



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

THURSDAY 8 DECEMBER 2022  
VIA DIGITAL MEETINGS SYSTEM

1

---

### **Voting Members Present:**

Councillor S Akhtar  
Councillor L Bruce  
Ms E Gordon  
Ms F Ireland  
Councillor C McFarlane  
Mr P Murray (Chair)  
Ms V de Souza

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

Ms M Allan	Mr D Binnie
Mr I Gorman	Ms M McNeill
Ms J Tait	Ms F Wilson
Dr J Hardman (s)	Mr C King (s)

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

Ms L Berry	Mr P Currie
Mr G King	Mr M Kennedy
Ms L Kerr	

### **Clerk:**

Ms F Currie

### **Apologies:**

Councillor L Jardine  
Ms L Cowan  
Ms C Flanagan (s)  
Dr J Turvill (s)

### **Declarations of Interest:**

None

The Chair advised members that requests had been received from members of the public to attend online meetings of the IJB. This was not possible under the current arrangements but it was hoped that there might be a return to in person meetings in the spring of 2023. In the meantime, recordings of all online meetings would continue to be made available on the website.

## **1. MINUTES OF THE MEETING OF THE EAST LOTHIAN IJB ON 27 OCTOBER 2022 (FOR APPROVAL) AND MATTERS ARISING**

The minutes of the meeting on 27<sup>th</sup> October 2022 were approved.

The following matters arising were discussed:

**Item 4 (2022/23 Financial Update)** – Councillor Akhtar asked for an update on the potential impact of sustainability payments ending in March 2023. Laura Kerr confirmed that providers were aware of the ending of payments and applications had tailed off in recent months. While providers be able to apply to the Social Care Fund for assistance with costs associated with staff absence, no additional funding had been announced. Ms Kerr was aware of two providers who were experiencing difficulties and her team were working with them to help manage the situation.

## **2. CHAIR'S REPORT**

The Chair began his report by encouraging members to attend a forthcoming event called 'Trauma is Everyone's Business' taking place on 17<sup>th</sup> January.

He also reported on a recent meeting of the IJB Chairs & Vice Chair's Network at which Iain McFarlane had encouraged all IJBs to ensure that they had representation within their membership from those with lived-experience. The Chair said that while the IJB already had some lived experience from among its members, it would be an important point to bear in mind going forward. The meeting had also requested feedback from IJBs on their current financial challenges and these comments would be relayed to the Scottish Government. He noted that all IJBs were experiencing similar pressures in this area.

Judith Tait commented on the importance of having representation from those with 'lived experience' and how this fed into the design of trauma informed services. Maureen Allan concurred but noted that for many 'lived experience' could be seen as a derogatory term. John Hardman observed that, in relation to GP training, it was important to hear from those with current experience and not just past experience, as GPs needed to be aware of current needs and not just needs people perceive when recovered.

Val de Souza asked if it would be possible to share the feedback sent to Government regarding IJB financial challenges. The Chair agreed to look into this.

Marilyn McNeill raised the issue of the cost of living crisis which had affected many families in East Lothian. She outlined some of the resources and actions being promoted by the Area Partnerships and asked whether the IJB might have a role to play in assisting or promoting these. She suggested inviting the Area Partnership Chairs to a meeting to find out more.

The Chair agreed to discuss a potential meeting invitation with Councillor Akhtar, as IJB Vice Chair, and Fiona Wilson.

In the meantime, Ms Allan pointed to assistance provided to Foodshare and local food pantries and to the wider work of the Poverty Group. Councillor Akhtar added that all councillors received regular updates on the implementation of the Council's poverty action plan and she would be happy to circulate this information.

Ms McNeill said it was reassuring to hear of the wider actions taking place and that it would be worthwhile to have further information circulated and to invite someone to attend a further meeting to provide an update.

The Chair agreed to discuss appropriate actions with Councillor Akhtar and Ms Wilson and respond to Ms McNeill before the next IJB meeting. He thanked Ms McNeill for raising this issue and said it was right to link the cost of living crisis with potential impacts on people's wider health and wellbeing, and how this related to the work of the IJB.

### **3. 2022/23 Q2 FINANCIAL UPDATE**

The Chief Finance Officer had submitted a report laying out the results of the Partner's (East Lothian Council and NHS Lothian) quarter two financial reviews and considering how these impacted on the projected financial position of the IJB for 2022/23

Chris King presented the report. He summarised the main points advising members that the year-end forecast for Q2 had improved to close to a break even position. He drew attention to areas of continuing pressure within Set Aside and social care budgets, additional risks around the NHS pay settlement and learning disability transport costs, as well as the Council's finance team remaining in business continuity measures. He also reminded members that the Scottish Government was looking to reclaim surplus COVID reserves and further advice was expected on recovery of these funds. In the meantime, the IJB continued to submit its regular financial returns and expected to record total costs of £5.2M.

The Chair asked for further details on the transport cost pressures and the risk from business continuity measures continuing within the Council's finance team.

Fiona Ireland advised that the Audit & Risk Committee had recently discussed the new risk to be added to the IJB's register around the impact of the business continuity measures, the need for further detail on this and consideration of potential mitigations. Referring to other matters highlighted within the report, specifically the overspend within the Set Aside budget, commenting that this arose partly because the IJB was allocated a percentage of the overspend rather than its costs being calculated on actual usage. This placed the IJB in a worse position than it otherwise might be and she encouraged members and officers to push for this calculation to move from a percentage to actual usage in future years. Regarding the reclaiming of COVID reserves she said it was important to understand the impact of this policy on budgets in the current year and going into 23/24.

The Chair concurred with Ms Ireland's point about the Set Aside budget and noted that work on this had begun pre-COVID but had stalled. However, it was now restarting and he would be happy to ask the NHS Lothian Board for an update on progress.

Mr King said that on the issue of COVID reserves, all IJBs shared the same concerns but that his colleagues had done a fair amount of exit planning to minimise any impacts. The main risk related to the additional wards at the community hospital and work was ongoing to address this.

Ms Wilson added that staff had worked hard to reduce the need for beds but that the home first, person-centred approach favoured within East Lothian had to be balanced with the need to support the wider system.

Mr King and Ms Wilson confirmed that discussions were ongoing with the Council's finance team around the issue of learning disability transport. The Council's Executive Director for Council Resources had assured them that although the team remained in business continuity measures, the IJB would continue to be a priority for service.

Responding to a further question from Councillor Akhtar regarding reclamation of COVID reserves, Mr King said that the Scottish Government had indicated that during the final quarter of the financial year IJBs would submit final projections for the year and the Government would calculate the amount left unused and for retrieval.

Ms de Souza reflected that there may be need for capacity in the system beyond COVID and that the IJB should be making the point about the impact of removing funding on the flow within the wider system around Lothian.

Iain Gorman confirmed that work was underway to consider the impact of reducing bed numbers and assessing this against the reserves position. In addition, work continued on the budget position for 2023/24 and this would be informed by the Scottish Government budget announcement on 15<sup>th</sup> December.

## **Decision**

The IJB agreed to note the Quarter 2 financial review undertaken by Partners.

## **4. EAST Lothian IJB MEDIUM TERM FINANCIAL PLAN 2022/23 TO 2026/27**

The Chief Finance Officer submitted a report presenting the Board with a medium term rolling 5 year financial plan (2022/23 to 2026/27) for noting which had been prepared utilising the in-year financial information and the financial plans and assumptions of Partners for future years.

Mr King presented the report. He outlined the key aspects of the plan providing further detail on the figures and assumptions used to prepare the plan, highlighting areas of pressure and uncertainty, and proposed mitigation measures. He advised that this was the first iteration of the plan which would be refined and updated in early 2023. He concluded that while the IJB could have moderate assurance of a break even position for 2022/23, significant financial challenges remained thereafter.

The Chair recommended that inflation be included if it had not already been factored into the calculations and he also felt that the pay assumptions were too low. He queried whether delivery of the IJB's Strategic Plan in 2023/24 could be realised given the financial constraints.

Ms Wilson emphasised that recovery plans were in place and that staff were aware of the difficult decisions that would have to be made.

Ms de Souza agreed that the position was challenging but said it was good to have this plan in place. She raised the issue of transitions for services in light of the proposed National Care Service (NCS) and the potential for additional funding from Scottish Government to mitigate the impact of changes. She asked whether, if no new money was being proposed, it would be possible for the IJB to request this.

Mr Gorman agreed that work on transitions would be important, especially within children services. However, he thought the advent of additional funding unlikely.

Ms Tait agreed with Mr Gorman about the duties around child services to future-proof plans for children. She added that a refresh of the approach to autism was also required as this was not currently as robust as it needed to be. She advised that transition work was ongoing with NHS Lothian but that this was a very big piece of work. In response to a question from the Chair, she agreed that it would be useful to provide the IJB with a more detailed update on progress and intentions in this area.

Councillor Akhtar acknowledged that the position was very difficult and that the IJB needed to consider all opportunities to work efficiently and differently to mitigate financial pressures where possible. However, she pointed to the significant level of population growth within the Lothians and which was likely to continue. She urged the importance of factoring this into calculations within the plan and the implications for services. She also highlighted the need to raise this issue with national policy and decision makers.

The Chair agreed noting discussions which were already taking place at the Chairs & Vice Chairs Network and the need to keep the pressure on at national level to demand increases in funding.

Mr King responded to the Chair's earlier points outlining modelling undertaken around the pay uplift and confirming that inflation had been included in the calculations within the plan.

Ms Kerr stated that the IJB had clear objectives to which it remained committed and a lot of work was taking place on remodelling and refining of services.

Paul Currie informed members of the intention to more closely monitor progress on priorities and report back to the IJB.

Mr Gorman acknowledged that the IJB was about to enter a difficult place financially and there would be significant change to infrastructure, services and delivery. The IJB's ambition was to provide more services closer to home but this would be more challenging in future years, with some aspects of the strategy at risk from continuing financial pressures.

## **Decision**

The IJB agreed to:

- i. Note the medium term rolling 5 year financial plan (2022/23 to 2026/27); and
- ii. Note the future work required to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance.

## **5. CIPFA - FINANCIAL MANAGEMENT CODE 2021/22**

The Chief Finance Officer had submitted a report asking the IJB to agree to the adoption of the CIPFA – Financial Management Code guidance in so far as it applied to the operations of the IJB.

Mr King presented the report. He outlined the background and key principles of the Code and advised members that it was designed to support good practice in financial management. He confirmed that the Audit & Risk Committee had considered the Code and recommended its adoption by the IJB.

The Chair thanked Mr King for the report and said it made sense to follow good practice guidance provided by CIPFA.

Ms de Souza welcomed the report and endorsed the recommendation that the IJB adopt the Code. She said the IJB could benefit from the principles contained within it.

Recommendation i was approved by general agreement of members and recommendation ii was approved unanimously by roll call vote.

### **Decision**

The IJB:

- i. Agreed to note the consideration and recommendation to the IJB of this Code from its Audit & Risk Committee; and
- ii. Agreed to the adoption of the Code.

## **6. ELHSCP BRANDING**

A report was submitted by the Senior Communications Adviser presenting a new brand identity for East Lothian's Health and Social Care Partnership, along with new brand guidelines for the organisation.

Jennifer Jarvis presented the report. She outlined the background to the refresh of the HSCP branding reminding members that it was not just a logo or identity but must also communicate messages to an audience and be reflective of both partners' values. She provided further detail on how the new branding had been developed and the proposals for a phased roll out of the new logo over the next 6 to 12 months.

The Chair thanked Ms Jarvis for a very thorough piece of work.

Elizabeth Gordon welcomed the new branding and the gradual approach to its roll out. She said tying in the colour scheme with the old logo was a good idea and she noted that the new branding would be easily adaptable for different uses.

Recommendation i was approved by the general agreement of members and recommendation ii was approved unanimously by roll call vote.

### **Decision**

The IJB:

- i) Reviewed the proposal for the new brand identity and guidelines; and
- ii) Approved and formally signed off the new brand identity and guidelines for implementation from January 2023.

## **7. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/22**

A report was submitted by the Chief Social Work Officer presenting her annual report for 2021-22

Ms Tait presented her annual report. She outlined the background, purpose and format, including particular achievements and key challenges during 2021/22. The Chair welcomed the report and said it was important to acknowledge all of the work taking place on a daily basis to support vulnerable individuals.

Ms Tait, Ms Kerr and Mr Gorman responded to questions from members. They provided further detail on changes to commissioning structures as a result of the proposed NCS, gave examples of work undertaken to support different approaches to meet client needs and how working in partnership with organisations such as VCEL and using a risk-based approach was helping to provide greater consistency in service delivery across the county.

Ms de Souza said that this was an excellent report and she noted the range of issues covered and the services involved in underpinning the wider work of the HSCP. She also noted the workforce challenges and that, in some respects, social work was not always a very valued profession and that the public were not always aware of the complex and varying risks involved in this work, especially around protection issues. She added that she would be happy to hear what the IJB could do to better value and support the work of social work services.

Ms Tait acknowledged that staff recruitment and retention within children and family services was currently in crisis and part of that was down to the visibility of the role and how it was valued. She said it was important within the HSCP to discuss how to raise the profile of the social work role and how to demonstrate how social work adds value to partnership working. This annual report was a good way to showcase examples and achievements. She suggested that the IJB might consider what performance measures could bring greater visibility to the role.

Ms Tait responded to a question from Ms Gordon on permanent fostering and its impact in terms of the Promise. She explained that the Promise challenged social workers to ensure that, where safe and right to do so, the connection with the birth family was maintained. Also looking at whole-family wellbeing and providing support that would meet their needs. She added that this type of a partnership approach was not without its challenges.

Councillor Akhtar said it was really important to go through the report and to acknowledge the significant contribution of social work staff to the work of the HSCP. It was also important for the IJB to consider how it valued and articulated the role of social work and how best to get this message across to the public.

The Chair endorsed these comments and acknowledged that greater awareness of the work of social work services would be beneficial for the IJB. He suggested that Ms Tait might consider arranging a development session for IJB members.

Ms Tait welcomed the opportunity for a development session on both the general social work role and specific areas such as public protection or children's services.

Ms de Souza asked if it would be possible for the IJB to write to the Ms Tait to formally acknowledge the report and the work taking place. This letter could also be copied to social work staff.

The Chair agreed to discuss this further after the meeting. In the meantime, he thanked Ms Tait for an excellent annual report and acknowledged the contributions of all staff within the social work service.

**Decision**

The IJB considered the content of the 2021-22 Annual Report of the Chief Social Work Officer and its implications for the provision of social work services in East Lothian and their role in assuring the safety and welfare of vulnerable children and adults across the county.

DRAFT

Signed .....

Mr Peter Murray  
Chair of the East Lothian Integration Joint Board



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

**MEETING DATE:** 23 February 2023

**BY:** Chief Finance Officer

**SUBJECT:** 2022/23 Q3 Financial Update

**4**

## **1 PURPOSE**

- 1.1 This report lays out the results of the partner's (East Lothian Council and NHS Lothian) quarter three financial reviews and considers how these impact on the projected financial position of the IJB for 2022/23.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to:
- i. Note the quarter three financial review undertaken by partners.

## **3 BACKGROUND**

- 3.1 Both partner organisations have now completed their quarter three financial reviews which provides an updated forecast financial outturn for 2022/23. The East Lothian Council and NHS Lothian quarter three financial reviews are based on information to the end of December 2022.
- 3.2 The quarter two financial review position for the IJB was a close to break even position with a small projected overspend of £92k at the end of the financial year and this was reported back in December 2022. There has been deterioration in this position and the quarter three (Q3) financial review projects an overspend of £718k to £1.2m for the IJB in 2022/23.

	<b>Annual Budget as at end of December 2022 £k</b>	<b>Forecast Expenditure £k</b>	<b>Q3 Forecast Under/(Over) Spend £k</b>
Core	83,502	83,047	455
Hosted	16,895	16,813	82
Set Aside	22,518	23,512	-995
<b>Health</b>	<b>122,915</b>	<b>123,373</b>	<b>-458</b>
Social Care	68,273	68,533	-260
<b>Total</b>	<b>191,188</b>	<b>191,906</b>	<b>-718</b>

(Fig 1: IJB Quarter 2 review forecast)

	<b>Annual Budget as at end of December 2022 £k</b>	<b>Forecast Expenditure £k</b>	<b>Q3 Forecast Under/(Over) Spend £k</b>
Core	83,502	83,047	455
Hosted	16,895	16,813	82
Set Aside	22,518	23,512	-995
<b>Health</b>	<b>122,915</b>	<b>123,373</b>	<b>-458</b>
Social Care	67,788	68,533	-745
<b>Total</b>	<b>190,703</b>	<b>191,906</b>	<b>-1,203</b>

(Fig 2: IJB Quarter 2 review forecast amended)

- 3.3 This Q3 position you will see is reported in the two tables above this is due to being notified by East Lothian Council that they may decide to withdraw the funding assumption that they would pass across to the IJB a share of the revenue funding from Scottish Government which was to support the costs associated with the local authority pay settlement. This funding had been reported to the IJB as included within the forecasting assumptions and therefore any change in this position would see an adverse impact of £485k. We do require clarity from the Council on this decision but any ability to mitigate these costs is exceptionally limited given the decision happening so late in the financial year.
- 3.4 The forecast highlights our set aside budgets and social care budgets being the main areas projecting overspends. The set aside position continues to have financial pressures around Gastroenterology drugs and increased costs in medical pays to support staffing gaps. Within social care, as mentioned above, the overspend is predominantly related to the local authority pay settlement and the increase in costs related to this.
- 3.5 The Core services within Health although reporting an underspend do have some areas projecting small overspends for example within General Medical Services (GMS) across East Lothian. Also, it's worth highlighting the adverse movement within our prescribing budget from the previous reported Q2 position, this budget has seen an increase in cost per item plus short supply issues.
- 3.6 As reported to the IJB previously Scottish Government are looking to reclaim surplus IJB COVID funding. We have through the routine reporting to Scottish Government submitted our December 2022 COVID cost projections for East Lothian HSCP this is summarised in the table below.

	2021/22	Q1 2022/23 Return via NHS Lothian	Q2 2022/23 Return via NHS Lothian	December 2022 Return via NHS Lothian
	£k	£k	£k	£k
COVID Reserve as at March 2022		9,182	9,182	9,182
COVID cost projections	8,141	4,499	5,249	5,549
<b>Balance</b>		<b>4,683</b>	<b>3,933</b>	<b>3,633</b>

(Fig 3: COVID Cost Projections)

3.7 We will continue to update the IJB at future meetings on this reclaim of funding.

3.8 Moving to 2023/24 we have the received the recent correspondence from Scottish Government regarding the IJB budget offers from partners and the parameters clearly set out in the letters are in line with previous year. Both letters are attached at appendices 1 and 2.

#### **4 ENGAGEMENT**

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

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 The IJB may wish to issue directions regarding the use of the reserves (especially these funds carry forward to support the Covid pandemic).

#### **8 RESOURCE IMPLICATIONS**

8.1 Financial – 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.

8.2 Personnel – None

8.3 Other – None

## **9 BACKGROUND PAPERS**

9.1 None

<b>AUTHOR'S NAME</b>	Claire Flanagan
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	claire.flanagan@nhslothian.scot.nhs.uk
<b>DATE</b>	February 2023

**Appendix 1 - Budget Letter 2023/24 to NHS Chief Executives**

**Appendix 2 - Letter from Deputy First Minister on 2023/24 budget**



T: 0131-244 3464  
E: [richard.mccallum@gov.scot](mailto:richard.mccallum@gov.scot)

Chief Executives, NHS Scotland

Copy to: NHS Chairs  
NHS Directors of Finance  
Integration Authority Chief Officers  
Integration Authority Chief Finance Officers

***Issued via email***

15th December, 2022

Dear Chief Executives

**Scottish Government Budget 2023-24**

Following the announcement of the Scottish Government's Budget for 2023-24 by the Deputy First Minister in Parliament today, I am writing to provide details of the indicative funding settlement for Health Boards. A breakdown of this is provided in **Annex A** to this letter.

The Deputy First Minister has set out this budget in the context of the current cost of living crisis and funding parameters set by the Chancellor of the Exchequer in November 2022. This budget sets out the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government, taking into account the current economic environment and recent Emergency Budget Review.

As in previous years, the position will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process, as well as recognising the further work that we will undertake with you specifically in relation to Covid-19 and pay funding arrangements. I will keep you up to date with any changes to our planning assumptions.

**Budget Uplift**

Compared to 2022-23 budgets, Boards will receive a total increase of 5.9% for 2023-24. This includes recurring funding for pay in 2022-23 and a baseline uplift of 2% for 2023-24. Within this total, those Boards furthest from NRAC parity will receive a share of £23.2 million, which will continue to maintain all Boards within 0.8% of parity.

In terms of pay, given the challenging and uncertain outlook for inflation, the need to conclude some pay deals for the current year and the associated implications for spending baselines, the Government has not set out a public sector pay policy alongside the 2023-24 Budget and we will say more on 2023-24 pay (covering Agenda for Change and other staff groups) at an appropriate point in the new year. As part of Boards recurring adjustments for 2022-23, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2022-23. The Agenda for Change pay deal remains subject to agreement, and we will work with Directors of Finance to finalise this position once the outcome is known. I will write to Boards in 2023 to confirm finalised baseline budgets following the conclusion of this work.

## **Health & Social Care Levy Funding**

I can confirm that the £69.1 million allocated in 2022-23 to support Boards with the costs of the additional National Insurance levy in 2022-23 will remain with Boards. Following the change in policy by UK Government, this funding is not ringfenced and it is to be determined locally how this resource is utilised.

## **Covid-19 Funding**

Whilst the scale of Covid-19 costs has reduced significantly in 2022-23 and projected to reduce further in 2023-24, we recognise that there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:

- Vaccinations staffing and delivery;
- Test & Protect activities including Regional Testing facilities;
- Additional PPE requirements; and
- Some specific Public Health measures.

Following today's budget we will seek to provide early clarity as to the total funding to be provided to support these costs. However, beyond the above, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.

## **Policy Funding**

In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2023-24. It is our intention to provide early indication of allocations, where possible, and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year.

Recognising the level of funding that is provided through in-year non-recurring allocations, and to maximise flexibility in delivery, we intend to review funding arrangements ahead of 2023-24. As part of this work, we will seek to bundle and baseline funding where this is appropriate. We will work closely with both Territorial and National Boards to establish a suitable approach.

## **Health and Social Care Integration**

In line with previous years, 2023-24 NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets and make appropriate provision for 2022-23 pay.

The Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by non-recurring Interim Care money ending (£20 million).

The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

## **Capital Funding**

The Health Capital settlement for 2023-24 is in line with the expectations of the Capital Spending Review. Therefore I can confirm that Boards' Capital Resource Limit will be in line with that for 2022-23, plus additional funding will be provided for legally committed projects. The capital programme and commitments is subject to ongoing review by the National Infrastructure Board and the Capital Investment Group, and Boards will be advised at the earliest opportunity on any further allocations for projects in development during 2023-24.

## **2023-24 Financial Planning**

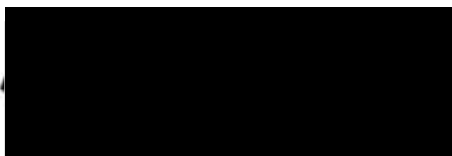
As previously confirmed, where Boards are indicating that financial support is required in 2022-23, we have asked Boards to submit financial recovery plans in the new year, setting out a return to financial balance in the next three years. I expect that Boards are taking proactive steps to develop these plans.

We will be requesting that financial plans for 2023-24 are submitted in the new year and will be issuing guidance to this effect shortly. As noted in my letter on 12 September, all Boards are expected to be engaging with the Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the four aims. The S&V board is now meeting regularly as are the working groups taking forward specific ideas. Value propositions have been set out to bring various elements of this work together which will be shared in due course.

Longer term work is required as we move out of recovery, towards transformation and renewal of our health services to deliver world-class, safe, person-centred, and sustainable healthcare for the people of Scotland. This will build on and prioritise specific areas of work in a joined-up way, whilst working in parallel to develop longer term transformation and renewal of our health services.

It is clear that there is significant financial challenge in 2023-24 and we will continue to work closely with Chief Executives to address this. I thank you again for your support to date and your continued engagement moving into the next financial year.

Yours sincerely



Richard McCallum  
Director of Health Finance and Governance

## Annex A – Board Funding Uplifts

	2022-23 Allocation	Recurring Allocations*	22-23 Pay**	Total 2022-23 Allocation	Uplift***	2023-24 Total Allocation	Uplift from 2022-23	NRAC Funding	Distance from NRAC Parity	HSC Levy Funding (retained by Boards) ****	Uplift from 2022-23 (inclusive of HSC Levy)
	£m		£m	£m	£m	£m	%	£m	%	£m	%
<b>NHS Territorial Boards</b>											
Ayrshire and Arran	806.8	(0.6)	27.4	833.5	16.7	850.2	5.4%	0.0	-0.4%	4.4	6.0%
Borders	234.8	(0.1)	8.0	242.6	6.0	248.6	5.9%	1.1	-0.8%	1.3	6.5%
Dumfries and Galloway	334.1	(0.2)	11.3	345.3	6.9	352.2	5.4%	0.0	1.9%	1.8	6.0%
Fife	749.4	(0.5)	25.5	774.3	16.5	790.8	5.5%	1.0	-0.8%	4.0	6.1%
Forth Valley	598.1	(0.3)	20.3	618.1	13.0	631.1	5.5%	0.6	-0.8%	3.2	6.1%
Grampian	1,072.2	(0.9)	36.4	1,107.7	22.2	1,129.9	5.4%	0.0	-0.4%	5.8	6.0%
Greater Glasgow and Clyde	2,504.0	(1.4)	85.0	2,587.6	51.8	2,639.4	5.4%	0.0	1.7%	13.6	6.0%
Highland	725.6	(0.5)	27.8	752.9	15.3	768.2	5.9%	0.2	-0.8%	3.9	6.4%
Lanarkshire	1,346.8	(0.8)	45.7	1,391.8	32.3	1,424.1	5.7%	4.5	-0.8%	7.3	6.3%
Lothian	1,639.3	(1.3)	55.7	1,693.7	49.6	1,743.3	6.3%	15.7	-0.8%	8.9	6.9%
Orkney	57.1	(0.1)	1.9	59.0	1.2	60.2	5.5%	0.1	-0.8%	0.3	6.0%
Shetland	57.0	0.0	1.9	59.0	1.2	60.1	5.5%	0.0	2.3%	0.3	6.1%
Tayside	856.5	8.7	29.1	894.3	17.9	912.2	6.5%	0.0	-0.7%	4.7	7.1%
Western Isles	84.5	(0.0)	2.9	87.3	1.7	89.0	5.4%	0.0	11.5%	0.5	6.0%
<b>Territorials Total</b>	<b>11,066.1</b>	<b>2.0</b>	<b>379.0</b>	<b>11,447.1</b>	<b>252.2</b>	<b>11,699.2</b>	<b>5.7%</b>	<b>23.2</b>		<b>60.0</b>	<b>6.3%</b>
<b>NHS National Boards</b>											
National Waiting Times Centre	68.1	0.0	6.2	74.3	1.5	75.8	11.3%			0.9	12.8%
Scottish Ambulance Service	305.9	5.6	16.2	327.7	6.6	334.2	9.3%			2.0	10.0%
The State Hospital	40.0	0.0	1.7	41.7	0.8	42.5	6.3%			0.3	7.0%
NHS 24	78.4	5.5	5.0	88.9	1.8	90.7	15.7%			0.7	16.7%
NHS Education for Scotland	492.3	1.4	13.8	507.5	10.1	517.6	5.1%			2.8	5.7%
NHS National Services Scotland	355.3	5.6	10.4	371.2	7.4	378.6	6.6%			1.5	7.0%
Healthcare Improvement Scotland	30.4	1.1	1.4	32.9	0.7	33.6	10.4%			0.2	11.0%
Public Health Scotland	52.1	0.2	3.5	55.8	1.1	56.9	9.3%			0.7	10.8%
<b>Nationals Total</b>	<b>1,422.6</b>	<b>19.5</b>	<b>58.0</b>	<b>1,500.1</b>	<b>30.0</b>	<b>1,530.1</b>	<b>7.6%</b>			<b>9.1</b>	<b>8.3%</b>
<b>Total NHS Boards</b>	<b>12,488.7</b>	<b>21.5</b>	<b>437.0</b>	<b>12,947.2</b>	<b>282.2</b>	<b>13,229.3</b>	<b>5.9%</b>			<b>69.1</b>	<b>6.5%</b>

\* Includes recurring allocations from 2021-22

\*\* Includes estimated funding for Agenda for Change and Medical & Dental pay uplift in 2022-23.

