



MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 24 NOVEMBER 2016
ESK ROOMS, BRUNTON HALL, MUSSELBURGH

1

Voting Members Present:

Councillor S Akhtar (Items 4 – 5)
Mr M Ash
Councillor S Currie
Councillor D Grant
Ms F Ireland (Items 3 – 5)
Mr A Joyce
Mr P Murray

Non-voting Members Present:

Dr R Fairclough
Mr D Harvie
Mr D King
Mrs M McKay
Ms M McNeill (Items 4 – 5)
Mr T Miller
Ms S Saunders (Items 3 – 5)
Mr D Small
Mr E Stark
Mr A Wilson

ELC/NHS Officers Present:

Ms J Ogden-Smith
Ms M Anderson

Clerk:

Ms F Currie

Apologies:

Ms A MacDonald
Dr J Turvill

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 22 SEPTEMBER 2016

The minutes of the East Lothian Integration Joint Board meeting of 22 September 2016 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 22 SEPTEMBER 2016

The following matters arising from the minutes of the meeting held on 22 September were discussed:

Item 7 - Delayed Discharges

Mr Small provided an update to members indicating that while delayed discharges had remained at 60 – 70 in September there had been some improvement in October and the figure currently stood at 28. He added that a report would be presented to the December meeting but it was important for members to note the improvement meantime.

Item 8 - Developing Specialist and Care at Home Services

Danny Harvie referred to the commitment to provide an update on progress and revised Directions for 2016/17. Mr Small confirmed that a report would be presented to the December meeting in the form of the update on directions.

3. CHAIR'S REPORT

The Chair reminded members of the importance of completing their Register of Interests forms. He asked the Clerk to issue a reminder e-mail and urged members to return outstanding forms as soon as possible.

The Chair reported on his attendance at 'The Big Conversation 2' event held in Musselburgh on 3 October. He praised the organisation of the event which had been structured around the characters from the IJB's Strategic Plan, all of which were played by actors. He added that a video of the event was available and a link would be e-mailed to the members.

Mike Ash also praised the event which had been attended mainly by those receiving or providing services and he encouraged members to view the video.

The Chair also reported on his attendance at a meeting of the Association of Community Councils on 9 November where he took part in a discussion on integration and the way forward for the Health & Social Care Partnership.

Lastly, the Chair advised members that he and David Small had attended a meeting of the Belhaven Forum on 15 November. It had been a busy meeting where a range of concerns had been discussed. The next meeting of the Forum was scheduled for January 2017 and in the meantime there would be a meeting with the GP group.

4. FINANCIAL ASSURANCE - UPDATE

David King provided a verbal update to the members on the outstanding issues relating financial assurance for 2016/17. He referred to the decisions taken at the September meeting in relation to use of the Social Care Fund (SCF) and advised members that subsequent discussions with East Lothian Council and NHS Lothian had been very positive. However, further meetings would be required before definitive answers could be provided in relation to the ongoing management of budget pressures and how best to spend the remaining funds for 'additionality'.

Mr Small added that the next step would be to focus on financial planning for 2017/18. Mr King agreed and advised that a report on financial planning for 2017/18 would be presented at the next meeting of the IJB in December.

In response to questions from members, Mr King agreed to provide clarification on whether money for 'additionality' could be carried forward to 2017/18. He also confirmed that the Integration Scheme provided guidance on how and who should address budget pressures.

Councillor Currie emphasised that 'additionality' should mean just that and that monies set down for the provision of additional services should not be used to fill funding gaps or to avoid cutting existing services as a result of budget pressures.

Richard Fairclough observed that using this money to prevent cuts in services ought to be preferable to seeing services reduced.

Mr Small reminded members that the IJB did not exist in a vacuum, that the Integration Scheme required them to manage budgets along with their Partners and that financial pressures are a shared responsibility.

Peter Murray also expressed concerns and added that it was essential that the IJB had detailed financial information in advance of the December meeting to allow members to make informed decisions.

The Chair referred to concerns raised at local and national level. He agreed that a report should be presented to the next meeting and that members should be given the opportunity to discuss these issues in detail before deciding how best to move forward.

Decision

The IJB agreed that a report would be presented to the next meeting, on 21 December 2016, at which members would be given the opportunity to discuss the matter in detail.

5. COCKENZIE HEALTH CENTRE – STANDARD BUSINESS CASE

The Chief Officer had submitted a report asking the IJB to support the current position with the Cockenzie Health Centre, Standard Business Case.

Miriam Anderson presented the report. She summarised the background to the project including the options considered, the preferred choice and the governance process to be completed before final approval of the business case. She advised that the proposals had taken into account plans for housing developments at Blindwells and other local sites, as well as the aspiration to deliver more GP training and additional

clinical and secondary care services on-site. Ms Anderson concluded that the proposed budget would provide an extension and upgrade to the existing accommodation but not a full refurbishment.

Responding to questions from members, Ms Anderson confirmed that the revenue gap related to the running costs of the building and not staffing and that the new extension would address capacity issues as well as staff concerns about lone working arrangements. She outlined the proposed timescale for completion of the project and indicated that there may be potential for a phased opening of the new facilities.

Mr Small acknowledged the need to invest in services to get the maximum benefit, as well as taking account of increases in population from future developments at Blindwells and elsewhere.

Ms Anderson replied to a question on the timing of public announcements about the project. She also confirmed that the objectives of the IJB's strategic plan had been taken into account within the proposals and referred to the provision of additional community space and treatment rooms and the GPs' aspiration to deliver as many services as possible at a local level.

The Chair thanked members for their contributions and added his own support for the proposals.

Decision

The IJB agreed to support progress of the case through NHS Lothian governance and discussed key issues including the revenue gap.

Signed

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Councillor Donald Grant
Chair of the East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 21 December 2016

BY: Chief Finance Officer

SUBJECT: Financial Assurance 2016/17

1 PURPOSE

- 1.1 This report updates the IJB on financial assurance work for the IJB for 2016/17.

2 RECOMMENDATIONS

- 2.1 That the IJB notes that NHS Lothian will underwrite the projected overspend in the health element of the IJB's budgets on the basis that NHSiL can break-even in 2016/17.
- 2.2 That the IJB recognises the financial pressures within the Adult Wellbeing operational budgets and support them as necessary in 2016/17. This on the basis that:
- a) East Lothian Council underwrite any overspend in the social care element of the IJB's budget.
 - b) That in 2017/18 an appropriate element of additionality is delivered from the recurrency of the 2016/17 SCF investments.

3 BACKGROUND

- 3.1 The IJB has spent a considerable amount of time considering and reviewing the budgetary settlement from the IJB's partners for 2016/17. At its September meeting the IJB agreed the following recommendations:
- The Social Care Fund should support an additional £800k to underpin the costs of implementing the living wage.
 - That the balance of c £1m should be invested in home care commissioning budgets.

