



## NOTICE OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 10<sup>th</sup> DECEMBER 2020, 2.00pm  
*Via Digital Meetings System*

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### Agenda of Business

#### Apologies

#### Declarations of Interest

*Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.*

1. Minutes of the East Lothian IJB Meeting on 29<sup>th</sup> October 2020 (for approval) **(pages 1 - 10)**
2. Matters Arising from the Minutes of 29<sup>th</sup> October
3. Chair's Report
4. Improving and Maintaining Delayed Discharge Performance Through Winter – Report by the Chief Officer of the IJB **(pages 11 - 16)**
5. Adult Social Care Winter Preparedness Plan 2020-21 – Report by the Chief Officer of the IJB **(pages 17 - 28)**
6. Financial Update 2020/21 – Report by the Chief Finance Officer of the IJB **(pages 29 - 34)**
7. Re-appointment of a Non-Voting Member of the IJB – Report by the Chief Officer of the IJB **(pages 35 - 36)**

**Alison MacDonald**  
Chief Officer  
East Lothian Integration Joint Board  
3 December 2020





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

THURSDAY 29 OCTOBER 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  
Councillor S Kempson  
Mr P Murray  
Dr Richard Williams

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

Mr D Binnie	Ms C Flanagan
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 T Carlyle
Mr P Currie	Ms C Goodwin
Ms D Gray	Ms L Kerr

### **Clerk:**

Ms F Currie

### **Apologies:**

Mr I Gorman

### **Declarations of Interest:**

None

## **1. MINUTES OF THE MEETINGS OF THE EAST LoTHIAN IJB ON 27<sup>TH</sup> AUGUST AND 17<sup>TH</sup> SEPTEMBER (FOR APPROVAL)**

The minutes of the meeting on 27<sup>th</sup> August and the minutes of the public session within the meeting of 17<sup>th</sup> September were approved.

The minutes of the private session on 17<sup>th</sup> September would be considered in private, following the conclusion of today's public business.

## **2. MATTERS ARISING FROM THE MINUTES OF 27<sup>TH</sup> AUGUST AND 17<sup>TH</sup> SEPTEMBER**

There were no matters arising from the public minutes.

## **3. CHAIR'S REPORT**

The Chair highlighted the consultation on the independent review of adult social care, to be considered in more detail later in the agenda, and encouraged members to contribute both as part of the IJB and as individuals.

The Chair referred to the First Minister's announcement earlier in the day outlining the level assigned to each local authority within the five tier system of COVID-19 restrictions. East Lothian had been placed in Tier 3, although figures suggested it may be on the cusp of Tier 2. She added that it was more important than ever to encourage people to follow the appropriate restrictions.

The Chair invited the Chief Officer to make a statement regarding the recently published report on deaths in care homes. Alison MacDonald informed members that East Lothian had had a relatively low number of delayed discharges in recent years and, in March 2020, it had one of the lowest rates in Scotland with very few patients requiring onward care. She said that while there were a few discharges to care homes she was not aware of any cases that were the subject of further investigation. However, this may change in the future. She added that admissions to care homes were not solely from hospital; there had been some admissions from the community where an individual's care package was becoming fragile. The use of Ward 5 at the community hospital had also helped to keep care home admissions low.

The Chair thanked Ms MacDonald and encouraged members to raise any questions they may have about the report or East Lothian's response. She also wished to place on record her thanks to all care home staff and the Care Home team for their continued efforts to keep people safe.

## **4. INCLUSION OF IJBS AS CATEGORY 1 RESPONDERS**

The Chief Officer had submitted a report advising the IJB of the Scottish Government's intention to make changes to the Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 responders; and advising the IJB of the current consultation exercise taking place in relation to the proposed changes.

Claire Goodwin presented the report outlining the background, purpose and implications of the proposed change. She advised that the deadline for consultation responses had been extended to 22<sup>nd</sup> November and she invited members to submit their comments to the Planning and Performance Team no later than 16<sup>th</sup> November. This would allow time to collate individual replies into a single IJB response.

The Chair encouraged members to provide their comments and said she considered it sensible for IJBs to become Category 1 responders.

Peter Murray welcomed the proposal as a good opportunity for IJBs but said that further detail of the potential implications was required. He would be providing comments to Ms Goodwin on two issues: information sharing and the expectation that IJBs would find the necessary resource from within existing Chief Officer and staff resources. He cautioned that further details would be required before the potential impact on staff time could be clearly understood.

Paul White commented that in recent years organisations had become used to doing more with less and he was concerned by the assumption from Government that there would be sufficient resource available to manage any additional work.

The Chair agreed with these comments and noted the existing pressures on officers' time which would only increase over coming months.

Ms MacDonald informed members that, nationally, Chief Officers were already discussing what this change might mean and she welcomed the opportunity for IJB members to comment on the proposal. She said that as Director of the Health & Social Care Partnership she was already involved in emergency and community planning aspects and that this change would consolidate the IJB's place within these structures. However, she acknowledged that the staff resource implications had yet to be fully understood.

The vote on recommendation (ii) was taken by roll call:

Councillor Shamin Akhtar	Agreed
Dr Patricia Donald	Agreed
Councillor Neil Gilbert	Agreed
Ms Fiona Ireland	Agreed
Councillor Susan Kempson	Agreed
Mr P Murray	Agreed
Councillor Fiona O'Donnell	Agreed
Dr Richard Williams	Agreed

## **Decision**

The IJB:

- i. Agreed to note the proposed changes to the Civil Contingencies Act 2004 in relation to the inclusion of IJBs in the list of Category 1 responders; and
- ii. Agreed to the submission of a consultation response on behalf of the IJB, by the 22<sup>nd</sup> November deadline. The response will include the identification of potential impacts on the IJB, including any resource, personnel or other implications.

## **5. INDEPENDENT REVIEW OF ADULT SOCIAL CARE**

The Chief Officer had submitted a report informing the IJB of the current independent review of adult social care and seeking to reach agreement on how the IJB should engage with the review process.

Claire Goodwin gave a brief presentation outlining the background, purpose and scope of the review. She encouraged members to submit their views both as part of a formal IJB response and directly to Government as individuals.