\*\*\* Includes NRAC parity adjustments.

\*\*\*\* Included in Boards 2022-23 Baseline Budgets



An Leas-phrìomh Mhinistear agus Ath-shlànachadh  
Cobhid  
Deputy First Minister and Cabinet Secretary for Covid  
Recovery  
John Swinney MSP



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

T: 0300 244 4000  
E: [DFMCSCR@gov.scot](mailto:DFMCSCR@gov.scot)

Councillor Morrison  
COSLA President  
Verity House  
19 Haymarket Yards  
Edinburgh  
EH12 5BH

Copy to: Councillor Steven Heddle  
The Leaders of all Scottish local authorities

15 December 2022

Dear Shona,

Today I formally set out the Scottish Government's proposed Budget for 2023-24 in a statement to the Scottish Parliament. I write now to confirm the details of the local government finance settlement for 2023-24.

As discussed when I met with you, the Resources Spokesperson, and Group Leaders on 1 December, we are facing the most challenging budget circumstances since devolution. This is primarily due to over a decade of austerity eroding financial settlements from Westminster, compounded by the impact of Brexit and the disastrous mini-budget. Scottish and local government are experiencing unprecedented challenges as a result of the UK Government's economic mismanagement, resulting in rising prices and soaring energy bills, with inflation estimated to be running at a 41 year high of 11.1% at the time of the Chancellor's Autumn Statement.

My Cabinet colleagues and I have engaged extensively with COSLA Leaders and spokespersons over the course of the year and there is collective understanding that this economic context is also having a significant impact upon local authorities. Councils, like the Scottish Government and rest of the public sector, are working hard to support people through the cost crisis. In this regard we are hugely grateful to councils for their hard work and we fully appreciate that no part of public life has been immune from taking deeply difficult decisions to live within the current fiscal reality.

I have already taken the unprecedented step of making a statement to Parliament to reprioritise over £1.2 billion of funding as part of my Emergency Budget Statement. Despite the scale of that challenge the Scottish Government actively chose to protect Councils during

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)



INVESTORS  
IN PEOPLE

Accredited  
Until 2020



that exercise and increased the funding available to councils whilst most other portfolios were required to make significant savings.

The Scottish Government's revenue raising powers offer limited flexibility to deal with challenges of this magnitude. I wrote to the Chancellor on 19 October to highlight the impact of inflation on the Scottish Government's budget and to call for additional funding to help us deal with these inflationary pressures and to support public services.

As we face these challenges, and in the absence of meaningful change in direction by the UK Government, we need to work together to ensure that we deliver for people within the financial constraints we have. I very much welcomed the open discussion on 1 December about how we focus our efforts on our shared priorities, and to that end we are offering to jointly develop an approach to working within this budget which delivers our ambitions.

## **The Local Government Settlement**

Before turning to that offer, I will first set out how I have sought to support local government through the budget itself.

The Resource Spending Review guaranteed the combination of General Revenue Grant and Non-Domestic Rates Income at existing levels between 2023-24 and 2025-26 including the baselining of the £120 million that was added in Budget Bill 2022-23. The Budget delivers those commitments in full, despite the fact that the UK Government's Autumn Statement reversed their previous position on employer National Insurance Contributions resulting in negative consequentials. This decision has conferred around £70 million of additional spending power for local government.

The difficult decisions in the Emergency Budget Statement provided one-off additional funding to support enhanced pay deals for local government staff. We recognise the role that increasing pay for local authority employees, especially those on lower incomes, plays in helping more people cope with the cost crisis, but the fact remains that every additional pound we spend on recurring pay deals, must be funded from elsewhere within the Scottish Government budget. I therefore hope that councils will welcome the fact that the budget baselines the additional £260.6 million allocated in 2022-23 to support the local government pay deal and also delivers additional funding to ensure that payment of SSSC fees for the Local Government workforce will continue to be made on a recurring basis.

Despite the challenging budget settlement I have sought to increase funding as much as I can. I have been able to increase General Revenue Grant by a further £72.5 million, taking the total increase to over £550 million. I have also ensured that we have maintained key transfers worth over £1 billion and added a further £102 million of resource to protect key shared priorities particularly around education and social care.

The Resource Spending Review also confirmed the outcome of the 2021 Capital Spending Review and this has been supplemented by £120.6 million mentioned as part of the support to the local government pay deal plus a further £50 million to help with the expansion of the Free School Meals policy.

With regards to that wider settlement, we are providing £145 million to be used by councils to support the school workforce. The Cabinet Secretary for Education and Skills has written separately to COSLA on this matter.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

I am also very grateful for the work undertaken through the Early Learning and Childcare Finance Working Group to develop and scrutinise detailed analysis of the delivery costs for the 1140-hour commitment. This is crucial to ensuring we meet our shared commitment to providing transparency and value for money in a significant programme of public sector investment. The Early Learning and Childcare settlement for 2023-24 takes account of significant declines in the eligible population in recent years and makes provision for important policy and delivery priorities based on feedback from COSLA and local government colleagues.

As set out in separate detailed communications, the Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by the non-recurring interim care money ending (£20 million).

The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

The consolidation of funding into the new £30.5 million homelessness prevention fund not only reflects the importance local and national government jointly place on homelessness prevention and earlier intervention, but also simplifies the homelessness funding landscape. This provides more flexibility for council and greater clarity for citizens who want to understand how national and local government are working jointly to improve outcomes.

In total, including the funding to support the devolution of Empty Property Relief, the budget increases the local government settlement by over £550 million relative to the Resource Spending Review position.

I am conscious of the position you set out to me, and the challenges which councils will still face, like all parts of the public sector, in meeting current and emerging demands from within this budget. Therefore, I am offering to continue to work with you with real urgency in the coming weeks to determine how we might jointly approach these challenges and ensure sustainable public services to support our shared priorities now and in the future.

## **Delivering for People and Communities by Working Together Flexibly**

Through the Covid Recovery Strategy, Scottish Government and Local Government, committed to work together to address the systemic inequalities made worse by Covid, to make progress towards a wellbeing economy, and accelerate inclusive person-centred public services.

We must sustain this focus on the outcomes we care most deeply about, in particular:

- i) tackling child poverty,

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)



- ii) transforming the economy to deliver net zero, and
- iii) sustaining our public services.

No single part of the public service landscape can deliver these outcomes alone. We need to work in partnership to deliver outcomes for people and places across Scottish and local government as our two spheres of government, recognising our joint accountability for change. Local service providers have the critical relationships with people and communities and must be empowered and enabled to organise services around their needs, rather than the funding stream, policy area or body delivering. By doing so, we will collectively reduce complexity and barriers for people, deliver improved outcomes and reduce inequalities among communities in Scotland, and enable the fiscal sustainability of key public services.

Strong local leadership will make this approach work in practice, supported by a national vision and learning from good practice. Community Planning Partnerships are the mechanism in which we need to see a collective and intensive effort to align available resources into prevention and early intervention focused on delivering shared outcomes for people and place. Local authorities have the leading, critical role in CPPs, but CPPs also involve a range of public bodies which must play their part, alongside local third sector and community bodies.

The Scottish Government is committed to building trust and maximising benefits for our citizens and communities. We will act to:

- align budgets to maximise impact on outcomes;
- remove barriers which hinder flexibility in funding, and in the design and delivery of services around people, helping to embed the service changes flowing from this;
- require our partner public bodies and agencies to work collaboratively within CPPs to deliver shared outcomes, take action to address local priorities and align local funding, this will be supported by our Place Director network;
- enable third sector partners to participate and contribute in local plans, including through flexible funding.

Local authorities are key partners in this endeavour. Through COSLA, we will invite local authorities to work with us to:

- prioritise spending to agreed key outcomes for which we are jointly accountable, with clarity as to the way in which we will work together to secure and measure success;
- ensure that joint plans of activity across Community Planning Partnerships can deliver those outcomes in a way which reflects the needs of a local communities, and to robustly account for delivery of these plans;
- share resources across CPPs to deliver these activities in whatever way is most effective;
- continue to share and learn from best practice nationally and locally to embed person centred approaches that work for individuals and communities, and reduce barriers and duplication in our joint systems.

We will seek to agree jointly how to put this commitment into operation practically over the coming months and to develop robust assurance that demonstrates delivery of critical priorities and reform. We need to be data driven and transparent, reflecting the accountability which comes with responsibility. Scottish and Local Government need to agree metrics and mechanisms for monitoring impact and outcomes, so that intervention and resource can be

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

targeted where it is most needed to secure improvement. This will include seeking to reduce unnecessary reporting.

This approach is aimed at building trust and relationships and as well as adopting it through this budget, it will be reflected in the partnership agreement that will underpin the New Deal for Local Government set out in the Resources Spending Review. In order to offer flexibility across funding and work towards removal of ring fencing, the Scottish Government will need clear commitment from local government about delivery of agreed joint outcomes.

The Cabinet Secretary for Social Justice, Housing and Local Government would welcome an initial discussion on this when you meet next week at the Strategic Review Group, in order to pave the way for work at pace among our officials.

## **Non-Domestic Rates and Other Local Taxation Measures**

As Leaders will be aware, the 1 April 2023 marks the date of the next Non-Domestic Rates revaluation, and the first to reflect the reforms introduced by the independent Barclay Review of Non-Domestic Rates. These reforms, including the move to three-yearly revaluations and a one-year tone date, will ensure that property values more closely align with prevailing property market conditions in Scotland.

The Budget freezes the poundage and acknowledges the impact of the revaluation by introducing a number of transitional reliefs to ensure that any properties which see significant increases in their rates liabilities following the revaluation do so in a phased manner. The Barclay Review also recommended a number of reforms to the Non-Domestic Rates appeals process which are critical to ensuring the deliverability of the three-yearly revaluation.

The new two-stage appeals process will commence on 1 April 2023 alongside the transfer of functions of Valuations Appeals Committees to the Scottish Courts and Tribunals Service. The Non-Domestic Rates (Scotland) Act 2020 and subsequent regulations have, amongst other things, provided Assessors and Councils with greater information-gathering powers and have also increased the transparency of the process for ratepayers including, for the first time, the provision of draft values on 30 November 2022. These reforms are intended to reduce the reliance on the formal appeals process to deliver accurate rateable values and the Act also provided a legal basis for the pre-agreement of values.

Many of the reforms of the Barclay Review seek to incentivise behaviour changes to deliver a more effective and efficient system. Reflecting the ability to pre-agree values and the importance of building resilience in the new appeals system to support the transition to more frequent revaluations, Ministers plan to make administrative changes to the funding treatment of appeals associated with public sector bodies, including councils.

The current system essentially sees the public sector challenge other parts of the public sector with private sector advisor fees effectively extracting resources from public services. The conclusion of the process determines funding allocations outside the remit of the annual budget framework with successful public bodies benefiting financially to the detriment of other ratepayers and public services. The volume of public sector appeals also serves to delay access to justice for other appellants.

Ministers do not believe that this offers value for money for the public. Whilst the right to propose and appeal will remain, to incentivise the use of the pre-agreement powers and

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)



discourage the continued reliance on the formal appeals process, from 1 April 2023, all bodies, including councils, who receive their funding through the Scottish Government budget process, will see the financial incentive for proposing and appealing removed.

Where a property occupied by a public body is subject to a successful proposal or appeal, the financial benefit from the reduction in rateable value will result in a downward re-determination of revenue allocations at a subsequent fiscal event. On this basis, Ministers will be encouraging all public bodies to begin the process of pre-agreement with their local assessors ahead of 1 April 2023 to ensure that values are accurate prior to the start of the revaluation and that this approach be adopted by default for future revaluations.

The Non-Domestic Rates (Scotland) Act also had the effect of abolishing Empty Property Relief as agreed with the Scottish Green Party a part of the 2019-20 Budget process. Unoccupied properties will therefore be liable for full rates from 1 April 2023 if relief is not available under a local scheme. To effectively devolve responsibility for the relief and provide greater fiscal empowerment for council, as agreed by the Settlement and Distribution Group, the budget provides an additional £105 million of General Revenue Grant, significantly more than the cost of maintaining the national relief in light of the subsequent decision to freeze the poundage.

In addition, following consultation with members of the Institute of Revenues, Rating and Valuation, we will bring forward regulations intended to empower councils to tackle rates avoidance more effectively. In combination, the funding transfer and the proposed new powers will provide significant additional fiscal flexibility to councils to administer support for unoccupied properties in a way that is tailored to local needs.

Furthermore, I can confirm that the Scottish Government will not seek to agree any freeze or cap in locally determined increases to Council Tax, meaning each council will have full flexibility to set the Council Tax rate that is appropriate for their local authority area. I do hope that councils will reflect carefully on the cost pressures facing the public when setting council tax rates.

We are also committed to expanding councils' ability to raise additional revenues and discussions among our respective officials have commenced to identify a structured approach to future potential local taxes. At the same time, councils now have the power to establish local workplace parking levy schemes and our work to introduce a local visitor levy bill in this parliamentary session is on track.

Finally, I am conscious that, while it is not directly applicable to Local Government pay negotiations, many stakeholders have used Public Sector Pay Policy as a reference point in previous years. For this reason, I feel it is important to highlight to you that we have taken the decision not to announce pay uplifts or publish a Public Sector Pay Policy for 2023-24.

There are a number of reasons for this, not least among them the desire to approach pay negotiations differently for 2023-24, the imperative for reform and the need to ensure the sustainability of public sector pay and workforce arrangements. This does not change our view that our job in the midst of a cost crisis is not to press down on pay, particularly the most vulnerable. We will be sharing further guidance in relation to 2023-24 pay at an appropriate point in the new year which is likely to be considered by Trade Union colleagues relevant in Local Government pay negotiations, if you agree I will ask my officials to engage

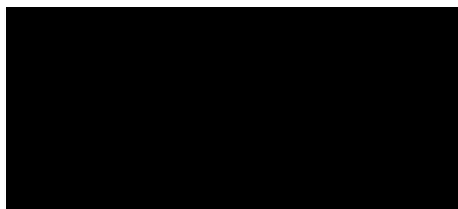
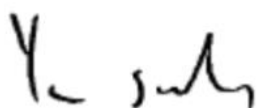
Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

with COSLA officers as this develops to determine if you might wish to formally endorse or adopt it.

I am under no illusions about the challenging fiscal environment we face across all of our public services over the next few years but I have sought to protect the local government settlement as far as possible with an overall settlement of over £13.2 billion. The budget goes significantly beyond the commitments made in the Resource Spending Review. It provides substantive additional funding and it does not pass on the negative consequential for employer national insurance contributions resulting from of the Autumn Statement. Importantly, it provides a number of fiscal and policy flexibilities. Alongside the settlement, I hope my offer to build on the Covid Recovery Strategy will be warmly and urgently received, to enable us to make urgent progress on the New Deal.

I want us to work in partnership, to build on the Covid Recovery Strategy and agree an approach which improves delivery of sustainable public services, designed around the needs and interests of the people and communities of Scotland, at its heart.

I would welcome confirmation that you are supportive of the proposed joint work outlined above and I look forward to working with COSLA and Leaders in the months ahead to deliver on our shared priorities.



**JOHN SWINNEY**

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)



INVESTORS  
IN PEOPLE

Accredited  
Until 2020







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

**MEETING DATE:** 23 February 2023

**BY:** Chief Officer of the IJB

**SUBJECT:** Final Report of the Community Hospitals and Care Homes Provision Change Board 2021/22

---

5

## 1 PURPOSE

To present the final report of the work from the Community Hospitals and Care Homes Provision Change Board.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Support the conclusions of this report and the 4 recommendations set out in the attached Community Hospitals and Care Homes Provision Change Board – Final Report 2021/22.
- 2.2 Direct the Chief Officer and Senior Management Team to develop the range of capacity options for inpatient community hospital and care homes beds and Intermediate Care. This will include the financial assessment across all options being considered.
- 2.3 Request the Chief Officer and Senior Management Team report back to the Strategic Planning Group with clear proposals and final actions.
- 2.4 Note that the Provision Change Board will be formally stood down at the last meeting of the Board on 18th January 2022.

## 3 BACKGROUND

- 3.1 The Community Hospitals and Care Homes Provision Change Board (the Change Board) has produced and submitted several reports to the Change Board, Strategic Planning Group and East Lothian Integration Joint Board since its inception in May 2021. The Final report attached provides the background and context, a summary of the Change Board work and makes recommendations on the next phase of this work.
- 3.2 This covering report and the accompanying draft report were signed off at the meeting of the Community Hospitals and Care Homes Provision

Change Board on Wednesday 18<sup>th</sup> January 2023 and the IJB Strategic Planning Group on Thursday 2<sup>nd</sup> February 2023.

#### **4 ENGAGEMENT**

- 4.1 Over the summer of 2022, the Communications and Engagement working group of the Community Hospitals and Care Homes Change Board engaged in a number of activities asking for public opinion on what they are looking for in later life, from both a community and care perspective, under the title of “Planning for an Ageing Population”.
- 4.2 We would wish to thank and note our appreciation of those who took part from across East Lothian in online meetings, face-to-face meetings and those who took the time to complete the questionnaires. All information collected was considered and helps to inform the design and delivery of health and social care services.
- 4.3 The feedback from the Planning for an Ageing Population exercise (Planning for an Ageing Population Feedback Report April – September 2022) was presented to the Change Board (26<sup>th</sup> October 2022), published on the Change Board web page and shared with IJB members as part of their development session. The report was welcomed and supported by the Change Board as it identified emerging themes and key findings from the engagement programme.

#### **5 POLICY IMPLICATIONS**

- 5.1 The work of the Change Board responds to the local and national strategic plans and guidance including the East Lothian IJB Strategic plan 2022 – 2025 whose commitment is to support people closer to home, in their own home or in a homely setting. Other relevant strategy and policy is described in the attached report with the Strategic Direction chapter. This is a strategic Delivery Priority (1.1) of the IJB strategic plan.
- 5.2 Responds to several Strategic Outcomes (S01,S02,S03)

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

- 6.1 The subject of this report is currently going through the Integrated Impact Assessment process with the IIA meeting taking place on 8<sup>th</sup> February 2023.

#### **7 DIRECTIONS**

- 7.1 A previous report to East Lothian IJB Direction 12d in December 2018 reported on the Re-provision of Community Hospital and Care Homes and was presented to the IJB for discussion and agreement with recommendations proposed. These were supported with an amendment to include the addition of a consideration of equivalent alternatives.
- 7.2 The East Lothian IJB Direction (12d) was revised in February 2022 to 12l – Transforming Care for Older People:

*NHS Lothian and East Lothian Council to transform the service delivery to older people for the provision of Community Hospitals, Care Homes*

*and the development of intermediate care services, involving full engagement and consultation with appropriate parties. This should take into account demographic factors, current use of services, the impacts of COVID-19, funding pressures, service remobilisation and redesign. It must also take note of the emerging outputs from the Independent Review of Adult Social Care and development of a National Care Service.*

7.3 No decisions have yet been made but some financial estimates, undertaken as part of this Change Board work, provide us with a potential capital requirements that may be needed to deliver these. This estimate is supported by investigations completed as part of the Primary Care Premises Strategy under Direction D10J and the learning disability housing strategy being developed under Directions 18a and DO2f. The figures estimated are all indicative at this point in time but with the current economic climate are likely to increase.

## **8 RESOURCE IMPLICATIONS**

8.1 Financial - at this stage of work only indicative financial estimates have been developed and have a wide variability. They should not at this stage be seen as final or draft, they have been provided as indicative. These are Capital (nil to £50m) and Revenue (nil to £2.5m) and this exclude any disposal of assets (if relevant).

8.2 Personnel - it is too early to state the impact on staffing other than highlighting the staff shortages and pressures that there are currently within the system. Therefore the likelihood of redeployment, new recruitment / retention is high but compulsory redundancy is highly unlikely.

8.3 Other - N/A

## **9 BACKGROUND PAPERS**

9.1 None.

Appendix - Final report of the Community Hospitals and Care Homes Provision Change Board 2021/22

<b>AUTHOR'S NAME</b>	Fiona Wilson
<b>DESIGNATION</b>	Chief Officer
<b>CONTACT INFO</b>	<a href="mailto:Fiona.Wilson@nhslothian.scot.nhs.uk">Fiona.Wilson@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	3/02/23





# Contents

<b>Introduction and Summary</b> .....	1
<b>Background</b> .....	3
<b>Strategic Direction</b> .....	4
<b>The Work of the Thematic Working Groups</b> .....	6
1. <i>Communication and Engagement</i> .....	6
2. <i>Capacity and Planning</i> .....	9
2a. <i>Inpatient Community Hospital Beds</i> .....	10
2b. <i>Care Home Beds</i> .....	11
2c. <i>Intermediate Care</i> .....	12
3. <i>Capacity and Planning - Next Steps</i> .....	15
4. <i>Finance and Capital</i> .....	20
<b>Final Conclusions and Recommendations</b> .....	22
<b>Summary and Next Steps</b> .....	24



The **Community Hospitals and Care Homes Provision Change Board** (the Change Board) has produced and submitted several reports to the East Lothian Integration Joint Board since its inception in May 2021. This report provides the background and context, a summary of the Change Board work and makes recommendations on the next phase of this work.

Since May 2021 the Change Board has focused upon a number of pieces of work: Communications and Engagement; Capacity and Planning; and Finance and Capital.

Communications and Engagement sessions have helped identify emerging themes and key findings as to what people across East Lothian want from their health and social care services.

The Capacity and Planning working group have undertaken some detailed analysis of the available data and taken note of the strategic direction both nationally (Health and Social Care outcomes/Shifting the Balance of Care[1]) and locally, IJB Strategic Plan 2022-25[2]. We have set out the rationale from their work which now offers a more focused range of options respond to the strategic direction; the findings from the Communications and Engagement feedback; the Finance and Capital working group analysis; awareness of the increasing financial pressures; and ongoing service pressures alongside Covid-19.

Summary of governance reporting to date:

**Table 1.**  
**Summary of Governance Report to Date**

Date	Meeting	Report	Outcome
05/05/21	IJB Strategic Planning Group	Provision Project SBAR Report	Formation of Change Board approved. Anticipated timeline and governance reporting noted.
02/06/21	IJB Strategic Planning Group	Highlight report	Update on outcomes, risks to delivery, key milestones and golden threads.
24/06/21	Integration Joint Board	SBAR update report	Progress update and terms of reference (including chair and vice chair) presented.
13/12/21	Integration Joint Board	SBAR update report	Progress update including changes to project timescales following consideration of upcoming Scottish Elections, winter planning and ongoing COVID-19 pressures.

[1] <https://www.nhsinform.scot/campaigns/health-and-social-care-standards>

[2] East Lothian IJB Strategic Plan (2022-25) [https://www.eastlothian.gov.uk/downloads/file/32644/east\\_lothian\\_ijnb\\_strategic\\_plan\\_2022-25](https://www.eastlothian.gov.uk/downloads/file/32644/east_lothian_ijnb_strategic_plan_2022-25)

Date	Meeting	Report	Outcome
14/02/22	IJB Strategic Planning Group	Highlight Report	Update on outcomes, risks to delivery, key milestones and golden threads.
24/03/22	Integration Joint Board	SBAR update report	Progress update primarily focussing on the initial findings from the Capacity and Planning working group.
15/09/22	Integration Joint Board	SBAR update report	Presentation of overall initial findings.
24/11/22	Integration Joint Board (development session)	Development session on findings, discussion and next steps.	Final report to be developed and presented to upcoming meetings as outlined below.
18/01/23	Final meeting of Change Board	Final presentation and report and next steps	
02/02/23	IJB Strategic Planning Group	Final presentation and report and next steps	
23/02/23	Integration Joint Board	Final presentation and report and next steps	

The findings and proposals contained within this report have remained unchanged following the IJB Development Session on 24th November 2022, which provided an opportunity for detailed discussion and challenge amongst members.

This report now provides an overview on the conclusions of this work and the task with which we want the Chief Officer and Senior Team to now focus upon in the next phase of this work.

The proposals and options have a range of potential outputs but importantly they will take account of the balance of resources, the accessibility of services required across East Lothian and allow local development to consider different community needs.



A previous report to East Lothian IJB Direction 12d in December 2018[3] reported on the Re-provision of Community Hospital and Care Homes and was presented to the IJB for discussion and agreement with recommendations proposed. These were supported with an amendment to include the addition of a consideration of equivalent alternatives.

Further work was initiated with Hub South East Scotland[4] in 2019/2020 but the impact of Covid-19 across much of 2020/2021 and the lack of capital availability over the next 3-5 years resulted in the need to re-establish a focus on this work. This included revisiting the original proposal in 2018 taking account of the views gathered for that work (which were all still relevant) but now noting the current set of financial and operational circumstances with the new and continuing impact of Covid-19.

During 2020 Hub South East Scotland commissioned Buchan Associates Ltd[5] to undertake a service demand and capacity analysis for the community hospitals (Belhaven and Edington) across East Lothian.

The need to review and reset the strategic direction for this work was agreed and a new Project Board was established in May 2021; **The Community Hospitals and Care Home Provision Change Board** (the Change Board). Appropriate governance ensured the Change Board sat within the current East Lothian HSCP structures and reporting to the Strategic Planning Group and East Lothian Integration Joint Board.

The first meeting of the Change Board took place on the 31st May 2021 agreeing membership, terms of reference and governance[6]. Three thematic working groups were also established and chaired by senior staff of the Health and Social Care Partnership:

1. Communications and Engagement (Laura Kerr General Manager Planning and Performance)
2. Capacity and Planning (Iain Gorman- Head of Operations)
3. Finance and Capital (Claire Flanagan Chief Finance Officer ELIJB)

These groups developed their own work programmes and presented papers and SBAR[7] update reports to the Change Board.

[3] [https://www.eastlothian.gov.uk/download/meetings/id/20310/08\\_reprovision\\_of\\_belhaven\\_and\\_edington\\_community\\_hospitals\\_eskgreen\\_and\\_abbey\\_care\\_homes](https://www.eastlothian.gov.uk/download/meetings/id/20310/08_reprovision_of_belhaven_and_edington_community_hospitals_eskgreen_and_abbey_care_homes)

[4] Hub South East works with public sector bodies in Edinburgh, the Lothian's and Borders, taking a long-term planning approach to identifying, developing and delivering the infrastructure needed to support the delivery of improved community services. Hub South East is involved in helping partners to identify opportunities for co-location, service collaboration, place making and innovation.

