



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

**MEETING DATE:** 25 February 2021

**BY:** Chief Officer

**SUBJECT:** Re-nomination of Voting Members and Changes to the Non-voting Membership of the East Lothian Integration Joint Board

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## 1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of the re-nomination of voting members by East Lothian Council; and to seek the IJB's agreement to changes to its non-voting membership.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- (i) note the re-nomination of Fiona O'Donnell, Shamin Akhtar and Susan Kempson as voting members of the IJB for the maximum term of office (3 years);
  - (ii) agree the appointment of Prof. Emma Reynish as a non-voting member, to replace Dr Gourab Choudhury, for the maximum term of 3 years; and
  - (iii) agree that from now non-voting member appointments (or re-appointments) for service users, independent sector, carers and third sector representatives should all be made for the maximum term of 3 years.

## 3 BACKGROUND

- 3.1 On 26 May 2016 the IJB agreed that in order to minimise wholesale changes in membership at any one time, appointments should be staggered as follows: service users and independent sector – three years; third sector and carers – two years.
- 3.2 In late 2020 concerns were raised that limiting carer and third sector representatives to a 2 year terms of office could result in potential

inequalities in membership. It was agreed that this practice would be reviewed and a proposal brought to the IJB to revise these membership arrangements. In the meantime, David Binnie was re-appointed as carer representative on 10 December 2020 for a period of 3 years. Should the IJB approve this change of policy, the next appointment/re-appointment of the third sector representative position will be made for a period of 3 years, when the current term of office ends.

3.3 At its meeting on 23 February 2021, East Lothian Council is expected to formally agree the re-nomination of Councillors Fiona O'Donnell, Shamin Akhtar and Susan Kempson as voting members of the IJB for the maximum term of 3 years.

3.4 The NHS Lothian Board met on 9 December 2020 and confirmed its appointment of Prof Emma Reynish to replace Dr Gourab Choudhury in the non-voting position for a 'general medical practitioner not providing primary medical services'. This appointment is for the maximum term of 3 years. Prof Reynish is the Clinical Director for Medicine of the Elderly at the Royal Infirmary Edinburgh.

#### **4 ENGAGEMENT**

4.1 The issues in this report have been discussed with the appropriate nominating bodies.

#### **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 'Non-Voting Membership of the East Lothian IJB' report to the IJB on 26 May 2016.

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<b>DATE</b>	15 February 2021





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

**MEETING DATE:** 25 February 2021

**BY:** Chief Officer

**SUBJECT:** Changes to the Chair and Vice Chair of the East Lothian Integration Joint Board

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## **1 PURPOSE**

- 1.1 To invite the Integration Joint Board (IJB) to agree the appointment of a new Chair and Vice Chair of the IJB, as outlined below.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to:
- (i) note that Councillor Fiona O'Donnell is standing down as Chair with immediate effect;
  - (ii) agree the appointment of Councillor Shamin Akhtar as the Chair of the IJB for the period 25 February to 31 March 2021 and then as Vice Chair for two years from 1 April 2021; and
  - (iii) agree the appointment of Peter Murray as Chair of the IJB for two years from 1 April 2021.

## **3 BACKGROUND**

- 3.1 The Scheme of Integration for the IJB states that the Chair will alternate between an East Lothian Council voting member and an NHS Lothian voting member every two years. The Chair is due to be held by a NHS voting member from 1 April 2021 to 31 March 2023.
- 3.2 NHS Lothian confirmed its nomination of Peter Murray as Chair of the IJB for a period of two years from 1 April 2021.
- 3.3 Councillor Fiona O'Donnell is stepping down as Chair with immediate effect. At its meeting on 23 February 2021, East Lothian Council is expected to agree the nomination of Councillor Shamin Akhtar for appointment as Chair of the IJB for the period 25 February to 31 March 2021 and then as Vice Chair for a period of two years from 1 April 2021.

3.4 The IJB is now asked to agree these appointments.

#### **4 ENGAGEMENT**

4.1 The issues in this report have been discussed with the appropriate nominating body and the arrangements for rotation of the Chair and Vice Chair roles are set out in the Scheme of Integration 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 IJB's Scheme of Integration.

<b>AUTHOR'S NAME</b>	Fiona Currie
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<b>DATE</b>	15 February 2021



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

THURSDAY 10<sup>TH</sup> DECEMBER 2020  
VIA DIGITAL MEETINGS SYSTEM

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### Voting Members Present:

Councillor F O'Donnell (Chair)  
Councillor S Akhtar (Items 4 – 7)  
Dr P Donald  
Councillor N Gilbert (Items 1, 6 & 2 – 5)  
Ms F Ireland  
Councillor S Kempson  
Mr P Murray  
Dr Richard Williams

### Non-voting Members Present:

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

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

Ms L Berry	Ms C Goodwin
Mr P Currie	Ms L Kerr

### Clerk:

Ms F Currie

### Apologies:

None

### Declarations of Interest:

Item 7 – David Binnie declared an interest as this item dealt with his re-appointment. He would leave the meeting at the end of the preceding item of business.

## **1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 29<sup>TH</sup> OCTOBER 2020 (FOR APPROVAL)**

The minutes of the meeting on 29<sup>th</sup> October 2020 were approved.

## **2. MATTERS ARISING FROM THE MINUTES OF 29<sup>TH</sup> OCTOBER**

The following matters arising were considered:

**Independent Review of Adult Social Care (Item 5)** – Paul White asked if the IJB's formal response to the review could be circulated to members. Claire Goodwin advised that it had been circulated after it was submitted to the Scottish Government but that she would re-send it.

**Social Care Sustainability Payment (Item 6)** – the Chair informed members that a very positive Internal Audit report on this scheme had been presented to the Audit & Risk Committee earlier in the week and had been very well received. She thanked officers for their effective administration of the scheme.

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

The Chair thanked members for their responses to both of the recent consultations: the Independent Review of Adult Social Care and the Inclusion of IJBs as Category 1 Responders.

