



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 25 JUNE 2020
VIA DIGITAL MEETINGS SYSTEM

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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
Ms C Flanagan
Mr I Gorman
Ms A MacDonald
Ms M McNeill
Mr T Miller
Ms J Tait
Mr P White

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Ms C Cockburn
Mr P Currie	Ms C Goodwin
Ms D Gray	Ms L Kerr
Mr J Hetherington	Ms J Holland
Ms J Ogden-Smith	Mr D Stainbank

Visitors Present:

Ms E Scoburgh, Audit Scotland

Clerk:

Ms F Currie

Apologies:

Lesley White

Declarations of Interest:

None

The Chair welcomed members to the meeting which was being conducted via MS Teams.

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 26 MARCH 2020 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board (IJB) meeting on 26 March 2020 were approved.

2. MATTERS ARISING FROM THE MINUTES OF 26 MARCH

There were no matters arising.

3. CHAIR'S REPORT

The Chair confirmed that the emergency recess procedures put in place on 27th March had now come to an end, allowing for the resumption of formal business meetings. However, she stressed that the threat from COVID-19 was by no means over and that there may be occasions over the coming weeks and months where it may be necessary to return to emergency governance arrangements. Members would be notified of any change and kept informed of any decisions taken under these arrangements.

Peter Murray reported that a Remobilisation & Recovery Group had recently been set up by the Cabinet Secretary. Mr Murray had been appointed as one of the members and would provide feedback to the IJB on progress.

Marilyn McNeill asked whether there was any data on the number of people who had heeded the message 'not to go to the doctor' and were currently awaiting treatment. The Chair advised that NHS Lothian had recently produced an update on this issue and she would be happy to share the information with Ms McNeill. However, it should be noted that the figures covered the whole of Lothian.

Shamin Akhtar advised that the Council's Education Committee had met that morning to discuss plans for children to return to school in August. She reinforced the importance of ensuring that childcare, particularly for key workers, continued to receive adequate funding.

The Chair thanked her colleague for the reminder that, without appropriate childcare, staff within health and social care could not fulfil their roles.

4. COVID-RELATED HSCP SERVICE CHANGES

The Chief Officer had submitted a report updating the IJB 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.

Paul Currie presented the report outlining the key points and highlighting the tremendous efforts of staff in responding to the health crisis. He advised members that the experience gathered during the past few months had helped to inform the NHS Lothian Remobilisation Plan. He added that guidance and policies were still subject to frequent changes and flexibility would continue to be required in both planning and delivery over the coming months.

The Chair said it was very useful to see the scale of the work and the impact on current and future practice within services.

Mr Murray remarked that this was a very powerful document and huge credit was due to staff for their work in responding to the crisis and in developing new ways of working.

Fiona Ireland agreed with Mr Murray, noting that the document demonstrated very clearly the work that had been done on shifting the balance of care. She said it would be important to understand the impact on services and on staff, and to ensure that this was part of the discussion on the need for revised or new Directions and changes to funding during the current year.

Alison MacDonald acknowledged that there was still a lot of work to be done to fully take account of and learn from the experiences of staff. She advised that a questionnaire would shortly be issued seeking feedback from NHS staff on working arrangements and this would be followed by a wider piece of work across health and social care.

Patricia Donald said the paper was hugely impressive and she welcomed the discussions taking place on how to build on this work to improve services in future. She highlighted the evolution of CTAC; and mental health and rehabilitation services as examples of positive changes which could have long-term benefits.

Ms MacDonald acknowledged the potential of these and other services to improve practice and outcomes and Lesley Berry provided some examples of improvements to services across the county.

Iain Gorman provided some feedback on the changes to mental health services and how the delivery mechanisms had been remodelled to provide a less centralised service. He hoped that this work would be further developed and allow services to reach other clients that may previously have been missed.

Thomas Miller said that the Unions fully supported the plans for a staff survey. He emphasised the importance of learning lessons from this crisis and ensuring that staff felt valued and that their contribution was fully recognised.

Responding to a question from the Chair, Laura Kerr advised that discussions were taking place around community support and the needs of individuals and day centres across this sector. The idea being to build on the increased community spirit and volunteering seen during the past few months.

Councillor Akhtar commended both NHS and social care staff across the county and urged the IJB to give particular consideration to staff from BAME backgrounds who had been disproportionately impacted by COVID-19.

The Chair thanked everyone for their contributions to the debate.

Decision

The IJB agreed to:

- i. Accept the summary 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;

- ii. 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;
- iii. 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; and
- iv. 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.

The Members agreed to take Item 6 next.

6. NHS Lothian COVID-19 Remobilisation Plan

The Chief Officer had submitted a report informing 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.

Ms MacDonald and Mr Currie presented the report pointing out that the Plan had been drawn together in a very short timeframe and would be subject to revision. It was a starting point for considering how to move forward, how to influence the shape of services in the future and to best serve the people of East Lothian. The Plan had been submitted to the Scottish Government in April and had been approved in principle. While some uncertainty remained around the flow of monies associated with the Plan, the costs would be reviewed at Quarter 1 and officers would continue to pursue all options for funding to support this work.

Mr Murray emphasised the need for the IJB to act swiftly to influence the shape and direction of travel and to return services to their previous levels of capacity.

The Chair agreed and added that workforce planning would be a key aspect of this work.

Dr Donald raised concerns about the impact of the backlog on GPs and cautioned against plans which placed too great an additional burden on these services.

Ms MacDonald confirmed that discussions had taken place on this issue. She was mindful of the need to consider carefully how and where this work should be allocated and that GP practices should not be overloaded.

Ms Ireland agreed that the timeframe for developing the Plan was unfortunate but added that the IJB had an opportunity to claim back from the centre some of the power to determine how future services could look. It was important that the IJB identified areas where a change in Directions would allow services to be delivered differently, rather than simply returning to business as usual.

Paul White said he would be interested to see the future level of demand for services, noting that demand had been suppressed due to concerns about COVID-19 or through community self-management. He suggested that a focus on the latter might help to solve more challenges at local level, particularly as the availability of funding would likely reduce and the need to redesign services would be greater than ever. One of the positive outcomes from COVID-19 had been that more people seemed to take on board the prevention message; he suggested that this might be extended to other health issues.

The Chair said that community capacity and building on successful and sustainable community connections was an interesting point. She also noted that the IJB needed to work on its engagement strategies to improve communication to and from the public.

Ms MacDonald reminded members that the IJB was part of the Integrated Care Forum, involving all four Lothian IJBs, and that they should be working with their neighbouring IJBs to maximise opportunities for East Lothian.

Mr Murray welcomed Mr White's remarks and suggested that the possibility of an increased reliance on more holistic service provision was something that the IJB should debate in more detail. He also acknowledged the point made by Ms MacDonald, reflecting on his experiences as a member of the Edinburgh IJB.

The Chair suggested the possibility of arranging a development day to discuss these and other issues.

Decision

The IJB agreed to:

- i. Accept the Remobilisation Plan 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;
- ii. 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; and
- iii. 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.

5. 2020-21 DIRECTIONS

The Chief Officer had submitted a report updating the IJB on the plans to review the suite of Directions to ensure they were relevant to policy and service delivery requirements in the short and longer term arising from the current COVID-19 outbreak.

Mr Currie presented the report outlining the background and purpose and drawing members' attention to the information contained in the summary. The expectation was

that the Change Boards would carry out a formal review of the current Directions and consider whether new Directions were required. It was also possible that some service reviews may need to be revisited.

Ms McNeill asked about reprovision of services and was advised that an update would be provided under Agenda Item 10.

Mr Murray thanked officers for providing such a comprehensive analysis. He advised members that the Cabinet Secretary had recently commented on the importance of IJBs reviewing and revising their strategic direction at this time and using the response to the pandemic as an opportunity to redesign services with a community-first approach. He also referred to the impending review of social care as an opportunity to influence the direction of travel for future services and to bid for increased funding for IJBs. He welcomed the references to staff within the document, the importance of their contribution to service redesign, and he emphasised the need to take a new and more inclusive approach to commissioning of services. He concluded that the previous suggestion of a development day would be a useful first step.

Ms Ireland highlighted the remit and work of the Shifting the Balance of Care Group which had met during the pandemic and were discussing how to increase public and third sector engagement through virtual means.

Ms MacDonald acknowledged the need for Change Boards and other groups to begin this work but cautioned that officers were still incredibly busy dealing with the pandemic and that NHS Lothian remained subject to emergency procedures.

The Chair said it was important to make that point and to be realistic about what could be achieved in the short term. She added that the Change Boards and groups may wish to consider whether other members could take on greater responsibility for driving work forward in the meantime.

Decision

The IJB agreed:

- i. To note the summary of the impact of COVID-19 on Directions;
- ii. 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;
- iii. To 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; and
- iv. To accept that some completed service reviews will need to be revisited in view of changes imposed by COVID-19 action.

7. ANNUAL INTERNAL AUDIT OPINION AND REPORT

The Chief Internal Auditor had submitted a report informing the IJB of the internal audit work undertaken in 2019/20 and providing an opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control.

Duncan Stainbank presented the report outlining the main points which included a summary of the internal controls, the audit reports prepared during 2019/20 and the work that had been delayed due to COVID-19. He highlighted the evaluation of the IJB's controls and governance and the areas with scope for improvement. He concluded that 'reasonable assurance' could be placed on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the year ended 31 March 2020.

In response to a question from the Chair, he confirmed that the improvement actions had been agreed by Management but that some may take longer to complete due to the current situation. Implementation of all actions would be reviewed as part of the audit team's follow up work and a further update provided.

Decision

The IJB agreed to note that the Internal Audit Opinion and Report 2019/20 was 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.

8. 2019/20 DRAFT UNAUDITED ANNUAL ACCOUNTS

The Chief Finance Officer had submitted a report presenting the IJB's draft (unaudited) annual accounts for 2019/20.

Claire Flanagan presented the report outlining the contents of the management commentary, annual governance statement and the financial statements. The accounts required to be published by the end of June and submitted for review by the IJB's external auditors. She advised that IJB had ended the 2019/20 financial year with an underspend of £626,000 and this would be added to the IJB's existing reserves.

In reply to a question from the Chair, Ms MacDonald confirmed that non-voting members were able to claim expenses and that forms and guidance were available from her office.

Ms Flanagan responded to questions on the IJB's reserves policy and the use of both allocated and unallocated reserves. She reminded members that the policy recommended a minimum of 2% reserves and the IJB had yet to reach this figure. She also confirmed that further dialogue would take place with the Scottish Government over the costs of responding to the pandemic and any potential implications for IJB reserves.

Ms McNeill confirmed that she had received expenses but noted that she had been required to seek out the information on how to claim as this had not formed part of her orientation as a new non-voting member.

Esther Scoburgh offered her thanks to Ms Flanagan and Ms MacDonald for preparing the accounts and adhering to the timetable for doing so during such an unprecedented situation.

The Chair also added her thanks noting that not all IJBs had been able to complete their accounts within the usual timeframe.

Decision

The IJB agreed that the draft annual accounts could be published and presented for audit.

9. INTERNAL AUDIT OF EAST LoTHIAN IJB STRATEGIC CHANGE PRIORITIES AND DELIVERY

The Chief Officer had submitted a report presenting 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.

Mr Currie presented the report outlining the background and key findings of the audit work. He advised that all of the recommendations and proposed management actions had been agreed and that the actions would be addressed by the relevant Change Boards. He said the intention was to deliver the proposed actions within the stated timescale but that the continuing response to the pandemic may impact on some completion dates.

The Chair reiterated the point made previously regarding the continuing impact of the pandemic on staff resources and the need to take into account the demands on officer time.

Decision

The IJB agreed:

- i. To accept the attached Internal Audit report on East Lothian IJB Strategic Change Priorities and Delivery;
- ii. To 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; and
- iii. 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.

10. UPDATE ON SHIFTING THE BALANCE OF CARE IN NORTH BERWICK, DUNBAR AND MUSSELBURGH

Ms MacDonald provided a brief update on the progress in relation to transforming care for older people in North Berwick, Dunbar and Musselburgh. She advised members that, as they might appreciate, no work had taken place during the past 3 months but that there was now a project team in place who were ready to take things forward. Money had been secured from the Scottish Futures Trust to undertake work on identifying those who required care and this information would be used to prepare a report to inform the IJB's strategic decision-making.

In response to questions from Ms McNeill, Ms MacDonald advised that a new Change Board would be formed to take forward this work and that time was required to interrogate the information and formulate possible options. There would be an opportunity for community engagement during this process and particularly around the potential options.

The Chair also noted the likelihood of future changes to national policy and the importance of the IJB remaining in step with this.

Ms McNeill suggested that providing a one page update on progress would be helpful for community groups at this stage. The Chair endorsed this suggestion but cautioned against including a timeline for actions given the continuing impacts of COVID-19 on staff resources.

Ms MacDonald referred to the redesign of services within Ward 2 at Belhaven Hospital as an example of positive change. She pointed out that while the ward had been closed as an in-patient facility it was now working very successfully as a multi-disciplinary community hub.

The Chair invited members to note this verbal update.

11. UPDATE ON THE REVIEW OF THE INTEGRATION SCHEME

Mr Currie presented the SBAR report updating the IJB on the planned review of all four IJB Integration Schemes in Lothian.

He indicated that the SBAR was a new report format (**S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation) which was being trialled and he welcomed feedback from members.

He advised members of the planned review of the integration schemes had been suspended due to COVID-19 and that NHS Lothian were now considering when and how the reviews would be carried out.

Decision

The IJB agreed:

- i. To support the NHS Lothian plan to inform the Scottish Government of its intentions to work with partner Local Authorities on the Integration Scheme Review; and
- ii. That 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.

12. UPDATE ON THE DELAYED IJB ANNUAL PERFORMANCE REPORT

Mr Currie presented the SBAR report updating the IJB on the delay to the publication of the 2019-20 IJB Annual performance Report.

He informed members that discussions were 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. He added that as the report covered the previous financial year it would only contain brief references to the impact of the pandemic. He thanked his colleague, Jane Ogden-Smith, for her work on preparing the report.

The Chair also acknowledged the work of Ms Ogden-Smith in providing very helpful and regular public communications during the pandemic. She also commended Ms MacDonald's blog as a very useful source of information.

Decision

The IJB agreed:

- i. To 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.
- ii. 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.

Signed

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



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 27 August 2020

BY: Chief Officer

SUBJECT: Changes to the Membership of the IJB and its Audit & Risk Committee

3

1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of changes to its voting membership.
- 1.2 To ask the IJB to consider nominations and to appoint a NHS voting member to the Audit & Risk Committee, to replace Alex Joyce.
- 1.3 To ask the IJB to consider nominations and to appoint a new Chair of the Audit & Risk Committee.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
 - i. note the appointment of Dr Richard Williams as a NHS Lothian voting member of the IJB, as a replacement for Alex Joyce, and for the maximum term of office;
 - ii. to consider nominations and to appoint a NHS voting member to replace Mr Joyce on the Audit & Risk Committee; and
 - iii. to consider nominations and to appoint a new Chair of the Audit & Risk Committee.

3 BACKGROUND

- 3.1 Following the retirement of Alex Joyce as a voting member of the East Lothian IJB in August 2020. The Chairman of NHS Lothian wrote to the Chair of the East Lothian IJB on 21st July to confirm that Dr Richard Williams would be nominated to replace Mr Joyce as a voting member. The appointment would take effect from 12 August 2020 and would extend for the maximum term of three years.

- 3.2 The IJB Standing Orders allow the IJB to establish committees and working groups as necessary and to approve their membership, Chair and terms of reference. The membership of the Audit & Risk Committee requires an equal number of NHS and Council voting members. As well as being a NHS voting member of the IJB, Mr Joyce was also a member of the Audit & Risk Committee. In accordance with Standing Orders, Mr Joyce will be replaced on the Committee by another NHS voting member of the IJB.
- 3.3 Councillor Sue Kempson was appointed as a member and Chair of the Audit & Risk Committee on 28 June 2018, however she has recently indicated her wish to step down from this role. The role of Chair may be filled by any member of the Committee, either voting or non-voting, as long as that individual is not also the Chair or Depute Chair of the IJB.
- 3.4 Nominations to replace Mr Joyce and nominations for the role of Chair will be invited at the meeting. All nominations will require a proposer and seconder before being voted on.

4 ENGAGEMENT

- 4.1 The appointment of voting members to the IJB is at the discretion of the appropriate nominating body. Changes to the membership of its Committee's is a matter for the IJB.

5 POLICY IMPLICATIONS

- 5.1 The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 The subject of this report does not affect the IJB's current Directions or require an additional Direction to be put in place.

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

- 9.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SSI 2014 No.285).
- 9.2 The Standing Orders of the East Lothian Integration Joint Board.

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DATE	21 August 2020



SBAR – Healthcare Governance Committee Report

Date: 27th August 2020

Completed by: Paul Currie

Area: Planning and Performance

Situation	HSCPs are required to produce an annual report for the NHS Lothian Healthcare Governance Committee (HGC) regarding their governance arrangements. The attached paper will be considered at the committee's 8 th September meeting.
Background	<p>The HGC's role is to give assurance to NHS Lothian that all services, including those of the HSCPs, have robust governance arrangements in place to assess risks and adverse outcomes for services and their patients and clients and to take preventative and reactive steps to improve outcomes.</p> <p>The attached paper follows on from one of 10th September 2019. It provides an update (structured to meet HGC requirements and for this update reflecting on COVID-19) on the delivery of healthcare governance across East Lothian Health and Social Care Partnership (ELHSCP) from August 2019 to end July 2020.</p>
Assessment	<p>East Lothian IJB has an established Clinical and Care Governance Committee (CCGC – see appendix 1 of the attached paper for Terms of Reference). This group meets quarterly with operational management colleagues to seek assurance on the quality and safety of all services.</p> <p>The attached paper sets out risk assessment and governance work across East Lothian HSCP services.</p>
Recommendation	<p>East Lothian IJB is asked to:</p> <p>Approve the recommendations to the Healthcare Governance Committee, which are:</p> <ul style="list-style-type: none"> • Accept that the delivery of healthcare governance arrangements across East Lothian HSCP services continues to provide moderate assurance to committee members. • Note the trends in performance across various measures to 31st July 2020 compared to the data previously reported to the Committee in September 2019. • Note that the East Lothian Clinical and Care Governance Committee is well established as a sub-committee of the East Lothian Integration Joint Board (IJB) and reports to the IJB on a regular basis. • Accept that the East Lothian healthcare governance structures allow for early identification of risks and for the mobilisation of actions to ameliorate and where possible to remove risks.
Further Information	See attached Healthcare Governance Paper

NHS Lothian

Healthcare Governance Committee

8 September 2020

Director, East Lothian Health and Social Care Partnership

EAST Lothian Health and Social Care Partnership Healthcare Governance Arrangements

1 Purpose of the Report

- 1.1 This report follows on from a previous report of 10th September 2019 and provides an update on the delivery of healthcare governance across East Lothian Health and Social Care Partnership (ELHSCP).

