MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 28 MARCH 2024
VIA DIGITAL MEETINGS SYSTEM

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Voting Members Present:
Councillor S Akhtar (Chair)
Mr A Cogan
Ms E Gordon
Mr G Gordon*
Ms F Ireland
Councillor L Jardine
Councillor C McFarlane
Councillor G McGuire*

Non-voting Members Present:

Ms M Allan	Mr D Binnie
Ms L Byrne	Ms S Gossner
Mr D Hood	Mr D King
Dr C Mackintosh	Ms M McNeill
Mr T Miller	Ms F Wilson

Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Ms C Goodwin	Ms J Jarvis
Ms L Kerr	Mr J Megaw
Mr N Munro	Ms G Neill
Ms I Nisbet	Mr G Whitehead

Clerk:
Ms F Currie

Apologies:
Dr P Cantley (*substitute)
Councillor J Findlay (*substitute)
Dr P Conaglen
Dr J Hardman

Declarations of Interest:
None

1. MINUTES OF THE MEETING OF THE EAST LOTHIAN IJB ON 22 FEBRUARY 2024 (FOR APPROVAL)

The minutes of the IJB meeting on 22 February were approved.

2. MATTERS ARISING FROM THE MINUTES OF 22 FEBRUARY

The following matters arising were discussed:

Item 5 (page 3) – The Chair thanked the Communications Team for raising awareness of the role of Carer representative on the IJB and welcomed the re-appointment of David Binnie in this role.

3. CHAIR'S REPORT

The Chair advised members that the legislation for the new National Care Service was now at Stage 1 within the Scottish Parliament and staff had been employed by the Government to support the setting up of the NCS. She had attended a recent CoSLA meeting where concern was expressed about the draft legislation, and oversight and funding issues linked to the NCS. She agreed to share the latest updates on this issue with IJB members.

The Chair said she had recently attended a briefing on dental services within the Lothians and she agreed to circulate a copy of the presentation with IJB members.

The Chair also reported on her attendance at a recent meeting of the Association of Day Centres.

4. REVIEW OF 2023-2024 FINANCIAL OUT-TURN

A report was submitted by the Interim Chief Finance Officer presenting to the IJB: an update on the projected financial out-turn for 2023/24; and a review of the IJB reserves.

David King presented the report outlining the forecast year-end position and likely overspend of £3.8M. He referred to ongoing financial challenges and provided details of the particular pressures within the Set Aside budget. He advised that the forecast overspend had been built into the budget-setting for 2024/25. He informed members that the IJB had £4.3M in its general Reserves and, in line with the Integration Scheme, the IJB was now being asked to consider its position on how to mitigate the forecast overspend.

Mr King responded to questions from George Gordon. He advised that there was no minimum requirement for Reserves but that the IJB had a 2% target which equated to approximately £3.5M. Should the partners be unable to provide additional support, the IJB should consider the use of its Reserves to mitigate financial pressures. He indicated that discussions had taken place with the partners, and it was clear that they were both in very challenging financial situations. Before further negotiations could progress, it was important to understand the IJB's position on this matter.

Replying to questions from Fiona Ireland, Mr King confirmed that there was an improvement in the Set Aside position as a result of implementing the new model for calculation of use. However, this applied to 2024/25 onwards and would not impact the 2023/24 year-end position. He also outlined the elements which contributed to the

overspend in the social care budget and agreed provide a more detailed analysis of the figures.

Ms Ireland agreed that this would be helpful. She also stated that, in her view, balancing the year-end position including an overspend which was a compound effect of not receiving full funding of the social care budget year on year, was an unacceptable use of the IJB's Reserves.

Councillor Jardine expressed concern that there had not been the opportunity to have a discussion around the potential difference of opinion that may exist between the partners, and that this may leave the IJB in a difficult position. She also noted that there was no clear recommendation in the report and asked Mr King which option he would support.

Mr King acknowledged the point and confirmed that discussions would continue with a view to agreeing a way forward. While he could not recommend a particular option, he reiterated the importance of supporting the partners as far as possible.

Replying to a final question from Andrew Cogan, Mr King advised that should the IJB agree to use Reserves to mitigate the year-end position this would leave a balance of approximately £600,000 remaining in the Reserves.

The Chair said it was clear that the current financial situation was very challenging for both partners, and she felt it was unlikely that they would be in a position to offer additional support to the IJB to help balance the 2023/4 year-end position.

A vote was taken via roll call and recommendations 2.1 i and ii were approved unanimously. The roll call vote on recommendation 2.1 iii resulted in an equality of votes (4:4) between NHS Lothian and East Lothian Council voting members. In line with the IJB's Standing Orders (SO 9.9), the Chair gave direction to the Chief Officer and the Interim Chief Finance Officer to review this matter, with the aim of addressing any concerns, and developing a proposal which the IJB could reach a decision on at a future meeting.

Decision

The IJB agreed to:

i. Note the current 23-24 out-turn forecast.
ii. Note the projected position for the IJB's reserves.

The IJB could not reach an agreed position on the utilisation of the IJB's general reserves (rec iii). In line with the IJB's Standing Orders, this matter will be reviewed and brought back to the IJB at a future date.

5. BUDGET OFFER FROM THE IJB'S PARTNERS 2024/25

A report was submitted by the Interim Chief Finance Officer laying out the budget offers from the IJB's partners (East Lothian Council and NHS Lothian) for 2024/25.

Mr King presented the report outlining the offers from both the Council and NHS Lothian. He referred to the requirements set out by the Scottish Government in relation to these offers, and reminded members of the tests of adequacy and fairness which were applied when considering both offers. Having considered these tests, it was his opinion that both tests were met, and he recommended that the IJB accept the budget offers for 2024/25 from both partners.

Mr King responded to a question from the Chair outlining how the increasing demographic pressures within East Lothian were factored into budget calculations.

Mr Cogan welcomed the two budget offers noting the enormously challenging financial environment for both partners.

The Chair concurred with these remarks. She added that, when considering these offers, the IJB needed to be mindful of the very challenging level of financial risk and sustainability facing both partners.

A vote was taken via roll call and the recommendations were approved unanimously.

Decision

The IJB agreed to:

i. Note the proposed budget offers from the partners.
ii. Accept the 2024/25 budget offers from both partners as detailed in the report.

6. BUDGET-SETTING 2024/2025

A report was submitted by the Interim Chief Finance Officer setting out the 2024/25 budget setting process and work undertaken to date; a proposed balanced budget for the IJB based on a range of savings proposals; and noting that the IJB must set a balanced budget before the start of the new financial year.

Mr King presented the report outlining the background and recommendations. He provided details of the consultation and discussion which had taken place in drawing up the proposals, and the role of service re-design would play in these proposals to address the forecast budget deficit. He referred members to the proposals set out in the appendices to the report and how these would assist in addressing the forecast budget deficit. He confirmed that all the planned efficiencies would be monitored in year and a report brought to the IJB in September. In addition, further work would be undertaken on the IJB's 5-year financial plan and report would be presented to the IJB's next meeting.

Fiona Wilson advised members that officers had worked hard to develop proposals which would have the least impact. She said that people were at the heart of all that the IJB and the ELHSCP did, and she acknowledged that any proposed closures were emotive and difficult decisions. There was, however, a need to ensure that services across the county were sustainable and while there were risks associated with some of the proposals, work had been done to ensure that they were deliverable. She informed members that the consequences of not approving a balanced budget would mean that the IJB would have to take more reactive decisions throughout the year leaving people open to potentially greater risk from restrictions on spending, e.g., in relation to care packages.

The members debated the proposals at length and officers responded in detail to a variety of questions.

Ms Wilson, Laura Kerr, Isobel Nisbet and Jamie Megaw responded to questions from Thomas Miller. They provided details of the assessments undertaken around acute bed usage, admissions and use of care home beds to assess the potential impact of the proposed closures on the front door of the Royal Infirmary, Edinburgh. They confirmed that there were a mixture of self-funding and local authority funded residents within Blossom House and the difference in costs between the two. Ms Wilson agreed to

provide figures on the cost of recent renovations to Belhaven Hospital and confirmed that, as a capital asset, the buildings would be returned to NHS Lothian following the closure of services. Mr Megaw advised that if Belhaven was closed, the vaccination service could use the Community Hospital, Edington Hospital or the primary care centre in Musselburgh. He also confirmed that they would seek to mitigate travel issues through the use of the RVS transport service and other transport services.

Replying to questions from Maureen Allan, Ms Wilson advised that the individual proposals had been reviewed in detail at the Strategic Planning Group meeting and a recent development session for IJB members. Ms Kerr stated that the proposed cuts affecting community and third sector groups were not disproportionate to cut in other areas. Officers were working with providers to review the impact of cuts to services. Mr King indicated that while there were no alternative solutions currently on the table, officers were always willing to hear suggestions from members. Ms Wilson acknowledged Ms Allan's concerns but pointed out that the proposals which allowed the IJB to reduce spend in a planned way, and one which created the least impact.

Ms Allan said that a 54% reduction in funding for link workers was unpalatable and unacceptable and she felt that not enough consultation had taken place within communities. She also felt that the Integrated Impact Assessment process had been rushed. She concluded that, going forward, conversations needed to take place at a much earlier stage to mitigate losses within communities.

In response to questions from Mr Gordon, Ms Wilson acknowledged that moving care home residents from Belhaven to the Community Hospital was not see as a long-term solution, but it was necessary due to health and safety concerns around the Belhaven building. Gillian Neil advised that her team had been working alongside the Care Inspectorate, staff, and relatives, to make the new inpatient environment as homelike as possible.

Councillor Jardine noted that although the IJB had been discussing the challenging financial position and impact on budgets for some months, these proposals appeared to have been developed quite recently. She asked what assurances could be taken from the integrated impact assessment and risk assessment processes, and about the impact of the proposed efficiency measures, particularly the closure of some services. She also expressed the hope that, should the closure of sites be agreed, the IJB would work with the Partners to ensure that these assets were not simply sold off for housing.

Mr King acknowledged the timing concerns and said that these would be taken on board when planning for future years. Ms Wilson advised that the proposals had been based on discussions and data, e.g., the volume and usage of care home beds. However, she accepted that there was an element of risk where decisions would impact people, be it service users or staff. However, she felt that the proposals were a better option than being faced with a growing funding gap.

Mr Megaw provided further background on the decisions relating to the prescribing budget, the factors that influenced the figures. He acknowledged that the proposed saving was a challenging target and would require changes in procurement at national level, as well as changes to decision making at local level. He also accepted the need to encourage more social prescribing.

David Hood confirmed that no redundancies were expected from NHS Lothian or East Lothian Council as a result of the proposals, and staff would be supported should there be changes to their current job descriptions.

Ms Kerr agreed that the proposed closures in North Berwick and Dunbar were difficult given the level of emotion expressed by residents and families. However, it was

necessary to ensure that the provision of care home beds across the county met required standards and matched with local need. In order to do this, changes to current provision were necessary and the proposals had been developed following consultation with residents, families and staff.

Ms Neill added that during discussions with staff they had acknowledged that the buildings were old and not always conducive to meeting the needs of residents. Lack of sufficient numbers of bathrooms and suitability for hoists, etc., meant that the buildings could not offer residents a 'home for life'.

Marilyn McNeill suggested that the proposals represented a betrayal of trust for the communities in Dunbar and North Berwick and pointed out that a lack of local care home or palliative care beds went against the IJB ethos of care close to home. She raised the issue of mitigations around transport provision, for those now faced with travelling to the community hospital. She also noted that the integrated impact assessment for link workers seemed to make the case for retaining the current level of provision.

Ms Kerr responded to Ms McNeill's questions referring to previous points made on the work around service re-design and the reasons for proposing closures at this time. She said that while the changes were happening quicker than expected, they were in line with the results of engagement and research work already undertaken. She acknowledged the issues around transport and advised that officers were working with the partners to address the issues and improve transport links. On the issue of link workers, Ms Kerr pointed out that efficiencies were required to address the financial gap and that alternative services could be used to build on the link worker service.

David Binnie observed that many of the proposals would impact on carers. He hoped that the integrated impact assessments would assist in identifying and mitigating much of the impact, but he raised concern about unintended consequences as a result of the proposed changes and mitigations. Should the IJB decide to proceed with these proposals, he recommended that officers monitor the mitigation measures and seek to identify any unintended consequences, and report these back to the carer change board. He added that doing so would provide some assurance to the carer community.

Mr Kerr agreed to discuss this further with officers and agreed that the impact of any changes would be monitored and brought back to the change board for review.

Mr Binnie also asked whether the assurances around no redundancies within NHS Lothian and the Council, could be extended to those in the voluntary sector. Ms Kerr advised that they did not have the ability to influence the terms and conditions of other employers but that they would support these organisations as far as possible in understanding the impact of any changes.

Mr Cogan offered some general observations. He pointed out that these were proposals that no one wanted to bring forward but that were a necessary response to very exceptional circumstances. He commended the professional way in which officers had responded to these circumstances. He also reflected that integrated impact assessments were not static and would continue to be monitored and reviewed going forward. He felt assured that there had been due diligence, and that officers were as confident as they could be that the proposals would deliver the required outcomes.

Ms Allan asked further questions on the mitigations in place to ensure there was no compromise to the effectiveness of existing community services. She also commented that any cuts would have a significant impact on staff morale within the voluntary sector.

Ms Wilson said that the proposals represented a balance between maintaining service delivery and performance, managing financial constraints and delivering outcomes.

Despite the range of research, engagement and risk and impact assessments undertaken, she acknowledged that these were very difficult decisions. However, she reiterated that officers were trying to be as transparent as possible and to ensure that these decisions represented the least bad options. She hoped that today's discussion had demonstrated officer's commitment to continuing to engage and understand the ongoing impacts of any changes.

Elizabeth Gordon commented that the proposals had been thoroughly assessed, consulted on and discussed by members. The fact remained that the IJB could not spend money it did not have, and it was necessary to balance the budget. The decisions on closure of services in Dunbar and North Berwick were difficult but it was also clear that these buildings were not fit for purpose and could not serve people well into the future. She acknowledged the work of officers in drawing up the budget proposals and, given the very challenging financial position, she commended their approval by the IJB.

Mr Miller referred to challenges around transport which would also affect staff, as well as patients and families. He also pointed that Belhaven had been viewed as not fit for purpose for a number of years, but no money had been spent on it until recently. He said that the proposals were unacceptable and asked about alternative proposals for bed provision.

Ms Wilson and Ms Neill confirmed that alternatives had been looked at, but the health and safety considerations and a lack of capital funding had ruled them out, as had the need for a long-term solution which provided a home environment for residents.

In response to a further question on compulsory redundancies, Mr Hood confirmed that while NHS Lothian and the Council had their own policies, there were no plans to make any staff redundant.

Mr Gordon said he was satisfied that due diligence had been done but asked what would happen if the proposals were not accepted and whether this could lead to much more severe measures being put in place.

Ms Wilson advised that it would be necessary to come up with alternative proposals and to act in a more reactive way which could have a far more significant impact on the availability of services and the outcomes for patients and families.

Lesley Berry added that being unable to fill staff posts could impact on the ability to keep people in their homes.

Lindsey Byrne pointed out that these decisions were not made in isolation or without due consideration of their impact on the wider community. However, she assured members that staff would continue to prioritise the most vulnerable.

Sarah Gossner reiterated the point about safe staffing levels and also gave her professional assurance that time had been taken to consider these proposals and to give staff a voice.

Councillor McGuire said he concurred with some other members in their view that these proposed closures were unacceptable and would rip the heart out of communities in East Lothian. He highlighted the impact on patients, families, and staff from moving them to other hospitals, and possibility ending up in acute hospitals even further afield. He also referred to challenges with budgets and a population that was living longer and questioned whether wider health services remained fit for purpose. He reiterated his concern around the impact on communities and concluded that these proposals would deliver a poor service for people of East Lothian.

Ms Wilson acknowledged that these were not easy decisions but did not agree that people might be more likely to end up in acute hospitals. She said that the people of East Lothian were important to them, and that the IJB had invested in intermediate care, allowing the HSCP to support more people to remain in their own homes.

Councillor McFarlane said she was depressed to see the level of saving the IJB was required to make. She noted that some community services would be retained at the Edington Hospital but that the closure of the Abbey Care Home had created significant concern in the community. The residents and relatives were devastated and while the facilities may not have been the best, the care provided and the environment within the home were second to none.

Mr Miller thanked the Chair for allowing the members the opportunity to give their views.

The Chair asked about the support available to residents and families to find alternative care home beds within East Lothian. Ms Neill confirmed that residents and families would be supported when making choices and every effort would be made to maintain friendships and relationships formed in their present settings.

The Chair reflected on the discussion and the points raised by members. She commented on the funding challenges faced by health and social care at a national and local level and commended officers for their efforts to bring forward effective, long-term proposals within very challenging financial circumstances. She agreed that lessons could be learned from the engagement and assessment processes, and that the proposed closures would have a significant impact on communities. She pointed out that requests for additional funding from government had gone unanswered and the IJB was now faced with very difficult choices. She reassured members that the movement of patients from these sites would be managed as sensitively as possible and that officers would work closely with the IJB's partners to protect these sites for future health and wellbeing use. Staff would also work closely with other organisations to understand and, where possible, mitigate the impact of other changes to services. She concluded by saying that while it was a source of great regret that these decisions were necessary, to reject these proposals would lead to the possibility of even greater cuts to services later in the financial year.

