

East Lothian  
Integration Joint Board



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

**THURSDAY 29 JUNE 2017  
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

**1**

**Voting Members Present:**

Mr P Murray (Chair)  
Councillor S Akhtar  
Councillor S Currie  
Councillor S Kempson  
Councillor F O'Donnell  
Ms F Ireland

**Non-voting Members Present:**

Dr R Fairclough  
Dr A Flapan  
Mr D King  
Mrs M McKay  
Mr T Miller  
Mr D Small  
Mr D Harvie  
Mr A Wilson  
Mr E Stark  
Ms M McNeill

**ELC/NHS Officers Present:**

Mr P Currie  
Mr B Davies  
Ms M Garden  
Mr S Allan  
Ms M Anderson (Items 11-13)

**Clerk:**

Mrs F Stewart

**Apologies:**

Ms F Duncan  
Ms A MacDonald  
Dr J Turvill  
Ms S Saunders  
Mr A Joyce  
Ms M Whyte

**Declarations of Interest:**

Councillor O'Donnell advised that she was employed by a charity and this contract would end on 30 June 2017.

**1. CHANGES TO THE VOTING MEMBERSHIP OF EAST LOTHIAN INTEGRATION JOINT BOARD AND THE TERMS OF REFERENCE FOR IJB AUDIT & RISK COMMITTEE**

David Small advised that, following the local government elections on 4 May 2017, East Lothian Council had met on 23 May 2017 and approved its voting members for the East Lothian Integration Joint Board for the period 2017-2022.

The Chair invited nominations for Depute Chair of the IJB and Councillor O'Donnell was elected.

**Decision**

The IJB agreed to:

- i. note that the East Lothian Council voting members will be: Councillor Shamin Akhtar, Councillor Stuart Currie, Councillor Sue Kempson and Councillor Fiona O'Donnell.
- ii. the appointment of Councillor O'Donnell as Depute Chair of the IJB for the period 2017-2019.
- iii. to note that a review of the terms of reference of the Audit & Risk Committee would be undertaken to ensure that they reflect the audit and risk arrangements of NHS Lothian and the Council's Audit & Governance Committee. The new terms of reference would be presented to the IJB's August meeting and nominations for membership will also be sought at that time.

**2. MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD OF 30 MARCH 2017**

Elliot Stark advised that he was not recorded as having attended the meeting. Otherwise, the minutes of the East Lothian Integration Joint Board meeting of 30 March 2017 were approved.

**3. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 30 MARCH 2017**

**Ministerial Steering Group** – Councillor Akhtar enquired if there was an update and David Small replied that a communication had just been issued on planning (strategic) groups. It had been agreed at the Carers Strategy Breakfast on 26 June 2017 that this would include a Carers Strategic Group and eligibility criteria for the group was expected to be finalised by September 2017. Councillor O'Donnell enquired if Carers of East Lothian would be part of this group and Mr Small advised that carers would be represented on all of the groups.

**Delayed Discharges** – David Small advised that the last time performance figures on delayed discharges had been reported to the Committee was in March 2017. The April

census showed that there had been 26 delayed discharges (target 14) although the figure of 14 had been achieved 2 days later. The May census showed there had been 9 delayed discharges (target 14) and the census yesterday (28 June) showed there had been 12 delayed discharges (target 14). Mr Small stated that the IJB aimed to sustain the improving trend and highlighted the need to focus on the most complex of cases. Councillor O'Donnell asked if a 72 hour target had yet been introduced (an indicator included in the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014. Mr Small replied that a 72 hour target was an aspirational figure and not an official target.

**Set Aside Investment Proposals for 2017/18** – David King referred to proposals for Acute Medical Units (AMUs) and advised that NHS Lothian had agreed to create and fund a new unit to provide emergency care. The IJB would not invest money in this unit in 2017/18 but NHS Lothian would provide funding for the expansion of bed numbers in AMUs for this financial year.

**Drug and Alcohol Funding in East Lothian 2016/17 and 2017/18** - Councillor O'Donnell stated that Dr Turvill had already seen the effect of a reduction in funding for drug and alcohol abuse. David King advised that talks had taken place on the share of Government funding to 4 groups responsible for addressing drug and alcohol abuse; East Lothian Council, Scottish Government, MELDAP (Midlothian and East Lothian Drugs and Alcohol Partnership) and the IJB. This followed a redesign of the drug and alcohol services driven by a reduction of 23% in Government funding for the financial year 2016/17. Mr King stated that the IJB would now receive 11% of funding rising to 12% next year. There would also be a small amount of additional resources to develop new projects.

#### **4. CHAIR'S REPORT (VERBAL)**

Peter Murray, Chair, stated that it was a privilege to be invited to chair the IJB and he looked forward to working with Councillor O'Donnell (newly appointed Depute Chair) and David Small, Director of Health and Social Care Partnership. He also paid tribute to the valuable contributions made by the previous Chair, Councillor Donald Grant and Depute Chair, Mike Ash.