She noted that this would be the IJB's last meeting of 2020 and she offered the thanks of the Board to all health and social care workers for their efforts to keep patients safe and well during the pandemic. She also offered her thanks to officers and partner agencies for their work on planning and implementing the roll-out of the COVID-19 vaccine.

Members agreed to take Agenda Item 6 next.

## **6. 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 6) and the updated projected year end outturn, undertaken by both the IJB partners.

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 September 2020 the IJB was £2.2m overspent, with a projected year end position of £4.7m overspent. She advised that their most recent return to the Scottish Government projected the total COVID-19 costs for the year to be £8.8m. The figures presented in this report did not include the additional funding from Government but this would shortly start to be allocated to the partners to cover backdated costs. Further funding was expected before the end of the financial year and work was underway to understand the impact going forward into 2021/22.

Responding to questions from members, Ms Flanagan provided further detail on the projected shortfall in the current financial year noting that the position remained fluid. She reiterated that she and her colleagues were working to understand the implications for 2021/22 and for the longer-term 5 year financial plan. She also provided an



explanation of the increase in the prescribing budget, part of which related to supply and cost issues.

Jon Turvill provided examples of the types of medications which were currently in short supply, alternatives which were now being recommended and some of the cost and clinical implications. He confirmed that all relevant guidance was being followed in prescribing alternative medications. However, he acknowledged that reviewing patients' medications had been increasingly challenging, particularly antidepressants, as it was not always easy to find time in the day to make contact with patients seeking repeat prescriptions.

Iain Gorman confirmed that a review was underway on to understand the impacts of changes in prescribing and to prepare a 'before and after' comparison. He suggested that additional scrutiny could be put in place, particularly given the added pressures on the prescribing budget.

Alison MacDonald said she recognised that prescribing was an area where further work was required and that it was a volatile market which could have significant financial impacts.

Responding to further questions from members, Ms Flanagan provided details of the pressures affecting the Set Aside budget, and the likelihood of receiving full funding of COVID-19 costs for 2020/21. She explained that funding was coming through more smoothly now and further allocations were expected in January and March 2021 and would be based on financial returns submitted to the Scottish Government. While she expected funding to continue, she emphasised the need to consider any financial off-sets, e.g. savings in the travel budget.

Ms MacDonald added that they had put in place a very thorough and transparent governance process for recording itemised costs associated with COVID-19 and had ensured that processes, such as the social care sustainability payments scheme, were administered in line with relevant Government requirements.

## **Decision**

The IJB agreed to:

- i. Note the financial forecasts provided by the partners;
- ii. Note that additional COVID-19 funding was confirmed in 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.

## **4. IMPROVING AND MAINTAINING DELAYED DISCHARGE PERFORMANCE THROUGH WINTER**

The Chief Officer had submitted a report informing the IJB of requirements placed on East Lothian Health & Social Care Partnership (HSCP) to further improve on Delayed Discharge performance and to maintain improved performance over the winter months.

Paul Currie presented the report advising that, to take pressure off acute services, there was an expectation from the Scottish Government that HSCPs would focus on improving delayed discharge performance (to levels seen in April 2020) and to maintain

this through the winter period. Although East Lothian HSCP has one of the best delayed discharge performance levels in the country, November saw numbers which were higher than those recorded in April. He also outlined some of the planning work underway and examples of services already in place to address delayed discharges.

Mr Currie and Ms MacDonald responded to questions from members providing further information on the process for discharging those requiring care packages; unofficial targets to keep delayed discharges in single figures and the clinical and operational requirements to keep figures below 10. Ms MacDonald also outlined some of the investment in services such as Hospital to Home, Discharge to Assess and Care at Home which had helped to keep numbers low. She acknowledged the need to continue challenging themselves and to consider how services could work differently, and that continuing investment would be required to keep numbers at low levels.

Replying to further questions, Mr Gorman agreed that the impact of enhanced services needed to be properly evaluated and that the partners should be asked to reflect on how they made use of resources in the community. Ms MacDonald said she was mindful that there could be movement of work from secondary to primary care as part of the scheduling of unscheduled care and that this would also have funding implications.

Patricia Donald suggested the possibility of a development session to discuss these matters in more detail and this was welcomed by members.

In relation to maintaining performance on delayed discharges, Ms MacDonald said that they would continue to invest in resources with a proven track record and they would only discharge a patient where they knew it was safe to do so. Their ultimate aim was to move towards talking about integrated care rather than the focus being solely on delayed discharges.

Referring to patients with mental health concerns, she acknowledged that the type of bespoke packages required sometimes took longer to put in place. Options were under discussion to improve the position for dementia and learning disability patients, and all proposals would be brought to the IJB for consideration.

## **Decision**

The IJB agreed to 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.

## **5. ADULT SOCIAL CARE WINTER PREPAREDNESS PLAN 2020-21**

The Chief Officer had submitted a report advising the IJB of the publication of the Adult Social Care Winter Preparedness Plan and presenting the implications of the Plan for the delivery of services through the winter period by East Lothian HSCP and partners.

Mr Currie presented the report noting its links to the preceding agenda item. He outlined the background to the Plan, its purpose and scope and highlighted the four main areas of focus. He also drew members' attention to the actions detailed in the report's appendix

Ms MacDonald provided an update on funding for the Plan, digital access and the roll out of the COVID-19 vaccine. She reminded members that much of this work had been outlined at the recent development session. She confirmed that the HSCP had received the funding requested from the Scottish Government and that it had targeted

investment in areas where there was evidence of results. She advised that 2 additional wards had been opened within the Community Hospital, separate to this funding, and would take patients from across Lothian, if required. She also reported that the Well Wynd Hub had recently won a national award and it was hoped to expand the service through identifying a second property in Dunbar.

