring a service to support hospital discharge or prevention of admission and for those who live alone. For routine referrals – initially not accepted however self install procedure was developed to ensure they receive a service (includes programme and setup)</p>
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>Opportunities:</p> <ul style="list-style-type: none"> • Integrated geographical clusters, with our processes for taking and processing referrals now electronic to support this. Response to referrals is co-ordinated as an HSCP.

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	<ul style="list-style-type: none">• Use of Technology Enabled Care to contribute to OT assessment of a person's home environment pre d/c: Kindles and smart phones to complete environmental assessment with a relative. A high percentage of ELIRS staff have access to smart phones and laptops with 100% community staff having access.• Use of Lifestyle monitoring to prevent admission and facilitate discharge.• Telecare; alarm self-installation. Offering self-installation to facilitate hospital discharge and prevent hospital admission by enabling staff the ability to install where already visiting person to reduce any unnecessary contact.• Shared in house training for redeployed staff has enabled better understanding of services and improved flexibility of staff deployment.• Virtual / remote meetings to identify capacity.• In-reach to acute settings is now completed virtually.• SLWG established to produce a digital rehab pack.• Service is developing video exercises for use now and in future.• Investment in IT and telecoms across health and social care to enable easier sharing of information and integration.• It is an imperative that strategic decisions around ehealth platforms are made jointly between Health and Social care, NB use of MS Teams versus Skype.• Staff able to access TRAK training more quickly• Ability to improve staff wellbeing by being able to deliver exercise sessions remotely• Further development of our integrated geographical model across all service areas to enable services to be delivered to people closer to home – with rehabilitation at the core.• Staff wellbeing was prioritised – especially the physical health; evidenced through provision of exercise in outdoor spaces; and shared with staff working from home virtually. Staff MSK clinic developed.• Provision of Staff Physiotherapy advice service for redeployed staff• MSK Phone triage advice line in place of drop in clinics• Implementation of Near me review consultations for current active case load• To develop staff skill sets in screening referrals to determine urgency across the wider MSK team• Updating of MSK Competencies• Intensive MSK training for new rotational staff <p>Many of the above changes have improved staff working relationships and the sense of 'team'.</p> <p>Challenges:</p>
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	<ul style="list-style-type: none">• A percentage of the staff have found dealing with the pandemic professionally and personally very challenging for their mental health.• Significant repetition of information – overload and at times contradictory information from different employers• Rapid speed of change- due to high level and speed of change management, normal timescales and consultations did not apply therefore this had a negative impact on staff morale• Speed read hyperlinks not available for ELC staff to open.• Creation of shared action plans from start of COVID- management team, TEC, clusters and inpatient. This enabled sustainability and was reviewed daily.• Different systems between NHS and ELC have created huge challenges for establishing integrated cluster bases and integrated work flow. These differences in IT networks, IT, telecoms and even policy around use of platforms such as MS Teams, have exacerbated the challenges of integration.• Keeping staff up to date regarding new processes due to speed of change.• Technicians visiting people who have received a virtual assessment from another professional
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Appendix 1 - Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian

Service area and service lead	Alcohol and drugs (Midlothian and East Lothian Drugs and Alcohol Partnership) Martin Bonnar (mbonnar@eastlothian.gov.uk)
Actions taken and outcomes	<p>All service managers involved in the delivery of alcohol and drug services for adults were contacted at the start of the lock down and are contacted on a regular sometimes weekly basis to share progress and identify potential challenges. The managers of Substance Misuse service (SMS) based at the Esk Centre, Mid and East Lothian Drugs (MELD) and Edinburgh and Lothian Council on Alcohol (ELCA) are the managers most frequently involved. Each was asked to describe the measures they had put in place or planned to start to support clients with particular emphasis given to reducing the potential risks to the most vulnerable clients. Managers and staff have responded quickly and effectively to ensure that key services such as medically assisted treatment (MAT), Injecting Equipment provision (IEP) and access to an assessment for treatment, advice and support are continued.</p> <p>Service managers have provided information for reports to groups such as CSOG.</p> <p>All MELDAP services were asked to provide information on the steps they were taking to keep people informed as to what support was available (25th March 2020). Most of the communication between MELDAP and services managers has been via Skype, Zoom or MS Teams. Contact with adult treatment services is on a weekly basis or more frequently when required.</p> <p>The MELDAP Team Manager and the Public Protection Office interim manager share regular updates via Skype.</p> <p>From the outset of Covid-19 all service managers have been encouraged to be pro-active and to report changes in people’s alcohol or drug use, for example, drug availability, type of drugs used and possible emerging trends. Updates are provided by Police Scotland and partner services including services for young people.</p>
Guidance/policy directing actions	<p>In terms of support for the most at risk group, that is those at risk of a drug related death, the partnership has been working with key partners to implement the recommendations of the national Drug Related Deaths Taskforce (please see appendix one) in its paper Evidence- Based Strategies for Preventing Drug Related Deaths in Scotland: Our Emergency Response and confirmed in a letter to Integration Chief Officers and ADP Leads of 30th January 2020 from the minister. The taskforce’s recommendations were linked to the national strategy (please request a copy if required) Rights, Respect Recovery (2019) and Staying Alive in Scotland (2019) (please request a copy if required). The areas to be addressed:</p> <ol style="list-style-type: none"> 1. Targeted distribution of naloxone; 2. Having an immediate-response pathway for non-fatal overdose; 3. Optimising medication-assisted treatment (MAT);

Appendix 1 - Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian

	<p>4. Targeting people most at risk; 5. Optimising public health surveillance; and 6. Ensuring equivalence of support for people in the criminal justice system.</p> <p>MELDAP had made good progress prior to Covid-19 in addressing these areas. (see attached document)</p> <p>MELDAP and adult treatment services now receive from NHS Lothian Analytical Services a weekly comprehensive set of Harm Reduction Indicators. This allows the partnership to identify any emerging trends where a possible action may be required. A comprehensive quarterly report is provided by the Drug Related Deaths Oversight Group (DHOG). The last report covered the period to 31st March 2020. The purpose of these reports is to:</p> <p><i>‘provide a summary of Lothian specific data relating to substance use, harm reduction and blood borne viruses. It has been produced by the Combined Health Intelligence Node (CHIN) and will be updated quarterly as a source of intelligence to help identify trends, inform change and contribute to planning, service improvement and evaluation of practice’.</i></p>
<p>Activity/outcome monitoring and governance arrangements</p>	<p>Medication Assisted Treatment (MAT), mostly methadone is still being provided through pharmacies and for those clients unable to attend an outreach service has been provided. Clients are able to collect and return IEP through normal routes with those unable to do so able to have IE delivered to a place of their choosing. Staff are making home deliveries to those needing to self-isolate and follow clear guidance and procedures set out in a document “Delivery of controlled medication for substance misuse”.</p> <p>People requiring immediate support continue to be supported with home visits/assessments conducted and rapid access to MAT.</p> <p>People who are isolated with no access to a phone or who are struggling to meet the cost of additional data usage have been supported. MELD has co-ordinated this support from all partners to ensure those most at risk do not remain isolated. As of 4.6.2020 MELDAP has provided funding to MELD in order to support some 86 individuals.</p> <p>Other services are providing on-line support, advice and guidance or telephone contact with clients. This includes support for young people, families and carers.</p> <p>Services have continued to support staff through weekly check ins and training opportunities are offered through webinars from organisations such as the Scottish Drugs Forum (SDF) and Alcohol Focus Scotland (AFS). On the week starting 8 June all staff using Outcomes Star will have access to online training on updates to the recent system changes.</p> <p>The MELDAP Strategic Group met via digital platforms on 5th May 2020 to discuss specific COVID 19 related issues.</p>

Appendix 1 - Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian

	<p>MELDAP continues to provide quarterly data for the East and Midlothian Public Protection Quality Performance Indicators. The last meeting (Skype) of the EMPPC Performance and Quality Improvement sub-group was held on 13th May.</p>
<p>Current service delivery status</p>	<p>The MELDAP Team Manager provides written and verbal reports to the Strategic Group and the COG as required. These reports provide a comprehensive description of service activity.</p>
<p>Timetable and plans to re-establish services</p> <p>Likely ongoing impacts on delivery of HSCP services/ commissioned services</p>	<p>The full re-establishment of MELDAP’s service provision will be guided by national government policy and staff guidance from partners such as NHS Lothian East Lothian Council and third sector partners. At present services are following advice from these bodies.</p> <p>MELDAP has requested that all services provide a “recovery plan” setting out what their service will deliver. These plans will also take cognisance governmental and organisational guidance.</p> <p>We are anticipating a possible spike in the number of people wanting to access services once Covid-19 restrictions are lifted. Evidence indicates that home alcohol consumption has increased and isolation increases the chance of lapse. Restricted access to certain drugs may mean that people are switching or using different combinations of drugs which increases the level of risk. Initial discussions have taken place with relevant service managers re capacity to deal with any possible surge in people needing support.</p>
<p>Challenges and opportunities arising from changes to service delivery</p>	<p>MELDAP was in the process of refreshing its Commissioning Plan (CP) to complement its three year Delivery Plan (2020-23). The draft CP proposes a post Covid-19 review of all services to examine what aspects of practice should be retained and how this will be reflected in new Service Level Agreements. Areas such as digital platforms, out-of-hours services, home visits/deliveries, addressing health and IT inequalities are in scope. This proposed review reflects the guidance in the Scottish Government document Covid-19 – Framework for Decision Making, <i>Re-mobilise, Recover, Re-design: The Framework for NHS Scotland</i> (May 2020) with particular reference to the part of the framework entitled Renew to a better health and care system.</p>



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 25 June 2020
BY: Chief Officer
SUBJECT: 2020-21 Directions

5

1 PURPOSE

- 1.1 To update the East Lothian Integration Joint Board on the plans to review the suite of Directions to ensure they are relevant to policy and service delivery requirements in the short and longer term arising from the current COVID-19 outbreak.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the attached summary of the impact of COVID-19 on Directions (appendix 1).
- 2.2 Agree that the Change Boards should be asked to formally review all current Directions and to make recommendations for any new Directions to deliver continuing priorities and any new priorities arising from COVID-19 or Government and partner policies.
- 2.3 Accept that the Scottish Government relaxation of deadlines will delay completion of planned work related to Directions, including the review of the Integration Scheme, the production of the IJB Annual Performance Report for 2019-20 and review of the Primary Care Improvement Plan.
- 2.4 Accept that some completed service reviews will need to be revisited in view of changes imposed by COVID-19 action.

3 BACKGROUND

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. The mechanism for East Lothian Integration Joint Board (IJB) to action the Strategic Plan are

binding 'Directions' from the Chief Officer to one or both of NHS Lothian and East Lothian Council.

- 3.2 Directions must be considered and enacted in a genuine spirit of partnership working between the IJB, East Lothian Council and NHS Lothian and without creating financial turbulence and instability in service delivery. This principle has applied through all iterations of the East Lothian IJB Directions and must apply through the current period of uncertainty.
- 3.3 The arrival of COVID-19 brought unforeseen circumstances in terms of restrictions on local service delivery arrangements and concerns about the possibility of greatly increased demands on acute services, particularly ITU (Intensive Therapy Unit) beds. This required all Health and Social Care Partnerships in Lothian to suspend much usual business in hospital and community settings in order to comply with restrictions arising from Scottish and UK Government guidance. General Practice across the Lothians also took action to reduce face-to-face contact in GP surgeries. Community Pharmacy in the main continued its service. Community Dental and Optometry services remain temporarily suspended.
- 3.4 Alongside the suspension of certain HSCP services, the IJB took action at its 26th March meeting to initiate a COVID-19 Emergency Recess Procedure for the IJB and for the Audit and Risk Committee. This delegated to the Chief Officer the authority to decide "*...financial priorities and agreeing expenditure, whilst taking into consideration feedback from the Chief Finance Officer, IJB Chair and Vice Chair.*"
- 3.5 Meetings of the East Lothian Strategic Planning Group and the Change Boards were also suspended to allow HSCP staff to focus on planning and delivery of operational priorities. The Change Boards are beginning to come back 'on-stream'.
- 3.6 It is evident that the short and longer term impacts of COVID have implications for the way that the full range of HSCP services are delivered as changes are made to maintain social distancing in all services. There will also be changes in the future arrangements in NHS Lothian's wider outpatient, diagnostic, surgical and treatment services which East Lothian residents access.
- 3.7 In view of the changes that services are undergoing and the possibility of new government, partner and local priorities there is a need for a review by the Strategic Planning Group and Change Boards of the Directions which were agreed in 2019-20.
- 3.8 Such a review will also inform a mid-period consideration of the East Lothian Strategic Plan 2019-22 and the priorities within for the development of health and social care services in the county.
- 3.9 The economic impacts of COVID may be considerable and brings the risk of increasing poverty across East Lothian. Although it is recognised that the west of East Lothian is more deprived, the Strategic

Plan notes that “...50% of people experiencing poor health do not live in the most deprived areas¹.” This emphasises the need to consider the impact of IJB policies and HSCP services on continuing health inequalities across the county.

- 3.10 In terms of IJB business with deadlines in the coming months, consideration needs to 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. Existing service reviews, such as Adults with Complex Needs and Transforming Care for Older People will need to be revisited.

4 ENGAGEMENT

- 4.1 The Change Boards will engage with their members and with their respective Reference Groups to consider changes to Directions concerning their service areas and in any planning for service change.

5 POLICY IMPLICATIONS

- 5.1 Changes to Directions or newly introduced Directions will be assessed for any implications for policy.

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 – Any proposed Directions or alterations to Directions that bring increased costs will be assessed for affordability within the current IJB budget.
- 8.2 Personnel – None
- 8.3 Other – None

¹ As defined by the Scottish Index of Multiple Deprivation

8 BACKGROUND PAPERS

9.1 None.

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DATE	10 June 2020

Appendix 1 - East Lothian Integration Joint Board Directions for 2020-21

Appendix 1 - East Lothian Integration Joint Board Directions for 2020-21

Continuing	New for 2019-20	New for 2020-21	COVID-19 related action in 2020-21
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Directions					Budget (Total: £156,537K)	
Directions to NHS Lothian on Delegated Community Health Services					Budget: £32,725K	
No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D01h	New Hospital	NHS Lothian to improve the range of locally, easily accessible secondary care services including a relevant range of outpatient and treatment services by finalising delivery of the new East Lothian Community Hospital (ELCH). (revised in 2019-20)	Inpatient hospital services		Upon completion of the hospital a final report will be submitted to the SPG.	<p>The majority of ELCH hospital OPD departments are suspended at present. Only endoscopy clinics are preserved for investigation of suspected cancer.</p> <p>Ward 5 is equipped and flexibly staffed to take patients to reduce pressure on acute services. Of its 20 beds 15 are currently in use.</p> <p>Existing services will be reintroduced on a phased basis in line with any SG guidance.</p> <p>Opportunities will be taken to further extend outpatient,</p>

						treatment and diagnostic services utilising all available technologies to reduce face-to-face appointments where possible.
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Direction to East Lothian Council on Delegated Adult Social Care Services	Budget: £34,732K
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No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D02f	Health and Housing and Social Care Group	East Lothian Council to better meet people's housing and social care needs through facilitation of the housing and health and social care planning interface group. The group will deliver the key actions and priorities from the 2019-22 Strategic Plan's Housing Contribution Statement, needs assessment and re-provision plans. (revised in 2019-20)	Services and support for adults with Physical disabilities and learning disabilities Social work services for adults and older people Aspects of housing support, including aids and adaptations		The Housing and Social Care Group will report yearly progress against the Housing Contribution statement to the SPG	This work is suspended and will recommence when services resume. The Housing and Social Care Group report is awaited.
D02i	Young Adults with Complex Needs	NHS Lothian and East Lothian Council to transform community supports for younger adults with complex needs, including a comprehensive evidence based needs assessment and completing the review of all remaining commissioned third sector community provided services. (continuing Direction)	Social work services for adults and older people Services and support for adults with physical disabilities and learning disabilities		Progress will be monitored through the Adults with Complex Needs Change Board. A final review will be presented to the IJB with recommendations	Meetings of the Adults with Complex Needs Change Board are suspended. Service delivery to young adults with Complex Needs has continued while observing safe arrangements for clients and staff. On reconvening, the Change Board will be asked to review this Direction as part of a workplan review and will agree how best to deliver the recommendations of the April 2020 Internal Audit

						report on Strategic Change Priorities.
D02j	Transitions for Young People into Adult Services	<p>East Lothian Council to support joint working with East Lothian Health and Social Care Partnership and other relevant partners to improve outcomes for young people with additional support needs transitioning into Adult Health and Social Care services, including establishment of robust planning, policy and protocol.</p> <p>East Lothian Council to ensure ELHSCP has the opportunity to contribute to any relevant needs assessment or review of services for young people with complex needs transitioning into adult services. (NEW Direction)</p>	<p>Social work services for adults and older people</p> <p>Services and support for adults with physical disabilities and learning disabilities</p>		<p>Progress will be monitored through the Adults with Complex Needs Change Board. Policies and protocols will be agreed by the IJB. A report of young person and carer's experience regarding the transition progress will be submitted. The number of young people receiving multi-agency transition planning will be monitored and reported against the end-of-year Delivery Plan</p>	<p>Meetings of the Adults with Complex Needs Change Board are suspended.</p> <p>On reconvening, the Change Board will be asked to review this Direction as part of a workplan review and to agree how best to deliver the recommendations of the April 2020 Internal Audit report.</p>
D02k	Mental Health Officer	<p>East Lothian Council to ensure delivery of a rights based approach for patients subject to the Mental Health Act 2003 through timely access to a Mental Health Officer to help safeguard patients rights' and fulfil statutory duties, including assessment, providing information and advising on individual's rights and choices. (NEW Direction)</p>	Mental health services		<p>Delivery of a sustainable MHO model will be monitored locally through the Mental Health and Substance Misuse Change Board. Improvements will be measured against existing MHO targets reported to SPG</p>	<p>Meetings of the Mental Health and Substance Misuse Change Board are suspended.</p> <p>On reconvening, the Change Board will be asked to review this Direction as part of a workplan review and will agree how best to deliver the recommendations of the</p>