The Chair observed that members may want to comment on the process and as well as the terms of reference for the review. She encouraged all members to give a view, either as part of the IJB or individually, and she noted the very tight timescale for submission. She noted that this was also the opportunity for the IJB to put forward its view on what would be a realistic model of care.

Judith Tait noted that there was very little reference to social work in the review document despite it being the gateway to accessing state funded social care services. She urged the IJB to consider the difference between social work and social care when submitting its response.

Peter Murray supported Ms Tait's remarks. He also suggested that the IJB might want to make use of some of. He also offered to share the comments already submitted by the IJB Chairs and Depute Chairs' Group, which represented all IJBs, and that Ms MacDonald may wish to include some of these comments in the East Lothian IJB response.

Paul White welcomed the review but was concerned about the timing and limited timescale for responses. He said that the current public health restrictions made it very difficult to involve people with lived experience as it was not possible to visit care homes or individual's homes. He was concerned that their voices, and those of busy social care staff, may not be heard.

The Chair said she shared Mr White's concerns and noted that there was no carer or service user representatives on the Review Board.

Marilyn McNeill echoed Mr White's comments, particularly in relation to the timescale for response and the timing of the IJB's own work on service re-provision. She asked if it would be possible to speed up this work as it related to models of care for the elderly.

The Chair suggested that their response needed to honestly reflect the fact that, as a result of COVID and without having undertaken proper community engagement, it was not possible to say at present what future models of care would look like. She said it would be wrong to rush to a view of a future vision just because they had been asked to respond to a review.

Ms MacNeill agreed but said it would be important to emphasise that the IJB was trying to develop a vision for services in East Lothian and that this work should not be undermined.

David Binnie said that Carers of East Lothian (CoEL) had discussed the review and concluded that they needed to make their own formal response. CoEL had also asked if it would be possible for the IJB to share their response so that CoEL could support it as part of their own submission. Mr Binnie also suggesting including in the IJB's response the comments around the need to establish a more sustainable and efficient workforce and creating a carer career structure. This was an important point to make.

The Chair agreed noting the wider implications such as the need for a professional body and appropriate protections for staff, and the need to professionalise the role of Personal Assistants as well as care staff. She welcomed the idea of a national care service but did not want this to take away the opportunity for local decision-making.

Councillor Akhtar echoed Mr Binnie's remarks regarding valuing the workforce and recruitment and retention. As well as the need to place social care on an equal footing with other professions.

Councillor Gilbert commented that a very important component of any national care service would be a national living wage. He asked if this was something that the IJB could recommend.

The Chair said they should not only recommend this but highlight the efforts of the IJB to quickly deliver previous changes to the living wage.

The members then discussed the process for collating and finalising the IJB's response. There was general agreement that members should be allowed sight of the response and that voting members should be asked to formally sign-off the content. The document would reflect where there was a commonality of viewpoint but also highlight where a comment reflected a more personal view, rather than that of the IJB as a whole. All comments would be anonymised.

The Chair proposed an amendment to the recommendations of the report to include the following additional recommendation:

“Agree that the draft submission will be circulated to voting members of the IJB for their approval. Any individual submissions which do not fall within this remit will be appended to the submission.”

This proposal was seconded by Councillor Kempson.

The vote on the recommendations, as amended, was taken by roll call:

Councillor Shamin Akhtar	Agreed
Dr Patricia Donald	Agreed
Councillor Neil Gilbert	Agreed
Ms Fiona Ireland	Agreed
Councillor Susan Kempson	Agreed
Mr P Murray	Agreed
Councillor Fiona O'Donnell	Agreed
Dr Richard Williams	Agreed

### **Decision**

The IJB agreed to:

- i. Note the independent review of adult social care currently underway and agree to develop a formal IJB response for submission by the deadline of 6<sup>th</sup> November 2020;
- ii. Invite individual IJB members to provide comments to the Planning and Performance Team to inform a coordinated submission on behalf of the IJB;
- iii. that the draft submission will be circulated to voting members of the IJB for their approval. Any individual submissions which do not fall within this remit will be appended to the submission; and
- iv. Note that a future IJB development session will focus on the implications of the review for delegated services.

## **6. SOCIAL CARE SUSTAINABILITY PAYMENT**

A SBAR report was submitted providing an update on the support offered to local social care providers in East Lothian through the Scottish Government scheme: National Principles for Sustainability and Remobilisation Payments to Social Care Providers.

Ms MacDonald informed members that the first and second tranche of funding had been provided by the Scottish Government and all adult service providers in East Lothian were notified on 24<sup>th</sup> June of the availability of sustainability funding, with regular reminders issued thereafter. To date 30 providers had responded and 16 had received payments. Of the remaining 14: 2 did not intend to claim; 7 were yet to submit a claim; 4 claims were under review; and 1 claim had been refused. A total of £750,477.20 had been paid in claims (£151,701.26 in additional costs and £598,775.92 in reduced occupancy). The process for claiming had been the subject of an internal audit review and the initial feedback was positive.

Ms MacDonald confirmed that the HSCP continued to work with local providers to support them and to encourage them to access available funding. However, she acknowledged that this would be a very difficult winter with significant additional pressures.

In response to questions, Ms MacDonald said that she expected the payment scheme to be extended but there had been no formal confirmation as yet.

Laura Kerr said that she was confident the Partnership had offered all possible support to care homes during the pandemic, including reminders and encouragement to apply for funding, and that they would continue to do so.

### **Decision**

The IJB agreed to note the content of the report.

## **7. FINANCIAL UPDATE 2020/21**

The Chief Finance Officer had submitted a report providing an update to the IJB on its year to date financial position in 2020/21 (month 5) and the updated projected year end outturn, undertaken by both the IJB partners.

The report also presented the IJB with a medium term rolling 5 year financial plan (2020/21 to 2024/25) for noting. This plan was prepared in a 'Business as Usual', pre-COVID, scenario and would be refined when clarity on future service provision was known.

Ms Flanagan presented the report summarising the position in the health and social care budgets and confirming that regular dialogue continued with the partners over the likely impact of mobilisation and remobilisation plans. She reported that as at the end of August 2020 the IJB was £1.8m overspent, with a projected year end position of £4.8m overspent. She advised that additional funding had been received by NGHS Lothian from the Scottish Government and she was currently working with colleagues to calculate the allocation for local HSCPs.