A vote was taken by roll call and the recommendations were approved by a majority of 7 to 1. Councillor McFarlane voted against the recommendations.

Decision

The IJB agreed:

i. To note the development of the 2024/25 budget setting process.
ii. To note savings proposals described as Service redesign which were presented for information.
iii. To approve the proposals No. 4-8 in the report that support the development of a balanced budget for 2024/25.
iv. To review the Integrated Impact Assessments (IIAs) as set out within the proposals.
v. To set a balanced budget for 2024/25.

7. NON-RESIDENTIAL CHARGING POLICY – SOCIAL CARE

A report was submitted by the general Manager Planning & Performance informing the IJB of the current position on the Non-residential Charging Policy for Social Care and the

proposed changes; and seeking agreement from IJB for changes to the Non-residential Charging Policy 2024-2025.

Laura Kerr presented the report outlining the background and recommendations. She acknowledged that the changes were quite significant and would increase the income available to the IJB. She advised that there would continue to be a number of protection measures in place prevent financial hardship, as well as an appeals process.

Ms Kerr responded to questions from Mr Gordon and the Chair. She advised that there had been no increase in the number of people returning alarms due to financial issues, however, where alarms were returned contact was made with the client to discuss options before progressing to the appeals process. Information on the appeals process was provided to individuals when they made an application and support was available from social work, the alarm team and advocacy for anyone making an application or lodging an appeal. Officers in the financial assistance team were also there to assist individuals with income maximisation; ensuring they were receiving all of the financial support they were entitled to.

The Chair thanked officers for the report and noted that the IJB had used some of its Reserves to fund to move from analogue to digital alarms. She added that it was essential to ensure that the impact of the changes outlined in the report were closely monitored and could be reviewed if there was a significantly negative impact on service users.

A vote was taken via roll call and the recommendations were approved unanimously.

Decision

The IJB agreed to:

i. Note the contents of this report.
ii. Note the recommendations summarised in 2.2 of the report.
iii. Note that any increase to charges requires a 1-month notice period to the payer and that charges to each individual will be limited by the income protection measures outlined in paragraph 4.3 of the report.
iv. Approve the submission of the recommendations, set out in paragraph 2.2 of the report, to East Lothian Council for consideration.

Signed .....

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 25 APRIL 2024
SALTIRE ROOMS, JOHN MUIR HOUSE, HADDINGTON

Voting Members Present:
Councillor S Akhtar (Chair)
Dr P Cantley
Mr A Cogan
Councillor J Findlay
Councillor L Jardine
Councillor C McFarlane

Non-voting Members Present:
Ms M Allan
Ms L Byrne
Ms S Gossner
Mr D Hood
Ms C McDonald
Ms F Wilson
Mr D Binnie
Dr P Conaglen
Dr J Hardman
Mr D King
Ms M McNeill

Present from NHS Lothian/East Lothian Council:
Ms L Berry
Ms J Jarvis
Mr A Main
Mr G Whitehead
Mr P Currie
Ms L Kerr
Ms G Neill

Clerk:
Mr N Munro

Apologies:
Ms E Gordon
Ms F Ireland

Declarations of Interest:
None

The Chair welcomed everyone to the meeting, and in particular, Dr Patricia Cantley (NHS Lothian Non-Executive Board Member).

David Hood provided clarity that a budget recovery group would be setup in relation to the delivery of the savings, barriers and obstacles which will be fed into financial reporting to the IJB throughout the year.

The Chair noted the importance of closer working with partners in the community throughout the year and working collaboratively to ensure engagement and conversations have taken place prior to the next financial year's budget setting.

1. REVISED IJB FIVE YEAR PLAN – 2024/25 TO 2028/29

A report was submitted by the Interim Chief Finance Officer presenting a further iteration of East Lothian IJB's five-year financial plan for the years 2024/25 to 2028/29, reflecting on further financial planning information provided by the IJB's partners, and including the financial recovery actions agreed as part of the IJB's 2024/25 budget setting.

David King presented the report providing a summary of the detail in the paper and invited questions and comments from members.

The Chair noted that work had started with NHS Lothian regarding the set aside figures and how these impacted on the Strategic Plan. She asked whether the figures used for 2024/25 were the same as those from the March meeting paper.

Mr King confirmed the figures used were the latest available and used the same methodology (Hybrid approach) as that from the December meeting, as it was important to show the financial challenges.

The Chair then asked if these were the most accurate figures for 2023/24. Mr King confirmed that the most accurate figures would be provided next week, and these would be brought back to the next IJB meeting.

Marilyn McNeil noted that the ability to break even in 2025/26 would be very difficult and the expectation for the IJB to achieve this. Mr King noted that East Lothian Council and NHS Lothian were facing the same difficulties in meeting the financial challenges ahead.

The Chair made the point that the IJB must ensure that it was able to properly fund the delivery of the Strategic Plan.

A vote was taken via roll call and the recommendations were approved unanimously.

Decision

The IJB agreed to:

(i) Note the five-year plan update.

(ii) Support the work to ensure that the financial plan aligns with the IJB's Strategic Plan.

(iii) Support the work to deliver a balanced five-year financial plan.

2. EAST LOTHIAN INDEPENDENT ADVOCACY STRATEGIC PLAN 2024-2028

A report was submitted by Chief Officer presenting the draft *East Lothian Independent Advocacy Strategic Plan 2024-2028* to members for approval.

Andrew Main presented the report providing a summary of the key points and invited questions from members.

Councillor Lyn Jardine raised concern in relation to the impact that would come through from Children's Services. Lindsey Byrne noted that Childrens Services were looking to expand the advocacy service available to children and were currently in the process of commissioning these services. She added that East Lothian Council was doing everything it could to be responsive and proportionate.

Councillor Jeremy Findlay asked where the information regarding the demographic areas of deprivation came from, as there were several deprived areas within his ward in North Berwick that were not present. Mr Main advised that the information used was from the Scottish Index of Multiple Deprivation (SIMD) [weblink: Scottish Index of Multiple Deprivation 2020 - gov.scot (www.gov.scot)]

The Chair asked if it would be possible to work with other partners to bring in further opportunities and make use of other resources given the demographics. Mr Main said he would welcome any opportunities to work with other organisations.

A vote was taken via roll call and the recommendations were approved unanimously.

Decision

The IJB agreed to:

(i) Consider and approve the *East Lothian Independent Advocacy Strategic Plan 2024-2028*.

(ii) Note that the draft plan had also been shared with East Lothian Council colleagues (Lindsey Byrne – Chief Social Work Officer / Head of Children's Services and Lesley Brown – Executive Director for Education and Children's Services) who would refer it to appropriate governance groups for approval.

3. MARKET FACILITATION STATEMENT 2023-2025

A report was submitted by the Chief Officer presenting the draft Market Facilitation Statement to members for their consideration and approval.

Mr Main presented the report providing a summary of the key points and invited questions from members.

Councillor Jardine commented that for future strategic plans it might be useful to look at the content of East Lothian Council's Local Economy Strategy.

A vote was taken via roll call and the recommendations were approved unanimously.

Decision

The IJB agreed to:

(i) Review the Market Facilitation Statement and approve it for publication.

(ii) Note that the Market Facilitation Statement was considered and approved by the IJB Commissioning Board on 31st January 2024.

4. PLANNING OLDER PEOPLE'S SERVICES UPDATE

A report was submitted by the Chief Officer providing members with a progress update related to the *Planning Older People's Services* project.

Mr Main presented the providing a summary of key points and invited questions from members.

Councillor Carol McFarlane asked whether the large number of suggestions put forward would be be whittled down. Mr Main confirmed that, from the original 314 suggestions received, a short list of 61 options were currently being modelled and would be whittled down to around 5 following the options appraisal.

The Chair noted a paper presented to NHS Lothian regarding early intervention and prevention and not to lose sight of this in the work that was being done. Mr Main confirmed that long term viability would form part of the modelling and would be part of the options taken forward. The project team could introduce new considerations for early intervention and prevention.

Decision

The IJB agreed to note the content of the report.

The Chair thanked everyone for attending and closed the meeting.

Signed .....

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 May 2024

BY: Chief Officer

4

SUBJECT: Change to the Voting Membership of the IJB and the Audit & Risk Committee

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1 PURPOSE

1.1 To inform the Integration Joint Board (IJB) of a change to its voting membership; and to seek nominations and IJB approval for a change to the membership of the Audit & Risk Committee, and appointment of a new Chair for the Committee.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

(i) note the appointment of Jonathan Blazeby as a voting member of the IJB, replacing Fiona Ireland.

(ii) to seek nominations, and IJB approval, for a NHS Lothian voting member on the Audit & Risk Committee, to replace Ms Ireland; and

(iii) to seek nominations and IJB approval for the appointment of a new Chair of the Audit & Risk Committee.

3 BACKGROUND

3.1 At its meeting on 24 April 2024, the NHS Lothian Board agreed to the appointment of Mr Blazeby as a voting member of the IJB, replacing Ms Ireland. Both the Council and NHS Lothian may each appoint four voting members and these appointments don't require the approval of the IJB.

3.2 Changes to the membership of the Audit & Risk Committee are a matter for the IJB. In line with Standing Orders, one of NHS Lothian's voting members must replace Ms Ireland, to ensure an equal balance of NHS Lothian and Council voting members on the Committee.

3.3 The role of Chair may be filled by any member of the Audit & Risk Committee, either voting or non-voting, as long as that individual is not also the Chair or Depute Chair of the IJB. Nominations for a new NHS

Lothian voting member of the Committee and nominations for the role of Chair will be invited at the meeting.

4 ENGAGEMENT

4.1 The appointments in this report have been discussed with the relevant nominating bodies.

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

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

8 RESOURCE IMPLICATIONS

8.1 Financial – None.

8.2 Personnel – None.

8.3 Other – None.

9 BACKGROUND PAPERS

9.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SSI 2014 No.285).

9.2 The Scheme of Integration of the IJB.

AUTHOR'S NAME	Fiona Currie
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DATE	6 May 2024

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 May 2024

BY: Chair of Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP)

SUBJECT: MELDAP Finance and Delivery Report

5

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1 PURPOSE

1.1 To provide an overview of MELDAP, including a financial summary and performance against key Scottish Government priorities.

2 RECOMMENDATIONS

2.1 The IJB is asked to note the financial information in Table 1.

2.2 The IJB is asked to recognise the performance of MELDAP and its services in meeting Scottish Government Access and Medication Assisted Treatment [MAT] Standards.

3 BACKGROUND

Aims & Objectives

3.1 MELDAP's primary aim is to co-ordinate the design, commissioning and delivery of alcohol and drug services across East Lothian and Midlothian, to ensure that these services are needs led, recovery focused, based on evidence of what makes a difference and are delivered in an effective, efficient way. A key component in the achievement of this aim will be that services are designed around the needs of people who use and need our services, and their families who play an integral part in their design and evaluation.

3.2 MELDAP also aims to:

- Reduce the harm to individuals and promote recovery from substance use.
- Protect children and young people from the effects of parental substance use.

- Promote early intervention to prevent the harmful use of alcohol and drugs.
- Develop high quality services responsive to the changing needs of people who use our services.
- Challenge the stigma and discrimination people who use substances experience.

Financial Overview

3.3 Funding for MELDAP is divided into two sections: core funding and additional investments for priority areas. Core funding consists of recurring allocations from the NHS, East Lothian Council, and the Scottish Government. Additional investments are fixed-term allocations from the Scottish Government aimed at addressing priority areas outlined in the National Drugs Mission. These priority areas include:

- Whole Family Approaches
- Drugs Mission
- Residential Care
- Outreach and Near Fatal Overdose
- MAT Implementation

3.4 The table below shows the detail for each of the allocations:

Type	Value (£k)	Comments
Core	1,639	Recurring Funding
Whole Family Approach	76	Ends April 2026
Drugs Mission	108	Ends April 2026
Residential Care	109	Ends April 2026
Stabilisation	55	Ends April 2026
Lived & Living Experience	11	Ends April 2026
Outreach and Near Fatal Overdose	132	Ends April 2026
MAT Implementation	193	Ends April 2026
Total	**2,323**	

3.5 MELDAP commissions services from a range of providers to ensure effective and quality care is provided. A high-level overview of the investment profiles is shown below:

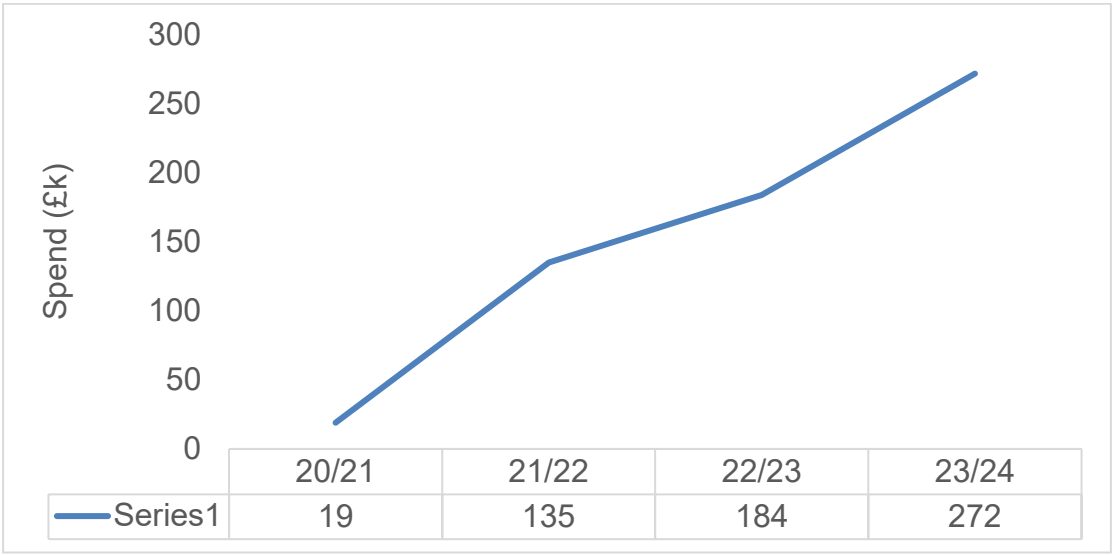
Organisation	Value (£k)	Share (%)
NHS	1,280	55%
Social Care	301	13%
Third Sector	742	32%
Total	**2,323**	**100%**

3.6 MELDAP produce a balanced plan each year and report spend through the overarching MELDAP Strategic Group and local financial governance groups.

3.7 As the MELDAP funding is earmarked it is not subject to the requirement to produce financial recovery plans however given the current financial climate there is a further focus on reviewing all investments to ensure best value.

3.8 One of the biggest financial risks associated to drug treatment services is the rollout out of Buvidal.

3.9 In October 2021 the Scottish Government instructed that areas should support a switch from current opiate substitution therapy (OST) formulations to Buvidal. The costs of Buvidal are on average £2.2k per patient more expensive than oral Methadone/oral Buprenorphine. There has been no additional funding allocated to cover the rollout which has resulted in a financial pressure to NHS Lothian due to the uptake and cost of the medicine. Below shows the Buvidal spend increase year on year:



Delivery and Outcomes *(Implementation of the National Medication Assisted Treatment [MAT] Standards and other work)*

3.10 The 10 MAT standards were introduced in 2020 and structured around the principles of Access, Choice, and Support. A key aim of the standards is to place people at the centre of our services and the importance of treating individuals with dignity and respect, being non-judgemental in all our approaches. This approach reflects the human rights-based approach set out in Rights, Respect and Recovery: Alcohol and Drugs Treatment Strategy (2018) and is closely aligned to the recommendations in the final 2022 report by the Scottish Drugs Deaths Taskforce: Changing Lives.

3.11 In June 2023, following submission of process, numerical and experiential evidence to the MAT Implementation Support Team [MIST]

from the Scottish Government, MELDAP and its services were awarded a RAG status of provisional Green for MAT standards 1 to 5.

3.12 MELDAP and its services submitted process, numerical and experiential evidence to MIST in mid-April 2024 in relation to the assessment of sustained performance of MAT standards 1 to 5 and initial implementation of MAT Standards 6-10, which are to be fully implemented by April 2025.

3.13 Whilst indications are that MELDAP and its services have met and exceeded Scottish Government expectations, we will be formally advised of final Red, Amber, Green [RAG] assessment in June 2024.

3.14 MELDAP services in East Lothian consistently meet the Access Standard set by the Scottish Government. This requires that 90% of people are seen [referral to treatment] within 3 weeks and 100% within 5 weeks. Performance for Q4 of 2023/24 is 100% within 3 weeks.