						April 2020 Internal Audit report on Strategic Change Priorities.
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Direction to NHS Lothian on Hosted Services				Budget: £9,284K		
No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D04b	Phase 2 Royal Edinburgh	NHS Lothian to improve in-patient experience for East Lothian residents and ensure East Lothian HSCP has appropriate influence in development, decision-making and approval of a business case for phase 2 of the Royal Edinburgh Hospital Campus. The redevelopment should be based on the East Lothian bed numbers agreed by the IJB in April 2018. NHS Lothian to bring the business case to the IJB for agreement on bed numbers and financial model. (revised in 2019-20)	Mental health services provided in a hospital		A business case will be taken to the IJB for approval by December 2020, with regular progress provided to IJB through the End-of-year report against the Delivery Plan.	An update is awaited on progress against this Direction. Discussions are planned across the 4 Lothian HSCPs regarding Hosted Service arrangements. This was to be included as part of the review of the Integration Scheme (scheduled to conclude in June 2020) but the review is temporarily suspended following agreement at the 13 th May meeting of NHS Lothian Board.
D04c	Guide Communicator Service	NHS Lothian to ensure people in East Lothian with dual sensory impairment have appropriate access to the guide communicator service to improve their access to health services, and improve awareness of the service across third sector and health providers. (NEW Direction in 2019-20)	Services and support for adults with Physical disabilities and learning disabilities Community learning disability services		No. of people supported by the guide communicator will be reported annually in IJB Delivery Plan progress report.	Progress against this Direction will be reported on when data is available.

D04d	Phase 3 Royal Edinburgh	<p>NHS Lothian to ensure better care for physical health needs of East Lothian in-patients at the Royal Edinburgh Hospital campus by proceeding with the development of the business case for Phase 3 and the planning and delivery of integrated rehabilitation services.</p> <p>NHS Lothian to ensure East Lothian HSCP is involved in development, decision-making and approval of the business case.</p> <p>(NEW Direction in 2019-20)</p>	Mental health services provided in a hospital		Final completion of Phase 3 by 2020, with regular progress provided to IJB through the End-of-year reports against the IJB Delivery Plan.	It is still intended to report on progress with the Phase 3 REH through the IJB Delivery Plan.
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Directions to NHS Lothian on Primary Care				Budget: £17,922K		
No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D10b	Cluster Work	NHS Lothian to allocate to East Lothian Health and Social Care Partnership its proportionate share of all funds allocated for the development and support of GP Quality Clusters in order to support further development of quality improvement activities in general practice and to meet the Cluster National Guidance. (revised in 2019-20)	Primary Medical Services and General Medical Services	https://www.sehd.scot.nhs.uk/pca/PCA2019(M)08.pdf	GP Clusters will report progress into the Primary Care Change Board. Progress against Direction will be included end of year Delivery Plan progress report.	<p>The original cohort of Cluster Quality Leads (CQLs) completed their term. One replacement CQL was appointed. A second post will be filled as soon as possible on resumption of normal business.</p> <p>The new CQL is involved in planning for COVID amended services and future service provision arrangements</p> <p>Meetings of the Primary Care Change Board (PCCB) were suspended until 4th June. On reconvening the Board took stock of progress in responding to COVID across primary care and reflected on planning for reintroduction of services.</p> <p>A future PCCB will review all primary care Directions as part of a workplan</p>

						review and will agree how best to deliver the recommendations of the April 2020 Internal Audit report on Strategic Change Priorities..
D10d	Primary Care Improvement Plan	NHS Lothian to implement the Primary Care Improvement Plan (PCIP) for East Lothian covering all delivery arrangements for all aspects of the new GMS Contract. (revised in 2019-20)	Primary Medical Services and General Medical Services		Progress against the Primary Care Improvement Plan (PCIP) will be monitored through existing reporting to Scottish Government, with annual updates to be approved by the IJB and GP Sub-committee. Regular progress will be provided to IJB Delivery Plan End-of-year reports.	<p>Existing reporting to Scottish Government on the PCIP is suspended due to COVID.</p> <p>Elements of the PCIP commitments, notably the CWIC (Collaborative Working for Integrated Care) service model, are temporarily repurposed to support COVID specific responses and to support the establishment of a new Primary Care Mental Health service to meet current and rising need.</p> <p>Investment in service management/strategic/development staff is allowing the Primary Care Team to work alongside NHS Lothian and ELC services to redesign and reinstate services in line with Scottish Government policies.</p>

						<p>Scheduled review of the PCIP for 2020-21 has not commenced. This will be carried out in line with Scottish Government requirements.</p> <p>As the planned tender exercise to appoint Link Worker service providers across the county is suspended temporary arrangements are in development to re-establish this important support for patients.</p>
D10j	Primary Care Premises and Infrastructure	NHS Lothian to ensure sustainable premises and infrastructure, including timely implementation of eHealth solutions, for Primary Care to support future delivery of the Primary Care Improvement Plan (NEW Direction in 2019-20)	Primary Medical Services and General Medical Services		NHS Lothian to provide a report to IJB regarding results of premises audit. Progress against eHealth requirements will be reported to Primary Care Change Board and included in IJB Delivery Plan End-of-year report.	Initial actions ensured business viability of primary care services as COVID unfolded. GP practices across East Lothian were closely monitored for any service delivery difficulties and supported to establish 'buddying' arrangements for mutual support. The input of e-Health supported cross-site working, and increased use of video and telehealthcare by practices in carrying out consultations with patients. These technologies will be utilised

						<p>where possible as services are reintroduced.</p> <p>Central funding to practices supported costs arising directly from COVID, including for premises adaptations.</p>
D10k	Transport	<p>East Lothian Council and its Transport Department to work with NHS Lothian, East Lothian HSCP and the 3rd Sector to design and provide flexible and responsive transport arrangements (based on improved public transport and dedicated patient transport) to enable patients to attend clinics and to receive treatment and care in the East Lothian Community Hospital, in the East Lothian Community Treatment and Care Service (CTACS) and the planned Elective Centre in St John's Hospital in Livingston.</p> <p>(New Direction in 2019-20)</p>	<p>Inpatient hospital services</p> <p>Primary Medical Services and General Medical Services</p>	<p>Elective Centres</p> <p>Primary Care Improvement Plan</p>	<p>Ongoing progress will be overseen by Primary Care Change Board and reported in the End-of-year Delivery Plan progress report.</p>	<p>Transport needs for patients are significantly reduced as practices have limited the number of face to face contacts.</p> <p>Future transport arrangements will need to reflect new service delivery arrangements in the short and longer term.</p> <p>The participation of Royal Voluntary Service (RVS) and redeployed staff was critical in supporting alternative arrangements, such as delivery of medications to patients, and supplies (e.g. PPE) to facilities.</p>
D10l	Care Homes	<p>NHS Lothian to work with the Care Inspectorate, East Lothian HSCP, East Lothian Council, relevant GP Practices, LMC, East Lothian Care Home Team and independent care home providers to develop a</p>	<p>Primary Medical Services and General Medical Services</p>	<p>Cabinet secretary letter of 17th May and attached</p>	<p>Reporting arrangements are to be agreed</p>	<p>Work is underway to establish and maintain support and oversight arrangements across all care home settings in the county ensuring all care</p>

		<p>governance, support and training programme for all East Lothian Care Homes to maintain the highest levels of anticipatory and ongoing care for residents.</p> <p>Agreed arrangements must also support care home staff in maintaining their own and residents' safety while observing all COVID-related requirements.</p> <p>NHS Lothian to review and if indicated, increase investment in the Local Enhanced Service arrangements with those GP Practices providing primary care input to care homes and which support the East Lothian Care Home Team.</p> <p>(New Direction in 2020-21)</p>		guidance		and infection control standards remain high and consistent.
D10m	Primary Care Premises	<p>NHS Lothian to instruct its Facilities Directorate to review all Primary Care buildings across East Lothian, investing where necessary in appropriate actions to ensure all COVID-related infection control requirements are observed in the use of waiting, consulting and other rooms and in managing patient movements within the building while maintaining social distance.</p> <p>(New Direction in 2020-21)</p>	Primary Medical Services and General Medical Services	Various guidance documents	Reporting arrangements are to be agreed	Changes to the ways in which primary care premises are used will ensure East Lothian GP Practices can safely deliver services while protecting staff and patients.

Directions to NHS Lothian and ELC on Reducing Use of Acute Services and Increasing Community Provision				Budget: £20,597K		
No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D11a	Emergency Admissions	NHS Lothian and its acute services to work with officers of the East Lothian Health and Social Care Partnership and other HSCPs to review the provision of emergency assessment services in Lothian, with a view to streamlining this provision. (revised in 2019-20)	Accident and Emergency services provided in a hospital		Progress will be monitored through the Shifting the Balance of Care Change Board and included in IJB Delivery Plan End-of-year report. MSG performance reports highlighting trends in Emergency Admissions against our identified targets will be provided for IJB Business meetings.	Meetings of the Shifting the Balance of Care Change Board are suspended. On reconvening, the Change Board will review this Direction as part of a workplan review and will agree how best to deliver the recommendations of the April 2020 Internal Audit report on Strategic Change Priorities.
D11b	Occupied Bed Days	NHS Lothian to reduce the length of stay for all patients admitted following unscheduled admission. This is to be achieved by a reduction in delayed discharges, avoidable admission and inappropriately long stays in acute hospital and through the development of locally available community services and facilities (continuing Direction)	Inpatient hospital services		Progress will be monitored through the Shifting the Balance of Care Change Board and included in IJB Delivery Plan End-of-year report. MSG performance reports highlighting local trends against our identified targets for Occupied Bed	Meetings of the Shifting the Balance of Care Change Board are suspended. On reconvening, the Change Board will review this Direction as part of a workplan review.

					Days will be provided for IJB Business meetings.	
D11c	Delayed Discharge	NHS Lothian to delegate to the IJB the agreed budget for the Delayed Discharge Fund and working with East Lothian Council to continue to make progress towards delivery of delayed discharge targets and a reduction in occupied bed days, through the provision of alternatives to inpatient care. (continuing Direction)	Inpatient hospital services		Progress will be monitored through the Shifting the Balance of Care Change Board and included in IJB Delivery Plan End-of-year report. MSG performance reports highlighting local trends for Delayed Discharge against our local MSG targets will be provided for IJB Business meetings.	East Lothian has in recent weeks achieved and maintained very low levels of delayed discharges. This was achieved through the considerable and integrated efforts of its nursing, Care Home, AHP and Care at Home teams. This joint working has supported the wider acute system in creating bed capacity for the care and treatment of people with COVID and has allowed the continuing delivery of urgent care.
D11d	Palliative Care	NHS Lothian to work with the MCN for Palliative Care, hospital, community and third sector palliative care services to provide specialist assessment of patients in their own homes, care homes or community hospitals to maximise the delivery of patient-centred end of life care at home or in a homely setting. (continuing Direction)	Palliative care services		Progress will be monitored through the Shifting the Balance of Care Change Board and included in IJB Delivery Plan End-of-year report. MSG performance reports will be provided for IJB Business meetings.	All teams continue to provide specialist assessment and support to people at end of life, while observing all necessary measures to maintain infection control.
D11e	AHP Resource	NHS Lothian to provide	Occupational therapy		Agreed transfers of	Work on this is temporarily

		<p>information on the numbers of AHPs and associated resources in acute settings and to work with East Lothian HSCP to plan for the redeployment of appropriate numbers of these AHPs and associated resources to community settings to avoid admission and to support discharge of East Lothian residents.</p> <p>(continuing Direction)</p>	services		<p>AHP resource will commence in early 2020 overseen by East Lothian's Rehabilitation and Access Manager, and progress reported in IJB Delivery Plan End-of-year report.</p>	<p>paused.</p>
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Direction to NHS Lothian and East Lothian Council on Shifting the Balance of Care for Care Groups					Budget: £8,616K	
No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D12a	Hospital to Home and Home Care Services Review	NHS Lothian and East Lothian Council to simplify and speed up the process for assessing and acting on an individual client's needs for care at home by completing a review of Hospital to Home and Home Care Services, including development of more effective protocols for assessment process. (continuing Direction)	District nursing services Community care assessment teams		Progress will be monitored regularly through the Shifting the Balance of Care Change Board. End-of-year report IJB Delivery Plan target, will include: Reductions in average No. of days client waits for assessment. Reduced No. of days awaiting care following assessment Increased % of clients reviewed every 3 months.	Meetings of the Shifting the Balance of Care Change Board are suspended. On reconvening, the Change Board will review this Direction as part of a workplan review.
D12c	Day Services Review	East Lothian Council improve access to and quality of day services across the county while delivering service efficiencies through completion and implementation of the strategy for day services for older people. (continuing Direction)	Day services		A completed Review report will be submitted to the IJB by January 2020.	Options are under consideration for future delivery of community services in light of the pandemic. The position of current services is being reviewed to assess how they have responded and to consider delivery arrangements in

						coming months.
D12d	Transforming Care for Older People	NHS Lothian and East Lothian Council to transform services for older people in East Lothian through working in collaboration with HUB Southeast approach to agree future of Eskgreen and Abbey Care Homes and Edington and Belhaven Hospitals and to deliver on the recommendations of the Housing with Care report. (revised in 2019-20)	Services provided outwith a hospital in relation to geriatric medicine		Project plan finalised and agreed in August 2019. Initial agreement to be presented to IJB via SPG.	The project plan will be revisited as the actions within require reconsideration in light of significant changes to service delivery in recent months and continuing application of social distancing restrictions.
D12g	Adults with Complex Needs Review	NHS Lothian and East Lothian Council to support the IJB priority to transform community supports for adults with complex needs through the development of a transformation programme involving full engagement and consultation with appropriate parties. (revised in 2019-20)	Services and support for adults with physical disabilities and learning disabilities Mental health services		Progress will be monitored by the Adults with Complex Needs Review and a full report with recommendations presented to IJB.	Meetings of the Adults with Complex Needs Change Board are suspended. Progress on the review has paused. On reconvening, the Change Board will review this Direction as part of a workplan review and will agree how best to deliver the recommendations of the April 2020 Internal Audit report on Strategic Change Priorities.
D12j	Extra Care Housing Implementation	East Lothian Council Housing and Officers of East Lothian Health & Social Care Partnership to:	Aspects of housing support, including aids and adaptations		Progress will be monitored through Planning and Performance, and in	A consultation event on the 14 th January re-started discussion on options for Extra Care Housing.

		<ul style="list-style-type: none"> • Maximise independent living • Provide specific interventions according to the needs of the service user • Provide a clear care pathway which connects services • Contribute to preventing unnecessary hospital admission through implementation of recommendations from the extra care housing review • (NEW Direction in 2019-20 – replaces D12b) 			the End-of-year IJB Delivery Plan.	Plans for wider public engagement are currently suspended, but will reconvene as soon as is practicable.
D12k	Mental Health Repatriation	NHS Lothian to ensure East Lothian residents receive care closer to home through repatriation of mental health beds from Midlothian community hospital to the East Lothian Community Hospital. (NEW Direction in 2019-20)	Inpatient hospital services		Agreed transfers of AHP resource will commence in early 2020 overseen by East Lothian's Group Services Manager (Mental Health), with progress reported against IJB Delivery Plan including: Increased % of Midlothian beds released.	The repatriation of mental health beds from Midlothian to East Lothian Community hospital has concluded

Direction to NHS Lothian to Support Delivery of Modern Outpatients Recommendations					Budget: £787K	
No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D13b	Diabetes Services	NHS Lothian to work with East Lothian HSCP to ensure patients in East Lothian access a high quality Primary Care service closer to home by agreeing a new way of delivering Diabetes services, with a focus on community based services. (revised in 2019-20)	District nursing services		Completion of a fully costed plan will be approved by Primary Care Change Board by January 2020, with implementation monitored through Primary Care Change Board and IJB Delivery Plan End-of-year report.	Meetings of the Primary Care Change Board are suspended. On reconvening, the Change Board will be asked to review progress against this Direction as part of a workplan review.