She then drew Members' attention to the rolling 5 year financial plan which had been prepared on a 'Business as Usual' footing but which would be refined to take account of the impact of COVID-19. She advised that Year 1 reflected recent projections but that this position would improve when additional COVID funding was included in the calculations. She highlighted the projected funding gaps in future years and reminded



members that Years 2-5 were based on indicative figures. She confirmed that the position would continue to be monitored closely and further updates would be provided.

Responding to questions, Ms Flanagan confirmed that the 5 year rolling plan included a 3% demographic uplift for East Lothian. She outlined the Scottish Government methodology for its allocation of additional COVID-19 funding to health boards and advised that a further funding allocation was likely, possibly in January 2021. She also provided further detail on some non-recurring costs which were included in the 5 year rolling plan.

## **Decision**

The IJB agreed to:

- i. Note the financial forecasts provided by the partners;
- ii. Note the work ongoing to refine and understand these forecasts;
- iii. Note that additional COVID-19 funding had been received at Health Board level but was not yet allocated to partners so was not included in these positions;
- iv. Note ongoing uncertainties of COVID-19 and the remobilisation of services for both partners and the financial impact; and
- v. Note the pre-pandemic medium term rolling 5 year financial plan (202/21 to 2024/25), the ongoing work to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance.

## **8. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019/20**

A report was submitted providing the IJB with the annual report of the Chief Social Work Officer (CSWO) for 2019/20 on the statutory work undertaken on the Council's behalf. The report's purpose was also to encourage debate and discussion around the IJB's Directions and the impact these were having on tackling the issues and challenges identified within the CSWO Annual Report.

Ms Tait advised members that the annual report had had to be pulled from the East Lothian Council meeting agenda on 27<sup>th</sup> October due to time constraints. It would be considered by Council at its December meeting but, in the meantime, it had been agreed that the report should be presented to the IJB, as planned.

Ms Tait summarised the report highlighting the role of the CSWO and the key areas of focus during 2019/20. She said the report provided an overview of activity within social work and social care in East Lothian and demonstrated the continuous improvement and service development work that services had been engaged in during 2019/20. She commended the efforts of her staff who, she said, had worked incredibly hard during the pandemic to continue to improve outcomes for the most vulnerable.

Ms Tait and her colleague, Trish Carlyle, responded to a question from the Chair on capacity. Ms Tait advised that additional funding had been made available for Mental Health Officer (MHO) roles and that although they were currently 50% under established, this was not unusual for this service. Ms Carlyle added that they had always taken a proactive approach to developing staff by offering training and seeking to fill MHO and other roles from within their service. They had also undertaken a review of roles and structures with a view to better aligning services to address priority areas.

Richard Williams said it was an excellent and comprehensive report but suggested that the inclusion of a section on sustainability and environmental impact might be of benefit. Ms Tait agreed to consider this for next year's report.

The Chair welcomed Dr Williams' suggestion and wondered if this might also be extended to the IJB's Directions. She proposed that a development session might be a helpful way of exploring this issue further.

Mr Murray said he had enjoyed the annual report and had found it very helpful. He welcomed the positive trajectory shown between referrals and allocation but questioned the apparent reduction in hours of care provided. He asked whether this was an area with potential for more integration.

Ms Kerr explained the relationship between referral, assessment and hours allocated. Reductions were not about saving money or capacity. Reviews were undertaken to understand how best to deliver care and to ensure that clients were having their needs met, whether through care hours or other means.

Ms Tait added that there remained confusion about the role of social work and social care and that efforts needed to be made to educate the public and clients as to the difference. This was especially important for integration; which should be based on a true understanding and respect for these roles.

Ms McNeill observed that at Area Partnership meetings food poverty and child poverty were major issues. She asked if social work had a role in monitoring this and whether sufficient capacity existed to support and direct agencies in the community.

Ms Tait said that East Lothian had areas of deprivation where the effects of poverty could be seen, however the role of social work in mitigating and preventing this was less clear. She said that the Children's Strategic Partnership was taking forward work on the Poverty Action Plan and while this sat within community partnerships rather than social work specifically, there was a role for her service in working with other agencies.

Ms Carlyle added that there was a strong interface between the Council and partnership agencies on these and other issues, such as shielding and test and protect.

Mr White said he had also enjoyed reading the report and he had noted the challenges in delivering child protection training. He referred to the online training platform which was expected soon and asked if this would be available to third sector colleagues.

Ms Tait confirmed that a commitment had been made to have the platform up and running by the middle of next year and that the intention was to make training available to third sector agencies.

Councillor Akhtar acknowledged the phenomenal amount of work done by staff in supporting the most vulnerable in the community. She noted that domestic abuse was an increasing challenge and asked what the IJB could do to support work on this matter.

Ms Tait acknowledged that while this was primarily a public protection responsibility there was a need for a more strategic approach to prevention and to encourage zero tolerance and engagement within communities. This work would include roles for services across the Council and other agencies.

The Chair thanked Ms Tait and her staff for all of their work during this very difficult time. She referred to the Care Inspectorate report on Abbey Care Home in North

Berwick and whether the work on residents exercising their democratic rights was being rolled out to other care homes.

Ms Tait said that the good practice demonstrated in the inspection of the Abbey Care Home would be shared all directly provided services. She added that there were limited opportunities to influence externally provided services but they would continue to do what they could to promote good practice.

#### **Decision**

The IJB agreed to note the contents of the report.

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

The IJB was invited to note, for information, the minutes of the meetings of the Audit & Risk Committee (22<sup>nd</sup> January and 10<sup>th</sup> March 2020) and of the Community Justice Partnership (between June 2019 and June 2020).

#### **Decision**

The IJB agreed to note the content of the minutes.

#### **SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION**

The IJB unanimously agreed to exclude the public from the following business containing exempt information by virtue of Paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation).

#### **Minutes of the IJB Meeting on 17<sup>th</sup> September (Private Session)**

The IJB considered the minutes of the private session which took place at the IJB meeting on 17<sup>th</sup> September. The minutes were approved as a true record.





