



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 25TH FEBRUARY 2021
VIA DIGITAL MEETINGS SYSTEM

1

Voting Members Present:

Councillor S Akhtar (Chair)
Councillor F O'Donnell
Dr P Donald
Councillor N Gilbert
Ms F Ireland
Councillor S Kempson
Mr P Murray

Non-voting Members Present:

Mr D Binnie	Ms C Flanagan
Dr R Fairclough	Ms A MacDonald
Ms M McNeill	Prof. E Reynish
Ms J Tait	Dr J Turvill
Mr P White	

Officers Present from NHS Lothian/East Lothian Council:

Mr P Currie	Ms L Kerr
Ms R Laskowski	

Clerk:

Ms F Currie

Apologies:

Dr R Williams
Mr T Miller

Declarations of Interest:

Item 1 – Councillor O'Donnell, Councillor Kempson and Councillor Akhtar declared an interest as this item dealt with their re-appointment. They would leave the meeting for this item.

Item 1 – Paul White and David Binnie also declared an interest as the Third Sector and Carer representatives. However, their interests were not such that required them to be absent during this item.

Item 2 – Peter Murray and Councillor Akhtar declared an interest as this item deal with their appointment as Chair/Vice Chair. They would leave the meeting for this item.

1. RE-NOMINATION OF VOTING MEMBERS AND CHANGES TO NON-VOTING MEMBERSHIP OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

The Chief Officer had submitted a report informing the Integration Joint Board (IJB) of the re-nomination of voting members by East Lothian Council; and seeking the IJB's agreement to changes to its non-voting membership.

Peter Murray presented the report, in the absence of the Chair, and invited members to consider the recommendations.

David Binnie queried the wording of recommendation iii. He was advised that the recommendation sought to bring the term of office for all four of the specified non-voting member roles into alignment.

Paul White asked about increasing the non-voting membership of the IJB to include a representative from the Volunteer Centre. He was advised to raise with the issue with the Chair and, if considered appropriate, a report could be brought forward to a future IJB meeting.

The vote on the recommendations was taken by roll call:

Dr Patricia Donald	Agreed
Councillor Neil Gilbert	Agreed
Ms Fiona Ireland	Agreed
Mr P Murray	Agreed

Decision

The IJB agreed:

- (i) to 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) to appoint Prof. Emma Reynish as a non-voting member, to replace Dr Gourab Choudhury, for the maximum term of 3 years; and
- (iii) 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.

2. CHANGES TO CHAIR AND VICE CHAIR OF THE EAST LoTHIAN IJB

The Chief Officer had submitted a report inviting the IJB to agree the appointment of a new Chair and Vice Chair of the IJB.

Councillor Fiona O'Donnell presented the report and invited members to consider the recommendations.

Councillor O'Donnell also took the opportunity to thank officers and IJB members for their support during her tenure as Chair. She said she was pleased to be continuing as a voting member and she welcomed the appointment of both Mr Murray and Councillor Akhtar as Chair and Vice Chair.

The vote on the recommendations was taken by roll call:

Dr Patricia Donald	Agreed
Councillor Neil Gilbert	Agreed
Ms Fiona Ireland	Agreed
Councillor Susan Kempson	Agreed
Councillor Fiona O'Donnell	Agreed

Decision

The IJB agreed to:

- (i) note that Councillor Fiona O'Donnell was standing down as Chair with immediate effect;
- (ii) 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) the appointment of Peter Murray as Chair of the IJB for two years from 1 April 2021.

Mr Murray offered a vote of thanks to Councillor O'Donnell and reflected on her time as Chair and Vice Chair. He commended her steadfast commitment to doing what was best for the IJB in all circumstances. He also highlighted her efforts to help the IJB connect with the local community and to ensure that the voices of the less able or articulate were heard. Mr Murray said he was grateful for all she had done and for the support she had provided to him in his previous role as Chair. He also welcomed Councillor Akhtar noting that she would be an excellent replacement.

Councillor Akhtar echoed Mr Murray's remarks and said she was delighted to be taking up her new role and to be supporting Mr Murray and Alison MacDonald.

3. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 10TH DECEMBER 2020 (FOR APPROVAL)

The minutes of the meeting on 10th December 2020 were approved.

4. IJB AND AUDIT & RISK COMMITTEE MEETING DATES – SESSION 2021/22

The Chief Officer had submitted a report setting the dates of the IJB business meetings and development sessions and the meetings of the Audit & Risk Committee during session 2021/22.

The Clerk presented the report and invited members to consider the recommendations.

The vote on the recommendations was taken by roll call:

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

Decision

The IJB agreed:

- i. the dates for IJB business meetings during session 2021/22;
- ii. the dates for IJB development sessions during session 2021/22; and
- iii. the dates for the Audit & Risk Committee meetings during session 2021/22.

5. INDEPENDENT REVIEW OF ADULT SOCIAL CARE

The Chief Officer had submitted a report advising the IJB of the publication of the Independent review of Adult Social Care (ASC) to summarise the recommendations of the review and follow up actions.

Paul Currie presented the report outlining the background to the Review, the three aspects of change needed to improve delivery and the recommendations specifically concerning IJBs. He noted that there were a further 45 recommendations directed at the partners and there would be a need to scrutinise all of the recommendations from the Review more closely and to assess the implications for the East Lothian IJB.

Mr Murray acknowledged that some areas would be out with the gift of the IJB but he suggested that those, non-contentious matters within their remit could be accelerated. He said the IJB would have an important role to play delivering elements of the Review and it should also take the opportunity to question itself against the report and its findings.

Fiona Ireland said she had not had a chance to read the full report but based on Mr Currie's summary she felt that East Lothian had already taken considerable steps towards new thinking, especially in areas such as shifting the balance of care. She suggested that a development session on the Review findings and the role of the IJB would be of benefit. In the meantime, she proposed an amendment to recommendation 2.1 in Mr Currie's report suggesting that rather than *accepting* the report at this stage, the IJB should for the moment only be required to *note* it.

Marilyn McNeill said it was opportune to have the direction from the report in terms of services for the elderly and she welcomed the proposed rights and needs based approach.

Mr Binnie said it was important to view the report in its political context and to note that the anticipated costs did not take into account the impact of the pandemic. Nevertheless, he said carers universally welcomed the report as it contained everything they could wish for. He agreed with Ms Ireland's proposed amendment and suggestion of a development session.

Patricia Donald noted that a lot of teams would already have made some of the progress proposed under the 'Shift the Paradigm' heading. She emphasised the end to be sensitive to this and not patronise staff. She said there was merit in mapping where the IJB currently sits in relation to the recommendations as east Lothian was already far ahead in some areas.

Judith Tait welcomed the report, in her role as Chief Social Work Officer, and said that her social work colleagues would likely be supportive of many aspects. She thought it did well in highlighting what was not working as well as it needed to be but she

cautioned that some of the solutions proposed may have unintended consequences. There would be a need to consider and understand the implications of the recommendations.

Mr White welcomed the report and said he hoped it might encourage organisations in the social care sector to think more about themselves and the relationships they have with clients and others. He agreed that a lot of good work had happened already and that this should not be disregarded. He said that a development session would be very welcome.

Councillor O'Donnell said there was a lot to welcome in the Review and the recommendations. The prominence of carers in the review was especially welcome and also the recommendation regarding the workforce. She had some concerns about the proposal for a National Care Service as she felt decision-making would be better done locally rather than centrally. She looked forward to further clarity from Government regarding funding and local accountability.

Alison MacDonald said that it was important to bring this report to the IJB as it would be influencing the direction of travel for several years to come. She acknowledged that progress had already been made in many areas and the importance of maintaining a clear focus on the people at the centre of these services. She also agreed with the suggestion of a development session.

Councillor Akhtar said it was a really powerful report but that they should not lose sight of people at the centre of these services. She welcomed the human rights based approach and agreed on the need for local decision-making and accountability.

Ms Ireland proposed an amendment to the recommendation 2.1 of the report: that the word 'accept' be replaced by 'note'. This motion was seconded by Dr Donald.

The vote on the amendment was taken by roll call:

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

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

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

Decision

The IJB agreed:

- i. to note the report of the Independent Review of Adult Social Care;

- ii. 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; and
- iii. that following a formal assessment of the Review a report will be provided to the IJB to present the next steps.

6. FINANCIAL UPDATE 2020/21

The Chief Finance Officer had submitted a report providing an update to the IJB on its projected year end out-turn, undertaken by both the IJB partners at Quarter 3 and Month 9, with the positions yet to be formally concluded and reported by the partners.

This forecast from both IJB partners has taken into account Covid-19 additional funding that has been confirmed. The report also acknowledged the headline content of the recent Scottish Government (SG) budget announcement and the consequences for the IJB.

Ms Flanagan presented the report summarising the position in the health and social care budgets and confirming that regular dialogue continued with the partners. She referred to continuing challenge with reporting due to changing circumstances but advised members that these forecasts now included additional Covid-19 funding made available by SG. She was able to offer good assurance that the IJB would breakeven for 2020/21 and the current projected overspend was simply an issue of timing related to funding flowing through the system.

Ms Flanagan advised members that the recent SG budget announcement had confirmed further additional funding in 2021/22 of which the East Lothian IJB could expect a share amounting to £1.3m. This money is to be passed in full to the IJB via the local authority. She said she was aware of East Lothian Council's draft budget proposals which would be voted on next month and that NHS Lothian was currently finalising its proposals for 2021/22. She would provide a further report to the IJB once she had indicative figures and final proposals from both partners.

Responding to questions from members, Ms Flanagan provided further detail on when the IJB could expect indicative figures and final offers from both partners. She said that budgets automatically roll over each year which meant that she did have some idea of what to expect although the formal offers may adjust this slightly. She reminded members that the IJB had a 5 year rolling financial plan so the annual budget agreement process should not hinder progress against Directions. Ms Flanagan confirmed that the local demographic was factored into the budget process which adopted a bottom-up approach. She added that as NHS Lothian was below NRAC parity it would receive additional funding.

The Chair welcomed the report and in particular the announcement of increased investment in mental health and primary care services.

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.

7. COVID-19 VACCINATION PROGRAMME – SBAR REPORT

The Chief Officer tabled a SBAR report informing the IJB of progress with the Covid-19 vaccination programme in East Lothian.

Ms MacDonald presented the report outlining progress in key areas: at the vaccination centres at Queen Margaret University and the Community Hospital; the staff vaccination programme, the over 80s, 75-79 year olds and the clinically vulnerable; and the housebound over 80s. She said that the programme represented an outstanding collaboration across all sectors and she offered her thanks to all of those involved, particularly Council staff and volunteers working in the vaccination centres. She advised that vaccinations were being rolled out as supplies were received but there was capacity to increase the pace of roll-out as supply allowed.

Ms MacDonald responded to questions from members regarding the possibility of a formal acknowledgement for volunteers once the process was over, whether particular vaccines were targeted at particular age groups, if reasons for refusal of the vaccine were recorded, and whether further work was required on 'myth busting' to encourage take up.

Both Dr Donald and Dr Turvill welcomed the figures but acknowledged that there had been teething problems and bumps in the road. On the issue of formal recognition for volunteer vaccinators, they maintained that it was an enormous privilege to be involved in such important work and that this was sufficient reward for many volunteers.

Richard Fairclough said it was a good collaborative effort and he and his colleagues were pleased to play a small part in the programme. He noted that supply had sometimes been a concern but that this had been overcome. He said that additional national messaging around where people should go and who they should contact would be welcome.

Referring to earlier questions, Dr Turvill said that it was often hard for people to understand those who would refuse the vaccine but there were campaigns of disinformation and those arguments had to be refuted where they existed.

Ms Ireland commented on messaging noting that there was information provided centrally through NHS Inform and the national helpline. Enquiries to the national helpline were forwarded to local helplines and more infrastructure was being put in place to support the local helpline in Lothian. A FAQs document had also been produced and they were looking at how best to share this with the general public.

Ms MacDonald thanked members for their contributions and questions. She said it was important that the IJB was sighted on this programme as it would be going on for some time to come.

The Chair also thanked members and offered her thanks to all those involved in the roll out of the programme.

Decision

The IJB agreed to:

- i. note the progress made in establishing and making good progress in delivering the COVID-19 Vaccination Programme in East Lothian, in line with Scottish Government policy; and
- ii acknowledge the important support to the vaccination programme provided by HSCP staff, East Lothian Council staff, volunteers and partners and their role in maintaining safe and effective vaccine service provision.

DRAFT

Signed

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Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board



MINUTES OF THE SPECIAL MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 22nd APRIL 2021
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:

Mr P Murray (Chair)
Councillor S Akhtar
Councillor F O'Donnell
Councillor N Gilbert
Ms F Ireland
Councillor S Kempson
Dr R Williams

Non-voting Members Present:

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

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Ms C Goodwin	Ms L Kerr
Ms R Laskowski	Ms G Neil
Ms J Odgen-Smith	

Clerk:

Ms F Currie

Apologies:

Dr P Donald
Mr T Miller
Prof. E Reynish

Declarations of Interest:

None

1. IJB BUDGET OFFERS FROM PARTNERS 2021/22

The Chief Finance Officer had submitted a report presenting the IJB with confirmation on the formal budget offers from East Lothian Council and NHS Lothian to the East Lothian IJB for 2021/22.

Claire Flanagan presented the report. She outlined the formal budget offers from both Partners highlighting where these included additional funding from the Scottish Government and any commitments attached to this funding, such as payment of the Living Wage and implementation of the Carers' Act. She advised members that in total this amounted to a budget offer of £165M for the IJB. However, this was unlikely to be sufficient to meet all of the pressures in the delegated services and local efficiency plans would be required to ensure that the IJB achieved a balanced financial position in 2021/22. In line with the integration scheme, she invited members to consider whether this amounted to a 'fair and adequate' offer.

Ms Flanagan responded to questions from members. In reply to a question from the Chair, she agreed that non-recurring funding for payment of the Living Wage was not helpful and posed a financial risk for future years. While she was confident that they had secured the second tranche of funding for the current year, further work was required to make this part of baseline funding going forward.

Richard Williams asked whether the offer could be considered adequate or fair if neither Partner was providing sufficient funding to meet pay uplifts in full but still expected the IJB to honour its commitment to payment of the Living Wage.

Ms Flanagan confirmed that there had been a 1.5% uplift in the NHS Lothian offer and negotiations remained ongoing regarding its staff pay deal as part of 'Agenda for Change'. Correspondence from the Scottish Government highlighted the potential for a further funding allocation once this deal had been finalised. However, the Council's offer did not include additional money to meet any pay uplift and the IJB would be expected to manage this locally. She pointed out that both offers were in line with national guidance and that they must be considered in the context of the significant financial constraints faced by both Partners. While they may not be seen as wholly adequate, on balance, she believed they were fair and she would recommend that the IJB accept these offers.

Councillor O'Donnell asked if all funding allocations from the Scottish Government, e.g. to cover the pay uplift, had been passed on to the IJB and whether the current balloting of staff on a proposed pay deal presented a risk to the IJB. She also asked when Integrated Impact Assessments (IIAs) would be carried out in relation to the budget offers.

Ms Flanagan advised that the Council's offer was a flat cash offer rolled over from previous years and did not include any additional money for pay. Extra funding from the Scottish Government was being passed on but it had commitments attached, such as payment of the living wage. She confirmed that IIAs would be carried out once the budget offer had been agreed and the IJB had allocated a financial resource to each of its Directions.

In response to a further question from Councillor O'Donnell, Ms Flanagan advised that she would continue to monitor progress with the local government settlement via national networks and any potential impact for the IJB.

Alison MacDonald said that a great amount of work had been done nationally and that the offers the IJB had received were in line with the national position. She added that

she and Ms Flanagan would continue to work and engage with the Partners regarding staff pay uplifts.

The Chair observed that it was a hugely challenging subject for lay people to get to grips with and to forecast future impacts or outcomes. Nevertheless, he was reassured that both Ms Flanagan and Ms MacDonald had, through a thorough assessment, brought the IJB to a position where it could agree the budget offer while acknowledging that there remained some unknowns.

The Chair thanked members for their contributions and emphasised the importance of recording their concerns.

The vote on the recommendations was taken by roll call:

Mr P Murray	Agreed
Councillor S Akhtar	Agreed
Councillor N Gilbert	Agreed
Ms F Ireland	Agreed
Councillor S Kempson	Agreed
Councillor F O'Donnell	Agreed
Dr R Williams	Agreed

Decision

The IJB agreed to:

- (i) accept the final budget offer from East Lothian Council for 2021/22; and
- (iii) accept the final budge offer from NHS Lothian for 2021/22.

Signed

Mr Peter Murray
Chair of the East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 24 June 2021

BY: Chief Officer

SUBJECT: Community Transformation Programme, Adults with Complex Needs Under 65

4

1 PURPOSE

- 1.1 To inform the Integrated Joint Board of the principles and strategy to deliver the recommendations of the Community Transformation programme which encompasses day opportunities for adults with complex needs.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- Agree the principles set out in 3.2; and
 - Agree the strategy set out in 3.3 and note that the proposals will be brought to IJB in September 2021.

3 BACKGROUND

- 3.1 The Community Transformation Programme was presented at an IJB Development session in May 2021 in order to provide the IJB with an opportunity to discuss and consider the options for delivery of the recommended model and consider the wider financial and policy implications. The discussion paper is attached in the appendices.
- 3.2 The proposed key principles underpinning future day service from April 2022 are:
- Commissioned to deliver local services, based on individual needs and assessed outcomes, shifting the balance of service delivery to the community and making the best use of the potential of Self Directed Support
 - Reduction in carer stress
 - Provided within East Lothian unless there is a clear rationale for using out of area services

- Building based services to be delivered to those only with the most complex needs which will be established by agreed criteria
- Effective governance arrangements, for both internal and externally provided services, based on genuine partnerships with third sector, social enterprises and communities which ensure high quality innovative day opportunities making effective use of community assets

3.3 The proposed strategy to deliver the service model is in two linked phases, firstly a review of existing assets to identify areas for redistribution of investment which will then facilitate investment in community models from April 2022.

3.3.1 Asset review:

- Bring forward proposals to redistribute investment in high cost service arrangements (e.g. Transport) from April 2022 to allow for investment in community based approaches; discussions are already underway with East Lothian Council fleet services
- Complete an options appraisal for future building based services for adults with complex needs under 65. This process will ensure full engagement of users, carers, providers and ELHSCP staff, in firstly developing the options and then carrying out an appraisal of these. This will include an Integrated Impact Assessment.

3.3.2 Community models:

- Carry out an evaluation of the pilot 'Resource Co-ordinator' service and finalise service design and costs for commissioning a service from April 2022
- With East Lothian Works and the Local Employability Programme, develop employability support models for young adults with complex needs and finalise service design and costs for commissioning a service from April 2022
- Finalise service design and costs for commissioning community based mental health support and employability support from April 2022
- Finalise proposals for the purchase and implementation of a digital travel app which will support independent travel

4 POLICY IMPLICATIONS

4.1 There are a number of policy and process that will need to be put in place by the HSCP to facilitate the implementation of the proposed model and programme recommendations.

- Development and endorsement of a policy which delivers local services, matched to assessed need across East Lothian, or an offer of equivalence, within the framework of Self Directed Support

- Development and endorsement of an associated transport offer
 - Updating the eligibility policy taking into consideration the recommendations from the Independent Review of Adult Social Care and any implications for charging.
 - The emerging national strategy “Learning/Intellectual Disability and Autism: Recovery and Transformation Plan”
 - Development of a Transitions policy and protocol
 - It is also recognised that the ongoing delivery of this programme of work will have a relationship with other HSCP improvement programmes including the redesign of social work services, and the improvement of the client information system
 - Development of new commissioning approaches for example Public Social Partnerships (see appendices for further information)
- 4.2 The Scottish Government approach to the implementation of the Feeley report, the Independent Review of Adult Social Care, is awaited. However all of the programme proposals align with the principles and ambitions of the report, including a shift to preventative models, community based support and new approaches to commissioning.