Direction to NHS Lothian and East Lothian Council on Support to Carers					Budget: £397K	
No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D14a	Carer's Strategy Implementation	NHS Lothian and East Lothian Council to ensure Carers in East Lothian are identified, informed and supported to maintain their health and well-being in line with the East Lothian Carers' Strategy, working with East Lothian Health and Social Care Partnership, third sector and other partners. (revised in 2019-20)	Carers support services	Report on Supporting Unpaid Carers During COVID	Implementation progress monitored through Carers Change board. A baseline for the number of carers known to ELHSCP and other carer organisations will be established by September 2019. Changes monitored through annual national reporting and IJB Delivery Plan End-of-year report	<p>The Carers Change Board met twice during April and May (after a temporary suspension) to review with the carer organisations how they have mobilised resources in light of COVID-19.</p> <p>Significant work developed innovative approaches to provide support to carers.</p> <p>The Board produced a report - 'Supporting Unpaid Carers During COVID'. This highlighted 2 main issues: PPE and pathways to support for mental health. Both were resolved.</p> <p>The contribution of unpaid carers has been actively promoted by the carer organisations and the HSCP during carers week.</p> <p>A further Change Board</p>

						<p>meeting scheduled for July will consider opportunities for additional support and communication.</p> <p>The procurement of Carer services have been put on hold and funding to maintain services has been agreed during this period.</p> <p>The Change Board acknowledges the need to respond to the April 2020 Internal Audit report recommendations in the process of recommencing business as usual.</p> <p>A meeting to review the action plan in light of COVID will be convened as soon as staff resources are available to facilitate this work.</p>
D14c	SDS implementation	NHS Lothian and East Lothian Council to deliver a rights based approach to support people to make choices about their care and finalise the development of an outcomes framework to monitor implementation of SDS, including client satisfaction and	<p>Social work services for adults and older people</p> <p>Community care assessment teams</p> <p>Respite provision</p>		An SDS Outcomes and Development Framework will be completed by March 2020.	<p>Business impact assessments focussed on the easing of assessment, a power rather than a duty, and the flexible use of Self Directed Support option 1 and 2.</p> <p>Customer satisfaction</p>

		taking into account recommendations from SDS Audit. (NEW Direction)				options will be scoped and considered in the social work pathway redesign.
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Directions to East Lothian Council and NHS Lothian on Drug and Alcohol Services and Mental Health					Budget: £9,702K	
No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D15c	Mental Health Triage	NHS Lothian and East Lothian Council to improve access to mental health services, including reduction in how long people wait to access services and develop clearer referral pathways to access specialist support. (revised in 2019-20)	Mental health services		Progress monitored through Mental Health and Substance Misuse Change board. Service model in place by April 2020, with an agreed plan for monitoring service performance and service targets in place.	Meetings of the Mental Health and Substance Misuse Change Board are suspended. On reconvening, the Change Board will review this Direction and progress against it as part of a workplan review and will agree how best to deliver the recommendations of the April 2020 Internal Audit report on Strategic Change Priorities.
D15g	Primary Care Assertive Outreach	NHS Lothian to evaluate assertive outreach in primary care and ensure access to dedicated mental health and substance misuse professionals in community settings to maximise opportunities for treatment and recovery and improve the service offer across East Lothian. (revised in 2019-20)	Services provided in a hospital in relation to an addiction or dependence on any substance. Mental health services provided in a hospital, except secure forensic mental health services.		Progress monitored through the Mental Health and Substance Misuse Paper. Evaluation report to be submitted to MH/SM Change Board and Primary Care Change Board.	Meetings of the Mental Health and Substance Misuse Change Board are suspended. On reconvening, the Change Board will review this Direction and progress against it as part of a workplan review. Action 15 funded mental

						health workers are delivering a new and successful primary care mental health service in conjunction with CWIC colleagues.
D15h	Mental Health Action Plan Implementation	NHS Lothian and East Lothian Council to improve outcomes in relation to mental and emotional health and well-being for people in East Lothian through establishment and delivery of the East Lothian Mental Health Action Plan, including development of community based preventative and early intervention services, crisis support and longer term recovery in line with the Scottish National Mental Health Strategy. (NEW Direction in 2019-20)	Mental health services		<p>Mental Health Action plan agreed by 2020 at IJB. Continued reporting of National targets will be carried out through NHSL and reported via IJB Delivery Plan End-of-year report. including:</p> <ul style="list-style-type: none"> percentage of people accessing therapy within 18 weeks from point of referral, and Reduced Third Sector waiting times <p>Local oversight provided by Mental Health and Substance Misuse Change Board, including local embedding of quality indicators.</p>	An update on progress will be provided to the IJB by the Mental Health and Substance Misuse Change Board

D15i	Mental Health Housing Review	<p>NHS Lothian and East Lothian Council to improve and enable recovery of people experiencing poor mental health through development and delivery of community based housing with access to appropriate support, review of Cameron Cottage and alternative models of service provision.</p> <p>(NEW Direction in 2019-20)</p>	Mental health services		<p>Agreement of service specification and business plan for new service to be commissioned by October 2020 and progress reported via IJB Delivery Plan End-of-year report.</p>	<p>A report on progress is awaited.</p>
D15j	Post Diagnostic Dementia Support	<p>NHS Lothian and East Lothian Council to improve care for people with dementia and their families, including:</p> <ul style="list-style-type: none"> • delivery of the 5 pillar model of support to people diagnosed with dementia, and • implementation of the Scottish Government ambition 'Transforming Specialist Dementia Hospital Care' through the transfer of resource to develop local dementia specialist care. <p>(NEW Direction in 2019-20)</p>	Mental health services		<p>Progress will be overseen locally within the Mental Health and Substance Misuse Change Board. Reporting against National LDP Standards will continue at Board Level, and IJB Delivery Plan End-of-year report including:</p> <ul style="list-style-type: none"> • increased percentage of people referred for post-diagnostic support • increased percentage of people who received a minimum of one 	<p>Meetings of the Mental Health and Substance Misuse Change Board are suspended.</p> <p>On reconvening, the Change Board will review this Direction and progress against it as part of a workplan review.</p>

					year's support and delivery of the 5 pillar model	
D15k	Centralised Alcohol Services Review	East Lothian Council and NHS Lothian to improve access to alcohol services through supporting East Lothian Health & Social Care Partnership to review and assess alternative local delivery of centralised alcohol services (NEW Direction in 2019-20)	Services provided in a hospital in relation to an addiction or dependence on any substance		Options appraisal to be completed by April 2020 regarding local alternative service models and presented to Mental Health and Substance Misuse Change Board and in turn to the SPG.	Meetings of the Mental Health and Substance Misuse Change Board are suspended. On reconvening, the Change Board will review this Direction and progress against it as part of a workplan review
D15l	Psychological Services Delegation	NHS Lothian to ensure East Lothian residents can access local provision of psychology services through the delegation of psychology services to East Lothian HSCP. (NEW Direction in 2019-20)	Mental health services		Increased amount of funding or resource delegated to be identified by April 2020 and reported to East Lothian via IJB Delivery Plan progress report.	Meetings of the Mental Health and Substance Misuse Change Board are suspended. On reconvening, the Change Board will review this Direction and progress against it as part of a workplan review.
D15m	Substance Misuse Services	East Lothian Council and NHS Lothian to tackle inequalities through the delivery of the Local Substance Misuse Plan and to improve access to Substance Misuse Services for people in East Lothian. This includes supporting East Lothian HSCP to ensure robust	Drug and alcohol services		Percentage of people accessing substance misuse services within 3 weeks will be monitored through MELDAP and continue to be reported nationally through NHS Lothian.	Meetings of the Mental Health and Substance Misuse Change Board are suspended. On reconvening, the Change Board will review this Direction and progress against it as part of a

		<p>management and oversight of the Local Substance Misuse plan.</p> <p>(NEW Direction in 2019-20)</p>			<p>Progress against the Local Delivery Plan will be monitored through the Mental Health/Substance Misuse Change Board and reported through the IJB Delivery Plan End-of-year report.</p>	<p>workplan review.</p>
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Direction to NHS Lothian and East Lothian Council on Community Justice					Budget: £203K	
No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D16a	Community Justice Partnership	ELHSCP to work with Community Justice Partnership to: <ul style="list-style-type: none"> • Improve understanding of community justice • Ensure Strategic planning and partnership working • Offer equitable access to services • Develop Evidence based interventions • (revised in 2019-20) 	Criminal Justice Social Work services including youth justice		Ongoing oversight and monitoring of the Local Outcome Improvement Plan will be held by the Community Justice Partnership. ELHSCP will identify a representative for the Community Justice Partnership by November 2020. Progress in the three identified workstreams will be reported through the IJB Delivery Plan End-of-year report.	A report on progress will be provided at end of year

Direction to NHS Lothian and East Lothian Council on Adults with Complex Needs					Budget: £21,573K	
No.	Title	Direction	Related Function	Link	Oversight	Action/s arising from/related to COVID-19
D18a	Learning Disability Housing Strategy Implementation	<p>East Lothian Council to maximise independent living for people with a Learning Disability and people with physical disability and/or sensory impairment, ensuring more efficient use of night time support to reduce dependency on out of area placements and reducing the exposure to stand alone single tenancies; and more options in relation to housing models with support through developing core and cluster housing and implementation of housing strategy actions.</p> <p>(NEW Direction in 2019-20)</p>	<p>Community learning disability services</p> <p>Aspects of housing support, including aids and adaptations</p>		System for monitoring and relevant polices should be developed by March 2020, with oversight provided by Adults with Complex Needs Change Board and progress reported in IJB Delivery Plan End-of-year report.	Meetings of the Adults with Complex Needs Change Board are suspended. On reconvening, the Change Board will review all its Directions as part of a workplan review and will agree how best to deliver the recommendations of the April 2020 Internal Audit report on Strategic Change Priorities.
D18b	Learning Disability Action Plan	<p>East Lothian Council and NHS Lothian to better understand and meet the needs of the people with Learning Disabilities through:</p> <ul style="list-style-type: none"> establishment and implementation of local Learning Disability action plan in line with 'The Keys to Life', improved access to the 	<p>Community learning disability services</p> <p>Services and support for adults with physical disabilities and learning disabilities</p>		LD Forensic Service model agreed and implemented by January 2020. LD Action Plan and needs assessment completed and approved by IJB by January 2020, with progress monitored regularly through the	<p>Meetings of the Adults with Complex Needs Change Board are suspended.</p> <p>On reconvening, the Change Board will review this Direction and progress against it as part of a workplan review.</p>

		<p>Forensic Learning Disability Service so that people with a learning disability in East Lothian with a specific health care need can access relevant services within agreed timescales.</p> <ul style="list-style-type: none"> forecasting needs of the old age population of people with learning disabilities and increasing access resources as appropriate to meet their needs. <p>(NEW Direction in 2019-20)</p>			Adults with Complex Needs Change board and IJB Delivery Plan End-of-year report.	
D18c	Fairer Scotland Action Plan	<p>East Lothian Council to help tackle poverty, reduce inequality and to contribute to building a fairer and more inclusive Scotland through production and delivery of a local implementation plan for the Fairer Scotland Action Plan. This work must provide greater opportunities to participate in local consultations and ongoing monitoring of hate crimes against people with disabilities.</p> <p>(NEW Direction in 2019-20)</p>	<p>Community learning disability services</p> <p>Services and support for adults with physical disabilities and learning disabilities</p>		<p>Disability hate crimes will be monitored and reported via Public Protection report quarterly from December 2019.</p> <p>ELC consultations will be reviewed for accessibility by December 2019 to ensure they are in line with National Community Engagement Standards.</p> <p>Oversight will be</p>	<p>Meetings of the Adults with Complex Needs Change Board are suspended.</p> <p>On reconvening, the Change Board will review this Direction and progress against it as part of a workplan review.</p>

					provided by the Adults with Complex Needs Change Board and progress reported through the IJB End-of-year report.	
D18d	Shared Lives Service Implementation	East Lothian Council to ensure people eligible for the Shared Lives service will be supported to develop relationships and share family and community life through further development and expansion of the Shared Lives service as an alternative to residential and other forms of care. (NEW Direction in 2019-20)	Community learning disability services Services and support for adults with physical disabilities and learning disabilities Respite provision		Number of people receiving Shared Lives service will be reported through the IJB Delivery Plan End-of-year report and ongoing oversight of development provided by the Adults with Complex Needs Change Board.	Meetings of the Adults with Complex Needs Change Board are suspended. On reconvening, the Change Board will review this Direction and progress against it as part of a workplan review.
D18e	Accessible Social Work assessment	NHS Lothian and East Lothian Council to ensure people in East Lothian with sensory impairment have appropriate access to social work assessment and associated service that accommodates communication and equipment requirements. (NEW Direction in 2019-20)	Social work services for adults and older people		Progress will be monitored through Adults with Complex Needs change board	Meetings of the Adults with Complex Needs Change Board are suspended. On reconvening, the Change Board will review this Direction and progress against it as part of a workplan review.



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 25 June 2020
BY: Chief Officer
SUBJECT: NHS Lothian COVID-19 Remobilisation Plan

6

1 PURPOSE

- 1.1 To inform the IJB of the plans underway through which NHS Lothian will remobilise services across Lothian, covering those centrally delivered by the Board, those managed by the four HSCPs, hosted services and Independent Contractor services.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Accept the Remobilisation Plan (*circulated separately*) which NHS Lothian Board is receiving for approval on 24th June, and the plans therein to bring suspended health and social care services back into operation in a phased way. The Plan commits to reintroduce those of highest clinical priority first (see section 3.4 below).
- 2.2 Note the Remobilisation Plan covers: acute service areas not delegated to the IJBs; those areas delegated to the IJBs which require local strategic and operational planning work and some delegated areas in which action is underway (e.g. roll-out of 'Near Me under the direction of Scottish Government) and which for reasons of expediency, happened without consultation with IJBs. The delivery of future actions concerning areas of IJB responsibility may require Directions and as such will be subject to IJB scrutiny.
- 2.3 Note that the Remobilisation Plan will develop further, as there is an expectation that the Scottish Government may ask for extension of the plan to end March 2021. The further version of the Remobilisation Plan will include Winter Plan arrangements for Lothian.

3 BACKGROUND

- 3.1 NHS Lothian submitted its first draft of a COVID-19 Remobilisation Plan to the Scottish Government on the 25th May 2020 at the Government's request. East Lothian HSCP was invited, along with the other Lothian HSCPs, to contribute sections to the Plan and to comment on the larger document's contents.
- 3.2 The Plan covers: acute service areas not delegated to the Lothian IJBs; those areas delegated to the IJBs which will require local strategic and operational planning work to re-establish services and a number of delegated areas where action is already underway (e.g. roll-out of 'Near Me under the direction of Scottish Government). The latter, for reasons of expediency, happened without consultation with IJBs. The delivery of future actions concerning areas of IJB responsibility may require Directions and as such will be subject to IJB scrutiny.
- 3.3 A second and final version of the plan was submitted to the Scottish Government on 10th June, which sets out the Board's initial priorities up to the end of July 2020.
- 3.4 There is an expectation that NHS Lothian will be asked to produce a further plan or plans to cover the period up to end March 2021 and to include in this/these their Winter Plan intentions.
- 3.5 The initial priorities set out in the Remobilisation Plan are:
- Diagnostics and treatment for cancer
 - Urgent treatment for cardiac disease, transplants and renal failure
 - Mental health
 - Routine treatments where additional delays may have made the clinical picture an urgent one
 - Services for children, where the impact on a child's development could be disproportionate
 - Dental and ophthalmic services where significant underlying disease may have developed
 - General Medical Service (GP) capacity to see patients with non-urgent but significant health problems that will worsen over time.
- 3.6 The above list is in addition to services which were sustained through the first wave of COVID-19, including support for pregnancy and unscheduled care services.
- 3.7 The Plan commits to utilising clinical triage and clinical judgement to ensure management of the risks to patients associated with delayed treatment.
- 3.8 Although routine face-to-face outpatients or elective care will not be introduced for the three-month period of the current Plan, clinically-led assessments will evaluate risk on an individual patient basis.
- 3.9 General practices and community pharmacies have remained open during the lockdown and performed a key role in supporting patients and

in addressing need at community level. The plan states that the community COVID-19 Pathway Hubs and assessment centres that are currently in place will continue to provide support to GP practices in managing COVID-19 activity.