**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 10 December 2020

**BY:** Chief Officer

**SUBJECT:** Improving and Maintaining Delayed Discharge  
Performance Through Winter

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## 1 PURPOSE

- 1.1 To inform the Integration Joint Board of requirements placed on East Lothian Health and Social Care Partnership to further improve on Delayed Discharge Performance and to maintain improved performance over the winter months.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Support co-ordinated work across the HSCP teams to deliver and to maintain, an as yet to be agreed level of Delayed Discharge Performance through winter.

## 3 BACKGROUND

- 3.1 In the coming months, Health and Social Care Services across Scotland will face increased demands on their services through a combination of COVID-19 related activity and increasing winter bed pressures.
- 3.2 To take pressure off acute services, there is an expectation that HSCPs will also focus on improving delayed discharge performance to achieve again the excellent performance delivered in April 2020 and importantly, to maintain this through winter.
- 3.3 Government policy (such as described in the Adult Social Care Winter Preparedness Plan<sup>1</sup>) already sets out a range of actions for partners, including HSCPs, to deliver adult social care through the winter. Many of these actions are already in place in East Lothian HSCP.

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<sup>1</sup> [Adult Social Care Winter Preparedness Plan 2020-21](#)

- 3.4 Although East Lothian HSCP has amongst the best delayed discharge performance in the country, at 24<sup>th</sup> November performance was higher than the low of three, or average of seven in April 2020 (Appendix 1). Services must therefore co-ordinate efforts to bring delayed discharge performance back to April levels, as requested by Scottish Government. East Lothian's delayed discharge target over the winter period has yet to be agreed.
- 3.5 East Lothian Health and Social Care Partnership plays an important role in preventing admissions through delivery of a range of supports and services to patients in their homes and in the community and by facilitating discharge from acute settings to appropriate rehabilitation and follow-on care.
- 3.6 In addition, work to deliver the GP (General Medical Services) contract is supporting East Lothian GP practices and has directed activity away from practices to a range of new services. Some of these services began to deliver as COVID-19 restrictions reduced the capacity of GP Practices to deal with patient demand.
- 3.7 The Care Home Team's role has supported all East Lothian care homes in preventing inappropriate (and in light of COVID, clinically high risk) admission to acute hospitals.
- 3.8 HSCPs across Scotland report to the Scottish Government on a daily basis (Mon-Fri) on their Delayed Discharge performance.
- 3.9 Planning work for winter is already underway in East Lothian to further increase admission prevention and supported discharge work through Hospital at Home, Rehabilitation Services and Hospital to Home expansion, utilising Lothian Winter Plan monies. Any increase to the activity of these already busy teams will require redesign of delivery arrangements and further funding if expansion of staffing is required.
- 3.10 Developments arising from national policy to change unscheduled (unplanned) care to scheduled (planned) care to take pressure off the 'front door' will have a positive influence on the number of people presenting at A&E and ensure the service focusses on those who are clinical priorities. In support of this, East Lothian HSCP is developing a local patient pathway supported by a single point of access (SPOA) to health and social care services.
- 3.11 With appropriate support, local planning and continuation of its innovative approaches, East Lothian HSCP is well placed to further improve and maintain its delayed discharge performance.

#### **4 ENGAGEMENT**

- 4.1 No specific engagement activity is planned for service developments designed to secure the required improvements to delayed discharge performance.

## **5 POLICY IMPLICATIONS**

- 5.1 There are no policy implications arising from the plans described in this paper.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 None of the local plans to improve delayed discharge performance are considered to require an Integrated Impact Assessment.

## **7 DIRECTIONS**

- 7.1 No new Directions are required to deliver the changes and improvements in service delivery required to improve delayed discharge performance.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – Winter Plan and other investment is being utilised as appropriate across services in support of improved Delayed Discharge performance.
- 8.2 Personnel – investment in and changes to staffing is underway to respond to increased winter pressures.
- 8.3 Other – None

## **9 BACKGROUND PAPERS**

- 9.1 Appendix 1 - Delayed Discharge performance through April 2020 and at 24th November 2020

<b>AUTHOR'S NAME</b>	Paul Currie
<b>DESIGNATION</b>	Interim General Manager, Strategic Integration
<b>CONTACT INFO</b>	<a href="mailto:paul.currie@nhslothian.scot.nhs.uk">paul.currie@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	26 November 2020





**Appendix 1 – Delayed Discharge performance through April 2020 and at 24<sup>th</sup> November 2020**

Date	Standard delays			Code 9 delays (AWI complex case)			Code 9 delays (non-AWI complex case)			All delays			Total
	Acute	Mental Health	Community	Acute	Mental Health	Community	Acute	Mental Health	Community	Acute	Mental Health	Community	
2020													
01/04	3	1	4	0	0	0	0	1	0	3	2	4	9
02/04	3	1	5	0	0	0	0	1	0	3	2	5	10
03/04	4	1	4	0	0	0	0	1	0	4	2	4	10
06/04	0	0	5	0	0	0	0	1	0	0	1	5	6
07/04	0	1	4	0	0	0	0	1	0	0	2	4	6
08/04	1	1	3	0	0	0	0	1	0	1	2	3	6
09/04	1	1	4	0	0	0	0	1	0	1	2	4	7
10/04	1	0	4	0	0	0	0	1	1	1	1	5	7
13/04	0	1	3	0	0	0	0	0	1	0	1	4	5
14/04	1	1	6	0	0	0	0	0	1	1	1	7	9
15/04	0	1	7	0	0	0	0	0	1	0	1	8	9
16/04	0	1	6	0	0	0	0	0	1	0	1	7	8
17/04	0	1	6	0	0	0	0	0	0	0	1	6	7
20/04	3	1	2	0	0	0	0	0	0	3	1	2	6
21/04	1	1	3	0	0	0	0	0	0	1	1	3	5
22/04	1	2	2	0	0	0	0	0	0	1	2	2	5
23/04	0	2	2	0	0	0	0	0	0	0	2	2	4
24/04	1	2	0	0	0	0	0	0	0	1	2	0	3
27/04	1	2	2	0	0	0	0	0	0	1	2	2	5
28/04	3	2	4	0	0	0	0	0	0	3	2	4	9
29/04	2	2	3	0	0	0	0	1	0	2	3	3	8
30/04	2	1	2	0	1	0	0	1	0	2	3	2	7
24/11	6	2	2	0	0	0	1	0	1	7	2	3	12





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 10 December 2020  
**BY:** Chief Officer  
**SUBJECT:** Adult Social Care Winter Preparedness Plan 2020-21

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## 1 PURPOSE

- 1.1 To advise the East Lothian Integration Joint Board of the publication of the Adult Social Care Winter Preparedness Plan<sup>1</sup> and to present the implications of the Plan for the delivery of services through the winter period by East Lothian Health and Social Care partnership and partners.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Accept the Adult Social Care Winter Preparedness Plan and the requirements and actions within to ensure delivery of high quality and sustainable Adult Social Care services over the winter months.
- 2.2 Note the actions underway and planned in East Lothian, which support the requirements of the ASPC Winter Plan.
- 2.3 Note the HSCP will scrutinise the ASP Winter Plan and agree other actions to deliver its requirements.