3.15 National research indicates that being in service is a protective factor in relation to reducing the risk of near fatal/fatal overdose and alcohol specific illness and death. To this end, over the last few years MELDAP, has introduced a direct support Contact Service provided through a 3rd sector provider. This ensures that people can call and receive immediate advice, information and support into treatment, psycho-social assistance, recovery support and other service provision. Based on comments from people and families we are also currently piloting an out of hours Contact service extension in both East Lothian and Midlothian.

3.16 MELDAP has supported The Ridge in Dunbar to set up Recovery Café to augment similar provisions provided by Starfish in Musselburgh and Friday Friends in Haddington. During the winter months Starfish offered a warm space and free hot drinks to the community.

3.17 In 2023/24, MELDAP also assisted and funded the development of “Low Threshold” Cafés in Prestonpans and Tranent with the specific remit of assisting those who are not yet accessing treatment and support services to engage with this type of service provision.

4 ENGAGEMENT

4.1 The MELDAP Strategic Group [which includes representatives from the HSCP, Police and 3rd Sector] has oversight and responsibility for the financial spend. MELDAP are currently working on potential measures to sustain a balanced budget for 2025/26.

4.2 A further paper is to be taken to the MELDAP Strategic Group setting out options and recommendations for action. If this is agreed by the Strategic group, MELDAP will move forward with the work in full collaboration with partners.

5 POLICY IMPLICATIONS

5.1 No policy implications are noted.

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 *East Lothian Integration Joint Board Direction D15k - NHS Lothian / East Lothian Council Substance Misuse Services NHS Lothian and East Lothian Council are directed to work collaboratively with Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) and third sector providers and to further develop and improve the multi-agency approach in relation to access to alcohol and drug support services. Development should be in accordance with statutory / regulatory requirements where applicable and aiming to meet both local and national targets, including MAT (Medication Assisted Treatment) Standards.* (Revised October 2023)

7.2 Specifically, the budget set by MELDAP, secures our capacity to continue to deliver the MAT Standards, the 3 week [referral to treatment] access to treatment standard amongst other local and national priorities which will be described in the MELDAP Delivery Plan 2024-27.

7.3 We have also taken steps to further develop; and improve multi-disciplinary work as the ELHSCP Substance Use Service acts in partnership to provide treatment and psychosocial support. In April of this year, ELHSCP also implemented the creation of a co-located premises with both Mental Health services and Drugs and/or Alcohol Services operating from the Esk Centre in Musselburgh. This also meets some requirements under MAT Standard 9.

8. RESOURCE IMPLICATIONS

8.1 Financial – Financial Information is noted in the tables in Section 3.

8.2 Personnel – None

8.3 Other – None

9 BACKGROUND PAPERS

9.1 There are no background papers.

AUTHOR'S NAME	Nick Clater
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DATE	23rd May 2024

REPORT TO: East Lothian Integration Joint Board

DATE: 23 May 2024

BY: Chief Officer

6

SUBJECT: Strategic Workforce Plan Update

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1 PURPOSE

1.1 This report provides East Lothian Integration Joint Board with the first annual update of the East Lothian Workforce Plan 2022-2025, highlights the progress that has been made and the challenges.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

i. Agree the content of this report.

ii. Acknowledge the progress that has been made to date.

iii. Approve the annual update of the workforce plan.

iv. Agree to issue a direction to NHS Lothian and East Lothian Council to work collaboratively with the Health and Social Care Partnership to support delivery of the 2022 - 2025 East Lothian HSCP Workforce Plan.

3 BACKGROUND

3.1 In 2019 the Scottish Government's Integrated Workforce Plan for Health and Social Care confirmed that Workforce Planning for NHS Boards and Health and Social Care Partnerships should be undertaken on a three-year cycle to align with Financial and Operational Planning cycles.

3.2 The Scottish Government (SG) requires all Health and Social Care Partnerships to have a three-year workforce plan. Due to Covid recovery plans, the 2022-2025 period was delayed, so the current Strategic Workforce Plan was approved at IJB in February 2023. An annual update of the workforce plan is required to evaluate progress and establish if workforce priorities and challenges remain the same or if these have changed. If these have changed and new priorities have emerged, the annual update of the workforce plan should illustrate mitigations to address these.

3.3 Following submission to Scottish Government of EL's Workforce Plan, the Chief Officer received feedback from the Scottish Government Workforce Planning Data, Analytics and Insight Unit. This feedback was very positive and concluded that 'The plan reads well, and effectively demonstrates engagement with a variety of internal and external stakeholders to develop a picture of local workforce challenges and potential mitigating actions.

3.4 We continue to work closely with NHS Lothian, ELC and other partners such as HSCPs and HEIs to address regional workforce planning issues.

3.5 The Partnership hold regular Steering Group meetings chaired by the Chief Officer, to ensure that the action plan within the Workforce Plan is progressing and that development work continues. Within the meetings, the standing agenda items include Recruitment and Retention, Workforce Plan Monitoring, Additional Staffing Requirements, Training and Development Analysis, Safer Staffing Act, Staff Engagement and Wellbeing. Additionally, the management team are apprised monthly of all workforce data.

3.6 In February 2023 the results of an internal NHS audit on the ELHSCP Workforce Plan were sent to the Chief Officer and the NHS Lothian Workforce Planning Lead. The report was concluded with reasonable assurance with four key recommendations.

Objective	**Concern**	**Recommendation**	**Action**
1 – Workforce Planning Framework	Current Directions do not include specific reference to the Board's workforce planning objectives.	Management should agree an appropriate direction for the ongoing management and delivery of the Board's workforce planning objectives. Thereafter this should be incorporated in to the 2024-25 suite of Directions and communicated to partnership.	To be agreed
2 – Workforce requirements	A comprehensive skills gap analysis has not been completed.	Management should schedule as soon as possible a comprehensive review of the future demand and need. Thereafter a gap analysis should be concluded to identify the skills gaps and introduce appropriate measures to address them.	Work has been completed by most teams now and this is being pulled together into one central document.

2 – Workforce requirements	Local workforce plans are inconsistent and do not support appropriate review.	Management should ensure that the individual service/team plans have followed a consistent format and that target completion dates are clearly stated.	A template was sent to all general managers to complete for the current three-year period with a view to them being reviewed at least annually.
3 – Governance arrangements	Arrangements for reporting into Board or Committee have not been agreed	Management should agree with the East Lothian IJB the appropriate frequency and forum for the reporting of progress against the delivery of the 2022-25 Strategic Development Workforce Plan.	Reports will go to the SPG/IJB annually.

Successes

3.7 There is evidence that our current plans are beginning to have effect in some areas of the workforce, and it is important to highlight this. Some of our successes are:

i. During the writing of the current workforce plan (March 2022) 48% of all band 5 nursing posts were vacant, however as of March 2024 only 9.9% of band 5 posts are vacant.

ii. In recognising the importance of increasing the number of young people employed by us, the Workforce Development team have attended several events at schools and universities to encourage younger people to consider a career within Health and Social Care. We have also held local recruitment events within ELCH to promote the various roles we have available alongside the current vacancies. Following on from this, the number of staff below the age of 20 has increased within Homecare in the last year.

iii. A new induction session has been introduced to all new staff moving into their first role within the Partnership. This gives staff, regardless of who their employer is, the opportunity to understand how all the teams within ELHSCP work together and to meet the GM of each team amongst other information not available elsewhere. We have also had a number of existing staff attend, who wanted to understand the different departments within the Partnership better.

iv. Forty of the Partnership's supervisory care staff have been trained as assessors in the 'Scottish Manual Handling Passport' scheme. This allows staff to complete shorter competency assessments with staff so they are able to prove their competency whilst working, rather than travelling outwith EL for a full day of refresher training as they had previously. This has also reduced the number of training related absences by around 14 days per month.

v. The introduction of learnPro Scorecard has ensured that managers have a better awareness of the mandatory training completion rates amongst their staff. Prior to its launch, the completion rates were sitting just below 50%, but are now consistently above 80% - the target of 80% has been set to allow for absences such as maternity leave.

Workforce Challenges

3.8 We continue to experience a range of workforce challenges. Challenges remain in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, timescales for recruitment processes and staff retention in specific areas. The most formidable challenges are:

i. Demographic changes, including an ageing population and increase in complexity of people living in their own home, increasing the demand on community services.

ii. Difficulties recruiting staff in general and difficulties recruiting to most vacant posts. The workforce supply has been impacted by both people returning to their home countries after Brexit and also people either not being able to, or choosing not, to return to work after the Covid pandemic.

iii. Difficulties with staff retention. Staff shortages in some areas have had a negative effect on remaining staff in that there are less staff to carry out the same amount of work, no cover to relieve staff for training opportunities, so increasing the pressure on them. This has meant that some staff have chosen to either retire early or seek work elsewhere.

iv. All local universities are recording a drop in the number of students on their healthcare courses. This is having a knock-on effect of the labour market available to us.

4 ENGAGEMENT

4.1 N/A

5 POLICY IMPLICATIONS

5.1 N/A

6 INTEGRATED IMPACT ASSESSMENT

6.1 The subject of this report has been through the Integrated Impact Assessment process and no negative impacts have been identified. Workforce Plan IIA 2022-25 | East Lothian Council

7 DIRECTIONS

7.1 The IJB should issue a direction to NHS Lothian and East Lothian Council to work collaboratively with the Health and Social Care Partnership to support delivery of the 2022 - 2025 East Lothian HSCP Workforce Plan.

8 RESOURCE IMPLICATIONS

8.1 The Health and Care (Staffing) (Scotland) Act 2019 will be implemented from April 2024. The Act places a duty on those who provide care services to guarantee appropriate staffing.

8.2 This requires there to be a satisfactory number of staff who are trained to the correct level based within our care services which include Care at Home, Care Homes and Day Centres as well as all of our NHS services. Managers will need to ensure that they not only have the right number of staff delivering services at any given time, but that staff are also afforded the time to complete any training required for their role in a timeous manner.

9 BACKGROUND PAPERS

9.1 Link to original Workforce Plan : East Lothian IJB Workforce Plan 2022-25 | East Lothian Council

Attached to this report:

Updated Strategic Workforce Development Plan 2022-2025

Updated Workforce Action Plan

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DATE	23/04/2024

East Lothian Health & Social Care Partnership

Strategic Workforce Development Plan 2022 - 2025

Contents

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."

Background

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 Midwifes 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 midwifes 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:

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

1. A training needs analysis has been completed by most teams within the Partnership. We will put all this information into one document to understand where specific training is required across the board of only to specialist teams.
2. We have worked with Employability teams within East Lothian, in local high schools and HEIs to promote various vacancies, work placements and training opportunities for people considering a career in Health and Social Care.
3. We have ensured that there are opportunities for staff to build upon their knowledge to allow them to be considered in future career development opportunities.
4. All mandatory training is now back up and running after being suspended during Covid. All staff can attend this training and ensure they are meeting legislation and policy.
5. Absence levels have reduced steadily over the last two years, and we continue to work with teams such as LWSS & HR to maintain the momentum.
6. The training needs analysis will feed into a succession plan, and we continue to offer development opportunities to staff who continue to make an impression and identify as leaders of the future.
7. We continue to support unpaid carers and other organisations with the provision of training where they are unable to source it elsewhere.

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.

Although we were able to sponsor a Social Worker to complete the Mental Health Officer training this year the Scottish Government have withdrawn the funding, so this is not currently available given the current budgetary restraints.

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.

We have now sponsored three staff to complete their Social Work qualification with the first one due to qualify this year. Unfortunately, the number of active Practice Educators has dropped, so it is making it difficult for us to accept students into Social Work areas.

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

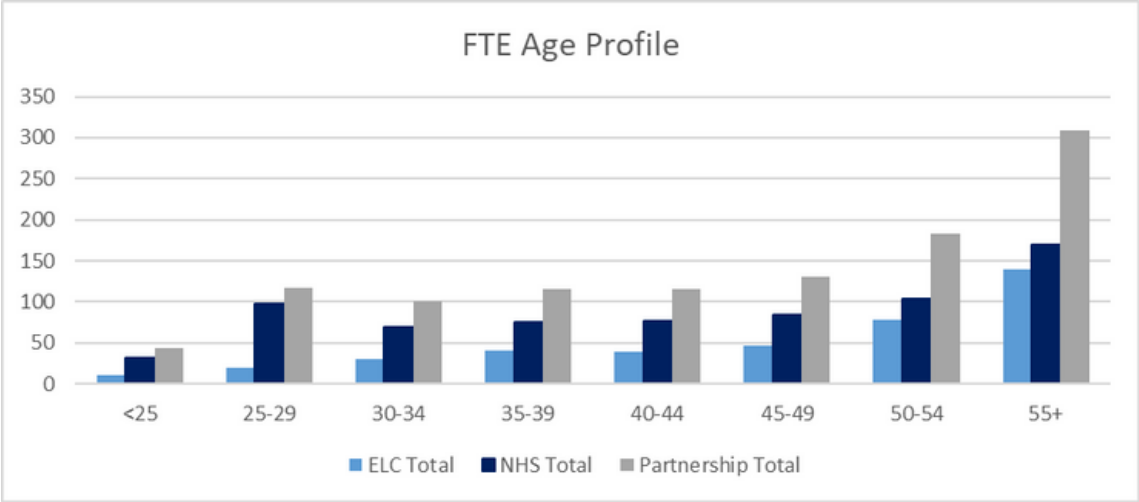
Workforce Profile

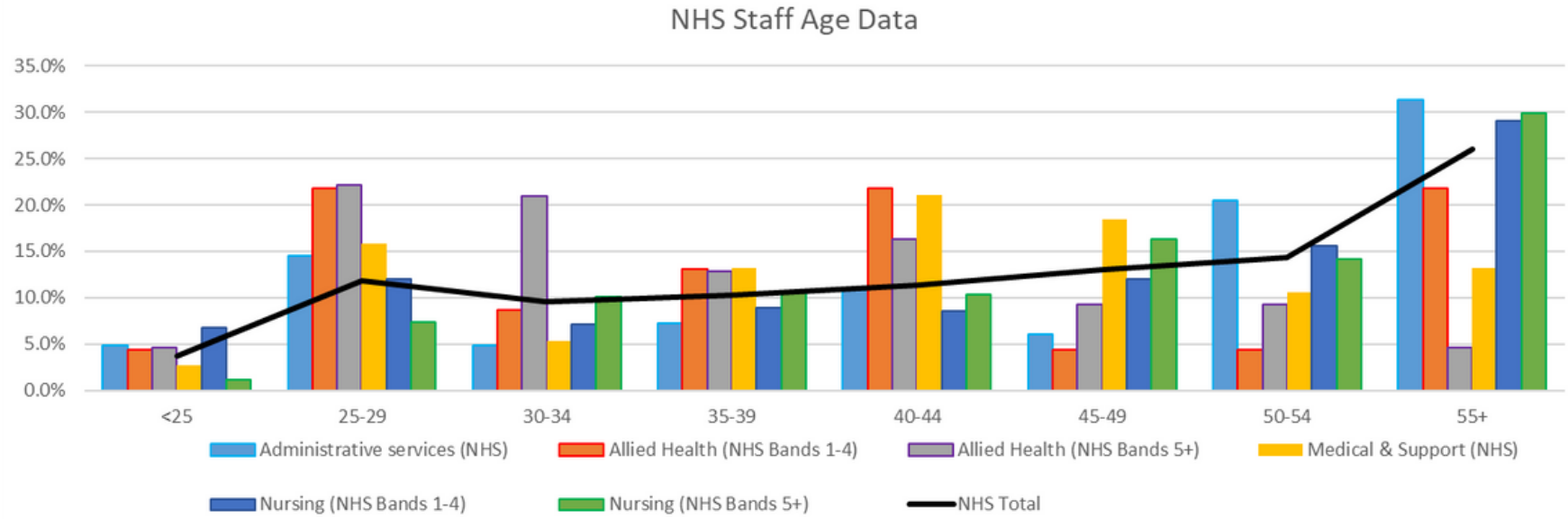
This plan has been created in liaison with our partners in workforce development and the workforce in general. It will outline what the workforce will need in order to deliver successful outcomes, highlight what actions we need to take to deliver the future workforce.