2 Recommendations

The Committee is recommended to:

- 2.1 Accept that the delivery of healthcare governance arrangements across East Lothian HSCP services continues to provide moderate assurance to committee members.
- 2.2 Note the trends in performance across various measures to 31st July 2020 compared to the data previously reported to the Committee in September 2019.
- 2.3 Note that the East Lothian Clinical and Care Governance Committee is well established as a sub-committee of the East Lothian Integration Joint Board (IJB) and reports to the IJB on a regular basis.
- 2.4 Accept that the East Lothian healthcare governance structures allow for early identification of risks and for the mobilisation of actions to ameliorate and where possible to remove risks.

3 Discussion of Key Issues

3.1 Area Served by East Lothian HSCP and the Services Provided

- 3.1.1 East Lothian HSCP serves a growing and increasingly ageing population (currently around 105,000 residents, based on 2018 estimates) across a wide geographical area with urban and dispersed rural settlements. Population growth in East Lothian is amongst the fastest growing in Scotland. This is driven by residential developments, which are scheduled to continue for the next 20 years. This growth is focussed in the main in the west of the county, which is more populous than the east and which has more areas of

deprivation. The rural settlements and associated travel difficulties present challenges in service delivery.

3.1.2 The HSCP is responsible for health and social care services, including core primary care and community services and acute inpatient and outpatient services. The previous acute hospital (Roodlands in Haddington) was replaced in 2019 with the new, East Lothian Community Hospital (also located in Haddington, so is central to the county and well served by public transport from some areas). This modern, spacious and purpose designed facility is fully open (though final car parking and site work is still being completed). It offers East Lothian residents an expanded range of services, some already transferred from Edinburgh hospitals and some planned for future transfer.

3.1.3 Services are led and managed by the East Lothian HSCP Core Management Team. This comprises the HSCP Director, Chief Nurse, Head of Operations and Clinical Director, with support from the Chief Financial Officer and planning and commissioning colleagues. The range of services covered by the HSCP includes:

- District Nursing
- Care Home support
- Hospital to Home
- Hospital at Home
- Re-ablement, including rapid response teams
- Adult Social Work
- Allied Health Professional (AHP) services
- Community Learning Disabilities
- Day Hospitals
- Community Mental Health and Substance Misuse
- Older Peoples' Mental Health
- Primary Care (GP, community pharmacy, dentistry and optometry services).

3.2 Structures to Deliver Effective Healthcare Governance

3.2.1 The East Lothian IJB's Integration Scheme (updated in July 2019¹ to reflect the requirements of the Carers' Act) and its Strategic Plan² (agreed in March 2019 and covering the period 2019-2022) acknowledge that NHS Lothian and East Lothian Council have various mechanisms to demonstrate accountability to the Scottish Government and the public. These documents also commit the Integration Joint Board to the continued development of professional performance management and governance arrangements with all its partners across all its service delivery areas and in all strategic planning and community planning approaches across East Lothian. A planned review of the East Lothian Integration Scheme (along with those of Edinburgh, West Lothian and Midlothian) in early 2020 is currently paused because of COVID-19. This work will recommence at the earliest opportunity.

¹ https://www.eastlothian.gov.uk/downloads/file/27201/integration_scheme

² https://www.eastlothian.gov.uk/downloads/file/28278/east_lothian_ijnb_strategic_plan_2019-22

- 3.2.2 Systems and processes are in place throughout ELHSCP to ensure and monitor the delivery of person-centred, safe and effective care through operational management structures. These have clear escalation routes as required to the HSCP Core Management Team.
- 3.2.3 The East Lothian IJB has an established Clinical and Care Governance Committee (CCGC – see appendix 1 for Terms of Reference) in accordance with the East Lothian Integration Scheme¹. This group, which originally met monthly before moving once established to quarterly meetings, seeks assurance from all operational management colleagues on the quality and safety of all services. This provides assurance to patients, service users, clinical and care staff, managers and IJB members that all services focus on:
- **Delivery of Person Centred Services:** - ensuring the planning and delivery of services take full account of the perspective of patients and service users, by learning from feedback, external review and complaints
 - **Shared Learning:** - ensuring the outcomes and learning from adverse events or incidents across NHS Lothian and the ELHSCP are shared via established routes
 - **Improvement:** - ensuring feedback and evidence is used to inform service redesign and service development
 - **Professional development:** - ensuring the professional standards of staff working in integrated services are maintained, that appropriate professional leadership is in place and that all staff are supported to access training which maintains skills and competencies
 - **Safe:** - ensuring that current and future services are well managed and designed and run based on evidence, with risks identified and any unacceptable clinical and care practice detected early and addressed
 - **Escalation Process:** - ensuring all services have clear escalation processes for both operational management and professional issues, with this embedded within the ELHSCP management structure
 - **Effective:** - ensuring the 'Health and Social Care Standards – My Support, My Life' inform the East Lothian Health and Social Care Partnership Governance Group (HSCPPGG) workplan along with clinical and care standards, Patient Quality visits and all external and internal review reports.
- 3.2.4 East Lothian has maintained its assurance process since their introduction across all service areas in November and December 2018.
- 3.2.5 The assurance tools developed in support of work take into account: current health and care standards; the domains of the Quality of Care Framework (HIS September 2018) and scrutiny expectations of the Care Inspectorate and Healthcare Improvement Scotland.

3.2.6 Service Managers complete a monthly assurance report detailing key drivers affecting their service along with a service profile and current service directions. This assurance report utilises a RAG (red, amber, green) grading system, so allowing staff to highlight areas of concern, risk and good practice. This in turn informs each General Manager's Summary Report which is provided to the East Lothian CCGC on an exception reporting basis.

3.2.7 Through a fixed reporting agenda, all aspects of service delivery inclusive of devolved services are required to update the CCGC on their performance, as well as any areas of concern, compliance, improvement and general trends. The CCGC in turn provides feedback to Lothian Health Board, East Lothian Council and the Integration Joint Board. Since the last report to the Healthcare Governance Committee, the CCGC has received presentations on:

- Mental Health & Substance Misuse
- Adult Resource Centres
- Ongoing Care
- Acute Services
- East Lothian Integrated Rehabilitation Service (ELIRS)
- Justice Social Work
- Criminal Justice
- Adult Protection.

Although the schedule of meetings of the CCGC was disrupted due to COVID-19, it met in January, May and July of this year. However, no presentations were sought for these meetings. A planned review of the group has also been paused. It is hoped this will recommence soon.

3.2.8 Providing service areas with the opportunity to present on their service performance allows the CCGC to discuss resource management, assurance approaches, risks, quality initiatives and leadership with operation colleagues and to agree any necessary actions. There are benefits for service representatives in contributing to these discussions and in gaining the input of colleagues to agreeing actions.

3.2.9 Information from the completed 'Service Governance Profiles' continue to allow the Clinical Governance project team to identify good practice, any existing assurance processes and gaps. They have also highlighted any significant differences in data capture between Health and Social Care Partnership services that may lead to a vulnerability/risk.

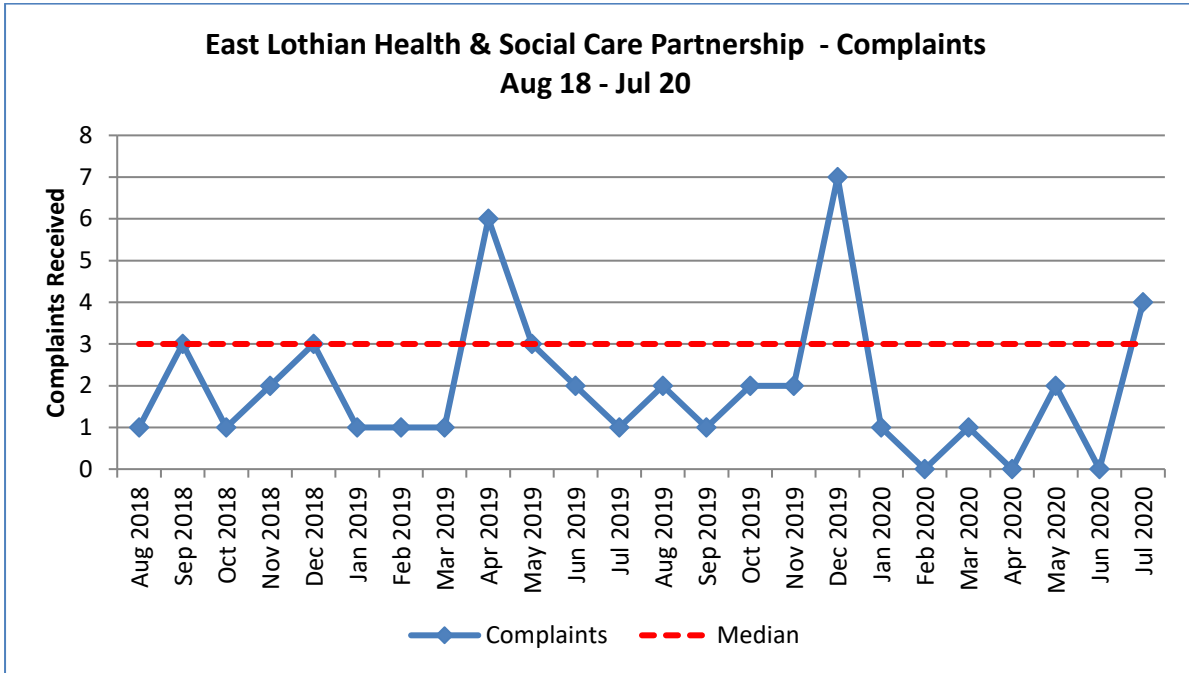
3.2.10 The outcomes of all service inspections are also included as a standing item for the monthly meeting of the Senior Management Team, with any other Healthcare Governance issues escalated and addressed as required.

3.3 Complaints

3.3.1 The complaints data in chart 1 below covers a period of 23 months. This data shows a median of three complaints per month over that time, with three

months having zero complaints and two months with peaks of six and seven complaints respectively. Since December 2019's peak of seven complaints, there was a sharp reduction. All complaints data is closely scrutinised by management colleagues, who work with their teams and individuals in taking any necessary actions. The HSCP have commissioned workshop for late September 2020 focussing on early resolution of concerns and a further session for senior team in October, which will develop incident investigation and response writing skills.

Chart 1 - Number of complaints received each month August 2018 to July 2020



3.3.2 Table 1 shows the number and spread of complaints since the last report in August 2019.

Table 1 – Complaints Recorded August 2019 – July 2020

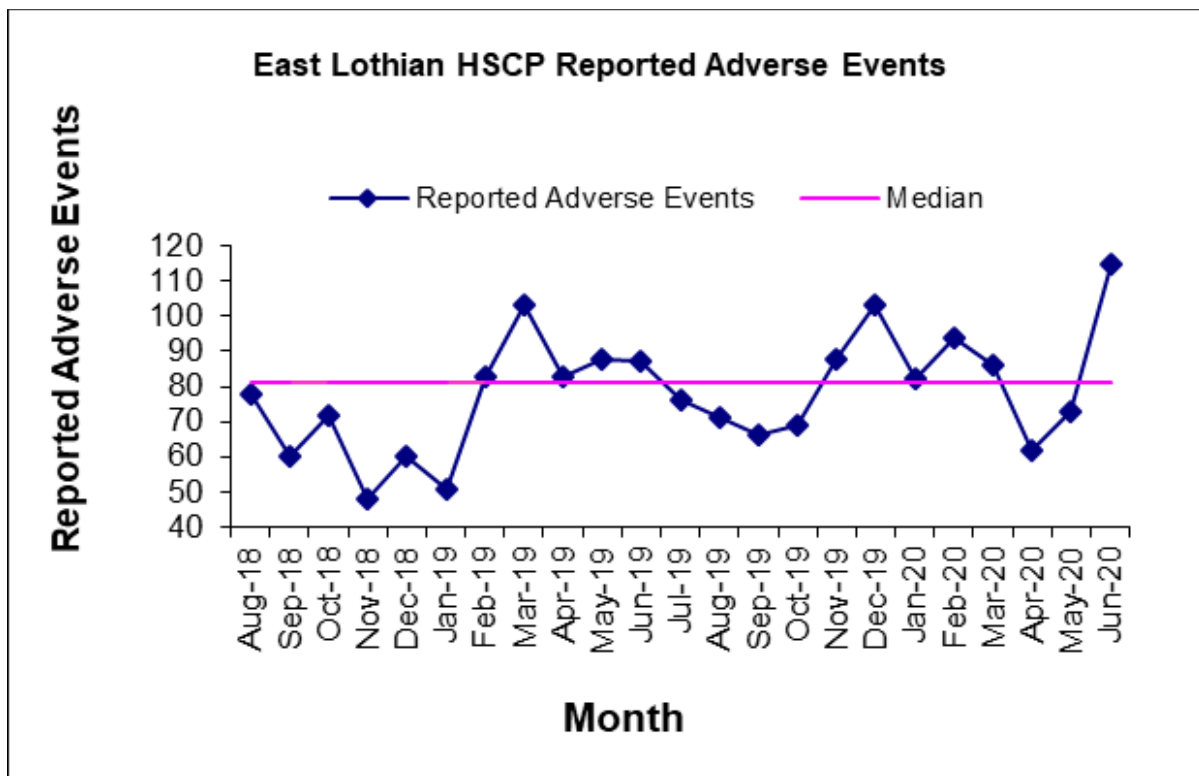
	Adult - Physio	Care Homes - HSCP	Community Vax Team	Cont Care/ Respite	CWIC	DNs	MH Team	Meds	Rehab Meds	Tot
Access - Admission/ appointment issues	1	0	1	0	0	0	0	0	0	2
Assessment - Decision making	0	0	0	0	0	0	1	0	0	1
Poor communication	0	0	0	1	0	0	0	2	0	3
Delay in Referral	0	0	0	0	1	0	0	0	0	1
Environment - Amenities	0	0	0	0	0	0	0	1	1	2
Staff - Attitude	0	1	0	0	0	0	1	0	2	4
Staff - Behaviour	0	1	1	1	0	1	1	0	1	6
Staff - Clinical Judgement	1	0	0	0	0	0	1	0	0	2
Staff - Incompetence / negligence	0	0	0	0	0	0	0	0	1	1
Treatment - Personal Care	0	0	0	0	0	0	0	1	0	1
Treatment - inadequate/ inappropriate treatment	2	1	0	0	1	0	1	2	1	8
Total	4	3	2	2	2	1	5	6	6	31

3.4 Adverse Events

3.4.1 The NHS Lothian Adverse Event Policy and Procedure is followed by all ELHSCP services using the DATIX electronic recording system. A local process for management of significant adverse events (SAEs) is set out in diagram 1.

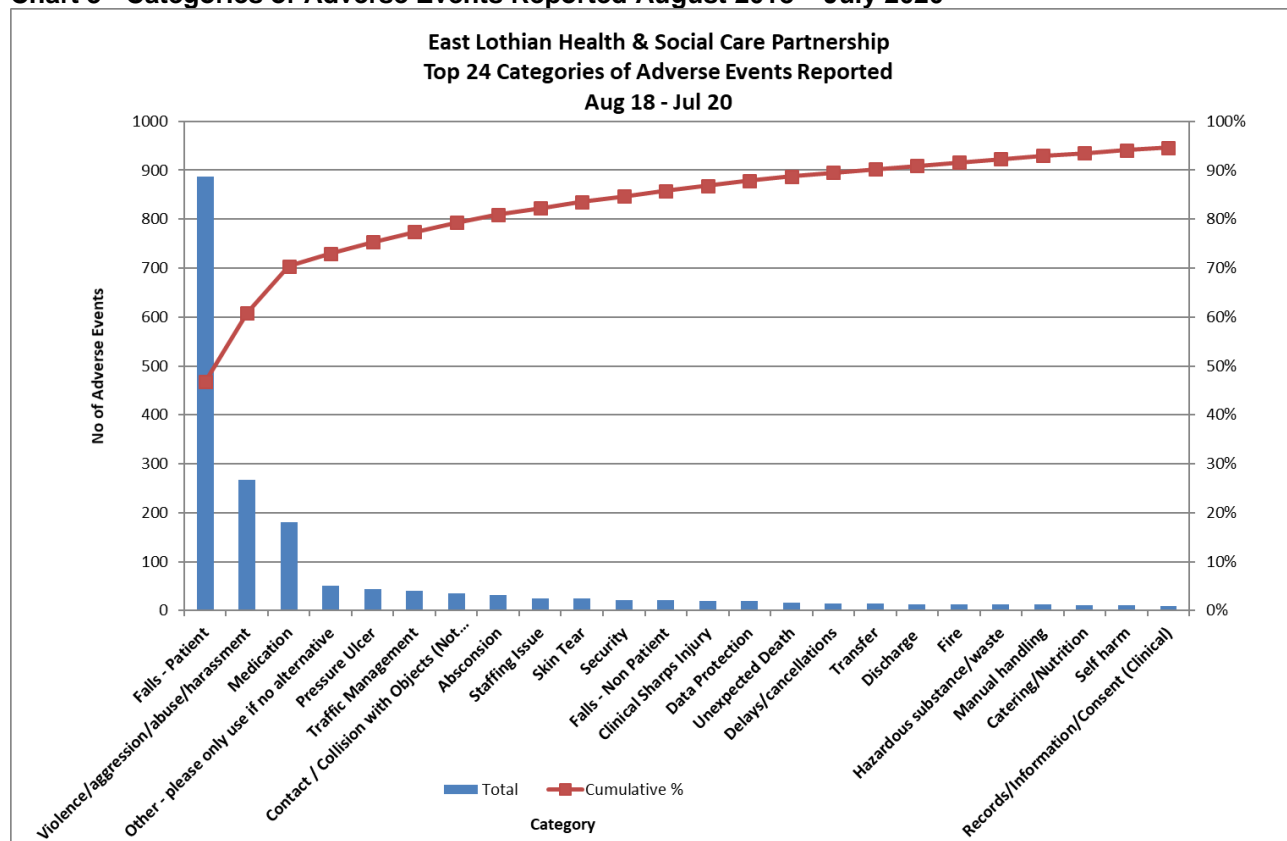
3.4.2 The monthly Joint Senior Management Team reviews adverse events and supports shared learning across Health and Social Care services. The group has initiated improvement actions to manage the review of significant adverse events, bolstered by additional training and support for relevant managers. The data to July 2020 is set out in charts 2 and 3 below.