3.10 The Remobilisation Plan considers risks to its delivery. These cover:

- COVID-19 demand may exceed COVID-19 capacity
- A continued build-up of 'backlog'
- Reduction in productivity
- Provision of adequate and appropriate PPE
- Pressures on staff availability
- Inadequate eHealth hardware and infrastructure.

4 ENGAGEMENT

4.1 NHS Lothian will conduct engagement activity in relation to its services where appropriate. Similarly, the HSCPs may need to consult with stakeholders on any proposed local service changes arising from the Remobilisation Plan.

5 POLICY IMPLICATIONS

5.1 Any policy implications for elements of the Plan will be fully assessed and reported on to appropriate committees.

6 INTEGRATED IMPACT ASSESSMENT

6.1 No Integrated Impact Assessment (IIA) has yet been carried out on the Remobilisation Plan. Individual IIA's will be required on specific elements of the Plan. East Lothian HSCP will separately assess any implications for its managed/contracted services.

7 DIRECTIONS

7.1 There are no current implications for East Lothian Directions associated with the proposed actions arising from the Remobilisation Plan.

8 RESOURCE IMPLICATIONS

- 8.1 Financial - The resource implications as of May 2020, were forecast to include additional costs of £149.8m associated with the COVID-19 response across the Board and the four Health and Social Care Partnerships (HSCPs). Of this sum, £71m is anticipated in the four months to the end of July.
- 8.2 Personnel - The current physical distancing, hygiene and PPE measures have affected all aspects of health and social care services, are very likely to apply for many months and have brought additional costs and may have implications for productivity.
- 8.3 Other – None

9 BACKGROUND PAPERS

- 9.1 NHS Lothian COVID-19 Remobilisation Plan (*circulated separately*).

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DATE	12 June 2020



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 25 June 2020
BY: Chief Internal Auditor
SUBJECT: Annual Internal Audit Opinion and Report 2019/20

7

1 PURPOSE

- 1.1 The Public Sector Internal Audit Standards (PSIAS) require that Internal Audit prepares an annual internal audit opinion and report that can be used by the Integration Joint Board (IJB) to inform its governance statement.
- 1.2 The purpose of this report is to inform the IJB of the internal audit work undertaken in 2019/20 and to provide an opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control.

2 RECOMMENDATION

- 2.1 The IJB is asked to note that the Annual Internal Audit Opinion and Report 2019/20 is a formal confirmation of Internal Audit's opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the year ended 31 March 2020.

3 BACKGROUND

Sound Internal Controls

- 3.1 The IJB's senior management has responsibility for establishing a sound system of internal control and for monitoring the continuing effectiveness of these controls. The main objectives of internal control systems are:
 - Achievement of the IJB's strategic objectives.
 - Reliability and integrity of financial and operational information.
 - Effectiveness and efficiency of operations and programmes.
 - Safeguarding of assets.
 - Compliance with laws, regulations, policies, procedures and contracts.

- 3.2 A sound system of internal control reduces, but cannot eliminate, the possibility of poor judgement in decision making, human error, control processes being deliberately circumvented by employees and others, management overriding controls or the occurrence of unforeseen circumstances. The IJB is continually seeking to improve the effectiveness of its system of internal control.

Quality Assurance and Improvement Programme (QAIP)

- 3.3 The Public Sector Internal Audit Standards (PSIAS) require that the annual report must incorporate a statement on Internal Audit's conformance with the PSIAS and Local Government Application Note and the results of the Quality Assurance and Improvement Programme (QAIP) that covers all aspects of the internal audit activity. Internal Audit is continuously seeking to improve its service and aims to provide a service that remains responsive to the needs of the IJB and maintains consistently high standards. This was achieved in 2019/20 through the following processes:

- Compliance with PSIAS.
- A tailored audit approach using a defined methodology for financial audits.
- A programme of quality control measures which include the supervision of staff conducting audit reviews and the detailed review of working paper files and audit reports.
- The development of personal and training plans – Internal Audit staff undertake a programme of Continuous Professional Development (CPD).

- 3.4 The PSIAS require the development of a Quality Assurance and Improvement Programme (QAIP). The QAIP is designed to enable evaluation of Internal Audit's conformance with the Definition of Internal Auditing, the Code of Ethics and the Standards. The QAIP must include both internal and external assessments. An internal assessment of internal audit practices was carried out against the PSIAS to ensure conformance to the Standards in February 2020. An External Quality Assessment of the Council's Internal Audit service was undertaken in May 2018 by the Chief Internal Auditor of Argyll and Bute Council, providing a high level of assurance on internal audit's compliance with PSIAS.

Delivery of the Internal Audit Service

- 3.5 Internal Audit is an independent appraisal function established by the IJB to objectively examine, evaluate and report on the adequacy of governance, risk management and control systems. The provision of the Internal Audit service to the IJB is on an in-house basis by East Lothian Council's Internal Audit Unit. In addition to the work undertaken by the in-house team, work is also undertaken by the NHS Lothian Internal Audit team.

- 3.6 Internal Audit reports functionally to the Audit and Risk Committee and has direct access to Senior Management, the Chair of the Audit and Risk Committee and the Chair of the IJB.
- 3.7 In June 2019, the Audit and Risk Committee approved the Internal Audit Plan for 2019/20. Our audit plan was scoped to address the key risks and objectives of the IJB. In 2019/20, Internal Audit reports were issued on Directions Setting, Change Management and Financial Planning.
- 3.8 Due to the significant changes in the operating situation in March 2020 caused by the COVID-19 pandemic, completion of all the planned audit reviews has not been possible. The scheduled audit of Performance Management has been suspended to ensure that scarce management resource required for critical activities was not diverted at this critical time. A revised audit plan recognising the revised risk and control environment will be submitted to the September 2020 meeting of the IJB Audit and Risk Committee.
- 3.9 Whilst it is important to recognise the altered working arrangements during March 2020 and ongoing, this only impacts the final month of the financial year and the opinion provided is based on the substantial majority of the work completed prior to these altered arrangements. The opinion is restricted by the assurance work that has not yet been completed, however a 75% audit plan full completion allows a formal assessment to be made on substantial evidence. The assurance work completed by Internal Audit will be adjusted to take account of the altered working arrangements through a revised 2020/21 Audit Plan.
- 3.10 Internal Audit findings identifying system weaknesses or non-compliance with expected controls were brought to the attention of the IJB's Chief Officer, Chief Finance Officer, External Auditor and the Audit and Risk Committee. The weaknesses outlined are those that have come to our attention during the course of our normal audit work and are not necessarily all of the weaknesses, which may exist. It is the responsibility of Management to ensure that proper consideration is given to internal audit reports and that appropriate action is taken on audit recommendations.

Conflicts of Interest

- 3.11 There have been no instances during the year which have impacted on our independence and/or lead us to declare any interest.

Assessment of Controls and Governance

- 3.12 Our evaluation of the IJB's control environment is informed by a number of sources including statutory and other compliance:
- Integration Scheme – an East Lothian Integration Scheme is in place and sets out how the IJB will operate, including the scope of the services to be included within the IJB and the financial arrangements.

- Membership – membership of the IJB is in accordance with the Integration Scheme.
- The IJB has in place approved Standing Orders and Financial Regulations.
- Committees – the IJB has established an Audit and Risk Committee, which meets four times per year. The terms of reference of the Audit and Risk Committee cover the IJB’s governance, risk and control; internal audit; external audit; financial reporting and accountability arrangements.
- Strategic Plan – the IJB formally adopted a Strategic Plan 2016-2019 in February 2016 and a new Strategic Plan 2019-2022 was agreed by the IJB In March 2019.
- Officers – appropriate officers (Chief Officer and Chief Finance Officer) with responsibility for maintaining and operating an effective system of internal control were in place during 2019/20.
- Code of Conduct for Members of the IJB.
- The work undertaken by Internal Audit during 2019/20.

3.13 Operational matters covered by IJB Directions and which are undertaken on behalf of the IJB by either East Lothian Council or NHS Lothian are outwith the scope of the annual audit plan and this audit opinion.

3.14 During 2019/20, areas identified with scope for improvement included the following:

- Monitoring of Direction setting in addition to covering all devolved functions for the IJB should be reviewed to ensure that all Directions are formally included within the new Change Board governance structures;
- Consistency in the development of Change Board terms of reference and a clear methodology for identifying and assigning the Golden Threads to the Change Board projects; and
- A review of the arrangements in place for projecting social care expenditure growth in the later years of the financial plan.

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

Opinion

3.16 It is our opinion, subject to the weaknesses outlined in section 3.14 above, that reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB’s framework of governance, risk management and control for the year to 31 March 2020.

4 ENGAGEMENT

4.1 None

5 POLICY IMPLICATIONS

5.1 None

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

7.1 The subject of this report does require any amendment to or creation of Directions.

8 RESOURCE IMPLICATIONS

8.1 Financial - None

8.2 Personnel - None

8.3 Other – None

9 BACKGROUND PAPERS

9.1 None

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DATE	18 June 2020



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 25 June 2020
BY: Chief Finance Officer
SUBJECT: 2019/20 Draft Unaudited Annual Accounts

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1 PURPOSE

1.1 This report presents the Board the IJB's draft (unaudited) Annual Accounts for 2019/20.

2 RECOMMENDATIONS

2.1 The IJB is being asked to:-

- i. Agree that the draft annual accounts can be published and presented for audit.

3 BACKGROUND

3.1 The IJB is constituted under section 106 of the local government (Scotland) Act and as such must prepare a set of annual accounts. These accounts must be presented in draft for approval to either the IJB or a committee of governance of the IJB by 30th June whereupon the accounts will be presented for audit by the IJB's auditors.

3.2 The annual accounts contain a range of sections but breakdown into three main areas :-

- The Management Commentary. This provides a statement of the IJB's purpose and its performance against that purpose in the financial year along with a reflection on the challenges facing the IJB in the next financial year.
- The Annual Governance Statement – which reflect on the governance of the IJB and notes any governance improvements identified by the CIA's Internal Audit Annual Assurance Report
- A range of financial statements showing the financial position of the IJB.

4 ENGAGEMENT

4.1 The IJB is held in public and the papers are available to view on the 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 the budgets delegated to 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

7.1 The resource implications are detailed above including best value and following the public £ considerations.

9 BACKGROUND PAPERS

9.1 None

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DATE	17 June 2020

Appendices

Draft Unaudited Annual Accounts for 2019/20



East Lothian Integration Joint Board

Unaudited Annual Accounts 2019/20



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Audit Arrangements

Under arrangement approved by the Accounts Commission of Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the accounts of East Lothian Integration Joint Board for the period 1 April 2019 to 31 March 2020 is Audit Scotland, 102 West Port, Edinburgh EH3 9DN.



Management Commentary

Introduction

The management commentary provides an overview of the key messages relating to the role, remit, members, objectives and the strategy of the East Lothian Integration Joint Board (the IJB). The management commentary outlines the key messages in relation to the IJB's financial performance for the year ended 31 March 2020 and how it has supported the delivery of the IJB's priorities. This commentary also considers those issues and risks which we face as we strive to meet the needs of the people of East Lothian.

These accounts cover the period from 1 April 2019 to 31 March 2020.

The Role and Remit of the IJB

The purpose of integration is to improve care and support and therefore the health and wellbeing outcomes for people who use health and social care services. It will make sure that they are listened to, involved and take part in decisions about their care and how it is delivered. It is a significant change in how the strategic planning and delivery of services happens with a range of partners –individuals, local groups and networks, communities and organisations, including patients, service users, carers and the third and independent sectors

The functions delegated to the IJB by East Lothian Council and NHS Lothian are as follow:

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

The IJB sets the strategic direction for these delegated functions through the development of a Strategic Plan, to enable it to plan and deliver these strategic outcomes at an overall health and social care level. It gives directions to the council and NHS Lothian for the operational delivery of functions and the resources available to them for this.

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Local Authorities and Health Boards to integrate the strategic planning of a substantial number of health services and functions and most social care functions.

East Lothian IJB is an Integration Authority set up under the Public Bodies (Joint Working) Act (2014). It is a 'body corporate', that is a separate legal entity. The IJB is constituted through its Integration Scheme which was prepared by East Lothian



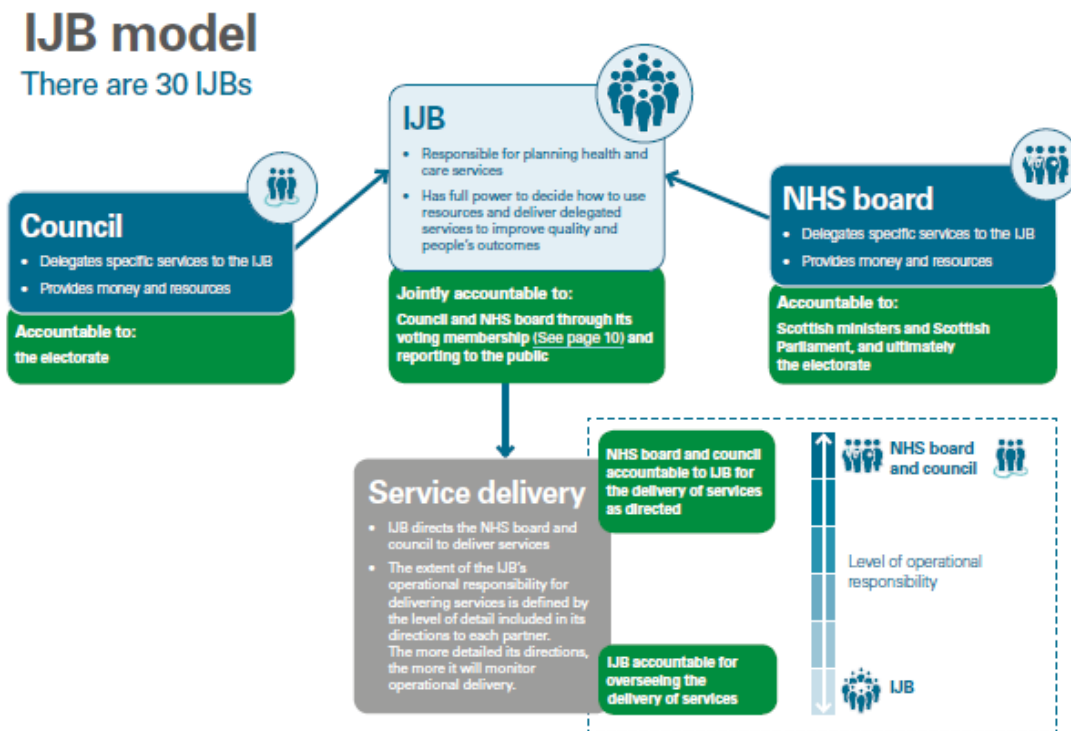
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Council and NHS Lothian and presented to Scottish Ministers in March 2015. The Integration Scheme was approved by the Scottish Parliament in June 2015 and the first meeting of the IJB took place on 1 July 2015. The IJB assumed formal responsibility for these functions in April 2016 including the budgets for the delivery of these functions.

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

The IJB model has been reproduced below and illustrates the accountability, decision making and governance structure of the IJB model. This was published in April 2018 by the Accounts Commission in a short report entitled “What is integration?”

What is integration? A short guide to the integration of health and social care services in Scotland | 9



The Strategic Plan

The strategic plan of each IJB must be reviewed and approved by the IJB every 3 years. East Lothian IJB approved its second Strategic Plan on 28 March 2019, this covers April 2019 to March 2022. A link to the plan is below:

https://www.eastlothian.gov.uk/downloads/file/28278/east_lothian_ijb_strategic_plan_2019-22

The 2019-2022 plan takes into account the previous plan and our achievements and continuing challenges. It is based on consideration of the many factors that have an impact on the delivery of health and social care services, the experience of people who access services and assessment of need.