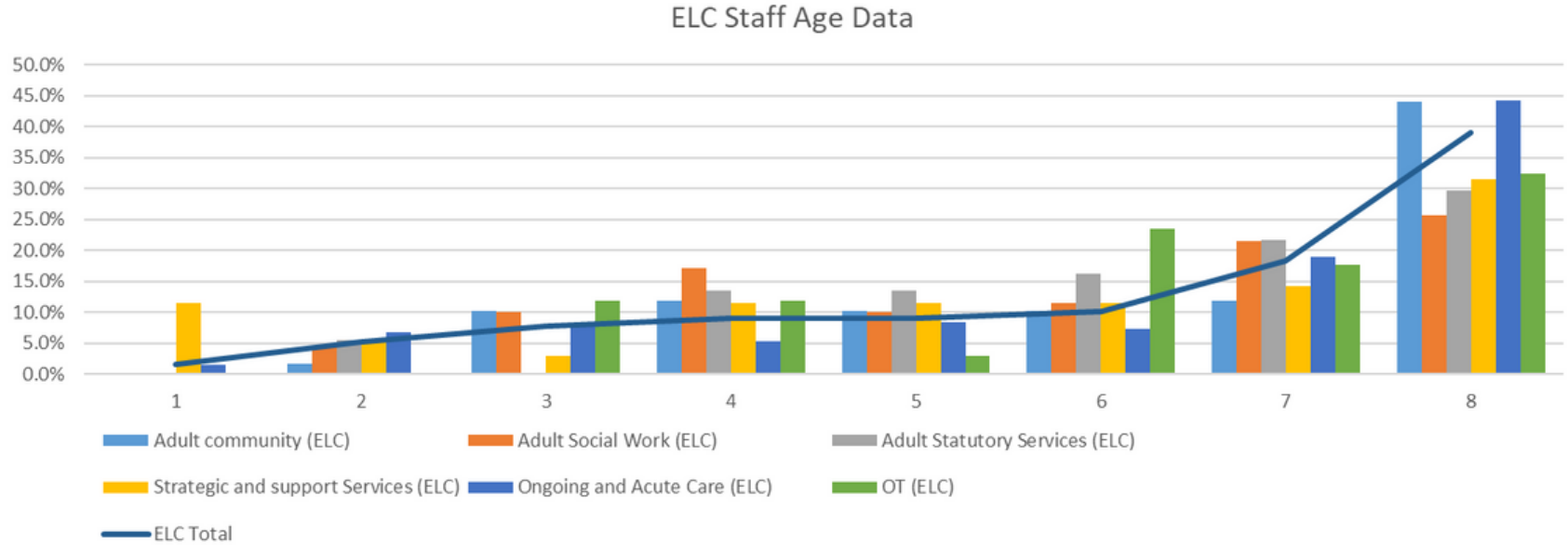
We have a very diverse workforce with a wide multitude of characteristics. Unfortunately, as this information is voluntary under GDPR, we have very limited specific information on the makeup of our workforce to allow us to report on it.

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.



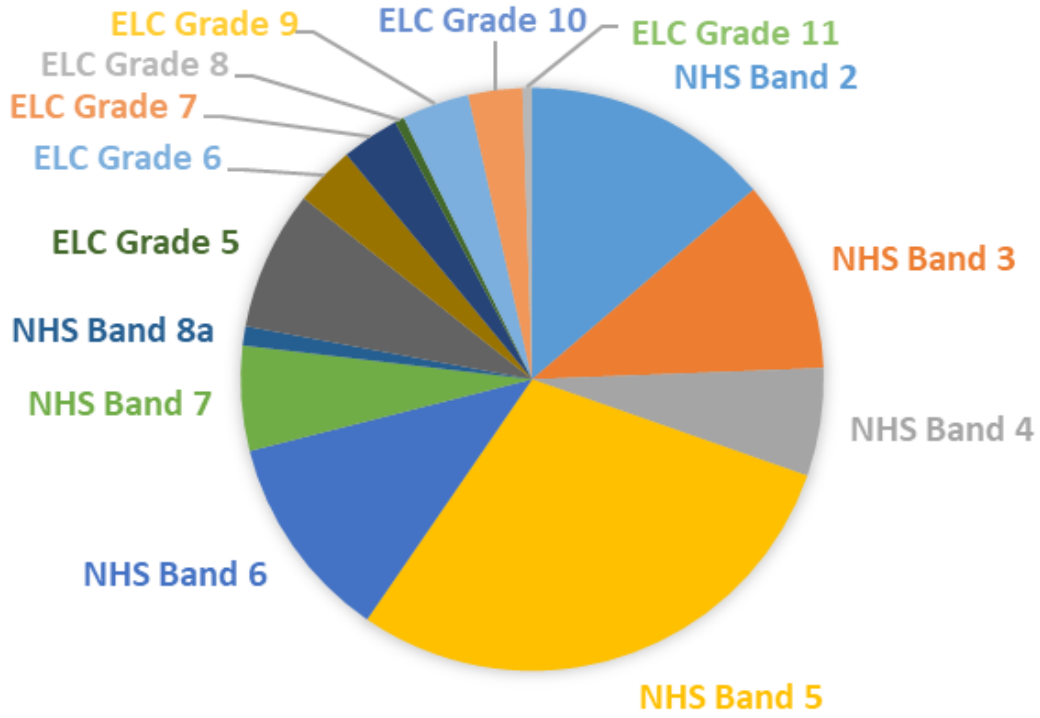

NHS Staff Age Data
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
<25
25-29
30-34
35-39
40-44
45-49
50-54
55+
Administrative services (NHS)
Allied Health (NHS Bands 1-4)
Allied Health (NHS Bands 5+)
Medical & Support (NHS)
Nursing (NHS Bands 1-4)
Nursing (NHS Bands 5+)
NHS Total


ELC Staff Age Data
50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
1
2
3
4
5
6
7
8
Adult community (ELC)
Adult Social Work (ELC)
Adult Statutory Services (ELC)
Strategic and support Services (ELC)
Ongoing and Acute Care (ELC)
OT (ELC)
ELC Total

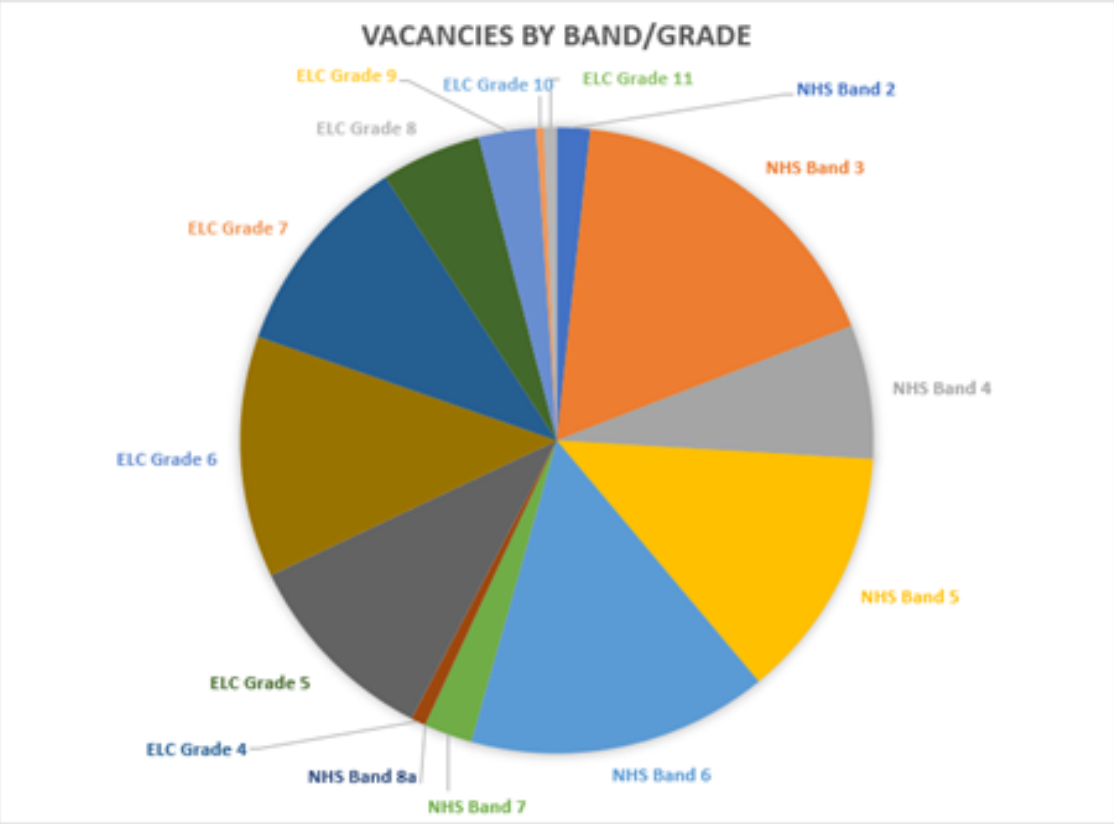
In the past there were staff who willingly continued working past their pension age, however this is not happening as often now because of the exhaustion they have suffered during the pandemic or simply reflecting on how life has changed during this time and choosing to retire. Occasionally, some nurses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



There is now a more equal spread of vacancies, with less of a concentration in Band 5 posts, and now only 8% of these posts are vacant rather than the 48% we had two years ago.



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 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.

Staff moved from Randall House in Macmerry to John Muir House in Haddington in September 2023. This was a successful move, where most staff from across Adult Social Work, Planning & Performance, Learning Disabilities Social Work are all now based. Although there is less desk space than previously, this has worked well where staff now hot desk and either work from other offices or at home when necessary.

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 welling, 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.

East Lothian Health and Social Care Partnership now offers a Mental Health First Aid training course to supervisors (and any other staff who require it) to ensure that they can adequately support their staff who are struggling with their mental health.

There is now a Staff Development and Wellbeing Newsletter sent out to all staff within the Partnership every two months. This provides training and development information, self-help guides on wellbeing and an opportunity to "meet" various members of staff or teams based in the Health and Social Care Partnership.

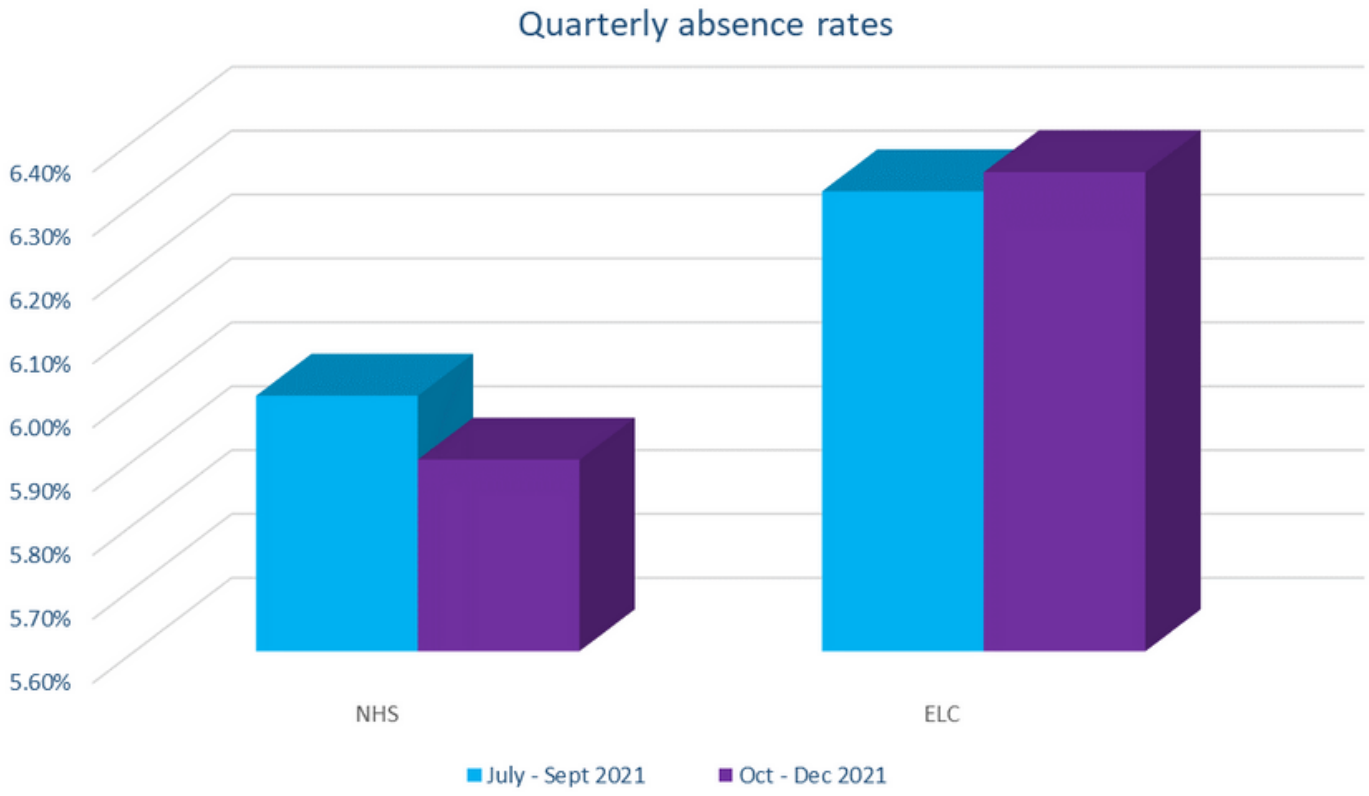
The increased number of patient deaths has had a psychological impact on staff across Health and Social Care. As patients and residents have spent a long time in wards and Care Homes, the nursing and care staff who are looking after them have become well acquainted with them. Staff have been receiving 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

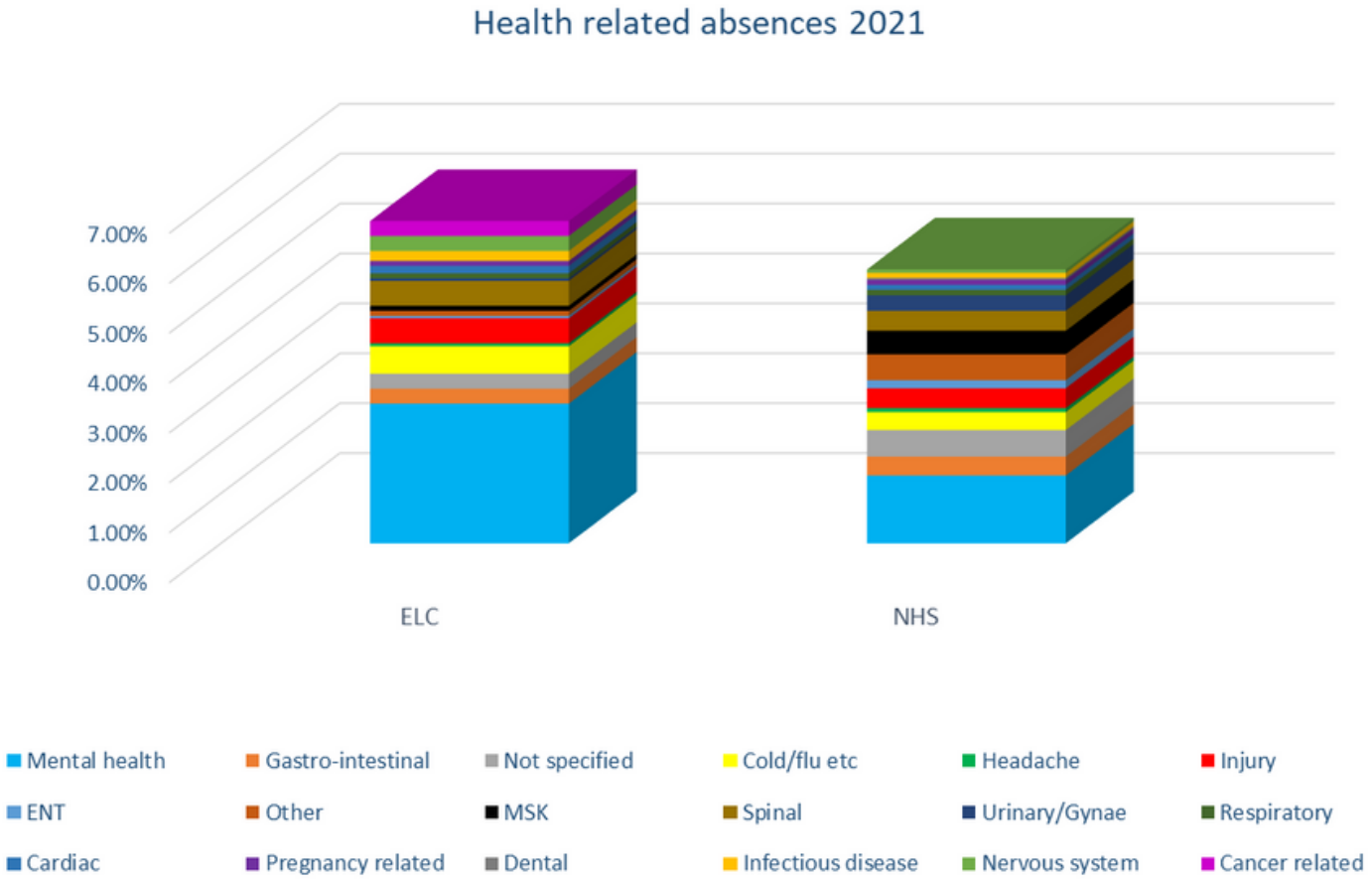
Health Related Absences

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.