Chart 2 – Number of Reported Adverse events – August 2018 – June 2020



3.4.3 The median number of adverse events has remained stable over the past 23 months at 81 per month. There have been periods of above average numbers in that period, each followed by a reduction. An increase in adverse events is shown from April 2020, peaking in June 2020.

Chart 3 - Categories of Adverse Events Reported August 2018 – July 2020



3.4.4 Chart 3 shows the top 24 categories of adverse events reported for a 23 month period up to 31st July 2020. Falls, violence/abuse/aggression and medication remain the most common issues. This is the same as in the previous year’s report. For falls, pressure ulcers and for violence and aggression the following standing actions seek to prevent harm and to reduce frequency of events:

- Falls: - risk assessments are undertaken for all admissions and measure put in place to reduce likelihood of falls. Aⁱ sub group of the Technology enabled care programme board has been formed which will specifically aim to reduce falls both in hospital and in community by developing appropriate pathways for those most at risk. Pressure ulcers: - additional information is obtained on admission in regards to providing pressure releasing equipment in use. In the Step-Down Unit, staff are trained by the Tissue Viability Nurse and are supported to maintain skills through compliance with learning modules.
- Violence & Aggression: This is reported through the ELHSCP Health & Safety Committee. Violence and aggression training is provided across teams.

3.4.5 Significant adverse events with serious harm (chart 4 and tables 3) have fluctuated over the August 2018 to July 2020 period, with major harm/death averaging 1 per month and moderate harm at 2 per month. The procedure for East Lothian HSCP's management of significant adverse events is set out in diagram 1 and diagram 2.

Chart 4 - Adverse Events Reported with Serious Harm

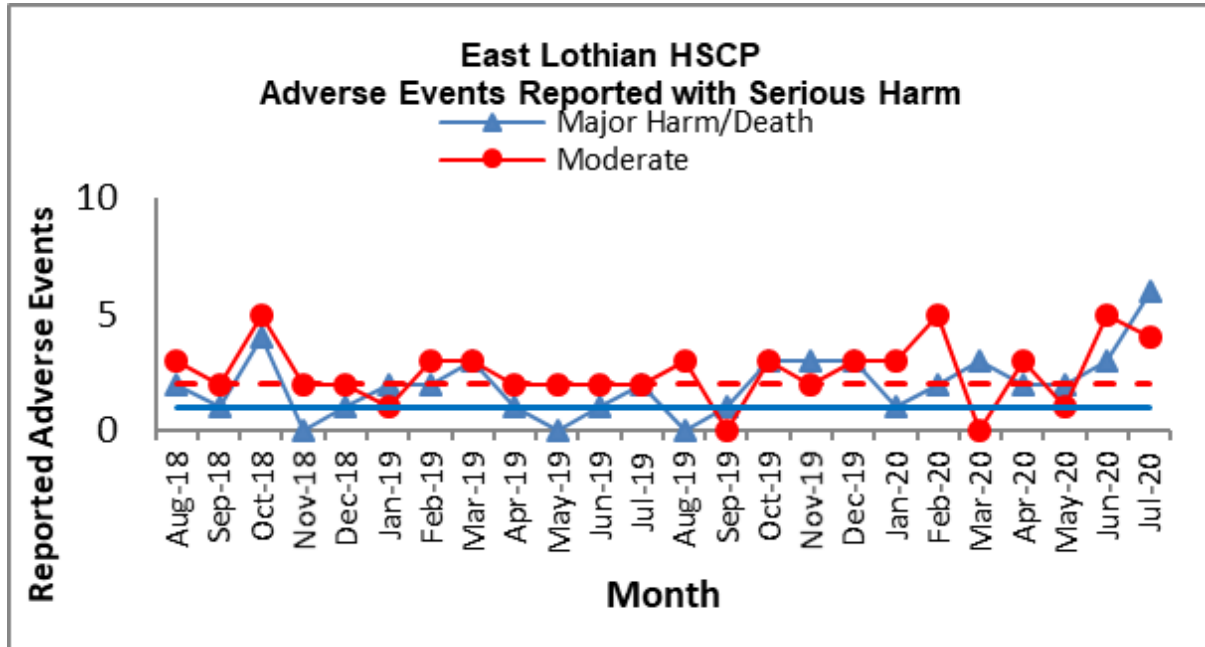


Diagram 1 – Management of Significant Adverse Events

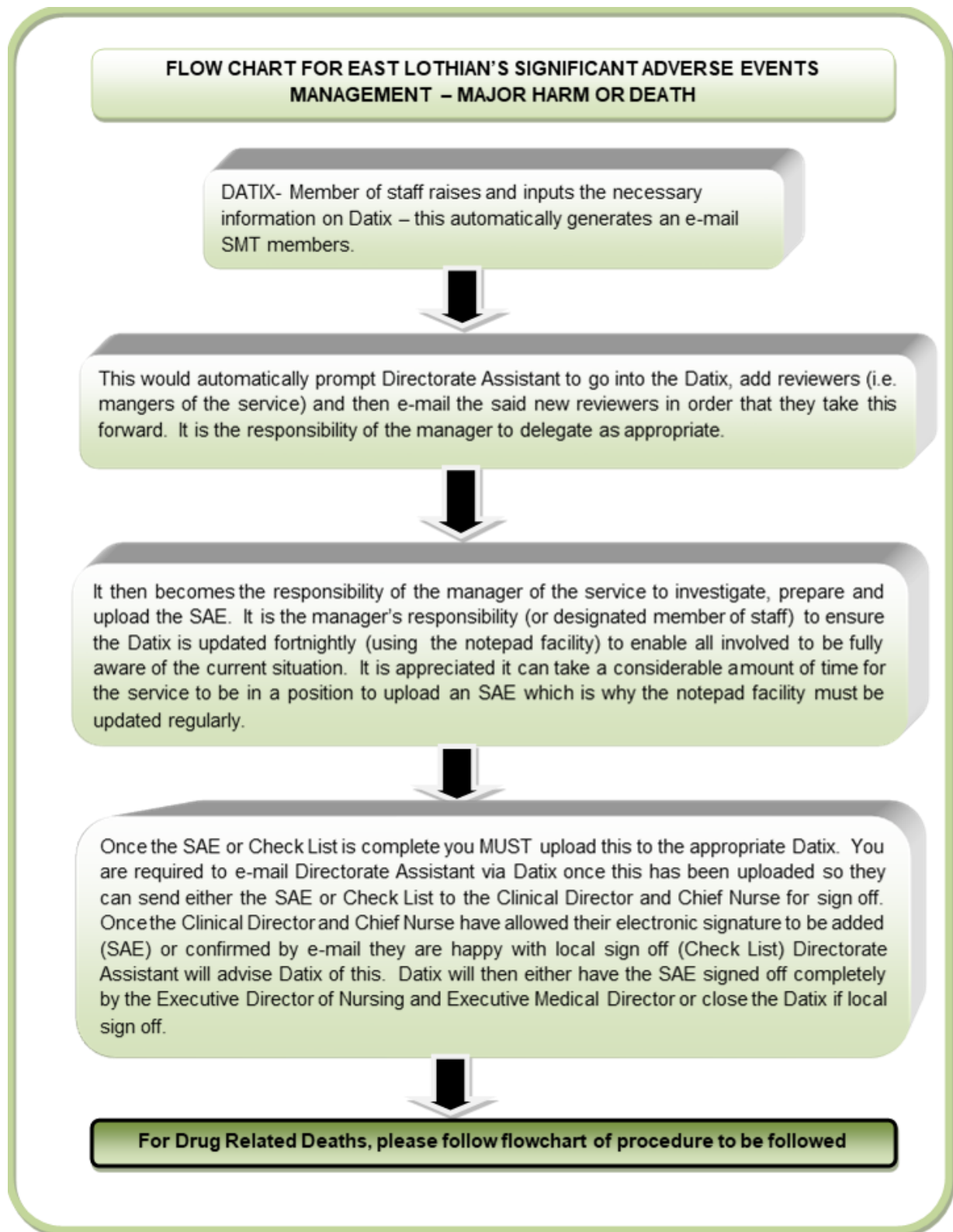


Diagram 2 – Management of Drug-Related Deaths

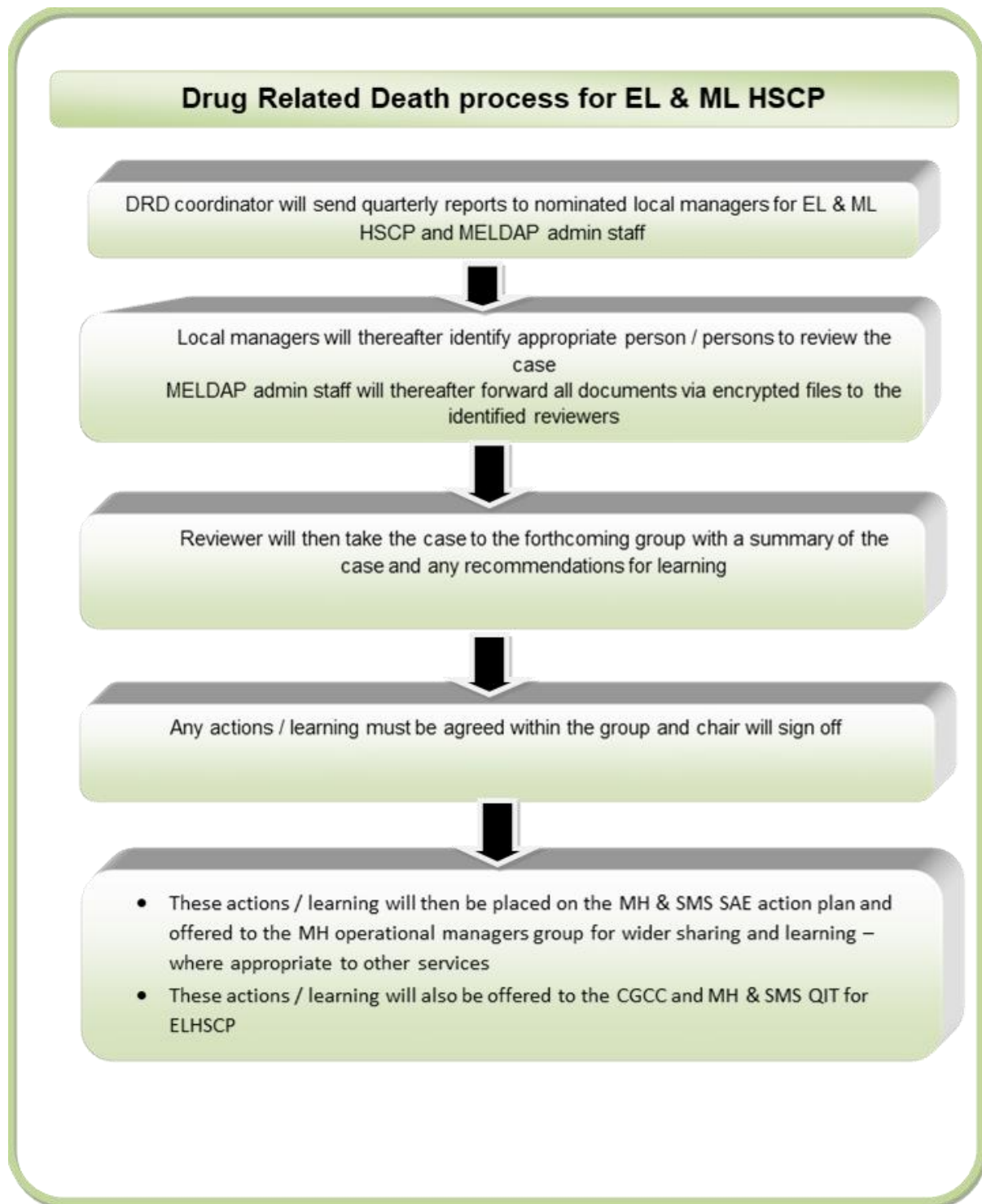
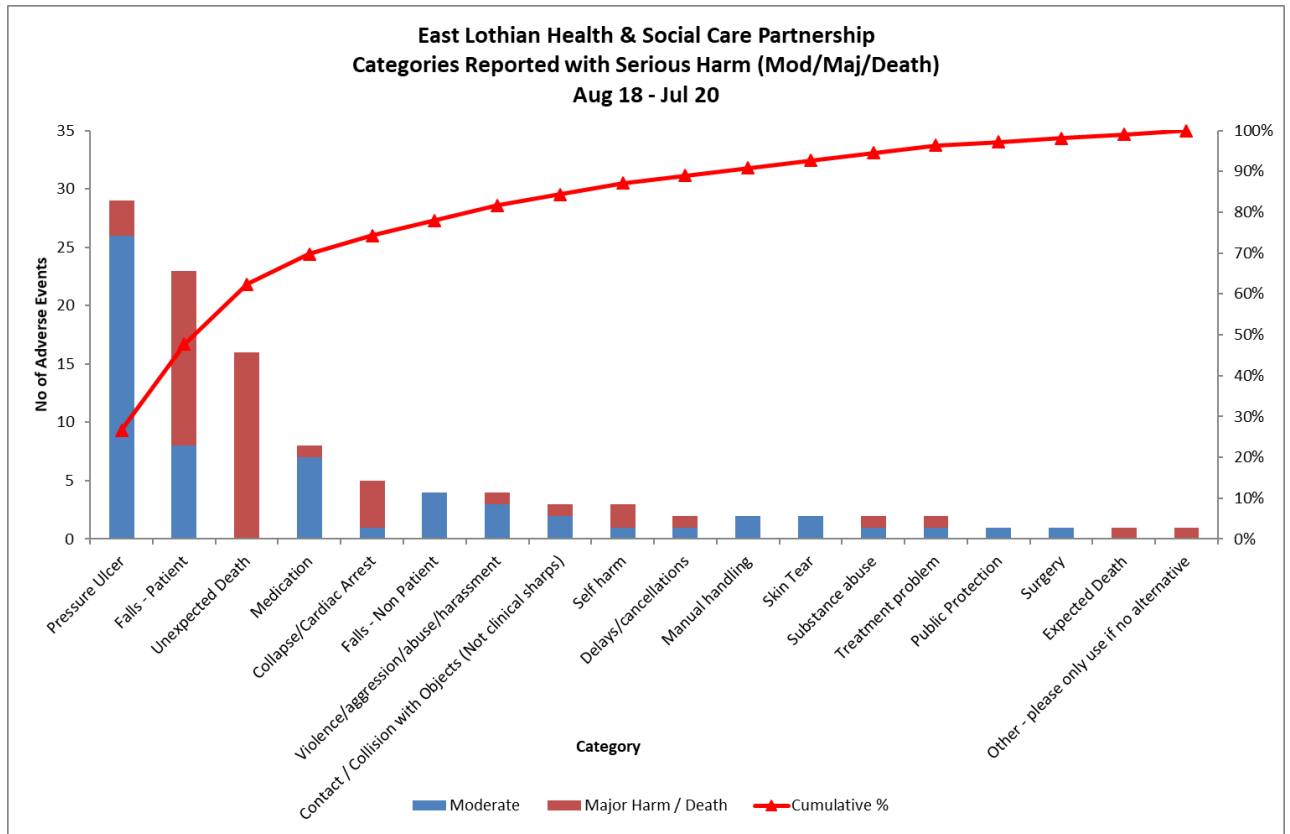


Chart 5 – Categories of Adverse Events Reported with Serious Harm – August 18 to July 20



3.4.6 Categories of adverse events with serious harm from August 2018 to July 2020 are shown in chart 5 above. Since August 2019 adverse events resulting in serious harm/death have totalled 51 as detailed in table 3 below.

Table 3 - Adverse events resulting in serious harm/death August 2019 to July 2020.

Major Harm/Death Events	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Tot
Collapse/ Cardiac Arrest	0	0	0	0	0	0	0	0	0	0	0	1	1
Contact / Collision with Objects (Not clinical sharps)	0	0	0	0	1	0	0	0	0	0	1	0	2
Delays/ Cancel'n	0	0	0	1	0	0	0	0	0	1	0	0	2
Falls - Non Patient	0	0	0	0	0	1	0	0	1	0	0	0	2
Falls - Patient	0	1	2	1	2	0	1	1	0	1	2	2	13
Manual handling	0	0	0	0	0	0	0	0	0	0	1	1	2
Meds	1	0	0	0	0	0	0	0	1	0	1	0	3
Pressure Ulcer	1	0	2	1	3	3	4	0	1	1	3	0	19
Self harm	0	0	0	0	0	0	0	0	0	0	1	1	2
Skin Tear	1	0	0	0	0	0	0	0	1	0	0	0	2
Substance abuse	0	0	0	0	0	0	0	0	0	0	0	1	1
Treatment problem	0	0	0	0	0	0	1	0	0	0	0	0	1
Violence/ Aggression / abuse/ harassment	0	0	1	0	0	0	0	0	0	0	0	0	1
Total	3	1	5	3	6	4	6	1	4	3	9	6	51

3.5 Drug-Related Deaths

3.5.1 The NRS data for drug-related deaths (DRD) is not yet available for 2019. This is due to an ongoing challenge for toxicology labs to provide reports on suspected DRD's for Scotland, Health Board's and IJB areas. Our understanding is that toxicology is many months behind and this has created a significant delay in final publication in DRD data by NRS.

3.5.2 Drug Service Actions Implemented in East Lothian

- In recent months, there has been an increase in availability of Etizolam ('street Valium') Xanax and other forms of illicit benzodiazepine in East Lothian. MELDAP and its partners have shared intelligence about

availability and issued harm reduction advice and information through service staff to the client group (including through preparation and wide distribution of a Xanax leaflet). In relation to patients/client use of a number of drugs at the same time [poly drug use] Service Managers ensure that staff provide harm reduction information and discuss interventions including strategies to minimise risks.