- East Lothian Council should accept the residual financial risk in the Adult Wellbeing budget in 2016/17.
 - East Lothian Council and the IJB should jointly approach the Scottish Government to discuss the costs of funding the living wage.
 - Ask the Chief Officer, through discussion with ELC colleagues, to agree the impact of these proposals on the adult wellbeing budget along with an agreement on how the IJB can be assured of the 'additionality' achieved through the social care investments.
- 3.2 The Chief Officer and the Chief Finance officer have met with ELC and discussed these matters in detail. ELC is considering its position which will be discussed at its Cabinet meeting on 20th December. The outcome from this meeting will be reported to the IJB at its meeting.
- 3.3 A verbal report was made by the Chief Finance officer at the IJB's November meeting and the IJB asked for an analysis of the current financial projections for 2016/17 along with a position on the use by ELC of the social care fund. Clearly the ELC position will derive from the report to cabinet discussed above but the information that is currently available is discussed below.

CURRENT FINANCIAL PROJECTIONS – OUT-TURN 2016/17

Health Budgets

- 3.4 NHS Lothian are projecting an over spend of £1.4m projected, broken down as follows :-

	£000's
Core	-809
Hosted	17
Set Aside	-690
	<hr style="width: 20%; margin-left: auto; margin-right: 0;"/> -1482

- 3.5 The main underlying issue being the pressure within the Prescribing budgets and the costs involved in the recovery of the ex-GMS Practice at Eskbridge which is currently directly managed by the Partnership.
- 3.6 NHS Lothian has agreed that, given that NHS Lothian themselves can break-even; they will underpin this financial pressure within the IJB. The health element of the IJB will therefore break-even.

Social Care Budgets

- 3.7 Despite broadly working to budget during the first 3 months of the financial year, the second quarter of 2016-17 has seen a significant increase in the reported overspend across the Adult Wellbeing budgets rising from £45,000 in quarter1 to £1.088 million as at end of September 2016.

- 3.8 In response to the worsening position experienced during the second quarter, the operational management team have been asked to implement cost recovery plans with enhanced financial controls and additional monitoring checks now in place.
- 3.9 The 2016/17 Adult Wellbeing budget included an efficiency target of c. £2.4m. It was accepted that this would be a very challenging target and much of the underlying driver of the current position is unachieved elements of that efficiency target. This means, in the current financial year, that the Adult Wellbeing service has not been able to reduce its cost base to the level required at the budget setting process.
- 3.10 ELC are currently reviewing the projected out-turn position but there is still significant risk that Adult Wellbeing will be unable to break-even based on its current budget.
- 3.11 The Integration Scheme lays out a mechanism to be invoked where budgets are forecast to be in an overspend position. Basically this says that in the first instance the operational management teams concerned will prepare a recovery plan. If this is unlikely to succeed then the IJB should put together its own plan and, if that does not succeed then the Partners may put in additional resources. If all of these options fail then the IJB may 'borrow' the funds against its next year's budget. Given the current financial position and given that the 16/17 position was transitional in that the influence of the IJB on the budget setting process was minimal (and given where we are in the current financial year) the IJB would have expected that the partners would offer additional funds and this was the position that it proposed to ELC following its September meeting. This is the position taken by NHS Lothian and the response from ELC is awaited.

Social Care Fund

- 3.12 In March 2016, as part of the budget setting process, the IJB agreed with ELC the proposed use of the Social Care Fund. In summary this was c. £2.2m to manage underlying pressures including the delivery of the living wage with c. £2.2m of additionality although this included managing the costs of increasing charging thresholds to clients. At the IJB's meeting in June an update on the SCF was included as part of the final consideration of the financial assurance for the 2016/17 financial year. At this time it was recognised that the costs of delivery of the Living Wage were considerably in excess of the original estimates and the IJB revised its agreement on the use of the SCF in year. The IJB agreed that a further £800,000 of the SCF could be used to offset the additional costs of delivering the living wage whilst the IJB and ELC approached the Scottish Government to clarify their position.
- 3.13 This left c. £1.4m for additionality and, at that time, there were already some new (additional) high cost Learning Disabilities packages put in place and the estimated costs of increasing the charging thresholds is c. £200,000. This meant that c. £1.0m of additionality was expected and, although the IJB was did not specify how this was to be delivered,

it expected that a significant reduction in the overall delayed discharge position would be an important indicator.

- 3.14 Although the Delayed Discharge Position has significantly improved (at the time of writing) and there is some evidence of additional activity, it is not yet clear how much additionality is being provided by this £1.0m, but it is clear that this 'budget' is included in the projected out-turn (when finalised) for Adult Wellbeing. It is unlikely that the final position on additionality will be clear before the end of the financial year and the IJB must now take a position on this in order to support its partners' own financial position.
- 3.15 The NHS Lothian position is underpinned by an element of slippage within the ICF funding (Integrated Care Fund) and this is reported in the paper on Directions.
- 3.16 The IJB does have the power to reduce the payment of the social care fund to ELC and therefore to have 'unused' funds carried forward into the next financial year. However, this would simply directly impact on the projected 2016/17 out-turn position for ELC and that runs the risk of damaging the excellent partnership working that that IJB has supported and encouraged and is the key element in allowing the IJB to deliver its ambitions. It is not recommended that the IJB pursue this line.
- 3.17 A full detailed report will be delivered to the IJB at the end of the financial year which will lay out the use of the Social Care Fund. If, at this time, the additionality is felt to be inadequate then that will be addressed as part of the 17/18 budget management process. This position being based on the presumption that ELC will underwrite any overspend within the social care budgets in 2016/17.

4 POLICY IMPLICATIONS

- 4.1 There are no new policy implications arising from this paper.

5 INTEGRATED IMPACT ASSESSMENT

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

6 RESOURCE IMPLICATIONS

- 6.1 These are discussed above.

7 BACKGROUND PAPERS

7.1 None.

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	david.king@nhslothian.scot.nhs.uk
DATE	13 December 2016



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 21 December 2016

BY: Chief Officer

SUBJECT: Delayed Discharges

1 PURPOSE

- 1.1 This report updates the Integration Joint Board (IJB) on performance on delayed discharges in East Lothian.

2 RECOMMENDATIONS

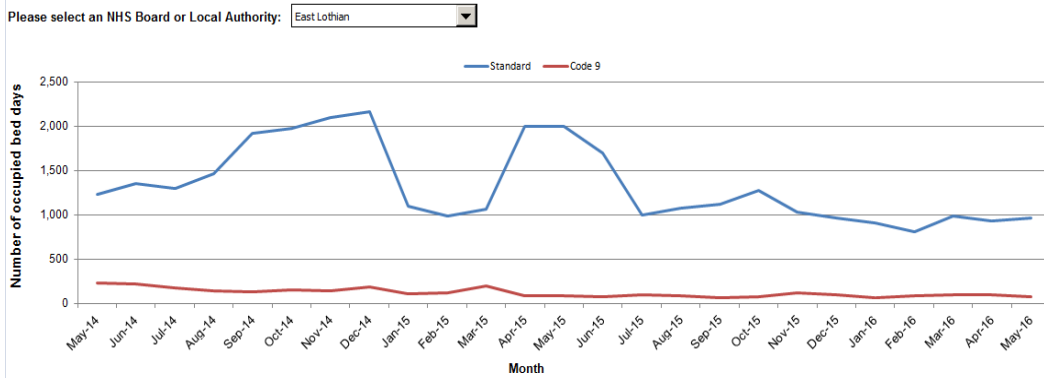
- 2.1 That the IJB notes the recent improving trend on performance.