[5] Buchan + Associates (B+A) is a specialist Health and Social care consultancy providing support on Strategy, Planning and improvement in the NHS, social care, third sector and independent care settings

[6] [https://www.eastlothian.gov.uk/downloads/file/31757/community\\_hospitals\\_and\\_care\\_homes\\_change\\_board](https://www.eastlothian.gov.uk/downloads/file/31757/community_hospitals_and_care_homes_change_board)

[7] SBAR Situation, Background Assessment Recommendation – a short hand way of presenting reports under standard headings

The work of the Change Board responds the local and national strategic plans and guidance. The East Lothian **IJB Strategic plan 2022 – 2025**[8] commitment is to support people closer to home, in their own home or in a homely setting. This will be achieved through a number of measures resulting from re-modelling services as well as the services being commissioned. The work being undertaken by the Change Board and the next stages for action including further development of intermediate care services provides a key strand to achievement of this objective.

The Scottish Governments, **Health and Social Care Delivery Plan 2016** sets out the framework and actions needed to ensure that health and social care services deliver better patient care, better health and better value for the people of Scotland, so they live longer, healthier lives at home or in a homely setting. The plan links to our focus for intermediate care and Home First approach and to “ensure people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission”.

More recently the Scottish Governments **Older People’s Health and Social Care Statement of Intent** [9] set out the approach (a new national strategy to be developed) to older people’s health and social care in Scotland, taking account of Covid-19 on older people and whom were affected worse by the virus. This work has the basis of Building on the Foundation of the A Fairer Scotland for Older People[2], which sees everyone being able to live independently, driving the decisions about their own health and wellbeing.

Living independently, living in their own homes is a theme appearing across many national policies and in the original Shifting the Balance of Care[11] intention by rebalancing the model of care from bed base to community provision.

*“We want older people in Scotland to enjoy full and positive lives in homes that meet their needs”*

This is a goal of the **Age, Home and Community in 2018**[12]. This takes a person centred approach to achieving the aim of older people enjoying full and positive lives, in a home that meets their needs. This allows individuals to have their say about what they want from their home; the size, location, community, technology, access to transport and the many individual requests that make their home ideal for them.

[8] East Lothian IJB Strategic Plan (2022-25) [https://www.eastlothian.gov.uk/downloads/file/32644/east\\_lothian\\_ijb\\_strategic\\_plan\\_2022-25](https://www.eastlothian.gov.uk/downloads/file/32644/east_lothian_ijb_strategic_plan_2022-25)

[9] 2021 Scottish Government Older People’s Health and Social Care statement of intent <https://www.gov.scot/publications/health-social-care-older-people-statement-intent/#:~:text=We%20want%20people%20to%20enjoy,centred%20health%20and%20social%20care.>

[10] 2019 Scottish Government Foundation of the A Fairer Scotland for Older People <https://www.gov.scot/publications/a-fairer-scotland-for-older-people-framework-actions-and-updates/>

[11] 2018 Shifting the Balance of care <https://www.gov.scot/publications/scottish-government-34-medium-term-health-social-care-financial-framework/>

[12] 2018 Age, Home and Community: next phase <https://www.gov.scot/publications/age-home-community-next-phase/>

The **Older People's Health and Social Care Statement of Intent** (2021) focuses upon 4 areas to support its vision.

1. Prevention: Staying physically and mentally active can make people more resilient as they age, reducing risks of dementia, widening social circles and helping prevent falls.
2. Home First: approach to ensure we deliver care and treatment in peoples own homes and local communities.
3. Integrated Health and Social Care: Supporting people to age well and live well requires a multidisciplinary or even multiagency response.
4. Dignity and respect at end of Life: When people require end of life care, they must have access to high quality care, focussing on the physical, social, psychological and spiritual dimensions of care.

Enabling this is the way we develop and deliver our integrated health and social care services in East Lothian to support people to live well and independently in their own communities. **The Independent Review of Adult Social Care**<sup>[13]</sup> and the proposed development of the National Care Service will influence the way in which services can be developed.

The work being undertaken by the Provision Change Board, its' future actions and objectives around intermediate care responds to the strategic direction being set by the **Older People's Health and Social Care Statement of Intent**.

**The Intermediate Care paper**<sup>[14]</sup> was produced to help support the communication and engagement sessions over the summer, to engage in discussions with the public and to gather their thoughts, views, challenges, ideas or proposals on how we can develop further the current intermediate care provision across East Lothian. The next stage of this work will be to work with local communities, residents and groups to develop these models and provision across East Lothian.

[13] The Independent Review of Adult Social Care <https://www.gov.scot/groups/independent-review-of-adult-social-care/>

[14] Page13, [https://www.eastlothian.gov.uk/download/meetings/id/23240/05\\_east\\_lothian\\_community\\_hospitals\\_and\\_care\\_homes\\_provision\\_change\\_board](https://www.eastlothian.gov.uk/download/meetings/id/23240/05_east_lothian_community_hospitals_and_care_homes_provision_change_board)

## 1. Communication and Engagement

The Communication and Engagement thematic working group provided the focus on ensuring we were communicating with the wider public through the production of Councillor and community briefings and the development of a consultation and engagement strategy<sup>[15]</sup>, stakeholder analysis, survey questionnaire, Integrated Impact Assessment (IIA) requirements, and a community consultation timetable over summer and autumn 2022. An ELC hosted webpage and Consultation hub page were established to help provide up to date communications on this work, to share the summer engagement programme widely and to gather thoughts and views across East Lothian.

Three key messages were identified to help us guide our communications, purpose and vision for this work. The outcomes from this stage of work should help us to:

1. Deliver high quality care and support to East Lothian's current and future older population, at the right time and in the right place.
2. Ensure services for older people are sustainable and adaptable to the current financial climate, the impact of Covid-19 Pandemic and national policy.
3. Engage with communities within East Lothian to ensure co-production of services that will allow for equality of service across our diverse population.

These remain relevant and will also help guide the next phase of this work.

[15][https://www.eastlothian.gov.uk/downloads/file/31754/east\\_lothian\\_community\\_hospitals\\_and\\_care\\_homes\\_project\\_communications\\_and\\_engagement\\_strategy](https://www.eastlothian.gov.uk/downloads/file/31754/east_lothian_community_hospitals_and_care_homes_project_communications_and_engagement_strategy)

Over the summer of 2022, the Communications and Engagement working group of the Community Hospitals and Care Homes Change Board engaged in a number of activities asking for public opinion on what they are looking for in later life, from both a community and care perspective, under the title of "Planning for an Ageing Population".

We would wish to thank and note our appreciation of those who took part from across East Lothian in online meetings, face-to-face meetings and those who took the time to complete the questionnaires. All information collected was considered and helps to inform the design and delivery of health and social care services.

The feedback from the Planning for an Ageing Population exercise (Planning for an Ageing Population Feedback Report April – September 2022) was presented to the Change Board (26th October 2022), published on the Change Board web page and shared with IJB members as part of their development session.. The report was welcomed and supported by the Change Board as it identified emerging themes and key findings from the engagement programme.

A range of activities were undertaken to engage with the stakeholder groups, and the subsequent emerging feedback themes and key findings gathered from the consultation process as outlined in diagram 1 and 2 to the right.

The emerging themes and key findings have been valuable in helping East Lothian HSCP to understand and confirm what was important to those whom attended the sessions or completed the survey questionnaire. It informed the Capacity and Planning thematic working group as to what was important and how that should influence their working group and the development of their subsequent conclusions and recommendations for next steps in 2023/24. The clear message was people wanted and needed to live independently at home for as long as possible and for more Intermediate care provision to help facilitate faster discharge and prevention of admission to hospital.

**Diagram 1. Emerging Themes**



**Diagram 2. Key Findings**



Community Hospital beds were discussed, with the findings that there is sufficient capacity at present for beds but a greater desire and understanding of the need to have resources focused on Intermediate Care and keeping people at home for longer.

Though in having people at home for as long as possible there was a key finding emerged with more help for support networks and support for carers alongside another emerging theme of Fear for the Future (reflecting both carers and their relatives and in future for themselves). This latter theme on Fear for the Future in what will happen in older age touched on the important sub-themes of *social isolation*, the *cost of care* and *access to care*. This helps us to better understand the needs of individuals and carers across East Lothian and how we must respond to this in our next stage of work.

Overall, the emerging themes and the key findings helped to drive the work of the Capacity and Planning working group. As well as addressing the hospital and care home bed provision in East Lothian, there is a need to take account of relevant policy direction at a national and local level, which is about shifting the balance of care from bed base care to care in the community and through the continued development of intermediate care services to enable people to live longer at home or in a homely setting. This is key to everything we are setting out in this work and it is what we are hearing from those who took part in our summer consultation and engagement programme. More and continued engagement is required as this work moves on to the next phase. It is not the end of the consultation and engagement phase.



## 2. Capacity and Planning

The Capacity and Planning thematic working group was tasked to review three areas of service provision and set out the likely parameters to help frame future provisioning discussions. These were:

1. **Inpatient Community Hospital** bed capacity within East Lothian Health and Social Care Partnership across all community hospitals.
2. **Care Home** bed capacity – Private and East Lothian Health and Social Care Partnership operated care home beds.
3. **Intermediate Care** capacity looking at current provision in East Lothian and potential areas for expanded or new provision.

The Hub South East Scotland commissioned work from Buchan Associates helped to look at the use of the beds and potential to develop more intermediate care.

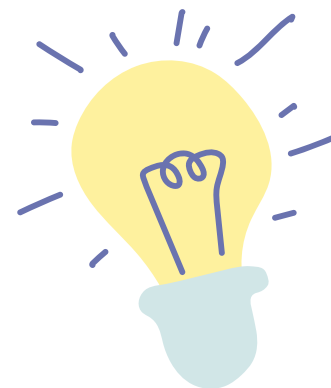
The data used was prior to the impacts at the start of Covid-19.

### **In November 2021 the progress of the Capacity and Planning Working Group noted:**

1. There was unlikely to be any requirement to go beyond current community hospitals inpatient bed capacity over the short to medium term.
2. There would likely be no requirement to expand HSCP operated care home capacity beyond what is currently available.
3. That further work on capacity modelling will require wider engagement with communities and stakeholders. This was started as part of the Communication and Engagement programme over the summer 2022.

### **The Capacity and Planning Working Group then concentrated on developing a clearer understanding of:**

1. The extent to which existing community hospital and care home needs support patient flow within the health and social care system.
2. How existing location of hospital bed levels can contribute to improvements in care quality and patient experience.
3. The existing location of community hospital and care home beds and the likelihood existing infrastructure will be forced to change (e.g. existing facilities not fit for modern day care standards).
4. The impact of third party of external factors on future available care home bed capacity including increased referrals from out of area and planned private care homes failing to materialise.
5. The known capital requirements for potential future investments in East Lothian Health and Social Care.
6. The strategic objectives of the Provision Change Board and the possible options which could meet these objectives.



## 2a. Inpatient Community Hospital Beds

In March 2022 the capacity and planning working group reported to the Change Board that East Lothian's 2021/22 delayed discharge occurrences are lower when compared with neighbouring HSCP's. This was in part due to the investment and development of intermediate care services over recent years in East Lothian, with the goal of keeping people at home for longer. We are now seeing the benefit of this previous investment.

However, East Lothian continues to have a higher percentage of people in hospital beds in the last 6 months of life compared to the Scottish average. We need to further reduce the percentage of people in community hospital settings during the last 6 months of life, ensuring they are supported at home through their palliative and end of life care.

The analysis of the data confirmed there is predicted to be sufficient hospital bed capacity to maintain current levels of service up to 2032-35. Maintaining this position over the medium to longer term will remain challenging if additional measures and investments are not taken to improve early intervention and prevention that support individuals to live more independently, which could also extend capacity beyond 2035.

Maintaining sufficient levels of future hospital bed capacity will require continued proactive management over the short to medium term. Unnecessary capital expenditure should be avoided for as long as possible. Reasons to support this approach include:

1. Investment in additional hospital bed capacity would conflict with local and national policy requirement to Shift the Balance of Care.
2. Capital expenditure is likely to remain constrained over the short to medium term, but if this changed, any future business cases would have to articulate how the proposal would support a shift to increased patient independence.
3. Investment in capital expenditure would likely be at the expense of investment in community intermediate care provision.

The review of data indicates that hospital beds are being managed effectively and there is currently sufficient capacity in the system for the foreseeable future. There is unlikely to be a requirement for additional Hospital beds in the medium to long term.



## 2b. Care Home Beds

A review of existing care home beds has been completed which includes projections for known, new private sector homes, in construction or development. The majority of the care home bed base in East Lothian is provided in buildings over thirty years old and by the private sector.

There were 18 registered care homes for Older People in East Lothian in 2021, four East Lothian HSCP and fourteen privately operated homes. Analysis of data over a ten year period indicates that whilst private sector beds have continued to increase, registered bed levels in ELHSCP and Independent sectors have reduced.

Bed management is likely to continue to see pressure over the short to medium term. Due to the poor condition of the buildings, the future of Abbey, Eskgreen and Belhaven Nursing Home (based within the grounds of Belhaven Hospital) Care Homes are currently under review, but closure of these homes would result in the loss of 71 beds from the HSCP bed base.

Sensitivity analysis was carried out to provide a clearer indication of the impact the closure of older homes might have on the 2030 care home bed base. Each scenario included an assumption on the opening date of planned new care homes.

A best and worst case analysis was compared against 2021 registration levels for long stay residents. The best case assumed minimal further private care home closures supported by new care homes opening (planned or known about). The worst case predicted an increased level of private care home closures but maintained the same level of new care homes opening (planned or known about).

Scenario testing the 80+ and 83+ demographic supports the initial findings that the development of capacity for care home beds in East Lothian is bounded at a maximum of 70 replacement beds and potentially 30 new beds. It is important to note we must consider external provision (private/independent), intermediate care, capital expenditure options (availability) and different models of care and ways to deliver care, together as we work with the public to develop this vision. These factors will impact upon any capacity plans on care home beds.

In undertaking the capacity and planning work we needed to consider other property and potential capital developments that may take precedence/compete over any plans and decision that is ultimately taken by the Change Board. Identified future HSCP premises requirements that may need to be prioritised over the medium to long term are likely to include:

1. New or replacement Primary Care Premises
2. Additional an Complex Needs Accommodation
3. Dementia Friendly Housing
4. Replacement Care Home Beds

This estimate provides us with a **potential** capital requirement of £50M+ that may be needed to deliver these. This estimate is supported by investigations completed as part of the Primary Care Premises Strategy under Direction D10J and the learning disability housing strategy being developed under Directions 18a and DO2f. These figures are all indicative at this point in time but with the current economic climate are likely to increase.

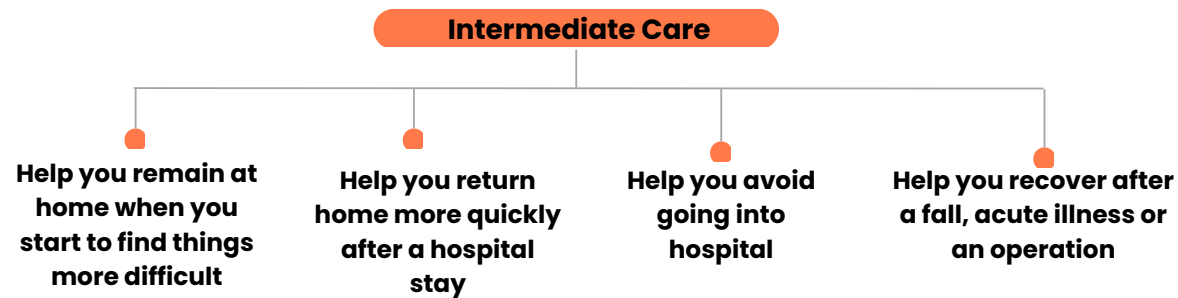
This level of investment is currently unfunded. These projects would require to go through capital planning evaluation and process. We note that any potential requirements we identify would also be competing with similar requirements from other Health and Social Care Partnerships across Lothian (and Scotland). This makes identifying potential for capital funding extremely challenging and especially within the current economic climate.

## 2c. Intermediate Care

The Intermediate Care paper was presented to the Change Board in August 2022 (in draft and distributed thereafter as a final version) and provided a summary position on the intermediate care work stream of the Capacity and Planning working group.

It explains what intermediate care is and what services we already have in East Lothian. Intermediate care has a wide definition of use. Intermediate Care is not new. A simple descriptor of Intermediate Care provision is shown in diagram 3 below.[16]

**Diagram 3.**  
**The Four Key Principles of Intermediate Care from NICE Guidelines, 2018**



There are three main aims of intermediate care and they are to: -

1. Help people avoid going into hospital unnecessarily
2. Help people be as independent as possible after a stay in hospital; and
3. Prevent people from having to move into a care home until they really need to

This is to prevent unnecessary acute hospital admission, help support quick and appropriate discharge. It promotes faster recovery from illness and supports anticipatory care planning by helping people to self-manage their long term conditions.

The emerging themes and key findings from the consultation and engagement sessions reflect the focus on intermediate care, Home First and supporting people in and out of hospital more quickly and/or prevent the need to go in to hospital.

The National Audit of Intermediate care highlighted that Reablement capacity was, nationally falling – despite increasing evidence of its effectiveness – and waiting times for intermediate care are rising. We know this locally in East Lothian with the need to identify capacity, staffing and resource to provide additional capacity such as packages of care and reablement care, occupational and physiotherapy in the community.

Evidence shows that well-designed intermediate care can[17]:

1. Improve people's outcomes and levels of satisfaction
2. Reduce admissions to hospital and long term social care services
3. Reduce delayed discharges

The intermediate care services in East Lothian have helped contribute towards having the lowest proportion of delayed discharges compared to other local health and social care partnerships. The investment in these services in previous years has been beneficial over longer term. Intermediate care is one of the best investment opportunities for the partnership now and in future years.

Some of the current provision in East Lothian (below) highlights the range of intermediate care provision from across health and social care services.  
**More detail for these services is found in our Intermediate care report.**

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. East Lothian Rehabilitation services (ELRS)</li> <li>2. Community Advanced Physiotherapy Practitioner</li> <li>3. Community Advanced Practice Occupational Therapist (APOT)</li> <li>4. Community Physiotherapy and Occupational Therapy team</li> <li>5. East Lothian Rehabilitation service Digital platform</li> <li>6. East Lothian Community Occupational therapy</li> <li>7. East Lothian Council Community Occupational Therapy Complex</li> <li>8. Cases and Adaptations Falls</li> <li>9. Inpatient Occupational (OT) and Physiotherapy (PT)</li> <li>10. Mental Health provision</li> <li>11. Musculoskeletal (MSK) Physiotherapy including Advanced Practice</li> <li>12. Physiotherapy and Exercises Specialists</li> <li>13. Neurology Outpatient Physiotherapy</li> <li>14. Pain Management</li> </ol> | <ol style="list-style-type: none"> <li>15. Single Point of Contact Phone line</li> <li>16. Technology Enabled Care (TEC)</li> <li>17. Hospital to home team</li> <li>18. Hospital at home</li> <li>19. Care Home team</li> <li>20. Care at Home</li> <li>21. Daily Huddle review of East Lothian discharges</li> <li>22. Integrated Care Assessment and Allocation Team ICAAT</li> <li>23. Emergency Care Service (ECS)</li> <li>24. Primary Care</li> <li>25. Care When it Counts (CWIC)</li> <li>26. CWIC (Mental Health)</li> </ol> |
|--|--|

## Additional support to Intermediate care

Additional support to intermediate care services are highlighted below. They are an integral support and also play an important role in keeping someone at home for as long as possible as well as helping to keep individuals well and safe and hopefully prevent or reduce hospital admission.

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. East Lothian Community First (ELCF)</li> <li>2. Alzheimer Scotland PDS Link workers</li> <li>3. Older People Day Centres</li> <li>4. Carers funding and support</li> </ol> | <ol style="list-style-type: none"> <li>5. Extend Older People's Day Centres Outreach</li> <li>6. Dementia Cafes</li> <li>7. Meeting Centres</li> </ol> |
|--|--|

The Intermediate Care Report Summary [18] previously presented to the Change Board (August 2022) and IJB (September 2022) helped, for the first time, to describe what is meant by the broad term of intermediate care and show the breadth and depth of those services being provided in East Lothian. Both Boards noted the depth and range of these services and the benefit they provide (now) from previous investment.

There are other models out-with East Lothian that we would like to learn from and we will undertake further work looking at this in the next phase of work.

Importantly, we wanted to listen and hear from people across East Lothian as part of the Consultation and Engagement programme across the summer as to what services people liked, what their experiences of accessing these were and what other intermediate care provision they would like to see in their communities (e.g. day centre provision and new day centre models using the experience gathered during Covid-19).

**We want to continue the discussion of ideas and thoughts** on intermediate care services in local areas and what opportunities there are to bring together/co-locate services together e.g. health, social care, third sector, independent sector, voluntary.

We want this work to form part of the basis for ongoing consultation and engagement and how we can develop these services across East Lothian reflecting the differences across the county and the needs in local communities.

We know there are unrelenting pressures on beds and all health and social care services and we have set out our thoughts on these. There needs to be further debate, focus and (importantly) resources identified on developing more Intermediate care provision. There is much being done and much more we would like to do to keep people at home, for as long as possible enjoying a high quality, healthy life surrounded by their family and friends. The key findings and emerging themes from our Consultation and Engagement sessions inform us clearly of the wishes and desires of people to be able to jointly work to and achieve these goals.

[18] [www.eastlothian.gov.uk/downloads/download/13500/east\\_lothian\\_community\\_hospitals\\_and\\_care\\_homes\\_project](http://www.eastlothian.gov.uk/downloads/download/13500/east_lothian_community_hospitals_and_care_homes_project)

### 3. Capacity and Planning – Next Steps

The Capacity and Planning Working Group used these findings from their initial work to develop their next phase of work.

The Capacity and Planning working group has considered capacity for Care Homes and Inpatient hospital beds provision separately. However, following the notification of the development of the National Care Service[19], the decision to place palliative beds into the Abbey and the temporary relocation of Belhaven Nursing Home beds (Blossom House Nursing Home) to East Lothian Community Hospital, it is clear that future bed-based provision must be considered more flexibly.

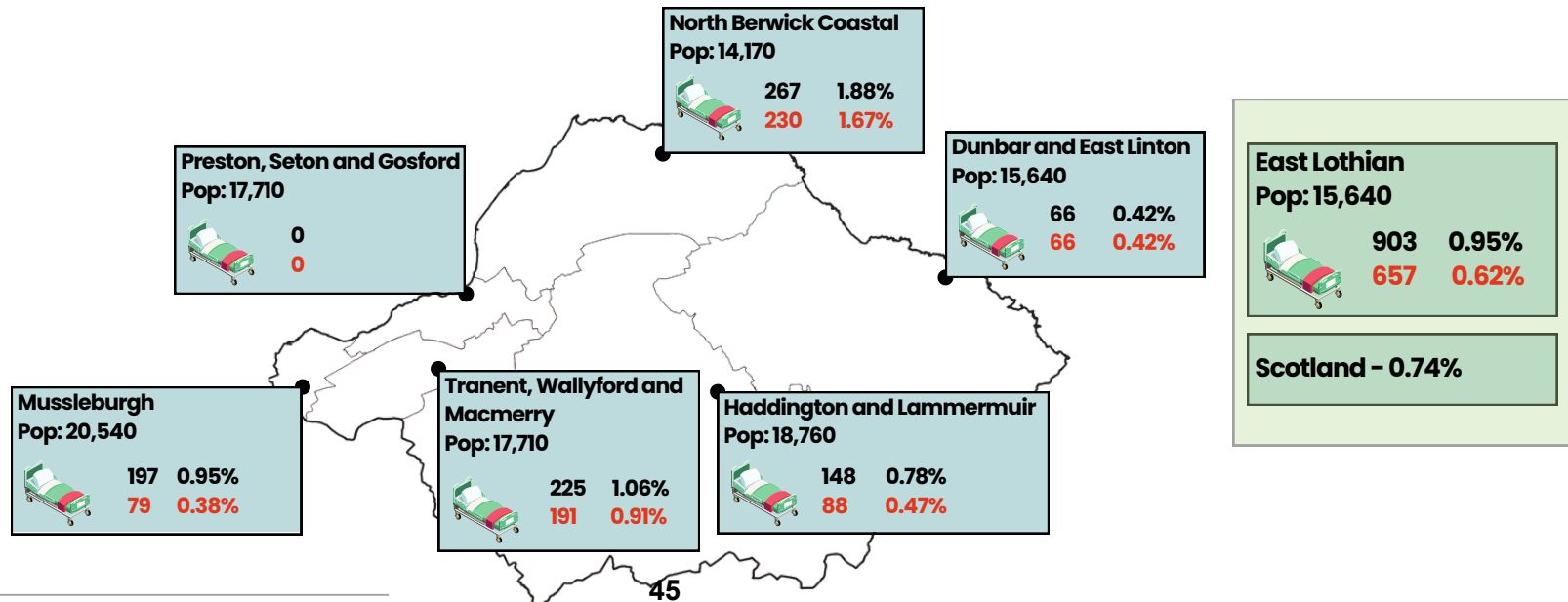
The likelihood of East Lothian receiving the substantial capital funding to develop a number of stand-alone facilities in isolation is low and ultimately would neither fit with the strategic direction being driven nationally and locally, nor be in line with the integrated service models we have already developed.

As future provision should be considered with an integrated lens. We have reviewed our existing provision by council ward and combined both traditional inpatient beds and care home beds to consider provision levels across the county to assess the balance of provision.

#### Current Provision Levels by Ward Area

Provision across the ward areas is variable with low capacity in Dunbar & East Linton and no provision in Preston, Seton and Gosford ward area. Any future options for provision must seek to address this imbalance of access. The image below provides a representation of current provision where the imbalance is clearer:

**Diagram 4.**  
**East Lothian Care Home and Community Hospital Provision by Ward**



[19] <https://www.parliament.scot/bills-and-laws/bills/national-care-service-scotland-bill>

Our options for long term provision will be opportunities to change this configuration by altering our own infrastructure. The Abbey, Eskgreen, Belhaven and Edington sites will all require a combination of renovation, replacement or external commissioning in the next 5 years to continue delivering services safely and to required care standards and we must consider the options to do so while maximising equity of provision.

Eskgreen Care Home in Musselburgh has received two Care Inspectorate report requesting immediate action. The second of which a visit took place on the 25th and 26th June 2022. At a recent council meeting a set of proposals for Eskgreen Care Home were considered and the Council did not agree to support the refurbishment of Eskgreen Care Home.

In taking this next phase of work forward other strategic and workforce challenges for hospital and care home beds capacity must be recognised.

ELHSCP strategic direction is clear in the desire in supporting people to live at home for longer. Challenging this is the staffing issues impacting the ability to provide care at home. As a result some care at home providers are handing back their contracts, the number of hours of care at home has contracted and in some cases people are being admitted into care homes instead, mostly through admissions direct from hospital.

Significant issues with system pressures has required the purchasing of interim beds (including some block contract purchasing) at 'self-funding' rates from private providers. This has helped to support and enhance hospital flow and is likely to continue in 2023.

There is currently a lack of local authority funded placements within care homes. Private providers are proportionally accepting much more self-funded placements to make their care homes viable. This creates pressure on the ability to source a place for local authority funded clients. With the potential loss/reduction in our own homes due to age of the buildings this pressure will increase.

The challenges in accessing short breaks (respite) which is an ELHSCP strategic commitment within the carers strategy has proved difficult. There is little appetite from private providers to become a respite provider and this is also reflected in other HSCPs. A tender process in September 2022 resulted with no bids. Further work is taking place on this action. But this is a much needed resource to support carers and supporting people to be at home for longer.