- MELDAP has worked with partners and colleagues in Public Health to finalise a draft Health Needs Assessment. Its recommendations are being implemented or are included in the MELDAP Delivery Plan (2020-23).
- MELDAP has set up a Short Life Working Group on Benzodiazepines. This will consider current treatment and support to this client group and potential actions by MELDAP services to impact on this trend, wider service provision and work by enforcement agencies.
- In East Lothian, assertive outreach continues in Primary Care, providing access to specialist consultant time, Band 6 nurses and peer workers. This arrangement provides direct access through the three Dunbar Practices as well as North Berwick, Musselburgh and Prestonpans Health Centres. Dunbar is also in receipt of harm reduction outreach to meet a specific need to bolster injecting equipment provision and information, advice and support. Specialist nursing staff also provide support, information and advice to primary care colleagues to improve prescribing practice.
- East Lothian Substance Misuse Service (SMS) has, since end of August 2019, consistently met and exceeded the Waiting Times Local Delivery Plan Standard
- A 'Low Threshold' clinic targets those 'hardly reached' individuals who are at higher risk. It uses nurses and peer workers to engage and actively support clients into treatment and psychosocial support.
- ELHSCP SMS have worked closely with colleagues in homelessness to successfully engage with this small but significant group of individuals.
- The Substance Misuse Directorate reviews DRDs. It is implementing an improved local model using processes from other areas to improve the local group's impact.
- The Lothian Death and Harm Reduction Oversight Group provides strategic and multiagency responses, through a range of actions to mitigate and minimise risk.
- Specialist support is offered to people who have had a non-fatal overdose.
- Take home naloxone (THN) continues to roll-out. Overdose awareness training to at risk populations accompanies this work.
- East Lothian SMS have introduced a new prescribing process to deliver rapid access to Opiate Substitute Therapy based on a model developed in the north east of England.
- Information has been developed for targeted local gyms, reflecting the potential use of image/performance enhancing substances including steroids, as these may act as a 'gateway' to use of amphetamine and cocaine and potential multi drug overdose risk.
- The new MYPAS Young Person's Support Service in East Lothian began taking referrals in January 2020

- Leaflets on safe use of methadone are included within locked medication boxes for adults with children. Each box also contains a THN kit and measuring cups.
- ELHSCP is instigating a Multi-Agency Risk Management Working Group to deliver the required service response to those that do not meet the criteria of Adults at Risk of Harm legislation but for various reasons are at risk. This includes those who have problem drug and alcohol use.
- MELDAP in partnership with MELD received funding to develop a stimulant/poly-drug use service. While operating initially in East Lothian learning from this project will be used to shape a Midlothian service.
- As a response to COVID-19, MELDAP established home delivery outreach networks using staff from SMS services, third sector and volunteers.
- East Lothian SMS has introduced a “Flash Thursday” Group for women. This support group offers advice, support and assistance in relation to substance use, sexual health and family planning. Each week there are inputs on, for example, anxiety management and management of depression as well as other topics of interest to the participants.
- MELDAP have made additional resources available for local organisations to provide service users with the means to maintain communication through COVID, e.g. mobile phones with credit/data packages to ensure users can still receive a consistent level of support.

Service Summary

3.6 Primary Care

3.6.1 The HSCP Primary Care team continues to develop its service arrangements to deliver all elements of the new GP (GMS) contract, while addressing the pressures that continue to face the primary care team: growing and ever more complex workload; staff recruitment and retention difficulties and the need for major premises and infrastructure improvements. The HSCP continued to support individual practices across the county in a number of ways to address short-term pressures

3.6.2 As COVID-19 took hold from end March 2020 the HSCP supported practices to change access arrangements for patients, to obtain sufficient and suitable PPE and to reach agreement on ‘buddying’ arrangements for neighbouring practices to support each other in the event of staff absence or greatly increased patient demand. Work is underway to fully remobilise primary care services, while taking opportunities to embed new ways of working which proved of merit during lockdown.

Primary Care Improvement Work

3.6.3 All planned primary care work is directed by the East Lothian Primary Care Improvement Plan (PCIP). Originally produced in June 2018, and updated in April 2019 the plan and its revisions were approved by the East Lothian

IJB and the GP sub-committee. A current review is considering what actions need to be initiated to remobilise primary care services post-COVID

- 3.6.4 ELHSCP continues to pursue a 'whole county' approach to primary care development, with decisions on the prioritisation of work based on objective assessment of need across the county and in line with the extant IJB strategic plan. This is in line with the Memorandum of Understanding (between Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, IJBs and NHS Boards).
- 3.6.5 The ELHSCP commitment to support and directly deliver training to those nursing, physiotherapy and other colleagues taking on some duties of GPs, rather than expecting independent General Practice to deliver this function, continues to bear fruit.

GP Sustainability

- 3.6.6 It remains the case that there are no closed GP practice lists in East Lothian or directly managed (section 2c) practices. GPs are active members of several working groups in the HSCP and the Primary Care Change Board, which links directly with the East Lothian Strategic Planning Group. This ensures overall strategy, policy and service development takes GP sustainability into account.

Collaborative Working for Immediate Care/Care When it Counts (CWIC)

- 3.6.7 CWIC was renamed 'Care When it Counts' early in 2020 to assist in the public understanding of the service it provides. Up to the beginning of March it delivered rapid access for patients to primary care services provided by the multi-disciplinary team (MDT) in Primary Care. A plan to extend the approach to a group of practices had to be suspended in light of COVID-19, when the HSCP's delivery partner - NHS 24 had to focus on national priorities.
- 3.6.8 CWIC repurposed itself as a COVID Assessment Centre during the initial pandemic phase, but began re-mobilising in support of same-day unscheduled care service delivery in East Lothian as case numbers began to reduce. The service is now accessible again to the 20,000 patients of Riverside Medical Practice in Musselburgh. The service plans to expand to serve around 50,000 patients (nearly half of East Lothian's population) registered across four GP practices.
- 3.6.9 A lasting legacy of changed service delivery arrangements forced by COVID-19 is that most CWIC patients are now assessed by telephone, with face-to-face appointment provided only where clinically necessary. The service continues its function of delivering staff training to ensure a growth model of unscheduled care provision. It is intended to offer the community direct access to CWIC (without recourse to GP referral) within 2020-21.
- 3.6.10 CARE measures show a very high level of patient satisfaction amongst those accessing CWIC. Clinical outcome measures of the model (delivered in

collaboration with independent GP practice, NHS24 and Scottish Ambulance Service) show: reduced referrals to secondary care services, reduced prescribing (e.g. 40% reduction in antibiotic prescribing) and a redistribution of patient access across the whole spectrum of primary care MDT members. CWIC continues to function as a base to train clinical staff and so further increases sustainability and growth of primary care services.

Community Treatment and Care Service (CTACS)

- 3.6.11 CTACS successfully launched in East Lothian during the initial pandemic phase. Currently the service provides access to patients registered at three GP Practices. The service will roll-out to patients from a further five GP practices by the end of December 2020. Another two GP Practices will have some limited access, pending development of the service through 2020-21. Some service improvements during remobilisation will require progress in providing access for the multidisciplinary Primary Care clinical team to GP held records, e.g. via 'Vision Anywhere'

New Ways of Working

- 3.6.12 Due to COVID-19 GPs have rapidly adapted to provide new access routes for patients. Telephone assessment of needs in Primary Care is now the norm. Video consultations are augmenting assessment of patients and will be utilised further during 2020-21. Internet-based access models are due to begin testing in East Lothian in August 2020. If successful, ELHSCP managed primary care services will roll-out its use to improve patient pathways, particularly for mental health and musculoskeletal (MSK) presentations.

The HSCP Primary Care team will continue to support buddying arrangements developed by GP Practices to ensure business continuity during remobilisation.

Further review of ways of working will be carried out with reference to remobilisation and winter planning requirements.

AHP services in Primary Care

- 3.6.13 ELHSCP has successfully launched a direct access service for patients experiencing musculoskeletal (MSK) symptoms. This does not require GP referral, thus directing a large amount of activity away from practices. Patients can contact the service by phone and be assessed remotely, with face to face assessment only used where necessary. The service launched during the first phase of remobilisation and is now accessible to all patients registered in East Lothian. It is proving popular with patients and is being assessed for its impact on clinical outcomes, which appear good. During the remainder of 2020-21 the service is likely to expand its capacity to meet demand.

3.7 Older Adults and Access

- 3.7.1 Work continues to further develop the use of Technology Enabled Care (TEC) and Telecare to support individuals to maintain independence. The use of technology proved to be invaluable in terms of providing ongoing care and support and in maintaining communication during the COVID-19 response.
- 3.7.2 The team has strengthened communication with provider organisations during COVID, further cementing relationships and ensuring that any emergent issues were quickly identified and support provided to help address these.

3.8 Care Homes

- 3.8.1 Prior to the arrival of COVID-19 the established and nurse-led East Lothian Care Home Team supported a number of care homes within the county through education input, Nurse Practitioner support to anticipatory care and long-term conditions support and by responding to acute illness presentations in residents. The team links with the GP practices covering each Care Home as set out under local Service Level Agreements and in support of GMS Local Enhanced Service requirements and the new GP contract.
- 3.8.2 The Care Home Team expanded its reach during the COVID lockdown and will continue to extend and restructure its support to all care homes, with governance arrangements continuing under the oversight of the Chief Nurse as per Scottish Government instruction of 17 May 2020. Care Home occupancy, staffing, infection control and outbreak status are managed through the Care Home Operational Group. The current position is summarised in table 4 below.
- 3.8.3 There are plans to increase use of telephone assessment (rather than face-to-face) by the care homes, to reduce time delays to assessment and delays to discharge, and ultimately occupied bed days.

Table 4 – Summary of Care Home Position Regarding COVID-19

Numbers – private and council run	Council: 4 Private: 15 (one of which, Foresight, 19 Linkfield Road is for under 60's)
Level of Covid-19 infection in homes	As at 14/8/20 no COVID +ve patients. Regular swabbing is underway, but no +ve residents from around beginning of June. Some staff testing has come back as false positives through the Lighthouse Testing Centre but when re-tested by NHSL these have been negative.
Current level of engagement with homes	<ul style="list-style-type: none"> • Support visits to all homes were completed by 31/7/20. Meetings will be arranged by end August to arrange next steps. • 3 NHS bank staff are employed until end Aug to assist in Crookston. This will continue if needed, after reviewed. • Care Homes provide information to daily safety huddles to provide COVID updates on patients and staff, staff testing and absences. Information is passed to Lothian Analytical Services on a daily basis. • Reporting will transfer to a digital portal from around 24/08/20. Still working with NES on transitioning care homes onto the new portal. This will replace the need for a daily spreadsheet submission. • The Care Home Education Team will ensure staff returning to work from shielding receive PPE training. • Train the Trainer approaches are being organised within homes. • The Care Home Working Group is liaising with Care Home Mangers to consider the challenges that winter will bring and to update plans to respond to any second spike.
Commentary on experience of staff, patients and visitors	No specific feedback is available. Homes are moving to stage 3 visiting. Work is underway with Care Homes to ensure visiting protocols and risk assessments are in place. These require approval by Health Protection Scotland prior to each Care Home opening to visitors.
Any outstanding risk – workforce/ staffing?	No particular risks noted except Crookston using NHS bank staff.

3.9 Ongoing and Acute Care

East Lothian Community Hospital

- 3.9.1 The new East Lothian Community Hospital (ELCH) in Haddington is complete (with the exception of some car parking and site work). The facility provides service previously delivered out of Roodlands hospital as well as some transferred from Edinburgh hospitals, with future service transfers planned.
- 3.9.2 Services available cover urology, orthopaedics, muskuloskeletal, rheumatology, gynaecology, adult ENT, audiology services, plastic surgery, adult psychiatry, antenatal, dietetics, phototherapy and palliative care. Other clinics are under consideration. These changes have reduced travel for patients who otherwise would need to travel into Edinburgh.

Delayed Discharges

- 3.9.3 The partnership has achieved and maintained amongst the best Delayed Discharge performance in Scotland. This is the result of close working between the Hospital to Home, Discharge to Assess, Hospital at Home, Care Home and other community teams.
- 3.9.4 Staff continue to focus on maintaining an improved performance in relation to delayed discharge and admission avoidance. This is supported further following the introduction of capacity in East Lothian Community Hospital to maximise patient flow and movement. The expansion of the daily safety huddle to include all disciplines is ensuring good communication and MDT working to reduce delays.
- 3.9.5 A shift of focus from MDT meetings to coordinated discharge planning on ward rounds and continuing conversations with patients and relatives is helping to embed the 'Home First' philosophy. This includes working towards fully implemented nurse-led discharge. Through time, this will reduce the need for additional inpatient capacity.

3.10 Rehabilitation Services

- 3.10.1 Rehabilitation support to patients is as essential part of maintaining independence, keeping people out of hospital, freeing up beds and creating capacity to treat more critically ill patients while reducing pressures and costs on all parts of the Health and Social Care system. East Lothian has expanded its rehabilitation capacity over recent years to meet growing and increasingly complex needs.
- 3.10.2 There is recognition within the rehabilitation team of a need for community rehabilitation post-COVID and increasing evidence of the key role of AHPs. As COVID has disrupted normal service delivery, there are many people with long-term conditions, musculoskeletal problems, falls, and reduced mobility who have not had their physical needs addressed in recent months and who may have unmet mental health needs arising from isolation.
- 3.10.3 East Lothian Integrated Rehabilitation Service (ELIRS) is developing a variety of interventions to ensure it can respond appropriately to patients with post-COVID issues. This will include further development of service plans to embed Technology Enabled Care (TEC) in all AHP services and provide access for patients to remote working.

3.11 Patient and Staff Experience Data

- 3.11.1 The ELHSCP regularly obtains the views of patients and service users of established services and in the planning of services. The approaches used include patient stories, survey feedback and discharge questionnaires.
- 3.11.2 Patient Participation Groups (PPGs) are in place in 8 of the 15 East Lothian primary care practices. Plans have not progressed for the establishment of PPGs in the remaining 7 practices, in part because of COVID. As all practices have altered their surgery access arrangements and as primary

care services are increasingly provided through new teams including CWIC and CTACS feedback from patients is essential to service planning and delivery.

- 3.11.3 The views of staff are gathered through the annual staff survey and through iMatter. The outcomes are reviewed along with any other pertinent information at the East Lothian Partnership Forum and the Core Management team. Any action required is agreed through these groups.

4 **Key Risks**

- 4.1 As previously noted, East Lothian HSCP continues to face some challenges in recruitment of sufficient and suitably skilled staff to meet increasing demand arising from population growth and increasing care needs of an ageing population. The HSCP has had some success in appointing staff attracted by the continuing development of MDTs across its services. Despite this, recruitment challenges will continue as older staff retire.

- 4.2 There may be increased demand on adult protection and mental health, including as a result of Covid-19 related anxiety; increased acute demand due to reduced access to routine care; deterioration in some long-term conditions due to reduced engagement with primary care and specialist clinics; and financial pressures from additional costs to services as a result of lower patient throughput.

- 4.3 The establishment of the East Lothian Clinical and Care Governance Committee, the existing management, strategic and Quality Improvement groups (across HSCP directly managed and delivered services and in Primary Care) and their reporting lines to the HSCP Core Management Team and the IJB ensure all services are robustly identifying, managing and reducing risks as they arise.

- 4.4 Operational management colleagues are accountable for the delivery, monitoring and reporting of improvement against all actions seeking to remove risk identified in their areas of responsibility. All actions to address issues seek to maintain person-centred, safe and effective care.

- 4.5 The uncertainty regarding the UK's relationship with Europe continues and brings risks for the availability of staff and the supply of medicines, health and care consumables and food. The HSCP suspended work to respond to these risks as the impacts of COVID-19 took hold. The HSCP will reconvene the East Lothian Brexit Impact Assessment Group at the earliest opportunity and will re-engage with the NHS Lothian and East Lothian Council Brexit groups to reconsider risks as they meet again in coming months.

4.6 **Risk Register**

- 4.6.1 There are no new risks to bring to the committee's attention. Risks relating to pressures within services are included in the operational risk register.

5 Impact on Inequality, Including Health Inequalities

- 5.1 There are no implications for health or other inequalities from the issues raised in this paper.

6 Duty to Inform, Engage and Consult People who use our Services

- 6.1 As with previous papers, this update provides factual information and accompanying commentary. It does not contain any proposals for action or change which might impact on services, patients or service users.

7 Resource Implications

- 7.1 There are no new resource implications arising from this report. All aspects of the monitoring and reporting mechanisms for the governance of the East Lothian HSCP's services are included in the routine work of local services and in appropriate committees.

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DATE	19th August 2019

List of Appendices

- Appendix 1: East Lothian Clinical and Care Governance Committee:
Terms of Reference

Appendix 1

East Lothian Health and Social Care Partnership Clinical and Care Governance Committee Terms of Reference

The following terms of reference sets out the membership, remit, responsibilities and reporting arrangements for this subcommittee of the Integration Joint Board (IJB).

Purpose / Role of Committee

The Committee will act to review and assure the East Lothian IJB, NHS Lothian East Lothian Council, Public and Service Users in relation to the quality of care service delivery and user experience, demonstrating that those systems in place provide early recognition of issues which ensures that appropriate action is taken.

1. Membership

- IJB representative (Chair)
- IJB representation x 2 to include Public / Carer
- Chief Nurse (depute chair)
- Clinical Director
- Chief Social Work Officer
- Lead AHP
- Manager East and Midlothian Public Protection Team
- Deputy Chief Nurse
- Heads of Service
- Strategic Group Manager.

In attendance as required

- Administrative support
- Service group representatives
- GP quality cluster representation
- Service Quality & Scrutiny Groups (Chair) e.g. Health and Safety
- Partnership
- Others as determined by agenda.

Quorum

The Committee will be considered quorate if the Chair and / or deputy plus 4 members are in attendance.

2. Remit and Responsibilities

Clinical Effectiveness

The Committee is responsible for overseeing clinical & care governance and quality assurance processes across the Partnership including Professional regulation. The committee will assure the IJB, NHS Lothian and East Lothian Council that all activity

relating to health and social care provision meets requirements, inclusive of pre determined standards and legislation. The Committee will develop, implement and maintain an organisation-wide process for clinical and care governance.