## 3 BACKGROUND

- 3.1 The Adult Social Care Winter Preparedness Plan, published at the beginning of November 2020, following a period of consultation, sets out necessary actions for partners, including HSCPs, to deliver sustainable adult social care (ASC) through winter 2020-2021. This supports other, established and planned actions in East Lothian HSCP, to focus on reducing Delayed Discharges and to deliver the NHS Lothian Winter Plan.
- 3.2 The ASC Plan takes into account experience of service delivery to ASC clients through the COVID-19 period, evidence relevant to the ASC sector<sup>2</sup>

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<sup>1</sup> [Adult Social Care Winter Preparedness Plan 2020-21](#)

<sup>2</sup> [Evidence Paper](#)

and the Care Home Review report<sup>3</sup> which considered management of COVID in care homes in Scotland.

3.3 The ASC Plan defines Adult Social Care clients as those aged over 18, with a wide range of care and support needs and who receive support in home, care home and community settings through public, independent and third sector organisations. The Plan notes that across Scotland:

- Around 245,000 (1 in 20) people receive social care and support
- Around 60,000 people receive home care at any one point
- 77% of people requiring social care services or support are aged 65 and over
- Around 90% of residents in Care Homes are aged 65 and over and 1 in 2 are aged over 85
- Younger adults with physical and learning disabilities or mental health conditions also receive ASC support
- Poorer health and wider inequalities within any social care cohort heightens the risk from COVID-19.

3.4 The plan notes that COVID-19 presents particular challenges for some client groups:

- People with dementia and their carers
- People with autism and learning disabilities
- People with a sensory impairment and those with communication needs (who the report emphasises need communicated with using appropriate means and accessible formats).

3.5 In December 2019, there were 206,400 people employed in the social service sector in Scotland. An estimated 690,000 unpaid carers, of which around 29,000 are young carers, also provide significant support.

3.6 There are 4 elements to the Plan, which commit to several actions (Appendix 1):

- Learning from evidence to protect people who use social care support from the direct impact of COVID-19, and wider winter viruses
- Ensuring that people have good physical and mental health and wellbeing through provision of high quality integrated care services
- Supporting the social care workforce to enable the delivery of safe support and care and to have positive mental health and wellbeing
- Working in collaboration to plan and deliver quality care.

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<sup>3</sup> [Care Home Review Report](#)

- 3.7 In addition, the Plan acknowledges the importance of technology and digital support to staff within the social care sector and the need for them to have suitable equipment to “...*provide and receive effective, safe social care services and ensure that innovation is maximised.*” during the COVID pandemic and in the longer term. Digital health and care and data strategies are in development to support this. Actions to deliver digital solutions are shown in appendix 2:
- 3.8 The Scottish Government, working with COSLA, the Care Inspectorate and other partners will carry out national monitoring of the delivery of the ASC Plan strategic priorities.
- 3.9 The establishment of local oversight arrangements will ensure challenges to delivery of the Plan’s priorities are identified early and acted on.
- 3.10 There are numerous actions across East Lothian HSCP services which support delivery of the ASC Plan:
- Adult Social Care Workforce:
    - Weekly staff briefing to ASW workforce, this includes a wellbeing slot and reinforcement of the various web-based and app-based tools for emotional support.
    - Daily ‘duty’ liaison between Adult Protection Duty Manager, Council Officer, Adult Social Work Duty team and duty Mental Health Officer to provide a co-ordinated response to all ‘front door’ emergencies
    - Social work offices provided appointment based flu clinics to maximise vaccination uptake
    - Work base management ensures all social work bases are COVID aware, with infection control and access and movement restrictions in place. Staff are limited to a blended work pattern of home plus one office base
    - The East Lothian Duty Team is participating in a national pilot (as one of five local authorities involved) applying the ‘Near Me’ video tool as a method of accessing social work support.
  - Adult Social Care Availability:
    - Resource Allocation risk assessment and care prioritisation is carried out three times a week for adult social care community referrals.
  - Transformation Programme:
    - A test of change is underway in Dunbar of provision to people 65+ and their carers to meet replacement care needs/sitter services and to address social isolation. After evaluation of this approach, county-wide initiatives will follow

- Establishment of new, Area Partnership based, Resource Co-ordinator posts to support service users for whom pre-COVID service models remain unavailable
- Work is underway with all third sector providers of day/community services to remodel service provision to enable safe and sustainable reopening
- Internal adult resource services are providing services to high risk service users at 45% of pre-COVID levels to ensure infection control and compliance with social distancing
- Mental health services have moved to online models of support.
- Carers:
  - HSCP colleagues are working collaboratively with carer organisations in reviewing the East Lothian Carers' Strategy to consider COVID experience to date and to identify, promote and utilise opportunities for innovation in supporting carers.
- Primary Care:
  - Through the NHS Lothian Scheduling Unscheduled Care programme, each HSCP is responsible for the creation of local pathways to provide timely access to appropriate unscheduled care services
  - The first phase of the project is intended to reduce 'front door' demand for Emergency Department services by directing patients to more appropriate services based on assessment of need
  - The second phase of the project will implement pathways within localities to ensure patients are directed to the service most relevant to their needs in their area
  - To deliver these patient pathway changes within East Lothian, a Single Point of Access (SPOA) will be created for health and social care services within the county
  - The SPOA will liaise with HSCP services: CWIC; CWIC Mental Health; CWIC MSK (musculoskeletal (including respiratory rehab)); Community Treatment and Care Service (CTAC); and social work to ensure each patient gets the right care, from the right person, at the right time
  - The SPOA will also be available to Lothian Flow Centre, 111 (NHS24) Acute Hospitals (for patients nearing discharge) GPs, and the Scottish Ambulance Service.