There is a risk that the NCHC may not go ahead next year. Over the last few years it's been difficult to get agreement for it to continue and the reality is that we are changing the market by buying up self-funding placements for interim because of the pressures faced by the system in East Lothian. If the NCHC does not go ahead, we may end up spending significantly more on care home placements in future.

These challenges help inform the strategic objectives and direction for East Lothian HSCP.

## Capacity and Planning Strategic Objectives

The development of any future options must seek to address a range of current and expected issues with the delivery of services across East Lothian over the next 10–15 years. In consideration of this, the Capacity and Planning working group has set the following objectives which any option for provision and the next stages of this work must seek to address:

1. Reduce reliance on the Inpatient Hospital Bed Base
2. Increase or maintain Care Home capacity with integrated provision in place of traditional hospital beds
3. Increase provision and develop new community intermediate care services and models to support people
4. Align with public sector partners strategic plans (e.g. Lothian Strategic Direction Framework)
5. Ensure capacity is maximised within constrained capital and revenue provision

**Table 2.**  
**Provision Proposal – Hospital Beds**

	Option	IJB Only or Partnership Decision	Capital Required	Revenue Required
1	Assess rebuild/refurbish costs to replace facilities as currently exist - no change	Requires NHS Lothian and/or East Lothian Council joint decision and funding support (dependent upon model of care)	Yes	Yes
2	Locate all community hospital beds within ELCH site	IJB only decision. IJB has delegated revenue budgets within its financial remit	No	Yes
3	Assess model of community based Palliative care, Interim beds and Step/up down with partners	IJB only decision IJB has the delegated revenue budgets within its financial remit	No	Yes
4	Source and purchase additional land for new build purposes	Requires NHS Lothian and/or East Lothian Council joint decision and funding support (dependent upon model of care)	Yes	Yes

## Capacity and Planning Options for Development

The number of permutations for the provision of services across the region is significant even when considered at a high level. The Capacity and Planning working group created a long list of options for provision before shortlisting the options set out below. It should be noted that none of these are fixed at this point and will require further development in 2023. But it allows a more focused effort, on a refined range of options, for the next stages of this work.

For community hospital beds we believe the 4 key options for further consideration are identified above. We must also consider the capital and revenue requirements for these options and note the decisions that the IJB is able to make on its own or where partner input and support (capital and/or revenue) may be required. Knowing this allows us to map out the options available and potential financial and governance routes required.

## Care Home Bed Options

Care Home % bed rate per 1000 (below) – this reflects the potential impact of the 5 options against each of the geographical areas. Some areas would see an increase or decrease in their bed rate dependent upon which option is considered. This helps to highlight and gain insight to the impact any decision made to locate and develop new or replacement care home bed capacity.

**Table 3.**  
**Provision Proposal – Care Home % Bed Rate per 1000**

	Musselburgh	Preston, Seton & Gosford	Tranent, Wallyford & Macmerry	Haddington & Lammermuir	North Berwick Costal	Dunbar & East Linton	East Lothian	Scottish Rate Per 1000 Pop.
<b>Option 1:</b> - <i>Re-provide as is</i>	9.6	0.0	10.7	7.9	18.3	3.8	8.2	7.4
<b>Option 2:</b> - <i>Option 1 with Eskgreen rebuilt with +30 beds</i>	11.1	0.0	10.7	7.9	18.3	3.8	8.5	7.4
<b>Option 3:</b> - <i>Do not rebuild Eskgreen</i> - <i>Commission beds in Musselburgh</i> - <i>1 Facility in NB (35 beds)</i> - <i>1 Facility in Dunbar (20 beds)</i>	8.1	0.0	10.7	7.9	18.3	3.8	8.0	7.4
<b>Option 4:</b> - <i>Do not rebuild Eskgreen and Abbey</i> - <i>One Facility in PSG (60 beds)</i> - <i>Additional 50 beds in East</i>	8.1	3.4	10.7	7.9	16.2	6.3	8.6	7.4
<b>Option 5:</b> - <i>Do not rebuild Eskgreen and Abbey</i> - <i>One 50 bed facility in the East and commission beds</i>	8.1	0.0	10.7	7.9	16.2	6.3	8.0	7.4



## Capacity and Planning Conclusion

The work of the Capacity and Planning group has concluded:

1. **Inpatient Community Hospital beds** are being managed effectively and there is currently sufficient capacity in the system for the foreseeable future. There is unlikely to be a requirement for additional Hospital beds in the medium to long term.  
Next phase of work: the 4 key options as identified above require further consideration are identified above. We must consider the capital and revenue requirements for these options and note the decisions that the IJB is able to make on its own or where partner input and support (capital and/or revenue) may be required.
2. **Care Home Beds** analysis identified that the development of capacity for care home beds in East Lothian is bounded at a maximum of 70 replacement beds and potentially 30 new beds. These figures will be influenced by external provision (private/independent), intermediate care, capital expenditure options (availability) and different models of care.  
Next phase of work: the 5 key options identified above must now be considered against each of the geographical areas. Some areas would see an increase/decrease in their bed rate. This helps to highlight and gain insight to the impact any decision made to locate and develop new or replacement care home bed capacity.
3. **The Intermediate Care Report Summary** showed the breadth and depth of those services being provided in East Lothian and the benefit they provide (now) from previous investment.  
Next phase of work: there needs to be further debate, focus and (importantly) resources identified on developing more Intermediate care provision. This will be a key priority for further investment.

There is considerable risk in any strategy for provisioning which does not progress a joint NHS and local authority approach to increase care provision. The options which need to be progressed are varied and require endorsement to be developed in more detail.

However, it is important to reflect that the development of any options must be considered with the view that increased intermediate care provision is the main goal of provisioning and in achieving the objective of shifting the balance of care from beds to supporting people to live in their home or homely environment for as long as possible.

To do this requires strategic development of services, development of new models and an appropriate resource shift to support this. The work from the Capacity and Planning working group alongside the high level financial modelling now sets out a clearer path of working towards these objectives.

## 4. Finance and Capital

The Finance and Capital working group has started high level financial modelling of the various options to support the work undertaken within the Capacity and Planning working group. This financial modelling has considered both revenue and capital funding and cost streams.

The modelling has been based on a top-down approach utilising a suite of assumptions at this stage. As we progress through the planning process this will be refined to a more detailed costing and set of proposals once more information is available. The work we have been able to do so far provides an indicative picture.

The Finance and Capital working group has met with both our Partner organisations and their Directors of Finance to make them aware of this process and to discuss future funding options and ways forward. The IJB only has the delegated revenue budgets within its financial remit. However, this project (financially) is much wider and must consider buildings and land owned by Partner organisations, potential capital funding requirements from both Partners and any non-delegated revenue budgets from Partners, for example facilities costs. This highlights the complexities faced by this project and the need to assess all potential options that do or do not require partner support.

From these meetings we discussed the hugely challenging financial and economic environment both Partners are working in and the limited availability of capital funding. There was varying degree of potential investment support from Partners and this may pose a future challenge to moving some of the options forward.

The work to date of the Finance and Capital working group has focused on inpatient community hospital beds and care home and hospital bed capacity but the work to assess the financial implications of intermediate care is not included. This further work, to model financial implications of intermediate care to support the future options, has started but is still at the very early stages and more work will be required in the next phases of this work.

The high level financial modelling at this stage for the capacity and planning working group has the various options showing estimated additional investment of:

**Capital Costs\***  
- Nil to Circa  
£50m

**Revenue Costs**  
- Nil Circa  
£2.5m

**Disposals -**  
TBC

*\*capital costs  
exclude any land  
purchase*

These assumptions will fluctuate given the current market conditions and are based on 2022/23 rates. But they provide an indication of the financial challenges.

The Finance and Capital working group will continue to develop the modelling and provide more detail on the assumptions and risks associated with those capacity and intermediate care options that will be considered in the next phase of this work.

A key goal of the financial modelling, influenced by which strategic decision we take, is to reduce the revenue impact of current services across the HSCP. Not only to respond to ever-tighter financial settlements that the IJB will receive in coming years but also to ensure we are shifting the balance of care and invest in intermediate care provision. These are key points to consider when assessing the future service options provided by the Capacity and Planning working group.

The finance and capital working group also have modelled the financial implications as mentioned above and this shows a range of financial investments required across capital and revenue.

## Inpatient Community Hospital Beds

Beds are being managed effectively and there is currently sufficient capacity in the system for the foreseeable future. There is unlikely to be a requirement for additional Hospital beds in the medium to long term.

*Recommendation 1: the 4 key options for **Inpatient Community Hospital Beds** (identified above) require further consideration including the capital and revenue requirements and noting the decisions that the IJB is able to make on its own or where partner input and support (capital and/or revenue) may be required.*

## Care Home beds

Analysis identified that the development of capacity for care home beds in East Lothian is bounded at a maximum of 70 replacement beds and potentially 30 new beds. These figures will be influenced by external provision (private/independent), intermediate care, capital expenditure options (availability) and different models of care.

*Recommendation 2: the 5 key options for **Care Home Beds** (identified above) to be considered across each of the geographical areas. Some areas would see an increase/decrease in their bed rate. This helps to highlight and gain insight to the impact on any decision made to locate and develop new or replacement care home bed capacity.*

## Intermediate Care

The Intermediate Care report showed the highlighted the breadth and depth of those services being provided in East Lothian and the benefit they provide (now) from previous investment.

*Recommendation 3: to focus on extending **Intermediate Care** resources and develop new and more Intermediate care provision. This will be a key priority for further investment.*

## Finance and Capital

Finance and Capital working group has focused on inpatient community hospital beds and care home and hospital bed capacity but the work to assess the financial implications of Intermediate care is not included.

*Recommendation 4: Further develop and model the financial implications of the options identified for both Inpatient Community Hospital beds, Care Home beds and Intermediate care. Identifying where partner input is required and revenue and capital pressures*

## Care Home beds

Analysis identified that the development of capacity for care home beds in East Lothian is bounded at a maximum of 70 replacement beds and potentially 30 new beds. These figures will be influenced by external provision (private/independent), intermediate care, capital expenditure options (availability) and different models of care.

The work summarised above and outlined in previous papers presented has set out the work undertaken since the inception of the Provision Change Board in May 2021.

Its intention was to produce a clearer focus and direction to take forward decisions on these services in East Lothian. The services (and buildings) have been the focus of much discussion and reviews over recent years.

This work undertaken by the Provision Change board and its three thematic working groups now allow the Chief Officer and Senior Team to pursue this work with a now greater focus. At the Change Board meeting in (October 2022) and IJB Development session (December 2022) the next steps for this work were accepted and now require formal support.

This report now provides the final document to be produced by the Community Hospitals and Care Homes Change Board. It finalises the work of the Change Board and it now concludes its work.

The Change Board/Strategic Planning Group/Integration Joint Board are asked to:

- 1.** Support the conclusions of this report and the 4 recommendations set out in the attached Community Hospitals and Care Homes Provision Change Board – Final Report – January 2023.
- 2.** Direct the Chief Officer and Senior Management Team to develop the range of capacity options for inpatient community hospital and care homes beds and Intermediate Care. This will include the financial assessment across all options being considered.
- 3.** Request the Chief Officer and Senior Management Team report back to the Strategic Planning Group with clear proposals and final actions.
- 4.** Note that the Provision Change Board will be formally stood down at the last meeting of the Board on 18th January 2022.

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

**MEETING DATE:** 23 February 2023

**BY:** Chief Officer of the IJB

**SUBJECT:** ELHSCP Commissioning Strategy 2023-2025

---

6

## 1 PURPOSE

- 1.1 To seek approval of the draft *ELHSCP Commissioning Strategy 2023-2025* from the Integration Joint Board. The draft has been previously submitted to and signed off by the IJB Commissioning Board on 15<sup>th</sup> December 2022 and the Strategic Planning Group on 2<sup>nd</sup> February 2023.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Sign off the draft *ELHSCP Commissioning Strategy 2023-2025* and note the included commissioning intentions and key market messages (please refer to section 3.3 for further detail).

## 3 BACKGROUND

- 3.1 This commissioning strategy sits alongside and compliments the IJB Strategic Plan and IJB Directions in that it outlines how we aim to work with providers and potential providers of adult social care in order to:

- Develop services that are sustainable and proportionate to need.
- Deliver new models of community provision, working collaboratively with communities.
- Focus on prevention and early intervention.
- Enable people to have more choice and control and provide care closer to home.
- Further develop / embed integrated approaches and services.

- Keep people safe from harm.
  - Address health inequalities.
- 3.2 This strategy is for all providers and potential providers of health and social care support, for community or social enterprise groups and for people who use, or work in, health and social care services. The strategy is for everyone who requires health and social care services across East Lothian including older people, people who have a learning or physical disability, carers, people experiencing poor mental health, adults in need of protection due to harm, those who require criminal or community justice services and young people transitioning to adult services. We will also ensure that services are accessible and inclusive to all genders, race and cultures.
- 3.3 The strategy outlines East Lothian Health and Social Care Partnerships Commissioning Intentions and Key Market Messages as follows:
- We will work with communities, providers, advocacy bodies, carers, supported people and staff when it comes to commissioning, designing and developing services.
  - We will refocus our commissioning on preventative and early intervention approaches that are outcome / recovery focussed and promote independence, participation and self-management.
  - We will actively develop, support and promote community based service provision.
  - We will endeavour to commission services which will provide support within an individual's own home, local community or in a homely setting.
  - We will promote an outcome focussed approach to health and social care commissioning and attempt to move away from high scale and low cost delivery models which are primarily driven by profit margins. The Health and Social Care Partnership will promote collaboration and innovation when it comes to procurement.
  - We are committed to ethical commissioning in terms of decisions that take into account factors beyond price, including fair work, terms and conditions, career pathways, trade union recognition and sustainability of services and the environment.
  - Seek to address health inequalities and promote equity of access to services regardless of geography or population.
  - Our commissioning strategy will support a healthy market across the board, which promotes improved outcomes and choice for supported people and carers.
  - We will ensure that we remain compliant with all relevant legislation and national policy.



## **4 ENGAGEMENT**

- 4.1 Stakeholder engagement was a key element of the activity that took place to inform the development of our IJB Strategic Plan and consequently this Commissioning Strategy. A four month engagement process involved workshops, group discussions and online approaches to gather the views of local people, third sector and community groups supporting people with a range of needs and Health and Social Care Partnership colleagues involved in planning and delivering services..

## **5 POLICY IMPLICATIONS**

- 5.1 None.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report is in the process of going through the Integrated Impact Assessment process with a full report being published online in due course. The IIA meeting took place on 19<sup>th</sup> January 2023.

## **7 DIRECTIONS**

- 7.1 The Commissioning Strategy is intended to support and assist in the delivery of the IJB Strategic Plan and all of its associated directions.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – N/A.  
8.2 Personnel – N/A.  
8.3 Other – N/A.

## **9 BACKGROUND PAPERS**

- 9.1 None.

Appendix - Draft *ELHSCP Commissioning Strategy 2023-2025*.

<b>AUTHOR'S NAME</b>	Andrew Main
<b>DESIGNATION</b>	Strategy Officer, Planning & Performance, ELHSCP
<b>CONTACT INFO</b>	<a href="mailto:amain1@eastlothian.gov.uk">amain1@eastlothian.gov.uk</a>
<b>DATE</b>	7/02/23





# East Lothian Health and Social Care Partnership

## Commissioning Strategy

2023 – 2025

***“Support all people in East Lothian to live healthy lives, to achieve their potential to live independently and exercising choice over the services they use”***

East Lothian Integration Joint Board Strategic Plan 2023-2025

## Index

Introduction .....	3
Key Priorities .....	3
Commissioning Intentions and Key Market Messages .....	4
National Health and Wellbeing Outcomes .....	5
Background .....	6
What is Strategic Commissioning? .....	6
Who is the Commissioning Strategy for? .....	10
What is the Governance? .....	11
Models of Commissioning .....	11
Co-production .....	12
Self-Directed Support .....	12
Procurement Services .....	13
Monitoring of Outcomes .....	14
Strategic and Policy Context .....	14
National .....	14
Local .....	14
Communications and Engagement .....	15
Stages of the Commissioning Cycle .....	16
Analyse .....	16
ELHSCP Joint Strategic Needs Assessment .....	16
ELHSCP Performance and Improvement Framework .....	16
ELHSCP Commissioned Community Support and Grant Awards 2022 – 2023 .....	16
East Lothian Strategic Assessment 2017 .....	16
Plan .....	16
Do / Deliver .....	17
Review .....	17
Version History .....	17
Appendix 1 .....	18
Contract Types .....	18
Appendix 2 .....	20
Priorities for reviewing existing contracts and processes .....	20

## Introduction

### Key Priorities

The East Lothian Integration Joint Board (IJB) vision describes our aspiration to deliver health and social care services in East Lothian as ***‘to support all people in East Lothian to live healthy lives, to achieve their potential to live independently and exercising choice over the services they use’.***

The Health and Social Care Partnership do not have a distinct set of values but instead follow the values articulated by our constituent partner agencies:

#### **East Lothian Council:**

- Enabling and encouraging everyone we work with to achieve their full potential.
- Leading by example and taking responsibility to improve ourselves and others.
- Caring for each other, our community and the work we do.

#### **NHS Lothian:**

- Care and Compassion.
- Dignity and Respect.
- Quality.
- Teamwork.
- Openness, Honesty and Reliability.

The IJB strategic objective and delivery priorities are to:

- 1) Develop services that are sustainable and proportionate to need.
- 2) Deliver new models of community provision, working collaboratively with communities.
- 3) Focus on prevention and early intervention.
- 4) Enable people to have more choice and control and provide care closer to home.
- 5) Further develop / embed integrated approaches and services.
- 6) Keep people safe from harm.
- 7) Address health inequalities.

#### **NHS Lothian as an Anchor Institution**

Anchor Institutions are organisations that are rooted in places by their purpose, histories, land and assets, and established local relationships. They have a powerful role to play to embed community wealth building and address local inequalities and poverty. By increasing community wealth, all communities improve, wellbeing improves and people thrive.

In 2021, NHS Lothian committed to becoming an Anchor Institution as the basis for its work to tackle poverty and inequalities. Improving people’s life circumstances is the best way to address poverty and inequality so the Anchor Institution work focuses on the determinants of health such as income,

employment and place-making. Crucially, this type of work has prevention at its core and there should be benefits not just for the NHS but the public sphere in general.

### Commissioning Intentions and Key Market Messages

- We will work with communities, providers, advocacy bodies, carers, supported people and staff when it comes to commissioning, designing and developing services.
- We will refocus our commissioning on preventative and early intervention approaches that are outcome / recovery focussed and promote independence, participation and self-management.
- We will actively develop, support and promote community based service provision.
- We will endeavour to commission services which will provide support within an individual's own home, local community or in a homely setting.
- We will promote an outcome focussed approach to health and social care commissioning and attempt to move away from high scale and low cost delivery models which are primarily driven by profit margins. The Health and Social Care Partnership will promote collaboration and innovation when it comes to procurement.
- We are committed to ethical commissioning in terms of decisions that take into account factors beyond price, including fair work, terms and conditions, career pathways, trade union recognition and sustainability of services and the environment.
- Seek to address health inequalities and promote equity of access to services regardless of geography or population.
- Our commissioning strategy will support a healthy market across the board, which promotes improved outcomes and choice for supported people and carers.
- We will ensure that we remain compliant with all relevant legislation and national policy.

<b>1</b>	<b>People are able to look after and improve their own health and wellbeing and live in good health for longer.</b>
<b>2</b>	<b>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</b>
<b>3</b>	<b>People who use health and social care services have positive experiences of those services, and have their dignity respected.</b>
<b>4</b>	<b>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</b>
<b>5</b>	<b>Health and social care services contribute to reducing health inequalities.</b>
<b>6</b>	<b>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.</b>
<b>7</b>	<b>People who use health and social care services are safe from harm.</b>
<b>8</b>	<b>People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</b>
<b>9</b>	<b>Resources are used effectively and efficiently in the provision of health and social care services.</b>

<sup>1</sup> <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/1/>

## Background

### What is Strategic Commissioning?

East Lothian Health and Social Care Partnership (ELHSCP) is responsible for the planning and delivery of all health and social care services for adults in East Lothian.

The Integration Joint Board (IJB) Strategic Plan and ELHSCP Commissioning Strategy outline how we aim to work with providers and potential providers of adult social care in order to:

- Develop services that are sustainable and proportionate to need.
- Deliver new models of community provision, working collaboratively with communities.
- Focus on prevention and early intervention.
- Enable people to have more choice and control and provide care closer to home.
- Further develop / embed integrated approaches and services.
- Keep people safe from harm.
- Address health inequalities.

We will refer to the Fairer Scotland Duty<sup>2</sup> and evidential data alongside undertaking our own Integrated Impact Assessment in order to ensure our Commissioning Strategy is inclusive to all equality groups and to those with protected characteristics. The Fairer Scotland Duty came into force on 1<sup>st</sup> April 2018 and places a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

We will work with providers to demonstrate the benefits they deliver for individuals and evidence the wider social impact they have in communities. We will continue to work with our providers to support evidence gathering of national, local and individual outcomes. All of our commissioned and internal services will work towards our commissioning intentions.

Alongside the Commissioning Strategy is the IJB Strategic Plan. The Strategic Plan establishes the vision, strategic objectives and priorities and outlines the local and national outcomes, which will be used as the basis for the development of a performance and improvement framework. This framework will be based on our strategic and other objectives and will identify the data we will gather to measure our performance in relation to these. It will also provide details of how this performance data will be used in terms of performance management, and will outline our approach to using data to drive improvement and innovation.

It is a high level approach which will also inform and feed into locality planning. The Strategic Plan describes how ELHSCP will make changes and improvements to develop health and social care services over the next three years. For context the Strategic Plan is underpinned by the following:

- The Feeley Report and Shifting the Paradigm of Social Care.
- The National Care Service.

---

<sup>2</sup> [https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/#:~:text=The%20Fairer%20Scotland%20Duty%20\(the,disadvantage%2C%20when%20making%20strategic%20decisions](https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/#:~:text=The%20Fairer%20Scotland%20Duty%20(the,disadvantage%2C%20when%20making%20strategic%20decisions)



- Health inequalities.
- Equalities.
- The Promise.
- Trauma informed services.
- New technologies and data use.
- The Lothian Strategic Development Framework.
- Locality Planning.
- Climate Change.
- Local Housing Strategy.

The Strategic Plan will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision. The plan explains what our priorities are, why and how we decided upon them and how we will make a difference by working closely with partners.

Strategic Commissioning is a term which sounds complicated but put simply is the assessment and forecast of current and future needs and the linking of investment to services to meet these needs. However, the way we want to live our lives is influenced by national and local policies, changing demographics and societies changing expectations. For instance, many of us now want to live in our own homes, wherever possible, or we want choice around the type of care and support for our own needs and to fit with our own personal outcomes. Some of those shifts will involve a shift in services from hospital care to community based care, to technology enabled health and social care and to more integrated primary care and care at home services. There will also be a focus on the remodelling of care homes and homely environments where possible to providing models of living which support independence.

ELHSCP may also choose to provide small grant funding to community based services, which are essential to support people living within communities and meet their personal outcomes. This will all be included within the Commissioning Strategy.

In line with the national picture, the ELHSCP and social care providers are experiencing workforce challenges which have been exacerbated by the COVID-19 pandemic. Given the geography of East Lothian, recruitment issues are often made worse by travel time / distance and are therefore greater in more rural areas. We need to look at ensuring consistency and equity across all localities.

The ELHSCP Joint Strategic Needs Assessment (JSNA) shows a current and projected increase in the number of older people and a decreasing number of younger people.

The locality areas in East Lothian are:

- Dunbar and East Linton.
- Fa'side.
- Haddington and Lammermuir.
- Musselburgh.

- North Berwick Coastal.
- Preston Seton Gosford.

*East Lothian by numbers*<sup>3</sup> notes that “whilst the majority of East Lothian’s residents stay in the more urbanised west of the area, the population is more evenly split by urban-rural classification. Nearly 70% of the population of Scotland live in large urban towns or urban areas; only 33.2% of East Lothian live in similar urban landscapes”.

There are different ways to approach commissioning, but our principles are in line with the Independent Review of Adult Social Care<sup>4</sup> where they are collaborative in their approach. Actively engaging with our current providers, potential providers and community representatives in the assessment of needs and identification of gaps in service provision. We will look at innovative solutions through options appraisal, evidence based interventions and support collaboration and partnership working between independent, voluntary and third sector providers and community groups to support service redesign.

Scottish Care defines social care as: ‘The enabling of those who require support or care to achieve their full citizenship as independent and autonomous individuals. It involves the fostering of contribution, the achievement of potential, the nurturing of belonging to enable the individual person to flourish’. We are currently presented with an opportunity to develop a new narrative on adult social care in Scotland, wherein it is seen as a human right distinct from but complementary to the human right of health. Having a choice of supports and being informed about that choice is critical to the implementation of a human rights based approach to social care.

We will future proof this strategy in line with the Independent Review of Adult Social Care which recommends that Integration Joint Boards should continue to develop strategic commissioning plans, and should be given direct responsibility for procurement, holding contracts and contract monitoring. Strategic commissioning plans must be better linked to planning for other types of service, including particularly housing plans and plans for acute hospital care. Our strategic commissioning plans will be reviewed to ensure there is nothing which would inhibit the new National Care Service operating in line with ethical commissioning and procurement principles.

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

*‘We need a new narrative for adult social care support that replaces crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. We need a culture shift that values human rights, lived experience, co-production, mutuality and the common good.*

*The end is human rights, wellbeing, independent living and equity, as well as people in communities and society who care for each other.*

<sup>3</sup> [https://www.eastlothian.gov.uk/downloads/download/12769/east\\_lothian\\_by\\_numbers](https://www.eastlothian.gov.uk/downloads/download/12769/east_lothian_by_numbers)

<sup>4</sup> <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>

*Nothing about me, without me'*

(Independent Review of Adult Social Care, Feeley, 2021)

We will plan, co-ordinate and fund services in line with the Christie Commission Principles<sup>5</sup> and the Four Pillars of Public Service Reform<sup>6</sup> as well as other key policy drivers like the National Health and Wellbeing Outcomes Framework<sup>7</sup>, Mental Health Strategy<sup>8</sup>, Keys to Life<sup>9</sup>, the proposed National Care Service Bill<sup>10</sup>, Building Back Better<sup>11</sup>, the Scottish Approach to Service Design<sup>12</sup>, the Place Standard<sup>13</sup>, The Promise<sup>14</sup> and local policy documents including our East Lothian Council / ELHSCP Transitions Policy, ELHSCP Dementia Strategy, ELHSCP Joint Strategic Needs Assessment and ELHSCP Performance and Improvement Framework.

The ELHSCP is committed to working with our colleagues within Children's Services when it comes to commissioning services for young people who are entering adulthood. Any joint commissioning work will help ensure co-ordination of services to ensure that the transition from children's to adult services is as seamless as possible and carried out in a person-centred way. Any transitions commissioning work will be undertaken with cognisance of *The 7 Principles of Good Transitions*<sup>15</sup>

The Commissioning Strategy will follow the recognised four steps of commissioning: Analyse, Plan, Deliver and Review in its format and layout. The plan will be a live document, we are aware that there is often an 'implementation gap' and we will ensure this does not happen by developing SMART Action Plans and ensuring accountability and governance through the Strategic Planning Group and the Integration Joint Board.