The Committee will receive and review data / information relating to:

- Significant Adverse events (SAE) and Large Scale Inquiries (LSI)
- Complaints and concerns
- Public protection
- Medication and other care / service related incidents
- Whistle-blowing as it relates to clinical and care issues.

Inclusive of trends themes and outcomes from:

- Investigations of Unexpected deaths (adult and children)
- Independent and local audit and Inspection e.g. Quality of Care
- Other clinical and care governance issues (inclusive of external scrutiny).

In addition the Committee members will:

- Review the impact and lessons learned from adverse events and implement improvement across the organisation and follow up on outstanding action plans
- Ensure that robust public protection / Adults and Children at Risk from Harm arrangements are in place and in use
- Ensure that robust systems are in place for the implementation of all aspects of 'Duty of Candour' and any reporting requirements
- Review any circumstance / situation that places the integrity of the Partnership / IJB / service users at risk
- Ensure that governance systems are robust and that policies and procedures applied to service activities are regularly reviewed and updated as required and in response to concerns and or new legislation
- Consider issues of concern raised by staff where they believe that patients / service users care or staff well being is compromised.

Patient / Service User Safety

- Receive and review regular reports from all related governance groups confirming that actions have been taken and lessons have been learned
- Consider the impact of strategic plans on patient / service user safety and care delivery ensuring concerns are addressed
- Consider the risk / implications of proposed new innovations and ensure any concerns are addressed.

Service User Experience and Engagement

The Committee will seek to ensure that wherever possible the views of the public are taken in to account in the planning and delivery of service. This will include the perspective of patients, carers, relatives and wider service users and will include:

- Review and approval of planned public / stakeholder related events
- Receiving and reviewing outcome feedback from engagement / stakeholder events

- Ensuring that lessons are being learned from service user feedback / intelligence.

3. Responsibilities of Committee Members

Members of the Committee have a responsibility to:

- Attend meetings having read all circulated papers in advance
- Identify any additional agenda items at least 15 days in advance of meeting
- Submit papers and prepared questions for circulation at least 10 days in advance of meeting
- Act as champions and disseminate information and good practice as appropriate
- Uphold the principles of the NHS & Social Service codes and other Professional Bodies
- Identify a named representative to attend during any absence in attendance.

4. Frequency of Meetings

Monthly

5. Reporting

The Committee will provide regular reports (quarterly) to the IJB and as required to NHS Lothian and East Lothian Council and in addition will provide an Annual report to all parties.

6. Administrative Arrangements

The Committee will be supported by an appropriate individual who will be responsible for supporting the Chair and Deputy in the management of the Committee business.

Responsibilities will include:

- Ensuring an accurate note of the meeting is recorded and disseminated
- Keeping an action log of required outcomes, sharing and monitoring as required
- Circulating agenda and accompanying papers 5 working days before of the meeting
- Filing all related papers in accordance with policy and procedure.

In addition, there may be occasion where information requires to be discussed in a private session due to its sensitive nature. Where this is a requirement, any recorded detail may be subject to redaction.

7. Date and review

These terms of reference have been approved by the East Lothian IJB and will be reviewed 6 months after the first full meeting of the Clinical and Care Governance Committee and annually thereafter.

July 2018



SBAR – IJB Annual Performance Report 2019-20

Date: 27th August 2020

Completed by: Paul Currie

Area: Planning and Performance

Situation	On the 25 th June East Lothian IJB members heard of delays across Scotland in the publication of the IJB Annual Performance Reports (APRs) for 2019-20 arising from COVID-19 and the agreed position nationally that all Annual Performance Reports should be published by end September 2020.
Background	The Public Bodies (Joint Working) legislation requires Integration Joint Boards to publish an APR covering the period 1 st April to 31 st March by the end of July each year. These reports are primarily intended to inform the local community of service delivery and developments and attainments in the preceding year. 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 from March 2020 onwards. The Planning and Performance Team paused its drafting of the APR 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 while supporting service in their planning and delivery.
Assessment	The Coronavirus (Scotland) Act 2020 allows for postponement of usual reporting processes. Although IJBs across the country have various dates by which they will publish their 2019-20 reports all are expected to produce them by end September 2020. On 25 th June East Lothian IJB agreed to delay publication of its 2019-20 Annual Performance Report until 31 st August 2020 and to revert to the usual end July deadline for the 2020-21 Annual Performance Report. The attached APR is intended to be reproduced in print form only. It is not suitable for online use as it does not comply with new legislative requirements for accessibility, which apply from September 2020. In view of this, a new simplified version will need to be prepared to be mobile friendly and to work with 'on-screen' readers for the visually impaired.
Recommendation	East Lothian IJB is asked to: <ul style="list-style-type: none"> • Accept the delayed 2019-20 Annual Performance Report and the account it gives of delivery and performance across the HSCP's services over the year. • Note that as the 2019-20 Annual Performance Report covers the period 1st April 2019 to 31st March 2020 it provides a limited account of COVID-19 related actions which began in March and developed over the following months. These actions are described in other reports, and will feature in the 2020-21 Annual Performance report.
Further Information	The Coronavirus (Scotland) Act 2020: http://www.legislation.gov.uk/asp/2020/7/contents East Lothian IJB Annual Performance Report 2019-20



East Lothian Integration Joint Board Annual Performance Report 2019-20

East Lothian
Health & Social Care Partnership



Foreword

This report covers the period from the beginning of April 2019 to the end of March 2020. If we had to choose one word which best describes what this period has been about, it is change. Some of the changes were planned, to deliver better and best value service across the county, and some were in response to the Covid-19 pandemic. All were made easier by the integration of our health and social care services, working together to improve the health and wellbeing of local people.

We had some real successes during 2019-20. Perhaps the most visible of these was the opening of the new East Lothian Community Hospital, helping us to make significant progress in our commitment to providing more care locally. We have brought a host of services back to East Lothian, for example, Urology, Orthopaedics (musculoskeletal), Rheumatology, Gynaecology, Adult ENT and Audiology. We also introduced a range of new services including Plastic Surgery for hands, Adult Psychiatry, Antenatal Services, Dietetics and Palliative Care. The hospital is also now a base for some of our integrated Health and Social Care teams which, during the pandemic, has enabled us to make efficient use of our staff resource.

It was also a year in which we gained recognition for our innovative services. Our Well Wynd Hub, Care When It Counts (CWIC) Team, and East Lothian Community Hospital all won regional and national awards. It is such innovative approaches, along with the commitment of our staff and partners that has enabled us to adapt so quickly to the Covid-19 challenges.

We hope that as you read the report you will see that the way we deliver services, lent itself to supporting patients and service-users well in these challenging times. We have been heartened by the support from the local community and local providers which has enabled us to respond to the ever-changing demands on our services. Our staff across Health and Social Care have also been outstanding showing flexibility and commitment. We are grateful to each and every one of them.

The message we want you to take away from this report is that we are making good progress in meeting our strategic aims and our innovative approach has helped us to respond swiftly and well to the pandemic. However, there is no room for complacency and we will be working hard to continue to deliver our strategic aims in the 'new normal'.



Alison Macdonald
Chief Officer, East Lothian IJB and
Director, East Lothian
Health and Social Care Partnership



Councillor Fiona O'Donnell
IJB Chair, 2019-21

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East Lothian in numbers

East Lothian as a whole performs better on a number of measures (emergency admissions, emergency bed days and hospital bed days) than Scotland as shown below:



East Lothian IJB Strategic Plan

In April 2019, the East Lothian Integration Joint Board approved its new three-year strategic plan.

The plan commits to:

- delivering more care closer to home, taking a more community-based approach to delivering a wide range of services
- better access to services at GP practices
- faster assessment and clearer referral pathways
- helping people to exercise choice and control over their care and to live as independently as possible.

Picture of
Strategic Plan
front page

ELHSCP already has a proven track record in successfully delivering care closer to home with services like Hospital to Home, Hospital at Home and Discharge to Assess, which help people avoid unnecessary hospital admission and prolonged stays in hospital when they are medically ready to come home. They have helped East Lothian sustain some of the of the lowest delayed discharge figures in Scotland over the last two years.

The new East Lothian Community Hospital will be instrumental in keeping care closer to home. Some services have been repatriated from Edinburgh, including Urology, Orthopaedics (musculoskeletal), Rheumatology, Gynaecology, Adult ENT and Audiology. The new hospital also hosts services new to East Lothian, such as, Plastic Surgery for hands, Adult Psychiatry, Antenatal services, Dietetics, and Palliative Care. We host Paediatric ENT, Paediatric Audiology and Phototherapy.

The Strategic plan details how the IJB and ELHSCP will also be playing key roles in developing phases 2 and 3 of the new Royal Edinburgh Infirmary and working alongside Hub South East and local communities in transforming services for older people.

We already work with East Lothian Council's Housing Team to help people with additional support needs to live independently. Close working with East Lothian Council's Transportation Team and third sector providers to support flexible transport arrangements for people to travel to hospital and health appointments or services.

Best Value

Best Value is about ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.

Audit Scotland

The duty of Best Value applies to all public bodies in Scotland and underpins ELHSCP's strategic planning, procurement and service evaluation processes.

Audit Scotland is committed to ensuring that Best Value auditing across the public sector:

- adds value to existing arrangements
- is risk-based and builds on our knowledge of individual public bodies
- reports on the delivery of outcomes for people who use services
- protects taxpayers' interests by examining the use of resources
- puts an increasing emphasis on self-assessment by public bodies with audit support and validation
- works collaboratively with NHS QIS to ensure our work is aligned and prevent duplication.

ELHSCP works within NHS Lothian and East Lothian Council internal audit programme. All areas of our work are audited, including planning, performance and engagement. The East Lothian IJB's Audit and Risk Committee and ELHSCP's Clinical Governance Group also play key roles in ensuring Best Value.

In terms of procurement, commissioning and delivery of services:

- We have clear a procurement timetable to ensure services operate under clear contract terms
- Our contracts have clear measures of performance and service specifications to monitor service outcomes
- Our Commissioning Board oversees commissioning and decommissioning of services
- Our scorecard system ensures annual review of service and evidence of year-on-year service improvement.

Our Care at Home framework is an example of this.

We also carried out a Strategic Fit and Best Value Review, resulting in an improved grants process that links to our IJB Directions and Strategic Plan.

Care at Home Framework

We had a statutory duty to re-tender our set of contracts with providers (Frameworks) openly, equally and transparently under the Procurement Regulations. After an extended engagement period with a wide range of stakeholders, including service-users, families, carers and providers, we concluded a tendering process to ensure agencies on our new Framework for Care at Home Providers met necessary quality standards.

Examples of the impact of Best Value on ELHSCP's commissioning and procurement include:

- increased funding to advocacy organisations.
- development of an in-house Financial Management Services to mitigate risks of an external provider
- development of a Carers Support Providers Framework (contracts with providers)
- development of a Community Support Framework.

Our commissioning team monitors and evaluates delivery and outcomes with service-users and ELHSCP staff. There are also specialist teams like the Community Review Team and the Care Home Assessment and Review Team, who work closely with providers, to monitor and evaluate outcomes.

Developing Care at Home Services
Update April 2017

New framework providers announced
The two frameworks (groupings of contracts with providers) that provide care at home and housing support expire on 31st March 2017. Therefore, the council had a statutory duty to re-tender these services openly, equally and transparently under the Procurement Regulations. This process got underway in December 2016, after an extended engagement period with a wide range of stakeholders, including service users, families, carers and providers. The council has been assessing tender applications over the last few weeks and has now decided which providers should be included in the new Framework. They are:

Provider	
Almed Healthcare	McSena Communication Ltd
Beyond Homecare	Moran Care (Scotland) Limited
Call for Homecare Ltd	Palumbia
Caroline Homecare	Places for People Scotland
CrossReach	Real Life options
Owlght Supported Living Ltd	Social Care Recruitment and Training
ELCAP	Thera (Scotland)
ENABLE Scotland	

If your provider is not on this list:
If your provider is not on this list—it does not mean they are not working in East Lothian. Many of the Providers not on this list continue to provide support under self directed support option 1 & 2.

What happens next?
We will write out to service users if we can't contract with their provider directly. If this is the case we will offer a further provider or you can use self directed support option 1 or 2 to purchase your support. There are a number of possible outcomes for supported people and their families under the new Framework, including that:

- the provider is successful and no change to service.
- the provider is unsuccessful so chooses not to tender for new services in which case

Hi
My name is Simon Pearce and I'm the Managing Director for Thera (Scotland). We believe that we are as focused as we can be for people with a learning disability being leaders in their sector because:

- the people we support lead their support
- we regularly check the quality of their support

We have a strong vision that underpins everything we do. Thera (Scotland) has a Board that has people with a learning disability as Directors on the Board that enables a lived experience of receiving support and additional skills being complimented to Thera (Scotland). We are very excited about working with and in East Lothian and I hope to meet you soon.

Find out more about Thera at www.thera.co.uk/thera-scotland

Find out more about person-centred care by emailing info@healththera.gov.uk

NHS

Keeping independent and well

In this section, we look at how East Lothian Health and Social Care Partnership is working with people to help them look after their health and wellbeing. Much of this section focuses on the work of our Rehabilitation, Falls and MSK Teams and the use of smart technology. However, it is worth noting that we have continued to promote healthy living through our Public Health Team and their partners, support for better mental health and active living. You will find more information about this in other sections of the report.

Telecare — from analogue to digital

Our TEC team is working closely with the Digital Office (working with local authorities in Scotland to effect 'digital transformation') and the Scottish Government Technology Enabled Care programme team to trial new digital alarms in preparation for the proposed decommissioning of the analogue phone network by 2025.

This is a complex task and requires involvement from a variety of stakeholders. As part of the trial East Lothian was awarded funding to update the alarm receiving centre and purchase digital alarms and variety of sensors to trial.

Pictures from Wellwynd Hub



Smart technology

We opened the award-winning Wellwynd Hub, at the end of 2018. We now have a part-time Occupational Therapist working alongside the Telecare Team to lead on smart technology.

Smart technology includes low-cost and readily available products, which many people already have in their homes without realising their full potential. Examples include voice activated hubs, video doorbells, smart lighting, apps, Telecare and community alarm. Smart technology provides real benefits, particularly to people with lower-level needs and risk, assisting with:

- self management
- control of environment
- summoning help
- supporting people to continue to engage in meaningful activity.

The devices can assist with reminders (appointments and medication) control of lighting and electrical items and phone calls. These functions can allow a person to remain independent with a task which otherwise would have required someone to help them.

Keeping independent and well

Smart TEC sits alongside and complements existing technologies including Community alarm, Telecare and Environmental Control. We find huge benefit to linking smart technology with these services.

Picture of Wellwynd Hub Team receiving Excellence in Health and Well being award

Many people with a higher level of need and risk are supported by use of specialist equipment from the EATS (Environmental and Assistive Technology Service) team

There are huge advantages in introducing smart TEC earlier on in a person's journey to enable them to remain as active and independent as possible.

We now offer outcome focused interventions to people who have a long term condition or a health need to support them in understanding what role smart technology may have in their life. Sessions are either delivered at home or within Wellwynd Hub (smart home) led by the Occupational Therapist.

TEC Training

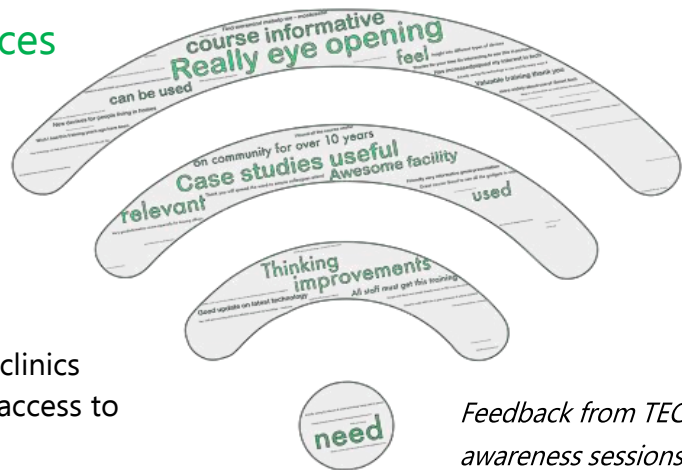
To enable a more informed and confident staff approach to Telecare and smart technology, the TEC team now deliver twice monthly staff awareness sessions. We have targeted all frontline staff working with people in East Lothian who are vulnerable, have a disability or health condition. We want to help develop the knowledge, skills and understanding required to embed technology enabled care into packages of care to support vulnerable people live independent lives.

Keeping independent and well

Muskuloskeletal (MSK) Services

A redesign of musculoskeletal services (which manage problems that affect muscles and joints) was carried out over the last year. This succeeded in reducing the routine MSK waiting list to six weeks.

At the same time, primary care drop-in clinics were launched giving individuals quick access to MSK assessment.



Feedback from TEC awareness sessions

Drop-in clinic services are available from Musselburgh Primary Care Centre and East Lothian Community Hospital with 6 clinics running a week (3 per site). Following attendance at these clinics, the individual is provided with treatment if required or directed to another appropriate service such as PACE (Physical Activity Community Education). Ongoing evaluation of these services ensures we continue to offer patients the appropriate level of intervention, at a time that is convenient for them.

How we reduced waiting lists

A project team considered and modernised waiting list arrangements. Laptops with smart technology are now used to input assessments direct onto the Mosaic IT system. This allows colleagues to complete assessments and associated paperwork on the site visit, reducing time spent in the office.