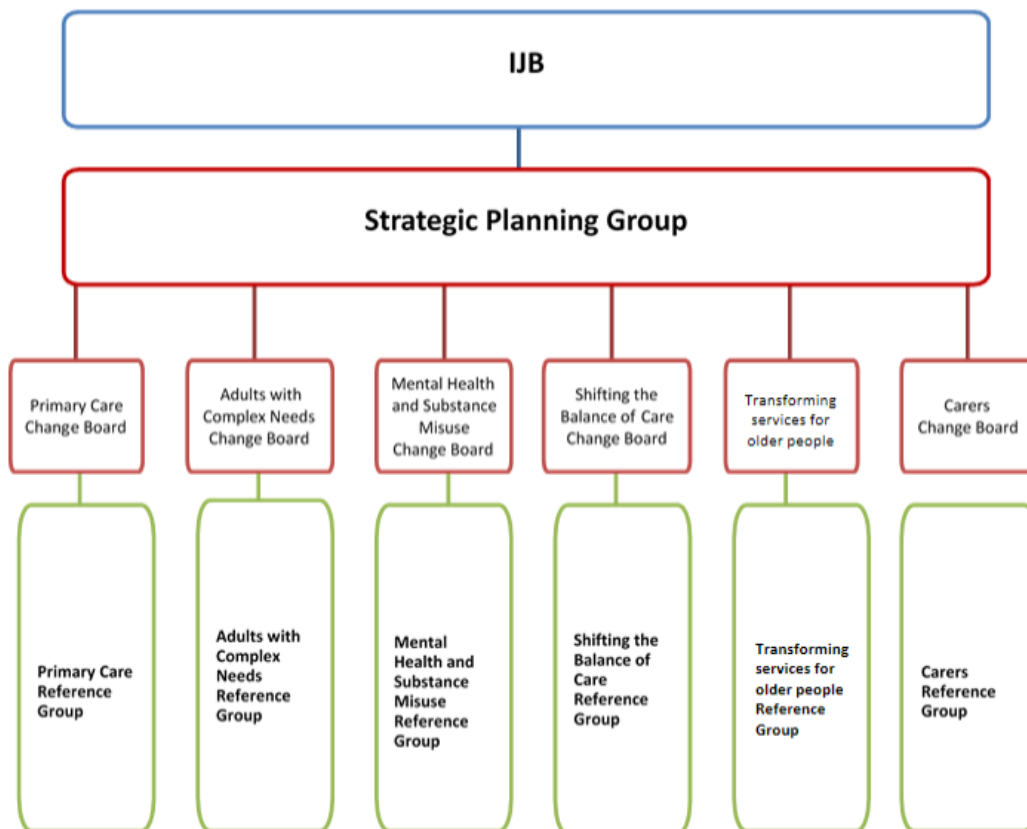


An engagement and consultation process with communities, people who access services, service providers and staff allowed the IJB to hear of, and where possible incorporate, the views and priorities of East Lothian’s communities, partners and stakeholders in this Strategic Plan in order to support service development and delivery.

Engagement also allowed participants to hear about the factors that will guide and may limit the opportunities for service change and development over the lifetime of the Strategic Plan.

East Lothian IJB agreed six strategic priority areas for change. These focus on: primary care, adults with complex needs, adults affected by mental health and substance misuse issues, shifting care from acute hospitals to the community and support to carers.

These six areas, along with our updated Strategic Objectives and a range of ‘Golden Threads’ form the basis of this transformational change supported by this Strategic Plan.



The Strategic Plan is underpinned by a delivery plan to ensure that progress is made to achieve the vision for East Lothian. Change Boards and corresponding reference groups have a key role in progressing the IJB Strategic Plan which facilitate on-going stakeholder involvement in strategic planning and development during 2019-2022.

Throughout all strategic priorities the strategic aims and objectives of the IJB are core. We developed our Strategic Objectives in consultation with our stakeholders. They show our commitment to adopting approaches that tailor services to the needs



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of people and communities while, at the same time, developing efficient and future-proofed service arrangements.

Each Change Board has to take into account in its work key principles or 'Golden Threads'. The Golden Threads are:

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



There is a requirement on all projects to evidence to their respective Change Board that the Golden Thread commitments have been achieved as part of project delivery.

Regular updates from each Change Board can be found here:

<https://www.edubuzz.org/almac/category/ijb-strategic-plan-and-change-boards/>



IJB Membership

The IJB comprises eight voting members, made up of four elected members appointed by East Lothian Council and four NHS Lothian non-executive directors appointed by NHS Lothian. There are a number of non-voting members of the Board who are advisory members, including the IJB Chief Officer, Chief Finance Officer, and other service and staffing representatives.

The IJB met 9 times during the financial year 2019/20. There have been some changes to the membership of the IJB during 2019/20, the members of the IJB at 31 March 2020 were as follows:-

Member	Nominated/Appointed by	Role
Councillor Fiona O'Donnell	Nominated by East Lothian Council	Chair (voting member)
Peter Murray	Nominated by NHS Lothian	Vice-chair (voting member)
Alison Macdonald	Appointed by IJB	Chief Officer (non-voting member)
Claire Flanagan	Appointed by IJB	Chief Finance Officer (non-voting member)
Fiona Ireland	Nominated by NHS Lothian	Voting Member
Alex Joyce	Nominated by NHS Lothian	Voting Member
Dr Patricia Donald (NHS Lothian)	Nominated by NHS Lothian	Voting Member
Councillor Shamin Akhtar	Nominated by East Lothian Council	Voting Member
Councillor Neil Gilbert	Nominated by East Lothian Council	Voting Member
Councillor Sue Kempson	Nominated by East Lothian Council	Voting Member, Chair of Audit & Risk Committee
Vacant	Appointed by IJB	Independent sector representative (non-voting member)
Paul White	Appointed by IJB	Third sector representative (non-voting member)
David Binnie	Appointed by IJB	Carer representative (non-voting member)
Marilyn McNeill	Appointed by IJB	Service-user representative (non-voting member)
Gourab Choudhury	Appointed by IJB	Medical Consultant (non-voting



		member)
Lesley White	Appointed by IJB	ELC Staff Representative (non-voting member)
Judith Tait	Appointed by IJB	Chief Social Work Officer (non-voting member)
Dr Richard Fairclough	Appointed by IJB	General Practitioner (non-voting member)
Thomas Miller	Appointed by IJB	NHS Staff Representative (non-voting member)
Dr Jon Turvill	Appointed by IJB	Clinical Director (non-voting member)
Iain Gorman	Appointed by IJB	Head of Operations (non-voting member)
Lorraine Cowan	Appointed by IJB	Chief Nurse (non-voting member)
Philip Conalglan	Appointed by IJB	Public Health (non-voting member)

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

Below is the attendance by members of the IJB throughout 2019/20.

Members	25.4.19	23.5.19	27.6.19	29.8.19	11.9.19	31.10.19	5.12.19	27.2.20	26.3.20
Voting									
Shamin Akhtar	X		A	A	X	X	X	X	X
Patricia Donald (replaced Prof. Moira Whyte 1.2.20)	--	--	--	--	--	--	--	X	X
Neil Gilbert	X	X	X	X	X	X	X	X	X
Susan Kempson	X	X	X		X	X	X	X	
Fiona O'Donnell (C)	X	X	X	X	X	X	X	X	X
Fiona Ireland	X	A	X	X	A	A	A	X	X
Alex Joyce	X		X	A	A	A		X	X
Peter Murray	X	A	X	X	X	X	X	X	X
Moira Whyte (left 31.1.20)	X	X	A	A	A	A	X	--	--
Non-voting									
David Binnie	X	X	X	X	X	A	X	X	X



Gourab Choudhury	A		X			A		A	
Philip Conalglan (new 27.2.19)	--	--	--	--	--	--	--		
Lorraine Cowan (new in role of Chief Nurse)	A	A	X	X	X	A	X	A	X
Fiona Duncan (left 25.6.19)	A	X	--	--	--	--	--	--	--
Penny Dutton (left 5.12.19)	X	X	X				--	--	--
Richard Fairclough		A	X	A	A		A	X	X
Claire Flanagan	X	X	X	X	X	X	A	X	X
Iain Gorman, (new 31.10 2019)	--	--	--	--	--	X	X	X	X
Elaine Johnston	X	X	X	X	A(s)	X	X	--	--
Alison MacDonald	X	X	X	X	X	X	X	X	X
Marilyn McNeill	X	X	A	X	X	X	X	X	X
Thomas Miller	A	X	X		A	X	X	X	X
Judith Tait (replaced Fiona Duncan as CSWO in 27.6.2019)	X	X	A	A	X		X	X	X
Jean Trench (Resigned 31.10.19)	A	A	A	A		--	--	--	--
John Turvill	X	X	A	X	X	X	A	A	X
Lesley White (replaced Penny Dutton)	--	--	--	--	--	--	X	A	
Paul White (replaced Elaine Johnston 6.12.19)	--	--	--	--	--	--	--	X	X

Key: Present = X; Apologies = A; Apologies (substitute) = A(s); absent without apology = blank

The IJB's Operations for the Year

East Lothian IJB has now been operational for four years. The governance systems are now well established and good progress is being made on integrating management arrangements and frontline services. We continue to work towards our long-term objectives through the continuing dedication and skill of our staff; our partners in the voluntary and independent sectors; and all the informal carers and neighbours upon whom the health and care system is entirely dependent.

The work of the Health and Social Care Partnership during 2019-20, under the governance of the IJB is summarised below. However it is important to acknowledge that COVID-19 did disrupt service provision during March 2020 as the Partnership responded to the pandemic. A strategic approach to this was taken and the IJB was involved appropriately. The core components and key developments for 2019-20 were as follows. An Annual Performance Report will be published August 2020.



Successful New Services and Approaches

Several new services and approaches have been introduced to improve people's health and wellbeing.

We have continued to make sure people are only in hospital when they need to be through helping them get home sooner with the "Discharge to Assess" Team and the "Hospital at Home" Service.

Community Hospital in Haddington

A major milestone is the opening of the new community hospital in Haddington.



The remainder of the newly completed East Lothian Community Hospital building opened in autumn 2019. This marks the completion of the penultimate phase of construction and follows the successful handover of the Outpatients Department, which has been benefiting patients since March 2018. The final phase will focus on the car park and landscaping, with the entire development expected to be complete in 2020. The completion of the new three-storey, hospital building in Haddington means that patients

and staff will have access to Mental Health services, IV treatment and an increase of inpatient beds as well as other new and existing social care and health services already provided in East Lothian.

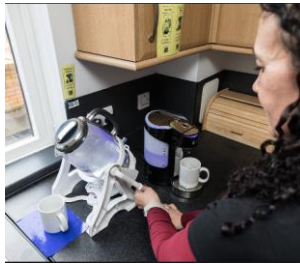
Awards for Wellwynd Hub

The Wellwynd Hub in Tranent is a model that provides a wide range of invaluable services for both health and social care needs in a community setting.

East Lothian Council's Housing Team and East Lothian Health and Social Care Partnership secured a top Scottish award for their joint work on the Wellwynd Hub in Tranent. Chartered Institute of Housing (CIH) Excellence in Health & Wellbeing award focuses on excellence in the areas of fit-for-purpose housing, adaptations and preventative services.



Wellwynd Hub Team with Councillor Norman Hampshire



The Hub came about when East Lothian Health and Social Care Partnership, working with the council's Housing Service, converted a former warden's flat for sheltered housing into a

'dementia friendly' homely setting. The facility in Tranent features smart technology to assist people requiring technology to help with daily tasks such as reminders or turning on lights by voice command. It has transformed services to people requiring occupational therapy, telecare and housing interventions in East Lothian.

It provides awareness sessions for **Telecare and Technology Enabled Care (TEC)** to support staff to find effective solutions for assisting clients with every day activities.

People can be jointly assessed by occupational therapy and physiotherapy and strategies are provided to enable greater independence at home or accessing community resources. Monthly clinics are also held with community housing officers to assess requests for health and housing needs. Referrals are made via the Adult Social Care Community Access Team. It is intended that this will be rolled out across the county, allowing more people to access this unique service at the point of need.



The Hub has made a real and positive difference to people in East Lothian living with dementia and disabilities, and to their carers. Paul who lives with MS and is a regular user of the Hub has made a video for us about how he uses TEC to help him stay independent and get the most of life.

Paul says: 'Just because you have had some trauma in your life, it doesn't mean your life is over. You can change it, keep going forward, embrace change and flourish.' Here is a link to Paul's video message illustrating how this

facility has improved his life- <https://vimeo.com/326316476/f4b9ca5bdd>

Community Justice Self Evaluation

East Lothian community justice partnership requested, with the support of the Care Inspectorate, to undertake a supported and validated self-evaluation. Scheduled activities took place between October 2019 and February 2020. The self-evaluation focussed on three specific quality indicators; "planning and delivering services in a collaborative way", "effective use and management of resources" and "leadership of strategy and direction". This work was completed by the entire CJP but was exceptionally well supported by ELHSCP's Justice Social Work team. The evaluation consisted of several months of evidence gathering followed by a comprehensive review and assessment of the services offered against the standards of each quality indicator. The self-evaluation was well received by the care inspectorate who noted a strong commitment to collaborative working and to developing a well-informed outcome improvement plans. They recognised that East Lothian had examples of



effective services being delivered through the collaborative use of resources and agreed with our view that the initial implementation of the community justice agenda had been slowed by changes in senior personnel. The self-evaluation informed an action plan which we will progress in 20/21.

Collaborative Working for Immediate Care

The Collaborative Working for Immediate Care (CWIC) team was established in Musselburgh Primary Care Centre in 2017 using Primary Care Transformation Funds in order to test approaches to meet same day demand through a Nursing and AHP led team.

This has allowed the Health & Social Care Partnership (HSCP) to assess the role of Nurse Practitioners, Advanced Nurse Practitioners and Advanced Scope Physiotherapists in delivering primary care services. In doing so, this has directed appropriate activity from GPs, one of the desired outcomes of the new General Medical Services (GMS) contract. During 2019/20 this service expanded to cover a further Medical Practice.

Plans for Next Year

During the coronavirus pandemic it became apparent how important the Care Home Team was in supporting care homes. The Care Home Team provides both a clinical and education service to all 18 care homes in East Lothian, helping to improve and enhance the quality of care provided. The Team also provides direct support to 12 of the care homes. This involves nursing expertise, augmented with clinical decision making and prescribing – this has led to more seamless Ongoing and Acute care. There are plans to expand the Care Home Team to cover all Care Homes in East Lothian. Here is a link to a video that explains how the Care Home Team model works: <https://vimeo.com/215801376>

Mental Health services have been redesigned to give all citizens in East Lothian access to services. As a result of coronavirus and the resulting lockdown measures, there was a need to ensure that individuals across East Lothian had equitable access to Primary Care Mental Health support to promote health and well-being. An integrated team of Mental Health Occupational Therapists and Community Mental Health teams was formed from existing staff to support the development of a single Primary Care Mental Health pathway. The service supports individuals over 18 years old who are not already supported from existing secondary care Mental Health services. Individuals can access the service directly through a single phone line or be referred from their GP Practice or other community agencies. Individuals are provided with a call back from a specialist Mental Health Practitioner within 36 hours who is able to support them to develop an individual care plan, which may involve further referral to community based support or secondary care services.

We must acknowledge the huge challenges we face due to the coronavirus pandemic and the impact the virus had on many East Lothian families. As well as presenting a tremendous challenge to our services, the crisis also creates an opportunity to build on existing and newly forming community connections. Early plans are developing, working with the people in our communities to explore what opportunities for community resilience can be developed during the crisis to ensure



strong, sustainable, supportive communities into the future. We look forward to building a stronger East Lothian.

The IJB's Position at 31 March 2020

For the year ending 31 March 2020, the IJB was underspent. That is, the costs incurred in delivering the IJB's functions by East Lothian Council and NHS Lothian are less than the income that the IJB received from NHS Lothian and East Lothian Council.

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

	Funding £000's	Expenditure £000's	Surplus £000's
Health	124,533	123,732	801
Social Care	47,284	47,459	(175)
Total	171,817	171,191	626

This surplus has been transferred to the IJBs reserve which is described further below.

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

Analysis of the Financial Statements

The financial statements are all presented on a net basis.

The table below summarises the income and expenditure for the IJB for 2019/20.

Income and Expenditure

	Budget	Budget	Expenditure	Expenditure	Variance	Note
	Health	Social	Health	Social Care		
	£000's	Care	£000's	£000's	£000's	
		£000's				
Direct East Lothian Services						
Community AHPS	3,418		3,295		124	
Community Hospitals	10,814		9,953		861	
District Nursing	2,399		2,393		6	
General Medical						
Services	16,206		16,550		(344)	
Health Visiting	1,835		1,625		209	
Mental Health	5,683		5,681		2	
Other	5,891		5,491		399	
Prescribing	20,944		21,031		(88)	
Resource Transfer	3,226		3,226		0	1
Older People		25,351		24,049	1,302	



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Mental Health	1,592		1,757	(165)	
Physical Disabilities	3,274		3,321	(47)	
Learning Disabilities	15,856		17,363	(1,507)	
Planning and Performance	2,828		2,663	165	
Other	4,599		4,522	77	
East Lothian Share of pan Lothian					0
Set Aside	21,663	22,118		(454)	2
Mental Health	2,269	2,383		(114)	
Learning Disabilities	1,620	1,799		(179)	
GP Out of Hours	1,449	1,544		(95)	
Rehabilitation	560	513		47	
Sexual Health	769	772		(3)	
Psychology	871	890		(19)	
Substance Misuse	530	501		29	
Allied Health Professions	1,462	1,419		43	
Oral Health	2,085	2,048		38	
Other	2,939	2,600		339	
Dental	6,134	6,134		0	3
Ophthalmology	2,042	2,042		0	3
Pharmacy	3,509	3,509		0	3
Totals	118,317	53,500	117,516	53,675	626
Social Care Fund	6216	(6216)	6216	(6216)	4
Per Accounts	124,533	47,284	123,732	47,459	

Notes –

1. Resource Transfer are funds for specific purposes which are transferred from health to social care. However, these remain part of the health budget and are reported there.
2. Set Aside is the budget for those functions delegated to the IJB which are managed by the Acute Services management teams within NHS Lothian;
These services are:-
 - Accident and Emergency
 - Cardiology
 - Diabetes
 - Endocrinology
 - Gastroenterology
 - General Medicine
 - Geriatric Medicine
 - Rehabilitation Medicine
 - Respiratory Medicine
 - Various ancillary support services for the above.