Mr Murray stated that he had enjoyed meeting members of the Committee and was grateful for everyone's time. He looked forward to the work ahead and encouraged everyone to be active participants.

Mr Murray advised there had been a suggestion that roles of members of the IJB could have more clarity. He invited everyone to consider the definition of their roles and this would be discussed at the next meeting.

#### **5. NHS HEALTHCARE GOVERNANCE COMMITTEE**

Fiona Ireland provided feedback which would impact on the IJB directions on alcohol, drugs and mental health services and advised that there had been agreement in Quarter 1 to continue funding RIDU (Regional Infectious Diseases Unit), GUM (Genito-urinary Medicine), and toxicology.

She also advised that a redesign of the Ritson Clinic and detox services was ongoing and that there was to be an allocation of Scottish Government funding for pharmacy care.

## **6. EAST Lothian Council Policy & Performance Review Committee and Audit and Governance Committee**

This item would be brought back on a future date when it had been established how structured feedback would be received from these committees.

## **7. FINANCIAL UPDATE – 2016/17 OUT-TURN AND 2017/18 UPDATE**

A report had been submitted by the Chief Finance Officer laying out the financial out-turn for 2016/17 for the IJB and updating the financial projections and planning for 2017/18.

David King summarised the report, clarifying a number of points. On the 2016/17 out-turn, he advised that there had been an agreement that any health overspends against the IJB budget would be covered by NHS Lothian and East Lothian Council. Mr King reported that there had been an overspend in Adult Wellbeing and £1m additional funding had been received from East Lothian Council. Mr King also pointed out that Social Care and Adult Wellbeing were not the same thing and those two areas would need to be reconciled at some point.

Mr King advised that the final net charge made by East Lothian Council to the IJB for delivering services in 2016/17 was £44.3m and this included a charge of £0.7m for the Housing Revenue Account (HRA). This sum was ring-fenced as funds could not be moved out of the HRA and therefore any HRA underspend was not available to the IJB. Mr King also referred to the significant overspend against the GP prescribing budget which had proved challenging.

Mr King advised that a letter had been received from NHS Lothian on 2 May 2017 on the Budget Agreement for 2017/18 which included targets to be met by the IJB. A draft letter in response was attached to the report and Mr King stated that it was important for partners to engage with the IJB on pressures outwith its control. It was also important that there was a clear understanding on roles of responsibility as the draft letter would be sent to NHS Lothian on behalf of IJB members.

Councillor Currie stated that it might not be correct that funds cannot be moved out of the HRA and provided some context on the use of HRA funds. David King undertook to seek clarification on that point from Council Officers.

Fiona Ireland enquired if the underspend in 2016/17 would impact on the 2017/18 budget and David King replied that he did not recall any material change.

Margaret McKay noted from the report that work was underway to transform Lothian Learning Disability services, an issue which had not yet been fully explored by the IJB. She proposed that a focussed discussion on learning disability could be scheduled for a future IJB meeting and David Small agreed this would be of value. He stated that, while much work was going on behind the scenes, a strategic paper on learning disability would be brought to a future meeting.

Mr Small referred to recommendation 2.4 of the report, stating that the IJB financial monitoring would need to focus on partnerships breaking even as additional resources were not available in 2017/18.

Fiona Ireland stated that details of the £3.3m of efficiencies needed to be made available, as the IJB could not sign up to this without such information.

## **Decision**

The IJB agreed to:

- i. note the financial out-turn for 2016/17;
- ii. accept the formal budget proposition from NHS Lothian for 2017/18;
- iii. note the drug and alcohol funds carried forward on behalf of the IJB by East Lothian Council from 2016/17 to 2017/18; and
- iv. note the financial update for 2017/18 and the expectation that the IJB will break-even.

## **8. INTERNAL AUDIT OPINION AND ANNUAL REPORT 2016/17**

The Chief Internal Auditor had submitted a report to advise that the Public Sector Internal Audit Standards (PSIAS) required the Chief Internal Auditor to prepare an annual internal audit opinion and report that can be used by the Integration Joint Board (IJB) to inform its governance statement.

Mala Garden, Chief Internal Auditor, presented the report, stating that the IJB's senior management had responsibility for establishing a sound system of internal control and for monitoring the continuing effectiveness of these controls. She outlined the main objectives of internal control and stated that her evaluation of the IJB's control environment was informed by a number of sources including statutory and other compliance. During 2016/17, a number of areas had been identified with scope for improvement. They included: the lack of a clear audit trail to monitor expenditure incurred for certain categories of the social care fund; the need to ensure that the performance management framework sets out how the IJB would measure performance against the Strategic Plan; and a review of the risk register to ensure that it included all ongoing and emerging risks facing the IJB.