5. INTEGRATED IMPACT ASSESSMENT

- 5.1. An initial Integrated Impact Assessment was carried out. There is requirement for the Transformation Programme to undertake a further Integrated Impact Assessment, in relation to the options appraisal. Recent training has increased capacity for this to be carried out internally, with the support of Healthcare Improvement Scotland.

6 DIRECTIONS

- 6.1. The relevant direction for this programme of work are:

D02j Transitions for Young People into Adult Services
 D18d Shared Lives Service Implementation
 D18g Adults with Complex Needs Review

7. RESOURCE IMPLICATIONS

- 7.1 Financial – when the programme was commissioned there was no expectation that it would deliver financial efficiencies; rather the aim was to redesign services to increase capacity and flexibility to meet growing demand, ensure cost avoidance and deliver best value.
- 7.1.1 The total expenditure on day services for under 65 in 2018/19 was circa £4 Million and is complex; SDS allows people to make a choice about how they arrange support. It can be a direct payment, funding allocated to a provider of choice, the council can arrange a service, or an individual can choose a mix of options. There are different funding and contractual arrangements for commissioned providers– some are block funded,

some are charged per client, and there are different funding systems for transport for many of these arrangements.

7.1.2 The increased cost of delivering the current adapted service model is forecast to be an additional £330k in 2021/22, due to the impact on the additional care at home spend required to support those with a Learning Disability or Mental health needs who have been assessed as amber or green and this pressure will continue whilst services have to adhere to physical distancing and infection and control measures.

7.1.3 Year on Year costs associated with Transitions and the National and Scottish specific statistics and returns such as National Statistics, Pupils in Scotland, published annually by the Scottish Government suggest an average of 25 young adults a year requiring assistance from adult social care.

There has been 1 individual per year with extremely complex needs, and our understanding of the emerging picture is that we should anticipate this being an ongoing and recurring situation. The care arrangements for some of these young adults is in the region of £300,000+ per annum per person.

Current Financial Implications of Transitions

Year	No. of Young Adults who Transitioned	Full Year Costs
2019/2020	21 who required service	750,192
2020/2021	18 who required service	680,225
2021/2022	32 (referrals)	Indicative costs to date £350,000
2022/2223	11 identified to date	Indicative costs to date £360,000

7.1.4 In April 2021 the IJB Budget Development Session highlighted a number of financial pressures and proposed a number of service transformation ideas: including service redesign in line with the proposed service model; opportunity to reduce use of internal transport services for Resource Centres and some older people services as well as future cost avoidance: projections of the statistically reported growth in the young adult population of individuals with learning disability, indicate an estimated 10% pressure year on year arising from transitions.

7.2 **Personnel** – Staff (5) from adult resource centres are currently redeployed to deliver the pilot Resource Co-coordinator Service for people with Learning Disabilities.

7.3 **Other – Internal Services**

As discussed in the presentation to the IJB development session on 28th January 2021 consideration is required in relation to the continued delivery of internal services, at the reported higher cost, or agreement that ELHSCP seek to outsource services to the third sector market, and reinvest the released revenue into the proposed blended models of service delivery. Direct Service provision does allow the HSCP a level of security through the knowledge of an available service to those for whom other service providers have been unsuccessful and historically internal services support those with the most complex needs. However, for complete transparency in our forthcoming commissioning, it is necessary to reflect that this comes at additional cost. This will be considered in the Options Appraisal process.

7.3.1 Transport – Within the Health and Social Care Partnership transport has been utilised in the form of private taxi contracts or buses provided by ELC fleet services to support service users to predominantly access older people lunch clubs or adult day services.

Historically, ELC fleet services have provided the majority of transport for those service users accessing building based services at a cost of circa £500,000 per annum.

Prior to COVID, approximately 92 service users were using transport to access both Learning Disability and Older People services on a weekly basis and buses were also used to support service users to access activities.

Since the outbreak of COVID-19, the lunch clubs and adult day's services were closed and a centre based service was only provided at Port Seton and Tynebank for those assessed at the highest risk, however we continue to pay for fleet services. Tynebank and Port Seton Resource Centres continue to access council transport approximately 10 hours per week for 5 service users. This is a weekly cost of £6,681pw.

As it is likely that services will change, this will have a direct impact on the level and type of transport required and as identified within the recommendations the provision of transport needed to be reviewed and in order to meet the wider objectives to meet delivery of community hubs, integrating people within their local communities, alternative community based transport models will need to be developed and commissioned to include more supported and independent travel opportunities.

ELC Fleet services are committed to vehicle contracts until 2023, however, an early release from this arrangement would free up revenue for re-investment into alternative community based services. However, it is recognised any decision to give notice on the current arrangement will have financial and employer impacts for East Lothian Council.

8 BACKGROUND PAPERS

8.1 See appendices:

1. IJB development session paper
2. Transformation Programme recommendations

AUTHORS NAMES	Gillian Neil & Christine Johnston
DESIGNATION	General Manager, Learning Disability & Mental Health/ Planning & Performance Manager
CONTACT INFO	Email cjohnston5@eastlothian.gov.uk
DATE	8 June 2021

APPENDIX 1: PAPER PRESENTED TO IJB DEVELOPMENT SESSION

REPORT TO: East Lothian IJB Development Session

MEETING DATE: 27 May 2021

BY: **GILLIAN NEIL**
GENERAL MANAGER, LEARNING DISABILITY,
MENTAL HEALTH AND SUBSTANCE USE SERVICES

SUBJECT: **COMMUNITY TRANSFORMATION PROGRAMME,**
ADULTS WITH COMPLEX NEEDS UNDER 65

1 PURPOSE

- 1.1 *To inform the Integrated Joint Board of the work undertaken through full community and stakeholder engagement to deliver a model for the transformation of community based services.*
- 1.2 *To provide the IJB with an opportunity to discuss and consider the options for delivery of the model of and range provision, with associated financial and policy considerations*
- 1.3 *To discuss the longer term impact of COVID-19 on the delivery and cost of community day services for both under and over 65s.*

2 RECOMMENDATIONS

The IJB development session is asked to:

- *consider the range of options available to deliver/ implement the recommendations*
- *consider the limitations and implications which may apply.*

3 BACKGROUND

3.1 *The Community Transformation Programme was commissioned to consider services for adults with complex needs under 65 in 2018 because of:*

- *Feedback from service users and carers regarding the limitations of the existing service options and choice within East Lothian, causing growth in the preference of individuals and/or families to secure services out with the county*
- *Limitations of services to offer meaningful activity, denying people the opportunity of employment or other means of contributing to society*
- *Limitations of services to meet aspirations and ambition of individuals and their families, and difficulty in delivering personal outcomes*
- *Limited means of personal development to allow independence from services*

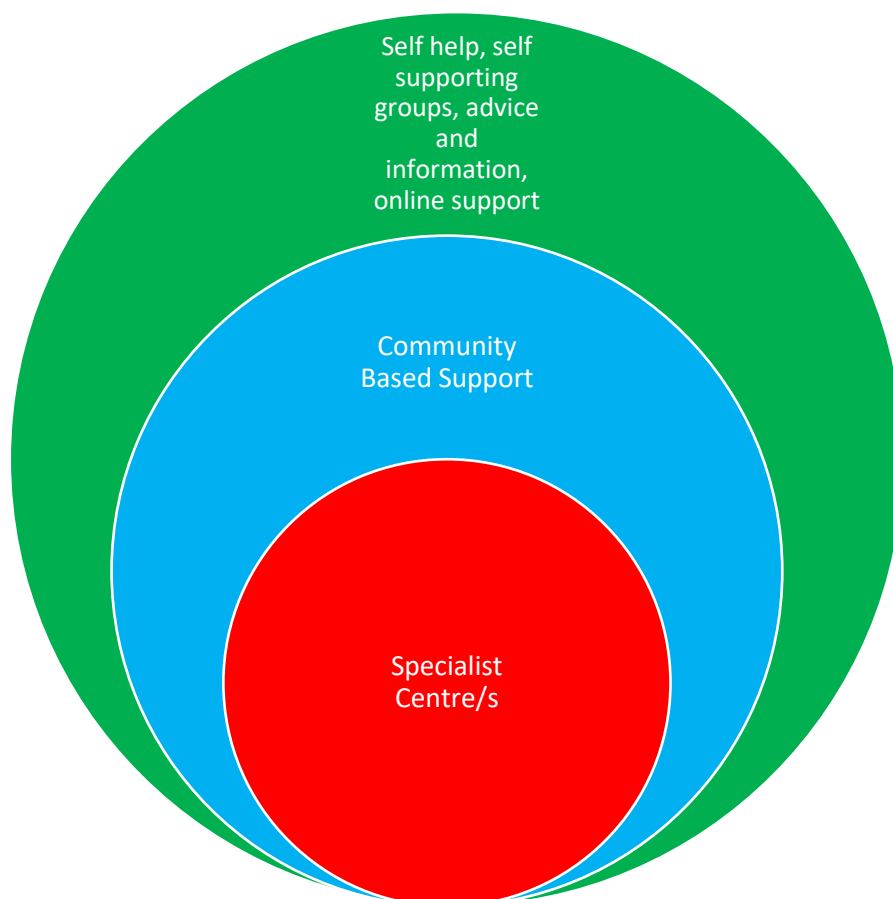
- *Increased demand and finite capacity of day services and forecasted demographic growth*
- *Year on year pressure to meet needs of young people in transition*
- *Increased cost of transport arrangements without any increase in accompanying flexibility*
- *Outdated model providing mainly building based services.*
- *Deficit based and risk averse model of service*
- *Reduction in availability of service outwith East Lothian as neighbouring HSCPs seek to respond to the needs of their own populations*
- *Lack of control or ability to reduced exposure to financial pressure*

3.2 *The original scope of the programme was for people over 16 with Learning Disabilities, Physical Disabilities, Sensory Impairment, Mental Health support needs and Autism who attended community day services. Since the COVID-19 pandemic, Older People's day services has now been included as an additional strand of work within the programme, to reflect cross cutting themes of community capacity, resources, transport and commissioning models. Older People's day services are considered in a separate paper.*

3.3 *Since the Transformation Programme commenced at the end of 2018, a range of work has been completed including:*

- *Comprehensive needs assessment and data analysis*
- *Extensive programme of community engagement and consultation*
- *Capacity building with providers*
- *Negotiation of outcome and final recommendations and service model (using the 'double diamond' approach) with both the Reference and Engagement Group and Change Board for Adults with Complex Needs*
- *Exploration with the iHub (Improvement Hub of Healthcare Improvement Scotland) on service design and to develop new commissioning models.*

3.4 Proposed service model



- 3.4.1 *The diagram gives an overview of the proposed model. There are three main layers which fit together; the change required is about shifting the balance between these layers. The vision is to have supports which allow people to move towards being as independent of services as possible. Therefore the green outer ring, which is for everyone with complex needs, is focused on advice, information and self-help and would not be commissioned by ELHSCP. These may also be self-supporting groups, or social activities within particular communities, or with specific groups. Many of these services already exist but often people with complex needs require support to be linked in with them locally.*
- 3.4.2 *This is complimented by community based support, which forms the blue middle ring on the diagram. This element of support will be based in new community hubs and spaces across East Lothian. It will be a mix of vocational and social based activities, groups, creative and educational focused input, and self-help and enablement.*
- 3.4.3 *Thirdly, a specialist centre, or centres, will be available for those who need some buildings based support. This may be for people with profound and multiple complex needs, very complex learning disabilities, or autism and for people with behavioural challenges or those with a physical disability/degenerative condition for whom building based support is necessary.*

- 3.4.4 *The proposed model aligns with national policies and guidance (these are highlighted in the needs assessment) and the strategic plan for the Partnership including a focus on early prevention and intervention; reducing isolation; promoting self-directed support; addressing health inequalities; working with people to maintain, improve or maximise independence; and building capacity in the community using a 'Place Based' approach. The proposals also align with the recommendations from the Independent Review of Adult Social Care.*
- 3.5 *Planning regarding bridging funding to be put in place to facilitate the shift to the new model were in the advanced stages and were due to be reported to SPG/IJB in March 2020; this did not happen because of COVID-19.*
4. **Impact of COVID-19**
- 4.1 *The onset of the global pandemic has accelerated the move to more community based services, one of the core recommendations of the Community Transformation programme. However, commissioned community supports continue to face challenges in their delivery of services as result of the COVID-19 pandemic. The infection control requirements have led to a reduction in the physical numbers of both service users and staff in building based services. Initially the assumption was that the changes as a result of COVID-19 would be short term but as the pandemic continues it is clear that the planning assumption has to be that these requirements will need to be in place for a considerable period of time.*
- 4.2 *The Strategic Planning Group agreed in November 2020 to support continuation of funding to community support providers as per their contractual agreement for 2020/21 in order to support their immediate sustainability. Any decline in the availability of community service provision would only create further pressure on families and carers, the care at home workforce and the care at home budget.*
- 4.3 *In response to COVID-19 a further needs analysis was undertaken including a comprehensive analysis of all service users who previously received day support services noting their permanent Packages of Care, interim arrangements and associated costs. Users were 'RAG' rated (red, amber, green. Red equating to highest risk) to establish those with the highest level of need. Users were mapped across the Connected Community areas.*
- 4.4 *This included analysis of current provision against commissioning agreements in light of Scottish Government guidance and liaison with providers to support them to reshape services. Providers are largely offering alternative services to their traditional buildings based services enabling critical respite, 1:1 support in the community where safe and reduced capacity of buildings based services for critical cases only. 4.5 There has been a significant reduction in people attending buildings*

based services: the internal Resource Centre services are operating at 45% occupancy. Mental Health community providers have predominantly adapted to providing digital supports but there is growing evidence of extensive unmet need in the community.

- 4.5 A pilot 'Resource Co-ordinator' service has been implemented for people with Learning Disability under 65: Funding for this role was agreed in October 2020 by the Financial Overview Group as part of the remobilisation fund. The amount agreed for 20/21 was £37k and £155k for 21/22. These roles were a key recommendation of the Community Transformation programme and will help to identify potential community spaces, and organisations that could be used for meaningful activity to meet personal outcomes when lockdown and COVID restrictions are eased. Immediate need and opportunity identified in the first instance for a Resource Co-ordinator role to support outcomes of people with Learning Disability who no longer require building based services – reconnect with friendships, building community connections and capacity, maintaining skills and interests, opportunity to develop new ones and complement existing community provision. Four Day Service Officer staff and a Senior Day Service Officer from internal Learning Disability day services have been given the task of gathering in depth intelligence on green and amber service users and will use this to help shape plans for what community resources will be required and shape the model of service provision to be used in commissioning.*
- 4.6 The next piece of work for the Resource Coordinators will focus on asset mapping of available resources e.g. spaces in the community and the development of small test for change sites in the community. This initially will take place in Tranent, Port Seton and Gosford due to recent core and cluster housing and requirement for support. This will involve close links with the Connected Communities Managers along with third sector colleagues including community provision and care at home/housing support. Once this work is completed the most appropriate contractual arrangements with our community providers will be decided in partnership with all stakeholders. Another strand of work is to explore barriers to supported travel and the options to address this, including investment in a digital application.*
- 4.7 The final piece of work for the Resource Coordinators will be to gather further intelligence about service users who access externally commissioned community supports to explore how supports could be developed locally and to connect people with similar interests. This will be completed by November 2021.*
- 4.8 COVID-19 has had a major impact on mental health and the demands on services have increased significantly. Emerging evidence from the Health Foundation reveals a widening of pre-existing inequalities in mental health and suggests that COVID-19, and the response to the pandemic, could have a significant impact on mental health through increased exposure to stressors. Additional investment in community mental health support is required urgently and services need to be reshaped to meet increasing demand and complexity. A Mental Health review is underway and there needs to be a greater level of*

understanding and partnerships between the third sector and statutory services.

- 4.9 Community services for people with mental health support needs have definitely adapted well with a 'blended ' approach, delivering significant levels of service via video conferencing, telephone or socially distanced services with high levels of satisfaction reported from many users. However this has put pressure on staffing resources and some people's isolation has increased significantly. The ongoing development of services will reflect on lessons learned from the pandemic and it will be necessary to continue with a blended model for this user group.*
- 4.10 Extending Shared Lives is key pillar of developing new day opportunities for all groups and a recruitment campaign for new carers is planned for June 2021. Shared Lives carers are self-employed but supported by Partnership. Shared Lives is a form of community/family based model of care that provides long term, short breaks and day support within Shared Lives Carer's homes. It is based on relationships, sharing family, social networks and community life and delivers safe and highly personalised care and support.*
- 4.11 The employment market has been drastically affected by COVID. The programme team are working with East Lothian Works to develop new models for supporting adults with complex needs into paid employment. This includes young people who are leaving children's services and considering how to meet the 'No-one left behind' agenda, the Scottish Government's strategy to deliver more effective and joined-up employability support across Scotland.*

5 ENGAGEMENT

- 5.1. An extensive two year engagement programme was undertaken to engage with relevant stakeholders from September 2018 to current, through questionnaires, consultation events and themed workshops. A wide range of users, carers and stakeholders attended these events held throughout East Lothian and the outputs from this engagement was core to shaping the proposed model of service.*
- 5.2 A Reference and Engagement group continues to meet to provide guidance on the programme of work and the group signed off the recommendations and proposed model*
- 5.3. Since COVID, additional engagement with carers has taken place with the support of Carers of East Lothian.*
- 5.4 There is commitment for additional support for engagement activities from partners in Healthcare Improvement Scotland, Carers of East Lothian and other third sector providers.*
- 5.5 In addition Planning & Performance are currently commissioning a further piece of work with an external provider to carry out additional engagement work focussing on communities and recognising the important role of the Health & Wellbeing groups of the Area Partnerships. The programme team are committed to working in partnership with the 3rd sector and communities.*

6 POLICY IMPLICATIONS

- 6.1. *There are a number of policy and process that will need to be put in place by the HSCP to facilitate the implementation of the proposed model and programme recommendations.*
- *Development and endorsement of a policy which delivers local services, matched to assessed need across East Lothian, or an offer of equivalence, within the framework of Self Directed Support*
 - *Development and endorsement of an associated transport offer*
 - *Updating the eligibility policy taking into consideration the recommendations from the Independent Review of Adult Social Care and any implications for charging.*
 - *The emerging national strategy “Learning/Intellectual Disability and Autism: Recovery and Transformation Plan”*
 - *Development of a Transitions policy and protocol*
 - *It is also recognised that the ongoing delivery of this programme of work will have a relationship with other HSCP improvement programmes including the redesign of social work services, and the improvement of the client information system*
 - *Development of new commissioning approaches for example Public Social Partnerships (see appendices for further information)*
- 6.2 *The Scottish Government approach to the implementation of the Feeley report, the Independent Review of Adult Social Care, is awaited. However all of the programme proposals align with the principles and ambitions of the report, including a shift to preventative models, community based support and new approaches to commissioning.*

7 INTEGRATED IMPACT ASSESSMENT

- 7.1. *An initial Integrated Impact Assessment was carried out and is contained within the electronic document pack. There is requirement for the Transformation Programme to undertake a further Integrated Impact Assessment, which will consider the issues raised at the development session and in the planned consultation events. Recent training has increased capacity for this to be carried out internally, with the support of Healthcare Improvement Scotland.*

8 DIRECTIONS

- 8.1. *The relevant direction for this programme of work are:*

D02j Transitions for Young People into Adult Services

D18d Shared Lives Service Implementation

D18g Adults with Complex Needs Review

9 RESOURCE IMPLICATIONS

9.1 **Financial** – when the programme was commissioned there was no expectation that it would deliver financial efficiencies; rather the aim was to redesign services to increase capacity and flexibility to meet growing demand, ensure cost avoidance and deliver best value.