3 BACKGROUND

- 3.1 The IJB has a key strategic objective to minimise the total number of delays, meet the current two week target and work towards the 72 hour indicator. No date has been set for achievement of the 72 hour indicator. The indicator comes from the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014—Core Suite of Integration Indicators March 2015. This was informed by the Delayed Discharge Task Force report October 2011 Annex A Recommendations ‘*A perception should be promoted that 2-3 days be considered a reasonable period for someone to return home*’.
- 3.2 From July 2016, the NHS National Services Scotland introduced revised Delayed Discharge National Data Requirements. The main change, as it affects Partnerships is an increase in the number of clients/patients captured at census. The rules now allow for all non-complex, clients/patients as at 00.01 on the day of census (last Thursday of the month) to be included in the snapshot. Previously clients/patients, who had a planned discharge up to 3 working days post census, were excluded from the count. This rule change adds between 15-25% to the reported figure, from the previous reporting rules.

Increasingly, the level of Occupied Bed Days (OBD) has taken as much significance as the individuals counted in a monthly snap shot.

**Tab 3 - Bed Days Occupied by Delayed Discharge Patients, by Delay Type:
East Lothian, May 2014 to May 2016**



1. Occupied bed days information is available up to May 2016

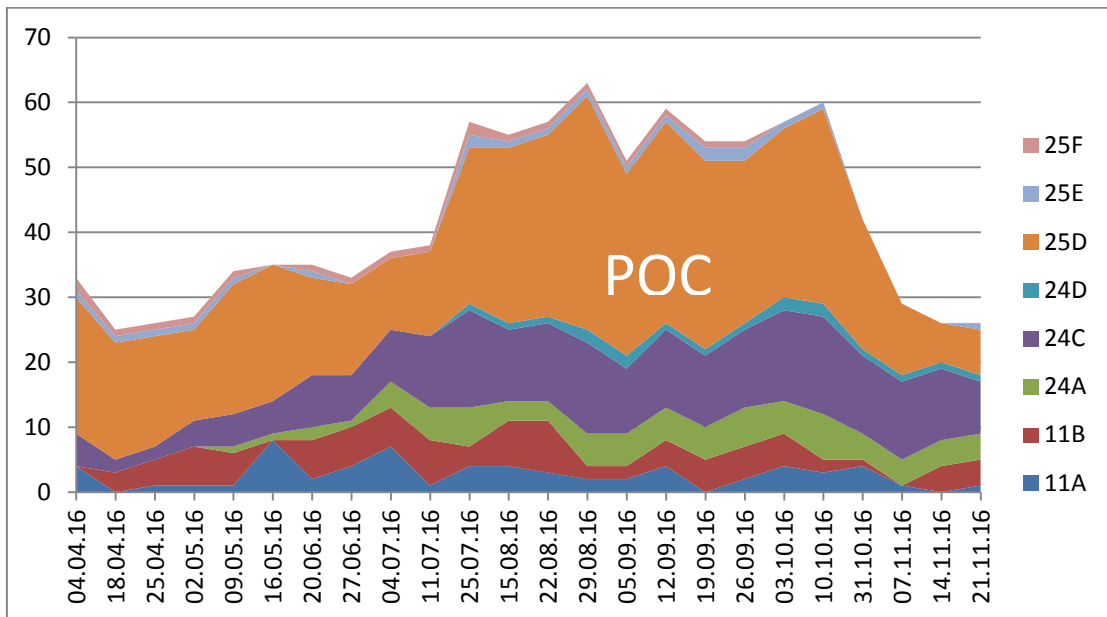
Source: ISD Scotland

3.3 Performance across July to November 2016 census is reported below. These show a marked improvement in October and November in comparison to the previous 3 months.

ISD Reportable delays on census day	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
standard and complex	40	61	59	41	26
those standard, in breach of the 2 week standard	22	29	38	24	12
All Delays on Census day	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<i>unwell</i>	3	1	0	0	0
<i>reprovisioning</i>	2	5	4	2	1
<i>complex</i>	3	3	2	1	1
<i>standard- undergoing social needs assessment</i>	4	4	5	3	0
<i>standard- care home</i>	15	19	23	17	18
<i>standard- care at home</i>	18	35	29	20	8
<i>standard- carer family disputes</i>	0	0	0	0	0
Total	45	67	63	43	28

The National NHS Scotland ISD rules on reporting Delayed Discharges are what they are, however had this been pre July 2016 our 25 standard delays would have been 21 (4 patients/clients being discharged just after census). Had this been July 2012 as well as the 4 we would have had another 3 (added three days or less before a census) = 18 standard delayed discharges at the monthly census.

The following graphic shows our performance across this financial year to the census point in November. The largest single reason for delay in discharge is in securing a home care package (POC) the code for which is 25D. It is the reduction in those waiting a POC in November that brought the total number down to the mid 20's. The 2nd highest reason is waiting for a care home be it nursing (24C) or residential (24A). The 11A and 11Bs are those in the process of assessment of need, and will translate into either going home with a POC or a Care Home.



3.4 Factors supporting the improving position in East Lothian

- We have had one care home closed to admissions from May this year, which has in mid November reopened to new clients. The HSCP is working closely with the care home to build it back up to capacity. Admissions are being phased, at one per fortnight initially, as previous experience elsewhere suggest filling all vacancies immediately, can be detrimental for staff, management and residents alike.
- The implementation by the East Lothian Health and Social Care Partnership of the Living Wage – contributes to having a stabilising effect on the workforce within home care sector providers and supports better staff retention.
- The increased use of Hospital at Home- which avoids hospital admissions and all the associated risks of some individuals then becoming a delayed discharge. The hospital team has been increased by 20%, and prevents hospital admission many of which would become a delay 4-6 weeks after admission.
- Through the Head of Older People and Access/Chief Nurse, from August, weekly sessions are held with relevant partnership staff focused on finding solutions for all patients/clients with a delayed discharge, be they in hospital, waiting in step down units, Interim placement, as well as

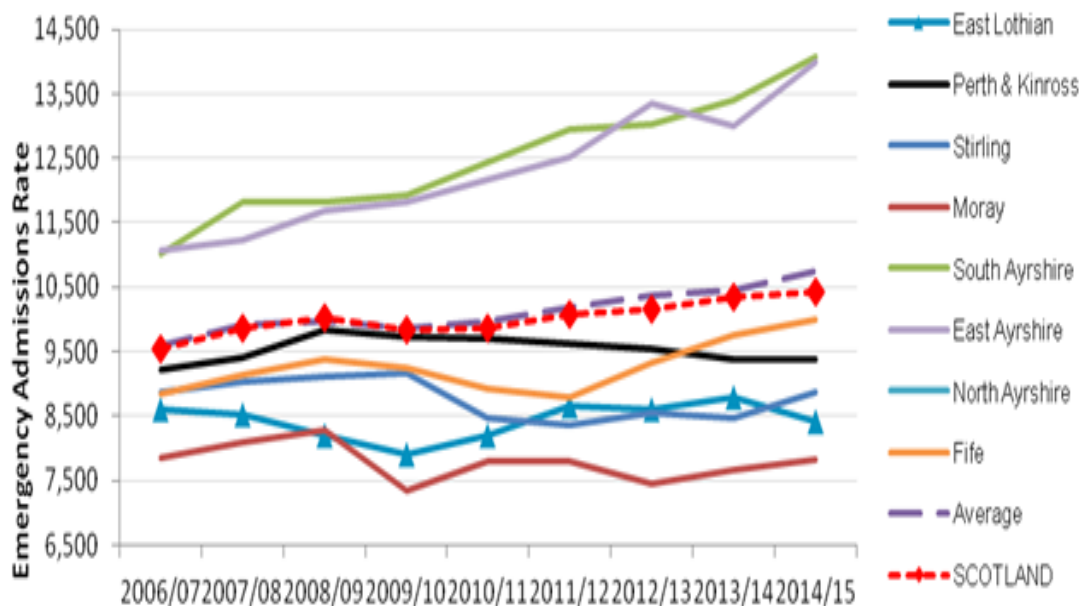
our complex and reprovisioning delays (the code 9's and 100's) - the session is about bringing latest actions and answers.