Margaret McKay observed that some areas of weakness had been identified the previous year and the Chief Internal Auditor replied that an action plan was included in the next report to address weaknesses identified over the past year.

Councillor O'Donnell highlighted another area of weakness identified for scope with improvement; the progress requiring to be made on Participation and Engagement and the Workforce Development and Support Plan, to ensure compliance with the Integration Scheme.

Councillor Currie stated that engagement was a key issue and suggested there should be a paragraph specifically on this matter. He acknowledged that some good work was being carried out but stated that there were concerns around the extent of engagement with external members. David Small agreed with both Councillors that further work was required.

## **Decision**

The IJB agreed to note that the Internal Audit Opinion and Annual Report 2016/17 was a formal confirmation of Internal Audit's opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the period ended 31 March 2017 with agreement that further work is required on engagement.

## **9. DRAFT ANNUAL ACCOUNTS 2016/17**

The Chief Finance Officer had submitted a report bringing together the elements required to present for approval the draft annual accounts for the IJB for the year ending 31 March 2017. This included the Annual Governance statement for the IJB which itself formed part of the IJB's annual accounts.

David King, Chief Finance Office, presented the report. He advised that a set of annual accounts had to be presented in draft for approval to either the IJB or a committee of governance of the IJB by 30 June 2017 whereupon the accounts would be presented for audit by the IJB's auditors. Mr King explained that the accounts contained a range of sections but broke down into three main parts; the Management commentary which considered the pressures and issues facing the IJB in the next financial year, the Annual Governance Statement and the financial statements which showed that the IJB had broken even in 2016/17.

Mr King asked the Committee to approve the accounts thereby allowing him to forward them to the auditors.

David Small advised that in 2016/17, the first year of operation for the IJB, two performance reports had been brought to Committee. In 2017/18, four performance reports would be brought forward.

Margaret McKay enquired about the budget for Social Care Fund Appeals and Mr King replied that this was included in this year's budget.

Councillor Akhtar stated that the IJB needed to know what difference it was making to people's lives. The Chair replied that work still needed to be done on performance management. Bryan Davies, in his new role of Planning and Performance, stated that he would prepare a quarterly and annual performance report for the IJB. He also intended to develop a management team report on service delivery. A decision had also to be made on how the IJB would measure performance. The Chair stated that it was important to ensure that there was clarity on how the IJB was achieving its goals, to look at balances and adjust if necessary.

## **Decision**

The IJB agreed to:

- i. approve the Annual Governance Statement; and
- ii. approve the draft Annual Accounts for 2016/17

## **10. INTEGRATION JOINT BOARD PERFORMANCE REPORT**

The Chief Officer had submitted a report to inform the Integration Joint Board (IJB) of its duty to publish an annual performance report for 2016-17 as its first year of operation and the progress so far producing this report.

Bryan Davies, Group Service Manager for Planning and Performance, presented the report. He advised that the Scottish Government guidance required the report to describe, as a minimum, performance against specific elements, including National Health and Wellbeing Outcomes, Core Integration Indicators and Financial Performance. However, there was an expectation that the annual performance reports would include information beyond the minimum list to allow IJBs to highlight particular achievements. The East Lothian report under development was currently seeking input from colleagues across the Health and Social Care Partnership (Appendix 1) to gather accounts of good practice and achievements against the national performance indicators.

Councillor Currie stated that it was important the report captured where the IJB had made a difference and added value. It was equally important to identify areas where more work needed to be done. He added that performance always looked backwards and it was good to look forwards. The Chair stated that there were ambitious expectations for the IJB and he wanted people to share that vision. He hoped that, when the report was published, the IJB could be proud of what it had achieved and plan more ambitious changes for the future.

Councillor O'Donnell stated that it was important to recognise how decisions made by the IJB impact on people's lives and made a difference.

Margaret McKay, Carers in East Lothian, advised that Carers Groups in East Lothian could be asked for feedback on how carers' needs are being met. Bryan Davies replied that, following a procurement exercise, there was now a new framework for care at home services. A programme of change was planned for this year, bringing many positive benefits.

The Chair stated that, at NHS meetings, he had gained a sense that there was a growing understanding of the role of the Partnership and consequently, people were becoming more supportive of the work carried out by their IJBs.

Councillor Currie stated that there was a huge amount of information on performance available to view on the Scottish Government website but it was important to make the information clear for members of the public. A benchmarking framework was useful to indicate performance against the Scottish average and other Local Authorities.

David Small stated that it was helpful to hear the emphasis which partners wanted to see in the performance report due out in August 2017.

### **Decision**

The IJB agreed to:

- i. acknowledge the legislative requirement for it to publish an annual performance report for its first year of operation, 2016-17, and that such a report will need to be produced in subsequent years;

- ii. note there is an expectation in legislation that the 2016-17 performance report will be published by 31 July 2017; and
- iii. note that because of timings of IJB meetings over the summer, publication will be delayed to allow the report to be formally considered at the 24 August IJB meeting before being released. It is known that some other IJBs across the country are planning a similar delay in publication.