In relation to the vaccination programme, Ms MacDonald informed members that Queen Margaret University would be used as a mass vaccination site and that the vaccination of frontline health and social care staff was beginning. Mr Gorman reported that the Safety Advisory Group was looking at the implications of the roll out for other organisations and co-ordinating with partner agencies over vaccination sites. Ms MacDonald concluded that the next phases of the roll out would, in part, be dependent on logistics and that the amount of doses being received had not been as high as expected. However, she hoped these issues would be smoothed out and that the advent of a second vaccine would help to speed up the process.

Members congratulated the staff of the Well Wynd Hub on their national award.

Ms MacDonald responded to questions. She said that testing of staff in care homes had been underway on a weekly basis for the past 3 months. While it was not mandatory, the majority of staff did take the opportunity and they would shortly be starting the roll out of visitor testing.

Mr Gorman added that care homes had been very responsive and were participating in testing to ensure that they operated as safely as possible.

Laura Kerr provided an update on a new day services pilot project in Dunbar which had received a very positive response and she informed members that a detailed report would be presented to the next meeting of the IJB. It was hoped that the pilot would influence the development of other services across the county.

The Chair reflected that the roll out of the vaccine would hopefully change the position for day centre services and she looked forward to receiving an update in the New Year.

## **Decision**

The IJB agreed to:

- i. 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;
- ii. Note the actions underway and planned in East Lothian which support the requirements of the ASP Winter Plan; and
- iii. Note the HSCP will scrutinise the ASP Winter Plan and agree other actions to deliver its requirements.

*Sederunt: David Binnie left the meeting. Councillor Neil Gilbert lost connection.*

## **7. RE-APPOINTMENT OF A NON-VOTING MEMBER OF THE IJB**

The Chief Officer had submitted a report asking the IJB to agree to the re-appointment of David Binnie as a non-voting member representing carers.

The Clerk summarised the background and recommendation of the report. The Chair advised members that Mr Binnie had raised a concern over a perceived inequality in

the term of office for carer representatives being 2 years rather than 3 years, as was the case for most other members. A report would be brought forward to the next meeting of the IJB on the wider issue of terms of office but, in the meantime, the Chair proposed an amendment to the recommendation of the report: that Mr Binnie's re-appointment be for a period of 3 years. This motion was seconded by Councillor Akhtar.

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

Councillor Shamin Akhtar	Agreed
Dr Patricia Donald	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 the re-appointment of David Binnie as a non-voting member to represent careers, for a further period of 3 years.

Signed .....

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



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 25 February 2021  
**BY:** Chief Officer  
**SUBJECT:** IJB and Audit & Risk Committee Meeting Dates 2021/22

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## 1 PURPOSE

- 1.1 To set the dates of East Lothian Integration Joint Board (IJB) business meetings and development sessions, and meeting dates for the Audit & Risk Committee during session 2021/22.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. approve the dates for IJB business meetings during session 2021/22 (proposals set out in Appendix 1);
  - ii. approve the dates for IJB development sessions during session 2021/22 (as set out in Appendix 2); and
  - iii. approve the dates for the Audit & Risk Committee meetings during session 2021/22 (Appendix 3).

## 3 BACKGROUND

- 3.1 The IJB is required to approve a schedule of meeting dates for session 2021/22. From June 2019 the frequency of business meetings were set at every two months, with development sessions scheduled in the months in-between. There were three exceptions – a meeting in early/mid September rather than late August, consecutive meetings in February & March and a special budget-setting meeting in May.
- 3.2 Under its Standing Orders, the IJB may call additional business meetings, however, this discretion will be used only in exceptional circumstances. In the event that a meeting date has to be changed, members will be notified as soon as practicable. The IJB must also approve the meetings dates for the Audit & Risk Committee.

- 3.3 The proposed IJB meeting and development session dates for session 2021/22 are set out in Appendices 1 and 2, and the meeting dates for the Audit & Risk Committee are detailed in Appendix 3.

#### **4 ENGAGEMENT**

- 4.1 The proposed meeting dates were discussed with the Chairs, Depute Chair and Chief Officers prior to this report being presented to the IJB.

#### **5 POLICY IMPLICATIONS**

- 5.1 None.

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

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

#### **7 DIRECTIONS**

- 7.1 The subject of this report does require the creation of a new Direction or the alteration of an existing Direction issued by the IJB.

#### **8 RESOURCE IMPLICATIONS**

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

#### **9 BACKGROUND PAPERS**

- 9.1 None.

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<b>DATE</b>	January 2021

**PROPOSED IJB BUSINESS MEETING DATES FOR SESSION 2021/22**

Thursday 16<sup>th</sup> September 2021, 2.00pm

Thursday 28<sup>th</sup> October 2021, 2.00pm

Thursday 9<sup>th</sup> December 2021, 2.00pm

Thursday 24<sup>th</sup> February 2022, 2.00pm

Thursday 24<sup>th</sup> March 2022, 2.00pm

Thursday 26<sup>th</sup> May 2022, 2.00pm (budget-setting)

Thursday 23<sup>rd</sup> June 2022, 2.00pm

Meetings are currently being held remotely via MS Teams. However, there will be a return to face-to-face meetings when circumstances allow and these meetings will be held in the Council Chamber, Town House, Haddington.





## **APPENDIX 2**

### **PROPOSED DATES FOR IJB DEVELOPMENT SESSIONS IN 2021/22**

Thursday 26<sup>th</sup> August 2021, 2.00pm

Thursday 25<sup>th</sup> November 2021, 2.00pm

Thursday 27<sup>th</sup> January 2022, 2.00pm

Thursday 28<sup>th</sup> April 2022, 2.00pm

Additional arrangements for the development sessions will be confirmed in due course.



**PROPOSED AUDIT & RISK COMMITTEE MEETING DATES FOR SESSION 2021/22**

Tuesday 14<sup>th</sup> September 2021, 10.00am

Tuesday 7<sup>th</sup> December 2021, 10.00am

Tuesday 15<sup>th</sup> March 2022, 2.00pm

Tuesday 7<sup>th</sup> June 2022, 2.00pm

Meetings are currently being held remotely via MS Teams. However, there will be a return to face-to-face meetings when circumstances allow and these meetings will be held in the Council Chamber, Town House, Haddington.