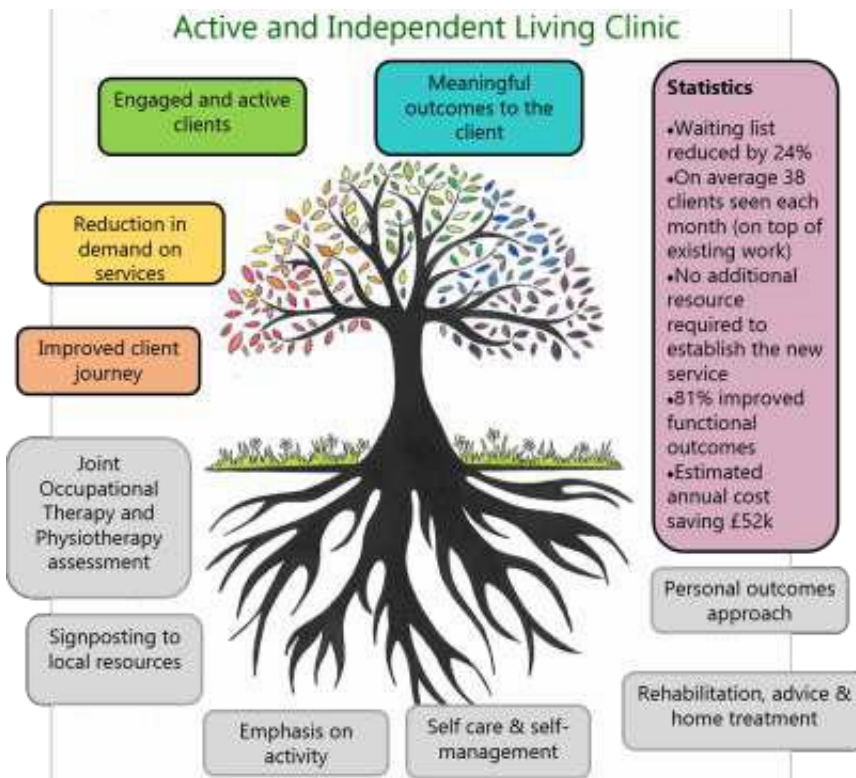
The laptop is used to obtain client signatures for consent to intervention. In addition, it can be used to show clients equipment that may improve their independence, allowing them to better understand equipment choice and function, reducing the need for multiple equipment visits.

The team now uses iPhone technology, allowing for photographs of property layout to be taken to assist in the equipment planning process. The device can also take measurements and add these to photographs of steps, garden paths, baths etc. increasing the accuracy and speed of assessment.

Our outcomes:

- In October 2019, we had 283 people waiting for 39 weeks (10 months) for an Occupational Therapy Assessment.
- In February 2020, we had 53 people waiting for under 5 weeks (mean waiting time is 2 weeks) for Occupational Therapy Assessment.

Keeping independent and well



Duty, Response and Rehabilitation Falls Team

A key approach in keeping older people mobile, active and healthy is the prevention of falls.

The Duty, Response and Rehabilitation Falls Team, aims to improve the care, experience and outcomes of people following a fall.

Referrals come from Emergency Care Service, hospital Allied Health Professionals (for example, physios, occupational therapists) GPs, families, Scottish Fire & Rescue Service, Scottish Ambulance Service and District Nurses.

The team provides information, advice, environmental and functional assessments, with ongoing rehabilitation as required and referral onto appropriate agencies. On average 60 referrals a month are followed up by the team.

Responding to COVID

Because the Rehab Team had already been exploring TEC and app-based solutions, they were able to respond to the necessary changes to face-to-face appointments very swiftly. They ceased the drop-in clinics at the start of the outbreak and substituted an East Lothian MSK helpline. This enables people to consult with a specialist MSK practitioner over the phone, and provides them with an assessment, links to online support and onward referral, where necessary.



Living independently at home or in your community

This section looks at the range of our work to support people to retain their independence both at home and in community residential settings. It is just as important for people living in care homes to maintain their independence as it is for anyone else and our Care Home Team has a vital role to play in achieving this.

The Care Home Team

The nurse-led Care Home team supports the residential and nursing care home sector and acts as first point of clinical contact for the Care Homes. The Care Home Team delivers:

- a clinical care home nurse practitioner service
- A care home education and liaison team.

The clinical care home nurse practitioner service supports care home staff and GP practices to deliver prompt and continuous care to residents of care homes. Nursing expertise combines with clinical decision-making capabilities and prescribing, offering more seamless ongoing and acute care.

The Care Home Education and Liaison Team (CHET) provides support to all 18 care homes in East Lothian and works to improve the quality of care by providing support and ongoing education to care home staff of all grades to the care-home sector. The team supports local health protection and infection control support and guidance, including training and delivery of the yearly flu vaccination programme to care home staff. It also works closely with the Care Home Review Team to investigate concerns in individual facilities and address issues as needed.

The education programme is supported with input from the NHS Lothian clinical education department at Comely Bank.

Picture of HSCP Care Home Team member with care home resident

Picture of HSCP Care Home Team member with care home resident

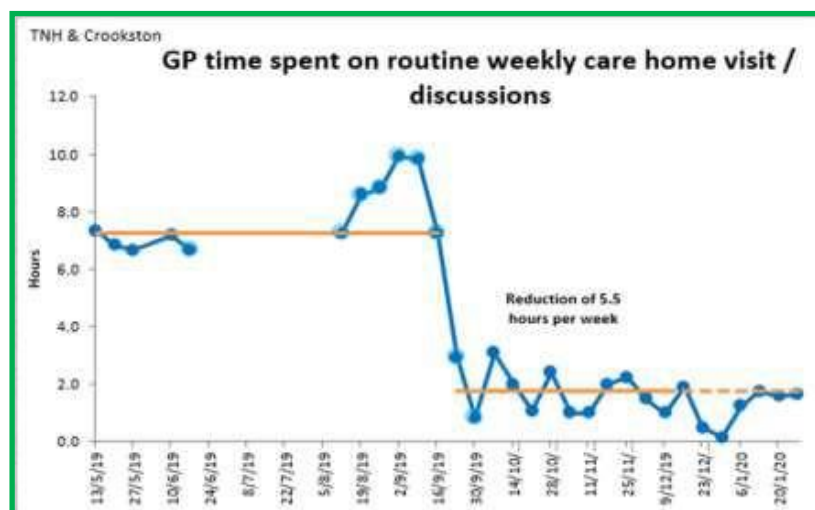
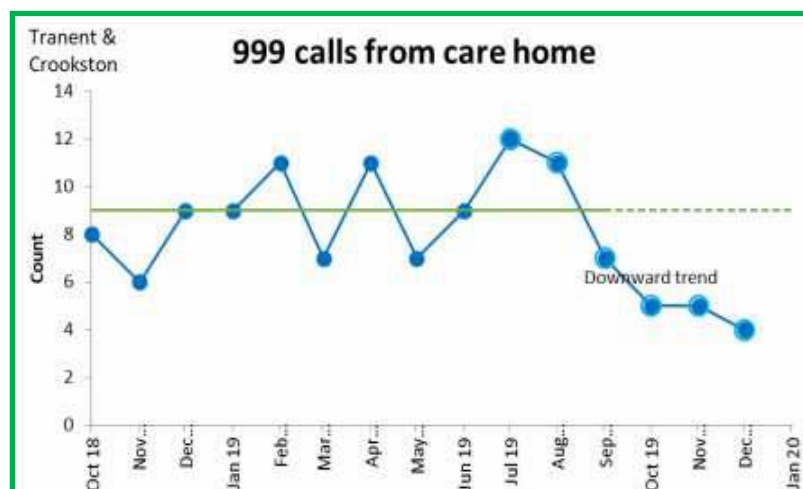
Living independently at home or in your community

Impact of the Care Home Team

The Living Well in Communities (LWiC) branch of the Improvement Hub for Healthcare Improvement Scotland has worked with East Lothian HSCP, Tranent Care Home, and Tranent Medical Practice over the last year to evaluate the impact of the Care Home Team locally and better understand the impact of this service.

Data collection began in April 2019 and is ongoing. Early findings from this project highlight:

- ✓ A reduction in 999 calls from care homes
- ✓ An improvement in Anticipatory Care Planning, with the majority of patients now having their preferred place of final care recorded.



Support to GP practices

The project also highlights the value of the Care Home Team from the GP Practice perspective, including increased levels of confidence in the ability of the Nurse Practitioners to provide an excellent level of clinical care. LWiC are keen to look at ways to spread learning from the innovative approach taken in East Lothian to other areas of Scotland.

The Care Home Assessment and Review Team (CHART)

The Care Home Assessment and Review Team comprises a team of social workers dedicated to supporting people to access the most appropriate community support to meet their needs when they are leaving hospital. The team supports complex discharge planning, through person-centred assessments taking into account wider social and family circumstances, and information from family, friends, Power of Attorney, and others who support the person.

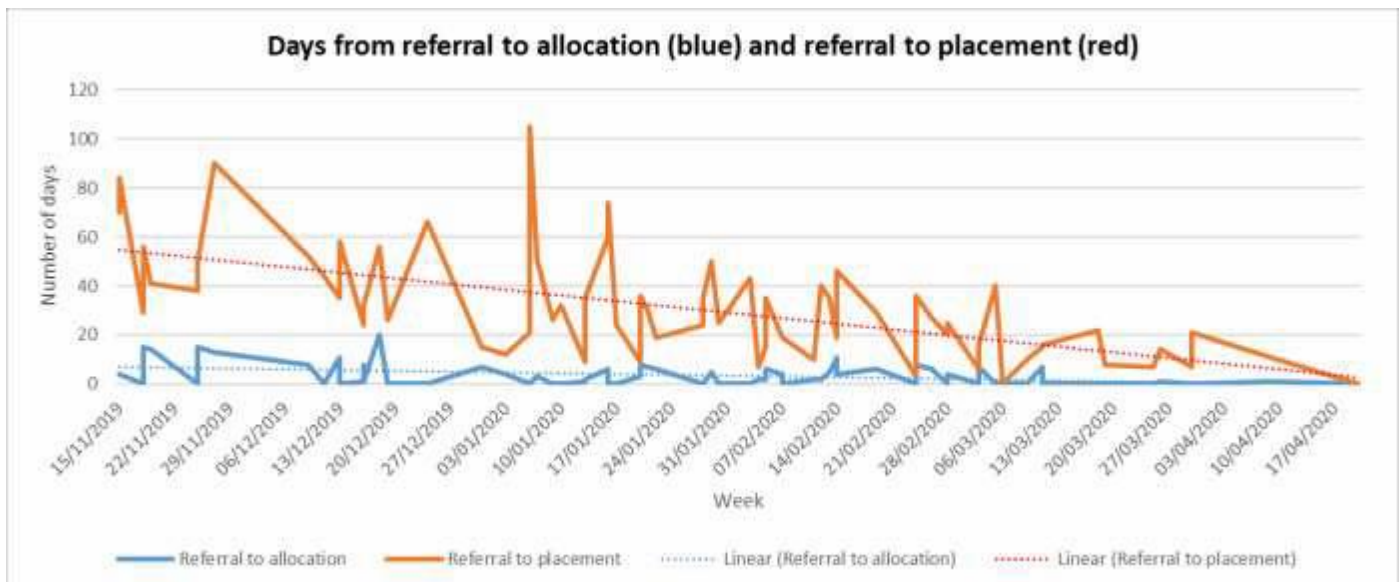
Living independently at home or in your community

Recommendations may include the type of support that is required on discharge or potential placement in a residential or nursing care home where a return home is not possible. CHART also upholds Adult Support and Protection legislation, including robust investigation of concerns or complaints, and regular reviews and monitoring of placements to ensure individuals receive a good quality of service. This also feeds into our Best Value process (see pages 19-21).

There are:

- 17 care homes in East Lothian
- 674 placements funded by East Lothian Health and Social Care Partnership
- 246 new placements in 2019 alone including 160 care home placements from hospital.

It is the team's aim to see people able to access their care home place as soon as possible as safely as possible. The table below the significant impact on shortening the length of time between when a person is referred for allocation and their referral to a placement.



The Team is the point of contact for any incidents within care homes, operating a duty system to deal with immediate concerns, including any Adult Protection issues. A Link Social Worker role for all East Lothian care homes has improved communication between providers and the HSCP. Where necessary, and guided by the Public Protection Office, the Team takes a lead role in Large Scale Investigations within care homes across East Lothian.

Living independently at home or in your community

In 2019-20, there were an average of 30 care home incidents and one Adult Protection investigation per month. The team employs various techniques in pursuing their enquiries. Below is a case study of an incident during 2019-20.

CHART case study

In an exit interview, a staff member raised concerns re conduct of other staff. This was reported by the care home provider to the Care inspectorate and then to social work.

CHART conducted an investigation under a statutory Duty to Inquire – Adult Protection investigation. This involved speaking to residents and their families, carrying out reviews and examining records.

This was a huge challenge for the care home, which had a relatively new management team and a close staff team and was very distressing for all involved.

CHART provided support to the management team of care home.

Outcome: the staff members involved in the complaint were suspended and ultimately dismissed

Our care homes also focus on keeping people as independent as possible, as their recent Care Inspectorate reports confirm.

Picture of Crookston Care Home resident

Crookston Care Home gets 'Very Goods' from the Care Inspectorate

The Care Inspectorate carried out an unannounced inspection of Crookston Care Home in December 2019 to check how well Crookston supports people's wellbeing and plans their care and support. The answer is very well indeed.

Inspectors reported that people were happy with their care and support. Relatives told them that the home keeps them well informed about their loved one and staff were always kind towards them when they visited.

'No matter what time of day or night we visit, we always find staff being attentive to our relative,' said one family.

Residents have a say in decisions about the care and support which affect them, including end of life. They also choose where and how to spend their time and participate in a range of activities. During the inspection, several female residents went to Crookston's own hair salon, which turned into a real

Living independently at home or in your community

social event for the women involved. The inspectors noted that staff in different units engaged in small group activities with residents. Mealtimes were very calm and relaxed and residents enjoyed their meals. Staff sat with residents at mealtimes, making meals more of a social experience. The inspectors commented that meals were of a good quality and people spoke highly of them.

They found that care plans were regularly reviewed and updated, and involved input from relevant professionals. As well as considering best practice, care plans make clear the resident's preferences and wishes. They were able to see residents' health improving because of the support that they received. They also commented on a section within care plans relating to physical activity, which they thought was useful for identifying how individuals could stay as physically active as possible.

East Lothian Integration Joint Board Chair Councillor Fiona O'Donnell says:

'Pauline and her team really deserve their "Very Good" rating. They look after the people who use the home with great affection and respect and are very supportive of relatives too. They are also very innovative, pioneering work with Rempods in East Lothian – people might have seen these reminiscence rooms for people living with dementia when they received backing on Dragon's Den. Crookston was also part of an award-winning intergenerational project last year with Sanderson's Wynd Primary.

'They are a fantastic team and they do very good work. All I can say is congratulations, thank you and keep on doing what you are doing – it's great.'

....And the Care Inspectorate officers were particularly impressed with the work of staff to ensure its residents could vote. The report said: 'We visited the service in the run up to a General Election and could see that residents were actively supported to vote and exercise their citizenship rights.'

The care home received a grading of 5 (very good) for its care and support planning and the way it supports residents' wellbeing. The inspectors praised staff for their relationships with residents as well as the activities on offer and meals offered, and also the strong links with the community health team. They said: "People living at The Abbey were able to contribute in a variety of ways to decisions which affected them and people were able to choose where and how they spent time.

COVID response

The Care Home Team and District Nursing teams supported staff to adhere to up-to-date guidance and advice. In addition, specific training and support has included:

- Ensuring the safe application and disposal of PPE
- Escalated support to homes with positive cases to ensure robust infection control
- Arranging urgent PPE from East Lothian hub stock if required
- Circulating all current guidance and ensuring our homes have access to information that is circulated
- Visiting homes to demonstrate PPE donning/doffing and infection control
- Educational components focused on infection control, including helping staff understand PPE, including 'how safely to put it on and take it off
- Video links of training provided and offers to all care homes for visits as needed
- Continued emotional and phone support for staff
- Delivery of face-to-face training where agreed.

Role of CHART

- Ensuring adequate PPE was available
- Monitoring and supporting homes where there were COVID cases.

Positive experiences of health and social care

Community Treatment and Care Service



In Autumn 2019, we began developing our first Community Treatment and Care Service (CTACS) based at the new East Lothian Community Hospital. We planned to open CTACS early in 2020. The treatments rooms were in place, staff team recruited and the communications campaign delivered. Unfortunately, opening was delayed until early June 2020, as the highly trained nurse-led team were pulled in to support our effort to combat the spread of Covid-19.

Patients of Haddington practices were able to access services provided by expertly trained nursing staff and benefit from assessment and treatment in the excellent new premises at East Lothian Community Hospital. CTACS updates the three Haddington practices involved on patient management and involves them in patient care when necessary. Services include:

- **Removal of sutures/staples** after operations or injuries
- **Wound care** including management of leg ulcers or wounds after surgery or injury
- **Some blood tests** that may have been requested by a hospital specialist

'CTACS is a new way of receiving care - one which helps us to ensure people are able to see the right person at the right place at the right time, and one which I am sure the community will come to value.'

Councillor Fiona O'Donnell
East Lothian IJB Chair



Positive experiences of health and social care

CWIC (Care When It Counts)

The 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 non-medical team.

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

Picture related to CWIC

In parallel to CWIC, the HSCP developed, in partnership with NHS 24, a new primary care telephone triage service. Both CWIC and the NHS 24 service are being assessed for their suitability for rollout to other GP practices across the county.

East Lothian Community Hospital

In autumn 2019, NHS Lothian and East Lothian Health and Social Care Partnership were 'given the keys' for the remainder of the newly completed East Lothian Community Hospital building.

The Outpatients Department had already been in operation since March 2018. The final phase, focusing on car parking and landscaping was delivered in spring 2020. The new three-storey, 22,000m² building in Haddington provides:

- inpatient care
- endoscopy and minor procedures
- outpatient services (including mental health and new service developments)
- shared therapies
- third sector and community facilities

Alison MacDonald, Chief Officer, East Lothian Integration Joint Board, said:



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

'It is also a real asset to the community, with public rooms available to local groups, local radio providing hospital broadcasting and the hospital's grounds open to all. I would really like to take this opportunity to thank our project team, our staff, our local artists and the community for their collaboration and support for the new East Lothian Community Hospital. They have done a fantastic job.'

Winter Plan



Every year, NHS boards are required to produce plans to ensure resilience over the winter months. East Lothian's Winter Plan, agreed by the East Lothian Integration Joint Board on Thursday 31 October 2019, aims to keep pressure off Lothian's acute hospitals by treating more people than ever at home or closer to home.

Services like our Discharge to Assess intensive rehabilitation team, the COPD Advanced Physiotherapy Practitioner and our Patient Flow Team, which will now work extended hours seven days a week to support speedier assessment and discharge from hospital, will all be relieving pressures on hospital beds over the next few months. We are increasing the capacity of the Hospital at Home team to ensure that patients have care packages in place as soon as they are medically ready to be discharged from hospital. We are also increasing the operating hours of the Emergency Care Service, so that it runs overnight as well as during the day. This service focuses on helping people to stay at home during a crisis rather than being admitted to a care home or hospital bed.