## **11. CARE INSPECTORATE GRADES: EAST LoTHIAN**

Information contained in the IJB Performance report from February 2017 advised that grades of inspected services across East Lothian were at “amber”. The IJB expressed concern at this and asked for a follow up report. This paper analysed the trends of the grades from the last two inspections to identify if this information holds merit. The report looked at the progress of services including Care Home services, Care At Home services, Day Centres and Resource Centres.

Bryan Davies, Service Manager for Planning and Performance, presented the report, advising that grades across all the services in East Lothian generally showed trends of either maintaining or improving following recent inspections, with the exception of a small number of providers who had had their grades reduced. One Care Home provider continued to be under close monitoring and it was expected that this would improve at the next follow up inspection. A second Care Home was undergoing close monitoring following a recent inspection although final grades had yet to be awarded. One Care at Home provider had not met the required grades and had consequently not been awarded a care contract in order to maintain quality in service provision.

Mr Davies advised that Care at Home services in East Lothian had recently undergone a tendering exercise and a new framework was put in place from 1 April 2017 that included 15 providers. A minimum of Care Inspectorate Grade 3 overall was required to qualify on to the framework and there were incentives for providers to improve their grade to 4. Older People’s Day Centres across East Lothian had been graded for the first time over 2016/17 as these services were newly registered with the Care Inspectorate.

Mr Davies summarised the grades across Care Home Services advising that, since the last inspection, 41% of homes had increased their grades from their previous inspection. Of the Care at Home service providers, 46% had increased their grades since their last inspection.

Dr Marilyn McNeil enquired how Care Inspectorate ratings were communicated to the public and David Small replied that all Care Inspectorate reports were in the public domain. The reports were intended to be open and transparent, and were accessible to families researching available services.

Councillor Currie observed that a small number of the care services showed below average ratings and stated it was important to acknowledge when things were not going well. Mr Small replied that there were dedicated resources for monitoring such providers, including a Strategy Officer specifically for Care Homes, and all agencies were committed to working together. The Chair added that the aim was to have the highest level of care at all times.

Danny Harvie, ELCAP, hoped that the report would give confidence to the general public. They also had the opportunity to compare East Lothian’s performance with

other Local Authorities and see how East Lothian compared positively with other Authorities.

Fiona Ireland, NHS, enquired if there was a forum which would provide assurances on any care services which were rated at Grade 3 or below and David Small replied that a Clinical and Care Governance Group would bring all quality and assurance into a single forum. Work had already begun on this and an update would be brought to the IJB. Ultimately, there was the Public Protection Committee and any significant incidents were reported there.

Dr Richard Fairclough stated that some of the care home gradings were not as good as others and enquired if there were any upgrades to care homes planned. David Small replied that it was anticipated there would be a paper in the autumn on the direction of travel for a reprovision of two council care homes and NHS hospitals. Margaret McKay noted that only a small percentage of care establishments had had their grades reduced, but when homes could care for 20 to 60 people, such figures could not express the impact that such a change could have on the lives of those being cared for. Mrs McKay also noted that one Care Home had achieved the highest grades available and suggested that this home could be engaged to share good practice.

Councillor O'Donnell advised that she and Bryan Davies were meeting the local representative of the Care Inspectorate on 14 July. She understood that there was going to be a review of inspection criteria and she invited any other items for the agenda.

### **Decision**

The IJB agreed to note the information in relation to current Care Inspectorate grades for services across East Lothian.

## **12. PRIMARY CARE PREMISES IN HADDINGTON**

The Chief Officer had submitted a report to inform the Integration Joint Board (IJB) that proposals for a project were being developed to replace or extend the current GP Practice premises in Haddington and to seek IJB support.

Miriam Anderson presented the report. She advised that all capital projects which seek funding from NHS Lothian had to follow the path described in the Scottish Capital Investment Manual and the Strategic Assessment represented the first stage of this process. Appendix 1 to the report showed the Strategic Assessment for primary care premises in Haddington which had been scored locally from an NHS perspective. The Assessment showed the business needs for change, the benefits which would result from resolving those business needs and prioritisation scores. Based on the scores, a range of options would be explored and a business case for change would be developed.

Councillor Currie stated that a patient centred solution was important and adequate public transport services had to be available for people living outside Haddington to allow people to access services. Ms Anderson replied that a more serviceable site could be considered or the current site extended. She would be engaging with a wide number of people and consultations were expected to last for at least 10 months. She gave an assurance that all options would be explored and both financial and non-financial matters considered.

Councillor Akhtar welcomed this report and enquired if the engagement would be with Haddington GPs alone or if wider groups would be consulted, included young people. Ms Anderson replied that the parameters of the consultation process had not yet been finalised.