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

3. In the Health system, expenditure to support the delivery of community dentistry, community opticians and community pharmacists is termed as 'non



cash limited' (NCL) but is clearly part of the delivery of primary care services and these functions are delegated to the IJB. However, being NCL there is no budget as such but any expenditure incurred is supported in its entirety by the Scottish Government. The NCL values are not part of the budget setting process, there being no budget, but NHS Lothian has matched the NCL expenditure with income to cover this expenditure.

4. The Social Care Fund (SCF) is a resource which the Scottish Government has directed to the IJB through NHS Lothian and is shown as health funds in the accounts. However, these funds are then transferred to the Council and used to support the delivery of social care services and the analysis above reflects this.

The charges (shown as expenditure above) made by East Lothian Council to the IJB are the net direct costs incurred in the delivery of social care services in East Lothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the core services (those services specifically for and delivered by the East Lothian HSCP) are based on the net direct actual costs incurred in East Lothian. However, charges for hosted and set aside services (those services which are not generally managed by the East Lothian Partnership and are delivered on a pan-Lothian basis) are based on the total actual costs for these service shared across four IJBs per the budget setting model. The IJB share of the total actual costs incurred in 2019/20 for hosted services is 12% and, generally, 12% of the Lothian element of the set aside budgets and the non-cash limited budgets.

Overview of the 2019/20 position.

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

Direct East Lothian Services

Within the health budgets although there were operational overspends within General Medical Services and Prescribing these were offset by vacancies across the system, reduction in staffing requirements associated with the ward redesign and slippage of programmes (Programmes starting later in the year than planned and thus generating an underspend).

Within the social care budgets the pressures lay within increased demand for commissioned care services, particularly clients with Learning and Physical Disabilities. Transport costs continue to be a pressure area.

East Lothian Share of Pan-Lothian Services

The main pressures in the health budgets are:-

The hosted services position highlights overspends within Learning Disability services due to additional beds and placements being required above funded levels. A similar issue existed with regards to Mental Health services requiring additional capacity in year to cope with high demand. Lothian Out of Hours Services also



reported a pressure in year related to the high cost of medical staffing required to cover rosters especially around the festive period.

The main pressures within health Set Aside budgets are noted below, the Set Aside budget, delegated to the IJB, performs services provided by large hospitals on behalf of the IJB. As a reminder, Appendix 1 illustrates the principal of Set Aside.

General Medicine areas reported a pressure in year driven by ongoing staffing issues, where recruitment continues to be a challenge, plus ongoing bed pressures across the other sites. Infectious Diseases financial pressure in year relates to drug costs exceeding budget levels.

Junior Medical pay pressure was driven by additional staffing requested to cover rotas for sickness; maternity and vacancies, causing an over-establishment against funded levels in particular within A&E areas. The position has improved from the previous year but still remains a pressure.

Reserves

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

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

The IJB has reserves at the end of 2019/20 of £2.398m, compared to reserves of £1.772m in March 2019. The movement can be described below.

The IJB's only Unuseable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. The IJB's useable reserve is broken down as follows:-

	2019/20 Opening £000's	2019/20 Movement £000's	2019/20 Closing £000's
Committed Project Funds			
PCIF	219	16	235
Action 15	164	(114)	50
MELDAP	312	(312)	-
Commitment to Local Programmes	-	320	320
Committed Project Funds	695	(90)	605
General Reserves	1,077	716	1,793
Total Reserves	1,772	626	2,398

The IJB's Strategy and Business Model

The actions outlined in the Strategic Plan form the basis of more detailed plans for client groups and key services. They also form the basis of the Directions we give to NHS and East Lothian Council and enables us to set out the following strategic aims.

Engagement is key to everything that we do and the purpose of this strategy is to ensure that:



- we have a clear and effective participation and engagement approach which is at the heart of reforming health and social care services locally
- enables the Partnership’s vision and how it works to become a reality
- informs decision making processes that drive strategy and inform the carrying out of delegated functions.



East Lothian IJB is committed to ensuring that services:

- are joined-up for service-users
- take account of the particular needs of individual service-users and their circumstances in different parts of the county
- improve the quality of our services and ensure that they are planned and delivered locally in a way that is engaged with our communities
- make the best use of the available facilities, people and other resources.

The IJB’s remit and goals are laid out in the IJB’s Strategic Plan.

Key Risks and Uncertainties

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

There remain a series of uncertainties:-

- There is an underlying financial pressure within the social care budgets as discussed above and the management of this pressure is being addressed in the IJB’s 2020/21 financial plan.
- The increasing population in East Lothian remains a challenge which may exacerbate the staffing and financial pressures above.
- The financial position for the UK and Scotland remains uncertain and this will provide a challenge to the amount of financial resources available to the IJB.



- That said, the Scottish Government have announced a series of investments in Primary Care, Mental Health and Substance misuse all of which will be directed to the IJB and these resources will support not only the delivery of the new GMS contract but also the transformation programme that the IJB is managing for these services.
- The coronavirus pandemic resulted in a disruption for many services. Partners are actively working on how services can adapt and resume in this new environment following our response to this pandemic. Whilst the short, medium and long term impacts of the pandemic remain uncertain, there is little doubt that significant financial challenges lay ahead.
- The financial cost of responding to the pandemic has been, and will continue to be, significant. Where remobilisation requires changes to how services are delivered, additional expenditure is likely to be required. As this is a developing situation, it is difficult to anticipate the budgetary implications.
- The current fragility of provider organisations in the home care and care homes sector may require action and investment to secure sustainability in these important services

Fiona O'Donnell
Chair

Alison MacDonald
Chief Officer

Claire Flanagan
Chief Finance Officer



Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:-

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

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board.

Signed on behalf of East Lothian Integration Joint Board

Fiona O'Donnell
Chair



Responsibilities of the Chief Finance Officer

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

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

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

The Chief Finance Officer has also:-

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

I certify that the financial statements give a true and fair view of the financial position of the East Lothian Integration Joint Board as at 31 March 2020 and the transactions for the year then ended.

Claire Flanagan
Chief Finance Officer



Remuneration Report

Introduction

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

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

Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by East Lothian Council and NHS Lothian Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. Neither the Chair nor the Vice Chair appointments had any taxable expenses paid by the IJB in 2019/20.

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

NHS Lothian remunerates its non-executive members on a notional day basis. That is they are paid a fixed annual amount which is considered to represent payment for one day a week. Those non-executive members of the NHS Lothian Board, who are also Chairs or Vice Chairs of IJBs, are given an additional day's remuneration per week in recognition of the additional time required to undertake those roles. Peter Murray, as a non-executive member of NHS Lothian Board who was also the Vice Chair of East Lothian IJB, has received an additional day's remuneration specifically for his role as Chair of the IJB in 2019/20. This remuneration is £8,584 per annum.

Remuneration: Officers of the IJB

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

Chief Officer

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



The Chief Officer of the IJB is Alison MacDonald. Alison has a joint roles as Director of Health and Social Care for East Lothian Council and the Joint Director of the East Lothian Partnership. As in previous years it has been agreed, 50% of total remuneration is to be shown in the accounts of the IJB as the remuneration as the Chief Officer of the IJB.

Chief Finance Officer

The Chief Finance Officer of the IJB is Claire Flanagan. Although the costs of the Chief Finance Officer are not included in the charges made to the IJB by either partner, given the S95 role of the Chief Finance Officer and in the interests of transparency the remuneration of the Chief Finance Officer is included below. The Chief Finance Officer is employed by NHS Lothian and has three roles – the IJB’s Chief Finance Officer, the Chief Finance Officer of Midlothian IJB and an operational role in the NHS Lothian finance team as a Finance Business Partner. On that basis, one third of the total remuneration is shown below.

Other Officers

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

Total for 2018/19 £	Senior Employees Salary, Fees & Allowances	Total for 2019/20 £
33,273	Alison MacDonald, Chief Officer	48,004
11,030	Claire Flanagan, Chief Finance Officer	23,812
16,104	David King, Chief Finance Officer	n/a
13,920	David Small, Chief Officer	n/a

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

Pension Disclosure

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



	In Year Contribution			Accrued Pension benefits	
	For year to 31/03/2020 £000's	For year to 31/03/2019 £000's		at 31/03/2020 £000's	at 31/03/2019 £000's
Alison MacDonald	13	12	Pension	21	18
			Lump Sum	37	34
Claire Flanagan	9	8	Pension	13	11
			Lump Sum	24	22
David King	n/a	7	Pension	n/a	37
			Lump Sum	n/a	110
David Small	n/a	15	Pension	n/a	47
			Lump Sum	n/a	142

Disclosure by Pay Bands

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

Exit Packages

The IJB did not support nor did it direct to be supported by its partners for any exit packages during 2019/20.

Fiona O'Donnell
Chair

Alison MacDonald
Chief Officer



Annual Governance Statement

Purpose

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

Scope of Responsibility

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

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

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

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

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



East Lothian Integration Joint Board – Annual Accounts for the year ended 31 March 2020

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

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

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

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

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

Statutory and other Compliance

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

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



out the Board's internal audit requirements and assist its Audit and Risk Committee

- Finance - the Board received reports in relation to financial assurance prior to the setting of budgets for the functions delegated by East Lothian Council and NHS Lothian, and adopted Financial Regulations in relation to the conduct of its financial affairs, the maintenance of its accounting and financial records, and its annual accounts and financial statements
- Code of Conduct - pending finalisation of arrangements for a Code of Conduct for Members, the Board adopted an Interim Code based on the existing Model Code for Members of Devolved Public Bodies in Scotland, and members have registered their interests according to that Code. The Scottish Government approved the IJB's Code of Conduct on 1 June 2016.

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

The IJB Chief Internal Auditor concluded that based on the work undertaken in 2019/20 that reasonable assurance can be placed on overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the period to 31 March 2020, but noted areas for further development. These improvements are reflected below.

Action Plan

During 2019/20, areas identified with scope for improvement included the following

- Monitoring of Direction setting in addition to covering all devolved functions for the IJB should be reviewed to ensure that all Directions are formally included within the new Change Board governance structures;
- Consistency in the development of Change Board terms of reference and a clear methodology for identifying and assigning the Golden Threads to the Change Board projects; and
- A review of the arrangements in place for projecting social care expenditure growth in the later years of the financial plan.

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

It is our opinion, subject to the weaknesses outlined above, that reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the year to 31 March 2020.



Fiona O'Donnell
Chair of the IJB

Alison MacDonald
Chief Officer

DRAFT



Independent auditor's report

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

DRAFT



Comprehensive Income and Expenditure Statement

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

2018/19 Net Expenditure £000's	Note	2019/20 Net Expenditure £000's
2,641	Community AHPS	3,295
8,465	Community Hospitals	9,953
2,269	District Nursing	2,393
15,491	General Medical Services	16,550
1,450	Health Visiting	1,625
6,357	Mental Health	7,437
8,838	Other	10,013
20,762	Prescribing	21,031
3,227	Resource Transfer	3,226
23,924	Older People	24,049
3,083	Physical Disabilities	3,321
15,328	Learning Disabilities	17,363
2,587	Planning and Performance	2,663
24,918	Share of pan Lothian Health Services	26,154
20,477	Set Aside	22,118
159,817	Cost of Services	171,191
161,589	Taxation and Non-Specific Grant Income	171,817
	6	
1,772	Surplus or (Deficit) on Provision of Services	626
1,772	Total Comprehensive Income and Expenditure	626



Movement in Reserves Statement

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

	2018/19 Total £000's	2019/20 Movement £000's	2019/20 Total £000's
General Reserves			
Surplus on Provision of Service	1,077	716	1,793
Earmarked Reserves			
Surplus on Provision of Service	695	(90)	605
Total Usable reserves	1,772	626	2,398
Unusable Reserve			
Employee Statutory Adjustment Account	0	0	0
Balance as at 31 March 2020	1,772	626	2,398

Reserves

The reserves are classified as either Useable or Unusable Reserves

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

Useable Reserves

East Lothian IJB has both a general reserve which can be used to mitigate financial consequences of risks and other events impacting on the IJB's resources and an earmarked reserve the monies within this fund are earmarked for specific purposes. East Lothian IJB has an earmarked reserve which can be used to mitigate financial consequences of risks and other events impacting on the specific project budget. The monies within this being the Primary Care Improvement Fund, the Action 15 funding to support implementation of Scottish Government's Mental Health Strategy and other locally committed programmes.

Earmarked Reserves	£000's
Primary Care Improvement Fund	235
Action 15 - Scottish Government Mental Health Strategy	50
Locally Committed programmes	320
Committed Project Funds	605



East Lothian Integration Joint Board – Annual Accounts for the year ended 31 March 2020

In addition to the Earmarked reserves held by East Lothian IJB, there is another £126k in respect of Primary Care Improvement Funding that is held by Scottish Government.

Unusable Reserve

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

DRAFT



Balance Sheet

The Balance Sheet shows the value, as at 31 March 2020, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.

2018/19 Total £000's		Notes	2019/20 Total £000's
	Current Assets		
1,772	Short Term Debtors		2,573
	Current Liabilities		
0	Short Term Creditors		(175)
1,772	Total Assets less current Liabilities		2,398
	Capital and Reserves		
695	Earmarked Reserves		605
1,077	General Reserves		1,793
1,772	Total Reserves	MIRS Note 5	2,398

The unaudited accounts were issued on xxxx and the audited accounts were authorised for issue on xxxx.

Claire Flanagan
Chief Finance Officer



Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the IJB's transactions for the 2019/20 financial year and its position at the year-end of 31 March 2020.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/2020, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

Accruals of Income and Expenditure

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

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

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

Funding

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

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partner. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the Balance Sheet. There are no outstanding funding balances from either partner at 31st March 2020.



Employee Benefits

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

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

Provisions, Contingent Liabilities and Contingent Assets

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

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

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

The IJB has no provisions, contingent liabilities or contingent assets at 31 March 2020.

Reserves

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

The IJB's only Useable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. As noted above, the IJB had reserves of £2,398,000 at 31 March 2020.

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

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Lothian and East Lothian Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. The IJB holds separate indemnity insurance through its membership of the CNORIS scheme; the charge for this in 2019/20 was £6,000.



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

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

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

2. Critical Judgements and Estimation Uncertainty

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

- The partner organisations have considered their exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the partner organisations’ opinion that a transfer of economic benefits will be required, material contingent liabilities have been disclosed (there are none).
- The Annual Accounts contains estimated figures that are based on assumptions made by the IJB about the future or that are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates. There are no items in the IJB’s Balance Sheet at 31 March 2020 for which there is a significant risk of material adjustment in the forthcoming financial year.

Provisions

The IJB has not created any provisions in respect of compensation claims. The IJB has not had any claims made against it in 2019/20 nor is it aware of any claims pending. However, it is not certain that all claims have been identified or that the historic level of settlement payments is a reliable guide for future settlements.

3. Events After the Reporting Period

The Annual Accounts were authorised for issue by the IJB. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2020, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4. Short Term Debtors

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



	2018/19	2019/20
	£000's	£000's
Funding due from NHS Lothian	1,471	2,272
Funding due from East Lothian Council	301	126
Total	1,772	2,398

5. Reserves

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

	2018/19	2019/20
	£000's	£000's
Earmarked Reserves		
Scottish Government Mental Health Strategy - Action 15	164	50
Scottish Government Primary Care Improvement Plan Fund	219	235
Midlothian and East Lothian Drug and Alcohol Partnership	312	-
Locally Committed Programmes		320
	695	605
General Reserves	1,077	1,793
Total Reserves	1,772	2,398

In addition to these reserves the Scottish Government are holding £126k for the Primary Care Improvement Plan.

6. Taxation and Non-Specific Grant Income

2018/19		2019/20
£000's		£000's
45,058	Contributions from East Lothian Council	47,284
116,531	Contributions from NHS Lothian	124,533
161,589	Total	171,817

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

The funding contribution from the NHS Board shown above includes £21,663k in respect of the set aside resources and £26,239k in respect of East Lothian's share of pan Lothian health services resources.