- Further improving the effectiveness and responsiveness of the Emergency Care Service, ELSIE (East Lothian Service for Integrated care for the Elderly).
- Increased experience with in the 'discharge hub' at Roodlands Hospital, that enables NHS Lothian and Adult Wellbeing to manage discharges, and monitor care home vacancies both with and increasingly out with the county.

Still to be implemented:

- The ELHSP partnership step-down capacity is planned to increase from the current 20 beds in one unit to 28 beds across two units.

3.5 Delayed discharges are part of a picture of the health of the whole system. Account also needs to be taken of hospital admissions and length of stay in hospital. East Lothian's performance in relation to emergency admissions has been improving as shown in the chart below (East Lothian is the line with triangles). However, our residents in hospital have more occupied bed days than our peer partnerships which is partly a reflection of our historically poorer performance on delayed discharges. Thus improving delayed discharge performance will reduce our utilisation of acute hospital beds.



4 POLICY IMPLICATIONS

4.1 There are no policy implications of this paper.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy. There are no equalities implications of this paper.

6 RESOURCE IMPLICATIONS

- 6.1 There are no new resource implications as a result of this report.

7 BACKGROUND PAPERS

- 7.1 None.

AUTHOR'S NAME	David Small
DESIGNATION	Chief Officer
CONTACT INFO	01620 827778 david.a.small@nhslothian.scot.nhs.uk
DATE	12 December 2016



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 21 December 2016

BY: Chief Officer

SUBJECT: Drugs and Alcohol Funding in East Lothian 2016/17

1 PURPOSE

- 1.1 This report explains the work being undertaken to deliver a redesign of drug and alcohol services for East Lothian driven by the 23% reduction in funding ADPs received from the Scottish Government for the financial year 2016/17. The government's position was that as additional funding had been provided to NHS Boards any shortfall should be made up by, in MELDAP's case, NHS Lothian.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the process agreed by the Midlothian and East Lothian Drugs and Alcohol Partnership [MELDAP] Strategic Group to manage the loss of 23% of the available income for Drugs and Alcohol Services in East Lothian.
- 2.2 Members are asked to note the intention to use MELDAP reserves for East Lothian where appropriate to smooth the transition in making the agreed changes for financial year 2017-18.
- 2.3 Members are asked to support the redesign process by directing NHS Lothian to:
- Make available East Lothian's full share of the drug and alcohol funding available to the IJB
 - Ask MELDAP to propose a redesigned drug and alcohol service for East Lothian within the available financial envelope designed on a community based, recovery based model for agreement
 - Direct NHS Lothian to deliver the agreed model.

3 BACKGROUND

- 3.1 MELDAP's role is to coordinate the design, delivery and commissioning of alcohol and drug services in East Lothian and Midlothian. Its objective is to ensure these services are needs led, high quality and focussed upon the promotion of recovery. Alcohol and Drugs Services are delegated functions to the IJB and MELDAP delivers the strategic planning of these services for the IJB.
- 3.2 The Scottish Government allocates specific funding for Drugs and Alcohol Services through NHS Boards. Historically NHS Lothian has retained a proportion of these funds (top slice) for the delivery of centralised NHS services distributing the remainder to the three Lothian Alcohol and Drugs Partnerships (ADPs).
- 3.3 The responsibility for Alcohol and Drugs is now a delegated function of the IJB. The IJB is now responsible for meeting national outcomes for people with substance misuse difficulties and it is important to ensure the board is satisfied with the application of all resources applied on its behalf in this area.
- 3.4 In December 2015 the Scottish Government announced there would be a reduction of 20% of the funding routed through NHS Boards for delivering substance misuse services. On 4th July 2016 Scottish Government notified the Lothian ADPs including MELDAP, and NHS Lothian, that the level of funding would reduce from £11,468,681 in 2015-6 to £8,887,133 in 2016-7- a reduction of 23%. In relation to 2016/17, as in previous years, the IJB agreed with NHS Lothian that monies would be used from "topslice" to resource Lothian wide services such as the Substance Misuse Directorate, Lothian and Edinburgh Abstinence Programme [LEAP] and the detoxification facility at the Ritson Clinic. The remaining monies were to be spent locally in East Lothian. For local East Lothian this equates to a real reduction of £188,181 per annum. Some of this has been mitigated by "in year" savings made earlier than anticipated, leaving a deficit of £149,528 for 2016/17 to be met from transformational monies.

Planned Action to Achieve Savings

- 3.5 There is a risk that if these efficiencies were not met by April 2017, that MELDAP would be unable ensure a sustainable budget for 2017/18 and beyond. Any significant overspend would also damage the implementation of a Recovery Hub in East Lothian.
- 3.6 The delivery of drug and alcohol services in East Lothian now needs to be redesigned to both fit into the financial envelope available and the principles articulated in the IJB's Strategic Plan. This means local, community based services with an emphasis on recovery. The plan included the use of 'central' resources that may be required.

- 3.7 At its meeting of April 2016 the MELDAP Strategic Group delegated the detailed work of achieving the required level of savings to an East Lothian Core Group. The group chaired by the Head of Adult and Children Services East Lothian Health and Social Care Partnership with representation from statutory and third sector partners met on a number of occasions. A draft set of options was made to the MELDAP Strategic Group at its meeting of 12 December 2016. The Strategic Group endorsed the proposals in principle. However, the group also agreed to further discussions and communication with all partners that will be affected by the proposed savings. This process will culminate in a reconvened meeting of the MELDAP Strategic Group on 19 January 2017 to consider final savings recommendations to the two IJB's. This will be reported back to the IJB.

4 POLICY IMPLICATIONS

- 4.1 The reduction in available funding may have an impact on MELDAP's ability to commission to deliver all the priorities in its Delivery Plan 2015-18. Consideration will have to be given to the balance of spend on Lothian wide and local service provision. Through the Lothian wide Substance Misuse Collaborative, there is work being undertaken to consider the future needs of Detox, Rehabilitation and specialist Alcohol Related Brain Damage [ARBD] service delivery. All but the ARBD Service is currently resourced via NHS Lothian Core funding and a "top-slice" of drugs and alcohol monies by NHS Lothian. There is no recurring funding available for the ARBD.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 The subject of this report does not have an immediate impact on the wellbeing of the community or have a significant impact on equality, the environment or economy. However, as the savings plan is completed and implemented, it is anticipated that there may be an impact on service delivery. Currently, MELDAP is carrying out an Equalities Impact Assessment to identify actions that may minimise the effects on service delivery.