9.1.1 The total expenditure on day services for under 65 in 2018/19 was circa £4 Million and is complex; SDS allows people to make a choice about how they arrange support. It can be a direct payment, funding allocated to a provider of choice, the council can arrange a service, or an individual can choose a mix of options. There are different funding and contractual arrangements for commissioned providers– some are block funded, some are charged per client, and there are different funding systems for transport for many of these arrangements.

9.1.2 The increased cost of delivering the current adapted service model is forecast to be an additional £330k in 2021/22, due to the impact on the additional care at home spend required to support those with a Learning Disability or Mental health needs who have been assessed as amber or green and this pressure will continue whilst services have to adhere to physical distancing and infection and control measures.

9.1.3 Year on Year costs associated with Transitions and the National and Scottish specific statistics and returns such as National Statistics, Pupils in Scotland, published annually by the Scottish Government suggest an average of 25 young adults a year requiring assistance from adult social care.

There has been 1 individual per year with extremely complex needs, and our understanding of the emerging picture is that we should anticipate this being an ongoing and recurring situation. The care arrangements for some of these young adults is in the region of £300,000+ per annum per person.

Current Financial Implications of Transitions

Year	No. of Young Adults who Transitioned	Full Year Costs
2019/2020	21 who required service	750,192
2020/2021	18 who required service	680,225
2021/2022	32 (referrals)	Indicative costs to date £350,000
2022/2223	11 identified to date	Indicative costs to date £360,000

9.1.3 *In April 2021 the IJB Budget Development Session highlighted a number of financial pressures and proposed a number of service transformation ideas: including service redesign in line with the proposed service model; opportunity to reduce use of internal transport services for Resource Centres and some older people services as well as future cost avoidance: projections of the statistically reported growth in the young adult population of individuals with learning disability, indicate an estimated 10% pressure year on year arising from transitions.*

9.2 **Personnel** – *Staff from adult resource centres are currently redeployed to deliver the pilot Resource Co-coordinator Service for people with Learning Disabilities*

9.3 **Other – Internal Services**

As discussed in the presentation to the IJB development session on 28th January 2021 consideration is required in relation to the continued delivery of internal services, at the reported higher cost, or agreement that ELHSCP seek to outsource services to the third sector market, and reinvest the released revenue into the proposed blended models of service delivery. Direct Service provision does allow the HSCP a level of security through the knowledge of an available service to those for whom other service providers have been unsuccessful and historically internal services support those with the most complex needs. However, for complete transparency in our forthcoming commissioning, it is necessary to reflect that this comes at additional cost.

9.3.1 **Transport** – *Within the Health and Social Care Partnership transport has been utilised in the form of private taxi contracts or buses provided by ELC fleet services to support service users to predominantly access older people lunch clubs or adult day services.*

Historically, ELC fleet services have provided the majority of transport for those service users accessing building based services at a cost of circa £500,000 per annum.

Prior to COVID approx. 92 service users were using transport to access both Learning Disability and Older People services on a weekly basis and buses were also used to support service users to access activities.

Since the outbreak of COVID-19, the lunch clubs and adult day's services were closed and a centre based service was only provided at Port Seton and Tynebank for those assessed at the highest risk, however we continue to pay for fleet services.

Tynebank and Port Seton Resource Centres continue to access council transport approximately 10 hours per week for 5 service users. This is a weekly cost of £6,681pw.

As it is likely that services will change, this will have a direct impact on the level and type of transport required and as identified within the recommendations the provision of transport needed to be reviewed and in order to meet the wider objectives to meet delivery of community hubs, integrating people within their local communities, alternative community based transport models will need to be developed and commissioned to include more supported and independent travel opportunities.

ELC Fleet services are committed to vehicle contracts until 2023, however, an early release from this arrangement would free up revenue for re-investment into alternative community based services. However, it is recognised any decision to give notice on the current arrangement will have financial and employer impacts for East Lothian Council.

10 BACKGROUND PAPERS

10.1 See appendices

Transformation recommendations

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DATE	<i>25 May 2021</i>

Appendix 2:

Programme Recommendations under 65

1. *Develop specialist services that require building bases. These will have extended opening hours for people with complex needs. The buildings based services will be open to those with profound and multiple disabilities, people with complex physical disability who may require rehabilitation and people with LD and/or autism who require safe physical spaces to express themselves. This will involve developing a highly skilled workforce who are able to maximise the inclusions of individual users of service.*
2. *With partner providers develop new and/ or build on existing community based hubs with, where appropriate, particular focus for certain groups. This will include individuals with mental health support needs to ensure a range of provision across different geographical locations. All new developments are to be fully accessible. All business models needs to be compliant with the rage of SDS options, including individual budgets. Feedback has consistently been that people want to develop and maintain friendships and social contact. People also want to have opportunities for meaningful activity and to be able to do this in community settings.*
3. *Develop employment and vocational services. There needs to be a range of options such as evidence based programmes e.g. Project Search and/or IPS (Individual Placement Support). There also needs to be opportunities for paid and non-paid opportunities with flexible responses that maximises peoples' chances to develop skills.*
4. *Resource Co-ordinators to be created to help people access opportunities which build skills for independence. These supports need to be county wide and develop effective and engaged relationships with localities.*
5. *Work with Area Partnerships and East Lothian Council to identify assets, for example land or buildings, through the use of community benefit clauses. These and other opportunities need to support the development and sustainability of community groups.*
6. *All support services to develop flexible and high quality sustainable workforces. This needs to include an extension to core business hours.*
7. *All providers to be supported to collaborate in the development of a skilled and high quality workforce across the county. This will include the development of quality standards for the knowledge and skills base that we aspire to for services working in East Lothian, in line with the agreed principles for this change programme.*
8. *The provision of transport to be reviewed and to be a development of policy to ensure policy is equitable and applicable for all. Alternative community based transport models will be developed and commissioned to include more supported and independent travel opportunities.*
9. *A One Stop Shop Model for advice and information to be developed in partnership with the third sector and community groups. The purpose is to*

provide additional ways of accessing advice, info and support across East Lothian, with the option to attend drop-in sessions or to meet with staff as well as an on-line facility.

- 10. A continued involvement and commitment to engage with carers and people who use community services. Through the implementation of the Carers Act support the involvement of carers across the change programme.*
- 11. Hold the right reviews, by the right person at the right time. People using day supports and services will be reviewed timeously in response to a change in circumstances or as part of a regular review to ensure that outcomes are being met. All reviews will adopt a more co-ordinated approach to avoid duplication and will involve the individual and in line with their preferences, relevant others.*
- 12. Work with a range of stakeholders, service users and carers to develop a best value quality assurance group, which will inform continuous evaluation and feedback, to support improvement on an ongoing basis.*
- 13. Develop a commissioning model(s) that maximises the outcomes for individuals and or communities and supports partnership development. Examples of this are Public Social Partnerships, Light touch Commissioning, Alliance Contracting.*



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 24 June 2021

BY: Chief Officer

SUBJECT: Community Transformation Programme, Adults with
Complex Needs Over 65

5

1 PURPOSE

- 1.1 To inform the Integrated Joint Board of the principles and strategy to deliver the recommendations of the Community Transformation programme for older adults with complex needs.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Agree the principles set out in 3.3; and
 - ii. Agree the strategy set out in 3.4 and note that the proposals will be brought to IJB in September 2021.

3 BACKGROUND

- 3.1 The Community Transformation Programme was presented at an IJB Development session in May 2021 in order to provide the IJB with an opportunity to discuss and consider the options for delivery of the recommended model and consider the wider financial and policy implications. The discussion paper is attached in the appendices.
- 3.2 There are currently nine centres for older people: Dunbar, East Linton (Lynton), Gullane, Haddington, North Berwick, Ormiston (Primrose), Port Seton (John Bellany), Prestonpans (Harlawhill) and Tranent. There is no centre in Musselburgh
- 3.3 The proposed key principles underpinning future day services for older people from April 2022 are:
- Commissioned to deliver local services that reflect the varying needs of the local communities

- Flexibility of provision allowing for both centre and community based services which address fluctuating COVID-19 restrictions ('blended model')
- Reduction in carer stress
- Preventative in nature reducing social isolation and loneliness
- Innovation in dementia care and support
- Effective governance arrangements based on genuine partnership and collaboration with providers and communities

3.4 The proposed strategy to deliver the service model is in two linked phases, firstly a review of existing assets to identify opportunities to use resources differently which will then facilitate investment in the blended model from April 2022.

3.4.1 Resource review:

- Bring forward proposals to redistribute investment in high cost service arrangements (e.g. transport) from April 2022 to allow for investment in the blended model approach and a Dementia Meeting Centre
- Identify current building bases which are not fit for purpose and that require investment

3.4.2 Community models:

- Finalise the local service design for a blended service model in each area
- Finalise commissioning plans for a 4 year framework agreement for such a model from April 2022
- Finalise the development and commissioning approach for a new (Dementia) Meeting Centre which will have a focus on Musselburgh with proposals for satellites

4 POLICY IMPLICATIONS

4.1. Key ELHSCP policy areas that will have an impact on this programme of work include:

- Reviewing the eligibility policy taking into consideration the recommendations from the Adult Social Care Review and any implications for charging.
- Updating and reviewing the dementia strategy
- It is also recognised that the ongoing delivery of this programme of work will have a relationship with other HSCP improvement programmes including the redesign of social work services, and the improvement of the client information system

4.2 The Scottish Government approach to the implementation of the Feeley report, the Independent Review of Adult Social Care, is awaited. However all of the programme proposals align with this including a shift

to preventative models, community based support and new approaches to commissioning.

- 4.3 A policy decision is required regarding the approach to commissioning the model. Existing centres have received rolling funding on an annual basis for many years. There is need to be more transparent in how this funding is awarded due to the significant level of investment by the Partnership (£1 million+ per annum). In addition, a one year funding model does not allow longer term planning by the centres to invest in new models of service delivery and consider future building bases.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1. An initial Integrated Impact Assessment was carried out. There is requirement for the Transformation Programme to undertake a further Integrated Impact Assessment, which will consider the issues raised at the development session and in the planned consultation events. Recent training has increased capacity for this to be carried out internally, with the support of Healthcare Improvement Scotland.

6 DIRECTIONS

- 6.1. The relevant direction for this programme of work are:

D18f Day Services Review (Older People)

D18g Adults with Complex Needs Review

7 RESOURCE IMPLICATIONS

- 7.1 **Financial** – when the programme was commissioned there was no expectation that it would deliver financial efficiencies; rather the aim was to redesign services to increase capacity and flexibility to meet growing demand.
- 7.2 The total committed expenditure on over 65 day services for 2021/22 is £1.2 million. This is a continuation of the 2020/21 funding level. Further financial work is required but will almost certainly result in additional financial pressures; the blended model comes either at an additional cost or reduced capacity. In addition, older people's day centres have indicated that there is financial pressure from the introduction of the Scottish Living wage and consideration of uplift in this regard will be needed in 2021/22.
- 7.3 The buildings base delivers excellent value of money as does the current outreach and replacement care being provided by centre staff, when compared with the cost of this being provided by Care at Home agencies. In going forward with a blended model there will be additional costs of staffing, dual registration with the Care Inspectorate and requirements

for additional training to comply with Scottish Social Service Council registration for staff.

7.4 Meeting Centre proposal – Dementia Friendly East Lothian are funded for this work. However, to progress to a detailed proposal there are additional cost for consultation and engagement estimated at £10k. This was recently agreed at IJB Commissioning Board.

7.5 The IJB Budget Development Session in April highlighted a number of financial pressures and proposed a number of service transformation ideas including the opportunity to reduce use of internal transport services which in relation to older peoples’ services would release an estimated £100k.

7.6 **Personnel** – None

7.7 **Other** – Building bases

A minority of the current 9 day centres are purpose built and all are leased from East Lothian Council. However, many of them will not be fit for purpose in the coming years and therefore if proposals are agreed for developing community hubs for under 65s there needs to be wider consideration of how the centre bases for older people could align with these and how local developments could meet the needs of all age groups.

8 BACKGROUND PAPERS

8.1 See appendix:

1. IJB development session paper

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DATE	8 June 2021

APPENDIX:

REPORT TO: *East Lothian IJB Development Session*

MEETING DATE: *27 May 2021*

BY: **CHRISTINE JOHNSTON, PLANNING & PERFORMANCE MANAGER**

SUBJECT: **COMMUNITY TRANSFORMATION PROGRAMME, ADULTS OVER 65s**

1 PURPOSE

- 1.1 *To inform the Integrated Joint Board of the work undertaken through full community and stakeholder engagement to deliver a model for the transformation of community based services for people aged over 65s.*
- 1.2 *To provide the IJB with an opportunity to discuss the proposed model and range of provision, with associated financial and policy considerations.*
- 1.3 *To discuss the longer term impact of COVID-19 on the delivery and cost of community day services for over 65s.*

2 RECOMMENDATIONS

The IJB Development Session is asked to:

- 2.1 *Consider the development of a blended model of centre based and outreach support for people over 65 across East Lothian.*
- 2.2 *Consider a local focus for each of the nine current centres, to reflect the needs of the local communities with the areas being; Dunbar, East Linton (Lynton), Gullane, Haddington, North Berwick, Ormiston (Primrose), Port Seton (John Bellany), Prestonpans (Harlawhill) and Tranent.*
- 2.3 *Consider the development of a detailed proposal for a new (Dementia) Meeting Centre which will have a focus on Musselburgh with proposals for satellites.*
- 2.4 *Consider approaches to commissioning.*

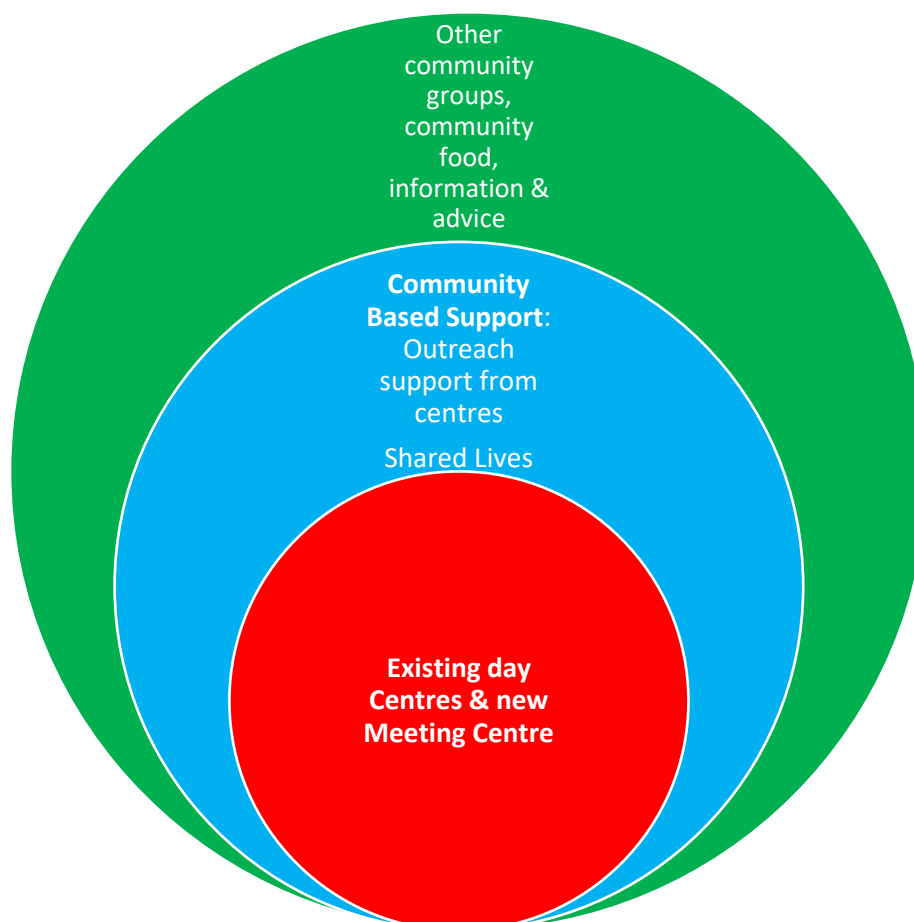
3 BACKGROUND

- 3.1 *The Community Transformation Programme was commissioned to consider day services for adults with complex needs under 65 in 2018. After the onset of the global pandemic the community support and day provision for over 65's was incorporated as another strand of the Community Transformation work.*

- 3.2 *There are a number of synergies with under 65's including increased demand, finite capacity of day services and forecasted demographic growth. National Records of Scotland forecasts that between 2018 and 2028 the 65 to 74 age group is forecast to rise by (+23.2%), 8.8% higher than the Scottish average. 75 and over age group is projected to see the largest percentage increase (+32.6%), 7.2% above the national average. Prevalence of dementia is forecast to increase (+14%) from 2015 (Alzheimer's Scotland).*
- 3.3 *The work of the programme since May 2020 has been focused on supporting day centres to deliver outreach support and replacement care. Older Peoples Day Centres have been trying to meet a range of complex support needs and outcomes whilst complying with all necessary infection control guidelines. Most centres are now beginning to open for limited numbers and provide a blended model of centre based and community support.*
- 3.4 *The service redesign discussions have focussed on the challenges and costs of delivering a blended model. Other areas of focus include building on new opportunities that were created in the response to COVID-19 e.g. community responses; community food provision; progressing plans for direct access to community physio and consideration of tasks that could be carried out by volunteers with Volunteer Centre East Lothian.*
- 3.5 *The shift to an outreach model necessitated by COVID has led to a 65% decline in the number of day centre building based hours of support being provided - this equates to a loss of 2500 hrs per week across all 9 day centres. Capacity has reduced in terms of both number of individuals they are able to support at a time, and the number of hours of support provided to individual members. Pre COVID, building based support to older people involved supporting circa. 15-20 members at a time in each centre for approximately 6 hours per day, whereas outreach support has involved supporting maximum of 2 or 3 members at a time for approximately 1-2 hours per day. Some of the day centres (for example those who do not have access to a bus) have only been able to provide support at a ratio of 1 staff member: 1 service user, which far exceeds assessed need.*
- 3.6 *Analysis and consultation has identified that the service in highest demand amongst Older People across all of the geographical areas in East Lothian is replacement care, accounting for over 60% of referrals to social work department and a significant proportion are for people affected by dementia.*
- 3.8 *The needs analysis highlighted: a reduction in support hours provided due to a significant decline in people attending building based services across both and over 65's (in order to comply with Scottish Government guidance); increased costs and financial pressures for all centres; significant gaps in community based service provision in Musselburgh including those with dementia; and major gaps in the availability of*

replacement care, for carers and cared for people across all geographical areas.