## **4 ENGAGEMENT**

- 4.1 All opportunities are being taken to engage with partners, patients and clients in the development of service change to deliver services over winter while responding to COVID-related pressures.

## **5 POLICY IMPLICATIONS**

- 5.1 There are no further policy implications arising from the contents of this report.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 None of the elements of the Adult Social Care Winter Preparedness Plan are considered to require Integrated Impact Assessments.

## **7 DIRECTIONS**

- 7.1 None of the plans for winter set out in this paper require the development of specific directions.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – The ASC Plan notes that in 2020 an allocation of £150 million of the Scottish Government’s additional COVID funding went to the social care sector to support it in dealing with the loss of income and increased costs arising from the pandemic.

- 8.1.1 Additional funding of up to £112 million, allocated in agreement between Scottish Government, COSLA, and other partners will support the Winter Preparedness Plan. All allocations will need to demonstrate “...*additionality of services and value for money.*” The current indicative allocations are:

- £50 million to support the additional costs of restricting staff movement across care settings
- £50 million for the Social Care Staff Support Fund and winter sustainability funding through to the end of March 2021
- £7 million for Health Boards to invest in Nurse Director teams to support increased infection protection and control measures in care settings
- Up to £5 million for additional oversight and administration costs associated with responding to the pandemic and outbreak management

- 8.2 Personnel – Investment in HSCP staffing is underway through the NHS Lothian Winter Plan to deliver local action to meet local need and to reduce front door demand. Further ASC Plan related investment for necessary extra staff will be sought when available and as appropriate.
- 8.2.1 In addition, staff will be involved in local planning for service change and staff allocation to prioritise and improve service delivery through the winter months.
- 8.3 Other – None

## 9 BACKGROUND PAPERS

- 9.1 Appendix 1 – Summary of the four elements of the Adult Social Care Winter Preparedness Plan 2020-21
- 9.2 Appendix 2 – Technology and Digital Support.

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<b>DATE</b>	30 November 2020



## **Appendix 1 – Summary of the four elements of the Adult Social Care Winter Preparedness Plan 2020-21**

### ***Learning from evidence to protect people who use social care support from the direct impact of COVID-19, and wider winter viruses***

This will be achieved by:

- Maintenance of high quality adult social care services, supported by public health measures to protect society from viruses over winter
- Action in all organisations to continue effective infection prevention and control
- Development in all staff groups of the knowledge and skills to continue to improve safety and quality of care (supported by SG investment in training).
- Safeguarding of the health and safety of staff, with digital service delivery where possible
- Adherence to clear procedures on negative test requirements on admission to residential care from the community
- Daily review of COVID symptoms in care home residents and staff (a checklist is in development) to ensure early responses to any potential outbreak
- Increased nursing provision in care homes or, increased nursing support to care homes
- Prioritised delivery of a future Covid-19 vaccine to care home residents, vulnerable people in their own homes and paid and unpaid care workers
- High uptake of the seasonal flu vaccine in social care workers, unpaid carers and personal assistants and for client groups receiving social care support.

In addition, guidance on care home visiting will seek to open up visits to residents while maintaining infection control requirements and the safety of residents and staff. Increased testing will include in its scope designated visitors to care homes. All developments will be overseen by local teams.

**New Winter Measures** (and possible future legislation) seek to:

- Encourage providers to minimise staff movement within and between care settings to reduce the risk of transmission
- Support the adoption of 'staff cohorts' (small staff teams for groups of clients) where possible within care homes and in other settings, such as care at home

- Require agency staff who work in care homes with COVID to self-isolate for 14 days, before moving to another setting
- Oblige providers to record all staff movement between care settings.

All these measures and associated guidance are subject to review and updating.

***Ensuring that people have good physical and mental health and wellbeing through provision of high quality integrated care services***

This will be achieved by:

- HSCPs extending the 'Home First' approach, supported by multi-disciplinary working across health and social care and 'Intermediate Care' and 'Hospital at Home' approaches
- Local authorities considering the balance of risk of COVID transmission to clients and carers from restarting services against any potential harm from continuing a limited delivery of services
- Discussion between Scottish Government, Health Boards and IJBs on necessary additional funding to support services
- Maintenance of robust NHS support to people using adult social care provision, aiming to ensure people stay well for as long as they can and through mobilisation of support services, avoid admission where possible
- That following any hospital admission, delayed discharges are minimised through patients returning to their home or to a homely setting with the right support, in line with Home First approaches
- Delivery of appropriate packages of care and consultation with unpaid carers on their capacity to provide care.
- Continuing input from the multi-disciplinary primary care team to innovative delivery of services to all age groups through telephone and 'Near Me' assessments to minimise potential transmission of infection. Where clinically or otherwise necessary, face-to face appointments will follow PPE and other guidance.
- The multidisciplinary primary care and community teams to continue to deliver urgent care and support for palliative and end of life care and to consider their role in supporting care homes within their practice area
- Enhancement of the COVID Community Pathway support people over winter to respond to increased cold and flu symptoms which may mimic COVID-19 symptoms
- Improvements to anticipatory care planning (ACP) and to end of life care and support, with person-centred and sensitive conversations between clinicians and individuals about end of life care wishes.

### ***Supporting the social care workforce to enable the delivery of safe support and care and to have positive mental health and wellbeing***

This will be achieved by:

- Continuation of the Scottish Government Social Care Staff Support Fund, ensuring staff continue to be paid when ill or self-isolating as a result of COVID-19
- Maintenance of access for all adult social care workers to local NHS Board workforce wellbeing services, to PROMIS (the health and social care wellbeing national hub) and the NHS 24 mental health support service
- Increased awareness and utilisation of the Disclosure Scotland Priority COVID Staff and the Accelerated Recruitment processes to speed up appointments to adult social care services.
- HSCPs to review local level workforce plans and staff rosters to identify risk of staffing deficits and to take supportive action as required
- Continuing access to PPE for all social care workers and unpaid carers and dissemination of information and updated PPE guidance for social care providers
- All care home staff, including agency staff in care homes will continue to be offered weekly COVID-19 testing
- Expansion of routine testing to health and care staff who visit care homes, and other residential settings
- Introduction of testing for designated visitors to care homes where this supports continuation of safe visiting.
- Continuing the testing of social care staff and their clients if they or a close contact displays COVID symptoms and expanding testing to all care at home staff when capacity allows
- Improved support to unpaid carers through increased funding to carers organisations and a national campaign, publicising the support available and acknowledging the important role of unpaid carers.
- Introduction of a retrospective financial support scheme for adult social care staff who could not work due to shielding.