6 RESOURCE IMPLICATIONS

- 6.1 Financial – For 2016-17 MELDAP will have to manage a £149,528 reduction in the East Lothian budget. Future service development and associated costs will be required to be within existing budgetary constraints and future levels of funding. The remaining transformational budget will be used to implement an integrated Recovery Hub in Musselburgh and develop a geographic response where necessary.

7 BACKGROUND PAPERS

7.1 None.

AUTHOR'S NAME	Martin Bonnar
DESIGNATION	MELDAP Manager
CONTACT INFO	mbonnar@eastlothian.gov.uk
DATE	13 December 2016



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 21 December 2016

BY: Chief Officer

SUBJECT: Progress against 2016-17 Directions and Proposed Directions for 2017-18

1 PURPOSE

- 1.1 To inform the East Lothian Integration Joint Board of progress made against the suite of Directions issued to NHS Lothian and East Lothian Council in April 2016.
- 1.2 To agree the development of 2017-18 Directions for NHS Lothian and East Lothian Council.
- 1.3 Any member wishing additional information should contact the author of the report in advance of the meeting.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the progress made against many of the 2016/17 Directions, to note that a number of directions remain to be delivered and that some of these may not be achieved before the financial year end.
- 2.2 The IJB is asked to approve the development of new Directions for 2017/18 as proposed in paragraph 3.6.
- 2.3 The IJB is asked to agree that those partners delivering the directions should be required to report on progress as required by the IJB for the purposes of monitoring achievement.

3 BACKGROUND

- 3.1 The Public Bodies (Joint Working)(Scotland) Act 2014 sets out the process by which an Integration Joint Board delivers its Strategic Plan by issuing 'directions' to the Local Authority and the Health Board as appropriate. There is an expectation of Directions being issued for

each delegated function and for the allocation of the associated financial resource to support delivery of directions.

- 3.2 At its meeting of 31st March 2016 East Lothian IJB agreed proposed directions, aligned to the Strategic Plan. The IJB delegated authority to the Chief Officer to issue these directions to East Lothian Council and NHS Lothian for the financial year 2016/17.
- 3.3 The Directions, which were issued in April 2016, concerned NHS Lothian Community Services, Set Aside, Hosted Services and Strategic Programmes, and East Lothian Council Delegated Functions as well as Resource Transfer and funding programmes.
- 3.4 Achievement against the directions at December 12 2016 is shown in table 1 below. It is uncertain which of those Directions which are either in process or which have not been achieved will deliver by the financial year end at 31st March 2017.

Table 1 – Directions for 2016/17 and outcomes at December 2016

2016/17 Direction	Actions	Outcome
NHS Lothian Community Services	D01a to D01g	Achieved - 4 In Process - 2 Not Yet Achieved - 1
East Lothian Council Delegated Functions	D02a to D02h	Achieved - 2 In Process - 5 Not Yet Achieved - 1
NHS Lothian Set Aside	D03a and D03b	In Process - 2
NHS Lothian Hosted Services	D04a and D04b	Achieved - 2 In Process - 5
Resource Transfer	D05	Achieved - 1
Integrated Care Fund	D06	Achieved - 1
Delayed Discharge Fund	D07 -	Achieved - 1
Integration Fund	D08	Achieved - 1
Strategic Programmes	D09	Not Yet Achieved - 1

- 3.5 It is expected that those Directions achieved in 2016/17 will continue to deliver through 2017/18. Work will continue with partners to try to deliver the remaining Directions in year.

3.6 Following discussion in the Strategic Planning Group and Strategic Plan Programme Board for 2017/18, it is proposed to draw up specific Directions for the following areas. The discussion has addressed the need to be more focused on a smaller number of areas compared to the 2016/17 directions. These will be more fully developed by the Strategic Planning Group and Strategic Plan Programme Board for discussion at the IJB meeting in January 2017.

- NHS Lothian and its diabetes specialist services to work with officers of the East Lothian Health and Social Care Partnership to develop primary care delivery of high quality diabetes diagnosis, care, treatment and patient education to improve diabetes outcomes.
- NHS Lothian and its acute services to provide data on the pattern of emergency admission of East Lothian residents to secondary care and to work with officers of the East Lothian Health and Social Care Partnership to develop alternatives, where appropriate, to such admissions.
- NHS Lothian and its acute services to review the provision of emergency assessment services in Edinburgh (such a direction will need to be mirrored by other Lothian IJBs and co-ordination work will be taken forward by IJB officers).
- NHS Lothian and East Lothian Council to continue to make progress towards delayed discharge targets.
- NHS Lothian to review the achievements of the Integrated Care Fund in 2016/17 and based on this, to develop a revised Integrated Care Fund Plan for 2017/18.
- NHS Lothian to review areas of service delivery agreed with the IJB with a view to identifying opportunities for redesign, service improvement and the delivery of savings.
- East Lothian Council to review areas of service delivery agreed with the IJB with a view to identifying opportunities for redesign, service improvement and the delivery of savings.
- NHS Lothian to work with East Lothian Health and Social Care Partnership, Primary Care services and partners to prepare for the introduction of the elements of the New GP Contract in 2017.
- East Lothian Council to implement strategic changes in day services for older people.
- East Lothian Council and NHS Lothian to set up projects for the re-provision of Eskgreen and Abbey Care Homes and Edington and Belhaven Hospitals.

- MELDAP to redesign drug and alcohol services for East Lothian to live within the current financial envelope to secure a locally managed, community based service with the emphasis on recovery. The IJB expects that the entirety of its share of NHS Lothian's funding will be made available for this purpose.

4 POLICY IMPLICATIONS

- 4.1 There are no new policy implications arising from this paper. Existing policy with regards to the production of Directions and the obligations these place on NHS Lothian and East Lothian Council remains extant.

5 INTEGRATED IMPACT ASSESSMENT

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

6 RESOURCE IMPLICATIONS

6.1 Financial - Directions for 2016/17

- 6.1.1 The IJB's policy on directions lays out that each direction – per the appropriate regulations that support the Public Bodies (Joint Working) (Scotland) Act 2014– will show the financial resources (the budget) to be used to achieve that direction. A format for this resource analysis has been agreed with the partners and this was used to populate the individual directions issued in March 2016 and also to prepare a summary position. This layout is also the basis of the financial reports provided to the IJB and will be used to report the final financial position of the IJB at the end of the financial year.

- 6.1.2 The directions issued in March 2016 used two sets of financial information:

- The Social Care element was based on the formal offer from East Lothian Council based on the Council's budget which had, by the time of the directions being issued, been formally set. This offer included the IJB's share of the Social Care Fund and the IJB agreed with the Council as to how that fund was to be used.
- The Health Service element was based on indicative financial planning values because at that time the NHS Lothian budget had not been set.

- 6.1.3 NHS Lothian made a formal budgetary offer to the IJB further to its own budget setting process in June 2016 and the IJB accepted that offer at its August 2016 meeting.

6.1.4 At that time, the financial values in the directions could have been updated but, NHS Lothian is in continual receipt of additional allocations from the Scottish Government and the budget value continues to change. In the case of the social care budgets these budgets have also now been revised in line with the IJB's revised agreement as to the use of the Social Care Fund. A process is required to both update the IJB's budgets and reflect on how that update impacts on the directions. Work on agreeing that process with the partners continues.

