



## EAST Lothian IJB STRATEGIC PLAN

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**Area:** Strategic Integration

<p><b>Situation</b></p>	<p>The extant East Lothian Integration Joint Board (IJB) Strategic Plan (2019-2022) ends at March 31<sup>st</sup> 2022. The previous timetables for Strategic Plan development required review of any plan to start in its last 6 months. A decision is needed on whether this approach should be taken for the 2022-25 Strategic Plan, or if a delay is justified, in view of COVID-19 related factors and while Scottish Government guidance and policy is awaited on implementation of the wide-ranging recommendations of the Independent Review of Adult Social Care (IRASC).</p>
<p><b>Background</b></p>	<p>IJBs were established across Scotland as a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, as a means for health boards and local authorities to integrate adult health and social care services and budgets, through delegation to a locally accountable body.</p> <p>In July 2015, formal establishment of East Lothian IJB gave it duties to oversee integrated planning and delivery of health and social care services and criminal justice social work, within an area coterminous with East Lothian Council, as well as certain acute hospital services managed by NHS Lothian.</p> <p>Under the Act, IJBs are responsible for the strategic planning and delivery of all functions delegated to them, and have a duty to issue 'directions' to partners to deliver agreed strategic and operational priorities. The IJB Strategic Plan is essential in setting out local priority areas of action, service modernisation and development, the priorities for partner-delivered services, and the principles under which services operate.</p> <p>In 2016, East Lothian IJB published its first Strategic Plan for the period 2016 to 2019. Its second Strategic Plan applies from 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2022. Under normal circumstances a third plan would follow on seamlessly.</p> <p>Across Scotland, Strategic Plans have been developed, and required renewal at different times, reflecting the different dates of establishment of IJBs.</p> <p>Currently, there is debate between IJBs on whether the usual 3-year cycle of Strategic Plan renewal should be followed, or a different timetable adopted in view of the service disruptions and uncertainties associated with the impacts of COVID-19 and the implications of the IRASC. Some IJBs have pressed ahead; others have delayed renewal, instead choosing to extend existing plans through next year.</p>
<p><b>Assessment</b></p>	<p>Since lockdown at the end of March 2020, non-clinical/non-key worker staff from East Lothian HSCP have in the main worked from home. Where staff have continued to work in clinical settings, social distancing and PPE requirements have restricted delivery and patient/client throughput across the whole of the HSCP's locally managed services. Restrictions also affected NHS Lothian's outpatient, diagnostic, surgical and treatment services. This has resulted in increased waits for East Lothian patients across services. These waits will continue for some time.</p> <p>In recent months, colleagues locally and across NHS Lothian managed services have focussed on service remobilisation. The restrictions to service delivery, the focus on responding to the pandemic and the process of bringing services up to previous activity levels remain a priority. This has and will continue to require a lot of management time. This will limit manager availability for any Strategic Plan related development and consultation exercises, which are likely to utilise mainly online methods.</p> <p>The Independent Review of Adult Social Care, published on 3<sup>rd</sup> February 2021, makes 53 wide-ranging recommendations (appendix 1). These seek to involve various partners in improving adult social care, in order to provide better outcomes for people who use services, their carers and families and to improve the experience of those working in the sector. IRASC also has structural and organisational</p>



	<p>implications associated with suggested changes in responsibilities for the IJB and associated with the establishment of a 'National Care Service'.</p> <p>Also of relevance is the Adult Social Care Plan (ASCP) published in November 2020, which commits to several actions complementary to the Review of Adult Social Care.</p> <p>There is no indication when Scottish Government guidance and policy on IRASC will arrive. It may be this will seek to deliver on the IRASC and the ASCP together, as joint working commitments already exist for the latter.</p> <p>There is a risk that the development of a new set of priorities within a new 2022-2025 East Lothian Strategic Plan, produced in line with the usual timetable, will not fully reflect the IRASC and the ASCP guidance and policy when issued. This might require early revision of the Strategic Plan. Furthermore, the Lothian Review of Integration Schemes may have, as yet unknown, implications for the scope of IJB responsibilities.</p> <p>The SPG, at its meeting of 2<sup>nd</sup> June 2021, indicated its agreement with the option of delaying production of the next IJB Strategic Plan for 6 months.</p>
<p><b>Recommendations</b></p>	<p>East Lothian IJB is asked to agree which of the following recommendations it supports:</p> <ol style="list-style-type: none"> <li>1. Continue the Strategic Plan development as timetabled, with the review process beginning in September 2021 and with a new Plan in place from March 2022.</li> <li>2. Delay the Strategic Plan development for a 6-month period, with review of the existing 2019-2022 Plan from March 2022, and a new Plan effective from September 2022, running until April 2025. This option was favoured by the SPG at its June meeting.</li> <li>3. Delay the Strategic Plan development for one year, with the existing 2019-2022 Plan continuing to apply until review from September 2022, and with a new Plan effective from March 2023, running until April 2026.</li> </ol>



## Appendix 1 – Review of ASC Summary and Recommendations

The Independent Review of Adult Social Care (IRASC) suggests 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 IRASC states that the delivery of improved social care and support services is a pressing need, as estimates suggest 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 coproduction 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 selfdirected 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 cooperation 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.