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

**MEETING DATE:** 25 February 2020

**BY:** Chief Officer

**SUBJECT:** Independent Review of Adult Social Care

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## 1 PURPOSE

- 1.1 To advise the East Lothian Integration Joint Board of the publication of the Independent Review of Adult Social Care (ASC)<sup>1</sup> to summarise the recommendations of the Review and follow up actions.

## 2 RECOMMENDATIONS

East Lothian Integration Joint Board is asked to:

- 2.1 Accept the report of the Independent Review of Adult Social Care.
- 2.2 Agree how to assess formally the implications for East Lothian IJB of the recommendations within the Review and the timetable for this work, particularly in view of the forthcoming Scottish Government elections.
- 2.3 Agree that following a formal assessment of the Review a report will be provided to the IJB to present the next steps.

## 3 BACKGROUND

- 3.1 Derek Feeley, a former Scottish Government Director General for Health and Social Care and former Chief Executive of NHS Scotland, led the Independent Review of Adult Social Care, assisted by an expert panel.
- 3.2 The Review was set up to recommend improvements to adult social care in Scotland. It looked at these in terms of the outcomes for people who use services, their carers and families and the experience of those working in the sector. It began a range of consultations (mostly online) and sought written submissions from September 2020. These concluded in January 2021, with the Review publishing its report on 3<sup>rd</sup> February 2021.

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<sup>1</sup> <https://www.gov.scot/publications/independent-review-adult-social-care-scotland>

- 3.3 The East Lothian IJB lodged its response to the Review consultation (appendix1) in November 2020, following consultation with its members.
- 3.4 The Review was underway when the Adult Social Care Plan published in November 2020. The Adult Social Care Plan commits to several actions complementary to the Review of Adult Social Care and aims, through collaborative working between partners, to support the social care workforce to deliver high quality integrated care.
- 3.5 There is considerable merit in reading the Review of Adult Social Care and its recommendations alongside the commitments in The Adult Social Care Plan, as there are several synergies between the documents.
- 3.6 It seems highly likely that Scottish Government policy developments will take into account the Independent Review and the preceding Plan, as there are already commitments to support national monitoring of the delivery of the ASC Plan strategic priorities through joint working between COSLA, the Care Inspectorate and other partners, all of whom have an interest in the ASC Review.
- 3.7 The Review states that there are three aspects of change needed to improve the delivery, experience and outcomes of adult social care in Scotland, in order to:
- Shift the Paradigm
  - Strengthen the Foundations
  - Redesign the System

### 3.8 Shift the Paradigm

- 3.8.1 The Review describes the need to challenge established thinking that social care support is a burden, the demand for which needs to be tightly managed. It suggests moving from “*Old Thinking*” based on crisis driven responses to social care need, to “*New Thinking*” adopting approaches that take a “...*human rights based approach.*” to planning and delivery of care across all client groups (table 1).

**Table 1 – “Shifting the Paradigm” of Social Care Delivery**

<b>Old Thinking</b>	<b>New Thinking</b>
Social care support is a burden on society	Social care support is an investment
Managing need	Enabling rights and capabilities
Available in a crisis	Preventative and anticipatory
Competition and markets	Collaboration
Transactions	Relationships
A place for services (e.g. a care home)	A vehicle for supporting independent living
Variable	Consistent and fair

### 3.9 Strengthen the Foundations

- 3.9.1 The Review emphasises the need to build on what is already established in Scotland, including: Self-Directed Support, the Independent Living Fund and the continuing Integration of Health and Social Care. It acknowledges that implementation remains a challenge, in taking proven approaches to high quality care delivery and embedding these within local care settings. One vehicle for this will be the establishment of a 'National Care Service' (as described in 3.8.1 below).
- 3.9.2 The Review reflects on the social care workforce as an important foundation, which needs *"...nurturing and strengthening..."* to *"...feel engaged, valued and rewarded for the vitally important work that they do."*
- 3.9.3 The Review also notes that unpaid carers are the *"...cornerstone of social care support..."* who must be given a *"...stronger voice..."* in service planning as well as in securing the support they need through networks and by practical means, such as respite, to maintain their wellbeing and their important role.

### 3.10 Redesign the System

- 3.10.1 The Review asserts that to realise the potential of social care support and to ensure consistency in its delivery across Scotland a 'National Care Service' needs to be established. Such a service would, in the opinion of the review: *"...drive national improvements where they are required, to ensure strategic integration with the National Health Service, to set national standards, terms and conditions, and to bring national oversight and accountability..."*
- 3.10.2 This National Care Service would provide transformational leadership for all those involved in the planning and delivery of social care support and give a voice to those with lived experience. It would seek to establish across the sector:
- common purpose
  - trusting relationships rather than competition, and
  - partnerships not market-places.
- 3.11 The 53 recommendations of the Review (appendix 2) are wide-ranging in scope and involve various partners and functions.
- 3.12 Those eight recommendations which specifically mention the Integration Joint Boards (Table 2) seek to:
- improve carer participation
  - reform IJBs to give them new duties and powers (including concerning GP contracts)
  - provide direct funding from Scottish Government
  - ensure IJBs work collaboratively with the National Care Service on various matters
  - become responsible for planning, commissioning and procurement

- to invest in preventative care and admission avoidance rather than crisis responses

3.12.1 In addition, the Review recommends that to deliver new duties and powers, IJBs should be empowered to directly employ relevant staff.