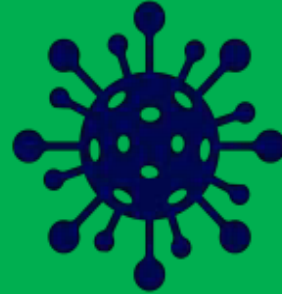
East Lothian Health and Social Care Director/East Lothian IJB Chief Officer Alison Macdonald says:

"We developed our plan alongside other Health and Social Care Partnerships in the Lothians and the Acute Services Division of NHS Lothian.

"We have a good range of services already working to reduce hospital admissions and help people home from hospital as soon as they are ready and it's great that we are able to enhance this tried-and-tested provision over the winter months to help take the pressure off Lothian's acute hospitals. We believe that early intervention and care closer to home is the way forward for winter and all year round."

COVID Response

The key things we did to ensure positive experiences of health and social care at the beginning of the Covid-19 outbreak were to:



- share reliable information quickly and effectively through as many channels as possible, including social media, the local press, radio, web pages, partners' information-sharing networks and internal staff communications. This included information about visiting restrictions for care homes and hospitals, how to use PPE correctly and alternative arrangements for GP practices, mental health and MSK support
- transfer as much face-to-face support to phone, video and online support (for example, NHS Inform) so that we were able to continue supporting people through different means
- keep people in our care homes in touch with their friends and families through social media
- keep patients and relatives in touch using iPads and Kindles in East Lothian Community Hospital
- Using feedback from staff, community resilience teams, East Lothian Council and third and independent sector partners to identify areas of concern for people who use our services and trying to provide them with the information they needed to address issues.

Maintaining or improving your quality of life

We take a person-centred approach to all our care. We work with people to find out what will help them to maintain and improve their independence and give them the support and advice they need to achieve this and live the sort of life they want to.

Discharge to Assess (D2A)

From Feb 2019 to Feb 2020 D2A have seen 361 people - an average of seven patients per week across the county.

The team started taking prevention of admission referrals directly from the GP - 57 people for the 2019/20 period.

We are in the process of expanding and integrating the entire Occupational Therapy (OT) and Physiotherapy (PT) community teams across Health and Social Care. This places East Lothian community rehabilitation (rehab) teams at the forefront of integrated developments in Scotland.

The integrated team roles include:

- Management and assessment of all patients admitted to Hospital at Home
- Physiotherapy Assessment and rehab of all patients referred for community physiotherapy input
- OT and PT assessment and rehab of all patients admitted to the rehab and step down wards across East Lothian
- Assessment of all patients referred and accepted into Discharge to Assess
- High intensity, high frequency, same day assessment and ongoing rehab for patients referred for 'prevention of admission'
- Long-term management of Community OT clients requiring assessment for adaptations and equipment
- Crisis OT assessment.

This work has contributed to a significant increase in bed days saved and positive outcomes for patients and families.

Self-Directed Support (SDS) Pre-payment cards

Over the year, this service option for people in receipt of Direct Payments has grown. We now have one third of all Direct Payment recipients managing their service in this way. Prepaid cards have been welcomed by all service users currently using them. They provide clients with - real-time information on the balance of account, with no need to provide returns and a dedicated customer service team to help with any queries.

For staff, there is much less time involved in monitoring card accounts and any discrepancies can be identified, queried and resolved swiftly.



Picture of prepaid card

Maintaining or improving your quality of life

TOTAL UPTAKE FOR EACH OPTION	2017-18	2018-19	2019-20
All Option 1 (Direct Payment—service user or carer selects and arranges services out of an agreed personal budget)	112	126	126
All Option 2 (Service-user chooses provider, but ELHSCP or other agency manages budget)	98	196	176
All Option 3 (ELHSCP selects and arranges support for the service-user)	845	831	908
All Option 4 (included in Options 1, 2 and 3) (A mixture of options)	129	151	203
TOTAL UPTAKE FOR WHERE PEOPLE SELECT ONE OPTION ONLY	2017-18	2018-19	2019-20
Option 1 only	36	72	58
Option 2 only	45	92	99
Option 3 only	716	687	785
Option 4 (mixed)	129	151	203
TOTAL CLIENTS	926	1002	1145

Maintaining or improving your quality of life

Supported Housing

Adult Services, in partnership with East Lothian Council developed a core and cluster development for supported living in the Prestonpans area.

This accommodation supports five individuals with shared on-site support, including an overnight response service. This model of care is enabling a more efficient use of our valuable staff resources and allows us to support more individuals to live independently in the community. We continue to work in partnership with our colleagues in East Lothian Council to identify further opportunities to expand this model of care and support.

Picture of Core and Cluster development

Services for People with Learning Disability

ELHSCP in partnership with NHS Lothian and housing provider Castlerock Edinvar is developing a property in Haddington to provide a residential 'short breaks' service for people with complex needs. NHS Lothian provided funding for refurbishment of the property, inside and out, to deliver a bespoke care environment. This service will provide opportunities for short breaks for two or three people at a time and will also give us the option to provide emergency short-term accommodation for an individual as circumstances demand, avoiding unnecessary hospital admissions. This service will open in 2020/2021.

Shared Lives East Lothian

Shared Lives East Lothian recruits and supports Shared Lives Carers who work on a self-employed basis using their homes to give people with care needs the opportunity to engage in family and community life. Shared Lives arrangements are set up and supported by Shared Lives East Lothian, with the care and accommodation people receive provided by ordinary individuals, couples or families in the local community. Individuals and their Shared Lives carers enjoy shared activities and life experiences.

The people who make use of Shared Lives arrangements are aged over 16 and have a specific support need that may be associated with a learning disability, physical disability, sensory impairment, autism, age and/or mental health. People referred to the service often have difficulty living on their own or need support to remain living in their own home. People also use the service to give their main carers a short break.

Maintaining or improving your quality of life



Across Scotland Shared Lives services achieve excellent outcomes for supported people and the services are generally less costly than other comparable services. As a result, we plan to recruit more Carers and in 2019/20 we have been progressing this. Following a financial review we have secured agreement to increase the fees paid to Carers and also to change the way that people supported by the service contribute to bring it in line with the charging for other services. We have developed a comprehensive new Carers Handbook. This involved reviewing all of the service specific policies and procedures to bring them in line with the Health and Social Care Standards.

Feedback from people supported by the service

'It was the best decision of my life moving here'

'I never got to go on holidays before and now I go with my new family and I love it'

And from carers

'It is a really rewarding job and I get great support whenever I need it'

Maintaining or improving your quality of life

Community Learning Disability Team



The team has supported the client group successfully with no inpatient admissions, and continues to review service delivery arrangements to maximise opportunity.

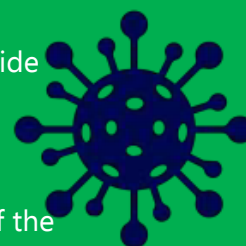
The nursing team continue to contribute to development of the Paediatric Learning Disability (LD) diagnostic pathway. This remains in pilot stages but is due to be rolled out to health and education. The pathway provides an opportunity for cases to be discussed within a multi-professional forum to identify appropriate diagnosis, required assessments and those best places to work with individual and family/carers. The aim was to reduce the number of inappropriate referrals received by paediatric services including the LD nursing team and to streamline the process to reduce waiting times. Whilst the pathway is in place for children age eight and above, we have discussions in place to review the process for pre-school children and would hope to develop a similar system for this client group.

The Learning Disability team now operates out of East Lothian Community Hospital and has developed excellent links with fellow Mental Health clinicians. Weekly meetings support integrated working and the sharing of good practice and ideas across teams.

COVID response

The Learning Disability Team have continued to strive to provide ongoing input and support to the client group, families and carers despite the current COVID-19 restrictions.

Initially all clients received a rapid response letter on behalf of the team explaining changes to the service and relevant contact details. This appears to have significantly reduced anxieties and initially reduced the contact requested of the team. Where possible, the team continued to offer essential face-to-face contact and support via technology available to us to prevent acute admission, reduce anxiety and maintain therapeutic relationships. We immediately drew up a vulnerable risk register and all clients identified are contacted weekly to ensure safety and risk identified are managed.



Reducing health inequalities

Health inequalities are unfair and avoidable differences in people's health across social groups and between different population groups. Health inequalities exist between affluent and deprived areas because poverty and deprivation have a major impact on health and life expectancy.

To address this Scottish Government has established a set of standards for public authorities to work to, ensuring that in Scotland:

- We live in vibrant, healthy and safe places and communities.
- We flourish in our early years.
- We have good mental wellbeing.
- We reduce the use of and harm from alcohol, tobacco and other drugs.
- We have a sustainable, inclusive economy with equality of outcomes for all.
- We eat well, have a healthy weight and are physically active.



Some of these standards are not within ELHSCP's direct remit, although we work alongside partners at East Lothian Council and NHS Lothian to assist in addressing all factors, which may lead to health inequalities, for example, promoting breast-feeding, good parenting, physical activity, income maximisation and amenity housing. We are directly involved, in, supporting better mental-health and well-being, supporting people with substance misuse problems, supporting people who have committed offences, and helping people to increase their mobility and activity to maintain their independence.

Here are some examples of activities in 2019-20 that also helped to address issues that contribute to health inequalities.

Violence against women and girls (VAWG)

The East and Midlothian Public Protection Office (EMPPO), through its Violence against Women and Girls Partnership, runs a year-round campaign to raise awareness of violence against women and girls. They produce a monthly newsletter for professionals and the public which pulls together information on policy developments, events, training and courses. They also work with Women's Aid East and Midlothian on specific events.

East Lothian Health and Social Care Partnership actively supports the work of VAWG and helps to promote awareness widely.



Reducing health inequalities

16 Days of Activism and White Ribbon campaign

From 25 November to 10 December 2019, we promoted 16 Days of Activism that focused on working with communities to enlist their help to put an end to gender-based violence. We invited local individuals and groups to share social media posts on their accounts to promote awareness. We also invited them to run off some of our Hidden in plain sight posters and put them up in communities and workplaces. There was also a *Building Wealthy Communities* event.



ELHSCP and EMPPO encouraged senior staff to be proactive in supporting the White Ribbon Campaign, signing up to the pledge:

'Most men do not commit violence against women but all men have a role in ending it. Making a pledge never to commit, condone or remain silent about men's violence against women in all its forms will make a huge difference. Sign the White Ribbon Pledge today.'

Picture of Alex McCrorie

East Lothian Council Depute Chief Executive Alex McCrorie personally encouraged men in East Lothian to sign up, as did Head of Infrastructure Tom Reid and Communications Manager Stewart Cooper, in a series of videos that were very well received, shared and viewed.

Sexual exploitation statement

East Lothian Health and Social Care Partnership supports EMPPO and East Lothian Council's Sexual Exploitation of Women Statement, which was adopted by the council in 2018.

Integrated Impact Assessments (IIAs)

ELHSCP, like all public sector organisations, is required to assess the impact of our decisions and policies on equalities groups. We do this through a process called Integrated Impact Assessment. Representatives for people affected by our decisions (including staff, service-users, the third and independent sectors) work through an IIA framework together. They look at the potential and actual positive, neutral and negative impacts of decisions on the groups they represent. Outcomes of IIAs through the year are available on the HSCP and East Lothian Council websites.

COVID response

We worked with partners to mitigate the impact of Covid-19 with East Lothian Council and local resilience groups, responding swiftly to a constantly changing situation. You will have seen details elsewhere in this report, but it is worth mentioning here the work we did to:



- Support homeless people's health needs
- Ensure that vulnerable and isolated people received help, support and food
- Support the mental health service-users by adapting our services from face- to-face to phone support immediately
- Support the mental health of staff and communities by putting them in touch with online resources that offered help and advice
- Establishing the HR implications of shielding and self-isolation for staff.

Carers

Caring for someone can be a rewarding experience, but coping day to day and responding to the needs of others it can be difficult. We continue to work closely with young carers and adult carers and the organisations that represent them to try to ensure that they have the information and support they need.

Supporting carers

The HSCP Action Plan to implement the East Lothian Carers Strategy will guide activity over the next few years.

The Carers Change Board is monitoring action and directing the use of the additional funding provided by the Scottish Government to increase support available to carers.

The majority of the Carers Act funding for 2019/20 was again passed direct to local carers organisations. Organisations used the funding to increase their staffing in order to improve the identification of carers and the capacity to respond to increasing demand on their services as more carers are identified. Young carers club places have also been increased to provide more young carers with access to breaks from caring.

Picture of East Lothian Carers Strategy Cover

Developments for carers over the year

- Carers of East Lothian (COEL) moved their base to the East Lothian Community Hospital in 2019. This has improved their profile with staff at the new hospital, and carers visiting their relatives on the wards. COEL are now also actively involved in the Hospital at Home virtual ward rounds and are already seeing an increase in referrals to their service.
- COEL are also using their new base to publicise their Thinkcarer training, which is being provided to NHS staff at the hospital. The training aims to increase awareness of carers among professionals to ensure that carers are aware of and informed of their rights, and the support available to them.
- COEL have also set up a new counselling service for carers. Although the service is in its initial stages, the plan is to develop capacity within this further through the recruitment of volunteer counsellors and trainees.
- COEL increased the capacity of their parent carer support service by making this post full time in 2019. This is in response to a continued increase in referrals from parent carers to the service.
- A range of events were held during Carers week again this year, including the renewal of the carers card supported by East Lothian businesses with offers and discounts available for carers. COEL also organised a film screening of the film "Carers stories" at the Brunton Theatre with over 200 people attending.
- ELHSCP has supplemented short breaks funding that COEL receive from Shared Care Scotland and to date 37 grants have been awarded to carers towards short breaks (for first 6 months of 2019)
- East Lothian Young Carers continue to work with schools to raise awareness and are offering lunchtime drop in sessions for young carers at Preston Lodge High School and Ross High School.

Carers

- ELHSCP amended its charging policy in relation to the provision of replacement care and short breaks in 2019 with carers who meet the eligibility criteria now able to access these services free of charge.
- ELHSCP are continuing to undertake engagement with carers to find out what services carers find most helpful and where they would like to receive support from. Surveys were given to adult and parent carers and we are continuing to arrange focus groups with young carers and young adult carers. Feedback from these will help to inform how to develop carer services in the future.
- Childrens' Wellbeing have also been working closely with schools to raise awareness of young carers. A new young carer referral pathway was developed and to date 80% of Head Teachers and Deputy Head Teachers have been briefed on how young carers can be referred for services.
- ELHSCP is continuing to work with Dementia Friendly East Lothian on their Meeting Centres Initiative. Meeting Centres are local community social spaces for people with dementia, their carers and family and friends. Centres are able to provide information, training and support to those attending. A pilot is being planned and led by Musselburgh Local Area Partnership Health and Wellbeing Sub Group.



Councillor Fiona O'Donnell
Chair, East Lothian
Integration Joint Board



'I want to make sure that all our unpaid carers are recognised for the way they are dealing with the difficulties they are experiencing. I cannot tell you how much I respect them for the way they have responded during these challenging times.'



Carers facts and figures for 2019-20



14.5% ↗ increase in adult carers accessing support through COEL

22% ↗ of carers in East Lothian are known to COEL

£580,000 ↗ gain for COEL carers on benefits over 6 months

87 ↗ young carers supported by East Lothian Young Carers

Carer's eye-view

In East Lothian it is estimated that at least one in six of the population have an active caring role. The IJB greatly values the vital role that Carers play in our society and seeks to build on its support for Carers. The IJB also recognises and supports the important roles the Third Sector plays in delivering services and contributing to policy development. Here are a couple of examples where working in partnership with the Third Sector, grant funding directed by the IJB has helped extend existing services or create new ones for Carers throughout East Lothian.

Jess Wade, Chief Executive, Carers of East Lothian explained:

"In 2019/20 Carers of East Lothian had our busiest year yet, with additional financial support from the IJB ensuring we could provide direct, individual support to over 1,200 carers.

'We are delighted to report that, thanks to continued funding of our Welfare Rights Worker, we were able to support carers to claim over £1,000,000 in annualised welfare benefits.

'Additional Carers Act funds allocated also meant we were able to set up a local counselling service specifically for carers in East Lothian, which has proved a particularly important resource to support carers through the COVID-19 crisis'

Sarah Davis Director, East Lothian Young Carers said:

"Funding approved by the IJB in 2019-20 allowed East Lothian Young Carers to support seventy eight young carers.

'Young carers were offered practical and emotional support including Young Carers Statements, support with school and further education, individual support and breaks from caring.

'Working with young carers and their families holistically, support was provided to reduce any negative effects of caring and to ensure young carers had the same social and educational opportunities as their peers.

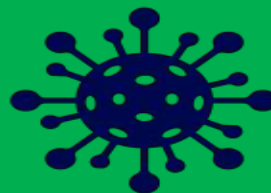
Picture of Jess Wade

Picture of East Lothian Young Carers COVID-19 support pack

Covid response

The mainstay of our Covid-19 response was working in close partnership with:

- Staff who were supporting carers, for example, care-at-home workers, community care workers and social workers. This began immediately and centred on learning from staff what the key issues were in terms of delivery and support - for example, PPE, dealing with isolation/shielding and sustaining good mental health and physical wellbeing
- Carers representative groups—Carers of East Lothian, East Lothian Young Carers and Bridges Project. This helped us to respond to carers needs as much as possible and share information about support, advice and resources. Carers of East Lothian produced a weekly resources guide which we shared with staff, third sector partners and community resilience groups
- Community Resilience Groups, who kept us informed about the wellbeing of carers they were working with and specific help needed.
- Third and Independent sector partners also kept us informed of issues—for example, around the correct donning and doffing of PPE and when to wear it.



Social media

Social media, both ours and that of our partners, played a key role in:

- keeping carers informed and up to date with policy and guidance
- providing training around PPE
- Linking into support with managing digital access (through Ability Net webinars)
- trying to keep up morale
- linking to health and wellbeing resources, both by phone and online.

Keeping people safe from harm

Keeping people safe from harm underpins everything that we do. It ranges from protecting vulnerable people from others who put them at risk to ensuring that vulnerable people are protected from their own actions and do not put others at risk.