4. **Proposed service model Adults over 65**



4.1 *The diagram gives an overview of the proposed model. There are three main layers which fit together; the change required is about a need to deliver outreach support and replacement care as community based support, because of the COVID restrictions. As lockdown eases it is anticipated that physical distancing will remain a requirement which will significantly reduce numbers being able to access the centre. Layers of service are key, both outreach in the community ('day centre at home' approach) and a building base. Some of our community will always need building based support due to the complexity of their needs; engagement with service users, carers and providers indicated that people are relieved that this remains part of the proposed model but also that the community approach was highly valued.*

4.2 *The need for replacement care for service users and carers is critical. The centres have a key role in meeting this need in a variety of ways, not necessarily through a traditional 'sitter service' but in developing innovative and imaginative ways to meet replacement care needs in their community. The quality of the relationship staff have with members and carers is key. This approach will not replace the need for packages of care but would provide high quality replacement care, giving the carer a break, whilst*

meeting the social and mental health needs of the individual being cared for.

- 4.3 Extending Shared Lives is key pillar of developing new day opportunities for all groups and a recruitment campaign for new carers is planned for June 2021. Shared Lives carers are self-employed but supported by Partnership. Shared Lives is a form of community/family based model of care that provides long term, short breaks and day support within Shared Lives Carer's homes. It is based on relationships, sharing family, social networks and community life and delivers safe and highly personalised care and support. The extension of this model to older people will create additional day opportunities.*
- 4.4 Loneliness is a major public health concern amongst the older population in particular; research has shown associations with heightened risk of mental and physical ill health, including depression, generalised anxiety, cardiovascular disease and cognitive decline and the proposed service model will help to address this.*
- 4.5 Centres have agreed that localised and community based approaches will form the basis of the new approach and that one size doesn't fit all. Each centre will require a different approach.*
- 4.6 The proposed model aligns with national policies and guidance (these are highlighted in the needs assessment) and the strategic plan for the Partnership including a focus on early prevention and intervention; reducing isolation; promoting self-directed support; addressing health inequalities; working with people to maintain, improve or maximise independence. The proposals also align with the recommendations from the Independent Review of Adult Social Care.*
- 4.7 There are many strengths in East Lothian communities which was so strongly evidenced by the response to COVID. There is good engagement in the third sector and strong fora already via the Health and Wellbeing groups of the Area Partnership. The third sector interface via Volunteer Centre East Lothian is working well all of which will help with the implementation of the proposed model.*

5 ENGAGEMENT

- 5.1 A Reference and Engagement group continues to meet to provide guidance on the programme of work and the group signed off the recommendations and proposed model.*
- 5.2 Older People's day centres have consulted with their members and carers and regular liaison takes place with the Association of East Lothian Day Centres and day centre managers. This has indicated the value of the centre based approach but also highlighted the need for outreach at home and the need to be flexible to meet individual outcomes for the cared for person and the carer.*

5.3 *Dementia Friendly East Lothian have been leading a programme of engagement with carers and stakeholders. This work began pre COVID and there is widespread support for the implementation of the Meeting Centre model to address the service gaps in Musselburgh. Meeting Centres have been discussed in across all communities -people living with dementia, local dementia groups, Day Centres, Area Partnerships, Community Learning and Development and Health and Well Being groups (subgroups of Area Partnerships) and local activists, as well as Alzheimer's Scotland and Carers of East Lothian.*

5.4 *Going forward, there is commitment for additional support for engagement activities from partners in Healthcare Improvement Scotland, Carers of East Lothian and other third sector providers.*

5.5 *In addition Planning & Performance are currently commissioning a further piece of work with an external provider to carry out additional engagement work focussing on communities and recognising the important role of the Health & Wellbeing groups of the Area Partnerships. The programme team are committed to working in partnership with the 3rd sector and communities.*

6 POLICY IMPLICATIONS

6.1. *Key ELHSCP policy areas that will have an impact on this programme of work include:*

- *Development and endorsement of a policy which delivers local services, matched to assessed need across East Lothian, or an offer of equivalence, within the framework of Self Directed Support*
- *Development and endorsement of an associated transport offer*
- *Reviewing the eligibility policy taking into consideration the recommendations from the Adult Social Care Review and any implications for charging.*
- *Updating and reviewing the dementia strategy*
- *It is also recognised that the ongoing delivery of this programme of work will have a relationship with other HSCP improvement programmes including the redesign of social work services, and the improvement of the client information system*

6.2 *The Scottish Government approach to the implementation of the Feeley report, the Independent Review of Adult Social Care, is awaited. However all of the programme proposals align with this including a shift to preventative models, community based support and new approaches to commissioning.*

6.3 *A policy decision is required regarding the approach to commissioning the model. Existing centres have received rolling funding on an annual basis for many years. There is need to be more transparent in how this funding is awarded due to the significant level of investment by the Partnership (£1 million+ per annum). In addition, a one year funding*

model does not allow longer term planning by the centres to invest in new models of service delivery and consider future building bases. Options include a framework approach (a possible 4 +1years? duration), a more community based approach creating localised Public Social Partnerships (PSP) or creating a PSP for the implementation of the meeting centre which could be used a pilot to inform future approaches.

7 INTEGRATED IMPACT ASSESSMENT

7.1. *An initial Integrated Impact Assessment was carried out. There is requirement for the Transformation Programme to undertake a further Integrated Impact Assessment, which will consider the issues raised at the development session and in the planned consultation events. Recent training has increased capacity for this to be carried out internally, with the support of Healthcare Improvement Scotland.*

8 DIRECTIONS

8.1. *The relevant direction for this programme of work are:*

D18f Day Services Review (Older People)

D18g Adults with Complex Needs Review

9 RESOURCE IMPLICATIONS

9.1 **Financial** – *when the programme was commissioned there was no expectation that it would deliver financial efficiencies; rather the aim was to redesign services to increase capacity and flexibility to meet growing demand.*

9.2 *The total committed expenditure on over 65 day services for 2021/22 is £1.2 million. This is a continuation of the 2020/21 funding level. Further financial work is required but will almost certainly result in additional financial pressures; the blended model comes either at an additional cost or reduced capacity. In addition, older people's day centres have indicated that there is financial pressure from the introduction of the Scottish Living wage and consideration of uplift in this regard will be needed in 2021/22.*

9.3 *The buildings base delivers excellent value of money as does the current outreach and replacement care being provided by centre staff, when compared with the cost of this being provided by Care at Home agencies. In going forward with a blended model there will be additional costs of staffing, dual registration with the Care Inspectorate and requirements for additional training to comply with Scottish Social Service Council registration for staff. These need to be quantified for each centre.*

9.4 Meeting Centre proposal – Dementia Friendly East Lothian are funded for this work. However, to progress to a detailed proposal there are additional cost for consultation and engagement estimated at £10k.

9.5 The IJB Budget Development Session in April highlighted a number of financial pressures and proposed a number of service transformation ideas including the opportunity to reduce use of internal transport services which in relation to older peoples’ services would release an estimated £100k.

9.6 **Personnel** – None

9.7 **Other** – Building bases

A minority of the current 9 day centres are purpose built and all are leased from East Lothian Council. However, many of them will not be fit for purpose in the coming years and therefore if proposals are agreed for developing community hubs for under 65s there needs to be wider consideration of how the centre bases for older people could align with these and how local developments could meet the needs of all age groups.

10 BACKGROUND PAPERS

Appendix 1 Summary of discussion points over 65

AUTHOR’S NAME	Christine Johnston
DESIGNATION	Planning & Performance Manager
CONTACT INFO	Email cjohnston5@eastlothian.gov.uk
DATE	25 May 2021



EAST LoTHIAN IJB STRATEGIC PLAN

Date: 09-06-21

Completed by: Paul Currie

Area: Strategic Integration

<p>Situation</p>	<p>The extant East Lothian Integration Joint Board (IJB) Strategic Plan (2019-2022) ends at March 31st 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>Background</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 1st April 2019 to 31st 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>Assessment</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 3rd 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 2nd June 2021, indicated its agreement with the option of delaying production of the next IJB Strategic Plan for 6 months.</p>
<p>Recommendations</p>	<p>East Lothian IJB is asked to agree which of the following recommendations it supports:</p> <ol style="list-style-type: none"> 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. 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. 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.



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.



Review of Integration Schemes

Date: 9/6/2021
Completed by: Paul Currie
Area: Strategic Integration

<p>Situation</p>	<p>NHS Lothian is a party to the four integration schemes across its area. Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the NHS Board and the relevant Local Authority/ies to jointly carry out a review of each scheme every five years to identify whether any changes to the scheme are necessary or desirable. This must be undertaken prior to the expiry of the period of 5 years from the date that the Scottish Ministers approved each scheme.</p> <p>An integration scheme review in Lothian was due to be completed in 2020. Given the circumstances of the COVID-19 pandemic this was delayed. Arrangements are now being progressed, by NHS Lothian, to take forward the joint review in partnership with Local Authorities and HSCP officers.</p> <p>A minor revision was carried out to the integration schemes in June 2019 to include reference to the Carers (Scotland) Act 2016. This is the version of the scheme that will undergo review.</p>						
<p>Background</p>	<p>The dates of the orders which established each of our Integration Joint Boards in Lothian are:</p> <table border="1" data-bbox="277 920 1517 1032"> <thead> <tr> <th data-bbox="277 920 895 958">Date of Order</th> <th data-bbox="895 920 1517 958">Integration Joint Board</th> </tr> </thead> <tbody> <tr> <td data-bbox="277 958 895 996">27 May 2015 (SSI 2015 No 222)</td> <td data-bbox="895 958 1517 996">East Lothian, Edinburgh, Midlothian</td> </tr> <tr> <td data-bbox="277 996 895 1032">17 June 2015 (SSI 2015 No 266)</td> <td data-bbox="895 996 1517 1032">West Lothian</td> </tr> </tbody> </table> <p>Given the legal requirement to review schemes within 5 years of the date of approval, the four joint Section 44 reviews across Lothian should have been completed by Spring/Summer of 2020. In May 2020, Lothian NHS Board discussed and approved a delay to the reviews. A similar consideration was undertaken in Council governance structures across Lothian.</p> <p>In May 2021 the Scottish Government surveyed the position nationally in terms of the status of review completion in each IJB area, and any plans to take these forward. Lothian areas intimated taking forward a review in 2021 (see timetable in Appendix 1).</p>	Date of Order	Integration Joint Board	27 May 2015 (SSI 2015 No 222)	East Lothian, Edinburgh, Midlothian	17 June 2015 (SSI 2015 No 266)	West Lothian
Date of Order	Integration Joint Board						
27 May 2015 (SSI 2015 No 222)	East Lothian, Edinburgh, Midlothian						
17 June 2015 (SSI 2015 No 266)	West Lothian						
<p>Assessment</p>	<p>NHS Lothian is now working to progress a formal review process and is beginning to engage with Lothian Local Authority Chief Executives to seek support for a joint exercise to be undertaken.</p> <p>Given that NHS Lothian is party to four Integration Schemes, an overarching and common approach is proposed for the review, per a developing project structure (Appendix 2). This should allow greater consistency in the approach across all IJB areas both to the review exercise and any resultant changes to the core text of the Integration Schemes or the services delegated to the Lothian IJBs.</p>						
<p>Recommendations</p>	<p>East Lothian Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Note the need for the parties to the Integration Scheme (NHS Lothian and East Lothian Council) to take forward a joint ‘section 44’ review, following delay in 2020. • Note the review project management arrangements being developed, including engagement with the Local Authority and with IJB voting Members, finalisation of review group membership and the timescale (attached appendices). • Note HSCP officer participation in the review process. 						



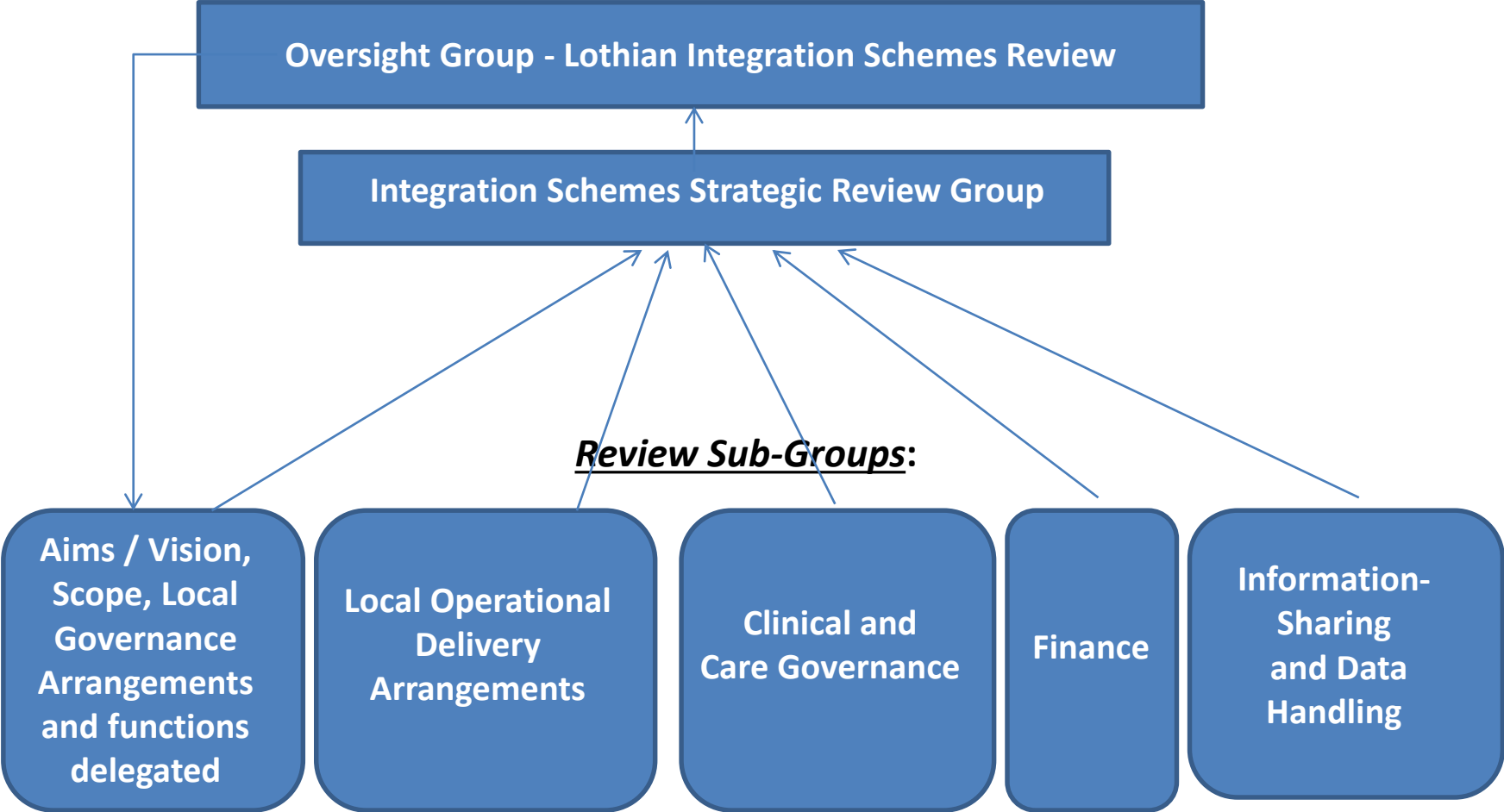
Appendix 1 – Integration Scheme Review Timeline

INDICATIVE TIMELINE FOR REVIEW	
Project Initiation – Develop approach; Engage all parties	May-21
Establish Review Groups required – (a) Joint Oversight Group (b) Strategic Review Group to manage process / edit the refreshed scheme text (c) Review sub-groups to review selected sections.	Jun-21
Sub-groups to review sections and redraft text / provide feedback	Jul-21
	Sub-group redrafts back by End July / Mid August
Sub-groups:	
• Aims and Vision, Scope, Local Governance Arrangements, and functions delegated	
• Local Operational Delivery Arrangements	
• Clinical and Care Governance	
• Finance	
• Information-Sharing and Data Handling	
Revised sections – reported to Strategic Review Group.	End July / Mid August 2021
Revised sections - shared with Oversight Group (and any wider Council and Health Board interests) for comment/feedback – including need for consultation at this stage.	Aug/Sept 2021
Strategic Review Group to review and finalise draft / First draft of whole schemes (4 schemes) available	End of September 2021
Draft reviewed by Legal services	Oct-21
Final drafts to Oversight Group and obtain feedback from wider Council/Health Board as required	Mid October 2021
Revised version to prescribed consultees for comment	End October 2021
Revised version to Oversight Group	Nov-21
Submit final version to Councils, Health Board for approval and IJB for information	From November 2021: City of Edinburgh Council: Date TBC East Lothian Council: Date TBC Midlothian Council: Date TBC West Lothian Council: Date TBC Lothian NHS Board: Date TBC IJB's for noting: Date TBC
Submission to Scottish Government	Dec-21



Appendix 2 – Review of Lothian Integration Schemes – Proposed approach

REVIEW OF LOTHIAN INTEGRATION SCHEMES - Structure



Oversight Group - Lothian Integration Schemes Review

- Oversee the work of the Strategic Review Group
- Consider and advise on any changes required to the overall Aims, Vision, Scope, Local Governance arrangements and functions delegated in the Integration Schemes, , and advise on our consultation strategy
- Sign-off the review output / revised content for review schemes
- Approve the submission of finalised review output, following consultation, for subsequent approval via Council Committee / Executive and NHS Board ahead of jointly submitting revised schemes to the Scottish Ministers for approval

Purpose of the review:

- Section 44 of the [Public Bodies \(Joint Working\) Scotland Act 2014](#) - local authority and the Health Board to carry out a review of the scheme before the expiry of the relevant period for the **purpose of identifying whether any changes to the scheme are necessary or desirable.**

**Minor changes only/
no successor scheme required**

**Major changes/
successor scheme required**

Jointly prepare a successor scheme:

- Set out additional functions that are to be delegated
- Remove current functions that are no longer to be delegated
- Change the method of determining amounts to be made available (in respect of delegated functions)
- Change the method of determining payments
- Change or remove any information included in the scheme

- Proportionate consultation / jointly consult and take account of any views expressed
- Submit for approval locally
- Must jointly submit the revised scheme to the Scottish Ministers for approval
- Must publish the revised scheme once approved.

- Larger consultation / jointly consult and take account of any views expressed
- Submit for approval locally
- Must jointly submit the revised scheme to the Scottish Ministers for approval
- Must publish the revised scheme once approved.

Oversight Group Membership - proposed

Professor Alex McMahon, Executive Director, Nursing, Midwifery and Allied Healthcare Professionals, Executive Lead, REAS and Prison Healthcare, NHS Lothian (NHSL)

Tracey Gillies, Executive Medical Director, NHSL

Susan Goldsmith, Director of Finance, NHSL

Colin Briggs, Director of Strategic Planning, NHSL

West Lothian Council nominee(s) – Policy / Finance Lead

East Lothian Council nominee(s) – Policy / Finance Lead

Edinburgh Council nominee(s) – Policy / Finance Lead

Midlothian Council nominee(s) – Policy / Finance Lead

IJB Chief Officers

Integration Schemes Strategic Review Group – Remit and membership

Remit:

- 1/ Agree timetable and process - realistic timetable aligned across all 4 areas as much as possible*
- 2/ Agree the detailed aims and scope of the review*
- 3/ Support areas for review, and sub-groups*
- 4/ Report to the Oversight Group*
- 5/ Support any development of a successor scheme(s)*

Group membership proposed:

- Peter McLoughlin, NHSL, Chair
- Paul Currie, Interim General Manager - Strategic Integration, East Lothian HSCP (or as may be nominated)
- Mairi Simpson, Integration Manager, Midlothian HSCP (or as may be nominated)
- Tony Duncan, Head of Strategic Planning, Edinburgh Integration Joint Board (or as may be nominated)
- Lorna Kemp, Lorna Kemp, Project Officer – West Lothian Integration Joint Board (or as may be nominated))
- Legal services representative(s)
- Finance – IJB Chief Finance Officer

Involve other officers via project sub-group structure.