---

<sup>5</sup> <https://www.gov.scot/publications/commission-future-delivery-public-services/>

<sup>6</sup> <https://www.gov.scot/publications/renewing-scotlands-public-services-priorities-reform-response-christie-commission/pages/1/#:~:text=It%20is%20built%20on%20four,development%20and%20effective%20leadership%3B%20and>

<sup>7</sup> <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

<sup>8</sup> <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

<sup>9</sup> <https://keystolife.info/>

<sup>10</sup> <https://www.gov.scot/news/national-care-service-bill-published/>

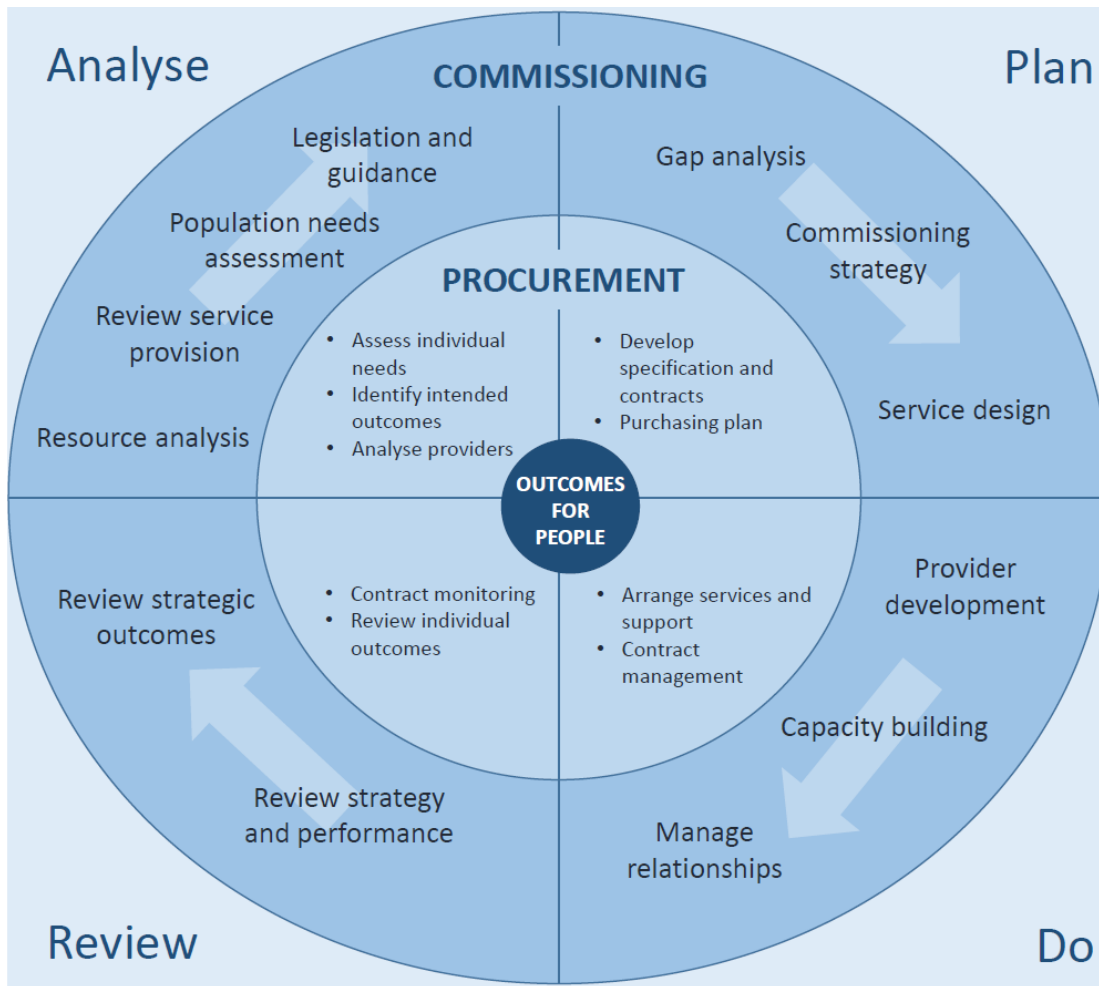
<sup>11</sup> <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/build-back-better-our-plan-for-health-and-social-care>

<sup>12</sup> <https://www.gov.scot/publications/the-scottish-approach-to-service-design/>

<sup>13</sup> <https://placestandard.scot/>

<sup>14</sup> <https://thepromise.scot/the-promise>

<sup>15</sup> <https://scottishtransitions.org.uk/summary-download/>



### Who is the Commissioning Strategy for?

This strategy is for all providers and potential providers of health and social care support, for community or social enterprise groups and for people who use, or work in, health and social care services. The strategy is for everyone who requires health and social care services across East Lothian including older people, people who have a learning or physical disability, carers, people experiencing poor mental health, adults in need of protection due to harm, those who require criminal or community justice services and young people transitioning to adult services. We will also ensure that services are accessible and inclusive to all genders, race and cultures.

Specifically, the strategy is for:

- Providers of health and social care support.
- Adult health services.
- Community organisations.
- People who need health and social care services or support.
- Families and carers who need health and social care services or support.
- Staff who work within the Health and Social Care Partnership.
- Social Enterprises.

## What is the Governance?

The Governance of this document and the work within it, lies with the East Lothian Health and Social Care Partnership (ELHSCP) and the Integration Joint Board, informed by the Commissioning Board. Responsibility for commissioning is delegated from the Integration Joint Board to the Commissioning Board. The Commissioning Board is chaired by the Chief Officer of the ELHSCP and includes representation from a wide range of operational specialities as well as receiving support from East Lothian Council Procurement, the Chief Financial Officer of the IJB and the appropriate Principal Accountant from East Lothian Council. The IJB has a budget of approximately £40 million allocated to its commissioned services via East Lothian Council across older people, learning disability, physical disability and mental health.

## Models of Commissioning

We are committed to developing a Commissioning Strategy which encompasses collaboration and quality services which meet the commissioning intentions as well as ensuring that we do have best value, while not deflating the pay and conditions for social care workers.

We will develop a range of commissioning models that will include a mixture of traditional and collaborative agreements dependent upon the nature of the requirement and the options available. A table of all types of contracts is available at appendix 1.

Our expectation over the length of this plan is to work towards long term, sustainable provision and as part of this, award longer term contracts and grants, securing funding for partners and allowing them to plan their provision into the future.

Specific commissioning activity will be informed by strategic decision making in the particular service area, this may involve redesigning services to better serve communities in a landscape that has changed since existing models were introduced. Our Procurement colleagues within East Lothian Council, through the work of the Commissioning Board, will be involved in this work to support colleagues to commission and procure services in a way that gives the best chance of achieving the desired outcomes and in line with the principles of this Commissioning Strategy.

We are already taking steps to work in different ways, for example through the Transformation Programme, development of meeting centres, exploration of alternative grant funding models, development of the Community First model and consultation and engagement related to the community hospitals and care homes provision work.

Hardgate, located in Haddington, is a good practice example that provides a sensitive and thoughtful response to the need for a local resource for adults with complex needs. Staffed by a team of social care staff and nurses from hospital and community settings, the two bedroom ground floor flat has been completely renovated with profiling beds, wet room showers, hoists and other specialised equipment. It offers physical support and social activities, including arts and crafts, signing and sensory play; has a garden with a trampoline and raised flower beds; and disabled parking bays adjoining. It provides service users with time away from home in a stimulating, homely, lively and social environment and offers families much needed breaks from caring.

*“Entrusting your child to others is always hard, especially when their needs are so complex. We have total trust in every member of staff at Hardgate as we know our son’s needs are top priority”.*

New models will look to address current challenges, particularly around sustainability of services. We will consider the impact that models of provision and the contracting arrangement have on

sustainability, for examples: contract type; duration; payment arrangements; purchase volumes (i.e. block contracts vs spot purchase) and anything else that is relevant.

We are optimistic about future projects due to largely positive provider relationships. Developing and maintaining strong partnerships will be key to successfully delivering the best outcomes for those in need of support.

The way in which we embed ethical and collaborative principles at a local level to deliver support and solutions for better consistency of access, drive up quality and secure person-centeredness will be driven forward in line with the Scottish Government's Guidelines for Ethical Commissioning and Procurement<sup>16</sup>.

A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical (Independent Review of Adult Social Care, Human Rights recommendation 7).

### Co-production

Co-production is a term used to describe people who deliver services and people who use those services (those with lived experience) working collaboratively together in order to achieve better outcomes in local communities, for example **doing with, rather than doing to**. In addition to commissioning services directly, there is a role for the Health and Social Care Partnership in adopting principles of co-production to enable communities to realise the level of community based support they aspire to.

In short, co-production can promote good relations across our communities and ensure that services delivered are relevant to the needs of our communities. Co-production can take place at different levels and includes:

- **Co-design** – working together to develop plans for new services.
- **Co-deliver** – working together to implement services.
- **Co-assess** – working together to evaluate the effectiveness of services.
- **Co-commission** – working together to develop commissioning plans and procure services.

### Self-Directed Support

The principle of Self-Directed Support (SDS) is that people have informed choice about the way that their social care and support is provided to them. This means, in practice, that people who are eligible for social work services are assessed in a different, more meaningful way, using an outcome focused approach, where 'what matters to them' is recorded. The support, or other interventions, to meet their personalised outcomes is co-produced. This can involve some creative and innovative solutions, putting the client and their family at the heart of these solutions, which is both empowering and can lead to reduced expenditure on paid support. Clients are informed of their individual budgets and offered the four SDS options on how they want their care arranged. The implementation of the Social Care (Self Directed Support) (Scotland) Act 2013, has taken time, mainly due to the change in processes, systems and culture that the policy demands.

---

<sup>16</sup> <https://www.gov.scot/publications/preparing-to-transition-towards-a-national-care-service-for-scotland-sppn-7-2021/>

With the introduction of Self-Directed Support Local Authorities are required to actively promote a variety of support and choice for those eligible for care and support. This means the way care and support is offered to individuals is changing and consequently the way we contract with organisations who offer care and support needs to change.

Commissioning via Self-Directed Support will still involve contracts, but instead of being top-down contracting with commissioners and providers in the driving seat, contracting should move towards a co-produced, assets based approach, where the relationship between all the contracting parties (including supported people) is more equal and reciprocal with the supported person becoming the micro-commissioner.

Central to this change is how supported people are empowered to work with all the assets and resources available to them. The development of any new approaches must ensure that control of these is increasingly taken by supported people, and where appropriate their families and carers.

In addition providers will be assisted to implement new models of support to promote outcomes focussed delivery of care. We will ensure that they have the processes and systems in place to deliver these models.

There may be some instances where traditional block contracts will be of benefit to ensure sustainability.

All access to services start with an assessment and this should be linked to people's personal outcomes, their assets and their strengths (good conversations):

- Feeling safe.
- Staying as well as you can (healthy).
- Having things to do (active, achieving).
- Seeing people (included, nurtured, relationships).
- Living where and as you want to live.
- Dealing with stigma.

All assessments will include and reflect the contribution of unpaid carers.

We have developed this Commissioning Strategy with the knowledge that there is a Scottish Government commitment to move responsibility and accountability for Adult Social Care Support to Scottish Ministers. This includes a new National Care Service which is due to take effect in 2026 and will have responsibility for the vision, innovation, inspection, workforce and national contracts as well as national requirements and budget distribution. Given that there would still be local accountability for delivery, outcome measurement, commissioning, local planning and engagement, we feel that it is still appropriate and relevant to develop this three year strategy.

### Procurement Services

We will comply with guidance on the Procurement of Care and Support Services 2016 (Best Practice), making use of the provisions of the Light Touch Regime (LTR), where appropriate, under the Public Contract (Scotland) Regulations 2015. The LTR allows consideration of wider factors when sourcing Health, Social Care and Education and legitimises their influence in decision making. These wider factors allow procurement activity to take account of the strategic vision of the Health and

Social Care Partnership, for example, in relation to sustainability; improved outcomes; continuity; choice and affordability.

We will procure in line with and be sensitive to the expected national direction from the Scottish Government and the National Care Service.

### Monitoring of Outcomes

To support the delivery of the desired community outcomes we will work with our providers to develop a shared monitoring, evaluation and performance framework. We will develop the capacity of community organisations to deliver on the agreed outcomes whether that be set out in a commercial contract or in a Service Level Agreement for a grant.

We will continue to monitor against the National Health and Wellbeing Outcomes and will report on a quarterly basis.

*‘As part of its oversight of local and national progress the National Care Service will need to develop and maintain outcome measures for the Integration Joint Boards and national care bodies, and monitor their performance. Previous attempts to establish a single set of outcome measures across adult health and social care have been hampered by complexity and duplication. These obstacles need to be overcome to ensure clarity of purpose and transparency of the evidence base for progress. We recommend that a single, clear set of outcomes, process measures and balancing measures should be developed for the whole health and social care system. This should involve people using social care support, patients, unpaid carers, providers, clinicians and professionals, to ensure the right balance of measures is identified. This should be developed as a priority and should simplify, reduce in number and improve the current range of measures. It should acknowledge this report and ensure a focus on outcomes for people using social care supports and healthcare services and should reflect the ethical and collaborative approach to commissioning that we recommend here’*

(Independent Review of Adult Social Care, Feeley, 2021)

### Strategic and Policy Context

We will ensure that we remain compliant with all relevant legislation and the following national and local policies.

#### National

- [Independent Review of Adult Social Care \(2021\)](#)
- [National Care Service Bill \(2022\)](#)
- [A Fairer Scotland for Older People \(2019\)](#)
- [Keys to Life Strategy \(2019 – 2021\)](#)
- [Mental Health Strategy \(2017 – 2027\)](#)
- [Alcohol and Drug Strategy \(2018\)](#)
- [Learning / Intellectual Disability and Autism Plan \(2021\)](#)
- [Mental Health Transition and Recovery Plan \(2020\)](#)

#### Local

- [East Lothian Integration Joint Board Strategic Plan 2019 – 2022](#)
- [East Lothian Integration Joint Board Strategic Plan 2023 – 2025](#)
- [East Lothian Plan 2017 – 2027](#)
- [East Lothian Local Housing Strategy 2018-2023](#)
- Midlothian and East Lothian Drugs and Alcohol Partnership Delivery Plan 2020 – 2023



- East Lothian Council Sustainable Procurement Charter
- [East Lothian Council Corporate Procurement Strategy 2017-2022](#)
- East Lothian Council Procurement Strategy 2022-23 to 2027-28
- [NHS Lothian Procurement Policy](#)
- [NHS Lothian Community Benefits in Procurement Procedure](#)
- [NHS Lothian Ethical Procurement Policy](#)
- East Lothian Council / ELHSCP Transitions Policy

## Communications and Engagement

Stakeholder engagement was a key element of the activity that took place to inform the development of our IJB Strategic Plan and consequently this Commissioning Strategy. A four month engagement process involved workshops, group discussions and online approaches to gather the views of local people, third sector and community groups supporting people with a range of needs and Health and Social Care Partnership colleagues involved in planning and delivering services.

Themes emerging from the engagement process helped to shape the strategic objectives and delivery priorities contained in the Strategic Plan and the commissioning priorities within this Strategy. These included:

- Access to services.
- Online / telephone services versus face to face.
- Accommodation.
- Carers.
- Communities.
- Co-production and collaborative working.
- Information sharing, reporting and recording.
- Early intervention and prevention.
- Addressing inequalities and supporting people with protected characteristics.
- Money, poverty and the cost of living.
- COVID / National Care Service.
- Older people, outcomes and joined up working.
- Referrals.
- Social work / social care.
- Transparency and communication.
- Transport.
- Workforce retention, recruitment and training.
- Focus on service resilience and stability.

The full engagement report, which gives a detailed description of the engagement process and feedback received, is available online<sup>17</sup>.

The Health and Social Care Partnership are currently developing their Communications Strategy supported by a Participation and Engagement Strategy. Both of these Strategies will support the priorities and vision contained within the IJB Strategic Plan and Commissioning Strategy.

## Stages of the Commissioning Cycle

### Analyse

#### ELHSCP Joint Strategic Needs Assessment

Comprehensive information on East Lothian and its communities is available in a Joint Strategic Needs Assessment (JSNA) document produced by colleagues from the Local Intelligence Support Team (LIST) of Public Health Scotland.

The JSNA accompanies and informs this Strategic Plan and will be updated regularly as new data becomes available. It will also inform ongoing service planning and progress monitoring across our work programmes.

The JSNA describes the rates of various long-term health conditions as well as mental health issues, dementia, physical disability, sensory impairments and weight across the East Lothian population and compares these with Scotland and/or Lothian. Where relevant, information is provided on associated admissions to acute hospitals. Information is also provided on lifestyle issues, covering smoking, drug and alcohol use and physical activity.

[https://www.eastlothian.gov.uk/downloads/file/32648/east\\_lothian\\_joint\\_strategic\\_needs\\_assessment\\_report\\_2022](https://www.eastlothian.gov.uk/downloads/file/32648/east_lothian_joint_strategic_needs_assessment_report_2022)

#### ELHSCP Performance and Improvement Framework

Local performance and improvement framework currently in development based on our strategic and other objectives that will identify the data we will gather to measure our performance in relation to these. It will also provide details of how this performance data will be used in terms of performance management, and will outline our approach to using data to drive improvement and innovation.

#### ELHSCP Commissioned Community Support and Grant Awards 2022 – 2023

[https://www.eastlothian.gov.uk/download/meetings/id/23131/9422\\_elhscp\\_commissioned\\_community\\_support\\_and\\_grant\\_awards\\_202223](https://www.eastlothian.gov.uk/download/meetings/id/23131/9422_elhscp_commissioned_community_support_and_grant_awards_202223)

#### East Lothian Strategic Assessment 2017

[https://www.eastlothian.gov.uk/downloads/file/23536/east\\_lothian\\_strategic\\_assessment\\_2017](https://www.eastlothian.gov.uk/downloads/file/23536/east_lothian_strategic_assessment_2017)

### Plan

Regular review of this commissioning strategy and its priorities to ensure that it remains live and reactive to local / national needs and demands. The IJB Strategic Plan will be accompanied by an Annual Delivery Plan for each year, which will provide a detailed outline of how we will deliver our strategic objectives over the year. These Annual Delivery Plans will be closely monitored and

---

<sup>17</sup> [https://www.eastlothian.gov.uk/downloads/file/32645/east\\_lothian\\_ijb\\_strategic\\_plan\\_2022-25\\_engagement\\_feedback\\_report](https://www.eastlothian.gov.uk/downloads/file/32645/east_lothian_ijb_strategic_plan_2022-25_engagement_feedback_report)

updated regularly as progress is made and in response to any contextual changes that impact on our activity.

### Do / Deliver

The responsibility for delivery of our commissioning strategy sits with the Commissioning Board with support from the Health and Social Care Partnership Planning and Performance Team. Responsibility for commissioning is a delegated function from the Integration Joint Board.

### Review

This Commissioning Strategy has been developed using the recognised four steps of the Commissioning Cycle: Analyse, Plan, Do / Deliver and Review. The analyse step will primarily be undertaken by the Strategic Planning Group and various Change Boards with the delivery and review steps then overseen by the Commissioning Board and Planning and Performance Team. The assessment and forecasting of future and current needs will take account of the priorities which embrace prevention, self-management, choice and community based services.

### Version History

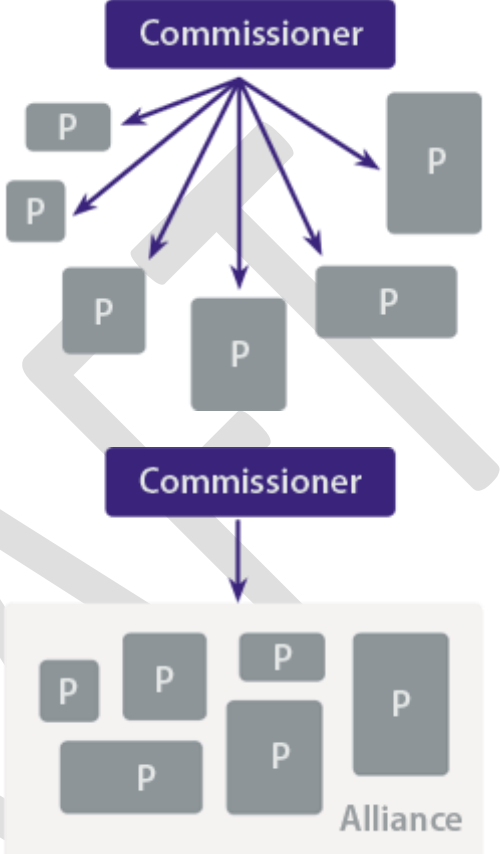
Version	Date issued	Summary of changes
0.1	26/08/22 – shared with key colleagues for comment.	Initial draft of strategy.
0.2		Second draft prepared in line with comments received.
0.3	29/09/22 – shared with Planning and Performance Team and communications / procurement colleagues in advance of development session on 25/10/22.	Additional ‘transitions’ detail added.
0.4		Appendix 1 and 2 updated.
0.5	10/11/22 – shared with key colleagues for final comments in advance of going to IJB Commissioning Board on 15/12/22.	Strategy updated following consultation with Planning and Performance Team, ELHSCP. Further comments from Procurement Service Manager added.
0.6		v0.5 comments incorporated within appendices.
0.7	2/02/23 – shared with IJB SPG members for consideration and sign off.	Anchor institutions now incorporated within document. Review of grants process removed from appendix 2 as this is now concluded. Approval by Commissioning Board on 15/12/22 added to footer.
0.8		<i>What is the Governance?</i> (p11) section updated to reflect SPG request for more detail. Footer updated to reflect SPG approval.

## Appendix 1

### Contract Types

Various types of contractual arrangements exist across the partnership. These are summarised in the table below:

Contract Type	Definition
Framework agreements	Established following a procurement process, a Framework is an agreement between one or more public bodies and one or more service providers which sets out the terms and conditions under which specific contracts (usually called 'call-off' contracts) can be entered into. In a framework agreement the volume of the service or goods and the timing of the requirement is often unknown when the agreement is established and is only specified at the time of the 'call-off'. An example of this in East Lothian would be the agreements for provision of Care at Home services to older people.
Collaborative agreement	Established following a procurement process, a collaborative agreement is usually developed nationally (by another local authority / Health and Social Care Partnership, Scotland Excel or Scottish Procurement) with key stakeholders for use by local authorities. There is an example of this lead by Scotland Excel for the provision of Social Care Case Management systems.
Grants	Payments made by the Partnership to third sector organisations to support their activities, an example of this could be one-off funding for the delivery of a community event or other time limited activity that the partnership values but that would not be viable without this funding. Grants should be allocated following a proportionate grant application / approval process.
Contracts for services / supplies	Established following a procurement process, a contract for services or supplies is an arrangement between 2 or more parties for the delivery of specified services / goods under set terms and conditions and in return for the agreed remuneration. Including block contracts, time and task and performance related / incentive based models.
Spot purchase	Spot purchasing (or spot contracting) happens when a service is purchased by or on behalf of (for example, by a local authority) an individual. Services are purchased as and when they are needed, and are purchased on an individual basis for a single user.
Bespoke agreements	Bespoke contracts are contracts that are tailored to fit the specific requirements of a project. Bespoke contracts are often used when standard form contracts are not suitable. The complexity of the project is one of the main factors that determines which type of contract makes the most sense.
Alliance contracting	Alliance contracting is the term usually applied to project or service delivery where there is one contract between the owner / financier / commissioner and an alliance of parties who deliver the project or service. An alliance contract creates a collaborative environment without the need for new organisational forms. By having one alliance contract, all parties are working to the same outcomes and are signed up to the same success measures. There is a strong sense of your problem is my problem, your success is my success.

Contract Type	Definition
	<p>Typically there is a risk share across all parties and any 'gain' or 'pain' is linked with good or poor performance overall and not to the performance of individual parties.</p> <p>The distinctions between alliance contracts and traditional service contracts are broken down in the diagram below:</p>  <p>The diagram illustrates two organizational structures. In the top structure, a central box labeled 'Commissioner' has six arrows pointing to six separate boxes, each labeled 'P', representing individual parties. In the bottom structure, a central box labeled 'Commissioner' has one arrow pointing to a larger box labeled 'Alliance'. Inside the 'Alliance' box, there are six smaller boxes, each labeled 'P', representing parties that are part of a collective alliance.</p>

## Appendix 2

### Priorities for reviewing existing contracts and processes

These are based on the cost of the contract, the risk associated with the contract and procurement regulations as well as the performance of the provider.

Priority One	Priority Two	Priority Three
<ul style="list-style-type: none"><li>• Care at Home (framework)</li><li>• Dementia services (transformation programme)</li><li>• Community provision for under 65's (framework)</li><li>• Older peoples day centres (framework)</li><li>• Community Mental Health Services (transformation programme)</li><li>• Advocacy (contract)</li></ul>	<ul style="list-style-type: none"><li>• Financial management services (SDS - contract)</li><li>• Independent Living Services (SDS - contract)</li><li>• Community Link Workers (contract)</li><li>• Housing support services</li></ul>	<ul style="list-style-type: none"><li>• Sensory impairment (contract)</li></ul>



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

**MEETING DATE:** 23 February 2023

**BY:** Chief Officer of the IJB

**SUBJECT:** Strategic Workforce Plan 2022-25

---

7

## **1 PURPOSE**

- 1.1 Presentation of the ELHSCP Strategic Workforce Plan 2022-2025 to the IJB.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to endorse the attached document to allow it to be published.

## **3 BACKGROUND**

- 3.1 As required by the Scottish Government, the Strategic Workforce Plan 2022-25 has been written. The process of this report was delayed by the Scottish Government in recognition of HSCPs exiting from contingency measures from the pandemic, so publication has been delayed from its usual timing of June 2022.
- 3.2 The Scottish Government have fed back that they are content for this version to be published and would like this to be completed by the end of February.

## **4 ENGAGEMENT**

- 4.1 All General Managers and teams within the Partnership and our partners have been consulted in the writing of this document.

## **5 POLICY IMPLICATIONS**

- 5.1 None

## **6 INTEGRATED IMPACT ASSESSMENT**

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

## **7 DIRECTIONS**

- 7.1 This will require a new Direction to be put in place.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – No additional funding required; current budget is sufficient.
- 8.2 Personnel – No additional staffing required; identifies ongoing workforce issues.
- 8.3 Other - None

## **9 BACKGROUND PAPERS**

- 9.1 None.

Appendix - ELHSCP Strategic Workforce Plan 2022-25.