Corporate Service

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

2018/19 £000's		2019/20 £000's
47	Staff (Chief Officer)	48
6	CNORIS	6
25	Audit Fee	26
78	Total	80

7. Related Party Transactions

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

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

2018/19 Net Expenditure £000's		2019/20 Net Expenditure £000's
115,060	NHS Lothian	123,732
(3,226)	Resource Transfer	(3,226)
(6,216)	Social Care Fund	(6,216)
105,618	Total	114,290
44,747	East Lothian Council	47,459
3,226	Resource Transfer	3,226
6,216	Social Care Fund	6,216
54,189	Total	56,901

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

8. VAT

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

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



Appendix 1

Set Aside budget performs services provided by large hospitals on behalf of the IJB. The principle is illustrated in the diagram below.

What is a set aside budget?

The budgets of integration authorities (IAs) are composed of two elements:

- Social care
- Health care – including primary and community healthcare, as well as some hospital care

The majority of integration authorities (IAs) have a 'set aside' budget. This relates to unscheduled acute hospital care.

How is the set aside budget agreed?

When setting the budget, the integration authority agrees with the NHS health board partner how much it expects to need for unscheduled acute hospital care. To do this, the partners use hospital data on levels of activity.

For IAs using the "set aside" approach, the agreed amount remains within the NHS rather than being paid to the IA (like the rest of the NHS contribution). This "set aside" budget should still remain under the control of the IA.



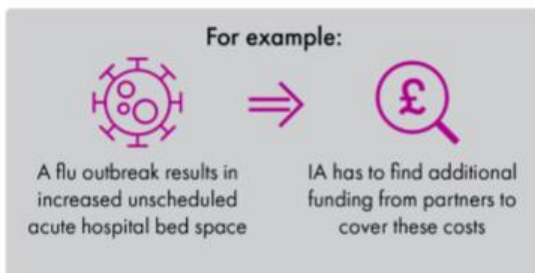
What can change the set aside budget?

In year

During the year, actual **unscheduled acute activity** might be higher or lower than anticipated.

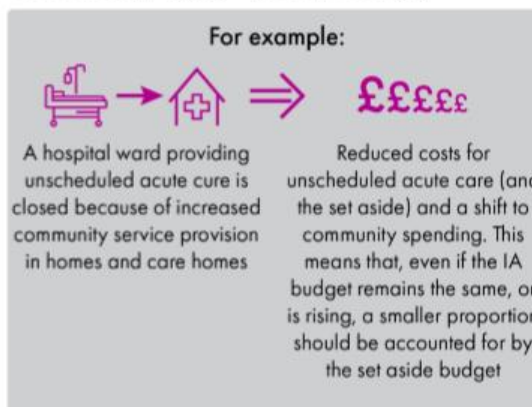
If activity is higher, the IA needs to agree with partners how these additional costs will be met.

If activity is lower, the IA should be able to decide how to spend the difference between actual and anticipated costs.



Longer term

Over the longer term, changes to how services are delivered should also be aimed at reducing demand for unscheduled acute care and – in turn – the set aside budget.



Source - Scottish Government Health and Sport Committee report in October 2019 "Looking ahead to the Scottish Government Health Budget 2020-21: When is hospital bad your health? "



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 June 2020

BY: Chief Officer

SUBJECT: Internal Audit of East Lothian IJB Strategic Change
Priorities and Delivery

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1 PURPOSE

- 1.1 To present to the IJB the recommendations of an NHS Lothian Internal Audit report on East Lothian IJB strategic change priorities and their delivery and the management actions planned in response.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Accept the attached Internal Audit report on East Lothian IJB Strategic Change Priorities and Delivery (appendix 1).
- 2.2 Note the report has been agreed with the Chief Internal Auditor for East Lothian Integration Joint Board. It has been considered at the NHS Lothian Audit and Risk Committee, but has still to be presented to the East Lothian Integration Joint Board Audit and Risk Committee.
- 2.3 Agree that the East Lothian Change Boards should (with the input of their Reference Groups and the Strategic Planning Group) address the audit recommendations, through the proposed management actions.

3 BACKGROUND

- 3.1 The East Lothian IJB Strategic Plan 2019-2022 sets out six strategic priority areas: primary care; adults with complex need; mental health and substance misuse; shifting the balance of care; re-provision programmes (now transforming care for older people) and carers.
- 3.2 In order to deliver actions across these priority areas, while observing a range of fundamental delivery principles ('Golden Threads') 'Change Boards' were established with a common remit. These Change Boards are co-chaired by HSCP senior officers and IJB members, with a small

core membership and a 'Reference Group' structure to engage with stakeholders. The Change Boards report to and inform the work of the Strategic Planning Group, which in turn advises the IJB on strategic matters.

3.3 The audit's remit was to review *"...the IJB's corporate governance arrangements in place to support the revised Change Board structure, including how the Board's oversee delivery of the strategic priorities."*

3.4 Internal Audit presents its report ratings under four categories of assurance as described in table 1 below (reproduced from the Change Board report):

Table 1 - Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
Limited assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
Moderate assurance	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied.</p> <p>There remains a moderate amount of residual risk.</p>	<p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
Significant assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>

- 3.5 Of the four 'Control Objectives' assessed in the report, one is assessed as providing 'Moderate Assurance' on two counts, the remaining three are assessed as providing 'Significant Assurance'.
- 3.6 The Internal Audit report comments that: *"...the Governance Framework has operated reasonably effectively, with projects introduced that contribute to the delivery of the East Lothian IJB strategic priorities. However some improvement opportunities have been identified and recommendations made to enhance the governance arrangements already in place."*
- 3.7 In preparing his report the Internal Auditor interviewed a number of people involved in two of the Change Boards as well as officers supporting the HSCP's Strategic Planning function. He also selected and reviewed a range of documents concerning the Change Boards.
- 3.8 Section 3 of the report sets out the findings of the audit and the HSCP Management Action. This is summarised in table 2 below.

Table 2 - Internal Audit Report Findings and Management Action

<p>Control objective 1: The Change Boards are supported by Terms of Reference and have appropriate membership, scope, relationships with other governance boards and support decision making by the Strategic Planning Group and the IJB</p> <p>Finding 1: Terms of Reference for the Change Boards are inconsistent, with no review of the Boards having taken place</p> <p>Associated risk of not achieving the control objective: Some requirements recorded in the Boards' remit is not being achieved</p> <p>Recommendation:</p> <p>The Chairs of the Change Boards should review their Terms of Reference, using the generic version as guidance.</p> <p>Once done, the Terms of Reference instruction should be followed and the membership, performance, structure and relevance of the Change Boards reviewed to ensure that they remain effective in delivering the East Lothian IJB strategic Priorities.</p> <p>In doing this, Change Boards should also consider areas where joint working and cross-Board cooperation is likely and make this clear in the updated Terms of Reference.</p> <p>Moderate Assurance</p>	<p>Management Action</p> <p>The Planning and Performance Team will work with the Chairs of the Change Boards, the relevant HSCP General Manager and Change Board members to update the Terms of Reference, ensuring these include all elements of the generic template and those specific to each Change Board and that these facilitate inter-Change Board working where possible.</p> <p>The Planning and Performance Team will work with each Change Board to review its achievements in delivering the East Lothian IJB Strategic Plan priorities as well as operational and other priorities.</p>
<p>Control objective 1: The Change Boards are supported by Terms of Reference and have appropriate membership, scope, relationships with other governance boards and support decision making by the Strategic Planning Group and the IJB</p> <p>Finding 2: There are difficulties around the mapping of current Golden Threads to the activities of the Change Board and the wider strategic priorities</p> <p>Associated risk of not achieving the control objective: Without regular review and update, the Golden Threads cannot be aligned effectively with the Change Board projects and other strategic priorities</p> <p>Recommendation:</p> <p>A clear method for identifying and assigning Golden Threads to the Change Boards' projects should be developed. This should be subject to regular review to ensure that they continue to be relevant and captured by the activities of the Change Board.</p> <p>Moderate Assurance</p>	<p>Management Action:</p> <p>Each Change Board will be asked to set out how it will monitor its delivery of the agreed 'Golden Threads' in coming months.</p>

<p>Control objective 2: The delivery of projects and programmes is supported by appropriate measures</p> <p>Finding 3: Projects are being established without a corresponding Project Initiation Document</p> <p>Associated risk of not achieving the control objective: Projects can lose direction with budget and time overruns likely</p> <p>Recommendation:</p> <p>Change Boards, should implement a means of reviewing and approving the projects and workstreams under their responsibility. This should include the agreement of project objectives, strategic relevance, monitoring & reporting arrangements, and where impact by the project on other Change Boards is likely.</p> <p>Significant Assurance</p>	<p>Management Action:</p> <p>Each Change Board will be asked to review and where indicated reduce the number of projects it is involved in to ensure these can effectively deliver on IJB strategic priorities. Each project will require to have a delivery plan in place, with clear project objectives and robust monitoring and reporting arrangements.</p>
<p>Control Objective 3: The use of reference and other involvement groups is reasonable and support delivery of the strategic objectives</p> <p>Finding 4: Reference groups are not subject to ongoing review and remit</p> <p>Associated risk of not achieving the control objective: If Projects and workstreams do not engage with the appropriate reference group, they may not be able to support strategic delivery.</p> <p>Recommendation:</p> <p>Review of the Change Boards should also include how the individual project teams are engaging with the reference groups. Change Board Chairs should ensure that there is appropriate representation within the groups and that they are able to provide input.</p> <p>In doing this, the Change Boards should also consider their relationship with each other and the sharing of practices to promote consistency.</p> <p>Significant Assurance</p>	<p>Management Action:</p> <p>The Planning and Performance Team will work with the Chairs of the Change Boards, the relevant HSCP General Manager, Change Board members and Reference Group members to agree how to improve engagement with the Reference Group/s and how to secure appropriate representation in the group/s.</p>

<p>Control Objective 4: The Strategic Planning Group has established governance processes across the Change Boards and these are managed appropriately, including performance monitoring and management</p> <p>Finding 5: Without clear intention and timeline for the various Change Board Projects, current reporting methods may be inefficient</p> <p>Associated risk of not achieving the control objective: The Strategic Planning Group is not provided with information at the appropriate time to make an informed assessment of the Change Boards' performance</p> <p>Recommendation:</p> <p>The Strategic Planning Group should agree with the Change Board Chairs the most appropriate reporting frequency that would be most beneficial in providing the Group with a clear picture of progress.</p> <p>Significant Assurance</p>	<p>Management Action:</p> <p>The Strategic Planning Group will be asked to agree its requirements for the frequency and content of Change Board reports.</p>
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4 ENGAGEMENT

- 4.1 The Change Boards have a Reference Group structure to maintain engagement with stakeholders and to consult on any proposed service changes.

5 POLICY IMPLICATIONS

- 5.1 Any policy implications arising from Change Board delivery of the management actions within the Internal Audit report will be fully assessed and reported on to appropriate committees.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 There are no implications for Directions associated with the proposed actions arising from the audit report.

8 RESOURCE IMPLICATIONS

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

8 BACKGROUND PAPERS

- 9.1 None.

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DATE	11 June 2020

Appendix 1 - Internal Audit of East Lothian IJB Strategic Change Priorities and Delivery

Internal Audit



East Lothian IJB – Strategic change priorities and delivery at HSCP level

April 2020

Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three	Objective Four
Moderate Assurance	Significant Assurance	Significant Assurance	Significant Assurance

Timetable

Date closing meeting held: 4 March 2020

Date draft report issued: 3 April 2020

Date management comments received: 4 May 2020

Date Final report issued: 8 May 2020

This report has been agreed with the Chief Internal Auditor for East Lothian Integration Joint Board and prepared in our capacity as NHS Lothian Internal Auditors. The report will be shared with the East Lothian Integration Joint Board Audit & Risk Committee and the NHS Lothian Audit & Risk Committee.

This report has been prepared solely for internal use as part of NHS Lothian's internal audit service. No part of this report should be made available, quoted or copied to any external party without Internal Audit's prior consent.

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1. Introduction

1.1 In developing its Strategic Plan 2019-2022, the East Lothian IJB agreed six strategic priority areas for change. These focus on: primary care, adults with complex needs, adults affected by mental health and substance misuse issues, shifting care from acute hospitals to the community and support to carers. These six areas, along with the updated Strategic Objectives and a range of 'Golden Threads' will form the basis of transformational change over the three years. Golden threads include for example:

- Early intervention and prevention
- Carers needs
- Self-Directed Support rights
- Equality and diversity, including tackling health inequalities and discrimination
- Partnership working

1.2 East Lothian IJB has established a 'Change Board' structure in order to monitor delivery of the strategic priorities. Each Change Board is chaired by a senior HSCP Officer, co-chaired by an IJB member and ensures that input from service-users, carers, professional, operational, management and planning representative informs the work of the Strategic Planning Group.

1.3 The Change Boards have an agreed remit to:

- Provide a structured and accountable approach to delivery of programmes, projects and workstreams
- Ensure a culture of involvement, engagement and appropriate consultation in all work programmes, using a range of approaches including the reference groups and independent advocacy
- Ensure a clear line of sight to the priorities as set out in the IJB Directions and delivery through the Strategic Plan
- Report in line with the agreed terms of operation
- Set the tone and direction for partnership working
- Support the delivery of all relevant national and local targets and performance requirements in respect of health and social care
- Maintain effective links with other partnerships and other Change Boards in areas of joint interest.

1.4 There will be a requirement for all projects to evidence to their respective Change Board that the Golden Thread Commitments have been achieved as part of project delivery.

Scope

1.5 The audit reviewed the IJB's corporate governance arrangements in place to support the revised Change Board structure, including how the Board's oversee delivery of the strategic priorities.

Acknowledgements

1.6 We would like to thank all staff consulted during this review for their assistance and cooperation.

2. Executive Summary

Summary of Findings

2.1 The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 3.

No.	Control Objectives	Assurance Level	Number of Findings			
			Critical	High	Medium	Low
1	The Change Boards are supported by Terms of Reference and have appropriate membership, scope, relationships with other Governance Boards and support decision making by the Strategic Planning Board and the IJB	Moderate Assurance	-	-	2	-
2	The delivery of projects and programmes is supported by appropriate measures	Significant Assurance	-	-	-	1
3	The use of reference and other involvement groups is reasonable and support delivery of the strategic objectives	Significant Assurance	-	-	-	1
4	The Strategic Planning Group has established governance processes across the change Boards and these are managed appropriately, including performance monitoring and management	Significant Assurance	-	-	-	1
Total			-	-	2	3

Conclusion

2.2 Since the introduction of the Change Boards in 2018, the Governance Framework has operated reasonably effectively, with projects introduced that contribute to the delivery of the East Lothian IJB strategic priorities. However some improvement opportunities have been identified and recommendations made to enhance the governance arrangements already in place.

Main findings

2.3 The Change Boards were created with a clear remit to oversee a range of transformation change projects and programmes arising from the strategic priorities. A Terms of Reference was developed to support the Change Boards in providing a structured and accountable approach to the delivery of projects and workstreams.

2.4 The Change Boards reviewed as part of this audit have to date have addressed a number of initial Change Board priorities through their various projects, and are reasonably well placed to take forward new or emerging priorities.

2.7 A governance structure has been developed, which records the relationships between the Reference Groups, Change Boards and IJB Strategic Planning Group. Originally, a Strategic Change Board had been created to sit between the SPG and the Change Boards. However that had resulted in unnecessary duplication and has since been replaced by an Officers Group, which supports the more practical operational matters and accompanying decision making. The Officers Group also facilitates discussion around matters arising from the individual Change Boards.

2.8 Elsewhere, while the Terms of Reference for the Change Boards recorded that a communication strategy was to be developed overarching all change programmes supporting transformational change towards the agreed IJB Directions and Priorities. Instead, it was decided to develop individual communications plans related to individual Change Board activities. Examples have been provided supporting the Self-directed Support and Primary Care Improvement Plan projects overseen by the Primary Care Change Board.

2.9 The membership of the Change Boards includes a Group Service Manager as they have the level of seniority to enable management decisions to be made. Planning and Performance Managers also attend meetings to ensure that an operational perspective is brought to the Change Board.

2.10 The Strategic Planning Group meets approximately every six weeks, where Change Boards chairs are provide a status update through the submission of highlight reports. The Highlight Reports include all programmes under the Change Board's responsibility, in addition to what each is expected to achieve. Progress to date is then added followed by the key milestones ahead.

2.13 We identified five improvement opportunities during this review:

Medium Rating

- Without a comprehensive review of the Change Boards and their operational activities, there is a risk that specific aspects of the Boards' remit is not being achieved.
- There is a risk that, without regular review and update, the Golden Threads cannot be aligned effectively with the Change Board projects and other strategic priorities.