Sub-Groups

1/ Aims and Vision, Scope, Local Governance Arrangements, and functions delegated – to be covered by Oversight Group

2/ Local Operational Delivery Arrangements –

· Operational Role of the IJB · Support for Strategic Planning · Lothian Hospital Strategic Plan · Professional Technical and Administrative support services · Performance targets, improvement measures and reporting arrangements

3/ Clinical and Care Governance · Introduction · Professional Advice · Professionals informing the IJB Strategic Plan · Service User and Carer Feedback

4/ Finance · Financial Governance · Payments to IJB · Financial Reporting · Process for Addressing Variance · Redetermination of Payments · Redetermination of Set-aside Amounts · Use of Capital Assets · Financial Statement and External Audit

5/ Information-Sharing and Data Handling - Consider any revisions required to Information Sharing Protocol arrangements, and update the section

Sub-groups to review the core text flagged as out of date (dating back to 2015), and revise this.

To consider any other changes required to the section of the scheme and if so, develop draft content

INDICATIVE TIMELINE FOR REVIEW	
Project Initiation – Develop approach; Engage all parties	May-21
Establish Review Groups required – (a) Joint Oversight Group (b) Strategic Review Group to manage process / edit the refreshed scheme text (c) Review sub-groups to review selected sections.	Jun-21
Sub-groups to review sections and redraft text / provide feedback	Jul-21
	Sub-group redrafts back by End July / Mid August
Sub-groups:	
• Aims and Vision, Scope, Local Governance Arrangements, and functions delegated	
• Local Operational Delivery Arrangements	
• Clinical and Care Governance	
• Finance	
• Information-Sharing and Data Handling	
Revised sections – reported to Strategic Review Group.	End July / Mid August 2021
Revised sections - shared with Oversight Group (and any wider Council and Health Board interests) for comment/feedback – including need for consultation at this stage.	Aug/Sept 2021
Strategic Review Group to review and finalise draft / First draft of whole schemes (4 schemes) available	End of September 2021
Draft reviewed by Legal services	Oct-21
Final drafts to Oversight Group and obtain feedback from wider Council/Health Board as required	Mid October 2021
Revised version to prescribed consultees for comment	End October 2021
Revised version to Oversight Group	Nov-21
Submit final version to Councils, Health Board for approval and IJB for information	From November 2021: City of Edinburgh Council: Date TBC East Lothian Council: Date TBC Midlothian Council: Date TBC West Lothian Council: Date TBC Lothian NHS Board: Date TBC IJB's for noting: Date TBC
Submission to Scottish Government	Dec-21



ESTABLISHMENT OF COMMUNITY HOSPITAL AND CARE HOMES PROVISION CHANGE BOARD

<p>Date: 24 June 2021 Completed by: Bruce Dickie - Project Lead Area: Establishment of Community Hospital and Care Homes Provision Change Board</p>	
Situation	<p>A Change Board has been established to revisit and oversee the IJB Direction 12d on the reprovision of Belhaven and Edington Community Hospital's and Eskgreen and Abbey Care Homes. The Change Board is chaired by Peter Murray (IJB Chair) with Alison MacDonald (IJB Chief Officer) as vice Chair.</p>
Background	<p>The Change Board set out terms of reference:</p> <ul style="list-style-type: none"> • Revisit and oversee Integration Joint Board (IJB) Direction 12d in relation to the <i>Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes</i> with a particular focus on the outputs and recommendations presented to the IJB on 13th December 2018. • Further consider the Community Hospital and Care Home provision throughout East Lothian and refocus the project taking in to account current circumstances, including but not limited to the current IJB Strategic Plan, COVID-19, capital funding, East Lothian Local Housing Strategy 2018-2023 and the Independent Review of Adult Social Care. • Present an updated set of outputs and recommendations to the East Lothian IJB in due course in relation to direction 12d.
Assessment	<p>The Community Hospital and Care Home Provision Change Board will provide regular updates and briefings to the IJB Strategic Planning Group, receiving comments, challenge and support. Thereafter, reports and briefings will be taken to the IJB for consideration, discussion and ultimately decision making and sign off from recommendations proposed by the Change Board.</p> <ol style="list-style-type: none"> 1. An initial Change Board meeting took place on Monday 31st May 2021. Draft Terms of reference and membership were reviewed and agreed. 6 x weekly meetings have been set out for the rest of this financial year. 2. Integrated Impact Assessment (IIA) to be considered with a preparatory IIA meeting on 14th June 2021. 3. Short life working groups have been established to progress specific work streams: <ol style="list-style-type: none"> a. Finance and Capital Group – chaired by Chief Financial Officer, IJB / Finance Business Partner, ELHSCP b. Capacity and Planning Group – chaired by Head of Operations, ELHSCP c. Communication and Engagement Group – chaired by Interim General Manager (Business), ELHSCP
Recommendations	<p>To note for information:</p> <ul style="list-style-type: none"> • The establishment of the Change Board and the Chair and Vice Chair. • Formation of Change Board approved at meeting of IJB Strategic Planning Group on 05/05/21. • Terms of reference (attached) and membership agreed at the initial meeting on the 31/05/21. • The IJB request regular updates on progress and project plan development.

East Lothian Community Hospital and Care Home Provision Change Board

Terms of Reference

1. Remit

The East Lothian Community Hospital and Care Home Provision Change Board and Reference Group will have oversight and accountability for the delivery of the following key work streams:

- To revisit and oversee Integration Joint Board (IJB) Direction 12d in relation to the *Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes* with a particular focus on the outputs and recommendations presented to the IJB on 13th December 2018¹.
- Further consider the Community Hospital and Care Home provision throughout East Lothian and re-focus the project taking in to account current circumstances, including but not limited to the current IJB Strategic Plan, COVID-19, capital funding, East Lothian Local Housing Strategy 2018-23 and the Independent Review of Adult Social Care².
- Present an updated set of outputs and recommendations to the East Lothian IJB in due course in relation to direction 12d.

2. Chairperson

Change Board

The Change Board will be chaired by a member of the Integration Joint Board with the support of the Director of East Lothian Health and Social Care Partnership as vice-chair.

Short life working groups

Short life working groups will be formed as required by the Change Board. The chair will be identified by the Change Board and will ideally be identified from the core membership of the Board.

3. Membership

Change Board

Role	Name
Integration Joint Board member (Chair)	Peter Murray
Director of East Lothian Health and Social Care Partnership (Vice-chair)	Alison Macdonald
Project Manager / Consultant	Bruce Dickie
Project Manager / Strategy Officer	Andrew Main
Head of Operations, ELHSCP	Iain Gorman
Deputy Director of Nursing, NHS Lothian / IJB Member	Fiona Ireland
Interim General Manager (Business), ELHSCP	Laura Kerr
Interim General Manager (Strategic Integration), ELHSCP	Paul Currie

¹ [Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes IJB report \(13/12/18\)](#)

² [Independent Review of Adult Social Care - gov.scot \(www.gov.scot\)](#)

Role	Name
Chief Nurse / General Manager (Acute, Ongoing Care and Community Nursing), ELHSCP	Lorraine Cowan
General Manager (Access and Rehabilitation)	Lesley Berry
Primary Care Services Manager, NHS Lothian	Bill Ramsay
General Practitioner	Richard Williams
Chief Financial Officer, East Lothian IJB / Finance Business Partner, ELHSCP / Assistant Finance Manager, ELHSCP	Claire Flanagan / Lynn Allan
Councillor	Sue Kempson
Councillor	Fiona O'Donnell
IJB member / carer representative	David Binnie
IJB member / Stakeholder representative	Marilyn McNeill
UNISON representative	Thomas Miller / David Bourhill
Engagement & Communications Manager, ELHSCP	Jane Ogden-Smith
Hub South East Scotland representative	Martin Hensman

4. Quorum

Meetings will be quorate when there is 50% attendance. Members should identify a suitable representative with delegated responsibility to attend if they are unable to.

5. Frequency of Meetings

The Change Board will meet on a 6 weekly basis.

6. Key responsibilities

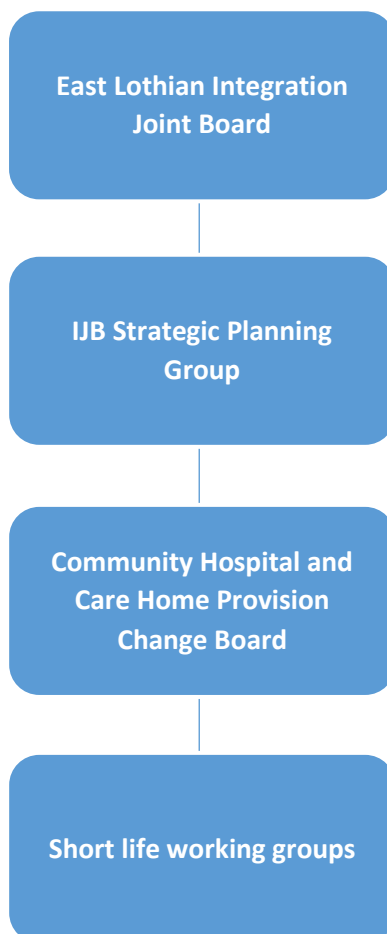
- Provide a structured and accountable approach to delivery of the project and its work streams.
- Ensure a culture of involvement, engagement and appropriate consultation throughout the project and its work streams, using a range of approaches including the reference group and independent advocacy.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

Engagement and communication

Effective stakeholder engagement and communication is recognised as a key component of this project and as such a strategy will be developed to support the work of the Change Board. If required a short life working group on Engagement and Communication will be formed.

7. Governance and reporting arrangements

The Community Hospital and Care Home Provision Change Board will provide regular updates and briefings to the IJB Strategic Planning Group, receiving comments, challenge and support. Thereafter reports and briefings will be taken to the IJB for consideration, decision making and sign off from recommendations proposed by the change board. Short life working groups will be tasked with progressing specific work streams.



Document history

Version	Date of issue	Reason for issue
0.1	23/04/21	Initial draft.
0.2	27/04/21	Update to various sections in relation to working groups.
0.3	30/04/21	Membership updated and other minor alterations.
0.4	05/05/21	Key responsibilities updated.
0.5	07/05/21	Chair and additional member added. Update to section 7.
0.6	13/05/21	Update to membership and change to section 7 text.
0.7	21/05/21	Update to membership.
0.8	01/06/21	Update to membership roles and addition of signed off footer.
1.0	3/06/21	Additional members added and draft removed.

Formation of Change Board approved at meeting of IJB Strategic Planning Group on 5/05/21

Terms of Reference signed off at first meeting of Community Hospital and Care Home Provision Change Board on Monday 31st June 2021.



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 24 June 2021
BY: Chief Finance Officer
SUBJECT: 2020/21 Draft Unaudited Annual Accounts

9

1 PURPOSE

- 1.1 This report presents the Board the IJB's draft (unaudited) Annual Accounts for 2020/21.

2 RECOMMENDATIONS

- 2.1 The IJB is being asked to:-
- i. Agree that the draft annual accounts can be published and presented for audit.

3 BACKGROUND

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

The Management Commentary. This provides a statement of the IJB's purpose and its performance against that purpose in the financial year along with a reflection on the challenges facing the IJB in the next financial year.

- The Annual Governance Statement – which reflect on the governance of the IJB and notes any governance improvements identified by the CIA's Internal Audit Annual Assurance Report
- A range of financial statements showing the financial position of the IJB.

4 ENGAGEMENT

- 4.1 The IJB is held in public and the papers are available to view on the Council's website.

5 POLICY IMPLICATIONS

- 5.1 There are no policy implications from this report.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 Directions will be issued for the budgets delegated to back to East Lothian Council and NHS Lothian.
- 7.2 Directions for the utilisation of the IJB budget will be issued to NHS Lothian and East Lothian Council by the beginning of the new financial year.

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

- 9.1 None

AUTHOR'S NAME	Claire Flanagan
DESIGNATION	Chief Finance Officer
CONTACT INFO	Claire.Flanagan@nhslothian.scot.nhs.uk
DATE	15 June 2021

Appendix

Draft Unaudited Annual Accounts for 2020/21



East Lothian Integration Joint Board

Unaudited Annual Accounts 2020/21



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Audit Arrangements

Under arrangement approved by the Accounts Commission of Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the accounts of East Lothian Integration Joint Board for the period 1 April 2020 to 31 March 2021 is Audit Scotland, 102 West Port, Edinburgh EH3 9DN.



Management Commentary

Introduction

Impacts of COVID-19 on Service Outcomes and Integration

The last 12 months have been extremely challenging for our citizens, staff and partners. It seems appropriate to begin with a huge thank you to all. Especially the staff and volunteers who have kept everything going as they managed to find new ways of supporting service-users and carers during the pandemic.

The work of the Health and Social Care Partnership during 2020/21 has been to minimise the disruption to services and adapt services to respond to COVID-19. The pandemic also created opportunity to build on our community connections and working with the people in our communities to develop strong, sustainable and supportive communities for the future.

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.

Every member of staff has 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 management commentary provides an overview of the key messages relating to the role, remit, members, objectives and the strategy of the East Lothian Integration Joint Board (the IJB). The management commentary outlines the key messages in relation to the IJB's financial performance for the year ended 31 March 2021 and how it has supported the delivery of the IJB's priorities. This commentary also considers those issues and risks which we face as we strive to meet the needs of the people of East Lothian.

These accounts cover the period from 1 April 2019 to 31 March 2021.

The Role and Remit of the IJB



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

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

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

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

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

East Lothian IJB is an Integration Authority set up under the Public Bodies (Joint Working) Act (2014). It is a 'body corporate', that is a separate legal entity. The IJB is constituted through its Integration Scheme which was prepared by East Lothian Council and NHS Lothian and presented to Scottish Ministers in March 2015. The Integration Scheme was approved by the Scottish Parliament in June 2015 and the first meeting of the IJB took place on 1 July 2015. The IJB assumed formal responsibility for these functions in April 2016 including the budgets for the delivery of these functions.

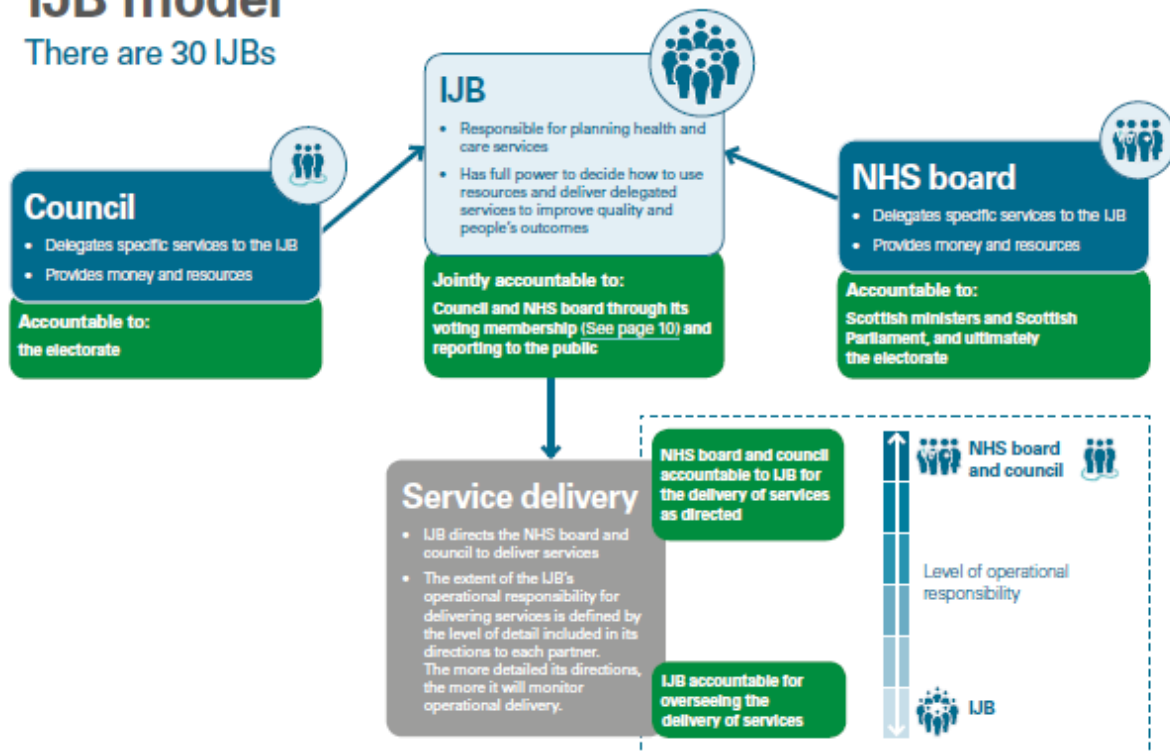
The IJB is governed by the Local Government Scotland Act (1973) along with the 2014 regulations and these accounts are prepared on that basis.

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



IJB model

There are 30 IJBs



The Strategic Plan

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

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

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

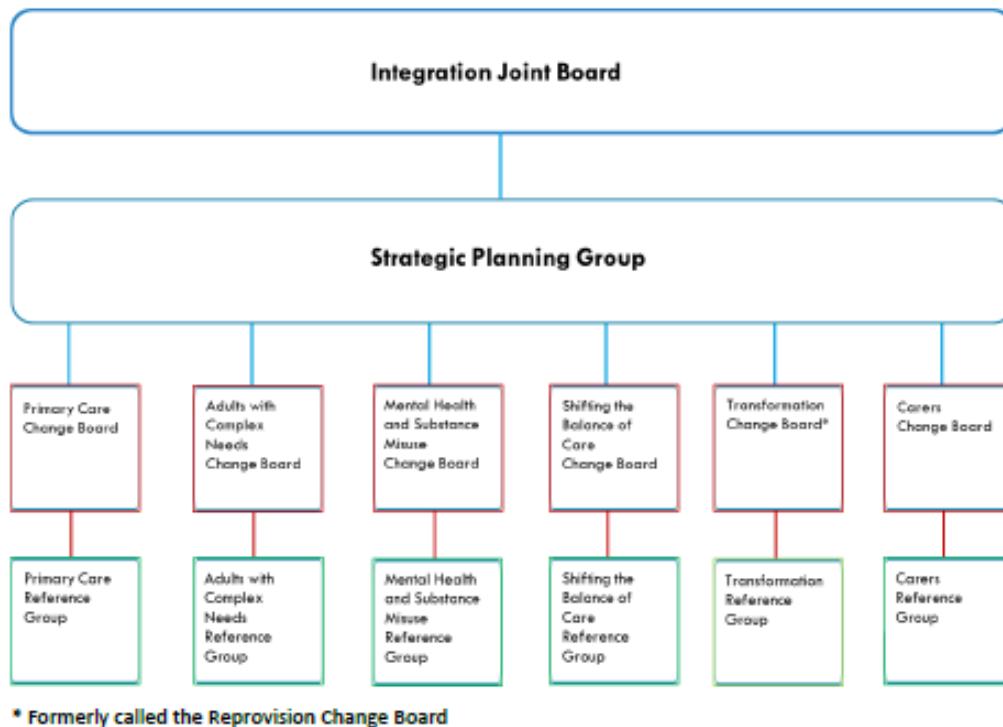
An engagement and consultation process with communities, people who access services, service providers and staff allowed the IJB to hear of, and where possible incorporate, the views and priorities of East Lothian's communities, partners and stakeholders in this Strategic Plan in order to support service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

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

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



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



Change Boards report to the Strategic Planning Group on progress against agreed priorities, all relevant Directions, the Golden Threads and timeframes for delivery. Change boards provide a structure and accountable approach for delivering programmes of change and this transformation process requires flexibility. As the work progresses new areas of work emerge, this may require a new Change Board to be established and a formal process to do so is through the Strategic Planning Group. An example of such is a newly formed Change Board “to consider the Community Hospital and Care Home provision throughout East Lothian” which has been set up and will form part of the structure during 2021/22.