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 being 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);

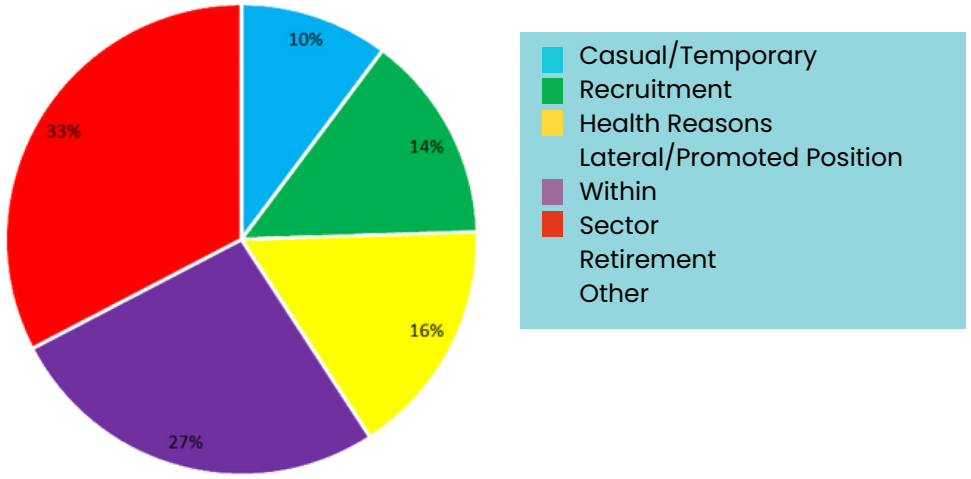
We collect information about the reasons why people leave the Partnership. We try to gain a better understanding of the reasons employees move jobs and to gather their views and insights into workplace issues. This information is vital to improve service delivery and address critical recruitment and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

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

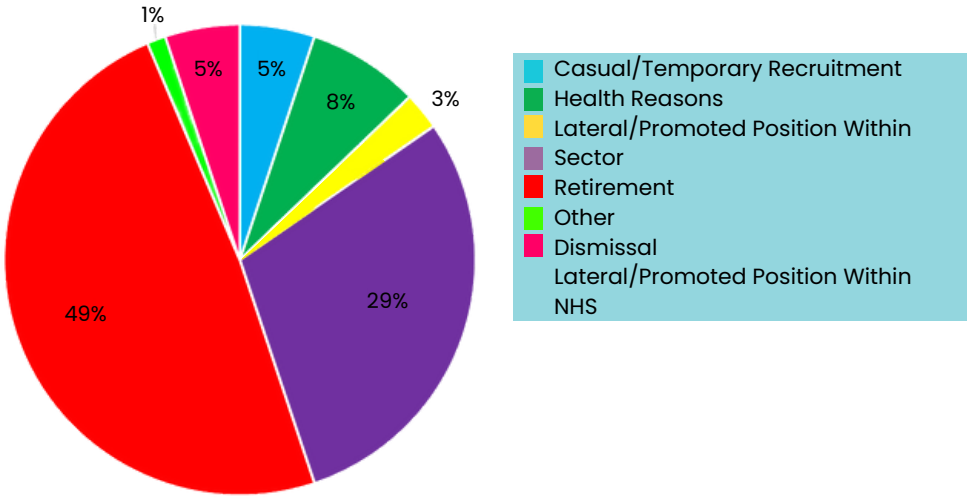
Analysis of the data can contribute to our approach to improving employee retention and helps us devise action plans to make any necessary improvements in specific areas to counter the potentially costly and disruptive effect that high levels of employee turnover can have.

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.

East Lothian Council Leavers



NHS Leavers



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.

A proposal will be presented to introduce an internal SVQ team within the Partnership. There are no other opportunities to deliver the Foundation Apprenticeship in Social Services and Health Care within East Lothian, so this will both ensure that this can be delivered to East Lothian High Schools, but also give us ownership of the SVQs that we can deliver to our own staff, and utilising the apprenticeship levy ourselves.

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 NHSL 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 mangers 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.

Two years on from this situation, we now only have 8% vacancies across all our B5 posts. HCSWs have been offered either SVQs in Healthcare or the HNC in nursing, which has been well received. In other areas the number of B5 required has been reduced, whilst the number of B3 and B4 has increased to ensure that we can maintain staffing levels but continue to have qualified staff available.

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.

Due to it not coming up to Care Inspectorate standards we have had to close our Eskgreen Care Home since this report was written. All staff who wished to remain with East Lothian Council were given alternative employment, most within Crookston, whose bed capacity increased with the increase of staff.

Unfortunately, we will need to do the same with The Abbey later this year and we will strive to ensure that all staff who want to remain in the organisation are found a suitable post. This will ensure that we retain the knowledge and experience of those 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
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

Meeting	Action	By Who	Deadline	Status/Update	Review Date
Introduce first line manager induction.	Liaise with senior managers to establish requirements and write content.	Workforce Development Team with input from GMs.	Every month until established.	Most meetings have taken place.	06-Jun
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.	Progressing without Primary Care. Jamie confirmed his would be complete by next week.	06-Jun
Enable mutual role swaps/rotations to broaden experience.	Identify, through appraisals, the staff who would benefit/enhance different teams.	All teams	Ongoing	Nursing teams already doing this to get a broad range of experience. Lesley's team has rotational staff.	06-Jun
Integrated Advertising	Ensure that all roles have dual NHS and SJC job descriptions and are advertised as such when they become vacant.	Workforce Development Teams and Managers	Ongoing	The Business Support teams are going through a restructure and job descriptions are being evaluted by both partners.	06-Jun
Improve succession planning	Ensure robust development pathways are created to provide succession where this is difficult to fill roles.	Workforce Development Teams	Quarterly	Workforce team happy to work with everyone to ensure individual skills matrices and sucession plans are completed.	06-Jun
Devise a development programme for HCSWs to progress as registered nurses.	Work with NHS to identify possibly pathways that do not de-plete staffing levels.	Workforce Development Teams, Uni, NMC	Quarterly	This included SVQs, HNCs and Degrees. Information has been sent out to all HCSWs on this year OU programme.	06-Jun
Workforce Plan 2020 -2028	Needs completion before end of year for submission to IJB then SG	Workforce Development Teams	Quarterly	Needs to be completed before end of this year to allow for submission to IJB then Steering Group before publishing in April 2020. Meetings have been scheduled with all GMs.	06-Jun

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 May 2024

BY: Chief Officer

7

SUBJECT: East Lothian HSCP Performance Framework

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1 PURPOSE

1.1 To present the East Lothian HSCP Performance Framework to the IJB for approval.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

i. Review and approve the appended ELHSCP Performance Framework.

ii. Note ongoing activity to develop key performance indicators to be presented to the IJB alongside the existing mid-year Annual Delivery Plan progress report and the Annual Performance Report (from autumn 2024).

3 BACKGROUND

3.1 An East Lothian HSCP Performance Framework has been developed to provide a detailed outline of performance monitoring and reporting across HSCP services and to identify areas for further development.

3.2 Delivery of the activities within the Performance Framework fulfils the following purposes:

- Supports the IJB in its governance role, helping to ensure that it has the information required to maintain oversight and scrutiny of HSCP activity in relation to delivery of its strategic objectives.
- Provides accountability and assurance to delivery partners East Lothian Council and NHS Lothian in relation to the delivery of HSCP services.

- Informs operational and tactical planning, management and decision making and supports improvement activity.
- Helps measure the impact of transformation / change activity.

3.3 The Performance Framework identifies four levels of performance management – Strategic; Assurance and Accountability; Operational; and Tactical and describes activity at each of these levels.

3.4 Appendix 1 of the Framework contains detail of the range of data / performance indicators currently reported to the IJB, SPG, East Lothian Council, NHS Lothian, Public Health Scotland, and the Scottish Government.

3.5 Appendix 2 maps outline indicators against the IJB Strategic Objectives, and the delivery priorities identified in the 2023/24 Annual Delivery Plan (ADP). These indicators form the basis of the IJB Annual Performance Report due for publication in late June. Work is currently underway to finalise the 2024/25 Annual Delivery Plan, and this is likely to include an update to the current ADP performance indicators.

3.6 From autumn 2024, a set of additional key performance indicators covering individual service areas will be reported alongside the mid-year Annual Delivery Plan progress update and the year-end Annual Performance Report.

4 ENGAGEMENT

4.1 Not applicable.

5 POLICY IMPLICATIONS

5.1 The Performance Framework relates to the delivery of a number of strategies, including the IJB Strategic Plan.

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 No additional directions required.

8 RESOURCE IMPLICATIONS

8.1 Financial – None

8.2 Personnel – Activity detailed in the Performance Framework can be supported within existing staffing resource.

8.3 Other – None

9 BACKGROUND PAPERS

9.1 None.

Appendices:

Appendix 1 – East Lothian HSCP Performance Reporting – Table of Current Indicators.

Appendix 2 – Annual Delivery Plan 2023/24 – Performance Indicators.

AUTHOR'S NAME	Claire Goodwin
DESIGNATION	Performance and Improvement Manager
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DATE	14 May 2024

Appendix 1

East Lothian HSCP Performance Reporting – Table of Current Indicators

Notes:

1. The indicators included below are those reported for purposes of performance monitoring, assurance, and accountability, they do not include performance metrics used at operational or tactical level for performance management.

2. This list if not exhaustive – additional performance information may be reported by services to other entities – further mapping work is required in relation to this.

3. Performance reporting, primarily to the IJB / SPG, also takes place in relation to progress with the delivery of specific strategies / plans (besides the IJB Strategic Plan) and will include performance data as well as a narrative on activity – examples include the Workforce Plan, Carers Strategy and Dementia Strategy. Indicators included in this type of reporting are not included in this table.

4. Indicators currently reported to East Lothian Council are currently under review, with a view to making these more reflective of current delivery priorities.

Group 1 – Indicators reported to East Lothian Integration Joint Board / Strategic Planning Group

National Integration Indicators		Reporting
1.1	Percentage of adults able to look after their health very well or quite well	The National Integration Indicators are reported in the IJB Annual Performance Report (APR), published at the end of July each year. The APR reports trend data for these indicators over a minimum of 4 years (in some cases a 6 year period is covered). Comparative data at a Scottish level is also included where available. Indicators 1.1 to 1.9 are based on East Lothian residents' responses to the national Health and Care Experience (HACE) survey. This survey is only carried out every 2 years and this is reflected in reporting frequency.
1.2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	
1.3	Percentage of adults supported at home who agree they had a say in how their help, care or support was provided	
1.4	Percentage of adults supported at home who agree that their health and social care services seemed to be well coordinated	
1.5	Percentage of adults receiving any care or support who rate it as 'excellent' or 'good'	
1.6	Percentage of people with positive experience of care at their GP practice	
1.7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	
1.8	Percentage of carers who feel supported to continue in their caring role	
1.9	Percentage of adults supported at home who agree they felt safe	
1.10	Premature mortality rate for people aged under 75 per 100,000 persons (by calendar year)	
1.11	Emergency admission rate for adults (per 100,000 population)	
1.12	Emergency bed day rate for adults (per 100,000 population)	
1.13	Readmission to hospital within 28 days of discharge (rate per 1,000 discharges)	
1.14	Proportion of last 6 months of life spent at home or in a community setting	
1.15	Falls rates per 1,000 population aged 65+	
1.16	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	
1.17	Percentage of adults with intensive care needs receiving care at home	
1.18	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	
1.19	Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency	

Ministerial Steering Group (MSG) Indicators		
1.20	Number of Emergency Admissions (18+)	The Ministerial Steering Group (MSG) Indicators are reported in the IJB Annual Performance Report (APR), published at the end of July each year. The APR reports trend data for these indicators over a minimum of 4 years (in some cases a 6 year period is covered). Comparative data at a Scottish level is also included where available. * MSG indicator data is available on a quarterly basis, so more regular reporting to the IJB could be considered.
1.21	Number of Unscheduled Hospital Bed Days – Acute (18+)	
1.22	Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	
1.23	Number of Unscheduled Hospital Bed Days – Mental Health (18+)	
1.24	New Accident and Emergency attendances (18+)	
1.25	Total number of Bed Days lost to delays (all delays and all reasons 18+)	
1.26	Percentage of last 6 months of life spent in community setting	
1.27	Percentage of the population at home – supported and unsupported (aged 65+)	

Group 2– Indicators reported to East Lothian Council

East Lothian Council Key Performance Indicators		Reporting
2.1	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) (National Integration Indicator) *	Reported to East Lothian Council Policy and Performance Review Committee (PPRC). PPRC takes place quarterly, frequency of reporting depends on data availability (a number of indicators are only available annually). * Included in ELC's 'Top 50' indicators.
2.2	Percentage of people with intensive care needs receiving personal care at home (total percentage / percentage of under 65s / percentage of over 65s) *	
2.3	Percentage of non-residential service users receiving care under SDS Options 1 and 2 (total / under 65s / over 65s) *	
2.4	Percentage of carers receiving respite via a Carers Support Plan *	
2.5	Emergency / unplanned hospital admissions (per 100,000 population) (all 18+ / over 65s) *	
2.6	Falls per 1,000 population aged 65+ (National Integration Indicator) *	
2.7	Proportion of last 6 months of life spent at home or in a community setting (National Integration Indicator) *	
2.8	Percentage of adults able to look after their health very well or quite well (National Integration Indicator) *	
2.9	Number of delayed discharge patients waiting over 2 weeks	
2.10	Diversion from prosecution – reports requested versus individuals assessed as suitable (Justice Social Work)	
2.11	Community sentencing – preferred option (Community Payback Order, Drug Treatment and Testing Order, Restriction of Liberty Order) versus actual outcome (Justice Social Work)	
2.12	Community Payback Work Delivery – hours instructed versus hours delivered (Justice Social Work)	
2.13	Throughcare – sentencing – remand / sentences less than 12 months / sentences more than 12 months (Justice Social Work)	
2.14	Justice Outcome Star – distance travelled (Justice Social Work)	
Local Government Benchmarking Framework (LGBF) Indicators		
2.15	Home Care costs per hour for people 65 or over	These indicators are collated at a national level as part of the Local Government
2.16	SDS spend on adults 18+ as a % of total social work spend on adults 18+	

2.17	Percentage of people aged 65 or over with long term care needs receiving personal care at home	Benchmarking Framework. An annual report is made available to all local authorities and forms the basis of a report to PPRC.
2.18	Percentage of adults who agree that their services had an impact in improving their quality of life	
2.19	Percentage of adults who agree they are supported to live as independently as possible	
2.20	Percentage of adults supported at home who agree they had a say in how their care / support was provided	
2.21	Percentage of carers who feel supported to continue their caring role	
2.22	Residential care costs per week per resident for people aged 65 or over	
2.23	Rate of readmission to hospital within 28 days per 1,000 discharges	
2.24	Proportion of care services graded 'good' or better in Care Inspectorate inspections	
2.25	Number of days people spend in hospital when they are ready to be discharged (per 1000 population 75+)	
Service Pressure Indicators		
2.26	Number of Community Payback Orders	Reported to ELC Chief Executive on a quarterly basis (from June 2023). * Work to take place to develop a quarterly report to provide a more detailed assessment of current pressures and service performance more generally.
2.27	Packages of care – existing packages	
2.28	Packages of care – new packages (in the community)	
2.29	Packages of care – new packages (leaving hospital)	
2.30	Packages of care – packages restarted on hospital discharge	
2.31	Packages of care – unmet need – assessed and waiting for a package of care (in hospital / in the community)	
2.32	Social work assessment – new referrals to social work (community and hospital combined)	
2.33	Social work assessment – social care assessments carried out	
2.34	Social work assessment – social care assessments outstanding (waiting list)	
2.35	Mental Health Officer team – guardianship applications / renewals / intervention orders	
2.36	Mental Health Officer team – legal duties related to emergency / short term detentions / compulsory treatment orders	
East Lothian and Midlothian Public Protection Committee Annual Report		
2.37	Includes a range of indicators related to Adult Support and Protection	Published October / September annually and reported to PPRC.