6.1.5 It should be noted that 2016-/17 is a transitional year and it is unlikely that the directions were sufficiently specific to be impacted by operational budget changes. The financial projections for 2016/17 are discussed further in the agenda.

6.1.6 It is important to record the changes between the opening budgets, the indicative budgets used in the directions and the current revised budgets. This has now been done and the revised position will be used as a base against which the final position will be reported at the end of the financial year.

6.1.7 It is recognised that budgets in the Directions have to be both meaningful and also reconcilable to the overall resources available to the IJB. As discussed above, an appropriate process is being developed to manage this and will be brought back to the IJB for discussion.

6.2 Financial - 2017/18 Directions

6.2.1 Work will be needed in the closing months of 2016/17 to develop budgets to support the delivery of the proposed new directions for 2017/18.

6.3 Personnel

6.3.1 Sufficient staffing resource needs to be identified in the Health and Social Care Partnership in the medium to long term to support the ongoing delivery of existing Directions, the development of new Directions and the regular monitoring of progress in delivering these.

7 BACKGROUND PAPERS

7.1 Appendix 1 provides a summary of attainment against the 9 Directions for 2016/17.

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DATE	12 December 2016

Appendix 1 - Attainment against 2016/17 Directions

Direction 01	What is to be Done	Progress
<p>NHS Lothian Community Services</p>	<p>East Lothian Integration Joint Board direct NHS Lothian to continue to provide health services as delivered at time of issue of this direction in pursuance of the functions outlined in Section 5 and Section 9, with ancillary support as required for effective functioning of those services within the associated budget noted below, for the population of East Lothian.</p> <p>Specifically over the course of the financial year 2016-2017, East Lothian Integration Joint Board direct NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and approval:</p>	
	<p>D01.a - Continue to support an Outline Business Case, Final Business Case and Financial Close for a new integrated East Lothian Community Hospital which includes an agreed bed base and a defined range of safe and effective inpatient and outpatient services fit for future demographic growth within a deliverable financial model.</p>	<p>Achieved – Construction of the Community Hospital commenced in November 2016.</p>

	<p>D0. b - Continue to support, develop and agree a “decant programme” aligned to a new East Lothian Community Hospital to facilitate early reprovion and earliest repatriation of East Lothian patients from Liberton and Midlothian Hospitals.</p>	<p>In Process - The decant programme will be completed week beginning 12 December 2016 to allow demolition to take place in January 2017</p>
	<p>D01.c - Continue to support and progress a dedicated programme of analysis and work to review bed bases in Edington and Belhaven Hospitals and bring forward a range of option appraisals and proposals to the IJB by December 2016 which consider alternative models of care and reprovion and which fully recycle the aligned financial and human resources within East Lothian. The options appraisal should recognise the need for enhanced intermediate care, respite care and end of life care provision and will include the delivery of minor injuries services at Edington Hospital.</p>	<p>In Process - A review of housing with care for older people and care home bed numbers will be presented to the IJB in January 2017. Project work to develop options will follow this exercise.</p>
	<p>D01.d - Deliver business cases for Prestonpans and Harbours Medical Practices in line with the East Lothian Primary Care Premises Strategy.</p>	<p>Achieved – Work on Prestonpans Medical Practice is underway, with completion scheduled for end 2016/17.</p> <p>The Cockenzie Medical Practice development is in the approval process.</p>

	D0.e - Ensure East Lothian benefits from, at minimum, a proportionate share of the national Primary Care Modernisation Fund according to population.	Achieved – A pro rata share was agreed.
	D01.f - Ensure East Lothian benefits from, at minimum, a proportionate share of Primary Care Transformation Fund attributed to pharmacy development and support.	Achieved – A pro-rata share was agreed
	D01.g - Develop and implement a prescribing budget calculation which more accurately reflects demographic change and need across Lothian.	Not Yet Achieved – Proposals will be discussed in the Finance and Resource Committee of NHS Lothian.

Direction 02	What is to be Done	Progress
<p>East Lothian Council Delegated Functions</p>	<p>East Lothian Integration Joint Board direct East Lothian Council to continue to provide social care services as delivered at time of issue of this direction in pursuance of the functions outlined in Section 5 and Section 9, with ancillary support as required for effective functioning of those services within the associated budget noted below, for the population of East Lothian.</p> <p>Specifically over the course of the financial year 2016-2017, East Lothian Integration Joint Board direct East Lothian Council to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and approval.</p>	
	<p>D02.a - Develop and implement a new commissioning and tendering process for care at home services which drives comprehensive service redesign, more innovative, integrated solutions, significantly greater resource efficiency and service user satisfaction by April 2017.</p>	<p>Achieved - The tender model approved by the IJB in September 2016 will be issued week beginning 12 December 2016 for award in April 2017, with full implementation by September 2017.</p> <p>A number of projects are linked to overall development of services including re-design of night time support and community support model with Neighbourhood Networks.</p> <p>120 SDS assessments were carried out by Social Work staff to ensure people have an accurate personal budget.</p> <p>There has been significant engagement with all Stakeholders throughout the project.</p>

	<p>D02.b - (Aligned to D02 a) Increase capacity for care in the community to meet local demand and to address and meet national Delayed Discharge targets.</p>	<p>In Process - This is on track, with tender development underway and the process for allocation of packages of care being improved. This includes, paying retainers to some providers should people be admitted to hospital, to ensure timely discharge.</p> <p>Delayed discharge numbers increased in summer 2016 but improved in autumn/winter 2016 (see separate report).</p>
	<p>D02.c - Progress a dedicated programme of analysis and work to review care provision in Abbey and Eskgreen Residential Care Homes and bring forward a range of option appraisals and proposals to the IJB December 2016 which consider alternative models of care and re-provision and which recycle the aligned financial and human resources within East Lothian. The options appraisal should recognise the need for enhanced intermediate care, respite care and end of life care provision.</p>	<p>In Process - A review of housing with care for older people and care home bed numbers will be presented to the IJB in January 2017. Project work to develop options will follow this exercise.</p>
	<p>D02.d - Develop and implement a new Carers Strategy for East Lothian and an aligned commissioning strategy by December 2016 which fully address the requirements of the Carers (Scotland) Bill and the principles of Best Value.</p>	<p>In Process - Meetings to develop the Project Initiation Document for reviewing the Carers Strategy have been arranged for January 2017. The review of the Carers Strategy has been delayed due to movement of resources as part of the HSCP restructuring process.</p> <p>The government announced in July 2016 that the Carers (Scotland) 2016 Act will take effect on the 1st April 2018, a year later than originally indicated. Scottish Government guidance on the Act will be available by end March 2017.</p>

		<p>The East Lothian Carers Planning Group continues to meet on a regular basis.</p> <p>East Lothian Council have participated in the Scottish Government consultation survey regarding data availability and specification. A separate survey return has been completed by Carers of East Lothian.</p>
	<p>D02.e - Develop and implement a modernisation strategy for day services for older people by December 2016 which recognises need, geography, resources and capacity.</p>	<p>In Process – A draft strategy was finalised through 4 stakeholder events with the sector held over the last 12 months.</p> <p>Working groups are establishing detail on: model of care, transport, training and financing of day services.</p> <p>A paper proposing the way forward for the next 3 years will be considered at the January 2017 IJB meeting. This will include options for how two centres could be re-housed.</p> <p>The new service level agreement is on track for introduction by April 2017.</p> <p>A further session with association and centre managers and staff planned for January.</p>