The Chair agreed that broader aspects of the process needed to be considered, but the first step was to submit the strategic assessment.

**Decision**

The IJB agreed to support the strategic assessment for this project and agreed that it should be presented to the NHS Lothian Capital Investment Group before proceeding to Initial Agreement stage.

**13. IJB MEETING DATES FOR 2017/18**

The Chief Officer had submitted a report to set the dates for meetings of the East Lothian Integration Joint Board for 2017/18.

**Decision**

The IJB agreed to approve the dates for meetings of the East Lothian Integration Joint Board for 2017/18, including development sessions, as set out in Sections 3.2 and 3.3 of the report.

Signed

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Peter Murray  
Chair of the East Lothian Integration Joint Board



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 24 August 2017  
**BY:** Chief Officer  
**SUBJECT:** Integration Joint Board Annual Report 2016/17

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## 1 PURPOSE

- 1.1 To present to the Integration Joint Board (IJB) the first annual performance report for 2016-17 covering the first year of operation of the IJB.
- 1.2 This follows on from a paper presented to the 29 June IJB explaining why, because of scheduling of IJB meetings over the summer, the annual report needed to be delayed from the publication date of 31 July 2017 required by legislation.
- 1.3 Any member wishing additional information should contact the authors of the report in advance of the meeting.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Approve the draft annual report for 2016/17 (appendix 1) which has been prepared in line with Scottish Government guidance (see 3.3) noting that East Lothian HSCP exceeds Scottish and peer performance on a number of measures.
- 2.2 Approve publication of the draft annual report on the internet only. In the event that paper copies of the report are requested by individuals these will be produced on request. As guidance requires that annual reports are as “...accessible as possible to the public...” access and communication needs will be met on request. The opportunity will also be taken to raise awareness of the report via social media, enabling people to ‘click through’ to access it, so offering the report to a wide audience.
- 2.3 Approve the draft summary version of the annual report (appendix 2). As with the approved full annual report, the approved summary version will

be published on the internet, with printed copies supplied on request. It will also be disseminated through social media.

- 2.4 Note that in line with guidance, annual report data ‘...*must be included for both the year which the report covers, and the 5 preceding years, or for all previous reporting years, if this is less than 5 years.*’ For this reason, the next report due at the end of July 2018 must be prepared to cover the 2017/18 year and the period which the current report covers.

### **3 BACKGROUND**

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014, requires the development of Integration Joint Board or Lead Agency arrangements to integrate health and social care services.

- 3.2 The 2014 Act requires the ‘Integration Authority’ (Integration Joint Board/Lead Agency) to publish an annual performance report on its achievements in planning and delivering its integration functions.

- 3.3 The performance report must take into account Scottish Government guidance (<http://www.gov.scot/Publications/2016/03/4544/downloads>) and has to be published within four months of the end of the year being reported on. For the 2016-17 period this meant the report should have been published by 31 July 2017.

- 3.4 At its meeting on 29 June 2017 the IJB agreed to delay the publication of the annual report from 31 July 2017 to after its 24 August 2017 meeting.

- 3.5 The annual report must be published so that it is available online and disseminated and made accessible to the public and to partners.

- 3.6 A number of IJBs which were established in 2015-16 have already published their first year annual reports. These provided helpful examples of how to present performance.

- 3.7 The Scottish Government guidance requires the report to describe, as a minimum, performance against specific elements:

- National Health and Wellbeing Outcomes
- Core Integration Indicators
- Financial Performance
- Localities
- Service Inspections.

- 3.8 For the 2016/17 report the Information Services Division’s (ISD) Local Intelligence Support Team (LIST) provided analytical and data input. The report also had input from colleagues across the Health and Social Care Partnership’s functions.

#### **4 POLICY IMPLICATIONS**

4.1 There are no policy implications arising from this report or the recommendations within.

#### **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.

#### **6 RESOURCE IMPLICATIONS**

6.1 Financial – None. The intention is to publish the annual report and summary annual report via the internet and social media at no cost. In the event that paper copies, or other versions of the report or summary are requested these can be produced in-house at marginal cost.

6.2 Personnel – Development of the annual report and summary report was carried out by the HSCP team.

6.3 Other – None

#### **7 BACKGROUND PAPERS**

7.1 IJB paper of 29 June 2017 concerning plans for production of the annual report.

<b>AUTHOR'S NAME</b>	Paul Currie
<b>DESIGNATION</b>	Strategic Programme Manager
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<b>DATE</b>	16 August 2017

<b>AUTHOR'S NAME</b>	Jane Ogden-Smith
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<b>DATE</b>	16 August 2017



DRAFT

# ANNUAL REPORT 2016-2017

East Lothian Integration Joint Board

Achieving best care, best health and best value for our communities

East Lothian  
**Integration Joint Board**



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Public Health and Health Improvement Input