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

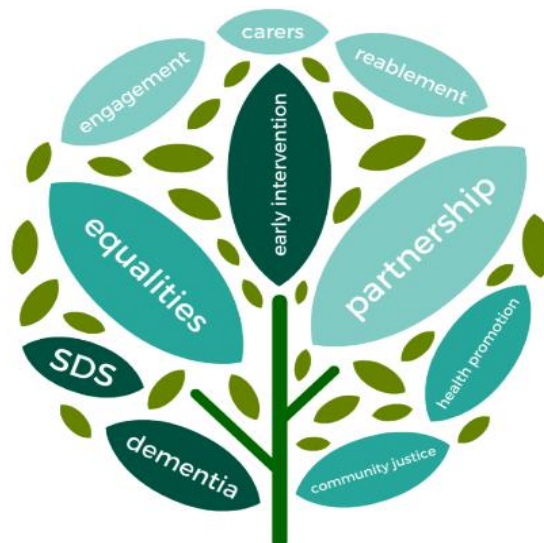
Throughout all strategic priorities the strategic aims and objectives of the IJB are core. We developed our Strategic Objectives in consultation with our stakeholders. They show our commitment to adopting approaches that tailor services to the needs of people and communities while, at the same time, developing efficient and future-proofed service arrangements.

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

- early intervention and prevention
- carers needs
- Self-Directed Support rights



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



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

Transformation programmes largely stopped during the peak of the Covid outbreak but groups are all up and running again. The transformation programme will also be looking at the impact of Covid and what means to the way we deliver services.

Updates from each Change Board can be found here:

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

IJB Membership

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

As a result of the COVID-19 pandemic, the IJB agreed to a period of emergency recess between 27 March and 24 June 2020. Meetings resumed on 25 June 2020 and, since then, all meetings have taken place online via MS Teams.



The IJB met virtually 6 times during the financial year 2020/21. There have been some changes to the membership of the IJB during 2020/21, the members of the IJB at 31 March 2021 were as follows:

Member	Nominated/Appointed by	Role (* denotes change in year)
Councillor Shamin Akhtar	Nominated by East Lothian Council	Chair (voting member) *
Peter Murray	Nominated by NHS Lothian	Vice-chair (voting member)
Alison Macdonald	Appointed by IJB	Chief Officer (non-voting member)
Claire Flanagan	Appointed by IJB	Chief Finance Officer (non-voting member)
Fiona Ireland	Nominated by NHS Lothian	Voting Member
Dr Richard Williams	Nominated by NHS Lothian	Voting Member *
Dr Patricia Donald	Nominated by NHS Lothian	Voting Member, * Chair of Audit & Risk Committee
Councillor Fiona O'Donnell	Nominated by East Lothian Council	Voting Member * (Chair part of year)
Councillor Neil Gilbert	Nominated by East Lothian Council	Voting Member
Councillor Sue Kempson	Nominated by East Lothian Council	Voting Member*, (Chair of Audit & Risk Committee part of year)
Vacant	Appointed by IJB	Independent sector representative (non-voting member)
Paul White	Appointed by IJB	Third sector representative (non-voting member)
David Binnie	Appointed by IJB	Carer representative (non-voting member)
Marilyn McNeill	Appointed by IJB	Service-user representative (non-voting member)
Prof Emma Reynish	Appointed by IJB	Medical Consultant (non-voting member) *
Lesley White	Appointed by IJB	ELC Staff Representative (non-voting member)
Judith Tait	Appointed by IJB	Chief Social Work Officer (non-voting member)
Dr Richard Fairclough	Appointed by IJB	General Practitioner (non-voting member)



Member	Nominated/Appointed by	Role (* denotes change in year)
Thomas Miller	Appointed by IJB	NHS Staff Representative (non-voting member)
Dr Jon Turvill	Appointed by IJB	Clinical Director (non-voting member)
Iain Gorman	Appointed by IJB	Head of Operations (non-voting member)
Lorraine Cowan	Appointed by IJB	Chief Nurse (non-voting member)
Philip Conalglan	Appointed by IJB	Public Health (non-voting member)

Below is the attendance by members of the IJB throughout 2020/21.

Members	IJB Meeting Dates					
	25.6.20	27.8.20	17.9.20	29.10.20	10.12.20	25.2.21
Voting						
Akhtar, Shamin (C)	X	X	A(s)	X	X	X
Donald, Patricia*	X	X	X	X	X	X
Gilbert, Neil	X	X	A(s)	X	X	X
Kempson, Susan			X	X	X	X
O'Donnell, Fiona (C)	X	X	X	X	X	X
Ireland, Fiona*	X	X	X	X	X	X
Joyce, Alex*	X	--	--		--	--
Murray, Peter*	X	X	X	X	X	X
Richard Williams*	--	A	A	X	X	A
Non-voting						
Binnie, David	X	X	A	X	X	X
Choudhury, Gourab*						--
Conalglan, Philip						
<i>Cowan, Lorraine*</i>	X	X	X			
Fairclough, Richard						X
Flanagan, Claire	X	X	X	X	X	X
Gorman, Iain	X	X	X	A	X	



MacDonald, Alison	X	X	A	X	X	X
McNeill, Marilyn	X		X	X	X	X
Miller, Thomas	X	X	X	X	X	A
Reynish, Emma*	--	--	--	--	--	X
Tait, Judith	X	A	X	X	X	X
Turvill, Jon*			X		X	X
White, Lesley	A					
White, Paul	X		X	X	X	X
Independent Sector Rep (vacant)	--	--	--	--	--	--

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

The IJB's Operations for the Year

East Lothian IJB has been operational for five years and as described in the opening section the challenge of COVID-19 has been immense. This accelerated the progress we had already made on integrating management arrangements and frontline services. The pandemic has built on the progress made so far and build a stronger partnership between all sectors

We continue to work towards our long-term objectives through the continuing dedication and skill of our staff; our partners in the voluntary and independent sectors; and all the informal carers and neighbours upon whom the health and care system is entirely dependent.

Financial Impact of COVID-19

NHS Lothian submitted regular information to Scottish Government through the Local Mobilisation Plan (LMP) and this remains the main route for confirming the additional cost and funding required in supporting the Covid-19 response. These returns covered additional costs relating to COVID-19 for the entirety of the Health and Social Care Partnership. There was also additional Health costs within Hosted and Set Aside services. All financial positions are after a significant amount of additional costs were supported through redeployment of existing resources in year.

Additional funding allocations have been received to meet the additional costs and the financial impact of COVID-19 in 2020/21 is covered in full. Where possible staff and resources were redeployed. Detailed below are some of the main costs that were a direct consequence of the pandemic.

Sustainability Payments

Since the beginning of lockdown the Health and Social Care Partnership have been supporting local social care providers by ensuring that reasonable additional costs are met through the National Principles for Sustainability and Remobilisation Payments to Social Care Providers. COSLA, Scottish Government and key partners



regularly review the principles and evolving COVID situation to ensure that they are fit for purpose and service providers are supported to deliver a sustainable service. All East Lothian adult service providers were contacted in June 2020 to notify them of the availability of sustainability funding and each provider was offered individual support to complete the claim process. As well as providing support to care home providers on the national care home contract the panel have also been supporting non-framework homes on a like for like basis in recognition of their role in local service provision.

The partnership continue to work actively with individual service providers to ensure that they remain stable and sustainable. Funding to support social care has been provided to local NHS boards from the Scottish Government with local claims that are supported being paid via East Lothian Council finance arrangements. Claims are considered at weekly Sustainability Payment Panels that are chaired by Alison MacDonald (Joint Director HSCP/ Chief Officer East Lothian IJB) and attended by a variety of partnership officers. As at 31st March 2021 the panel has approved £1.565m in claims.

Additional Hospital Beds

East Lothian Community Hospital was in the fortunate position of having the flexibility of opening up to an extra 44 hospital beds in the two unoccupied hospital wards at East Lothian Community Hospital (ELCH). This additional capacity was used flexibly as required as part of the remobilisation plan to improve capacity during the first and second wave of Covid. This provided resilience in acute adult in-patient beds and maximised the efficiency of the acute flow. Due to the flexible ward layout, bed capacity could alter to respond to acute sector or community need.

Staffing for the wards was partly through redeployment of staff from services where demand had reduced due to Covid and new staff. The recruitment of permanent staffing was an acceptable risk as the vacancy factor in NHS Lothian was such that, if necessary, redeployment to the wider NHS Lothian workforce would be possible.

COVID Assessment Hub

In April 2020 a COVID-19 Assessment Hub opened in Musselburgh as part of NHS Lothian's regional strategy for the management of patients needing assessment for possible coronavirus infection. Mobile testing units were also set up to identify positive cases and break chains of transmission.

Vaccination Programme

East Lothian Health and Social Care Partnerships are proud to be playing our part in the biggest vaccination programme the country has ever seen, to help protect the population from COVID-19.



The East Lothian's COVID Vaccination Programme links with the NHS Lothian Vaccination Programme Board. There is a dedicated clinical and administrative team to develop, manage and deliver the East Lothian programme. With this support, vaccinations are being delivered in line with the Joint Committee



of Vaccination and Immunisation (JVCI) 9 category age and clinical risk related prioritisation programme.

The vaccination programme in East Lothian is making good progress and keeping pace with the national priority targets. We acknowledge the support to the vaccination programme provided by HSCP staff, East Lothian Council staff, volunteers and partners and their role in maintaining safe and effective vaccine service provision.

Health and Social Care Staff Bonus Payment

Thank you payments were paid to health and social care staff as a one off thank you payment for their extraordinary services in this toughest of years. These payments included independent contractors and staff working in Adult Social Care in external providers. Actual payments to staff were between late 2020/21 and early into 2021/22. At the time of writing, for those people working in social care on a “personal assistant” arrangement, the £500 awards are still being finalised.

An additional allocation was issued to cover the full costs associated with the payment of the £500 bonus to all Health and Social Care staff.

Long-COVID (and Post-COVID Rehabilitation)

An Advanced Practitioner Occupational Therapist has recently been appointed to evaluate the approach to Long-Covid. One aspect of their role will be to coordinate the pathway, as well as providing patient-centred rehabilitation, reflecting the demographic of people experiencing post-COVID/long-COVID difficulties. A short life working group with representation from a multidisciplinary team is developing an evidenced based and supported post-COVID pathway in East Lothian.

Funding and Cost Consequences for Next Year

The Scottish Government confirmed that COVID-19 funding allocations that have not been fully used in 2020/21 should be carried forward by IJB's to support COVID-19 remobilisation plans in 2021/22. For East Lothian, this can be seen in the reserves statement below.

NHS Lothian has submitted the Remobilisation Plan to the Scottish Government, capturing the impact for East Lothian HSCP, which covers the period April 2021 to March 2022. A feature of 2021/22 may be a continued level of COVID-19 responses while also a decreased ability to rely on previously redeployed resources. Clarification from the Scottish Government on the level of funding support available for next financial year 2021/22 is awaited across Scotland but the carry forward funding noted above will provide good reassurance that approved costs will be supported by the Government.

Longer Term Financial Risks

Aside from the over-riding immediate cost impact of COVID-19, there are other financial risks. In future years there is uncertainty regarding long term prescribing issues, immediate and longer term impact on our independent sector providers, the impact of service reconfiguration and a range of other potential medium and longer



term implications. These issues are common across Scotland and continue to be part of regular discussion and reporting between all IJBs and the Scottish Government

Successful New Approaches over the last year

Many services were redesigned to give all citizens in East Lothian access to services during these unprecedented times. Some highlights are shown below:

Mental Health Services

It is acknowledged that the negative mental health effects on the pandemic are likely to last longer than the physical health impacts. Mental health effects are falling unequally across society, with people in some social groups bearing much more of the mental health burden than others and those who face the greatest disadvantages in life also face the greatest risk to their mental health.

There was a need to ensure that individuals across East Lothian had equitable access to Primary Care Mental Health support to promote health and well-being. When the pandemic struck our Mental Health services moved quickly to make sure people experiencing poor mental health still had access to the support they needed... The Collaborative Working for Immediate Care (CWIC) Mental Health line was launched in May 2020 and offers same day assessment and support for people suffering with their mental health. An integrated team of Mental Health PR actioners was formed from existing staff to support a single Primary Care Mental Health pathway.

'We were surprised and delighted at how well the service has been used. It was great getting GP endorsement and referrals, but a surprising number of people phoned us themselves, which is what we're there for. We even managed to engage with people who don't always get in touch through traditional routes, for example, younger men'

Fiona Graham from the CWIC Mental Health Team

Physiotherapy Services for East Lothian

Joint and muscle pain didn't go away during the pandemic. The MSK and Rehab team had to move fast to find other ways to support people in difficulty. They opted for a same-day assessment phone line, which built on the work they had already been doing on early intervention.

We also moved on line, our lead physiotherapist, has recorded specialist exercise programme which he posts on YouTube for patients with ongoing physio needs. This has helped people who couldn't come into our gym any more to carry on their regime at home.

'With joint or muscle pain, the earlier you get advice and support the better,' says Lesley. 'Putting up with pain may be brave, but it's not good for you. We wanted to make sure that people could access physio and occupational therapy and support as soon as they needed it.'

'We are looking forward to getting back to face-to-face, but the phone lines will stay because they have already proved their worth for people working, parenting or caring'

Lesley Berry, General Manager for Access and Rehabilitation



Community Link Workers



As we all live with pressures in our daily life but sometimes those pressures grow to the point that they affect our health and wellbeing. There are lots of reasons for feeling under pressure. It could be money worries, living in a stressful relationship, struggling with mental health or finding it difficult to cope with your role as a parent or carer. The Community Link Worker Service is here to help people manage and reduce these pressures. They are link people with support and activities available locally that can help. This can be anything from specialist advice and support to health and wellbeing activities that help you relax or exercise and focus on yourself for a while.

Nursing Support in the Care Homes



During the coronavirus pandemic it became apparent how important the Care Home Team was in supporting care homes. 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.

Community Treatment and Access Service (CTACS)

We were just ready to start rolling out our new CTACS service when the pandemic hit. However, after a slight delay we opened our first Community Treatment and Access service base at

'We have a fantastic team of experienced NHS nurses in our team. CTACS can offer patients longer appointments when needed, allowing the team to take the time to fully assess and plan individualised care to patients.'

This is a new way of receiving care – one which helps us to ensure people are able to see the right person at the right place at the right time, and one which I know people are coming to value.' CTACS lead Deidre Quigley



East Lothian Community Hospital in June 2020 and are available with every East Lothian practice. CTACS offer a range of specialised services and Services include wound management, stich and staple removals and B12 injections without a GP referral.

A strategic approach to this was taken and the IJB was involved appropriately. The core components and key developments for 2020/21 are summarised above and further details will be included in the Annual Performance Report. The Annual Performance Report will not be published until November, it has therefore not been possible to include a link to this at this time, but this will be available on the IJB webpage in due course which will include key performance indicators and comparators.

Plans for Next Year

Review of Adult Social Care

Following the Independent Review of Adult Social Care (published in February 2021), East Lothian IJB will closely scrutinise the Review, its recommendations and the implications for East Lothian and for partnership working

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

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.

Although the financial implications of the recommendations cannot be assessed at this stage, the changes proposed do not come without costs. There are key areas with greater costs implications and but there is also opportunities to spend money better.

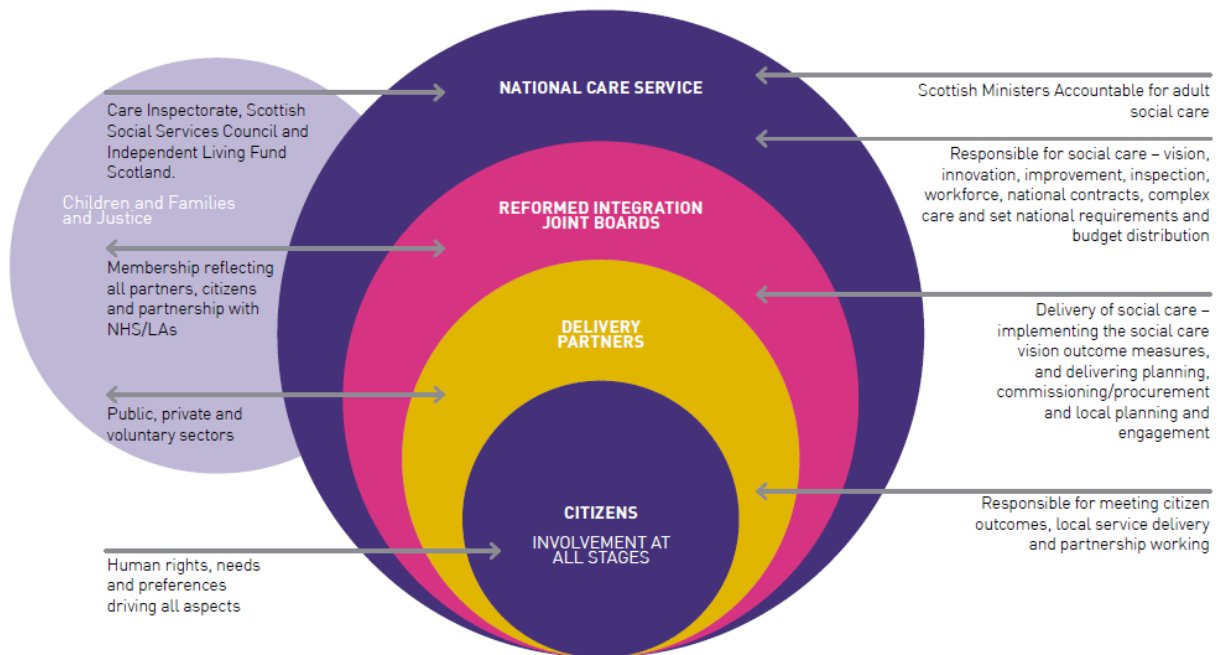
The report describes that some costs arise in our current system because social care supports are often too focused on crisis management and late intervention, and not enough on prevention and empowering people to live fulfilling lives. Suggesting that with more effective care planning and delivery it could in some instances be put to better use to support people more effectively

The focus with all partners is to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes.

The diagram below summarises the ethos of the review and the end goal of ensuring the human rights of our citizens is driving all aspects of the review.



The case for a National Care Service (NCS)



(Source – Independent Review of Adult Social Care in Scotland)

East Lothian IJB have a key objective within their Strategic Plan (2019-2022) to transform care. 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."

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

East Lothian IJB will work closely in decision making at NHS Board, regional and national levels. We will continue to work with partners 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

The IJB's Position at 31 March 2021

For the year ending 31 March 2021, the IJB was underspent. That is, the costs incurred in delivering the IJB's functions by East Lothian Council and NHS Lothian are less than the income that the IJB received from NHS Lothian and East Lothian Council.

The year-end position was arrived at as follows:

	Income £000's	Expenditure £000's	Surplus £000's
Health	143,606	136,829	6,777
Social Care	49,385	48,952	433
Total	192,991	185,781	7,210



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

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

Analysis of the Financial Statements

The financial statements are all presented on a net basis.