Low Rating

- Without clarity and agreement from the outset of a project and its performance measures there is a risk that projects can lose direction with budget and time overruns likely.
- Projects and workstreams should each be engaging with the appropriate reference group, with the membership and relationships reviewed to ensure that they remain appropriate and able to support strategic delivery.
- While the principle of reporting to the SPG is reasonably sound. Without clear intention and timeline for the various Change Board Projects, this may not be an efficient reporting method.

Further details of these points are set out in the Management Action Plan.

3. Management Action Plan

Control objective 1: The Change Boards are supported by Terms of Reference and have appropriate membership, scope, relationships with other governance boards and support decision making by the Strategic Planning Group and the IJB

Finding 1: Terms of Reference for the Change Boards are inconsistent, with no review of the Boards having taken place

Associated risk of not achieving the control objective: Some requirements recorded in the Boards’ remit is not being achieved

Medium

Background

In February 2018 the East Lothian IJB agreed that the HSCP needed to focus its energies in 2018-19 and beyond on work to respond to financial pressures and support service change and the delivery of local national and local priorities, including the delivery of the Primary Care Strategy/new GP Contract Implementation plan and review of services for adults with mental health and substance misuse issues.

Observation and Risk

The Change Boards were established towards the end of 2018 to support the work of the East Lothian Health & Social Care Partnership in addressing these priorities, in addition to other initial Change Board Priorities, such as delivery of the financial plan (all Change Boards) and Action 15 Mental Health Strategy (Mental Health & Substance Misuse Change Board).

To support the Change Boards, a generic Terms of Reference was prepared, which includes the general purpose of the Change Boards (number and remit), in addition to specific responsibilities, core membership, communication arrangements and stakeholder involvement.

While the Carers, Mental Health & Substance Misuse and Primary Care Change Boards all use the generic Terms of Reference, the Adults with Complex Needs and Shifting the Balance of Care Change Boards Terms of Reference do not follow the generic version and record only the core Board membership, meeting dates and a list of Change Board priorities.

The Change Boards’ Terms of Reference note that membership of each change board and Reference Group will be reviewed according to the nature of the change programmes reporting. However, no review to this effect has yet been carried out despite the Change Boards being operational for approximately 18 months.

Without a comprehensive review of the Change Boards and their operational activities, there is a risk that some requirements recorded in the Boards’ remit is not being achieved, specifically:

- Ensure a culture of involvement, engagement and appropriate consultation in all work programmes through the established reference groups, and
- Provide a structured and accountable approach to delivery of programmes, projects and workstreams

Recommendation

The Chairs of the Change Boards should review their Terms of Reference, using the generic version as guidance.

Specific detail should be included to make clear:

- Meeting frequency
- Total membership
- Reference groups
- Programme reporting and monitoring, and
- Authority and responsibilities

Once done, the Terms of Reference instruction should be followed and the membership, performance, structure and relevance of the Change Boards reviewed to ensure that they remain effective in delivering the East Lothian IJB strategic Priorities.

In doing this, Change Boards should also consider areas where joint working and cross-Board cooperation is likely and make this clear in the updated Terms of Reference.

Management Response

The Management Team accepts finding 1 above, the medium rating allocated and the actions within the recommendation to address the issue.

Management Action

The Planning and Performance Team will work with the Chairs of the Change Boards, the relevant HSCP General Manager and Change Board members to update the Terms of Reference, ensuring these include all elements of the generic template and those specific to each Change Board and that these facilitate inter-Change Board working where possible.

The Planning and Performance Team will work with each Change Board to review its achievements in delivering the East Lothian IJB Strategic Plan priorities as well as operational and other priorities.

Responsibility:

Interim General Manager - Strategic Integration, East Lothian Health and Social Care Partnership

Target date:

September 2020

Control objective 1: The Change Boards are supported by Terms of Reference and have appropriate membership, scope, relationships with other governance boards and support decision making by the Strategic Planning Group and the IJB

Finding 2: There are difficulties around the mapping of current Golden Threads to the activities of the Change Board and the wider strategic priorities

Associated risk of not achieving the control objective: Without regular review and update, the Golden Threads cannot be aligned effectively with the Change Board projects and other strategic priorities

Medium

Background

In addition to taking forward the six priority areas for change, recorded in the East Lothian IJB Strategic Plan, Change Boards are also required to demonstrate that their activities also take into account key principles or “Golden Threads”. These include:

- Early intervention and prevention
- Equality and diversity
- Communication, engagement and involvement
- Maximising effective use of resources
- Health promotion

There is a requirement on all projects to evidence to their respective Change Board that the Golden Thread commitments have been achieved as part of project delivery.

Observation and Risk

While Change Boards are required to report what is being actively done to support work on the Golden Threads through their highlight reports to the Strategic Planning Group, the reporting detail can vary between Boards.

For example, the Primary Care Change Board has been able to identify through its work seven of the 13 Golden Threads, although some are more certain in their impact than others.

Elsewhere, the Adults with Complex Needs Change Board has identified four Golden Threads, however the highlight report lacks detail around how the projects are addressing them. For example the report notes only that the Transition project ‘supports early intervention and prevention’.

Discussions with Chairs of the Change Boards have noted difficulties around the mapping of current Golden Threads to the activities of the Change Board and the wider strategic priorities.

There is a risk that, without regular review and update, the Golden Threads cannot be aligned effectively with the Change Board projects and other strategic priorities.

Recommendation

A clear method for identifying and assigning Golden Threads to the Change Boards’ projects

should be developed. This should be subject to regular review to ensure that they continue to be relevant and captured by the activities of the Change Board.

Management Response

The Management Team accepts finding 2 above, the medium rating allocated and the actions within the recommendation to address the issue.

Management Action

Each Change Board will be asked to set out how it will monitor its delivery of the agreed 'Golden Threads' in coming months.

Responsibility:

Interim General Manager - Strategic
Integration, East Lothian Health and Social
Care Partnership

Target date:

September 2020

Control objective 2: The delivery of projects and programmes is supported by appropriate measures

Finding 3: Projects are being established without a corresponding Project Initiation Document
Associated risk of not achieving the control objective: Projects can lose direction with budget and time overruns likely

Low

Background

The Change Boards' Terms of Reference advises that Change Boards have a structured and accountable approach to the delivery of projects and workstreams.

Change Boards have responsibility for a number of projects, with progress against each reported at the Change Board meetings.

Observation and Risk

Of the original six Change Boards, two were selected for further review. This included assessment of how programmes are being identified, assessed, approved and monitoring/ reporting arrangements agreed.

Of the six programmes overseen currently by the Adults with Complex Needs Change Board, all had been established without a corresponding Project Initiation Document (PID); Similarly, the six projects under the Primary Care Change Board's responsibility are not supported by documentation to support individual project approval.

Essentially, PIDs are used to define any project and form the basis for its management and assessment of its overall success. A PID's primary purpose is to ensure that the project has a sound basis before asking the Change Board to make any major commitment to the project, in addition to acting as the base document against which the Change Board can assess progress, change management issues and ongoing viability questions.

Without clarity and agreement from the outset of a project and its performance measures there is a risk that projects can lose direction with budget and time overruns likely.

Recommendation

Change Boards, should implement a means of reviewing and approving the projects and workstreams under their responsibility. This should include the agreement of project objectives, strategic relevance, monitoring & reporting arrangements, and where impact by the project on other Change Boards is likely.

Management Response

The Management Team accepts finding 3 above, the low rating allocated and the actions within the recommendation to address the issue.

Management Action

Each Change Boards will be asked to review and where indicated reduce the number of projects it is involved in to ensure these can effectively deliver on IJB strategic priorities. Each project will require to have a delivery plan in place, with clear project objectives and robust monitoring and reporting arrangements.

Responsibility:

Interim General Manager - Strategic
Integration, East Lothian Health and Social
Care Partnership

Target date:

October 2020

Control Objective 3: The use of reference and other involvement groups is reasonable and support delivery of the strategic objectives

Finding 4: Reference groups are not subject to ongoing review and remit
Associated risk of not achieving the control objective: If Projects and workstreams do not engage with the appropriate reference group, they may not be able to support strategic delivery.

Low

Background

A key element of the new structure is the reference groups which facilitate ongoing stakeholder involvement in strategic planning and development.

Of the two Change Boards considered in our internal audit testing, Primary Care has established Change Board stakeholder representation through four reference Groups:

- Access and Service Delivery
- Pharmacotherapy
- CTACs
- Link Workers and Third Sector

All four groups hold a position in at least one of the six Change Board projects; with the Chairs of the reference groups attending meetings of the Change Boards. Also, the Pharmacotherapy and Link Workers reference groups are directly involved in taking forward the 2018 GP Contract strategic priority. The Primary Care Improvement Programme strategic priority is also supported by the Access & Service Delivery and CTACs reference groups.

The Adults With Complex Needs reference group has been convened to take forward the Transformation Programme as a strategic priority, with the Chair of the Adults with Complex Needs reference group also a member of the Change Board.

Observation and Risk

The review of minutes from meetings of the Primary Care Change Board demonstrated that progress updates are being received from the four reference groups, in addition to the ongoing review of group membership and remit.

However the review has been unable to adequately confirm that there are similar controls operating within the Adults with Complex Needs Change Board. Projects and workstreams should each be engaging with the appropriate reference group, with the membership and relationships reviewed to ensure that they remain appropriate and able to support strategic delivery.

Recommendation

Review of the Change Boards should also include how the individual project teams are engaging with the reference groups. Change Board Chairs should ensure that there is appropriate

representation within the groups and that they are able to provide input.

In doing this, the Change Boards should also consider their relationship with each other and the sharing of practices to promote consistency.

Management Response

The Management Team accepts finding 4 above, the low rating allocated and the actions within the recommendation to address the issue

Management Action

The Planning and Performance Team will work with the Chairs of the Change Boards, the relevant HSCP General Manager, Change Board members and Reference Group members to agree how to improve engagement with the Reference Group/s and how to secure appropriate representation in the group/s.

Responsibility:

Interim General Manager - Strategic
 Integration, East Lothian Health and Social
 Care Partnership

Target date:

September 2020

Control Objective 4: The Strategic Planning Group has established governance processes across the Change Boards and these are managed appropriately, including performance monitoring and management

<p>Finding 5: Without clear intention and timeline for the various Change Board Projects, current reporting methods may be inefficient</p> <p>Associated risk of not achieving the control objective: The Strategic Planning Group is not provided with information at the appropriate time to make an informed assessment of the Change Boards' performance</p>	<p>Low</p>
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Background

Change Boards are required to complete Highlight Reports, which are presented at meetings of the Strategic Planning Group. The Highlight Reports include all programmes under the Change Board's responsibility, in addition to what each is expected to achieve. Progress to date is then added followed by the key milestones ahead.

The Strategic Planning Group maintains an action plan, which is updated at each meeting. This includes all actions identified by the SPG, though not all are related directly to the activities of the Change Boards.

Observation and Risk

At the October meeting, three reports were presented and only one at the September meeting. This was noted by the Chair of the Group and an action raised to remind Change Board Chairs of the importance of reporting and transparency.

At its meeting on 25 November 2019, the SPG was presented with highlight reports from the following Change Boards:

- Adults with Complex Needs
- Carers
- Primary Care
- Shifting the Balance of Care
- Mental Health & Substance Misuse

However, while the principle of reporting to the SPG is reasonably sound, there is no plan for when reporting is to be made and at what level of detail.

Without clear intention and timeline for the various Change Board Projects, this may not be an efficient reporting method.

Some projects are driven forward nationally, with timelines governed by national targets. Elsewhere, other projects have significant timelines where frequent reporting is unlikely to prove beneficial.

Recommendation

The Strategic Planning Group should agree with the Change Board Chairs the most appropriate

reporting frequency that would be most beneficial in providing the Group with a clear picture of progress.

Management Response

The Management Team accepts finding 5 above, the low rating allocated and the action within the recommendation to address the issue.

Management Action

The Strategic Planning Group will be asked to agree its requirements for the frequency and content of Change Board reports.

Responsibility:

Interim General Manager - Strategic
Integration, East Lothian Health and Social
Care Partnership

Target date:

September 2020

Appendix 1 – Staff Involved and Documents Reviewed

Staff Involved

- Strategic Planning & Performance Manager
- Assistant Strategic Programme Manager
- Chair of Primary Care Change Board
- Chair of Adults with Complex Needs Change Board
- Chair of the Strategic Planning Group

Documents Reviewed

- Change Boards Terms of Reference
- Highlight Reports
- Change Board Meeting Minutes
- Strategic Planning Group Meeting Minutes
- East Lothian IJB 2019-2022 Strategic Plan
- Documentation outlining the delivery of Strategic and other Priorities and Directions by Change Boards

Appendix 2 - Definition of Ratings

Findings and management actions ratings

Finding Ratings	Definition
Critical	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
High	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
Medium	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
Low	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
Limited assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
Moderate assurance	The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	<p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
Significant assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>



SBAR – IJB Integration Scheme Review

Date: 15th June 20

Completed by: Paul Currie

Area: Planning and Performance

Situation	A planned review of all four IJB Integration Schemes in Lothian is currently suspended.
Background	<p>The first (2016) East Lothian Integration Scheme sets out all the functions delegated to East Lothian IJB to by East Lothian Council and NHS Lothian. The Scheme was revised in July 2019 to incorporate requirements arising from the Carers Act.</p> <p>There is a legal requirement for Local Authorities and NHS Boards to review Integration Schemes every 5 years, the duty for which lies with the relevant NHS Board Chief Executive and Council Chief Executive.</p> <p>With the arrival of COVID-19 and the requirement to focus resources, NHS Lothian reached a decision to suspend a planned Integration Scheme review process. This approach was supported by the Local Authorities in Lothian, is permissible under emergency COVID-19 legislation and has been taken for other IJB schemes across the country. It should be noted there has been no formal approval from Scottish Government for IJB Scheme Reviews being suspended.</p>
Assessment	<p>Discussions in NHS Lothian are considering when and how the reviews may be carried out, what the scope of the reviews should be and how these would align to and support the planned service prioritisation and remobilisation work set out in the NHS Lothian Remobilisation Plan.</p> <p>Although the agreement of the 4 Local Authorities has yet to be obtained and a timeframe yet to be agreed, it seems very likely the review process will not commence until later in the year, allowing a focus on recovery work, which may itself inform the Scheme review.</p> <p>Although HSCPs have no statutory duty to carry out an Integration Scheme review there is an important role for HSCP Directors and their teams to support the process. This was the case at the last revision in 2019.</p>
Recommendation	<p>East Lothian IJB is asked to:</p> <ul style="list-style-type: none"> • Support the NHS Lothian plan to inform the Scottish Government of its intentions to work with partner Local Authorities on the Integration Scheme Review. • Agree HSCP officers should support NHS Lothian and East Lothian Council in the process of developing the revised Integration Scheme and carrying out a consultation in East Lothian.
Further Information	<p>East Lothian IJB 2019 Integration Scheme: - https://www.eastlothian.gov.uk/downloads/file/28529/east-lothian-revised-integration-scheme</p>



SBAR – Delay to Publication of the 2019-20 IJB Annual Performance Report

Date: 15th June 20

Completed by: Paul Currie

Area: Planning and Performance

Situation	Discussion is underway nationally between integration colleagues on delaying publication of the IJB Annual Performance Reports for 2019-20 until, at the very latest, end September 2020
Background	<p>The Public Bodies (Joint Working) legislation requires Integration Joint Boards to publish an Annual Performance Report covering the period 1st April to 31st March by the end of July each year.</p> <p>The many impacts of COVID-19 on East Lothian HSCP services and infrastructure and the numerous reporting requirements to Scottish Government and other partners has affected scheduled work.</p> <p>The Planning and Performance Team paused its drafting of the Annual Performance Report on the suspension of normal HSCP business at the end of March 2020 as it did not have sufficient capacity to progress this work while focussing on COVID-19 related reporting and service development.</p>
Assessment	<p>The Coronavirus (Scotland) Act 2020 allows for postponement of usual reporting processes.</p> <p>IJBs across the country have varying dates for the publication of their 2019-20 reports. All IJBs will publish by end September 2020.</p> <p>It is proposed that the East Lothian IJB formally agrees to delay publication of its 2019-20 Annual Performance Report until August 2020.</p> <p>Completion of the 2020-21 Annual Performance Report will revert to the usual deadline of end July.</p>
Recommendation	<p>East Lothian IJB is asked to:</p> <ul style="list-style-type: none"> • Accept that a delay to the 2019-20 Annual Performance Report publication is reasonable given the current disruption to usual business and the focus of the HSCP's energies on maintenance of its key services and on outcomes reporting. • Agree that work on the 2019-20 Annual Performance Report should be recommenced when feasible, but with a view to producing it by the end of August 2020 at the latest.
Further Information	<p>The Coronavirus (Scotland) Act 2020: http://www.legislation.gov.uk/asp/2020/7/contents</p>