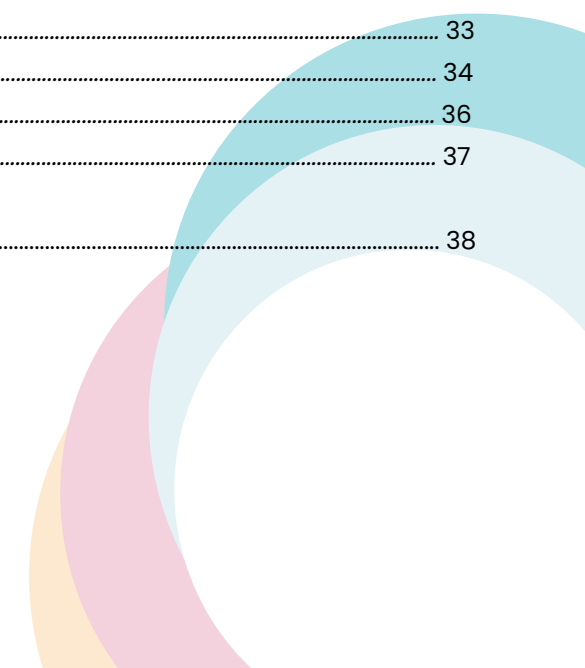
<b>AUTHOR'S NAME</b>	Nikki Donald
<b>DESIGNATION</b>	Organisational and Workforce Development Manager
<b>CONTACT INFO</b>	<a href="mailto:ndonald@eastlothian.gov.uk">ndonald@eastlothian.gov.uk</a>
<b>DATE</b>	07/02/2023





# Contents

<b>Foreword</b> .....	1
<b>Background</b> .....	2
<i>Engagement and Collaboration</i> .....	4
Governance, Assurance and Professional Standards .....	6
<b>Workforce Drivers</b> .....	11
<i>Community of East Lothian</i> .....	13
<i>Staffing Requirements</i> .....	15
<i>Workforce Profile</i> .....	20
<b>Transformational Change</b> .....	25
<i>Digital Agenda</i> .....	26
<b>Staff Wellbeing</b> .....	28
<i>Health Related Absences</i> .....	29
<i>Support and Flexibility</i> .....	31
<b>Action Plan</b> .....	32
<i>Plan</i> .....	33
<i>Attract</i> .....	33
<i>Train</i> .....	34
<i>Employ</i> .....	36
<i>Nurture</i> .....	37
<b>Action Plan Outline</b> .....	38



# Foreword

**East Lothian Health and Social Care staff are our greatest asset and key to the delivery of high quality, sustainable Health and Social care services across East Lothian. Our experience during the Covid pandemic highlighted the extraordinary level of commitment of staff across all our services. Valuing, supporting and investing in our workforce has to be one of our most important priorities over the coming years.**

The current workforce is under significant pressure and must continue to adapt to meet the increasing demands and needs of a local population that is not only ageing above the national average, but has the second highest net migration rate in Scotland.

This Workforce Plan highlights the challenges and sets out an agenda which has been designed to address these challenges and to capitalise on existing strengths and opportunities.

The Plan provides a framework which supports the development of flexible and sustainable staffing models with increased working with the third and education sector, to support and increase our own workforce. We must focus on building a suitably experienced, skilled, resourced and professional workforce to meet the significant challenges that exist in health and social care within East Lothian.

This will not be an easy task in the current financial environment and as we recover from the impact of the Covid-19 pandemic. However, we are well equipped to rise to the challenges ahead with the continued dedication and strength our workforce. I remain grateful to all my staff for their continued support and commitment to deliver high quality Health and Social Care services to the people of East Lothian.



**Fiona Wilson** – Chief Officer, East Lothian Health and Social Care Partnership

***"We must focus on building a suitably experienced, skilled, resourced and professional workforce to meet the significant challenges that exist in health and social care within East Lothian."***

The East Lothian Health and Social Care Partnership ('the Partnership') consists of two partners - NHS Lothian (NHSL) and East Lothian Council (ELC).

These partners remain the employers of staff within the Partnership and both have detailed workforce plans. As a result this plan does not duplicate the detail of these plans, but builds on these to address common issues across the partnership.

The Integration Joint Board (IJB) sets strategy, issues directions to the partnership for service delivery and monitors performance against delivery. The Partnership focuses on delivery of health and social care services and supports the IJB Strategic Plan.

The Partnership will continue to monitor workforce requirements through the use of existing workforce planning measures, meeting statutory and regulation requirements alongside ongoing audit/inspection by the Care Inspectorate. The safe staffing agenda will present significant challenges across the Health and Social Care Partnership to ensure requisite levels of staff are in place to meet expectations.

Workforce planning is, in its simplest form, the process that East Lothian Health and Social Care Partnership will use to make sure it has the right people with the right skills at the right time. This workforce plan focuses on the next 3 years (2022-2025), but also aims to look beyond that by setting foundations that will deliver requirements for many years to come. It outlines how we will support, develop and grow the capacity and abilities of all the people who contribute to the delivery of health and social care in East Lothian.

The paid workforce includes people with a range of health and social care skills who are committed to working together in a single organisation, to improve the lives of people within East Lothian who need health and social care support.

Partner organisations utilise a range of Workforce Modelling Tools, including the SSSC Workforce Planning Tool and the Nursing and Midwifery Workload and Workforce Planning Tool. These tools are designed to review workload pressures within a particular service or profession, in order to assess safe staffing establishment and inform projections within its workforce. The link between safe and sustainable staffing levels, including registered nurses and high quality care is well established and underpins the principles applied.

East Lothian Health and Social Care Partnership will place workforce and workforce development at the core of how the partnership delivers on positive outcomes for individuals and its' strategic priorities.

**The Partnership will therefore work with partners to deliver integrated workforce planning which will include:**

- Profiling the workforce.
- Redefining career pathways.
- Undertaking a skills gap analysis and identifying the developmental requirements.
- Integrate, as far as possible, workforce policies and practices.
- Support proactive recruitment campaigns.

### **The Workforce Development Plan concentrates on the following principles:**

- Ensure that the focus of Partnership Workforce Development activity is on developing knowledge, skills and competencies that support the delivery of Partnership goals and outcomes;
- Ensure that development needs are accurately identified and aligned with strategic priorities;
- Ensure that workforce development and training is undertaken via effective and efficient delivery methods and implemented in a timely manner;
- Ensure evaluation of workforce development and training activity at varied levels to ensure it is fit-for-purpose;
- Use a range of different approaches to meet development needs, ensuring an appropriate blend of delivery methods (i.e online, in-person, vocational);
- Ensure that resources available within the Partnership for workforce development and training are used as effectively as possible and capacity for . doing so within the Partnership explored before resources are procured out with. This will be further enabled by working with other agencies, locally and nationally;
- Adopt a needs-based and flexible (rather than a 'one-size fits-all') approach, as appropriate; and
- Maximise opportunities for inter-professional / inter-agency learning including with our third sector partners.

All General Managers within the Partnership were asked to respond to the workforce plan for their area. The workforce plan aims to set a baseline with regards to workforce information and data, which can then be referenced in future to identify and determine relevant trends and themes.

The COVID-19 pandemic has meant that all organisations have had to fundamentally change their delivery model. For the Partnership this has meant significant change for both staff and service users. This involved a large proportion of staff moving from office based to home working, agile and mobile working.

# Background

## Engagement and Collaboration

### Staff

Evidence shows us that having engaged, healthy staff leads to increased productivity and a more effective workforce overall. How our workforce feel when they are at work is key to the successful delivery of high quality outcomes for our citizens. Staff engagement is therefore a key element needed to help the Partnership workforce meet the range of challenges that it faces and to deliver our key priorities. By involving staff in decisions and communicating clearly with them, we will seek to maintain and improve staff morale, especially during periods of significant change. Engagement needs to happen at all levels of the Partnership – from the big picture initiatives, to day to day communication between staff, managers and executives. Whilst many programmes of work will be underway already within partner organisations there is a need to ensure that this work is harmonised across all areas.

#### **We will:**

- Ensure respective organisational staff are fully briefed, engaged and aligned to supporting the Partnership Workforce Plan;
- Ensure managers and leaders establish and embed staff engagement systems and process as the norm in their working practices to ensure that staff are able to engage timeously with managers on issues;
- Continue to develop and maintain a range of communication and feedback channels with staff, providing clear, consistent information through a range of different media;
- Take forward a review of workforce policies and procedures with a view to harmonisation across partner organisations, where practicable, and in order to support team working for integration.

A significant amount of engagement activity has already taken place with more planned, as we continue to build on this for the best outcomes of our staff and communities. This will include:

- Using feedback from staff opinion via surveys (i.e iMatter) – suggestions for improvement, training and best practice.
- Develop the Partnership’s internal communication channels and teams to provide this function. This will be used as a central source of information to help staff to do their day to day jobs.
- Develop and implement a programme of additional engagement opportunities for staff including newsletters which will reach and engage with all staff, including those who have limited or no access to computers at work.
- Continue to work with key partners in the Joint Partnership Forum and link in with local groups as and when required to ensure fair representation and open discussion.

### **Third Sector:**

- Work with third sector to keep staff and volunteers up to date with policy and planning developments, as well as opportunities to engage and influence;
- Work with unpaid carers to identify training and learning needs and help promote opportunities made available through the Partnership.

# Background

## Partnership

We have taken a partnership approach in the development of our Workforce Plan. Our long-established collaborative approach ensures joined up working with our local statutory, independent, voluntary, and third sector partners and Trade Unions. All of whom make a significant contribution to ensure that East Lothian is a safe, secure and attractive place to work. Underpinning this is a need to attract people to a career in health and social care and to sustain the workforce by ensuring rates of pay as well as terms and conditions of employment are competitive and fair but also to make sure that staff feel valued.

By considering all of the aspects we need to approach workforce planning, we will ensure that we recognise all of the contributions and support obtained from our staff and sustain these as we move forward. The action plan will be reviewed regularly at Workforce Planning & Organisational Development Steering Group and Workforce Oversight Group. The scale of the Partnership's remit and activities is extensive, and the workforce plan will never, nor should it attempt to, address every single aspect of the Partnership's operation. The purpose of the workforce plan therefore is to establish, in broad terms, how best to ensure the workforce delivers the Partnership's vision, values and aims whilst encompassing the values of both NHS Lothian and East Lothian Council, as the respective employers.

In developing workforce plans, there is significant cross over with our partners – NHS Lothian and East Lothian Council – to ensure that work plans are interlinked and comprehensive. This ensures the output from the workforce plan presents a cohesive picture of health and care workforce need across East Lothian.

Our Workforce Planning & Development Steering Group acts on behalf of the Senior Management Team in a high-level strategic oversight role. It is responsible for advising senior management and the Workforce Development teams on the planning, implementation, evaluation and review of learning and development, recruitment and staffing issues and any other related workforce matters within the Partnership. The Group works with the guidance and support of key business partners within Human Resources and Organisational Development functions from both host organisations and the workforce development teams to assist in the management of risks relating to the delivery of workforce planning and development priorities within the services and the partnership as a whole. Organisational and Workforce Development within NHS Lothian and East Lothian Council continue to be strong and stable partners and help to support and drive the aspirations of the workforce plan. Additional forums are held outside the remit of Workforce Development, but continue to have an impact on the workforce.



## This engagement includes:

- **Local Planning:** Work with Area Partnerships and our Connected Communities leads to identify service needs and ensure community engagement.
- **Financial Planning:** Monthly financial overview meeting with Chief Finance officer, Director, ELC and NHS finance officers, as well as Partnership staff, allows for close monitoring and scrutiny of staffing budgets and training costs. It is important to recognise the challenges resulting from the IJB not being directly funded but allocated a budget yearly through the partner agencies.
- **Trade Unions:** regularly consulted with and a monthly Joint Partnership Forum allows Workforce plans, developments and challenges to be discussed with trade unions on a regular basis.
- **Third and Independent sectors:** represented by Volunteer Centre East Lothian. Their role in workforce planning and establishing an effective and robust voice for the third and independent sector within East Lothian is in early stages but holds significant potential.
- **Care Home and Care at Home oversight groups:** enabled shared learning throughout the pandemic and a recognition of the need for a more unified approach to training and development of the whole social care workforce. In addition to this, the Lothian Care Academy project is developing at pace and will continue to form part of our Workforce Plan. NHS Lothian along with City of Edinburgh, East, West and Midlothian councils are supporting the project to develop the Care Academy. The Academy will initially focus on the local authority.



**• Primary Care:**

Engagement with Primary Care Contractor Representatives is carried out via a number of channels, including:

- Representation at the Lothian Primary Care Contractual Organisation (PCCO) meetings, and Primary Care Joint Management group.
- Cluster Business Meetings
- Primary Care Change Board
- Individual meetings with all GP Practices across East Lothian
- CWIC Steering Group
- Community Link Worker Advisory Group

# Background

## Governance, Assurance and Professional Standards

Social Care staff and Social Workers cannot work unless they are registered with the SSSC. The SSSC set standards for practice, conduct, training and education and support professional development. Where people fall below the standards of practice and conduct, the SSSC can investigate and take action.

### **Allied Health Professionals:**

All Allied Health Professionals (AHPs) must be registered with the Health and Care Professions Council (HCPC) in order to practice. The HCPC regulates all qualified practitioners. The HCPC sets standards for the professions they regulate and publish and maintain a register of those who meet these standards. In addition each individual profession has their own professional association which leads on professional and educational activity for their registrants. Allied health professionals within the Health and Social Care Partnership include, for example, Dietitians; Physiotherapists; Podiatrists; Occupational Therapists.

### **Nursing and Midwifery Regulation:**

The Nursing and Midwifery Council (NMC) is the regulatory body for Nursing and Midwives. All qualified nurses and midwives must be registered with the NMC. The professional standards expected of Nurses and Midwives are defined by the NMC in "The Code" which is structured around four themes: Prioritise People; Practise Effectively; Preserve Safety; Promote Professionalism and Trust. Following entry on the NMC register nurses and midwives are required to submit an annual retention fee and complete a process of revalidation every three years. This provides assurance that nurses and midwives keep their skills and knowledge up to date and uphold the professional standards.

### **Nursing, Midwifery and Allied Health Professional Assurance Framework:**

This framework sets out how the Director of Nursing provides assurance on the quality and professionalism of nursing, midwifery and Allied Health Professional care. The framework provides evidence that structures and processes are in place to deliver the right level of scrutiny and assurance across all nursing, midwifery and AHP services. This offers explicit and effective lines of accountability from the care setting to the NHS Board and through to the Chief Nursing Officer which provide assurance on standards of care and professionalism. The Professional Assurance Framework focuses on 4 Primary Drivers:

- Practitioners are equipped, supervised and supported according to regulatory requirements
- There is dispersed leadership which focuses on outcomes and promotes a culture of multi-professional parity and respect
- There is clear accountability for standards and professionalism at each level and upwards to the board
- The Board has a clear understanding about the quality of the nursing, midwifery and AHP service.

## Medical Regulation:

The Medical Act 1983 sets out the General Medical Council's (GMC) mandate to protect patients and improve medical education and practice across the UK. The Acts statutory functions include setting the standards for doctors, overseeing medical education and training, managing the UK medical register, investigating and acting on concerns about doctors and helping to raise standards through revalidation. Doctors are primarily accountable to the GMC. The GMC is the regulatory body for all medical practitioners. All qualified doctors medical staff must be registered and hold a licence to practice with the General Medical Council in order to work as a medical practitioner in the UK. The professional standards expected of a doctor are outlined in 'Duties of a Doctor' guidance which has four domains: knowledge, skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust. All doctors with a license to practice submit an annual retention fee and are required to revalidate every 5 years which requires recommendation of the Responsible Office which is usually the Medical Director. Good medical practice guidance describes the professional values and behaviours expected from any doctor registered with the GMC. Doctors are professionally responsible to the Medical Director via the professional managerial structure including delegated responsibilities to the Associate Medical Director. Within the Health and Social Care Partnership this includes, for example, Consultant and specialty grade doctors in urology, ophthalmology, and medicine for the elderly, along with some directly employed GPs.

The expectations of services across health and social care are set out within the Health & Social Care Standards published by Scottish Government. The Standards apply to the NHS, as well as services registered with Healthcare Improvement Scotland and the Care Inspectorate.

The Health and Social Care Partnership are committed to working with authorities that regulate services and value this external scrutiny to offer assurance to the public that services are meeting the required standards of care. This provides the opportunity to highlight good practice and assure that areas for improvement are addressed. This links to staff governance and also clinical and care governance.

# Workforce Drivers

As we move through the delivery of our plan, and following the pandemic, there is a need to reconsider how some of our services are delivered, to ensure we are delivering the right services to the right people in the most effective way possible.

Our Workforce Plan will take account of:

- Staff roles
- Skills required
- Workplace from which care is delivered
- Pattern of work required to support our service users
- Training/upskilling our current workforce
- Technology and digital opportunities

During the lifetime of this Workforce Plan, it will have to take account of how these changes will re-shape the workforce.

## Key Objectives are:

- Identify the skills gaps within the current workforce and provide support, training and development opportunities to upskill accordingly.
- Maximise opportunities to attract a new workforce to the Partnership to fill any skills gaps through various methods including apprenticeships, work placements and recruitment.
- Develop a flexible workforce able to respond to future needs and demands.
- Meet the requirements of existing and developing legislation, but also be guided by national, regional and local strategy/policy.
- Reduce absence levels.
- Implement and undertake effective succession planning.
- Encompass Independent and Third Sector colleagues such as care at home provision in workforce planning.

**The long-term aim for health and social care in Scotland is for people to live longer, healthier lives at home or in a homely setting and have a health and social care system that:**

- Is integrated;
- Focuses on prevention, anticipation and supported self-management;
- Will make care and treatment at home the norm in a community setting;
- Focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- Ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

During the pandemic a number of patients delayed seeking medical care. This means that as we emerge from the pandemic and people feel more comfortable in seeking the care that they need, they are already in a more frail condition with more complex needs and require either hospital expanding, so the requirement for nursing admission or a place at a Care Home. As the need increases, the number of Care Homes being built in the area is staff will increase alongside this. Training requirements for carers within the Care Homes will diversify as the complexities of residents increase unless there are adequate numbers of nursing staff based within all of the Homes.

# Workforce Drivers

## Community of East Lothian

East Lothian currently has an estimated population of 108,972 which is a 3% increase since 2018, compared to 0.9% growth across Scotland in the same period and which constitutes as the second largest increase nationally. The population is projected to increase by a further 2.1% by the year 2025 and 4.1% by 2028 (compared to 0.5% and 0.9% across Scotland).

Our population of adults aged over 64 currently accounts for 20.9% of the population and those of working age accounts for 50.9% of current population. The ongoing trends show that by 2028, adults aged over 64 will account for 23.4% of the population and those of working age for 49.1% of the population.

Age	2018	2022	2025	2028
0-15	19350	19533	19322	19009
16-24	10092	9803	10127	10770
25-44	24103	25400	26234	26439
45-64	31075	31077	30605	30212
65-74	11733	12419	13181	14460
75+	9437	10740	11772	12513
Overall Increase of Over 65s Since 2018		1989	3783	5803
% of Population Over 65	20%	21.3%	22.4%	23.8%

(National Records of Scotland)

Although there are a number of housing developments being built throughout the region, the cost of the property does not attract people who work in Health and Social Care, so the north and east of the region become very difficult to recruit staff to, including bank or locum shifts, due to the distance and lack of public transport networks into these areas.

The increasing number of guardianships in East Lothian requires increased staffing to meet the throughput. Overall, the increased population and steady growth within the area is having an impact on the service. The increase in new houses being built has increased the number of families moving to the area and so the number of children with disabilities. As children transition to adulthood, service provision has to be in place to support this. Early notification of transition from Education and Children's Services assists with the forecasting of services required.

The various lockdowns that came with the pandemic meant that these families were not able to take children to school, nursery or other social activities. This has raised developmental concerns in some infants and young children which will increase the workload of the health visiting team. The migration of families into the area has also increased the number of students who require immunisations, with an extra 60,000 vaccinations to be delivered to children annually. The uncertainty over the parameters of flu and COVID boosters means that the impact on current staffing levels in the immunisation teams is unknown.

It is likely that demand for community services will continue to rise due to the increasingly ageing population and rise in baseline population levels in East Lothian. There is significant new housing capacity in East Lothian, in addition to the projected increase in the over 65 and specifically over 75 population which is higher than national average. Pre Covid we would, on average, receive 9 new referrals each week, this has now doubled as the demand for Rehabilitation services increases with a population expansion due to in excess of 10,000 new properties and with children, younger people and adults living for longer with complex conditions.

As the older population is predicted to increase at the same time as the working age population remains static - and this trend can be seen across Scotland - this means that at the same time as demand for services is likely to be increasing, it could be more challenging to employ the workforce to meet this demand. The increase in citizens' age across our county means that more than ever we require a workforce which is innovative, collaborative, and which can find solutions amongst the most challenging of scenarios.



# Workforce Drivers

## Staffing Requirements

Moving forward, the lessons learned from the pandemic will influence how we all live and work.

Most importantly for the Partnership will be how we deliver health and social care services. This learning will influence our current and future workforce.

This plan has been written with that in mind and will be subject to regular review and update as we move through and recover from the pandemic.

### **Our Workforce Will:**

- have the skills, knowledge, experience and motivation to deliver the highest quality services;
- be flexible and adaptable around our changing organisational needs;
- be resilient to change and instigate, as well as adapt to, changes in service delivery;
- work in an increasingly integrated way across the Partnership;
- celebrate roles including specialisms and synergies;
- be a workforce that delivers with an emphasis on quality;
- be a workforce supported to deliver quality services in the most efficient way.

### **Nursing**

A number of roles throughout many of the community health teams within the Partnership have changed significantly over the last few years and now require to be re-evaluated as they will not revert back to what they used to be. The additional vaccinations now being offered to children and the elderly has meant that vaccination teams and school nursing teams have grown and changed as required. District nursing staff are working more closely with the care homes and some staff are now specifically looking after patients who have chosen not to move into a care home, so may need some hospital care in their own home. There is a concern that some of the current structures were established a number of years ago and the numbers of staff have not increased in line with the population. This along with the limited number of educational spaces to obtain the qualifications required for registered nurses (e.g. there are only 2 intakes of 16 students per year) means that we will continue to struggle to reach established capacity, but even if we do, there are likely to still be a shortage of staff. The use of Nursing and Midwifery Workload and Workforce Planning tools will assist in the prediction of staffing levels required based on occupancy/demand to identify specific and significant unfunded resource gaps that will be a key focus for the partnership going forward.

Prior to Covid, East Lothian Community Hospital had 63 in-patient beds within its wards, it now has 128 and they are all occupied. Patients are arriving with more complex conditions as they have chosen not to request a consultation or treatment from their GPs during the pandemic, so their conditions have grown worse as they have been untreated for a lengthy period. These patients end up spending longer within the hospital due to their complexities. The discharge planning for these patients takes longer, which also delays their discharge. Community nursing teams are having to grow to manage these complex conditions within the service users' homes.

## **Social Work**

The Adult Wellbeing service was split in 2019 into Statutory Services and Adult Social Work. This separation was seen as a beneficial segregation of operational adult social work functions and more specialise service provision.

Over the last two years both service areas have been enhanced with additional posts and the structures have been developed. In addition, functions within the service areas have been separated out where appropriate to create enhanced integrated pathways. For example, the ICAT assessment process has been introduced for complex older adult provision and the Learning Disabilities services have been separated out to the Mental Health and Learning Disabilities management line.

The General Manager for Statutory Services has now retired from her post. It was agreed that it would now be beneficial to re-integrate the functions under a single General Manager.

The proposed structure change brings core services under one management line and creates parity with other directorates. In addition, it allows for a broader Service Manager line giving scope for better support and learning opportunities. There has also been recognition that while the Statutory Services line has functioned well over the last 2 years, the separation of aspects of Adult Protection has been unhelpful and requires reversal.

There are additional professional benefits as two of the Service Managers within Adult Social Work are Mental Health Officers. This professional competence an experience has been recognised as hugely beneficial given the recruitment challenges within the MHO team. We continue to offer sponsorship for two of our social workers to qualify as MHOs each year. This support will continue while the recruitment challenges remain.

The intention is to use funding from the retired manager's salary to recruit an additional Business Manager post which will remove current tasks from the existing team and support longer term developments which operational managers struggle to support. By standardising processes and procedures, we will be able to begin quantifying the work that we are doing.

This will allow us to become more efficient with the staff that we already have but also to identify where there is a shortfall and what additional staff we need. The strategic planning for Carers' Services and the implementation of East Lothian HSCP Carers Strategy had been the role of the Statutory Services manager, so it is now necessary to employ a dedicated Carers Strategy Officer and Community Care Worker to ensure that best value continues to be achieved from the Carers Act funding.

Social Work Scotland have set out 'Setting the Bar' to establish an evidence-based indicative caseload limit for social work staff in Scotland. At the current time, we are within tolerable limits for caseloads, but we will continue to monitor this and consider recruitment of additional staff if this is required to bring us back into tolerable limits.

The Criminal Justice (Scotland) Act 2016 (Support for Vulnerable Persons) Regulations 2019 confer on Local Authorities the duties to deliver Appropriate Adult services. The services were placed on a statutory footing in January 2020 with work now underway to support Local Authorities transitioning to statutory arrangements. We have secured funding for an Appropriate Adult Coordinator from Scottish Government to cover this statutory service. The funding to support the delivery of Social Work has allowed us to create this and other front-line and support roles.

Scottish Government funding will allow us to sponsor a support worker in obtaining their Social Work qualification through the Open University whilst remaining at work. This, alongside hosting student placements from local universities, will increase prospective future social workers' knowledge of East Lothian and encourage them to apply for our vacancies. We will continue to accept placements from universities but we have only four active Practice Educators within our Adult Social Work teams, so this limits the number we can take on without employing external PEs. Social Workers have been offered the opportunity to complete the post graduate course in Practice Education, but staff are concerned that the commitment they need to make to studying alongside their current caseloads means that it will be difficult to manage in tandem. It will be important to release staff from some of their day to day duties to undertake Practice Educator training. This will allow us to build a robust workforce and generate the next generation of workforce for East Lothian. We will continue to offer sponsorship to complete this qualification.

There has been significant work carried out to increase and improve the Justice Social Work team. This has addressed the expectations of the employees, employers and service users to ensure that the team are maintaining the required standards. A number of the staff are on temporary contracts funded by Covid recovery grants.

This allows the team to progress initiatives and it is hoped that with natural attrition and restructuring of the team, these temporary staff will be afforded the opportunity to move onto permanent contracts. There is collaboration with the third sector in securing funding for prevention and early intervention with offenders and also to support structured deferred sentencing and bail support. It is now important to identify the sustainability of these temporary arrangements and whether we will maintain them or agree an exit strategy.

## Care in the Community

Over the course of recent years, there has been growing pressure on Care at Home services. The nature and complexity of Care at Home services has also changed significantly, impacting on the Health and Social Care system in East Lothian. A number of steps are being taken to address the unmet care at home need, including re-design of care at home and careful management of care at home resources. An increased internal resource allows greater resilience in times when staff have to be deployed to mitigate shortages elsewhere in the system. They can also be utilised in identified areas where recruitment can be difficult, particularly rural and isolated areas.

The dissolution of some care providers has made the Partnership very aware of how dependent our care at home and care home provision is on external providers. Around 90% of Care at Home provision for the over 65s within the region was provided by commissioned agencies prior to the pandemic. When they were no longer able to provide that care and not all providers were able to manage the associated risks which resulted in some of these providers failing, we did not have enough internal Care at Home staff to cover all of the shortfall. At times during the pandemic there were 1000 hours of unmet care per week, but this was all evaluated according to risk and all high risk needs were met. We will increase the number of staff in internal Care at Home to allow us to increase our internal provision and mitigate risk. This increase is already beginning to have a positive impact, resulting in more capacity – within the space of 12 months, our internal provision moved from 10% to 14%.

We are developing a care at home framework model, with the new contract starting by April 2024 – the contract must support the recruitment and retention of staff into care at home services. In parallel with this, we are also further developing a Night Time Support and Responder Services. This project will consider expansion of the service to include older people and an overnight falls service.

The Hospital to Home service provides care at home support to people discharged from hospital. It is a temporary service put in place to support the rehabilitation approach of reducing service users' long term needs and passing on the ongoing service provision to commissioned care at home providers. It is part of our overall strategy to increase our in-house Care at Home service provision. This is a particular challenge in recruitment and retention where targeted actions will need to be in place.

## **Business Support**

It is clear that as all of the Health and Social Care teams evolve, their business support needs change. Most of the Business Support staff are supporting a number of teams with different administrative tasks. This provides a resilient, multifunctional team who are able to support one another and provide cover during periods of intense activity or during absences. However, this often means that the focus is on one particular area meaning that other areas are left without the necessary cover. This will require some forward planning by managers to establish what work needs to be covered as business as usual and what periodical or one-off schemes or programs require specific administrative support.