	<p>D02.f - Establish a housing and health and social care planning interface group to deliver the key actions and priorities from the Strategic Plan's Housing Contribution Statement and needs assessment, including a clear understanding and recognition of delegated functions and budgets as they pertain to the IJB.</p>	<p>Achieved - A housing needs of Older People paper was presented to senior management.</p> <p>Two housing groups are to be established, one a thematic group, the other an operational group.</p>
	<p>D02.g Complete a scoping exercise and bring forward operational and funding proposals to the IJB for a redesigned model of reablement by September 2016.</p>	<p>In Process - Work has commenced to look at the development of a reablement approach for Homecare Services. Further work is required to examine the application of reablement approaches within independent sector, NHS and commercial services pathways.</p>
	<p>D02.h Complete a review of all current Section 10 grants against an agreed prioritisation framework to ensure strategic fit and best value and bring forward proposals for investment and disinvestment to the IJB by December 2016.</p>	<p>In Process - A desk top exercise is underway on all Section 10 grants and other small community support funded services.</p> <p>ELC audit action plan being worked to for Section 10 grants by end of March.</p> <p>Savings identified linked to Housing Support, alarms and young carers.</p> <p>Timing and decisions around any de-commissioning needs to be mindful of political dimension.</p>

Direction 03	What is to be Done	Progress
<p>NHS Lothian Set Aside</p>	<p>East Lothian Integration Joint Board direct NHS Lothian to continue to provide health services as delivered at time of issue of this direction in pursuance of the functions outlined in Section 5 and Section 9, with ancillary support as required for effective functioning of those services within the associated budget noted below, for the population of East Lothian.</p> <p>Specifically over the course of the financial year 2016-2017, East Lothian Integration Joint Board direct NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and/or approval:</p>	
	<p>D03.a - Within the framework and objectives of the plan being developed by the joint Liberton Hospital group ensure the repatriation of East Lothian residents from Liberton Hospital in Edinburgh with the associated shift in aligned financial resources to the IJB, based on agreed activity data, to match this. The indicative financial resource is c.£540k.</p>	<p>In Process – A working group has been set up to manage the transition of Liberton Hospital from its current configurations. This group has developed a timetable for the movement of beds from Liberton to Midlothian Community Hospital (MLCH) and East Lothian beds from MLCH to East Lothian. This work also includes the movement of 6 orthopaedic rehabilitation beds from Liberton Hospital to Roodlands. The group’s financial model was agreed by all the IJB Chief Officers and the financial resolution is within the indicated envelope.</p>

	<p>D03.b - As part of an agreed decant programme ensure the repatriation of East Lothian residents from Midlothian Community Hospital with the associated shift in aligned financial resources to the IJB, based on agreed activity data to match this. The indicative financial resource is c. £1 million.</p>	<p>In Process – This work is planned to commence week beginning 12 December 2016. In line with the agreed business case for East Lothian Community Hospital a reserve has been set up to finance this work and this process is currently underway.</p>
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Direction 04	What is to be Done	Progress
NHS Lothian Hosted Services	<p>East Lothian Integration Joint Board direct NHS Lothian to continue to provide health services as delivered at time of issue of this direction in pursuance of the functions outlined in Section 5 and Section 9, with ancillary support as required for effective functioning of those services within the associated budget noted below, for the population of East Lothian.</p> <p>Specifically over the course of the financial year 2016-2017, East Lothian Integration Joint Board direct NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes or outputs to be brought to the IJB for consideration and/or approval:</p>	
	<p>D04.a - Continue to work collaboratively to support and accelerate local delivery of the key recommendations of the national review of primary care out of hours services.</p>	<p>In Process – At the NHS Lothian level a successful proposal was submitted to Scottish Government for project funding to implement the review recommendations. This work will be progressed through Lothian Unscheduled care Service (LUCS) which East Lothian HSCP ‘hosts’ on behalf of NHS Lothian.</p>
	<p>D04.b - Continue to work collaboratively to support and accelerate local delivery of the key actions of the Transitional Quality Arrangements for the GMS contract in Scotland.</p>	<p>Achieved – Cluster Quality Leads (CQLs) have been appointed to cover the two clusters in the east and west of the county, each of the 16 GP Practices have a Practice Quality Lead and a workplan for 2017/18 is in development.</p>

Direction 05	What is to be Done	Progress
Resource Transfer	East Lothian Integration Joint Board direct NHS Lothian to make payments to East Lothian Council in line with the payment schedule outlined in Section 10 of this Direction.	Achieved - This has been actioned and a payment of £3,227k has been agreed based on the previous agreed position. Payment by NHS Lothian to East Lothian Council is on a quarterly basis.
	East Lothian Integration Joint Board direct East Lothian Council to provide services as outlined and within and in accordance with the budgets outlined in Section 10 of this Direction.	Achieved - The Direction relate to funds from two sources: <ol style="list-style-type: none"> 1. Funds released by NHS Lothian from the closure of long stay institutions and transferred to social care for the reprovision of care 2. Funds from various sources which were to be invested as a result of agreed joint strategic plans. <p>The IJB directed NHS Lothian to transfer these funds to East Lothian Council, for use in line with the original resource transfer agreements, with the funds to be used to support plans already agreed by the parties with no substitution by the council. It is confirmed that these funds have been made available to the East Lothian Social Care budget, thus fulfilling the principle of no substitution. As the parties concerned are now represented by the HSCP, it is the Partnership's responsibility to allocate out these funds to operational budgets. This is acceptable to the IJB and described in the direction.</p> <p>The actual expenditure against these budgets is shown in Direction 02, pertaining to the delivery of social care services by East Lothian Council.</p>

Direction 06	What is to be Done	Progress
<p>Integrated Care Fund</p>	<p>D06 - East Lothian Integration Joint Board directs NHS Lothian to delegate the agreed budget for the Integrated Care Fund to the IJB in line with the annual Integrated Care Fund Plan as agreed by the IJB.</p>	<p>In Process - East Lothian's Strategic Plan outlines both a case for change through an analysis of our health and care economy, the strategic aims based on this analysis, the financial context in which we work and a gap analysis which has allowed us to focus on local priorities. This has resulted in 3 key strategic change programmes:</p> <ul style="list-style-type: none"> • care closer to home • prevention and early intervention and • efficiency and effectiveness. <p>These are interconnected, linked to East Lothian's strategic objectives and each is primarily supported by the Integrated Care Fund as outlined in greater detail above. The Integration Joint Board in East Lothian is committed to taking on the challenges of a changing health and care agenda with devolved responsibility and greater management of local budgets, making a real difference to the health and wellbeing of our local population. The potential of an integrated financial resource associated with Health and Social Care Partnerships and the acute hospital services delegated to them should drive the required policy changes more than any previous policy and presents an exciting opportunity for local communities to shape care delivery. This is the lever required to sustainably shift the balance of care and the Integrated Care Fund the key enabler which in providing bridging funding will allow East Lothian HSCP to maximise the impact of these strategies to release resource.</p> <p>We have also worked closely with colleagues in the third and independent sectors in order to understand and map the spread and diversity of care and service provision provided by these partners and therefore give us a more total picture of our provider landscape and</p>

		<p>understand any potential gaps.</p> <p>This work has allowed Integrated Care Fund spend, particularly that in the 'Prevention and Early Intervention' workstream, to be specifically targeted to localities in the west of the county which exhibit significantly higher levels of multimorbidity. Examples of this include third sector Links workers being aligned with GP practices in the west locality. Equally, the RVS health transport project addresses access to care issues highlighted in remote and rural areas in the east locality.</p> <p>The Integrated Care Fund has also allowed East Lothian HSCP the opportunity to start early developmental work with our Third Sector Interface and third sector partners in considering a Public Social Partnership approach to joint planning, service delivery and performance monitoring which involves co-production, collaboration and consultation. Service users and carers are central to the design and delivery of this model which also links into East Lothian's Single Outcome Agreement.</p>
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The IJB will assume governance and scrutiny for delivery and monitoring of the Fund in line with the principles and guidance issued by Scottish Government and supporting delivery of the IJBs Strategic Plan.