**Table 2 – Review Recommendations Specifically Concerning IJBs**

<b>Unpaid carers</b>	
<b>14</b>	Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service
<b>The case for a national care service (NCS)</b>	
<b>17</b>	The National Care Service should oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards, with services procured from Local Authorities and third and independent sector providers. Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits.
<b>A National Care Service for Scotland – how it should work</b>	
<b>21</b>	The National Care Service in close co-operation with the National Health Service should establish a simplified set of outcome measures to measure progress in health and social care support, through which to oversee delivery of social care in local systems via reformed Integration Joint Boards and national care bodies
<b>23</b>	Integration Joint Boards should be reformed to take responsibility for planning, commissioning and procurement and should employ Chief Officers and other relevant staff. They should be funded directly by the Scottish Government.
<b>Commissioning for public good</b>	
<b>41</b>	Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.
<b>Fair work</b>	
<b>44</b>	Putting in place national minimum terms and conditions as a key component of new requirements for commissioning and procurement by Integration Joint Boards. Specific priority should be given to pay, travel time, sick pay arrangements, training and development, maternity leave, progression pathways, flexible pathways and pension provision. The national evaluation of terms and conditions should be undertaken to inform these minimum standards and these should be reviewed as required.
<b>46</b>	Establishing a national forum comprised of workforce representation, employers, Integration Joint Boards and the Scottish Government to advise the National Care Service on workforce priorities and to take the lead in creating national sector level collective bargaining of terms and conditions.
<b>Finance</b>	
<b>50</b>	Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital.



- 3.13 Work is needed to more closely scrutinise the Review, its recommendations and their implications for East Lothian and for partnership working. Some of this work may need to await the formal response of the Scottish Government, which may in turn need to await the outcomes of the forthcoming elections.

#### **4 POLICY IMPLICATIONS**

- 4.1 It is too early to say what policy implications will come from the Review. Further commentary on this is awaited from Scottish Government.

#### **5 INTEGRATED IMPACT ASSESSMENT**

- 5.1 As this paper simply reports on the Independent Review of Adult Social Care there is no requirement to carry out an Integrated Impact Assessments. Any service changes arising from the delivery of recommendations of the Review will be assessed for IIA requirements at an appropriate stage in their development.

#### **6 DIRECTIONS**

- 6.1 At this stage, it is not possible to assess the implications for existing Directions or the requirement for any new Directions.

#### **7 RESOURCE IMPLICATIONS**

- 7.1 Financial – The implications of the recommendations cannot be assessed at this stage.
- 7.2 Personnel – Consideration needs to be given to how the new duties and powers recommended for the Integration Joint Board might be deliverable within the current staff complement or what alterations to existing posts or new posts may be required to deliver all the recommendations.
- 7.3 Other – None.

#### **8 BACKGROUND PAPERS**

- 8.1 None.

Appendix 1 – East Lothian IJB Response to the Review of Adult Social Care in Scotland

Appendix 2 - Review of Adult Social Care - Summary and Recommendations

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<b>DATE</b>	15 February 2021

## Appendix 1 –

### East Lothian IJB – Response to the Review of Adult Social Care in Scotland

#### Background on East Lothian

East Lothian IJB welcomes the opportunity to comment on the Review of Adult Social Care. All members were consulted in the preparation of this response.

This exercise arrives at a critical time when across Scotland demand for social care is increasing as the result of social and demographic change, primarily the ageing of our population. People are increasingly living with multiple conditions with associated increased care needs. Some people have limited family and support networks. In East Lothian, the population is increasing (projected to increase by around 23% up to 2041) and ageing, with the highest growth in the 65-74 and 75+ age bands.

East Lothian Health and Social Care Partnership faces current and future increasing demands from this ageing and growing population. It faces further challenges in meeting the needs of a range of different communities, some urban, some more rural.

#### East Lothian Strategic Plan

The East Lothian IJB's Strategic Plan (2019-2022) includes a focus on transformation of care for older people to provide client-focussed care options, including provision of housing with care and a review of community services for adults with complex needs. The transformation programmes will consider the role of all colleagues, including social care, in developing future care and service options.

The IJB's strategic objectives, aim to *"...support all people in East Lothian to live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use."* In support of this, the IJB has committed to:

- make health and social care services more sustainable and proportionate to need and to develop our communities
- explore new models of community provision which involve local communities and encourage less reliance on health and social care services
- improve prevention and early intervention
- reduce unscheduled care and delayed discharges
- provide care closer to home
- deliver services within an integrated care model
- enable people to have more choice and control
- reduce health inequalities
- build and support partnership working
- support change and improvement across our services.

Many of these objectives can only be delivered with the full co-operation of local partners (including in the third and independent sectors) as well as East Lothian Council, NHS Lothian, primary care and colleagues in acute services. Planning for service change involves these

partners and the public and community, and other representatives. This will continue as services adapt to current COVID-19 related restrictions and future requirements and to deliver the outcomes of the Review of Adult Social Care.

### **Impacts of COVID-19 on Service Outcomes and Integration**

The arrival of COVID-19 has disrupted patient journeys and service delivery in health and care settings and is delaying access to secondary care treatment which might otherwise reduce care requirements for individuals. This places higher demands on the HSCP to provide care during the wait for treatment, while it is also increasing care to maintain its low delayed discharge numbers to take pressure off acute services. Added to this is the prospect of some patients requiring post-COVID rehabilitation which services had not planned for.

Colleagues across health and social care have risen to the challenge presented by COVID-19, showing a great deal of flexibility and inventiveness in how they have altered service delivery arrangements and in stepping up the use of IT and other technologies, to maintain support to patients and clients. Those staff remobilised to other services have quickly adapted to new demands. Through necessity, barriers between health and social care are being dismantled as teams work in a more integrated way, accelerating the wider adoption of ways of working that were in place before the arrival of COVID-19.

All staff have the gratitude of the IJB for their hard work in difficult circumstances and their innovative approaches to meeting patient and client needs while progressing integration.

The IJB is also grateful to the communities and the individuals who volunteered their support to local action.

The IJB supports local focussed work with East Lothian Council and NHS Lothian to further dismantle barriers to integration to deliver improved service outcomes for all. This work also needs to progress at national level through the development of supportive and ambitious policy to deliver integration within and across sectors.