National Health and Wellbeing Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

National Health and Wellbeing Outcome 2 - People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

National Health and Wellbeing Outcome 3 - People who use health and social care service have positive experiences of those services, and have their dignity respected

National Health and Wellbeing Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

National Health and Wellbeing Outcome 5 - Health and social care services contribute to reducing health inequalities

National Health and Wellbeing Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce the impact of their caring role on their own health and wellbeing

National Health and Wellbeing Outcome 7 - People using health and social care services are free from harm

National Health and Wellbeing Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

National Health and Wellbeing Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services

IJB Finances

# Foreword

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‘Welcome to the first annual report of the East Lothian Integration Joint Board (IJB). This was formed on 1 July 2016, taking on responsibility for the planning and delivery of a wide range of adult primary and community health and social care services in East Lothian, as well as some acute hospital services.

‘This report looks at the period between April 2016 and March 2017. During this time we focused on integrating our health and social care management and service teams and we reshaped the commissioning and delivery of services in line with our strategic vision.

‘We also laid the groundwork for the way that we want to work with our stakeholders. We spent all of 2016 engaging with providers, service-users and advocacy groups on a wide range of projects. Stakeholder feedback was instrumental in shaping the procurement process for our new care at home framework, our day centre strategy and our primary care strategy.

‘This annual report shows what we achieved in 2016-17. Much of it is very positive but there are also areas where we want to do better. Therefore, we have included information about what we want to do next. Planning and delivery doesn’t stop and start with each new financial year, but is a continuous process.

‘Integrated working has huge potential benefits, for example, sharing knowledge and skills and making better use of resources to secure better outcomes for people in East Lothian. One of the great strengths of health and social care integration in Scotland is that it also provides the opportunity to engage in longer-term, sustainable planning, which, in East Lothian, will help us to achieve our vision of best health, best care, best value for our communities.’

‘We look forward to working with our partners in coming years to deliver this vision.



**Peter Murray, East Lothian Integration Joint Board Chair**



**David Small, Chief Officer, East Lothian Integration Joint Board**

# About East Lothian Health and Social Care Partnership

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East Lothian Integration Joint Board (IJB) was formed on 1 July 2015, with a responsibility to plan for the delivery of the functions delegated to the IJB by East Lothian Council and NHS Lothian. These functions are:-

- Adult social care
- Primary care services (GP practices, community dentists, community pharmacists and community optometrists)
- Mental health services
- Physical disability and learning disability services
- Community health services
- Community hospital services
- Unscheduled care services (services that are generally delivered from the Royal Infirmary of Edinburgh and the Western General Hospital)

The IJB assumed formal responsibility and associated budget for these functions on April 2016. The IJB published its 2016 to-19 Strategic Plan for these functions in March 2016, in line with the processes set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

This report looks at our performance during the first full year of operation and how we have delivered the vision in the IJB's Strategic Plan of best health, best care and best value.

## Our vision - Best health, best care, best value for our communities

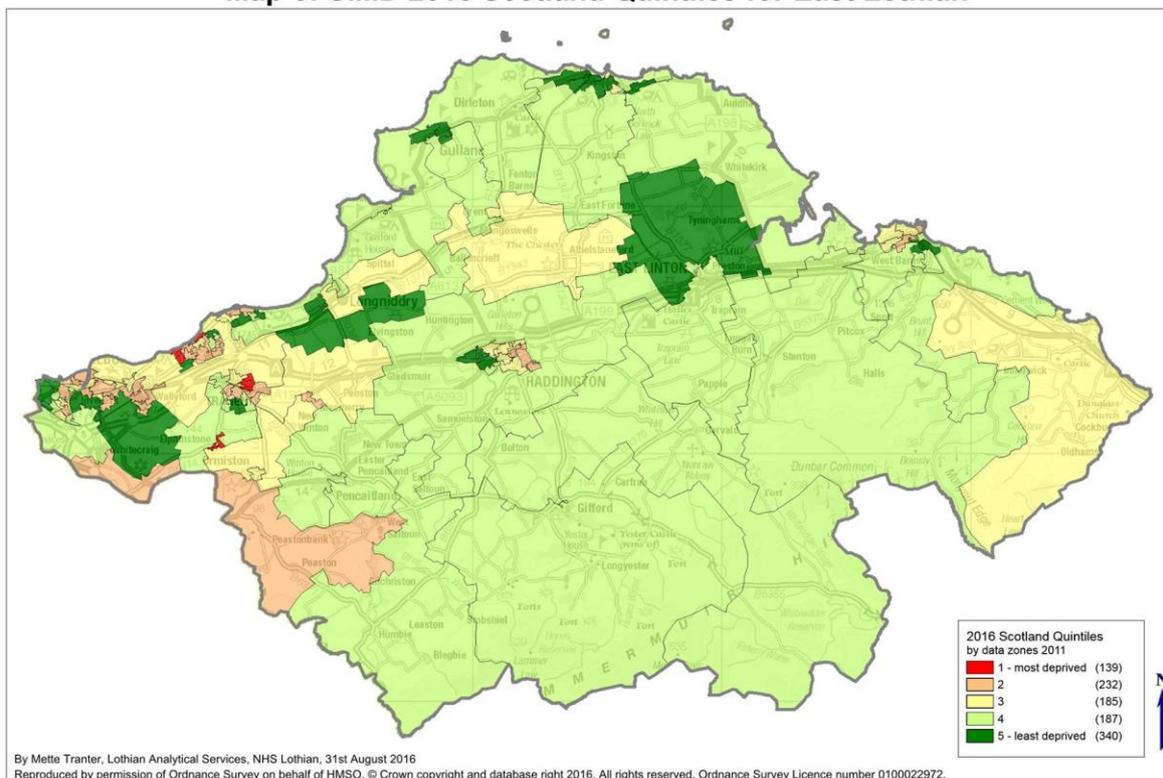
We want to make sure our services:

- are joined-up for service-users
- take account of the particular needs of individual service-users and their circumstances in different parts of the county
- respect our service-users' rights and take account of their dignity
- take account of the way that our service-users participate in their communities
- protect and improve our service-users' safety
- improve the quality of our services and ensure that they are planned and delivered locally in a way that is engaged with our communities
- anticipate needs and prevent them from happening
- make the best use of the available facilities, people and other resources.

You can find out more about our vision for health and social care in East Lothian over the next few years in our strategic plan on [www.eastlothian.gov.uk/elhscp](http://www.eastlothian.gov.uk/elhscp).

The strategic plan underpins all our decision making, focuses on delivery of the nine National Health and Wellbeing outcomes set out in the 2014 Act and seeks to address health inequalities across the county (see following map). As the strategic plan notes, across East Lothian people living in the poorest neighbourhoods, can on average, expect to die four years earlier than people living in the richest neighbourhoods and spend more of their lives with ill health.

**Map of SIMD 2016 Scotland Quintiles for East Lothian**



## Locality planning

The HSCP has established good relationships with East Lothian’s six local area partnerships. As set out in the Strategic Plan, it was decided to have two localities – East and West – as this model best reflects the county’s demography. Initial locality work on primary care is already underway and this approach will be further developed within the Strategic Groups.

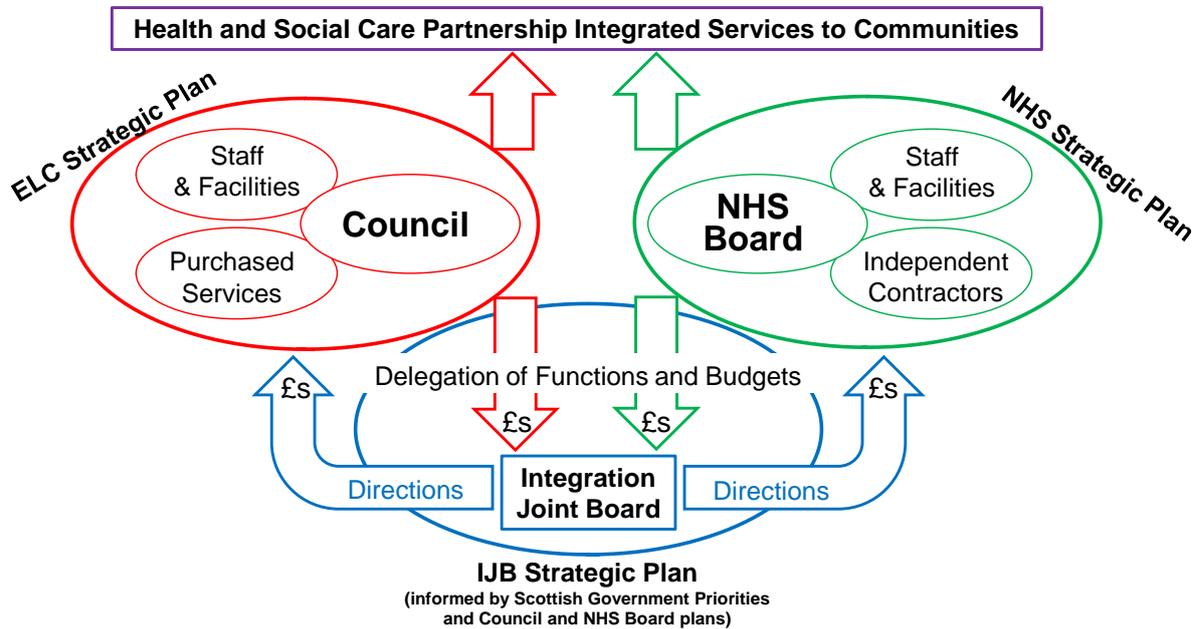
### What is a ‘locality’?