The table below summarises the income and expenditure for the IJB for 2020/21.

Income and Expenditure

	Budget	Budget	Expenditure	Expenditure	Variance	Note
	Health	Social	Health	Social Care		
	£000's	Care	£000's	£000's	£000's	
		£000's				
Direct East Lothian Services						
Community AHPS	4,037		3,993		45	
Community						
Hospitals	11,613		11,608		5	
District Nursing	2,600		2,488		112	
General Medical						
Services	17,746		17,928		(182)	
Health Visiting	1,900		1,740		159	
Mental Health	6,161		5,886		275	
Other	16,700		10,359		6,342	
Prescribing	20,599		20,686		(87)	
Resource Transfer	4,819		4,824		(4)	1
Older People		26,466		28,126	(1,660)	
Mental Health		2,004		2,001	2	
Physical Disabilities		3,378		3,073	305	
Learning Disabilities		16,103		16,325	(222)	
Planning and						
Performance		2,871		2,543	328	
Other		4,779		3,100	1,679	
East Lothian Share of pan Lothian					0	
Set Aside	21,921		21,957		(36)	2
Mental Health	2,411		2,492		(81)	
Learning Disabilities	1,816		1,786		30	
GP Out of Hours	1,392		1,517		(125)	
Rehabilitation	875		773		103	
Sexual Health	801		748		53	
Psychology	908		990		(82)	
Substance Misuse	411		407		4	
Allied Health						
Professions	1,500		1,391		109	
Oral Health	2,098		2,060		38	
Other	3,846		3,746		100	
Dental	6,824		6,824		0	3



Ophthalmology	2,046		2,046		0	3
Pharmacy	4,363		4,363		0	3
Totals	137,390	55,601	130,613	55,168	7,210	
SCF	6216	-6216	6216	-6216		4
Per accounts	143,606	49,385	136,829	48,952		

(* Due to rounding's the Totals for Health are out by £1k when summing the individual budget and expenditure lines.)

Income & Expenditure Notes

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

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

3. In the Health system, expenditure to support the delivery of community dentistry, community opticians and community pharmacists is termed as 'non cash limited' (NCL) but is clearly part of the delivery of primary care services and these functions are delegated to the IJB. However, being NCL there is no budget as such but any expenditure incurred is supported in its entirety by the Scottish Government. The NCL values are not part of the budget setting process, there being no budget, but NHS Lothian has matched the NCL expenditure with income to cover this expenditure.
4. The Social Care Fund (SCF) is a resource which the Scottish Government has directed to the IJB through NHS Lothian and is shown as health funds in the accounts. However, these funds are then transferred to the Council and used to support the delivery of social care services and the analysis above reflects this.

The charges (shown as expenditure above) made by East Lothian Council to the IJB are the net direct costs incurred in the delivery of social care services in East Lothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the core services (those services specifically for and delivered by the East Lothian HSCP) are based on the net direct actual costs incurred in East Lothian. However, charges for hosted and set aside services (those services which are not generally managed by the East Lothian



Partnership and are delivered on a pan-Lothian basis) are based on the total actual costs for these service shared across four IJBs per the budget setting model. The IJB share of the total actual costs incurred in 2020/21 for hosted services is 12% and, generally, 12% of the Lothian element of the set aside budgets and the non-cash limited budgets.

Overview of the 2020/21 position

Covid has impacted all services during the year. Existing recurring pressures in some areas have continued, while in other areas, due to reduced levels of activity, pressures have been minimal during the year. From the above table, it can be seen that similar underlying pressure areas remain.

Direct East Lothian Services

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

Within the social care budgets the pressures lay within increased demand for commissioned care services, particularly clients with Learning and Physical Disabilities.

East Lothian Share of Pan-Lothian Services

The Scottish Government released funding to cover the impact of covid costs on NHS Lothian's position and that funding has been allocated to delegated and set aside services to offset additional expenditure incurred. The areas within hosted services with continued pressures being experienced are Adult Psychology Services and Mental Health Inpatient services with additional capacity being required in year to cope with high demand.

The main pressure for Set Aside services in this financial year lies within Gastroenterology Services and the ongoing pressure with drug costs for the treatment of long-term gastroenterology conditions. Junior Medical pay pressure also continued during this year, where additional staffing was required to fill gaps in rotas and where there were service pressures. The Junior Medical position has improved significantly from previous years but still remains a pressure.

With Covid funding being allocated across the IJB set aside specialities to cover additional costs incurred around extra staffing to cope with covid, the overall position on set aside is much improved compared to previous years.

As a reminder, [Appendix 1](#) illustrates the principal of Set Aside

Reserves

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

The IJB is permitted to set aside future amounts of reserves for future policy purposes. These reserves normally comprise funds that are set aside for specific



purposes; and funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies.

The IJB has reserves at the end of 2020/21 of £9.608m, compared to reserves of £2.398m in March 2020. The movement can be described below.

The IJB's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. The IJB's useable reserve is broken down as follows and a full breakdown of earmarked reserves shows later in the accounts:

	2020/21 Total £000's	2020/21 Movement £000's	2020/21 Total £000's
General Reserves			
Surplus on Provision of Service	1,793	1,289	3,082
Earmarked Reserves			
Surplus on Provision of Service	605	5,921	6,526
Total Usable reserves	2,398	7,210	9,608
Unusable Reserve			
Employee Statutory Adjustment Account			0
Balance as at 31 March 2021	2,398	7,210	9,608

The IJB's Strategy and Business Model

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

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

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



East Lothian IJB is committed to ensuring that services:

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

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

Key Risks and Uncertainties

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

There remain a series of uncertainties:

- The coronavirus pandemic resulted in a disruption for many services and additional funding met by the Scottish Government to mobilisation services is a short term solution. The medium and long term impacts of the pandemic remain uncertain and there is little doubt that significant financial challenges lay ahead.
- East Lothian faces increasing demands from this ageing and growing population and we must ensure we have the ability to provide additional GP consultations and provide services locally in appropriate premises. East Lothian has the highest level of aging population growth in Scotland. This



population growth and the increasing aspiration to deliver more care in the local community results in pressure on GP practices to provide fit-for-purpose premises.

- The increasing population in East Lothian remains a challenge which may exacerbate the staffing and financial pressures above.
- The financial position for the UK and Scotland remains uncertain and this will provide a challenge to the amount of financial resources available to the IJB.
- That said, the Scottish Government have announced a series of investments in Primary Care, Mental Health and Substance misuse and Drugs Related Deaths all of which will be directed to the IJB and these resources will support not only the delivery of the new GMS contract but also the transformation programme that the IJB is managing for these services.
- The current fragility of provider organisations in the home care and care homes sector may require action and investment to secure sustainability in these important services

Fiona O'Donnell
Chair
(April to February 2021)

Shamin Akhtar
Chair
(March 2021)

Alison MacDonald
Chief Officer

Claire Flanagan
Chief Finance Officer



Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

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

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

Signed on behalf of East Lothian Integration Joint Board

Fiona O'Donnell
Chair
(April to February 2021)

Shamin Akhtar
Chair
(March 2021)



Responsibilities of the Chief Finance Officer

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

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

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

The Chief Finance Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the East Lothian Integration Joint Board as at 31 March 2021 and the transactions for the year then ended.

Claire Flanagan
Chief Finance Officer



Remuneration Report

Introduction

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

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

Remuneration: IJB Chair and Vice Chair

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

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. Neither the Chair nor the Vice Chair appointments had any taxable expenses paid by the IJB in 2020/21.

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

NHS Lothian remunerates its non-executive members on a notional day basis. That is they are paid a fixed annual amount which is considered to represent payment for one day a week. Those non-executive members of the NHS Lothian Board, who are also Chairs or Vice Chairs of IJBs, are given an additional day's remuneration per week in recognition of the additional time required to undertake those roles. Peter Murray, as a non-executive member of NHS Lothian Board who was also the Vice Chair of East Lothian IJB, has received an additional day's remuneration specifically for his role as Vice Chair of the IJB in 2020/21. This remuneration is £8,842 per annum.

Remuneration: Officers of the IJB

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

Chief Officer

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



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

Chief Finance Officer

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

Other Officers

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

Total for 2019/20 £	Senior Employees Salary, Fees & Allowances	Total for 2020/21 £
48,004	Alison MacDonald, Chief Officer	50,757
23,781	Claire Flanagan, Chief Finance Officer	25,000

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

Pension Disclosure

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



	In Year Contribution			Accrued Pension benefits	
	For year to	For year to		at	*(Restated)
	31/03/2021	31/03/2020			at
	£000	£000		£000	£000
Alison MacDonald	13	13	Pension	16	13
			Lump Sum	6	6
Claire Flanagan	9	9	Pension	16	13
			Lump Sum	25	24

(* The 2019/20 figures have been restated due to information that came to light during 2020/21)

Disclosure by Pay Bands

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

Exit Packages

The IJB did not support nor did it direct to be supported by its partners for any exit packages during 2020/21.

Fiona O'Donnell

Chair

(April to February 2021)

Shamin Akhtar

Chair

(March 2021)

Alison MacDonald

Chief Officer



Annual Governance Statement

Purpose

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

Scope of Responsibility

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

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

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

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

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



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

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

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

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

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

Statutory and other Compliance

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

- Membership - its minimum membership (voting and non-voting) is set by statutory instrument, with the power to appoint additional members as it sees fit. The Board's membership is fully populated
- Standing Orders - the Board is required by statutory regulations to have Standing Orders to regulate its business, with some aspects stipulated in those regulations. Standing Orders were adopted at the IJB's inaugural meeting and were subsequently amended on the 26 March 2020 as part of COVID recess procedures. They comply with statutory requirements
- Committees - the Board has established an Audit and Risk Committee with a detailed remit and powers and with the membership clearly defined. This complies with statutory requirements and with the Board's Standing Orders
- Meetings - the Standing Orders adopted by the Board allow the public to have prior access to meeting agendas and reports, and to attend meetings of the Board and its committees, except in clearly defined and limited circumstances. During the 2020/21 year meetings have been held remotely via Teams. Local press representatives have been invited to meetings and the meetings recorded and made available publicly to meet these commitments
- Strategic Plan - the Board established its Strategic Planning Group as required by legislation, with Terms of Reference approved by the Board covering



membership, meetings and meetings procedures. From August 2020 the Strategic Planning Group continued to meet remotely

- Officers - the Board appointed a Chief Officer and a Chief Finance Officer as required by the legislation. A Chief Internal Auditor has been appointed to carry out the Board's internal audit requirements and assist its Audit and Risk Committee
- Finance - the Board received reports in relation to financial assurance prior to the setting of budgets for the functions delegated by East Lothian Council and NHS Lothian, and adopted Financial Regulations in relation to the conduct of its financial affairs, the maintenance of its accounting and financial records, and its annual accounts and financial statements
- Code of Conduct - the Board adopted a Code of Conduct based on the existing Model Code for Members of Devolved Public Bodies in Scotland, and members have registered their interests according to that Code. The Scottish Government approved the IJB's Code of Conduct on 1 June 2016.

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

The IJB Chief Internal Auditor concluded that based on the work undertaken in 2020/21 reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the period to 31 March 2021, but noted areas for further development. These improvements are reflected below.

Action Plan

During 2020/21, areas identified with scope for improvement included the following:

- The current Health and Social Care Partnership workforce plan and workforce action plan does not reflect the workforce developments arising from the events of 2020, and will require staff in the role of workforce development to take forward appropriate actions.
- If the Health and Social Care Partnership are required to continue operating a PPE equipment hub following the current review, then procedures to ensure a complete audit trail for equipment from receipt to delivery to NHS locations and social care providers will be required.

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

It is our opinion, subject to the weaknesses outlined above, that reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the year to 31 March 2021.



Fiona O'Donnell

Chair

(April to February 2021)

Shamin Akhtar

Chair

(March 2021)

Alison MacDonald

Chief Officer



Independent Auditor's Report

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

AUDIT REPORT TO FOLLOW



AUDIT REPORT TO FOLLOW



AUDIT REPORT TO FOLLOW



Comprehensive Income and Expenditure Statement

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

2019/20		Note	2020/21
Net Expenditure			Net Expenditure
£000			£000
3,295	Community AHPS		3,993
9,953	Community Hospitals		11,608
2,393	District Nursing		2,488
16,550	General Medical Services		17,928
1,625	Health Visiting		1,740
7,437	Mental Health		7,888
10,013	Other		13,459
21,031	Prescribing		20,686
3,226	Resource Transfer		4,824
24,049	Older People		28,126
3,321	Physical Disabilities		3,073
17,363	Learning Disabilities		16,325
2,663	Planning and Performance		2,543
26,154	Share of pan Lothian Health Services		29,144
22,118	Set Aside		21,957
171,191	Cost of Services		185,781
171,817	Taxation and Non-Specific Grant Income	6	192,991
626	Surplus or (Deficit) on Provision of Services		7,210
626	Total Comprehensive Income and Expenditure		7,210



Movement in Reserves Statement

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

	2019/20 Total £000	2020/21 Movement £000	2020/21 Total £000
General Reserves			
Surplus on Provision of Service	1,793	1,289	3,082
Earmarked Reserves			
Surplus on Provision of Service	605	5,921	6,526
Total Usable reserves	2,398	7,210	9,608
Unusable Reserve			
Employee Statutory Adjustment Account	0	0	0
Balance as at 31 March 2021	2,398	7,210	9,608

Reserves

The reserves are classified as either Useable or Unusable Reserves

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

Useable Reserves

East Lothian IJB has both a general reserve which can be used to mitigate financial consequences of risks and other events impacting on the IJB's resources and an earmarked reserve the monies within this fund are earmarked for specific purposes. East Lothian IJB has an earmarked reserve which can be used to mitigate financial consequences of risks and other events impacting on the specific project budget. The monies within this being the carry forward COVID-19 funding, Primary Care Improvement Fund, the Action 15 funding to support implementation of Scottish Government's Mental Health Strategy and other locally committed programmes.

Earmarked Reserves	£000
COVID	3,623
Primary Care Improvement Fund	226
Action 15 - Scottish Government Mental Health Strategy	53
Alcohol and Drugs Scottish Government Allocation	766
Community Living Change Fund	346
Locally Committed programmes	1,512
Committed Project Funds	6,526



Unusable Reserve

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



Balance Sheet

The Balance Sheet shows the value, as at 31 March 2021, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.

2019/20		Notes	2020/21
Total			Total
£000			£000
	Current Assets		
2,573	Short Term Debtors		9,783
	Current Liabilities		
(175)	Short Term Creditors		(175)
2,398	Total Assets less current Liabilities		9,608
	Capital and Reserves		
605	Earmarked Reserves		6,526
1,793	General Reserves		3,083
2,398	Total Reserves	MIRS	9,608
		Note 5	

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

Claire Flanagan
Chief Finance Officer



Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the IJB's transactions for the 2020/21 financial year and its position at the year-end of 31 March 2021.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

Accruals of Income and Expenditure

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

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

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

Funding

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

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partner. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the Balance Sheet.

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet. Where income and



expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.

Employee Benefits

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

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

Provisions, Contingent Liabilities and Contingent Assets

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

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

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

The IJB has no provisions, contingent liabilities or contingent assets at 31 March 2021.

Reserves

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

The IJB's only Useable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. As noted above, the IJB had reserves of £9,608,000 at 31 March 2021.

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



Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Lothian and East Lothian Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. The IJB holds separate indemnity insurance through its membership of the CNORIS scheme; the charge for this in 2020/21 was £6,000.

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

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

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

2. Critical Judgements and Estimation Uncertainty

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

- The partner organisations have considered their exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the partner organisations’ opinion that a transfer of economic benefits will be required, material contingent liabilities have been disclosed (there are none).
- The Annual Accounts contains estimated figures that are based on assumptions made by the IJB about the future or that are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates. There are no items in the IJB’s Balance Sheet at 31 March 2021 for which there is a significant risk of material adjustment in the forthcoming financial year.

Provisions

The IJB has not created any provisions in respect of compensation claims. The IJB has not had any claims made against it in 2020/21 nor is it aware of any claims pending. However, it is not certain that all claims have been identified or that the historic level of settlement payments is a reliable guide for future settlements.

3. Events After the Reporting Period



The Annual Accounts were authorised for issue by the IJB. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2021, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4. Short Term Debtors

The IJBs short term debtors are broken down as follows:

	2019/20	2020/21
	£000	£000
Funding due from NHS Lothian	2,272	9,049
Funding due from East Lothian Council	126	559
Total	2,398	9,608

Amounts owed by the East Lothian Council is stated on a net basis; that is the creditor balances relating to expenditure obligations incurred but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

5. Reserves

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

	2019/20	2020/21
Earmarked Reserves	£000	£000
COVID Funding	-	3,623
Scottish Government Mental Health Strategy - Action 15	50	53
Scottish Government Primary Care Improvement Plan Fund	235	226
Midlothian and East Lothian Drug and Alcohol Partnership	-	766
Community Living Change Fund	-	346
Locally Committed Programmes	320	1,512
	605	6,526
General Reserves	1,793	3,082
Total Reserves	2,398	9,608

6. Taxation and Non-Specific Grant Income

2019/20		2020/21
	£000	£000
47,284	Contributions from East Lothian Council	49,385
124,533	Contributions from NHS Lothian	143,606
171,817	Total	192,991

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

The funding contribution from the NHS Board shown above includes £21,921k in respect of the set aside resources and £29,292k in respect of East Lothian's share of pan Lothian health services resources.



7. Corporate Service

Included in the above costs are the following corporate services:

2019/20		2020/21
£000		£000
48	Staff (Chief Officer)	51
6	CNORIS	6
26	Audit Fee	27
80	Total	84

8. Related Party Transactions

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

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

2019/20		2020/21
Net Expenditure		Net Expenditure
£000		£000
123,732	NHS Lothian	136,829
(3,226)	Resource Transfer	(4,824)
(6,216)	Social Care Fund	(6,216)
114,290	Total	125,789
47,459	East Lothian Council	48,952
3,226	Resource Transfer	4,824
6,216	Social Care Fund	6,216
56,901	Total	59,992

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

The change in Resource Transfer in 2020/21 relates to a presentational reclassification exercise within NHS Lothian. The actual monetary values between years remain largely static.

9. Agency Transactions

Agency transactions relate to £500 Thank you payment to East Lothian Council staff members within IJB scope and external providers for their contribution to the COVID-19 pandemic.



£000's		£000's
0	NHS Lothian	0
0	East Lothian Council	967
0	Total	967

10. VAT

The IJB is not a taxable entity and does not charge or recover VAT on its functions. The VAT treatment of expenditure and income within the accounts depends upon which of the partners is providing the services as these bodies are treated differently for VAT purposes.



Appendix 1

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

What is a set aside budget?

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

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

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

How is the set aside budget agreed?

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

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



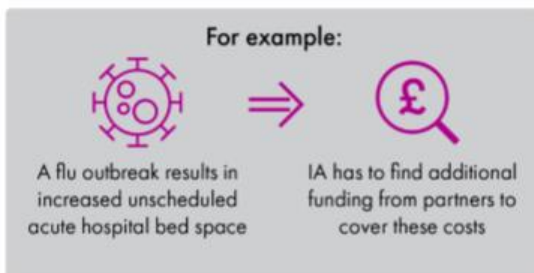
What can change the set aside budget?