East Lothian Plan Indicators (Community Planning)		
2.38	Potentially Preventable admissions rate per 1,000	Reported annually. * The East Lothian Plan is currently under review (July 2023) – these indicators may change as a result.
2.39	Type 2 Diabetes Prevalence rates by SIMD	
2.40	Falls per 1,000 population aged over 65	
2.41	Premature mortality rates for people aged under 75 (per 100,000)	
2.42	% of 65+ and under 65s with long-term care needs receiving personal care at home	
2.43	Suicides registered in East Lothian 2014-2018 5-year standardised rolling average rate per 100,000 population	
2.44	Slope index for inequality for individuals aged 15+ prescribed medication used to treat depression and anxiety	

Group 3 – Indicators reported to NHS Lothian

NHS Lothian – Quarterly Performance Report Indicators		Reporting
3.1	Care Opinion – Number of positive stories (by month over last 12 months)	These core indicators are reported on as part of a quarterly performance update to NHS Lothian. Quarterly performance reports include a narrative on indicators, assurance levels and points for escalation. Additional indicators may also be included based on activity the HSCP wishes to highlight, or in response to actions from previous meetings.
3.2	Care Opinion – Number of negative stories (by month over last 12 months)	
3.3	Care Opinion – use of word clouds to show common narrative and themes from quarter	
3.4	Complaints – number per subject over last quarter / number for previous 12 months (with comparison to overall NHS Lothian figures)	
3.5	Complaints – current number of complaint open for over 40 days	
3.6	Stage 1 Complaints – number by month over past 12 months (with comparison to overall NHS Lothian figures)	
3.7	Number of complaints upheld at Stage 1 as a % of all complaints closed at Stage 1 by last 3 reportable months	
3.8	Number of complaints partially upheld at Stage 1 as a % of all complaints closed at Stage 1 by last 3 reportable months	
3.9	Number of complaints closed at Stage 1 within 5 working days as a % of total number of Stage 1 complaints by month over the past 12 months with comparison to overall NHS Lothian figures	
3.10	Stage 2 complaints - number by month over the past 12 months with comparison to overall NHS Lothian figures.	
3.11	Number of complaints upheld at Stage 2 as a % of all complaints closed at Stage 2 by last 3 reportable months	
3.12	Number of complaints partially upheld at Stage 2 as a % of all complaints closed at Stage 2 by last 3 reportable months	
3.13	Number of complaints closed at Stage 2 within 20 working days as a % of total number of Stage 2 complaints by month over the past 12 months with comparison to overall NHS Lothian figures	
3.14	Number of complaints closed at Stage 2 over 20 working days as a % of total number of Stage 2 complaints by month over the past 12 months with comparison to overall NHS Lothian figures	
3.15	Stage 2 Complaints after escalation - number by month over the past 3 reportable months with comparison to overall NHS Lothian figures.	
3.16	Number of escalated complaints upheld at Stage 2 as a % of all escalated complaints closed at Stage 2 by last 3 reportable months	

3.17	Number of escalated complaints partially upheld at Stage 2 as a % of all escalated complaints closed at Stage 2 by last 3 reportable months	
3.18	Number of escalated complaints escalated within 20 working days over the past 3 reportable months	
3.19	SPSO - number of cases currently open at time of reporting with comparison to overall NHS Lothian figures	
3.20	SPSO - breakdown on the status of all open SPSO cases	
3.21	Number of Serious Adverse Events (SAEs) reported and closed by month over the past 24 months with comparison to overall NHS Lothian figures	
3.22	Number of SAEs with major harm/death which are open past the 6-month deadline by week over the past 20 months with comparison to overall NHS Lothian figures	
3.23	Forecast Business Unit financial position (current forecast)	
3.24	Forecast Business Unit Covid costs within current forecast	
3.25	Forecast Business Unit savings within current forecast	
3.26	Business Cases >£0.25m and <£10m - progress through governance if not yet approved/against project timescales if approved	
3.27	Business Cases >£10m - Progress through governance if not yet approved/against project timescales if approved	
3.28	NHS Staff Sickness Absence Rate - by month over the current and previous financial year	
3.29	Overall Absence Rates and Hours Lost - number by Job Family by month over the previous month	
3.30	Number of Episodes and Hours Lost by Reason - number by month by reason over the previous month	
3.31	Short Term Vs Long Term Absences - number of short- and long-term absences by month over the current and previous financial year	
3.32	Staff Leave – Percentage of Hours Lost by Reason - percentage by month by reason over the previous 12 months	
3.33	Covid-19 Absence Compared to Sickness Absence - percentage comparison by month over the previous 12 months	
3.34	Staff Turnover - number by month over the previous 12 months	
3.35	Bank WTE - number by month over the current and previous financial year	
3.36	Agency WTE - number by month over the current and previous financial year	
3.37	Excess WTE - number by month over the current and previous financial year	

3.38	Overtime WTE - number by month over the current and previous financial year	
3.39	Establishment Gap - percentage by month over the previous 12 months	
3.40	TURAS Appraisal Compliance - percentage of staff who are compliant, number of staff who are compliant and non-complaint, headcount within the Division and overall compliance percentage. Data to be presented alongside previous quarter information	
3.41	Core Mandatory Training (8) - percentage of staff with completed training for each of the 8 sessions showing progression from the last reportable month to the previous quarter	
3.42	Percentage of staff participating in iMatter (Q1 & Q2 only)	
3.43	Percentage of iMatter action plans completed (Q1 & Q2 only)	
3.44	Progress against Directorate / Division level iMatter action plans	
NHS Lothian – Annual Delivery Plan		
3.45	Safe and COVID compliant Remobilisation of Day Centres for Older People and delivery of a suite of alternative supports to support older people at home	Narrative on delivery of each priority submitted to NHS Lothian quarterly (last submission Q3 2022/23). * The development of the new Lothian Strategic Development Framework and associated Annual Delivery Plan is expected to lead to new reporting requirements.
3.46	Development of a 'Resource Coordinator' service to complement existing day supports for adults with complex needs under 65	
3.47	Reestablishment of provision and stabilisation of Care at Home services	
3.48	Increase from current care home capacity to previous levels to meet patient and service needs	
3.49	Support to carers	
3.50	Supporting patients with post-COVID/long-COVID issues	
3.51	Adoption of 'Home First' principles within the ELCH discharge avoidance and planning arrangements	
3.52	Development of alternative delivery options for Pain Management to reduce need for in person clinic attendance	
NHS Lothian – Other		
	Interim Care Home Beds – community and hospital – occupancy rate	Reported every 2 months to NHS Lothian
	Board Executive Team report	A narrative is sent to NHS Lothian quarterly identifying successes / issues / etc.

Group 4 – Indicators reported to Scottish Government / Public Health Scotland

Free Personal and Nursing Care		**Reporting**
4.1	Care Home residents by age and client group	Reported to Scottish Government quarterly.
4.2	Numbers of the above receiving FPC/FPNC	
4.3	Care at Home clients by age and client group	
4.4	Care at Home hours for the above	
4.5	Free Personal Care hours for the above	
4.6	Approximate cost of Free Personal Care hours for the above	
Justice Social Work		
4.7	Aggregate return	Reported to Scottish Government as part of Justice Social Work Annual Report.
4.9	Drug Treatment and Testing Orders	
4.10	Community Payback Orders	
4.11	Community Payback Orders – outstanding hours	
Local Delivery Plan		
4.12	People newly diagnosed with dementia will be offered a minimum of one year's post-diagnostic support, coordinated by a named Link Worker	Data related to the delivery of LDP targets reported to Scottish Government via NHS Lothian.
4.13	90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral	
4.14	90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	
4.15	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings	
4.16	GPs to provide 48 Hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients	
4.17	NHS Boards to achieve a sickness absence rate of 4 per cent or less	

4.18	95 per cent of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98 per cent	
Unmet Need (Social Care)		
4.19	Waiting for a Social Care assessment – hospital	Reported to Public Health Scotland weekly.
4.20	Waiting for a Social Care assessment – community	
4.21	Assessed and waiting for a package of care – hospital	
4.22	Assessed and waiting for a package of care – community	
4.23	In receipt of a care package and waiting 12+ months for a Review	
4.24	Care yet to be provided for assessed individuals in hospital	
4.25	Care yet to be provided for assessed individuals in the community	
4.26	Care assessed as needed and not provided for those in receipt of a care package	
4.27	Basic demographic data on all / new clients	
4.28	All Care at Home provided in the quarter	
4.29	All Residential placements starting / finishing / current during the quarter	
4.30	All Respite services starting / finishing / current during the quarter	
4.31	Services provided through SDS during the year	
4.32	Client data including Day Services, frozen meals, SW involvement etc.	
Scottish Government / Public Health Scotland – Other		
4.33	Monthly hospital delayed discharge data	Submitted to NHS Lothian – data is submitted to Public Health Scotland.
4.34	Quarterly Complex Coded Delayed Discharge report	
4.35	Chief Social Work Officers Annual Report	Submitted to the Scottish Government in September – contains a range of social work related indicators.
4.36	MAT (Medication Assisted Treatment) standards implementation reporting	Reporting on a range of detailed indicators (details to be added).

Appendix 2 - Annual Delivery Plan 2023/24 – Performance Indicators

Strategic Objective 1 – Develop services that are sustainable and proportionate to need

Outcome	**Outcome Indicators**
Older people living in East Lothian receive high quality care and support and the right care, in the right place	• Narrative describing how services are being developed and how they respond to pressures / policy drivers Proportion of last 6 months of life spent at home or in a community setting (National Indicator) • % of adults with intensive care needs receiving personal care at home – over 65s (National Indicator) • Proportion of care services graded 'good' or better by Care Inspectorate (National Indicator)
More people benefit from the increased capacity / wider range of Intermediate Care services available	• Narrative describing range of Intermediate Care services available • Number of hours delivered per month – Hospital to Home, Hospital at Home, Care at Home • % of adults with intensive care needs receiving personal care at home – over 65s / under 65s (National Indicator) • Data from East Lothian Community First monitoring and evaluation
Care at home service capacity is sufficient to meet need	• Number of hours of Care at Home provision delivered per month – showing internal / external split • Care yet to be provided for assessed individuals in hospital • Care yet to be provided for assessed individuals in the community
People are happy with the care at home service they receive	• % of adults supported at home agreeing they are supported to live as independently as possible (National Indicator) • % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (National Indicator) • % of adults supported at home who agree they felt safe (National Indicator) • % of care at home services graded 'good' or better by Care Inspectorate (National Indicator)
Fewer people are admitted to hospital unnecessarily	• Emergency admission rate for adults (per 100,000 population) (National Indicator) • Emergency bed day rates for adults (per 100,000 population) (National Indicator) • Number of Unscheduled Bed Days (by Acute / Geriatric / Mental Health) (MSG Indicator) • Readmission to hospital within 28 days of discharge (rate per 1,000 discharges) (National Indicator)
People do not stay in hospital any longer than is medically necessary and benefit from timely assessment and discharge	• Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 100,000 population) (National Indicator) • Total number of Bed Days lost to delays (MSG Indicator) • Monthly Delayed Discharge census figures – Standard Delays and Occupied Bed Days • Inreach project data – data set be agreed

Commissioned services are provided in a way that reflects our strategic approach and values and contributes to delivery of our strategic objectives	• Narrative on implementation of Commissioning Strategy
East Lothian residents are able to access a range of primary care services that provide the right care, at the right time in the right place	• Narrative regarding developments related to primary care services, including General Practice • GP practice data – to be agreed – currently under development • % of people with positive experience of care at their GP practice (National Indicator)
More people needing to access mental health / learning disability beds are able to remain in East Lothian	• Royal Edinburgh Hospital and St Johns acute mental health and rehab bed occupancy for East Lothian patients – total occupied bed days / length of stay

Strategic Objective 2 – Deliver new models of community provision, working collaboratively with communities

Outcome	**Outcome Indicators**
A wider range of community support services are available for people with complex needs (over and under 65)	• Narrative describing range of community support services in place
People supported by community support services: • Feel listened to, valued, and respected • Have the opportunity to pursue their interests and connect with others • Feel less isolated, more part of their local community, and have an improved sense of wellbeing • Are able to live as well and as independently as possible • Carers are supported and have improved wellbeing	• Monitoring data from EL Community First Service (to be confirmed) • Data for other community support services also be available once the personal outcomes framework is in place
People with complex needs are able to benefit from employment opportunities	• Narrative describing development of employability support • Number of people supported into employment via employability projects
People with dementia and their carers feel less isolated and have an improved sense of wellbeing	• Indicators to be developed – including data from ongoing monitoring / evaluation of meeting centres
People have the opportunity to have their say through being involved in HSCP engagement / participation opportunities	• Narrative describing engagement / participation / coproduction activities • Number of people reached in relation to specific engagement opportunities
People benefit from being supported to access physical activities as part of their care / treatment	• Indicators to be developed using data from physical activity referral service once established
People are actively involved in their local community and community cohesion is strengthened	• Number of hours of volunteering contributed (data being developed by VCEL)

The voluntary and community sectors play a key role in supporting local people and communities	• Data from VCEL on net worth of community / voluntary sectors and funding drawn down by these sectors • Narrative describing work carried out by VCEL to build capacity in these sectors, including support re developing governance arrangements – potentially to include data on level of engagement (e.g., number of organisations attending training / seeking support)

Strategic Objective 3 – Focus on prevention and early intervention

Outcome	**Outcome Indicators**
People benefit from being able to access joined up treatment / support from across range of AHP disciplines in a community-based clinic closer to where they live	• Number of clinics completed • Number of attendances at clinics • Waiting list data
People benefit from TEC being embedded across ELRS workstreams	• Narrative describing progress, with potential development of data in relation to people using TEC
People have the tools and support they need to improve their own health and wellbeing and undertake an appropriate level of self-management	• Narrative describing range of information / tools available including via the digital platform • Data re use of digital platform (website data analytics – including total page views) • Data from ELRS Patient Feedback Questionnaires • Calls handled via ELRS Single Point of Contact phoneline
ELRS uses the data it has available to inform service delivery, development, and improvement	• Narrative on development of data, range of data available and specific use of data for informing service development and improvement
Fewer people fall	• Falls rate per 1,000 population aged 65+ (National Indicator)
People are able to access support quickly and easily if they have concerns regarding their mental health / wellbeing	• Number of individuals accessing support from CWIC MH • Number (and %) of individuals self-referring to CWIC MH • Data to be identified in relation to delivery of Distress Brief Intervention (DBI) provision

With support / advice, people are able to take steps to improve their own mental health / wellbeing where appropriate	• % of CWIC MH respondents saying the practitioner was 'excellent' or 'very good' at helping them take control • Indicators to be agreed for DBI provision now service has been launched
People know where to go for advice / help regarding concerns about their own or someone else's mental health / wellbeing	• Indicator to be developed re people accessing online resources / information (e.g., traffic to Eastspace web pages) • Number (and %) of individuals self-referring to CWIC MH
People with long-term conditions have better outcomes and get the care they need and support to self-manage their conditions where appropriate	• % of adults able to look after their health very well or quite well (National Indicator) • Other indicators to be identified

Strategic Objective 4 - Enable people to have more choice and control and provide care closer to home as appropriate

Outcome	**Outcome Indicators**
People living in East Lothian are able to access a range of primary care services that provide the right care, at the right time in the right place	• Narrative regarding availability of range of primary care services (including HSCP delivered services) across local areas • Number of sessions / appointments offered by HSCP managed primary care services • Service uptake of HSCP managed primary care services • % of people with positive experience of care at their GP practice (National Indicator)
People are able to access outpatient secondary care services closer to home	• Narrative describing range of outpatient services available at East Lothian Community Hospital (& other East Lothian hospitals) • Number of outpatient sessions / appointments offered at ELCH
There are a range of services available to support people with dementia and their carers	• Narrative describing range of support available • Other indicators to potentially be developed as part of Dementia Strategy delivery
People with dementia and their carers are able to access informal support via Meeting Centres	• Number of people accessing Meeting Centres
People with a dementia diagnosis receive post-diagnostic support	• Number / % of people receiving post-diagnostic support • Number of people with complex needs receiving ongoing support more than a year after diagnosis (once new service up and running)
Carers needs are identified	• Number of Adult Carer Support Plans completed

Carers have improved health and wellbeing outcomes	• Indicators from Carers Census (to be agreed)
Carers are able to access support to help them carry out their caring role	• % of carers who feel supported to continue in their caring role (National Indicator) • % of carers receiving respite via a Carers Support Plan
More people receive end-of-life / palliative care at home or in a homely, community setting	• % of last six months of life spent at home or in a community setting (National Indicator)

Strategic Objective 5 – Further develop / embed integrated approaches and services

Outcome	**Outcome Indicators**
People benefit from health and social care service delivery being more integrated	• Narrative on development of integrated teams and approaches and the impact this is having (including data if available / appropriate) • % of adults supported at home who agree that their health and social care services seem to be well coordinated (National Indicator)
People benefit from easier access to services and better patient journeys through and between services	• Narrative describing work to review and improve patient pathways • Data to be agreed for individual services to evidence impact of any measures to improve patient access / patient journeys
Options are available for people with specific housing needs related to a variety of factors including age, health conditions, disability, and mental health issues	• Narrative describing development of housing options
Young people's transition from child to adult services is well planned and goes smoothly	• Indicator to be developed

Strategic Objective 6 – Keep people safe from harm

Outcomes	**Outcome Indicators**
People receive the right support at the right time to prevent harm and reduce the impact of harm	• Narrative on progress in delivering Adult Support and Protection Improvement Plan • Narrative on implementation of changes to ASP procedures in line with national Code of Practice • Number of HSCP staff completing Safe & Together training • Additional indicators to be agreed with ASP managers
People are able to access the support they need in relation to drug / alcohol issues	• Narrative describing any developments in support available • Data on service access / use (to be agreed) • Data related to implementation of MAT standards – to be agreed • Number of people accessing support via the MELD Contact Service • Drug and alcohol waiting times (% waiting less than 3 weeks between referral and treatment) • Potential to collate data on outcomes for individual to be explored
People engaged with Justice Social Work services have greater equality of opportunity, enabling them to lead more fulfilling lives	• Diversion from prosecution – reports requested versus individuals assessed as suitable (Justice Social Work) • Community sentencing – preferred option (Community Payback Order, Drug Treatment and Testing Order, Restriction of Liberty Order) versus actual outcome (Justice Social Work) • Community Payback Work Delivery – hours instructed versus hours delivered (Justice Social Work)

	• Throughcare – sentencing – remand / sentences less than 12 months / sentences more than 12 months (Justice Social Work) • Justice Outcome Star – distance travelled (Justice Social Work)
People are less likely to reoffend due to an increased sense of belonging and involvement in their local community	• Data re Community Payback Work • Justice Outcomes Star data in relation to individual outcomes related to Community Payback Work

Strategic Objective 7 – Address health inequalities (under development)

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 May 2024

BY: Chief Officer

8

SUBJECT: Redesign of Care at Home Services

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1 PURPOSE

1.1 To update the IJB on the work of the Care at Home Change Board, including the proposal for the Flexible Locality-Based Model for Care at Home services, bespoke to local need and outcomes.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

i. Agree to the development of a Flexible Locality-based Care at Home model, flexible so it can be bespoke to the needs and outcomes of the Locality within which it is used.

ii. Agree to use internal CAH service, alongside external providers representative of Older Peoples and Learning Disability Services CAH, Community Supports, TEC and Community Health services in a defined locality possibly within North Berwick under a Test of Change. (See Appendix 5, Locality for Test of Change)

iii. Agree that the bespoke locality-based model fits with the wider approaches of the IJB Strategic Plan 2022-25, in particular Strategic Objective 1 - Develop Services that are Sustainable and Proportionate to Need

iv. Agree that the project will be governed by the CAH Change Board with the purpose set out in the Care at Home Project Delivery Plan.

v. To note that the CAH Change Board program will help inform development of CAH services for all disability groups and localities within East Lothian.

vi. To note that the IJB's Financial Recovery Plan could have an impact on the ELHSCP's ability to implement a locality-based

CAH model. Specifically in relation to expected budget availability to the third sector and associated cost of living pressures, acutely felt by the social care sector. This may reduce their ability to flex or deliver capacity as part a new locality-based model of care.

vii. To note that the new model will have to be delivered within the existing forecast Care at Home Budget as noted in the IJB Commissioning Board Paper 31st Jan 2024 (see Section 10).