### **Care Homes**

At the beginning of the pandemic East Lothian was in the fortunate position of having an established nurse-led Care Home Team. This already provided Nurse Practitioner support to anticipatory care, long-term conditions support and to respond to acute illness presentations in residents in a number of independent care homes and HSCP managed care homes. The team also provided training to care home staff.

The team liaises with those GP colleagues covering each Care Home for medical advice as required. This has greatly reduced the need for GPs to attend Care Homes and has reduced emergency admissions.

During the COVID-19 first wave the team was extended and restructured to support all care homes within East Lothian. A Care Home Operational Group monitors care home occupancy, staffing, infection control and outbreak status and initiates action as required.

Care homes are increasingly using telephone rather than face-to-face assessment. This is reducing time delays to assessment and reducing delays to discharge, and ultimately occupied bed days.

## **Maintaining Social Care Capacity**

In East Lothian access to social care, particularly care at home for all client groups, is monitored on a daily basis and action taken to direct resources to address issues.

National action is required to maintain and where required, increase capacity across social care. This requires work to make all roles in adult social care attractive in order to retain staff and to bring a new generation of workers into the sector. Any development of social care roles should include a move towards registration and professionalisation.

## **Discharge Planning**

The IJB supports prevention and early intervention approaches to avoid admission. East Lothian has invested in Hospital to Home (H2H) Discharge to Assess (D2A) and other services to expand this approach.

Where admission cannot be prevented, coordinated discharge planning involving the MDT and patients and relatives is moving towards 'home first' approaches and implementation of nurse-led discharge. This contributes towards good delayed discharge performance.

## **Mental Health and Community Support**

Colleagues are reporting increased presentations of mental health problems in the community. In response to this, new, primary care direct-access arrangements were quickly established.

Community Link Worker services are being remobilised to support people with a range of problems, including social isolation, which have been compounded by the pandemic.

## **Commentary on the Review**

### **IJB Priority-Setting**

IJBs need to be closely involved in decision making at NHS Board, regional and national levels. Each IJB must remain free to decide how it will prioritise meeting assessed needs of local communities while delivering to agreed national standards. Work with partners should seek to simplify processes to deliver service change and to improve outcomes for patients while increasing the efficient use of public funds in the delivery of services.

### **Integration across IT Systems**

Although information technology has greatly assisted in continuing service delivery using new approaches through COVID, the continuation of separate IT systems by Health and Social Care is a limiting factor.

Current arrangements mean colleagues are either on one IT system and cannot communicate with the other system, or have to operate two systems simultaneously. This is

particularly problematic when working from home. Partners should establish joint platforms for sharing of information and the joint datasets needed for service planning, activity and outcome monitoring. This will require technological solutions and Scottish Government support.

IT and telephony is providing new ways to assess, support and follow-up patients. For example, in East Lothian, a new direct access musculoskeletal (MSK) service provides video assessments and treatment plans without the need for an initial GP referral or attendance by patients at a clinic. This reduces demand on GPs and speeds up assessment and initiation of treatment. The approach has greatly reduced waiting times for patients.

The Scottish Government should support development of technological options for service delivery, taking into account the variability in knowledge and use of smartphone, tablet and computer devices across communities and age groups.

### **Acute Services**

Although the IJB has delegated responsibility for some services managed and delivered in acute hospitals it has proven difficult to engage with these to plan service delivery focussed on needs of HSCP residents. Too often decisions are made for the total population served rather than considering what individual IJBs have prioritised.

Existing relationships between social care, community services and acute must be built on further through the review of adult social care to develop a whole system approach to identifying and acting on social care needs for patients and families.

## **Appendix 2 – Review of ASC Summary and Recommendations**

The Independent Review of Adult Social Care concludes that Scotland needs to act *“...to deliver a system of social care that takes as its central aim the realisation of every citizen’s right to participate fully in society, whatever their needs for support. And that system needs to work in full partnership with other ...public services...”*

The delivery of improved social care and support services is said to be pressing as it is estimated that by 2036, one in four people in Scotland will be aged over 65, in a group with increased care needs.

The requirement to provide fairness in access to care is emphasised, ensuring that need, however manifested is identified and responded to, ensuring people’s dignity, independence and ability to participate in society is maintained.

To deliver these aspirations and the National Care Service that will be central to delivering them the Review makes several recommendations:

### **A human rights based approach**

1. Human rights, equity and equality must be placed at the very heart of social care and be mainstreamed and embedded. This could be further enabled by the incorporation of human rights conventions.
2. Delivering a rights based system in practice must become consistent, intentional and evident in the everyday experience of everyone using social care support, unpaid carers and families, and people working in the social care support and social work sector.
3. People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.
4. People should understand better what their rights are to social care and supports, and “duty bearers”, primarily social workers, should be focused on realising those rights rather than being hampered in the first instance by considerations of eligibility and cost.
5. Where not all needs can be met that have been identified as part of a co-production process of developing a support plan, these must be recorded as unmet needs and fed into the strategic commissioning process.
6. Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.
7. A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people’s heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical.

8. More independent advocacy and brokerage services, including peer services, must be made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support.
9. When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress.
10. Packages of care and support plans must be made more portable and supported people should not have to fight to retain support because they have moved home.

### **Unpaid carers**

11. Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed.
12. A new National Care Service should prioritise improved information and advice for carers, and an improved complaints process. It should take a human rights based approach to the support of carers.
13. Local assessment of carers' needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support.
14. Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.

### **The case for a national care service (NCS)**

15. Accountability for social care support should move from local government to Scottish Ministers, and a Minister should be appointed with specific responsibility for Social Care.
16. A National Care Service for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers.
17. The National Care Service should oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards, with services procured from Local Authorities and third and independent sector providers. Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits.
18. The National Care Service should lead on the aspects of social care improvement and support that are best managed once for Scotland, such as workforce development and improvement programmes to raise standards of care and support.