## **Communication**

The Partnership requires further communication, social media, web content and engagement activities. There is currently a lack of awareness of the suite of health and social care services offered. This has resulted in a lack of understanding and inappropriate use of these services. A failure in the ability to engage fully with the public and a lack of clear consultation and engagement across all our communities has resulted in an inability to co-produce or consult effectively with relevant stakeholders for some work programmes. There are difficulties in engaging with staff across the Partnership in keeping them informed about developments due to the differing IT platforms.

# Workforce Drivers

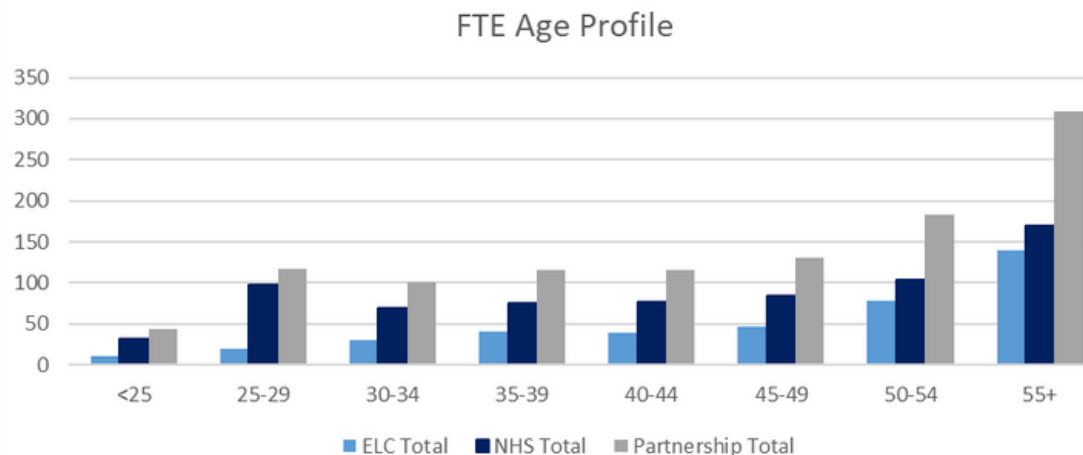
## Workforce Profile

This plan has been created in liaison with our partners in workforce development and the workforce in general. It will outline what the workforce will need in order to deliver successful outcomes, highlight what actions we need to take to deliver the future workforce.

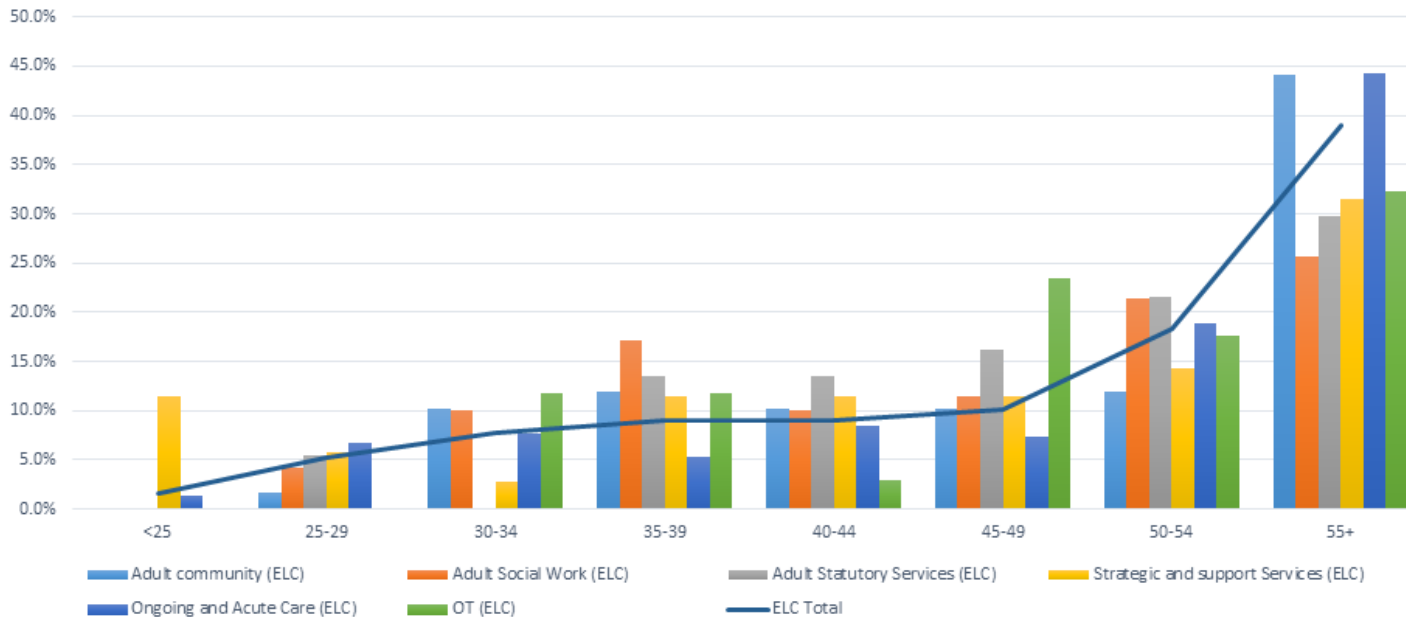
We have a very diverse workforce with a wide multitude of characteristics. Unfortunately, as this information is voluntary under GDPR, we have very limited specific information on the makeup of our workforce to allow us to report on it.

Our workforce has a variety of qualifications which meet the requirements of employers and regulatory bodies. The skills of all workers are perhaps not fully understood or utilised effectively which may restrict movement across the sector. Service reviews across care roles and the creation of clearer development pathways will go some way to address this, but staff in Care Homes and in Homecare will be given the opportunity to complete further qualifications to prepare either for a possible change in SSSC requirements, or in preparedness for future development and promotion.

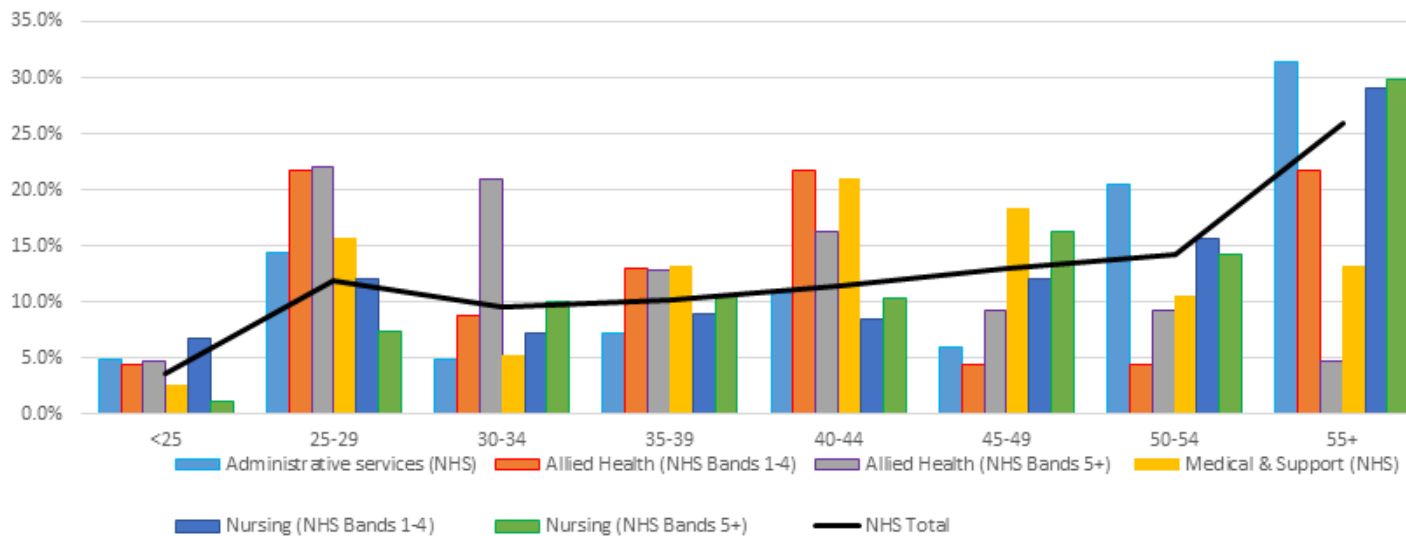
In the Partnership, we are fortunate to have a skilled, dedicated workforce. However, the age profile of that workforce indicates a potential skills shortage due to staff retrials over the next few years. The charts show that the Partnership workforce is predominately aged over 50 - this is an area that requires our attention, in that, a significant part of our older workforce are likely retire over the next 5-10 years. This part of our workforce is very skilled and knowledgeable and this could give us a significant skill gap if we do not take steps to address it.



### ELC Staff Age Data



### NHS Staff Age Data

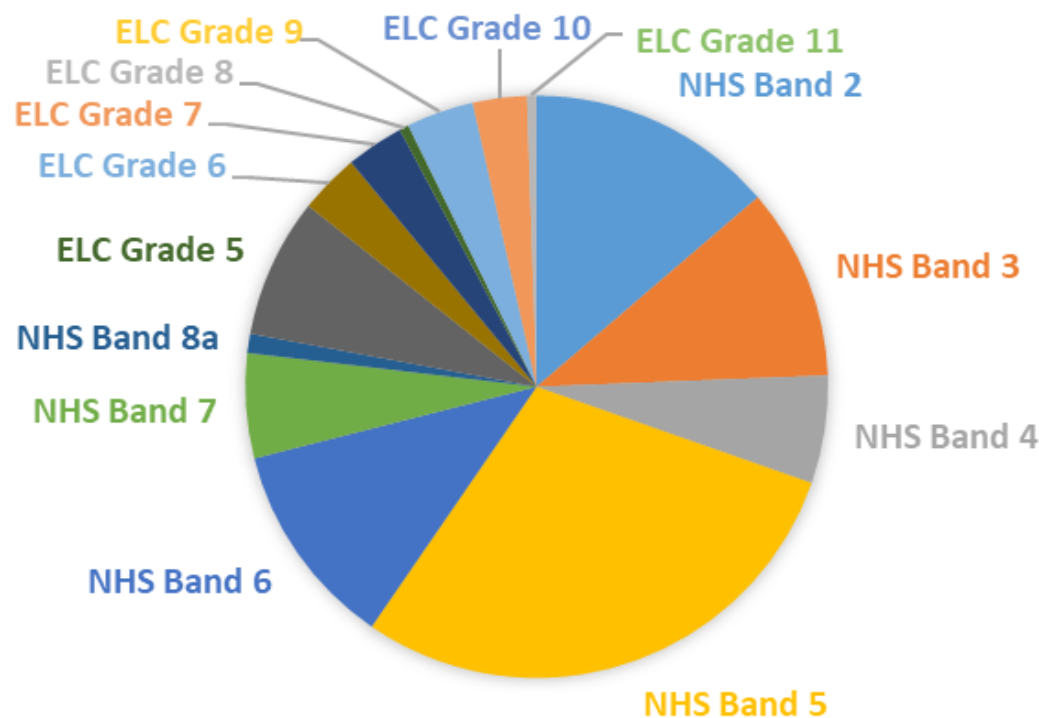


In the past there were staff who willingly continued working past their pension age, however this is not happening as often now because of the exhaustion they have suffered during the pandemic or simply reflecting on how life has changed during this time and choosing to retire. Occasionally, some nurses will retire and come back to work up to two days a week,

as the NHS permits, but this is usually into less active roles with consistent day shifts, such as the vaccination teams. Flexible retirement is also an option that some ELC contracted staff have utilised – this allows staff to reduce their hours by at least 40% for a minimum of six months before retirement.

As at March 2022, in the Partnership as a whole, 48% of all band 5 nursing posts were vacant and these positions accounted for a quarter of all vacancies across the Partnership.

### Vacancies by Band/Grade





## Rehabilitation Service

Request for Assistance is a referral service where the public, carers and health or social care professionals (with consent) can call our new Single Point Of Contact to speak to an experienced Occupational Therapist or Physiotherapist to seek advice and support. They will be signposted, or following detailed conversation, be allocated to a therapist or placed on a waiting list if their needs are not urgent. By having early referral discussions, we are able to understand what is most important. This enables us to ensure those telephoning for advice can be given this on the same day instead of waiting for assessment.

Over the period of a year, we found that approximately a third of telephone calls require advice on self-management or signposted to alternative and more appropriate services. A third of these callers are seen within 10 days and the remainder are placed on a waiting list. This has allowed for a reduction in waiting lists, improved efficiencies, managed client expectations and reduced complaints. In having reduced waiting times and ability to see people at their point of need we should see a reduction in the functional decline of the population which will have an impact on reduction in care, equipment and adaptation provision thereby minimising intervention, maximising independence.

## National Care Service

Of all people employed in Scotland, 8% work in social services. The Feeley Review of Adult Social Care was published in February 2021. The findings of the report will have a profound impact on our services with the introduction of the National Care Service (NCS). Some of the Social Care staff in Scotland, of which there are just under 200,000 in paid employment, spoke about a lack of support and training opportunities with sometimes serious consequences for people who use services. Employers stated that the lack of training and career development opportunities makes it difficult to attract and retain staff. At the same time, it was identified that social care support is highly skilled and that many people in the workforce are very experienced. Broken down by sector, 27% are employed by the third sector, 32% by the public sector and 41% by the private sector. The differing terms and conditions depending on whether the staff member is contracted to NHS or local authority can often cause confusion. There is a real anticipation on whether the NCS will allow for harmonisation of this issue. It is hoped that the creation of one overarching body will help to break down the perceived boundaries between those currently employed by NHS and those by local authority.

## Unpaid and Voluntary Care

East Lothian Council has achieved their first accreditation with Carer Positive. The Carer Positive award is presented to employers in Scotland who have a working environment where carers are valued and supported. There is still a need for employee engagement and consideration of the needs of unpaid carers who are employees of the local authority, the organisational culture will reflect the commitment through policy and management approach.

Unpaid carers were very clear that they want to care, and care well. However, they feel that they are simultaneously undervalued by society and given “all the responsibility without the support, resources or recognition” (Feeley, 2021). Indeed, we must recognise further the significant input from local communities and unpaid carers in particular. Their importance in sustaining and delivering Social Care has been exemplified during the Covid-19 pandemic.

The informal workforce are acknowledged and valued for the significant amount of unpaid care they provide to family, loved ones and friends, with many not even recognising themselves as Carers. Additionally, the contribution of our voluntary workforce plays a vital role in achieving the vision and priorities of the Partnership. Continued engagement with voluntary organisations, with an aim to fostering and developing partnership working arrangements, will ensure that we can support voluntary groups and individuals in the critical role which they undertake.

## Flexibility and Redeployment

Experience during Covid-19 has shown us how difficult it is to deploy appropriate staff quickly when there is an urgent need to be met. Longer-term, failure to plan ahead for training, recruitment and retention, and failure to model innovative new approaches that depend on the availability of a suitably trained workforce who understand each other's contributions could prevent services from being able to flex and adapt to changing need. With all of this in mind, to successfully deliver our workforce development programme, our workforce will be required to do things differently.

They will be flexible, appropriately trained and qualified, and motivated to drive forward change. We will rely on having an experienced, skilled, innovative and adaptable workforce doing new and different things. The changes required to manage Covid-19, such as staff from Day Services and other teams were redeployed to provide home care during the pandemic, demonstrated that we have the enthusiasm, capacity and capability to do this.

# Transformational Change

There are a number of services that have outgrown the premises that they currently occupy. Work is ongoing to identify buildings that are already owned by ELC or NHS which have space for these services to move to. The Edington Cottage Hospital in North Berwick has had a complete reorganisation of the services offered there. It is not currently an in-patient facility, but instead offers a number of out-patient facilities, in particular the musculoskeletal clinics and vaccination clinics. This has allowed the facility to serve a larger section of the community.

The lease on Randall House in Macmerry will not be extended when it expires in October 2023. This houses the Adult Social Work teams who will possibly be reallocated to John Muir House in Haddington. Work is ongoing to identify the necessary space, and it is likely that the space required will be less than it was when Randall House was first leased due to staff now working from home. Staff have been offered the opportunity to move to Home Working contracts which, if there is no operational need for them to work within an office, allows them to work from home for at least 80% of their contractual hours and only utilise office space if required. This allows some staff to have a better work/life balance and increases flexibility from both employer and employee. This will continue to be offered and as more staff sign up to these contracts, less office space will be required. The hope is that, as we get closer to the October 2023 relocation date, there will be less staff who require their own desk space within an office and so 'hot-desking' will become the norm. However, those staff who continue to require a permanent office space will be given the workspace that they require within the relevant building.

The Mental Health Care When it Counts (MH CWIC) service position within the Primary Care directorate was established as part of East Lothian's response to the Primary Care Improvement Plan and the service acts as a primary care mental health service. However, as the service has developed, the required increased link to Intensive Home Treatment Team (IHTT) and Community Mental Health Team (CMHT) have become more acute. In particular during times of staff shortages, these services have been able to provide cross cover to each other while other Primary Care services have been unable to offer support due to the professional skill sets required. The Mental Health directorate has undertaken extensive review and identified the need to define and enhance the front door models for the services. In completing this work the CWIC service needs to form part of the new model, to align primary care and community mental health services. This will allow services to work in partnership, to ensure people access the right care and treatment at the right time and ensure that there is a clear mental health services pathway for those who need them. It will also provide the opportunity to work alongside other service to promote early intervention and mental health and wellbeing, with the aim that it will reduce demand on community and specialist services. This has strengthened the view that the service should sit within the Mental Health and Learning Disabilities structure, however will continue to interface with the primary care oversight group and change board.

The purchase of a Vaccination Bus has allowed access to this service by people who live in small outlying villages and those who are unable to utilise public transport. Once this provision has been fully rolled out, it is likely that the bus could be facilitated by other teams to offer services such as physiotherapy to those who find it difficult to get to the hospital or a practice.

# Transformational Change

## Digital Agenda

The vision of Scotland's Digital Health and Care Strategy published in 2022 is 'To improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. To achieve our aims, and ultimately our vision, we will focus on six priority areas –

- Digital access – People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.
- Digital services – Digital options are increasingly available as a choice for people accessing services and staff delivering them.
- Digital foundations – The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.
- Digital skills and leadership – Digital skills are seen as core skills for the workforce across the health and care sector.
- Digital futures – Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.
- Data-driven services and insight – Data is harnessed to the benefit of citizens, services and innovation.

As resources reduce and the opportunities offered by new technology increase, our Workforce Strategy will reflect the impact of these changes on both the delivery of care and the development of our workforce.

During the pandemic there was an increase in use of the Near Me video appointment platform. This has allowed our health professionals to see patients who have appointments rather than just speaking with them over the telephone as often the physical appearance of someone can assist the staff in better understanding their needs. Although in person appointments are available again, Near Me is being used far more regularly than it had been prior to the pandemic as it benefits those who are not in close proximity to one of the clinics, who may have mobility issues or a lack of transport to get them there.

An upgraded website has been introduced by our Rehabilitation Service. The Access to a Better Life in East Lothian site has replaced the Help from HILDA (Health, Independent Living, Daily Activities) site.

The new site aims to provide the information and tools needed to manage health and wellbeing, and to be a resource for carers. It will enable people to try things for themselves, when it is convenient, helping to keep them as active and independent as possible, for as long as possible. The site provides contact details for people who have more complex issues that are not addressed on the website and it is hoped that, going forward, an online chat function can be introduced.

Care Homes and some hospital wards have been trialling RITA (Reminiscence Interactive Therapy Activities) technology.

Touch screens and tablets are used to communicate with families when they cannot be present including playing interactive games, allows them to listen to their favourite music, look at photographs and even watching or reading about events either current or that they have memories about. Using the RITAs can help to prevent falls as the residents are more likely to be, and remain, seated when they are using them. These will be rolled out further across the Homes and hospital, so more staff will be trained in their use to enable them to use them with residents and patients.

Lone Workers can face risks during their working day – they may be exposed to abuse or violence, accidents or sudden illness. Due to this we are providing our Lone Workers with a Reliance Protect Personal Safety Device.

This is a fully maintained service with support for the device users and their managers including an all year-round 24 hour response service to handle all Red Alert incidents. The roll out to Adult Wellbeing staff teams commenced in 2019, but has significantly delayed due to Covid and staffing issues, but the roll-out will continue to the remainder of the Lone Working staff.

A mobile software solution will be introduced to the care and nursing staff working within clients' homes. This will allow staff to easily identify the care and medication which each client requires any restrictions that they may have and to raise any issues that may occur. This application will provide an element of safety for staff where they will be able to check-in and out so that they can show what has been carried out during a visit, anything that the client has refused, thus reducing paperwork. It can also alert office based staff if they have become caught in a situation which they need assistance with. Clients' families will be able to access the application to find out when their family member was visited last or due to be visited next and what the visit has entailed.

# Staff Wellbeing

Both East Lothian Council and NHS Lothian invest in significant employee wellbeing programmes with particular focus on staff Mental Health. Some of these initiatives include:

- Wellbeing Wednesday – weekly emails sent out by ELC with useful information, hints and tips for improving physical and mental wellbeing.
- Eastspace is East Lothian’s online source of mental health and wellbeing information managed by Health in Mind. The website provides information about local mental health and wellbeing services and support.
- Wellbeing Webinars run by NHS Lothian.

Wellbeing of staff remains a focus of Organisational Development within the Partnership, ELC and NHS Lothian, with continued significant investment in this area. In addition continued training to support staff in the new ways of working will continue. New equipment within some of the clinics such as adjustable height beds have helped to reduce the number of back issues that staff have from having to stand or sit in uncomfortable and awkward positions. This has reduced the number of absences due to back pain.

During the height of the pandemic, wellbeing funds were utilised to provide welfare boxes to staff who had limited time to stop for breaks. These boxes would include a snack, drink and other items for personal use.

East Lothian Council offer peer support through the Listening Ears programme. They are not counsellors but are staff from various roles within the Council who have been trained in Mental Health First Aid and are very good listeners. They understand the culture, policies and ways of working and are someone to listen to their colleagues confidentially and who understands the situation and can suggest a way forward.

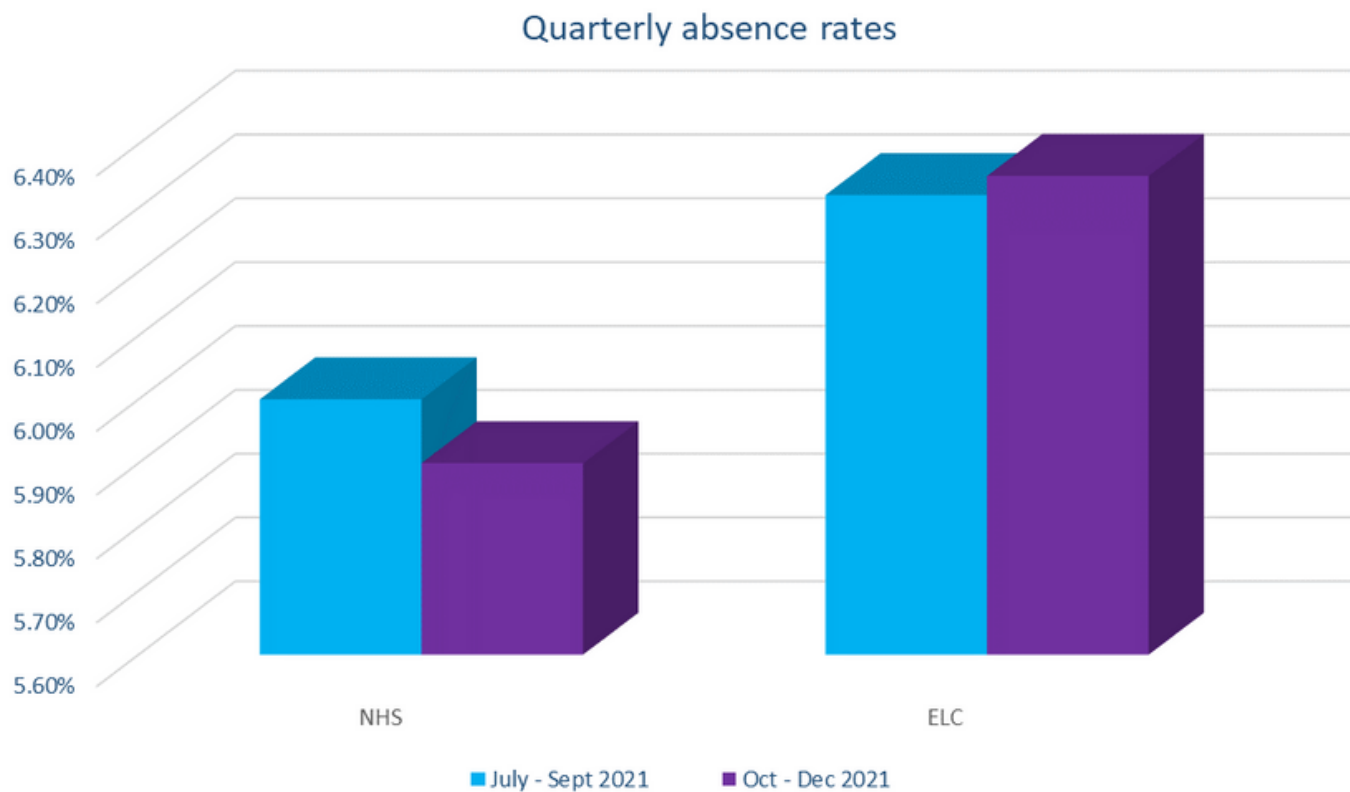
The increased number of patient deaths has had a psychological impact on staff across Health and Social Care. As patients and residents have spent a long time in wards and Care Homes, the nursing and care staff who are looking after them have become well acquainted with them. Staff have been receiving support from local universities through Online Supportive Conversations and Reflective Sessions (OSCaRS) which helps to improve coping mechanisms, team cohesion and communication after these deaths.