3 BACKGROUND

3.1 CapGemini Consultants provided in depth analysis and recommendations on CAH Services in 2023 (see Section 10). Their report found that service challenges have not been demand-led. The total number of individual Care at Home service users has declined since March 2020. However, the total number of hours provided has remained flat with the nature and mix of demand changing. There has been a decrease in over 65s, and an increase in 18–64-year-olds receiving Care at Home support (reflected in provision to those with learning disabilities in particular). Nevertheless, over the last four years, CAH total expenditure has increased by 25%.

3.2 The current service model is not sustainable. The number of hours of support provided by external providers has declined, with a reduction of approximately 8% per month over 18 months. On-framework provision has also decreased, due to a perception that frameworks are too rigid, with greater use of off-contract commissioning. (a Framework being the preferred contractual terms and grouping of providers for delivering services)

3.3 Services are commissioned and paid for on a ‘task and time’ basis, and due to recruitment challenges locally (which mirrors national trends), there is an increased reliance on the use of agency staff. Additionally, one CAH provider has a 75% reliance on the Home Office visa scheme overseas recruited workers. It should be noted that this provider has had a recent Care Inspectorate inspection with positive reporting in this area.

3.4 In-house services have grown to mitigate the decline in third party service provision. However, in-house services are significantly more expensive. Within current model costs, one hour of internal provision costs equates to over two hours of external provision. There are several factors that contribute to this, and the reduced costs of external services does not include the infrastructure, review team, commissioners etc that support the running of external provision.

3.5 Learning Disability services hold significant share of the social care budget and similar provider failure; however, they have embedded a more outcomes focused approach to care delivery, in contrast to Older People ‘time and task’ practice. By involving an LD provider in the test of change, this will bring shared learning but also has potential to bring cost saving initiatives for this budget area as required by the recent IJB budget.

3.6 CAH Change Board met and agreed that the Cap Gemini Report and findings (see Section 10) provided the evidence and achievable development options required to deliver a new sustainable CAH service model. Further discussion has led to the agreement to develop a Flexible Locality Model, that will be locality bespoke and flexibly commissioned (Appendix 1).

3.7 The Scotland Excel flexible Care and Support Framework, along with local terms and conditions, will be the preferred CAH commissioning route from July 1st, 2024. This will provide the necessary flexible commissioning arrangement required by East Lothian and our external providers to support a locality-based model (see Commissioning Board Paper SXL, Section 10)

3.8 A Project Team will be formed and meet in May 2024 to include TEC, Community Third Sector providers, Intermediate Care, Rehab, District Nursing, Care at Home and Operational Social Work representation. The project team will further develop and implement the Locality Model.

3.9 The Test of Change project timeline is expected to start June 2024 to full implementation in June 2025. Project Initiation and Planning taking an initial four months, Project Implementation from October, and Monitoring and Control from December 2024. Learning from the Test of Change, and its impact, will further inform the commissioning approach for CAH Services. See outline project plan Appendix 2

3.10 Planning Older Peoples Services project has identified a number of short list options for appraisal, which are reflected within the work of the CAH CB and includes the review of the expansion of the Internal CAH service, development of locality models, development of volunteering schemes, redefine the expectation of what CAH Services provide and increasing community capacity (Appendix 4). The CAH Change Board will evaluate the options that are relevant to the CAH CB and the CAP G recommendations within this workstream.

Deliverables

3.11 We will measure success by having newly defined locality areas, each with a model of Care at Home service, uniquely linked within the community and local resources, achieving individual and service level commissioned outcomes.

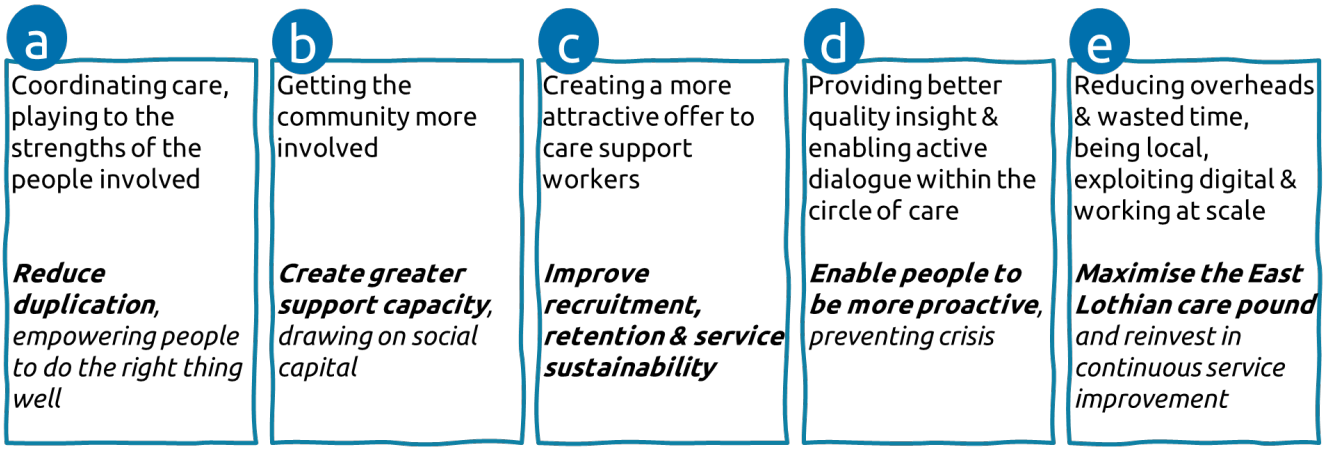
3.12 This will be quantified by reducing the number of people waiting for CAH services. Whilst this is applicable across the whole of East Lothian, deliverables will be amended to reflect delivery in North Berwick test of change and subsequent areas based on locality relevant data parameters:

- Reducing number of people waiting for social care support in the community.
- Reducing the number of people waiting in hospital for CAH support.
- Achieve no more than 500 hrs of unmet need per week.
- Achieve no more than 20 inpatient beds awaiting a CAH or Care Home place.

- Improved retention of internal and external staffing.
- Integrated locality-based services established across East Lothian.
- Increased use of TEC per person for all disability groups (on 2023 base figures).
- Monitor the amount of people receiving CAH services.
- Have outcomes focused CAH services able to deliver to outcomes focused asset-based support planning.
- A more fully integrated CAH service that is linked with health, social and community services.
- CAH services commissioned via block contracts, based on capitated need for each locality.
- IIAs will explore the impact of potential variable service provision across differing localities that bespoke locality model approach may bring.

Key Objectives

3.13 The options for service development focus on some core objectives. These have been developed by Capgemini through ongoing engagement with the HSCP project team (see Section 10, Capgemini Report, pages 30-31):



3.14 In achieving these core objectives, there are a range of outcomes which East Lothian needs to deliver:

- A viable business model for Care at Home services.
- Improved efficiency of care, such that the total level of demand can be met within existing budgets (excluding UK inflation impacts).
- A workforce that reflects the needs of the population, enabling an individual's support to be delivered by someone with the right skills and experience.
- A workforce adapted and aligned in size and shape with service demand.
- Perverse incentives removed, so that providers are not incentivised to focus on the most profitable and straightforward packages.
- Creating locality-based block contracts with target outcomes

Option Number	Option Name
001	Creating locality-based block contracts with target outcomes

Description

- Creating greater certainty and giving increased freedom to third party providers with focus on more than just care activity. Provision is focused on achieving outcomes rather than time and task-based contracts, enabling flexibility for providers to shape services to meet local needs and individual outcomes rather than tracking timed interactions.
- Sustain the in-house service with greater focus on care coordination.
- Care is coordinated around the individual, with collaboration across internal teams and providers as necessary to support each person.
- Block contracts are based on clear geographical areas where there is clarity on population health indicators, local needs, and current and projected demand. This incentivises a focus on prevention and early intervention so that people are enabled to live as independently as possible in their communities.

Option Assessment

Cost		Benefits		Delivery of objectives		Ability to mitigate risk	

4 ENGAGEMENT

4.1 CapGemmini Report July 2023 (see Section 10) - consultation with external and internal Care at Home service providers, service users, carers and key operational and strategic stakeholders, whilst undertaking thorough local market and demographic research against national indicators, and in doing so provided CAH model options based on analysis of this engagement and feedback.

4.2 Older People Provisioning work engagement, engagement on the IJB Strategic Plan 22-2025, Commissioned CAH Provider contract monitoring, and Provider Forum have provided opportunity to receive feedback on existing services and current commissioning practice, and evidence the need for change.

4.3 The Test of Change will incorporate assessment teams within community and hospital to reinforce a strengths-based, outcome focused approach to support planning whilst ensuring engagement with the wider health and social care economy, including providers, to foster better communication and dialogue and enable providers to understand the intent and results from the Test of Change.

5 POLICY IMPLICATIONS

5.1 There are policy implications for the commissioning of new models of care at home. These are currently being considered within development work of local terms for the Scotland Excel Flexible Care and Support Framework.

6 INTEGRATED IMPACT ASSESSMENT

6.1 IIA required once the model has been further developed. The commissioning process of using SXL has been through IIA with positive impact for service improvement and negative impact on cost risks to IJB budget.

7 DIRECTIONS

7.1 Direction will be considered and presented to IJB.

8 RESOURCE IMPLICATIONS

8.1 Financial – SXL budget pressures and financial forecast, noted to the IJB Commissioning Board paper 31st January 2024 (see Section 10).

8.2 Personnel – Internal project management support from Planning and Performance. Internal operational management as part of project team. Internal Home Care management resource to implement test of change. Business Support. Procurement. External partners. Broker Team. Business Support. Governance from CAH CB.

8.3 Other – The project may conflict with the IJBs financial recovery plan if community funding for older peoples associated services are affected.

9 BACKGROUND PAPERS

9.1 Care at Home Change Board Delivery Plan

IJB Commissioning Group – SXL and CAH Change Board

CapGemini East Lothian Care at Home

AUTHOR'S NAME	Jamie Forrester
DESIGNATION	Strategic Planning and Commissioning Officer
CONTACT INFO	jforrester@eastlothian.gov.uk
DATE	10/5/24

APPENDIX/APPENDICES

1. Phase 1 Model for Test of Change Pilot
2. CAH Test of Change – Project plan
3. East Lothian IJB Strategic Plan 2022 - 25 | East Lothian Council
4. Planning Older Peoples Services – Short List

Option description	Category	Strategic Objective	Comments and Action
Option 8: Volunteer befriender or sitter services should be explored to support people receiving care-at-home or end-of-life care, with specific focus on those with limited or no family and friends.	Requires further scoping, development and modelling	Strategic Objective 2: Deliver new models of community provision, working collaboratively with communities	
Option 18: We should develop and introduce locality-based block contracts with target outcomes for delivery of care-at-home/ intermediate care services. (There is a potential pilot focused on internally provided care-at-home services in a local area where commissioning and retaining external provision has been challenging).	Action already underway	Strategic Objective 1: Develop services that are sustainable and proportionate to need	Care at Home Change Board to take forward this option as part of their ongoing work.
Option 21: In order to improve outcomes, stability, service provision, terms and conditions and control over the market, careful consideration should be given to expanding the internal (HSCP) Care at Home service.	Requires further scoping, development and modelling	Strategic Objective 1: Develop services that are sustainable and proportionate to need	Since the beginning of the *Planning Older People's Services* project the internal service has grown, however further consideration is likely merited. Should be considered within CAH CB against Cap G reccomendations and also previsouly redistributed funds from commisioned to internal
Option 23: There should be a wholesale review of scheduling and time management within Care at Home services (internal and external).	Requires further scoping, development and modelling	Strategic Objective 1: Develop services that are sustainable and proportionate to need	Care at Home Change Board to take forward this option as part of their ongoing work.
Option 25: We should review what constitutes the essential elements of a care package. Care-at-home services have cut back on the application of creams, administration of basic medications (e.g. eye drops), bathing and meal prep. This option has strong links to moving away from time-and-task model to a more outcome-focused approach that builds personal connections. There are also strong links with delaying discharge.	Requires further scoping, development and modelling	Strategic Objective 1: Develop services that are sustainable and proportionate to need	Care at Home Change Board to take forward this option as part of their ongoing work. Important to link in with Chief Nurse (re district nurses and their role) and General Manager for Adult Social Work (re assessments).
Option 51: We should develop and build upon existing volunteering schemes within communities (e.g. volunteer transport schemes, Gifford Community Volunteers, First Responder Groups, befrienders, buddy systems, food delivery / meal share, telephone support and check in, end of life support). This may help with social isolation, building community spirit, transport difficulties, mental health and poverty. Could be particularly useful in more rural locations and new housing developments.	Action already underway	Strategic Objective 2: Deliver new models of community provision, working collaboratively with communities	Sits best with appropriate Strategic Planning and Commissioning Officer (ELHSCP) and linking in with VCEL.

5. Locality for Test Of Change

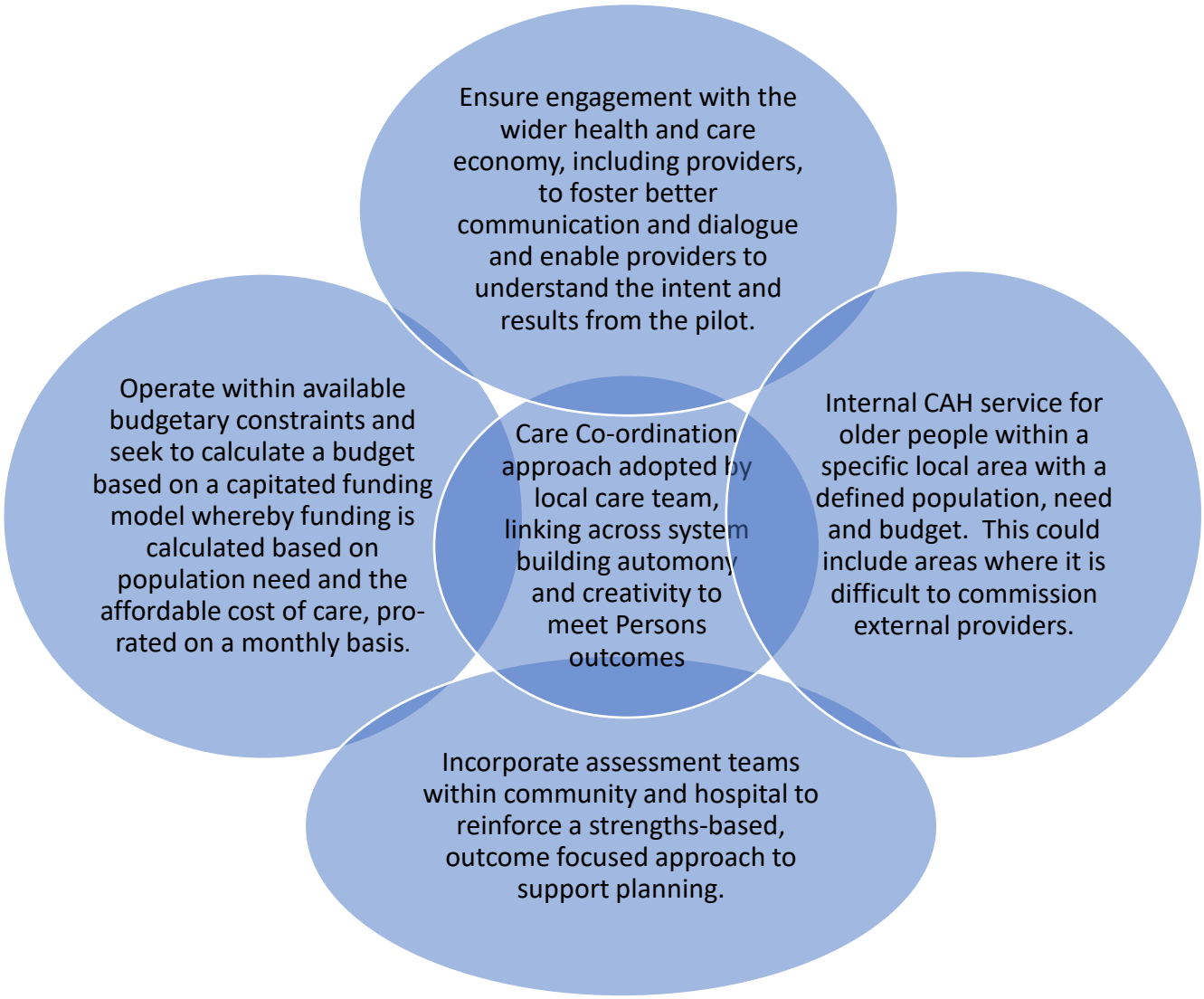
Appendix 1

Phase 1 Model for Test Of Change Pilot – Internal CAH service

Assumtion is that to maintain stability across the CAH system that Internal Services will continue to provide for most rural and hard to supply areas given they have the availabe resources such as access to vehicles to do this.