In year

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

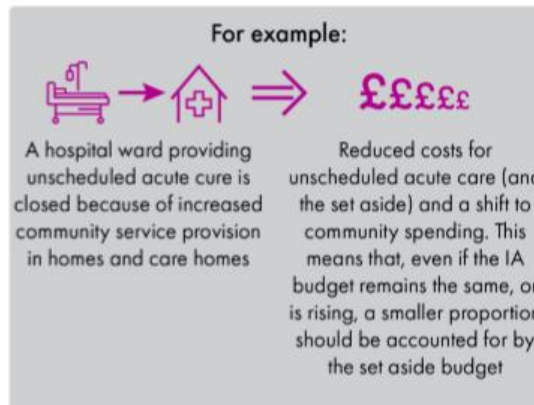
If activity is higher, the IA needs to agree with partners how these additional costs will be met.

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



Longer term

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



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



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 24 June 2021
BY: Chief Officer
SUBJECT: Interim Appointment of Chief Finance Officer

10

1 PURPOSE

- 1.1 This report updates the East Lothian Integration Joint Board (IJB) on the proposals for the recruitment of the Chief Finance Officer/Section 95 Officer to cover a period of maternity leave.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to
- i. Agree to the proposal to recruit interim cover for the maternity leave period of the current Chief Finance Officer/Section 95 Officer;
 - ii. Delegate authority to the Chief Officer and Chair of the IJB to approve the interim appointment on the IJBs behalf after the recruitment process; and
 - iii. Note that an update on the outcome of this process will be provided at a future IJB meeting.

3 BACKGROUND

- 3.1 The regulations on membership of IJBs include the appointment of “the proper officer of the integration joint board appointed under section 95 of the Local Government (Scotland) act 1973(1)”.
- 3.2 The IJB agreed in July 2015 that there should be a shared Chief Finance Officer/Section 95 Officer appointment between East Lothian and Midlothian IJBs and that this would be subject to review. During April 2018 this arrangement was reviewed and the Chief Officers of East Lothian and Midlothian IJBs held discussions with the Deputy Director of Finance for NHS Lothian and the Section 95 Officers from East Lothian and Midlothian Councils. All parties agreed that the current arrangement has worked well. It has allowed the IJBs to benefit from having a single officer covering both. It has also allowed the IJBs

to benefit from in-depth financial understanding of the complexities of the NHS budgets and both Councils financial information.

- 3.3 Claire Flanagan was appointed to the post of Chief Finance Officer in August 2018. Claire took up the role from the 1st October 2018 and has supported both IJBs and has held an operational role in NHS Lothian. Claire is due to undertake a period of maternity leave from August 2021 for 9 months.
- 3.4 Only the IJB can appoint its own Chief Finance Officer but the Integration Scheme describes a mechanism whereby the IJB's partners (East Lothian Council and NHS Lothian) can provide the IJB with a suitable candidate.
- 3.5 It is therefore proposed to progress with a recruitment process for fixed term cover of the Chief Finance Officer/Section 95 Officer Post for both IJBs. This arrangement can be on a fixed term or secondment basis for filling the post during this period.
- 3.6 Given the timescales, the process for the selection of an interim candidate to cover the role of Chief Finance Officer/Section 95 Officer for the IJBs, the IJB is asked to support delegating authority to both the IJB Chief Officer and the IJB Chair on behalf of the IJB to approve this interim appointment following the recruitment process.
- 3.7 An update will be provided to the IJB at a future meeting on the outcome of this process

4 ENGAGEMENT

- 4.1 The IJB makes its papers and reports available on the Council's website.
- 4.2 The issues in this report have been discussed with the IJB's partners but do not require wider engagement.

5 POLICY IMPLICATIONS

- 5.1 There are no new policies arising from this paper.
- 5.2 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

6.2 The issues in this report do not require an integrated impact assessment.

7 DIRECTIONS

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

8 RESOURCE IMPLICATIONS

8.1 There are no immediate resource implications from this report. Any resource implications from the outcome of the process will be highlighted in a future report if required.

9 RISK

9.1 None

10 BACKGROUND PAPERS

10.1 None

AUTHOR'S NAME	Alison MacDonald
DESIGNATION	Chief Officer
CONTACT INFO	Alison.X.MacDonald@nhslothian.scot.nhs.uk
DATE	15 June 2021



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 24 June 2021
BY: Chief Officer
SUBJECT: Change to the Membership of the Audit & Risk Committee

11

1 PURPOSE

- 1.1 To ask the IJB to approve the appointment of Councillor Shamin Akhtar to the Audit & Risk Committee; to replace Councillor Fiona O'Donnell.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to agree the appointment of Councillor Akhtar to the Audit & Risk Committee; to replace Councillor O'Donnell.

3 BACKGROUND

- 3.1 The IJB Standing Orders allow the IJB to establish committees and working groups as necessary and to approve their membership, Chair and terms of reference. The membership of the Audit & Risk Committee requires an equal number of NHS and Council voting members. In accordance with Standing Orders, Councillor O'Donnell must be replaced on the Committee by another East Lothian Council voting member of the IJB.

4 ENGAGEMENT

- 4.1 Changes to the membership of its Committee's is a matter for the IJB.

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

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

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

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

AUTHOR'S NAME	Fiona Currie
DESIGNATION	Committees Officer
CONTACT INFO	fcurrie@eastlothian.gov.uk
DATE	30 April 2021



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 24th June 2021

BY: Joint Director of East Lothian Health and Social Care Partnership

SUBJECT: East Lothian Health and Social Care Partnership
Commissioned Community Support and Grant Awards
2021/22

12a

1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of the budget and proposed commissioning arrangements for 2021/22 in relation to commissioned community support and grant awards.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the budget for 2021/22 for commissioned community support within appendix 1.
- 2.2 Note the budget for 2021/22 for grant awards within appendix 1.
- 2.3 Note the budget for 2021/22 for Older Peoples Day Centres appendix 2
- 2.4 Note the budget for 2021/22 for Housing Support appendix 3.

3 BACKGROUND

Commissioned Community Support

- 3.1 Commissioned Community Supports can be broadly divided in to two categories: 1) Community Supports: these are commissioned in a number of ways which include Contracted Services and Spot Purchase through individual budgets; and 2) Housing Support Services.
- 3.2 Community Support providers have faced extreme pressures on their service provision as a result of COVID-19. This has led to them having to provide more resource intensive support at higher cost since they

have not been able to provide group support due to infection control requirements. Funding continued as per the 'planned care' approach until November 2020 as recommended by the Scottish Government and COSLA in order to support provider's immediate sustainability. Any decline in the availability of community service provision would only create further pressure on families and carers, the care at home workforce and the care at home budget.

- 3.3 The commissioning of community supports will be further shaped in 2021/22 by the ongoing work of the Community Transformation Programme.
- 3.4 Housing Support Services need to be extended for a further year because there is a requirement to review the future provision of housing support involving both East Lothian Health and Social Care Partnership (ELHSCP) and East Lothian Council's (ELC) Housing Department. The review will determine to whom Housing Support services are provided and where the budget will sit. However, there is an intention to deliver a level of efficiency from some of the Housing Providers in 2021/22, this was not realised in 2020/21.
- 3.5 The COVID pandemic has also been an extremely challenging period for Older Peoples Day Centres. Centres have been trying to meet a range of complex support needs and outcomes whilst complying with all necessary infection control guidelines. All centres are currently closed but are operating on an outreach basis. Some will look to open for critical cases only when lockdown is eased to level 4, centres need to find their own balance regarding what is deliverable in the community.
- 3.6 There is a significant gap in provision in Musselburgh since ELHSCP no longer commissions a day service there. Options are currently being considered about how this gap can be met through the Older People's Day Services Review utilising some of the existing uncommitted spend within the day centre budget (£67,525 as per appendix 2).
- 3.7 Planning and Performance have been working with all the centres to support them in the redesign of their services. The planned service redesign has been affected by the current lockdown and restrictions. Centres are making all efforts and working to capacity in the community. Commissioning for older peoples day centres is included in scope of the Community Transformation programme.

Grant Awards

- 3.8 ELHSCP put in place a formal grants process following recommendations from ELC's Internal Audit and the Procurement Board in 2019. A new process was agreed and has been used to administer annual grants awarded from April 2020 with the process also published on the ELC website to allow for wider applications.

- 3.9 ELHSCP received 8 applications in total for 2021/22 with 2 from existing providers and 6 from new applicants. The funding available for allocation was £25,010 for the year.
- 3.10 It is recognised that the 2021/22 grant award budget is relatively small and it is the intention of ELHSCP to increase the budget in future to encourage innovation and increase the number of providers that we are able to support. A proposal will be submitted to the IJB Commissioning Board in due course.

4 ENGAGEMENT

- 4.1 The Community Transformation Programme has a comprehensive stakeholder engagement programme in place.
- 4.2 The Planning and Performance Team have provided extensive support and advice to all Community Support providers throughout the COVID-19 pandemic.
- 4.3 A Senior Social Work Practitioner sat on the ELHSCP Grant Awards panel in order to ensure an operational perspective.

5 POLICY IMPLICATIONS

- 5.1 Key associated policy areas include:
- Findings and recommendations from the Independent Review of Adult Social Care.
 - Updating the eligibility policy taking into consideration the recommendations from the Adult Social Care Review and any implications for charging.
 - Updating the dementia strategy.
 - Social work redesign programme.
 - Adults with complex needs.
 - Shifting the balance of care.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report has been through the Integrated Impact Assessment process as part of other work streams associated with the commissioning arrangements.

7 DIRECTIONS

Commissioned Community Support and Grant Awards have clear links with the directions below:

- 7.1 D02f – Health and Housing and Social Care Group
- 7.2 D02i – Young Adults with Complex Needs
- 7.3 D12c – Day Services Review
- 7.4 D12g – Adults with Complex Needs Review
- 7.5 D12j – Extra Care Housing Implementation
- 7.6 D14a – Carer’s Strategy Implementation
- 7.7 D15j – Post Diagnostic Dementia Support

8 RESOURCE IMPLICATIONS

- 8.1 Financial – the above noted spend is within the voluntary organisations budget for 2021/22
- 8.2 Personnel – the Planning and Performance Team and service providers are keen to develop longer term contracts and service level agreements in order to improve recruitment, retention, service development and consistency.
- 8.3 Other – N/A

9 BACKGROUND PAPERS

- 9.1 Appendix 1 – Commissioned Community Support and Grant Awards Financial Summary 2021/22.
- 9.2 Appendix 2 - Community Support Older Peoples Day Centres Financial Summary 2021/22
- 9.3 Appendix 3 – Housing Support Financial Summary 2021/22

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Appendix 1 – Commissioned Community Support and Grant Awards Financial Summary 2021/22

Provider	Sum of net £ 2020/21	Sum of net £ 2021/22	Current contract / Service Level Agreement
Advocacy			
CAPS	£117,065	£117,065	1/04/20 – 31/03/22
Partners in Advocacy	£52,800	£52,800	1/04/20 – 31/03/22
EARS	£45,625	£45,625	1/04/20 – 31/03/22
Carers			
Carers of East Lothian	£223,526	£223,526	Existing funding runs from 1/04/20 - 31/03/21 with 3 months additional funding (1/04/21 - 31/06/21) being put in place until tender process complete for 2021/22 and 2022/23 with option for 1+1 year extension.
East Lothian Young Carers Ltd	£10,700	£0	
Community Link Workers			
Penumbra	£0	£153,528	1/01/21 – 4/01/24
We are with you	£0	£64,800	1/01/21 – 4/01/24
Royal Voluntary Service	£0	£48,107	1/01/21 – 4/01/24
Community Mental Health Services			
CHANGES Community Health Project	£189,579	£189,579	1/04/15 – 31/03/16. Rolling funding since. Being reviewed as part of transformation programme.
Stepping Out	£60,207	£60,207	1/04/15 – 31/03/16 with 1+1 additional years taking us to 31/03/18. Rolling funding since. Being reviewed as part of transformation programme.
Health in Mind (Equal Access)	£12,500	£12,500	Previous NHS contract in 2016. Currently agreed for 1/04/21 – 31/03/22 but dependent on outcome of Midlothian's tendering of mental health services.
Community Older People Services			
Fraser Centre (grant)	£0	£10,000	1/04/21 – 31/03/22
Pencaitland Day Centre (grant)	£1,624	£0	
Dementia Services			
Alzheimer Scotland - Action on Dementia	£81,962	£81,962	1/04/21 – 31/03/22
Alzheimer Scotland - Dementia Cafes (grant)	£8,036	£5,010	1/04/21 – 31/03/22

Provider	Sum of net £ 2020/21	Sum of net £ 2021/22	Current contract / Service Level Agreement
Dementia Friendly East Lothian CIC	£20,000	£20,000	1/04/21 – 31/03/22
Huntington's Services			
Moving Ahead with Huntington's Disease	£8,960	£8,960	Letter of agreement sent in 2013. Currently finalising a 3 year contract under single source application.
Independent Living & Financial Support Organisations			
Lothian Centre for Inclusive Living	£32,076	£32,076	1/04/2016 – 31/03/17 with 3 additional years taking us to 31/03/2020.
MELDAP			
Edinburgh and Lothian's Council on Alcohol	£10,000	£0	
Sensory Impairment			
Deaf Action	£50,025	£50,025	1/04/21 – 31/03/24
Sight Scotland	£53,024	£38,996.71	1/04/21 – 31/03/24
Stakeholder Engagement			
East Lothian Community Care Forum	£13,289	£0	
Violence Against Women and Girls			
Pink Ladies 1st (Anam Cara)	£5,000	£5,000	1/04/15 – 31/03/16 and rolling funding since. Being reviewed as part of transformation programme.
Volunteers			
Royal Voluntary Service	£86,519	£86,519	1/04/21 – 31/03/22

Total	£1,082,517	£1,306,285.71
Uncommitted		£58,279.29

Appendix 2 – Community Support Older Peoples Day Centres Financial Summary 2021/22

Provider	Sum of net £ 2020/21	Sum of net £ 2021/22
Association of East Lothian Day Centres	£20,000	£20,000
Dunbar Day Centre	£104,000	£104,000
Gullane Day Centre	£104,000	£104,000
Haddington & District Day Centre	£117,000	£117,000
Harlawhill Day Care Centre	£106,408	£106,408
John Bellany Centre	£117,000	£117,000
North Berwick Day Care Association	£121,640	£121,640
Pennypit Community Development Fund	£8,000	£0
Primrose Day Centre	£104,000	£104,000
The Lynton Centre	£104,000	£104,000
Tranent Day Centre	£104,000	£104,000
Utilities and maintenance	£597	£597

**Total
Uncommitted**

£1,010,645

£1,002,645

£67,525

Appendix 3 – Housing Support Financial Summary

Provider	Sum of net £ 2020/21	Sum of net £ 2021/22
Abbeyfield North Berwick Society Ltd (Sheltered Housing)	£3,383	£3,383
Blue Triangle (Glasgow) Housing Association Ltd (Housing Support)	£440,296	£440,296
East and Mid Lothian Women's Aid (Housing Support)	£158,013.50	£158,013.50
NCH Scotland (Action for Children) (Housing Support)	£193,806	£193,806
Total	£708,052	£708,052



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 24th June 2021

BY: Joint Director of East Lothian Health and Social Care Partnership

SUBJECT: Procurement of Carer Services

12b

1 PURPOSE

- 1.1 To note the outcome of a tender process carried out for the provision of Carer Services in East Lothian.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to
- Note that the tender for Lot 1 (Adult carer services) was awarded to Carers of East Lothian.
 - Note that no submissions were received for Lot 2 (Young Carers, Young Adult Carers), and work is underway to ensure support remains in place for both while a new service offer is developed.

3 BACKGROUND

- 3.1 The Scottish Government introduced new legislation (The Carers (Scotland) Act 2016) requiring Local Authorities to offer all carers either an Adult Carer support Plan or Young Carer Statement as well as outlining a duty to provide an information and advice service to carers.
- 3.2 ELHSCP has developed a Carers Strategy that aims to ensure that young carers, young adult carers and adult carers receive the support they need to manage their caring responsibilities, manage their own health and wellbeing and are able to have a life of their own outwith the caring role.
- 3.3 A Procurement Service Strategy was developed, informed by the Carers Strategy, Carers Change Board and other stakeholder engagement, which informed the development of an Invitation to Tender for the following purpose:

- a) Selection – To assess the capacity and capability of Tenderers
- b) Award – To evaluate the quality of the service solutions proposed

EVALUATION PROCESS AND AWARD RECOMMENDATION

- 3.4 The Procurement Service Strategy was prepared in accordance with Scottish Government guidance. Internal budget approval and authorisation was obtained at the start of the procurement process. The stated budget for the Procurement was: **Lot 1** - Year 1 - £460,994. Year 2 - £484,043, **Lot 2** – Year 1 - £235,486. Year 2 - £264,707. ELC\ELHSCP has the option to extend the contract by a further 2 years (year on year basis).
- 3.5 The information gathered from the strategy determined that the proposed value and subject matter (falling within health and social care type services) indicated an open tender process subject to the provisions of the 2015 Regulations ‘Light Touch Regime’.
- 3.6 The services included services for adult carers as well as those for young carers\young adult carers with some differences in the specific requirements for those groups of carers. There was also potentially a different market of providers who would specialise in the services to the different carer groups. The requirement was therefore separated into 2 ‘lots’ to maximize opportunities in the supply market.
- 3.7 A Prior Information Notice was published on Public Contracts Scotland on 19 February 2021, as a call for competition, to give the market advance notice (as providers would be impacted by Covid-19 restrictions). Interested providers were then invited to access the tender documents on the PCS-Tender tender portal.
- 3.8 Qualification Criteria – tenderers completed the Single Procurement Document (SPD) which checks mandatory and discretionary exclusion criteria and compliance with the requirements for participation.
- 3.9 Organisations that passed the qualification stage were further evaluated on the following scored criteria (award criteria):-

Requirement	<i>Weighting</i>
Quality - Suppliers supplied responses to 7 method statements including proposed approach to the service (carer identification, 1:1 support, provision of information and advice), management and staffing, outcomes and reporting, implementation and fair work practices	70%
Price – tenderers were asked to complete a price schedule with pricing to be compliant with the stated budget	30%

- 3.10 Two submissions were received for Lot 1 – Services for Adult Carers. No submissions were received for Lot 2.
- 3.11 The submissions for Lot 1 were evaluated by a panel consisting of representatives from ELHSCP and ELC Procurement. The panel recommended awarding the contract to COEL whose submitted pricing was £451,039 year 1 and £467,597 for year 2. Scores for the winning tender are listed below.

	Price	Quality	Overall
Tenderer	Total	Total	score
Carers of East Lothian (COEL)	27.23	61	88.23
weighting	30%	70%	100.00%

- 3.12 As no submissions were received for Lot 2 and funding to the current organisations will cease on 30th June 2021, work is ongoing to look at short term and long-term options to ensure that support remains in place for young carers and young adult carers.

4 ENGAGEMENT

- 4.1 Engagement was completed with carers to support development of the service specification making use of hardcopy surveys distributed by carer organisations as well as online surveymonkey links and a link on the consultation hub. Additional focus groups were held with young carers and young adult carers through schools to try to capture the views of those young carers not currently making use of young carer services.

5 POLICY IMPLICATIONS

- 5.1 N/A

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report has been through the Integrated Impact Assessment process and no negative impacts have been identified. [Integrated Impact Assessment Form Carer Procurement | East Lothian Council](#)

7 RESOURCE IMPLICATIONS

- 7.1 Financial – Funding for procurement has been provided from Scottish Government carers act funding.

7.2 Personnel –

7.3 Other –

8 BACKGROUND PAPERS

8.1 None

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