19. The National Care Service should oversee social care provision at national level for people whose needs are very complex or highly specialist and for services such as prison social care that could be better managed on a once-for-Scotland basis.
20. The National Care Service's driving focus should be improvements in the consistency, quality and equity of care and support experienced by service users, their families and carers, and improvements in the conditions of employment, training and development of the workforce.

### **A National Care Service for Scotland – how it should work**

21. The National Care Service in close co-operation with the National Health Service should establish a simplified set of outcome measures to measure progress in health and social care support, through which to oversee delivery of social care in local systems via reformed Integration Joint Boards and national care bodies.
22. A Chief Executive should be appointed to the National Care Service, equivalent to the Chief Executive of the National Health Service and accountable to Ministers.
23. Integration Joint Boards should be reformed to take responsibility for planning, commissioning and procurement and should employ Chief Officers and other relevant staff. They should be funded directly by the Scottish Government.
24. The role of existing national care and support bodies – such as the Care Inspectorate and Scottish Social Services Council – should be revisited to ensure they are fit for purpose in a new system.
25. The National Care Service should address gaps in national provision for social care and social work in relation to workforce planning and development, data and research, IT and, as appropriate, national and regional service planning.
26. The National Care Service should manage provision of care for people whose care needs are particularly complex and specialist, and should be responsible for planning and delivery of care in custodial settings, including prisons.

### **A new approach to improving outcomes – closing the implementation gap, a new system for managing quality**

27. A National Improvement Programme for social care, along the lines of the NHS Patient Safety Programme, should be introduced by the National Care Service, and should address the three following key areas:
  - the experience and implementation of self-directed support must be improved, placing people using services' needs, rights and preferences at the heart of the decision making process.
  - the safety and quality of care provided in care homes must be improved to guarantee consistent, appropriate standards of care.
  - commissioning and procurement processes must be improved in order to provide a vehicle for raising the quality of social care support and for enhancing the conditions and experience of the social care workforce.

## **Models of care**

28. The Scottish Government should carefully consider its policies, for example on discharge arrangements for people leaving hospital, to ensure they support its long held aim of assisting people to stay in their own communities for as long as possible.
29. A national approach to improvement and innovation in social care is needed, to maximise learning opportunities and create a culture of developing, testing, discussing and sharing methods that improve outcomes. The future role of the Institute for Research and Innovation in Social Services (IRISS) and its inclusion as part of the National Care Service must be considered.
30. There must be a relentless focus on involving people who use services, their families and carers in developing new approaches at both a national and local level.
31. Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives. Investment in, or continuance of, models of social care support that do not meet all of these criteria should be a prompt for very careful reflection both by a National Care Service and local agencies.

## **Commissioning for public good**

32. Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach.
33. A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace across Scotland. Commissioning and procurement decisions must focus on the person's needs, not solely be driven by budget limitations.
34. The establishment of core requirements for ethical commissioning to support the standardisation and implementation of fair work requirements and practices must be agreed and set at a national level by the new National Care Service, and delivered locally across the country.
35. To help provide impetus and support to the adoption of a collaborative and ethical approach to commissioning, the idea from CCPS of pressing pause on all current procurement should be fully explored in the context of a National Care Service, with a view to rapid, carefully planned implementation.
36. The care home sector must become an actively managed market with a revised and reformed National Care Home Contract in place, and with the Care Inspectorate taking on a market oversight role. Consideration should be given by the National Care Service to developing national contracts for other aspects of care and support. A 'new deal' must form the basis for commissioning and procuring residential care, characterised by transparency,

fair work, public good, and the re-investment of public money in the Scottish economy.

37. National contracts, and other arrangements for commissioning and procurement of services, must include requirements for financial transparency on the part of providers along with requirements for the level of return that should be re-invested in the service in order to promote quality of provision and good working conditions for staff.
38. A condition of funding for social care services and supports must be that commissioning and procurement decisions are driven by national minimum quality outcome standards for all publicly funded adult social care support.
39. A decisive and progressive move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes, to have a good life and reach their potential, including taking part in civic life as they themselves determine.
40. Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.
41. Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.

### **Fair Work**

42. Rapid delivery of all of the recommendations of the Fair Work Convention, with an ambitious timetable for implementation to be set by the Scottish Government.
43. Conduct a national job evaluation exercise for work in social care, to establish a fair and equitable assessment of terms and conditions for different roles. This should take account of skills, qualifications, responsibilities and contribution.
44. Putting in place national minimum terms and conditions as a key component of new requirements for commissioning and procurement by Integration Joint Boards. Specific priority should be given to pay, travel time, sick pay arrangements, training and development, maternity leave, progression pathways, flexible pathways and pension provision. The national evaluation of terms and conditions should be undertaken to inform these minimum standards and these should be reviewed as required.
45. Establishing a national organisation for training, development, recruitment and retention for adult social care support, including a specific Social Work Agency for oversight of professional development. The current role, functions and powers of the SSSC should be reviewed and appropriate read-across embedded for shared and reciprocal learning with the NHS workforce.
46. Establishing a national forum comprised of workforce representation, employers, Integration Joint Boards and the Scottish Government to advise the National Care Service on workforce priorities and to take the lead in creating national sector level collective bargaining of terms and conditions.

47. National oversight of workforce planning for social work and social care, which respects the diversity and scale of employment arrangements while improving resilience and arrangements for mutual support should be a priority for a National Care Service.
48. The recommendations listed above should apply to Personal Assistants employed by people using Option 1 of SDS, who should be explicitly recognised as members of the workforce, as well as employees of providers in the public, third and independent sectors. This recommendation should be delivered in full partnership with the independent living movement.