### ***Working in collaboration to plan and deliver quality care***

This will be achieved by:

- Continuance of daily huddles between the IJB Chief Officer, Chief Social Work Officer, Director of Nursing, Director of Public Health and Clinical Director (and where appropriate The Care Inspectorate) using

appropriate assessment tools and consideration of local data to review the situation for adult care homes in their area and to agree corrective action.

- Expansion of the remit of this group to consider all adult social care provision and to agree action as required to maintain service delivery
- Support to local providers to review and update their continuity plans to reflect winter issues
- Continuing scrutiny and improvement action by The Care Inspectorate. If indicated, its powers to intervene may be enhanced.

#### **New winter measures:**

- In the event of a suspected outbreak this winter the HSCP will immediately provide support to care providers
- Whilst awaiting confirmation of an outbreak providers should be supported by local partners to immediately review their infection prevention and control processes and to brief all staff on the heightened risk
- Where any single member of staff or a care home resident shows symptoms of COVID, along with testing and self-isolation of the individual(s) concerned, the local Public Health Team should provide same day advice on whether all staff and residents should be tested and take the necessary action
- All staff and residents (where clinically appropriate) at care home sites should be tested immediately on confirmation of one positive test, with the Health Board prioritising the analysis and communication of test results, ideally within the same day
- Staff not at work on the day an outbreak is confirmed will be required to be tested and receive a negative result prior to returning to work. Local health protection teams should provide advice on additional follow-up testing
- Local oversight teams are to provide support for care homes in managing outbreaks and ensuring continuity of care by providing mutual aid – for example through staffing if the provider is unable to secure sufficient support through normal routes
- National and local partners, including care providers, working together to plan and prepare for EU exit, must take into account that at the end of the Transition Period on 31 December the concurrent risks of COVID-19 resurgence, flu and severe weather will be present.

## Appendix 2 – Technology and Digital Support

Scottish Government plans:

- Commit £500,000 to ensure all care homes to have access to digital devices, connectivity and support to keep their residents safe through the national Connecting Scotland Programme. We will work to ensure that moving services online reduces inequalities and does not exclude the least advantaged in society from the services they may need the most.
- Publish a 'Digital in Care Homes Action Plan' to ensure residents and staff in our care homes can benefit from a range of digital tools and approaches. We will make NHS email accounts available to all Care Homes to provide greater communication and integration of services.
- Look to build upon the success of the use of Near Me video consulting by extending its uptake into social care and care homes.
- Roll out a digital tool to support people with Covid19 and its longer-term effects to help them manage their condition from home or a homely setting and a clinical assessment tool to enable an early diagnosis of COVID for care home residents following initial testing.
- Support trials of outbound calling for telecare as a model for wide-scale implementation to deliver a more proactive telecare service.
- Work with key partners to develop approaches to keep people safe during the winter, including promoting the new Purple Alert App for people living with dementia and those around them, and the new About Digital and Me (ADAM) assessment tool to help people keep connected and independent.
- Encourage service commissioners and providers to consider and engage with national programmes on how technical or digital solutions may help to protect residents from COVID-19 and connect them to their loved ones. This includes the use of Near Me, vCreate, mental health support, clinical assessment tool and more.
- Promote working with local Connecting Scotland Lead Contacts who can advise on available support to get people connected.





**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 10 December 2020

**BY:** Chief Finance Officer

**SUBJECT:** Financial Update 2020/21

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## 1 PURPOSE

- 1.1 This report provides an update to the IJB on its year to date financial position in 2020/21 (Month 6) and the updated projected year end out-turn, undertaken by both the IJB partners East Lothian Council and NHS Lothian.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the financial forecasts provided by our partners;
  - ii. Note that additional COVID-19 funding was confirmed during November and although not included in these reported Month 6 positions will start to be allocated to the partners to cover backdated costs;
  - iii. Note ongoing uncertainties of COVID-19 and the remobilisation of services for both partners and the financial impact; and
  - iv. Note the Scottish Government budget timetable for 2021/22 and the consequences for both partners.

## 3 BACKGROUND

### Financial Update 2020/21

- 3.1 The COVID-19 pandemic is still happening and the financial risks to Health & Social Care will continue to change over these uncertain and volatile times. COVID-19 represents an unprecedented challenge for the delivery of health and social care services and there is significant uncertainty and additional costs arising in 2020/21. The financial position for the IJB remains a challenge to report.
- 3.2 Understanding the results and the financial impact of COVID-19, both in terms of the impact of the actual costs incurred to date, as well as

the implication for the rest of the financial year. Finance teams in both organisations continue to monitor the extent to which the projected overspend relates to: the 'core' (i.e. underlying operational) position; the impact of COVID-19 on costs incurred to date; and any (future) financial consequences of mobilisation/remobilisation.

3.3 The IJBs financial position as at the end of September 2020 is £2.2m overspent and projects a £4.7m overspend for 2020/21. This position should be read in the context that the only funding assumed at this stage was £657k for sustainability payments within a £1.8m COVID-19 total cost in Social Care. Table 1 below shows the net underlying year to date position when excluding unfunded COVID-19 costs which highlights that there is a degree of budget cover already in each partner's core budget that can cover some of these COVID costs and work continues to understand how existing budget underspends can be repurposed.