Justice Social Work Service

In East Lothian, Justice Social Work Services provide a statutory service to people who offend, their families and victims of crime. The key outcomes are community safety and public protection, the reduction of re-offending and promoting social inclusion to support desistance from offending. We are committed to reducing the imposition of custodial sentences in line with the extension of the Presumption Against Short-term Sentences (PASS, which came into effect in July 2019, by offering a wide range of community disposals.

The Justice Social Work Service provide reports to the Court to aid sentencing as well as the Parole Board to support people returning to the community after a period in custody.

Those who have received a custodial sentence are provided with support on their release. In all cases, the Justice Social Work Service will develop an action or case management plan to support the individual to avoid further offending and resettle back into their community.

The Justice Social Work Service works in partnership with statutory and third sector organisations, developing strong multi-agency networks to hold people to account for their offending behaviour. Additionally, many people with convictions experience multiple deprivation with health, housing, employability, substance misuse and financial hardship. The Justice Social Work Service offer client-centred sessions allowing individuals to focus on the specific, welfare needs that impact on their community reintegration.

East Lothian Substance Misuse Service Developments 2019/20

Picture of HSCP Substance Misuse developments

East Lothian Substance Misuse Service supports a wide range drug and alcohol problems. During a very busy year: the service:

- Confirmed appointment of first permanent full time service manager in more than five years
- Developed a weekly drop in clinic for most chaotic clients,
- Initiated successful trial of two full-time substance misuse nursing posts working within Primary Care and supporting primary care colleagues. There are plans to expand this service by two more posts in 2020-21
- Successfully addressed longstanding waiting lists issues, now routinely meeting [HEAT A11] target of access to treatment within 21 days
- Established regular weekly Blood Borne Virus Clinic
- Established a pilot of a weekly evening Women's Sexual Health Clinic with plans for this to be established as core to service over the coming next year
- Initiated routine prescription delivery process to all East Lothian pharmacies
- Increased levels of joint working with MELD 3rd sector partnership colleagues, holding the first ever joint EL NHS/3rd Sector service development day to plan for the future of East Lothian

Keeping people safe from harm

Substance Use Services.

In partnership with MELD workers established East Lothian wide Injecting Equipment Outreach Service – Plans to expand this service over the coming year. They have also agreed and secured funding for the purchase of ECG and vital signs monitoring equipment to give the client group faster access to appropriate health screening.



MELDAP Rights, Respect and Recovery

The key areas of activity for MELDAP and its commissioned services over the last year were promoting recovery, keeping people safe and reducing the harm to individuals who use alcohol and drugs in problematic ways. These themes and how MELDAP plan to further address them are set out in its draft Delivery Plan 2020-23.

The Delivery Plan's priorities are aligned to those made in the key national documents including: Rights, Respect and Recovery, the Alcohol Framework, Staying Alive in Scotland, the work of the National Drug Related Deaths Taskforce, 'Evidence-based Strategies for Preventing Drug-Related Deaths in Scotland: Our Emergency Response. It also takes into account, local data and evidence of need reported in the Health 2019 Needs Assessment and through consultation events.

Challenging the stigma and discrimination experienced by people who use drugs, providing accessible and flexible services available at evenings and weekends were themes consistently raised which are included for action in the Delivery Plan.

Engaging harder to reach clients, the re-engagement of people who drop out of service or have little or no sustained contact with our main treatment services has been a key priority as these are the people most at risk of harm.

Helping people reconnect with services and the recovery community is are key protective factors. Delivering more community based support and interventions through the expansion of assertive outreach has been strengthened by significant additional investment including peer workers and GP practice based nurses. Ensuring people are seen quickly, have rapid access to opiate replacement therapy are all being delivered. The wider distribution of Take Home Naloxone (THN) has been strengthened through the introduction of Safe Storage Boxes (SSB) available to clients with children. Each box contains THN as well as guidance on safe storage of methadone. The SSB scheme has been extended to include any at risk client.

Staff report that poly-drug use is increasing with a marked increase in the number of people using stimulants, cocaine in particular. MELD has recently been awarded Scottish Government funding to develop a stimulant service. Using the experiences of past and current stimulant users will be a cornerstone of when, what and how services are provided.

A young people's services providing support and advice for people aged 12-21 began seeing young people from January 2020. Closely linked to the six secondary schools the service aims to target those young people at risk of exclusion, who have record of irregular attendance, have been involved in the care system and who have begun to use alcohol and drugs in ways likely to cause harm.

Keeping people safe from harm

Elderly Community Mental Health Team

The team has been changed from Dementia and non-dementia sub-teams to an East and West sector split with all nursing staff now having the opportunity to upskill in all areas of mental health. This will improve the patient journey through our service.

The team is working closely with Oaktree Ward to offer a smoother patient journey and to reduce the length of admissions. It is also developing a Mild Cognitive Impairment group as evidence shows that early intervention can prevent development into Dementia for some people.

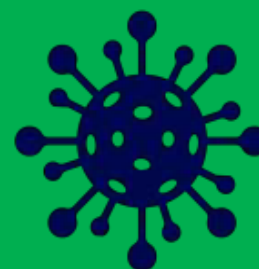
Staff have also been proactive in arranging in house training to continue their development over the next few months to improve their knowledge and skills as the service changes.

Picture of elderly person

COVID response

MELDAP

Covid-19 increased the level of harm for people who use alcohol and drugs. The partnership and its services have responded promptly and creatively. Advice set out in the March 2020 document issued by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) update on the implications of COVID-19 for people who use drugs (PWUD) and drug service providers was used to develop a set of key harm reduction messages, 'Stick Don't Twist' used by adult services.



Elderly Community Mental Health Team

- We continued to provide support to all existing patients via telephone support
- We continued with face to face visits for any urgent referrals during Covid
- Joint-working with our social work colleagues during Covid by carrying out urgent assessments for PoC.
- Staff have been proactive in learning new technology to continue with good communication pathways and adjusted their working patterns to allow for social distancing whilst continuing a high standard of service
- A waiting list of 28 patients developed for dementia diagnosis due to cancelled appointments for Covid however this list was reduced to 0 within 5 weeks as staff adapted to telephone assessments and diagnosis.

Engaging and supporting our staff

We value our staff and engage and support them throughout their working life with the Partnership. We know staff who are engaged are committed, motivated and enthusiastic. Input from our staff enriches our organisational culture and their experience, learning and ideas feeds into our strategy, commissioning and delivery and improve our services.

Some of our key staff engagement activities from 2019-20.

Welcome events

Combining staff from two different employers presents certain difficulties for integrated working so we have established Welcome Sessions for new staff. These focus on showing how East Lothian Health and Social Care Partnership shares the values of East Lothian Council and NHS Lothian.

The sessions also reflect on the ethos of the Public Bodies Joint Working Act (Scotland) 2014 and the benefits it foresaw for integrated working. We look at the Partnership's strategic planning objectives and Directions (the instructions to East Lothian Council and NHS Lothian to deliver the appropriate resources and actions to deliver our strategy).

The Welcome event is delivered through a mixture of workshop sessions and presentations. A key feature is that senior managers take part in the session, as does the IJB service-user representative to underscore the importance that the Partnership places on service-users' involvement and experience and to answer any questions from participants. The workshop sessions are based around five themes:

- What would you like to hear people saying about East Lothian HSCP?
- What's been the best thing so far about working in East Lothian?
- How do you want to treat each other?
- What questions would you put to senior managers present today?
- What matters to you when you are at work?

Workshop feedback is acted on and communicated back to managers and planners

Picture of staff participating in a welcome event

Picture of welcome event groupwork

Engaging and supporting our staff

Picture of management engagement event



Management engagement events

We also have a rolling programme of management engagement events that enable services managers to hear what is happening in other services across the partnership, share good practice and look for opportunities to work together. There is also a focus on what is happening nationally in health and social care integration.

The Partnership is a large organisation, encompassing many disciplines, and these events have proved to be both popular and fruitful. It is also an opportunity for managers to find out more about one another and focus on how to work together to best achieve our strategic aims.

Alison's Blog

As HSCP staff are employed by either the council or the NHS, there was no integrated system for communicating with them. Therefore, in December 2019, we launched Alison's Blog and made it accessible to all staff via PC, laptop or mobile phone.

In early March, 2020 we decided to use Alison's Blog as a way of getting information out to staff quickly in the light of Covid-19. We have been producing daily updates for staff, with a link to new articles sent out to staff every day. The blog updates updates people on guidance, policy, national developments, sources of help (for example, mental health and wellbeing support) resources and staff news.

A comment feature enables readers to have a conversation about articles and add information. It also hosts that MYVOICE email account for people who wish to discuss anything sensitive directly with the Chief Officer.

Picture of publicity for Alison's Blog

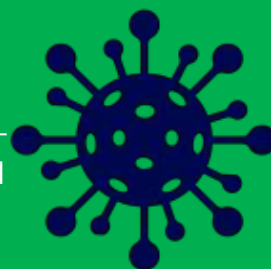


Engaging and supporting our staff

COVID response

Keeping staff safe and informed

- Towards the end of March, HSCP staff with non-clinical/ non-key worker roles began to work from home as the UK moved into 'lockdown'. This required staff to adapt quickly to working remotely, making use of technology and meeting with colleagues using online platforms. Preparations earlier in March helped to make sure that the necessary equipment and software supported staff to work effectively from non-office settings.
- Provision was also put in place during March to support those clinical and key worker staff still required to work in their usual and primarily clinical workplaces. This included early action in sourcing and managing delivery of Personal Protective Equipment (PPE) supplies to staff across all services, as well as making sure that staff had the information and advice they needed to use the PPE safely and effectively.
- Communication with staff was key from the outset, with *Alison's Blog* updates playing an important role in terms of communicating all the latest information and allowing two way dialogue with staff. The NHS Lothian COVID 'Speedreads' also provided daily updates to staff. In addition, some teams formed daily huddles as a means of keeping staff informed.



Managing the COVID-19 response

- Systems were put in place in the early stages of the pandemic to manage the flow of information and guidance to and from the Partnership. This included setting up a central, online repository for COVID-19 related communication and other documentation which needed to be acted on.
- A 'daily update' reporting procedure was introduced in March to ensure that the HSCP management team maintained a clear overview of the emergent situation. Individual services were asked to return a daily update which covered operational matters, including staffing, PPE supplies, risks and actions.
- COVID Management Briefings were started in March, bringing the management team together regularly to oversee the situation and to manage a collective response. As things progressed, Briefings were held on a daily basis.
- An Audit Governance Log was developed in the early stages of the pandemic to record decisions made in response to COVID-19. The Log included details of the rationale behind individual decisions, who was consulted, who made the decision, and information on related expenditure. This will be used as part of reflections on the response of the HSCP to COVID.

Money matters

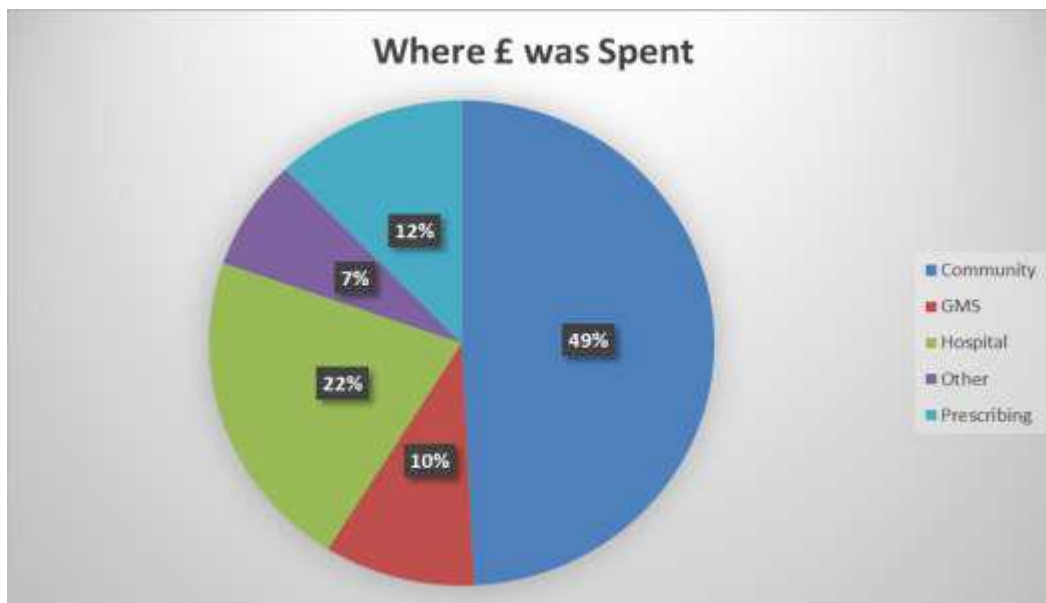
How we spent our money in 2019/20

As in previous years East Lothian Integration Joint Board (IJB) received a financial allocation from its partners (East Lothian Council and NHS Lothian) for the functions delegated to it.

East Lothian IJB had a total budget of £172m and ended the financial year with a small underspend of £0.626m, that is the charges from the partners for the IJB's services was less than the income available to the IJB. The finances of the IJB are explained in more detail in the annual accounts.

	Budget	Expenditure	Variance
	£	£	£
Health	124,533,000	123,732,000	801,000
Social Care	47,284,000	47,459,000	(175,000)
Total	171,817,000	171,191,000	626,000

Where* the budget was spent in 2019-20



*GMS is the costs of running the GP service in East Lothian, GP Prescribing is the costs of prescriptions for the 15 East Lothian GP practices.

Community	Hospital	Prescribing	GMS	Other	Total Expenditure
£84,232,000	£36,766,000	£21,031,000	£16,550,000	£12,613,000	£171,192,000
49%	21%	12%	10%	7%	100%

Money matters

Breakdown of Budget and Expenditure by service for 2019/20:

	Budget -£	Expenditure -£	Variance -£
Direct East Lothian Services			
Community AHPS	3,418,000	3,295,000	124,000
Community Hospitals	10,814,000	9,953,000	861,000
District Nursing	2,399,000	2,393,000	6,000
General Medical Services	16,206,000	16,550,000	(344,000)
Health Visiting	1,835,000	1,625,000	209,000
Learning Disabilities	15,856,000	17,363,000	(1,507,000)
Mental Health	7,275,000	7,438,000	(163,000)
Older People	25,351,000	24,049,000	1,302,000
Other	10,490,000	10,013,000	476,000
Physical Disabilities	3,274,000	3,321,000	(47,000)
Planning and Performance	2,828,000	2,663,000	165,000
Prescribing	20,944,000	21,031,000	(88,000)
Resource Transfer	3,226,000	3,226,000	-
East Lothian Share of pan Lothian			
Set Aside	21,663,000	22,118,000	(454,000)
Learning Disabilities	1,620,000	1,799,000	(179,000)
Mental Health	2,269,000	2,383,000	(114,000)
GP Out of Hours	1,449,000	1,544,000	(95,000)
Psychology	871,000	890,000	(19,000)
Sexual Health	769,000	772,000	(3,000)
Other	2,939,000	2,600,000	339,000
Rehabilitation	560,000	513,000	47,000
Allied Health Professions	1,462,000	1,419,000	43,000
Oral Health	2,085,000	2,048,000	38,000
Substance Misuse	530,000	501,000	29,000
Dental	6,134,000	6,134,000	-
Ophthalmology	2,042,000	2,042,000	-
Pharmacy	3,509,000	3,509,000	-
Total	171,818,000	171,192,000	626,000

Performance at a glance

Financial pressures

Throughout the year there have been financial challenges, mainly within the social care budgets. The financial pressure at the yearend was a significant overspend within adult services, specifically for those clients with complex needs with learning and physical disabilities. This pressure was offset by an underspend in services for older people.

The main financial pressure in the health budgets are within budgets for 'set aside' (a term used to describe NHS Lothian services within the acute hospitals (Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital) which are delegated to the IJB. Examples are: Accident and Emergency, Geriatric Medicine, Rehabilitation Medicine and Respiratory Medicine.

The overspend within set aside arose from:

- Junior Medical Staff costs - due to additional staffing to cover rotas for sickness; maternity and vacancies, causing an over-establishment against funded levels in particular within A&E areas.
- General Medicine – due to staffing issues where recruitment continues to be a challenge and due to bed pressures across all sites
- Infectious Diseases - due to drug expenditure being higher than budgeted.

The Scottish Government new monies to support integration received by the IJB this year has supported: delivery of the Living Wage, the Carers Act and Franks Law in 2019/20 in line with Scottish Government's guidance.

The IJB has a duty under the Local Government Act 2003 to secure Best Value and does this through continuous improvement in the way in which its functions are exercised. Best Value includes aspects of economy, efficiency, effectiveness, equal opportunity requirements, and sustainable development.

Financial challenges and expectations next year

In May 2020 the IJB undertook part of its annual financial assurance process to review the budget offers for 2020/21 from East Lothian Council and NHS Lothian. Again this process identified financial challenges but the IJB has accepted this budget as it passed the two tests of 'fair' and 'adequacy'. It should be noted that this was a challenging settlement for the IJB and any further reduction would have an impact on service delivery.

As part of the financial planning process for 2020/21, NHS Lothian has uplifted the baseline budget by 3% and East Lothian Council has passed through additional social care monies from the Scottish Government (£96m nationally).

The challenge is, in financial terms, to continue the transformation of the services that deliver the IJB's delegated functions whilst continuing to deliver high quality health and social care to the increasing population the IJB supports. The IJB has developed a medium term financial plan, which was presented to the IJB at its meeting in June 2019. The IJB continues to develop this multi-year financial plan to support how the resources available to the IJB will be used to deliver the ambitions of the Strategic Plan, which provide fully integrated, locally delivered and community based services for East Lothian that are financially sustainable.

Performance at a glance

National Health and Wellbeing Indicators

In this section, we show performance against the National Health and Wellbeing Indicators since 2013-14. The indicators are set by Scottish Government to gauge how well Health and Social Care Partnerships are performing across Scotland.

Indicators N1 to N9 present the results of the Health and Care Experience Survey, which is carried out every two years and which was last carried out in 2017-18 and published on 24th April 2018. Although the work for the 2019/20 survey has concluded, publication was delayed by COVID-19. For this reason, this year's report does not include a report on measures N1 to N9. Indicator N10 remains in development, as was the case in previous years, so no data is available for this.



Performance at a glance