Rural location for pilot will test the model well given likley limited available resources, identifying where gaps will require to be filled to support commisioing and success elsewhere. However this may also help identify individual reosource and community strengths or initiatives that could be replicated. The learning from the pilot, and its impact, will further inform the commissioning approach.

Three local area options are; North Berwick Coastal, Dunbar and area or Prestonpans Coastal with the emphasis on small defined local areas.



Project Title: CAH Re-design - Flexible Localitly Model Phase 1 Internal CAH Test of Change

Organisation
Project Sponsor - Name

Project Managers - Name
E-mail address / contact details

Project Start: 01/06/2024
Display Week: 0

TASK	ASSIGNED TO	RAG RATING (1-5)	PROGRESS	START	END
Phase 1 - Project initiation			%	01/06/24	01/08/24
Define the Project Team			%	DD/MM/YY	DD/MM/YY
Define project vision					
Define the small locality area for Pilot			%	DD/MM/YY	DD/MM/YY
Define Governance and Resource Required:					
Review CAH Change Board membership					
Identify leadership and resources required from Internal CAH			%	DD/MM/YY	DD/MM/YY
Indentify partner assessment teams					
Indentify External provider contacts for project engagement and feedback					
Indentify capitated budget for population need - caveat internal costs will differ from external					
Define working model including care co-ordination, assessment approaches and service design			%	DD/MM/YY	DD/MM/YY
Define Project outcome performance measurements					
Engagement:					
Communications and Reporting plan					
Define engagement required with and feedback from; service users, carers (paidand unpaid), community and services in scope of the Test of Change			%	DD/MM/YY	DD/MM/YY
Phase 2 - Planning			%	01/08/24	30/09/24
Develop monitoring and feedback timeline from implementation			%	DD/MM/YY	DD/MM/YY
Review and develop resource management			%	DD/MM/YY	DD/MM/YY
Review and develop continegency planning and risk management			%	DD/MM/YY	DD/MM/YY
Review and develop Communication and Engagement plan			%	DD/MM/YY	DD/MM/YY
Develop analysis, modelling and tracking of outcomes methodology					
Review and develop Quality assurance required during pilot					
Indentify local community resources and any gaps - to support project delivery			%	DD/MM/YY	DD/MM/YY
Phase 3 - Implementation			%	01/10/24	30/11/24
Implement model - all partner communication			%	DD/MM/YY	DD/MM/YY
Review Risks and Issues			%	DD/MM/YY	DD/MM/YY
Governnancen and Quality control, Monitoring and feedback			%	DD/MM/YY	DD/MM/YY
Flex and make any changes as required			%	DD/MM/YY	DD/MM/YY
Measurement outcomes and reveiew			%	DD/MM/YY	DD/MM/YY
Phase 4 - Monitoring			%	01/12/24	01/06/25
Review Risks and Issues			%	DD/MM/YY	DD/MM/YY
Governnancen and Quality control, Monitoring and feedback			%	DD/MM/YY	DD/MM/YY
Flex and make any changes as required			%	DD/MM/YY	DD/MM/YY
Measurement outcomes and reveiew			%	DD/MM/YY	DD/MM/YY
Engagement			%	DD/MM/YY	DD/MM/YY
Lessons learned to inform future Commissioning Model					
Phase 5			%	DD/MM/YY	DD/MM/YY
			%	DD/MM/YY	DD/MM/YY
			%	DD/MM/YY	DD/MM/YY
			%	DD/MM/YY	DD/MM/YY
			%	DD/MM/YY	DD/MM/YY
			%	DD/MM/YY	DD/MM/YY
Phase 6			%	DD/MM/YY	DD/MM/YY
			%	DD/MM/YY	DD/MM/YY
			%	DD/MM/YY	DD/MM/YY
			%	DD/MM/YY	DD/MM/YY
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			%	DD/MM/YY	DD/MM/YY
Phase 7			%	DD/MM/YY	DD/MM/YY
			%	DD/MM/YY	DD/MM/YY
			%	DD/MM/YY	DD/MM/YY
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			%	DD/MM/YY	DD/MM/YY
Phase 8		1	%	DD/MM/YY	DD/MM/YY
		2	%	DD/MM/YY	DD/MM/YY
		3	%	DD/MM/YY	DD/MM/YY
		4	%	DD/MM/YY	DD/MM/YY
		5	%	DD/MM/YY	DD/MM/YY
		5	%	DD/MM/YY	DD/MM/YY

Insert new rows ABOVE this one

Work stream 1 -

Work stream 2 -

Work stream 3 -

Appendix 5

CAH Locality Based Model Test Of Change

Rationale for proposing North Berwick locality

Consideration has been given by the CAH Change Board to three areas in East Lothian for a Test of Change; Prestonpans, North Berwick and Dunbar. Each area has its own distinct demographic, community and third sector responses to health and social care, and challenges with CAH provision.

North Berwick is an option for Test of Change based on:

- existing difficulty in delivering CAH services
- interest from an existing older persons CAH provider and the local day centre in the strategic direction
- an established Learning Disability CAH provider
- an engaged third sector

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 May 2024

BY: Interim Chief Finance Officer

9

SUBJECT: IJB Risk Register

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1 PURPOSE

1.1 This paper presents the IJB's Risk Register.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

i. Note the current risk register.

ii. Consider if any further risks be added to the risk register.

3 BACKGROUND

3.1 The IJB maintains a risk register, in line with the IJB's risk strategy and risk policy which was approved by the IJB's Audit and Risk Committee at its December 2022 meeting.

3.2 The risk register is designed to capture the risks to the business of the IJB, consider their potential impact and provide a range of mitigating and management actions. It should be noted that the business of the IJB is to prepare and deliver its strategic plan and therefore only the risks to those outcomes are considered.

3.3 This risk register is reviewed by management (the IJB's Chief Officer, the IJB's Chief Finance officer and other officers of the HSCP) on a quarterly basis, revised and presented to the IJB's Audit and Risk Committee for consideration and discussion. Annually, the IJB's Audit and Risk committee is also presented with the HSCP's risk register to reflect on the impact of any operational risks noted by the HSCP on the IJB strategic risk register.

3.4 Best practice recommends that the IJB's risk register is presented to the IJB annually so that all the members of the IJB can consider the risk register and reflect on any other risks that should also be noted.

3.5 The risk register that was presented to the IJB's Audit and Risk committee is attached for members of the IJB to consider. It should be noted that this risk register is currently being updated and the updated risk register will be presented to the IJB Audit and Risk committee at its June 2024 meeting.

4 ENGAGEMENT

4.1 The IJB makes its papers and reports available publicly.

5 POLICY IMPLICATIONS

5.1 There are no new policies arising from this paper.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

7.1 This report has no impact on any of the IJB's directions and does not require any new or amended directions.

8 RESOURCE IMPLICATIONS

8.1 Financial – None

8.2 Personnel – None

8.3 Other – None

9 BACKGROUND PAPERS

9.1 None.

Appendix:

IJB Risk Register as presented to the IJB's Audit and Risk meeting in March 2024.

AUTHOR'S NAME	David King
DESIGNATION	Interim Chief Finance Officer
CONTACT INFO	David.king4@nhs.scot
DATE	May 2024

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Due date
5220	Demographic Pressures	There is a risk that because the population of East Lothian has increased over the past few years, the projections predict a further increase. Because of this the pressure is further compounded by the percentage of that population over the age of 65 will also increase from the current position. This will lead to increased demand for the health and social care services in East Lothian that have been delegated to the IJB.	This will be managed through the IJB's Strategic Planning processes. Change boards should be operating with recognition of demographic changes within the area. Commissioned Cap Gemini to access future demand on care at home services. Closer links with public health to understand our demographics better.	High	Medium	Wilson, Fiona M	Wilson, Fiona M	30/04/2024
5486	East Lothian Council finance department in business continuity	There is a risk that the IJB will have reduced financial support and information from East Lothian Council on its delegated budgets. There is a risk this will impact on the IJBs ability to manage its financial position and deliver its strategic plan.	1 - The Scheme of Integration 2 - IJB CFO in post 3 - ELC review position every 2 weeks 4 - Attendance at Financial Overview 5 - ELC have commissioned for external legal advice due to recruitment challenges	High	Medium	Wilson, Fiona M	Wilson, Fiona M	31/03/2024
3924	Financial resources may be insufficient to sustain the Strategic Plan	There is a risk that the financial challenges faced by the NHS and East Lothian Council will result in allocations to the IJB that do not allow the Strategic Plan to be delivered leading to sub optimal the failure to achievement of outcomes and targets.	1. Financial assurance process carried out by IJB 2. Engagement of IJB Officers and members in NHS and Council budget setting processes 3. Regular financial monitoring reports to IJB 4. Scheme of Integration risk sharing and dispute resolution processes 5. IJB Chief Finance Officer in post 6. Strategic Planning Group in place 7. Efficiency and recovery plans are developed in year by operational teams to "break even". 8. There is a programme of meetings and discussion between IJB, Council and Health Board leading to an IJB financial planning process being approved by the IJB and supported by Council and Health Board 9. The IJB take a lead role in policy decisions to support the Financial Plan. 10. Developed a longer term rolling financial plan for the IJB. 11. IJB now holds a general reserve.	Very High	High	Wilson, Fiona M	Wilson, Fiona M	31/03/2024
5279	Impact of National Care Service Proposals	The IJB is mindful of the development of the NCS legislation and the impact this may have.		High	High	Wilson, Fiona M	Wilson, Fiona M	31/03/2024
3925	Operational resources may be insufficient to deliver the Strategic Plan	There is a risk that the IJB fails to achieve its targets due to insufficient access to key services and resources e.g. General Practice, Community Pharmacy, Care at Home, Care Homes, Health Visiting, Housing, acute services etc leading to failure to deliver the Strategic Plan resulting in risk to patients' and clients' safety, external review and reputational damage	1. The Strategic Plan sets out clear priorities 2. IJB directions are clear about actions required by NHS and Council 3. The Partnership Management Team is focused on ensuring adequate resources are in place for delegated functions to deliver the Strategic Plan 4. NHS Lothian is focused on ensuring adequate resources are in place for set-aside and hosted functions to deliver the Strategic Plan 5. NHS Lothian and East Lothian Council are focused on ensuring adequate resources are in place for non-delegated but related functions (e.g. housing), to deliver the Strategic Plan 6. Quarterly Performance Report to IJB and scrutiny by the Audit and Risk Committee. 7. Care at Home contracts in place. 8. Use of Integrated Care Fund to increase capacity and improve terms and conditions. 9. Use Primary Care Transformation Fund to improve access in west of county. 10. Joint Workforce Plan approved and in place at IJB on 23/5/19. 11. Financial investment in additional capacity	Very High	Medium	Wilson, Fiona M	Wilson, Fiona M	31/03/2024

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 May 2024

BY: Interim Chief Finance Officer

SUBJECT: Financial Out-turn 2023/24

10

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1 PURPOSE

1.1 This paper lays out the current financial out-turn position for 2023/24.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

i. Note the current position; and

ii. Note the use c. £1.1m of the IJB's general reserve to allow the IJB to break-even in 2023/24 on the assumption that the Council will take the analogue to digital costs.

3 BACKGROUND

3.1 At its March 2024 meeting the IJB was presented with a forecast out-turn position for 2023/24. This projected an overspend for 2023/24 of £3.8m made up as follows:

	£000's
Health Core	771
Hosted	284
Set Aside	(1,883)
Total Health	(828)
Social Care	(2,950)
Total	**(3,778)**

3.2 The March paper also noted that the IJB's Integration Scheme offered two broad options to the IJB to achieve financial balance. These were:

a) That the Partners provided additional funding to the IJB

b) That the IJB used its general reserves to underpin the overspend.

The IJB could not agree to either position and required that the Chief Officer and the Chair discuss support to the year-end position further with the partners.

3.3 The partners have now finalised the IJB's financial position for 2023/24. This shows a total overspend of £2.7m broken down as follows –

Budgets	£000's
Health	
Core	578
Hosted	400
Set Aside	(1,718)
Total Health	(740)
Social Care	(1,933)
Total IJB	**(2,673)**

Values are variances (overspend)/underspend

3.4 The IJB has been in further dialogue with the partners and has asked them if the partners can provide further, non-recurrent, support for the 2023/24 financial year.

3.5 NHS Lothian wrote to the IJB on 16th April 2024 indicating that it would provide the IJB with an additional £740,000 (non-recurrently) to underpin the health element of the overspend in 2023/24. Therefore, the health element of the IJB's budget is now broken even in 2023/24. At this point, the IJB's overspend is c. £1.9m which lies within its social care budget. It should be noted that the social care overspend is net of uncommitted earmarked reserves.

3.6 Further dialogue has taken place with East Lothian Council who have indicated that they will consider taking the costs of the analogue to digital transfer onto their capital programme. The IJB had agreed to cover these costs (c. £750,000) from within its reserves and if these costs were to be covered by East Lothian Council, then these funds could be used to support the 2023/24 financial position. This would reduce the overspend to c. £1.1m. This needs to be approved by the Council at their June meeting. This was laid out in an email from the Council's Chief Finance Officer who also noted that the Council were unable to provide any further additional funds.

3.7 At this point, for 2023/24 the IJB has an overspend of c £1.1m.

3.8 At 1st April 2023, the IJB had general reserves of £5,030,000. The IJB agreed to fund the analogue to digital conversion (c. £750,000) from these reserves. At that time these funds should more properly be shown as earmarked reserves. This leaves a balance in the general reserves of c. £4.2m. Given the financial challenges in delivering the IJB's recovery programmes in 2024/25 (as described in the IJB's budget setting paper presented to the IJB at its March 2024 meeting) then it would be helpful to carry as much of these general reserves into 2024/25 as possible. This position already having been supported by NHS Lothian who providing non-recurrent support in 2023/24 for the IJB's overspend health budgets as laid out above.

3.9 The IJB has sought further guidance from colleagues at the Scottish Government around the use of its general reserves. That advice is very clear, if the IJB is overspent and has sufficient available reserves then those reserves must be used to offset the overspend.

3.10 The Chief Officer requested that the partners' Chief Executives meet to ensure that the partners are fully sighted on the resolution of the 2023/24 year end. The Chief Executives have met.

3.11 The IJB will therefore have to use £1.1m of its general reserve to underpin the 2023/24 overspend and move to a break-even position for 2023/24. This on the basis that the Council will agree to take the Analogue to Digital conversion costs as discussed above.

3.12 This will reduce the IJB's general reserve to c. £3.1m. The IJB's 24/25 budget was set on the basis that no general reserve was available however, the 24/25 financial plan did not have a resolution to the financial pressures in the IJB's Set Aside budget. For the purposes of 24/25 financial planning it may be that any Set Aside financial pressure is offset by an element of the IJB's remaining general reserve. This will be considered at a later meeting as part of the on-going review of the IJB's 2024/25 financial position.

4 ENGAGEMENT

4.1 The IJB makes its papers and reports available to the public and are posted on its website. IJB meetings are held in public.

5 POLICY IMPLICATIONS

5.1 There are no new policies arising from this report.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

7.1 This report does not require amendments to or any new directions to be made.

8 RESOURCE IMPLICATIONS

8.1 Financial – described above.

8.2 Personnel – none

8.3 Other – none

9 BACKGROUND PAPERS

9.1 Review of 2023-2024 financial out-turn – presented to the IJB at its March 2024 meeting.

Appendices: None

AUTHOR'S NAME	David King
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CONTACT INFO	David.king4@nhs.scot
DATE	May 2024