## **Finance**

49. Prioritising investment in social care as a key feature of Scotland's economic plans for recovery from the effects of the Covid-19 pandemic.
50. Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital.
51. Additional investment in order to:
  - expand access to support including for lower-level preventive community support;
  - implement the recommendations of the Fair Work Convention;
  - remove charging for non-residential social care support;
  - increase the sums paid for Free Personal and Nursing Care for self-funders using care homes to the levels included in the National Care Home Contract;
  - re-open the Independent Living Fund, with the threshold sum for entry to the new scheme reviewed and adjusted; and
  - review financial support made available to unpaid carers and increase investment in respite.
52. Robustly factoring in demographic change in future planning for adult social care.
53. Careful consideration to options for raising new revenues to increase investment in adult social care support.



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

**MEETING DATE:** 25 February 2021

**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 updated projected year end out-turn, undertaken by both the IJB partners East Lothian Council and NHS Lothian at Quarter 3 and Month 9, with the positions yet to be formally concluded and reported but Partners. This forecast from both IJB's partners' takes into account COVID additional funding that has been confirmed.
- 1.2 This report also acknowledges the headline content of the recent Scottish Government Budget announcement and the consequences for the IJB.

## 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 that has been included; and
  - iii. Note the recent Scottish Government budget announcement.

## 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 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 continues to be reviewed. 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 Quarter 3/Month 9 financial reviews position for the IJB is a projected overspend of (£1.3m) as shown in Table 1 below. Please note that the East Lothian Council Q3 financial review is due to be formally reported to Council on the 23<sup>rd</sup> February 2021, and assumes the IJB will manage its year end position within its resources. The Health forecast is an informal update, based on Month 9, which at the time of writing hasn't yet been through the formal Q3 financial review process or reporting routes. There is £3.3m improvement from the previously reported position which is a direct result of significant COVID-19 funding now being included within the position. Table 1 below shows the Quarter 3/Month 9 position and a comparison to the pre COVID-19 funding position, our Month 6 projections.

	Annual Budget	Forecast Expenditure	Quarter 3/Month 9 Forecast Outturn	Previous Forecast Outturn
	£k	£k	£k	£k
Core	84,497	85,286	-789	-3018
Hosted	16,475	16,528	-52	-90
Set Aside	20,086	20,893	-807	-1010
Health	121,058	122,706	-1,648	-4,118
Social Care	53,757	54,150	-393	-923
Private Sector Housing Grant	256	28	228	63
HRA (Disabled Adaptations & Garden Aid)	1,238	760	478	305
Social Care	55,251	54,938	313	-555
Total	176,309	177,644	-1,335	-4,673

Table 1 IJB Quarter 3/Month 9 review forecasts

- 3.4 As noted above, more funding is now reflected in the updated forecast, a total of £3.8m COVID-19 funding is included within this 2020/21 forecast; £1.3m within Health and £2.5m within Social Care.
- 3.5 At the time of preparing the above forecasts, East Lothian HSCP had confirmed funding of £6.3m to cover COVID-19 costs (excluding prescribing which will be funded separately). Since then further funding has been announced and when the funding for these outstanding areas is received the position, within the HSCP, is expected to breakeven.
- 3.6 The COVID-19 funding for the Health Set Aside and Hosted budget sits with NHS Lothian and we are currently working with NHS Lothian to allocate this. For 2020/21, the financial risk has reduced accordingly and at this stage in year given the funding being allocated from Scottish Government there is moderate assurance the IJB will breakeven.
- 3.7 When looking at COVID-19 costs and the additional funding allocated, this highlights that there is a degree of budget cover already in each

partner's core funding that can potentially cover some of these COVID costs in year.

- 3.8 Updated cost projections continue to be fed into Scottish Government through NHS Lothian regularly. The recent value submitted, mid-January 2021, overall remains similar but the component parts change. The opening of the additional beds at East Lothian Community Hospital has seen an increase in these costs, whilst the level of payments expected for sustainability has reduced.
- 3.9 As a health and social care system our ability to respond quickly remains key, this requires service plans to be altered regularly. The overall COVID-19 costs projections for 2020/21 were projected at circa £7.3m. The projections of COVID-19 related expenditure, given the system volatility and uncertainty is challenging as is recruiting to and having the workforce to support these initiatives which sees the cost projections move regularly. As we continue to alter our services to deal with the 2nd COVID-19 wave many of these plans will continue beyond the end of this financial year and become a risk for 2021/22.
- 3.10 Following the recent Scottish Budget announcement and early discussions with colleagues at the Scottish Government, it is expected that additional funding for COVID-19 related costs will continue in 2021/22. Although not guaranteed to cover the full extent of costs, the IJB should focus on the underlying cost pressures within the system that are expected.
- 3.11 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.
- 3.12 At the October 2020 meeting a high level 5 year rolling financial outlook for the IJB was shared. This was based on pre-pandemic conditions and at the time of modelling was showing a £6.7m gap for 2021/22. For a future meeting an updated outlook for 2021/22 will be shared, separating core underlying pressures and those relating to COVID-19. This will allow IJB members to consider the financial forecast alongside budget offers and make an informed decision on whether the offers are fair and adequate.
- 3.13 For both NHS Lothian and East Lothian Council increases in base expenditure is inevitable due to staff pay awards, increases in National Care Home Contracts, Living Wage increases for external providers and other inflationary cost rises. So without doing anything new or extra the cost base will still rise. How much of these increases will be covered by an increased budget directly from the Scottish Government or through each partners budget process is unknown at this point. The financial consequences of the EU withdrawal also remain unknown and remain a risk.
- 3.14 The Scottish Budget announcement for 2021/22 specifically targeted Health with an additional £16 billion across Scotland. This includes continued support relating to the pandemic, increased investment in

mental health and primary care services. It also includes further investment on a mission to tackle the drug deaths crisis. All of these have financial consequences for the IJB and as more is known this will be shared at further meetings with members.

#### **4 ENGAGEMENT**

- 4.1 The IJB makes its papers and reports available on the internet.

#### **5 POLICY IMPLICATIONS**

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

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

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

#### **7 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
- 10.2 Scottish Budget for 2021/22

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