3.4 A further breakdown of the position is shown below :

	Annual Budget	YTD Budget	YTD Actual	YTD Variance @ Month 6	of which unfunded COVID Costs	YTD Variance Excluding COVID Costs
	£k	£k	£k	£k	£k	£k
Core	79,016	35,154	36,651	(1,497)	1,557	59
Hosted	16,899	6,836	6,927	(91)	186	95
Set Aside	19,873	9,514	9,889	(374)	403	28
Health	115,787	51,504	53,467	(1,963)	2,145	182
Social Care	55,251	25,198	25,501	(303)	1,175	872
<b>Total</b>	<b>168,203</b>	<b>62,601</b>	<b>64,385</b>	<b>(2,266)</b>	<b>3,320</b>	<b>1,054</b>

Table 1: East Lothian IJB Year to Date Financial Position

Forecast Outturn for 2020/21 after Month 6	£k
NHS Services :	
Core	(3,018)
Hosted	(90)
Set Aside	(1,010)
Health	(4,118)
Council Services :	
Social Care	(923)
Private Sector Housing Grant	63
HRA TOTAL	305
Council Services	(555)
<b>Overall Total for East Lothian IJB</b>	<b>(4,673)</b>

Table 2: East Lothian IJB Outturn Forecast



- 3.5 COVID-19 cost projections are fed into Scottish Government through NHS Lothian and a summary of projected costs at Quarter 2 is shown below. It is important to note that these plans and cost projections change regularly as we continue to alter our services to deal with the 2nd COVID-19 wave. An illustration of such a change is a recent decision of opening another ward of 20 additional beds at ELCH, increasing that element of projected spend to £1.7m.

<b>Forecast COVID Costs for 2020-21</b>	<b>£k</b>
Additional Bed Capacity @ ELCH	1,006
Sustainability Payments	2,423
Planned care - costs to Protect Services	593
Additional Staffing Costs	308
Community Hubs	176
Delayed Discharge Reduction	666
Digital, IT & Telephony Costs	95
Expansion of Care Home Team	215
Loss of Income	588
Misc	71
Unmet Savings	742
FHS Contractors	431
GP Prescribing	770
<b>COVID Projected Costs</b>	<b>8,085</b>

*Table 3: East Lothian IJB COVID 2020-21 Forecast*

- 3.6 Additional funding of £4.7m has now been allocated to ELHSCP towards the additional costs of COVID-19 across the health and social care system. The allocation was based on the outputs of the mobilisation and remobilisation plans submitted to Scottish Government but does not cover all costs projected to be incurred, although as acknowledged above there is an element of core budget cover within both partners baseline. This funding is made up of tranche 1 funding £947k, tranche 2 funding £473k and more recently the allocation based on the financial return to SG of which ELHSCP share was £3.3m. There is scope for a further allocation in Q4 if this initial allocation doesn't cover our net requirements.
- 3.7 Additional funding above excludes GP Prescribing and FHS contractors. Funding for FHS contractor additional costs has been received by the Health Board during November, the basis of allocation is being reviewed therefore as yet not allocated to a partnership level.
- 3.8 For 2020/21, as additional funding has been received the financial risk has reduced accordingly and although difficult to give assurance the IJB will break even, the risk is lower.
- 3.9 Local planning for 2021/22 is showing that some of these additional costs will continue beyond March 2021 although we have not yet received any indication of how much funding may be available in 2021/22.

- 3.10 The Scottish Government budget for 2021/22 will be published on 28th January 2021 rather than later in 2020. This decision follows the postponement of the UK Autumn Budget to an unspecified date in 2021 and instead the UK Spending Review in November will provide provisional and partial information in terms of the funding position for Scotland. It has been acknowledged that this causes difficulties for the Scottish Budget process and budgetary decisions will be made on partial and provisional information. The evolving situations around COVID-19 and EU Exit deal add to this exceptional set of circumstances and these difficulties have associated difficulties for local government, business and third sector. Developments on the budget setting process for both partners will be brought back to the next IJB meeting.

#### **4 ENGAGEMENT**

- 4.1 The IJB makes its papers and reports available on East Lothian Council's website.

#### **5 POLICY IMPLICATIONS**

- 5.1 There are no new policies arising from this paper.

#### **6 INTEGRATED IMPACT ASSESSMENT**

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

#### **7 DIRECTIONS**

- 7.1 There are no Directions implications arising from this paper.

#### **8 RESOURCE IMPLICATIONS**

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

## 9 RISK

9.1 Like any year end projection, the IJB relies on a number of assumptions and estimates each of which introduces a degree of risk. Of particular note are:

- forecasts will vary as service driven mobilisation and remobilisation plans are developed and financial impacts crystallised;
- the extent to which COVID-19 costs will be met by the Scottish Government through the mobilisation processes;
- that there will be no further waves of COVID-19;
- The impact of Brexit is unknown – and assumed to be cost neutral in estimates to the year end. Any additional Brexit-related costs have no additional funding allocations attached to them at this stage

## 10 BACKGROUND PAPERS

10.1 Financial Update – October 2020 IJB meeting

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<b>DATE</b>	2 December 2020





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 10 December 2020  
**BY:** Chief Officer  
**SUBJECT:** Re-appointment of a Non-voting Member of the IJB

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## 1 PURPOSE

- 1.1 This report asks the Integration Joint Board (IJB) to agree the re-appointment of David Binnie as a non-voting member representing carers.

## 2 RECOMMENDATIONS

- 2.1 To ask the IJB to:
- i. Agree to the re-appointment of David Binnie as a non-voting member to represent carers, for a further period of 2 years.

## 3 BACKGROUND

- 3.1 In September 2018, following the process for selection of non-voting members involving advertising and interviewing, the IJB agreed to appoint Mr Binnie as a non-voting member to represent carers. The re-appointment process should have taken place in September 2020, however there had been a slight delay.
- 3.2 The IJB previously agreed that in order to minimise wholesale changes in membership at any one time the appointments be staggered as follows:
- service users and independent sector – three years
  - third sector and carers – two years

The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 allows for the re-appointment of existing members for a further term of office. It is therefore proposed that Mr Binnie's re-appointment be for a further period of two years.

#### **4 ENGAGEMENT**

4.1 The Chair and Chief Officer were consulted as part of the re-appointment process.

#### **5 POLICY IMPLICATIONS**

5.1 There are no policy implications of the paper.

#### **6 INTEGRATED IMPACT ASSESSMENT**

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

#### **7 RESOURCE IMPLICATIONS**

7.1 There are no resource implications of this paper.

#### **8 BACKGROUND PAPERS**

8.1 None.

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