# Staff Wellbeing

## Health Related Absences

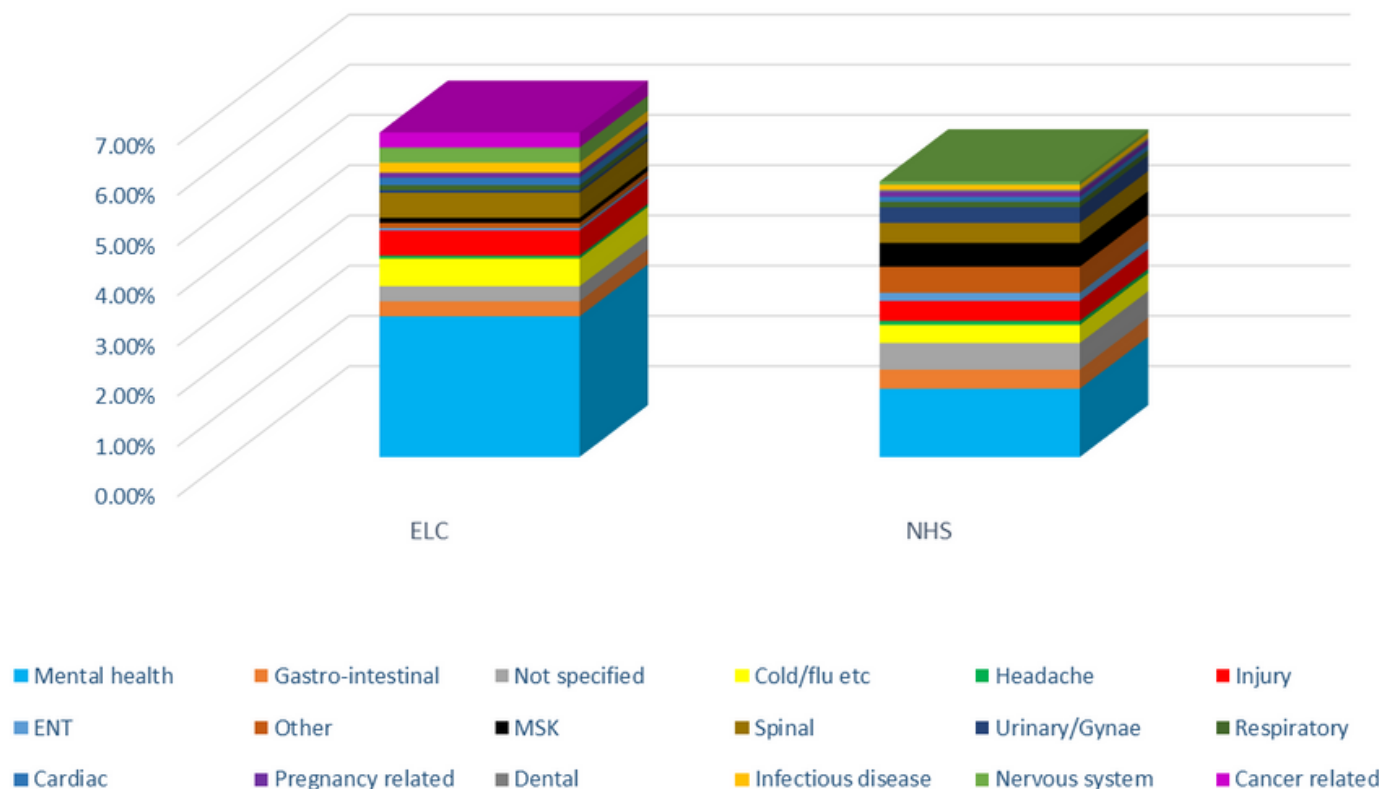
During the lockdowns of 2020, all services were maintained which was in the main due to the low level of sickness absence.

However, during the early part of 2021, sickness levels had risen and recruitment stalled, likely to be caused, in part, by Brexit. Although staff showed exceptional resilience during the winter months of 2021/22 when there was a staffing crisis, particularly within social care, there was not a significant rise in absence levels but around a quarter of all absences were related to mental health.



Long COVID will continue to be an issue for some members of staff. This is being managed by occupational health teams as normal return to work procedures are often not sufficient for some of those who are or have suffered from this condition. Extended periods of phased returns are being offered to some, and others are being temporarily placed in office based vacancies – this allows those who want to be at work the opportunity to do so in a limited capacity until they feel able to take up normal duties. There is a danger that staff who are suffering from long Covid, but have not been signed off as such by a GP, will be limited in what support they are offered. Currently, all conditions not relating to Covid have time limited sick pay and return to work policies and only those who are confirmed as having Long Covid are afforded the extended support.

Health related absences 2021





# Staff Wellbeing

## Support and Flexibility

The move to homeworking for the majority of non-frontline staff has worked well, it has allowed for flexibility in those who have been required to isolate, meaning that they can continue to work, if they are able. However, it has caused isolation for some staff, reduced the supportive peer to peer discussions and the increasing volumes of MS Teams calls and meetings can interrupt the flow of normal work. Although, it is recognised that some work, especially for newer staff members, relies significantly on peer support and supervision, work has been carried out to allow safe return to office space on an ad-hoc basis to ensure access to professional colleagues on a more regular basis.

Where possible, managers have made themselves visible during the pandemic, and will continue to do so, to show support and appreciation to staff and offer an open door policy. Some have helped out with frontline duties, particularly in times of high absence to make sure that staff at work have the time to take protected breaks. This visibility invokes trust so the staff know they can discuss issues and stresses with their supervisors and managers. It is imperative that all managers afford this level of support to their teams to increase staff morale.

Access to managers on a regular 1:1 basis is consistently offered, predominantly through MS Teams for colleagues who continue to work from home, and continues to be reinforced. This continues to be the platform for most formal and informal meetings throughout the partnership. However, some staff feel that this loses networking opportunities that would normally be had at in person meetings, so these will be phased back in as soon as is practical.

Fortnightly Adult Social Work staff briefings are open to all staff also through MS Teams. Initially the dominant focus was on business continuity, pandemic guidance and wellbeing opportunities. Some of these sessions now include guest speakers from other departments or external agencies, information updates and professional practice updates providing essential communication and engagement.

Across all workforce families a more flexible approach has been taken to ensure social distancing and reduced travel. This has included the provision of equipment such as laptops and smart phones to allow staff to begin and finish the working day from home. From September 2021, ELC staff, who do not have a requirement to work within a Partnership office or face to face with service users, have the opportunity to move onto a Home Working contract which will promote an 80/20 split between home and office working.

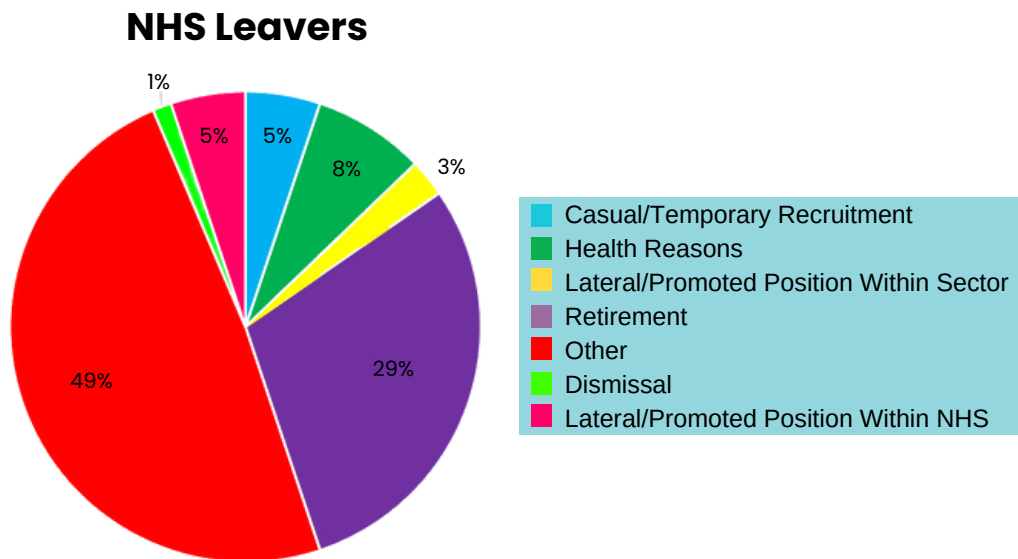
# Action Plan

It is important for the Partnership to promote integrated ways of working, equity, quality and breadth of learning.

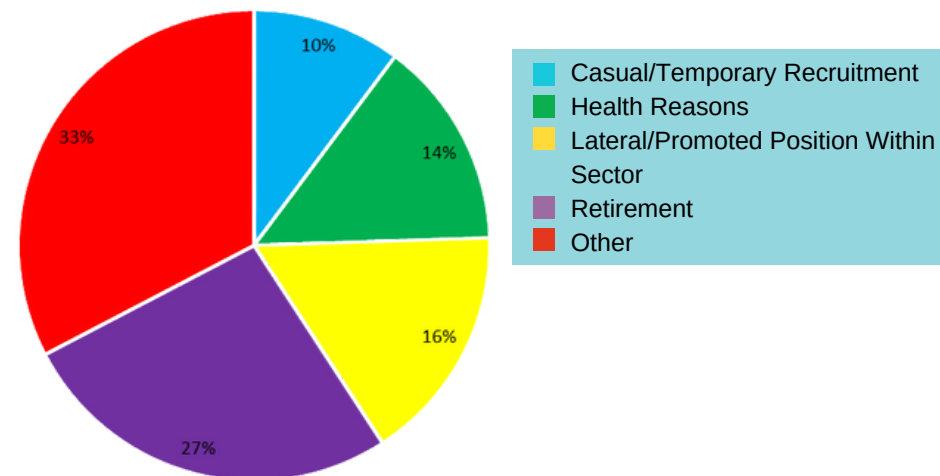
These will include:

- Induction, statutory, mandatory and core training and development;
- Professional registration requirements;
- Supervision, appraisal and practice development;
- Continuing Professional Development;
- Career development (including supporting students and volunteers);

We collect information about the reasons why people leave the Partnership. We try to gain a better understanding of the reasons employees move jobs and to gather their views and insights into workplace issues. This information is vital to improve service delivery and address critical recruitment and retention issues.



### East Lothian Council Leavers



Since 2015, our average annual turnover of staff has remained at 11% whether they are contracted to the NHS or to East Lothian Council.

Analysis of the data can contribute to our approach to improving employee retention and helps us devise action plans to make any necessary improvements in specific areas to counter the potentially costly and disruptive effect that high levels of employee turnover can have.

The following charts illustrate the reasons why our staff left the Partnership between April 2019 and March 2020 (normal pre-COVID activity), with more than a quarter of leavers across the partnership opting for retirement.

# Action Plan

## Step 1: Plan

Succession planning will be improved during the next three years which will permit better talent identification and management, allowing for better development and pathways into promoted positions. Staff within certain areas of work, i.e. Social Workers, will be given the opportunity to temporarily swap roles with others who do the same role as them but in a different team. This will allow staff to broaden their knowledge within their role to give them a better opportunity to progress into promoted posts. Nursing teams are keen to try this as well to increase resilience across their services.

## Step 2: Attract

It is evident that the recruitment and retention of staff in health and social care sectors is an increasing challenge. There are real issues in terms of a lack of available trained staff, especially in social care, or indeed people willing to be trained to take on such a challenging role. This is being experienced across the country due to a national shortage of staff and an ageing workforce. The COVID-19 pandemic has increased that pressure in some qualified roles which are in high demand nationwide. The focus during the pandemic on Health and Social Care services and the “Clap for Carers” initiative showed the country the incredible job those in Health and Social Care do. Our challenge is to identify what we should change in terms of current service models, and what actions we can take in order to attract people into employment within Health and Social Care careers in East Lothian.

A video will be shot by Health and Social Care teams to showcase the myriad jobs and pathways within the partnership – although it will encompass all posts, this will be used to encourage recruitment into the more difficult to fill posts. Recruitment will include a robust selection process and improved on-boarding and induction package for successful candidates which empowers our workforce to start work with the knowledge and skills to be able to work confidently in their role.

In recognising the importance of increasing the number of young people employed by us, the Partnership needs to engage with High Schools, Colleges and local employment agencies to ensure that we attract young people to a career in Social Care via apprenticeships and entry pathway posts. One of these methods will be to introduce Foundation Apprenticeships in Social Services and Healthcare and to encourage more use of the Modern Apprenticeship Scheme within the organisation. Candidates will be supported at workshops and assessed by a qualified team of SQA assessors. They will use distance learning to gather evidence through reflective accounts, direct observation etc. This will be essential for our future workforce needs and to ensure continuity of service as our disproportionate number of older workers retire.

We are working with East Lothian Council Employability Team to try to bring Social Care Foundation Apprenticeships to our local schools.

This will hopefully increase the number of younger people who are interested in these roles. Currently there are a high proportion of staff in these roles who are approaching retirement age and they will typically be replaced by staff aged over 50. Increasing the training and qualifications available to care staff will increase opportunities for them to develop into promoted posts, so the hope is that these pathways will make the role more enticing to younger people. Modern Apprenticeships will also be used for young people who have already left school who would like to obtain a qualification and have a pathway to follow. Some of our business administration staff have already successfully completed a MA through a NHS contract, but we will look to expand this across both NHS and ELC contracts.

Prior emphasis on the requirement to employ staff who hold Social Work qualifications for non-Social Work roles has been removed. This previously impeded recruitment into specialist roles such as Workforce Development, but the removal has allowed staff with other more relevant qualifications to be recruited into these posts. This will continue to be a consideration when posts are advertised. Unfortunately in amending previous requirements, this increases the length of the recruitment process prior to advertisement. We are working with both the NHS and ELC to improve the timescales for this. All roles that do not have a specific requirement for health or social care qualification will in future be advertised as an integrated post, giving the successful candidate the choice of whether to work under NHS or ELC terms and conditions in the hope that this attracts more candidates to apply for the posts.

## Step 3: Train

An improved, modular induction programme will be introduced to ensure that all staff, whether they are coming on-board under an NHS or East Lothian Council contract will have access to the same information. This will allow staff to have better control over their own development and, over and above their mandatory and essential training, will be able to decide what their own requirements are. We want to ensure that we are succession planning and supporting staff in developing a career path to support the retention of our skilled staff as a priority.

A supervisory induction programme will also be introduced for all staff who are moving into their first supervisory role or joining the Partnership in a supervisory capacity and will also be available for staff who are interested in development into a supervisory role. This will not only give staff the advanced knowledge that they need, but will also provide an introduction into supervisory and leadership skills. Both of the new inductions will be offered and delivered to cohorts of integrated staff.

The Partnership will continue to work with ELC and NHS and offer the leadership programmes that are provided across both organisations. Any additional leadership training that is required by certain teams or positions will be provided and bespoke packages will be developed as necessary.

The Scottish Government and COSLA have a shared ambition that the workforce are 'trauma informed'. There is a specific range of knowledge and skills required across the workforce, depending on role and remit in relation to people who have experienced trauma. NHS Education Scotland continue to develop a suite of training and learning resources to support local delivery. The basic level of training will be built in to our induction training to ensure that everyone who joins the Partnership have a basic knowledge. Further training will be delivered to all other staff, the level of training delivered will depend on their post.

A number of training packages that would previously have been delivered face-to-face have been delivered online, such as infection control. Some others that have to be delivered in person, like Moving and Handling, had fallen behind. As we previously ran refresher sessions for this in particular, it has been decided that we will move forward with the Scottish Manual Handling Passport recommendation of competency assessments instead of refresher training, which means that if there were ever a need to cancel physical training again, staff would still be able to prove their ability in this area. All supervisory care staff will be trained as assessors to ensure that this method can be maintained.

The Lothian Care Academy has been commissioned by the four Local Authorities in Lothian, the Integration Boards and NHS Lothian. It will deliver learning and development by working together with key stakeholders to create consistent, safe, and best value training within Health and Social Care which will attract, develop, and support staff through their care sector roles. This will be open to all care sectors within the Lothians. The Academy's mentoring pilot will look to test the peer mentor role in practice to see how we can support care staff in their first few months of employment. Mentors are supported through training to undertake this role and have tools and resources to facilitate discussions with new members of staff. Within East Lothian, mentoring will be rolled out and offered across all services and levels to support development at all stages of careers.

The 'learnPro Scorecard' online learning system that was already in place for our NHS colleagues has now also been launched across ELC staff members. The new system and format allows staff and managers to see live on screen access to accurate learnPro information which shows at a first glance which training is Core Mandatory and Role Mandatory, it also allows each staff member the ability to access their full learning plan which shows a complete list of their eLearning and training that they must complete. These sections are colour coded which makes it easier for staff to see at a glance which training they have completed or still need to complete and allows managers to see the overall progress compliance rate of their teams.

The launch of Scorecard has resulted in time saving for managers who, in the past, have had to use spreadsheets to keep track of and demonstrate compliance and expiry for staff training and development. It has also given managers the ability to ensure job role and location information is correct for their team and allows the allocation of appropriate modules to roles providing a better consistency of training across the board also allowing managers to assign appropriate e-learning or classroom courses linked in to their appraisals

## Step 4: Employ

Linking and co-ordinating with the workforce planning activity across the partner organisations, the Partnership will need to build on its success in order to improve recruitment and retention prospects. Developing clearer career pathways for the wide range of employment opportunities, participating in the social inclusion agenda and apprenticeship schemes and engaging with further and/or higher education are necessary to promote the recruitment and retention of workers from the local area. These are key strategies in promoting the Youth Employment Strategy.

All nursing teams are struggling to recruit band 5 nursing vacancies, with posts being vacated for the staff to either move to a promoted post or other posts within the Partnership that have more favourable conditions and better work/life balances. Unfortunately the recruitment campaigns do not necessarily target the right applicants for us, often posts within East Lothian Community Hospital are hidden within the same advert as nurses for Prison Services elsewhere in the Lothians, and one application covers all posts which may be off-putting to some potential candidates. Posts such as school nurses, with term-time contracts that would suit parents of young children are also wrapped up in these multi-post adverts, so are not being properly highlighted to prospective staff.

As at March 2022, the Partnership as a whole has 48% vacancies across all band 5 nursing posts. Going forward, it may be necessary to rotate staff within the roles to ensure that there is coverage and resilience across all teams to prevent services being undeliverable and preparing for future unknown situations similar to COVID. In previous years we could attract up to 100 applications for each post advertised, and now are lucky to have any applicants at all. There is a willingness from both the staff at band 4 and their managers to develop them into band 5 nurses, but there seem to be a limited number of qualification opportunities offered to be able to achieve the numbers needed. A rolling development programme to take larger numbers of HCSWs and develop them into nurses is required, including supply of additional HCSWs to support the departments while the trainees fulfil their study commitments, but this would need the support of the wider NHS. We are over recruiting staff into roles up to band 5 to support the vacant posts, so we know that there is interest in nursing posts and that there are people keen to develop into the band 5 role.

Staffing structures in the Care Homes will be reviewed to ensure that the staff, supervision and management ratios are sufficient for the service's changing needs and numbers of residents. This will allow the expansion of bed numbers and nursing staff will be introduced to all Care Homes in response to residents moving into the homes with more complex needs and palliative care requirements. Domestic staff are being recruited to all Homes as a result of the Care Inspectorate requesting the removal of housekeeping duties from care staff.

## Step 5: Nurture

Managers from Care Homes within East Lothian have all had regular sessions to discuss lessons learned throughout the pandemic. This has ensured that information and best practice is shared between Care Homes in the public, private and third sector to minimise further outbreaks. It has reiterated some of the policies and procedures that are already in place, or identified a need for others to be updated. Staff are more aware of the need to escalate certain situations to line managers when following procedures. Although these meetings have generally been organised to focus on negative situations, the meetings have also been used to celebrate positive outcomes from the messages to continue to promote a growth mind-set within the staff groups.

Internally we will begin to use Graduate Apprenticeships for staff who are looking to develop within the Partnership in their chosen career path. As there are limited qualifications being offered in this scheme, this will particularly benefit our Business Support staff. However, it is hoped that further qualifications will be added to this list and will include Social Work qualifications.

All staff, and particularly those who have scheduled appointments with service users, have very limited time for either wellbeing or development opportunities. It is imperative that we introduce protected time for staff to be able to achieve this, which may in turn improve staff retention in these areas.

### **We must:**

- Equip our staff with the skills they need to deliver better outcomes for them and our service users;
- Enable and upskill all of those who need support, focusing on their abilities and what they can do, rather than limitations;
- Consider ways in which we can make careers in Health & Social Care in East Lothian more attractive;
- Consider options to make the best use of our resources to deliver our services in the most effective and efficient way.

# Action Plan Outline

What	How	By Who	Review Period
Consider quality improvements within all Health and Social Care teams.	Use feedback from iMatter for improvement and identifying best practice.	GMs to consider feedback and develop plans.	Plans created annually and reviewed monthly.
Improve exit interviews.	Review current forms used across the Partnership and create one form that will amass constructive feedback.	Workforce Development Team to work with managers and HR teams.	Every two months until roll out.
Introduce first line manager induction.	Liaise with senior managers to establish requirements and write material.	Workforce Development Team with input from GMs.	Every month until established.
Improve initial staff induction course, add modular element for further development of staff.	Liaise with staff and first line managers to consider what needs to be included in both elements of the course and write material.	Workforce Development Team with input from GMs.	Every month until established.
Complete and maintain full Partnership training needs analysis.	Utilise new Workforce Development team members to ensure all information held is up to date and continues to be relevant.	Workforce Development Team in collaboration with all teams.	Discuss and update monthly at Workforce Development meetings.
Improve succession planning	Ensure robust development pathways are created to provide future candidates for difficult to fill roles.	Workforce Development Team	Quarterly
Create talent management programme, career pathways.	Identify high potential staff and development opportunities to fulfil ability.	Workforce Development Team	Six monthly
Enable mutual role swaps/rotations to broaden experience.	Identify, through appraisals, the staff who wish to experience different areas.	All teams	Ongoing





What	How	By Who	Review Period
Structure and maintain a corporate recruitment process.	Agree a process that all Partnership departments will follow with WFD being a SPOC for all posts.	Workforce Development and HR teams	Ongoing
Ensure all roles which do not require medical, clinical or social work/care qualifications are integrated and advertised as such.	Ensure that all roles have dual NHS and ELC job descriptions and are advertised as such when they become vacant.	Workforce Development Team and Managers	Ongoing
Engage with high schools and colleges to increase recruitment in younger age groups.	Maintain links with all East Lothian high school guidance teachers, colleges and job centres.	Workforce Development Team and Comms & Engagement Team.	Ongoing
Utilise Modern Apprenticeships in various roles.	Identify current and proposed qualifications available through the Apprenticeship Scheme and ensure that they are considered when staff require additional qualifications.	Workforce Development Team in conjunction with Social Care and Business Support supervisors/managers.	Ongoing
Work with the Employability Team to offer H&SC Foundation Apprenticeships within East Lothian schools.	Work with ELC team to ensure that suitable training providers are tendering to provide qualifications to schools in East Lothian.	Workforce Development Team	Quarterly
Introduce Graduate Apprenticeships to develop staff already working within the Partnership. Business Management courses already offered relevant to the work of the Partnership and Social Work to be offered in future.	Identify staff who have potential to progress within the Partnership, but require additional qualifications to meet requirements. One Business Management and one Social Work apprenticeship per year.	Workforce Development Team	Ongoing
Introduce Moving and Handling Competency Assessments to replace refresher training.	Train all supervisors in caring roles to be able to assess staff within their area.	Workforce Development Team and Social Care teams	All current supervisors to be trained by June 2022, reviewed annually to take into consideration new staff and re-certification.

What	How	By Who	Review Period
Devise a development programme for HCSWs to progress as registered nurses.	Work with NHS to identify possibly pathways that do not deplete staffing levels.	Workforce Development Teams (inc NHS)	Quarterly
Create and distribute Partnership newsletter on Development and Wellbeing.	Identify from previous feedback what staff want to know about and develop accordingly. Continuously consider further feedback and adjust accordingly.	Workforce Development Team	Publication will go out every two months and will be reviewed according to feedback from each publication.
Roll out Trauma training of all levels across the Partnership.	Lead for Trauma training will be introduced within ELC and rolled out to current staff then handed over to Partnership WFD team for further delivery.	Workforce Development Teams (inc ELC & NHS)	Quarterly

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

**MEETING DATE:** 23 February 2023

**BY:** Chief Officer of the IJB

**SUBJECT:** IJB Membership – NHS Lothian Reappointments

---

8

## 1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of NHS Lothian's decision to reappoint Fiona Ireland and Lorraine Cowan, as voting and non-voting members respectively, for a further term of office.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. note the reappointment of Fiona Ireland as a voting member of the IJB; and
  - ii. note the reappointment of Lorraine Cowan as a non-voting member of the IJB, in the specified role of Registered Nurse.

## 3 BACKGROUND

- 3.1 The legislation and regulations underpinning Integration Joint Boards set out the arrangements for membership appointments and terms of office. The maximum term of office for most appointments is 3 years and a member may be reappointed for further terms of office. The reappointments set out in this report are being made in line with these arrangements.
- 3.2 NHS Lothian have confirmed Ms Ireland's reappointment as a voting member until 21 September 2025. Ms Cowan's reappointment as a non-voting member, in the specified role of Registered Nurse, and will run until 4 December 2024.

- 3.3 The IJB currently has non-voting member vacancies for an independent sector representative, a GP representative and an East Lothian Council staff representative. Work is ongoing to fill these vacancies and a further report will be presented to the IJB in due course.

#### **4 ENGAGEMENT**

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

#### **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 None.

<b>AUTHOR'S NAME</b>	Fiona Currie
<b>DESIGNATION</b>	Committees Officer

<b>CONTACT INFO</b>	<a href="mailto:fcurre@eastlothian.gov.uk">fcurre@eastlothian.gov.uk</a>
<b>DATE</b>	13/02/23



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

**MEETING DATE:** 23 February 2023

**BY:** Chief Officer of the IJB

**SUBJECT:** IJB and Audit & Risk Committee Meetings Dates 2023-24

---

9

## **1 PURPOSE**

- 1.1 To set the dates of East Lothian Integration Joint Board (IJB) business meetings and development sessions, and meeting dates for the Audit & Risk Committee during session 2023/24.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to
- i. approve the dates for IJB business meetings during session 2023/24 (proposals set out in Appendix 1);
  - ii. approve the dates for IJB development sessions during session 2023/24 (as set out in Appendix 2); and
  - iii. approve the dates for the Audit & Risk Committee meetings during session 2023/24 (Appendix 3).

## **3 BACKGROUND**

- 3.1 The IJB is required to approve a schedule of meeting dates for session 2023/24 (as set out in Appendix 1). It is also invited to approve development session dates (as set out in Appendix 2). Under its Standing Orders, the IJB may call additional business meetings, however, this discretion will be used only in exceptional circumstances. In the event that a meeting date has to be changed, members will be notified as soon as practicable.
- 3.2 The IJB must also approve a schedule of meeting dates for the Audit & Risk Committee in session 2023/24 (as set out in Appendix 3).
- 3.3 Meetings continue to take place online but it is hoped that there will be a return to in-person meetings from late spring 2023. Further details of the

venue(s) and arrangements for these meetings will be confirmed in due course.

#### **4 ENGAGEMENT**

4.1 The Chairs, Depute Chairs and Chief Officers were consulted on the proposed meeting and development session dates in this report.

#### **5 POLICY IMPLICATIONS**

5.1 There are no policy implications as a result of 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 The subject of this report does require the creation of a new Direction or the alteration of an existing Direction issued by the IJB.

#### **8 RESOURCE IMPLICATIONS**

8.1 Financial – None.

8.2 Personnel – None.

8.3 Other – None.

#### **9 BACKGROUND PAPERS**

9.1 None.

<b>AUTHOR'S NAME</b>	Fiona Currie
<b>DESIGNATION</b>	Committees Officer
<b>CONTACT INFO</b>	<a href="mailto:fcurie@eastlothian.gov.uk">fcurie@eastlothian.gov.uk</a>
<b>DATE</b>	13/02/23



**PROPOSED IJB MEETING DATES – SESSION 2023/24**

- Thursday 21 September 2023, 2.00pm
- Thursday 26 October 2023, 2.00pm
- Thursday 14 December 2023, 2.00pm
- Thursday 22 February 2024, 2.00pm
- Thursday 28 March 2024, 2.00pm
- Thursday 23 May 2024, 2.00pm (budget-setting)
- Thursday 27 June 2024, 2.00pm

**PROPOSED IJB DEVELOPMENT SESSION DATES – SESSION 2023/24**

- Thursday 24 August 2023, 2.00pm
- Thursday 23 November 2023, 2.00pm
- Thursday 25 January 2024, 2.00pm
- Thursday 25 April 2024, 2.00pm

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

**PROPOSED AUDIT & RISK COMMITTEE MEETING DATES – SESSION  
2023/24**

- Tuesday 19 September 2023, 10.00am
- Tuesday 5 December 2023, 2.00pm
- Tuesday 12 March 2024, 2.00pm
- Tuesday 18 June 2024, 2.00pm