In Process – Full scrutiny will be achieved by review of the Strategic Plan in early 2017 via the Strategic Planning Group.

The spend profile in 2016/17 for the Integrated Care Fund and the Delayed Discharge Fund is :-

	ICF	DD	Total
	£000's	£000's	£000's
Available	1,760	528	2,288
Commitments			
Hospital to Home		370	370
Coagucheck	56		56
Care Home Nurse		37	37
ELSIE II	800		800
Respite & Rehab	99		99
Voluntary Organisations	400		400
	1,355	407	1,762

There is slippage of c. £500,000 from the combined funds. This is being utilised to support the redesign of Mental Health Services (the re-provision of the Hopeton Unit) and the work to support the closure of Ward 2 at Belhaven Hospital.

Direction 07	What is to be Done	Progress
<p>Delayed Discharge Fund</p>	<p>D07 - East Lothian Integration Joint Board direct NHS Lothian to delegate the agreed budget for the Delayed Discharge Fund to the IJB.</p>	<p>In Process – The IJB has a key strategic objective to minimise the total number of delays, to meet the current two week target and to work towards the 72 hour indicator. No date has been set for achievement of the 72 hour indicator, which comes from the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 - Core Suite of Integration Indicators, March 2015. This was informed by the Delayed Discharge Task Force report October 2011 Annex A Recommendations <i>‘A perception should be promoted that 2-3 days be considered a reasonable period for someone to return home’.</i></p> <p>Previous reports to the IJB included a summary of actions taken through the allocation of the delayed discharge fund. Improvement in assessment processes, establishment of the Hospital to Home service and expansion of the NHS Care Home Support Team. This work continues</p> <p>East Lothian’s Strategic Plan outlines both a case for change through an analysis of our health and care economy, the strategic aims based on this analysis, the financial context in which we work and a gap analysis which has allowed us to focus on local priorities. This has resulted in 3 key strategic change programmes:</p> <ul style="list-style-type: none"> • care closer to home • prevention and early intervention and • efficiency and effectiveness. <p>These are interconnected, linked to East Lothian’s strategic objectives and each is primarily supported by the Integrated Care Fund as outlined</p>

		<p>in greater detail above. The Integration Joint Board in East Lothian is committed to taking on the challenges of a changing health and care agenda with devolved responsibility and greater management of local budgets, making a real difference to the health and wellbeing of our local population. The potential of an integrated financial resource associated with Health and Social Care Partnerships and the acute hospital services delegated to them should drive the required policy changes more than any previous policy and presents an exciting opportunity for local communities to shape care delivery. This is the lever required to sustainably shift the balance of care and the Integrated Care Fund the key enabler which in providing bridging funding will allow East Lothian HSCP to maximise the impact of these strategies to release resource.</p> <p>We have also worked closely with colleagues in the third and independent sectors in order to understand and map the spread and diversity of care and service provision provided by these partners and therefore give us a more total picture of our provider landscape and understand any potential gaps.</p>
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	<p>The IJB will assume governance and scrutiny for delivery and monitoring of the Fund in line with the principles and guidance issued by Scottish Government and supporting delivery of both the IJBs Strategic Plan and national targets on Delayed Discharges.</p>	<p>In Process – Full scrutiny will be achieved by review of the Strategic Plan in early 2017 via the Strategic Planning Group.</p> <p>The spend profile in 2016/17 for the Delayed Discharge Fund is :-</p> <table data-bbox="1120 446 2089 941"> <thead> <tr> <th></th> <th style="text-align: right;">DD</th> </tr> <tr> <th></th> <th style="text-align: right;">£000's</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Available</td> <td style="text-align: right;">528</td> </tr> <tr> <td colspan="2">Commitments</td> </tr> <tr> <td>Hospital to Home</td> <td style="text-align: right;">370</td> </tr> <tr> <td>Coagucheck</td> <td></td> </tr> <tr> <td>Care Home Nurse</td> <td style="text-align: right;">37</td> </tr> <tr> <td>ELSIE II</td> <td></td> </tr> <tr> <td>Respite & Rehab</td> <td></td> </tr> <tr> <td>Voluntary Organisations</td> <td></td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">407</td> </tr> </tbody> </table> <p>The slippage of circa £121,000 is being combined with the Integrated Care Fund slippage to support the redesign of Mental Health Services (reprovision of the Hopeton Unit) and work to support the closure of Ward 2 at Belhaven Hospital.</p>		DD		£000's	Available	528	Commitments		Hospital to Home	370	Coagucheck		Care Home Nurse	37	ELSIE II		Respite & Rehab		Voluntary Organisations		Total	407
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Total	407																							

Direction 08	What is to be Done	Progress
Integration Fund	D08 - East Lothian Integration Joint Board direct NHS Lothian to delegate the agreed budget for the Integration (Social Care) Fund to the IJB in line with the proposal from East Lothian Council detailed in Appendix B (attached).	Detail is contained within the separate finance paper.
	The IJB will assume governance and scrutiny for delivery and monitoring of the Fund in line with the principles and guidance issued by Scottish Government and supporting delivery of both the IJBs Strategic Plan and national targets.	Detail is contained within the separate finance paper.

Direction 09	What is to be Done	Progress
Strategic Programmes	<p>Specifically over the course of the financial year 2016-2017, East Lothian Integration Joint Board direct NHS Lothian to work with the Chief Officer and officers of the IJB to ensure delivery of the following outcomes:</p>	
	<p>D09 - Provide a full analysis on the detail of human and financial resources identified within NHS Lothian's Strategic Programmes budget within the financial year 2015/16, including an analysis of resource and activity as it relates to all delegated functions. The analysis should be available by September 2016.</p>	<p>Not Yet Achieved – Information has been obtained on the total NHS Lothian held Strategic Programme budgets (as shown below). However, information has still to be provided by NHS Lothian to confirm the East Lothian proportion of the Strategic Programmes budgets, how this has been applied and how programmes are contributing to delivery of services to East Lothian residents.</p> <p>All-Lothian Strategic Programme Budgets</p> <ul style="list-style-type: none"> • Substance Misuse/Sexual Health/BBV - £1,246,752 • Hospices Expenditure – £4,086,221 • Learning Disability - £1,365,222 • Long Term Conditions and Primary Care - £45,368 • Mental Health and Wellbeing - £3,155,788.