Localities should, as far as possible, reflect natural communities, boundaries and established service operating boundaries, focussing on populations and service design to meet their needs.

## Planning and delivery structures

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. Directions are issued for each delegated function and for the allocation of the associated financial resource to support delivery of

directions. The graphic below shows the relationship between the IJB, Council, NHS Board and Health and Social Care Partnership and the table highlights the key challenges facing the HSCP.



### Key challenges for East Lothian Health and Social Care Partnership

Growing and ageing population	Health inequalities	Financial pressures	High demand on primary care	Recruitment
<p>East Lothian is amongst the fastest growing areas in Scotland.</p> <p>The over-65s age-group will grow by 72% over the next 20 years.</p> <p>Health and social care needs are becoming more complex.</p>	<p>There are marked and continued differences in health experience, health outcomes and levels of deprivation between the west and east of the county.</p>	<p>Reducing resources and change demographics mean that it is no longer affordable to deliver health and social care services under the existing models.</p>	<p>Primary care, particularly in the west of the county, remains under pressure arising from:</p> <ul style="list-style-type: none"> <li>- the growing and complex care needs of the elderly.</li> <li>-the increase in long term conditions.</li> <li>-high demand for appointments across the practice list.</li> <li>-reducing numbers of GPs</li> </ul>	<p>The current labour market makes carer recruitment difficult.</p> <p>There is a national shortage of qualified and trainee GPs.</p> <p>Investment is needed for training and employment of new primary care team roles (e.g. Advanced Nurse Practitioners and Advanced Scope Physiotherapists).</p>

## Directions

At its meeting of 31st March 2016 East Lothian IJB agreed its 2016-17 directions, aligned to the Strategic Plan and reflecting the nine National Health and Wellbeing Outcomes and the 23 performance indicators and covering all the functions delegated to the IJB. These were issued to East Lothian Council and NHS Lothian in March 2016 for the financial year 2016/17.

At its last meeting of 2016/17 the IJB agreed its 2017/18 Directions and which of the previous year's Directions would end, be replaced by alternatives, or continue into the following year. This was intended to ensure the 2017-18 Directions focused on a smaller number of areas compared to the preceding year.

During the year, progress against Directions was monitored and reported to the IJB.

## National Health and Wellbeing Outcomes

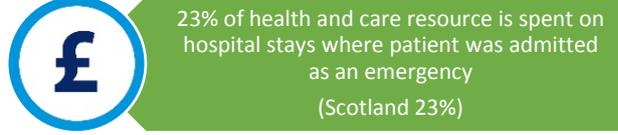
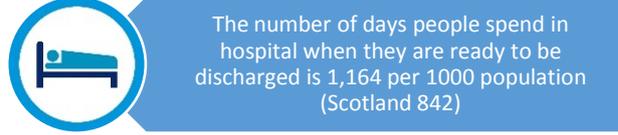
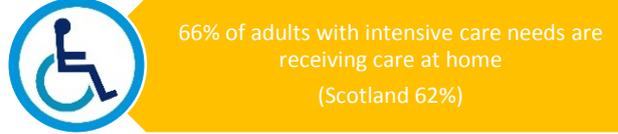
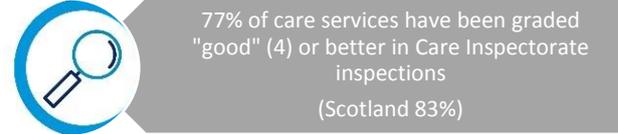
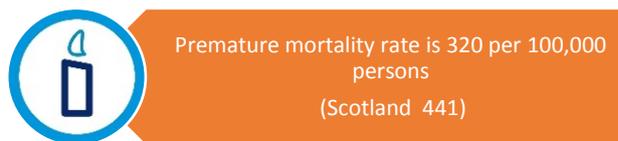
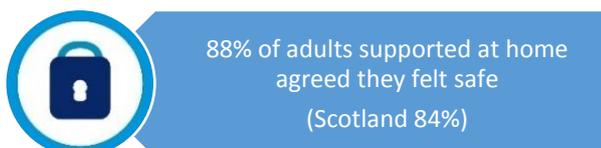
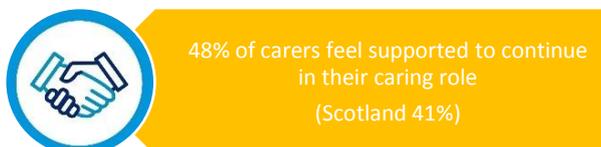
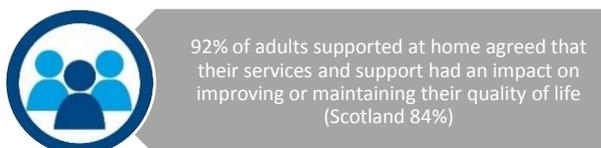
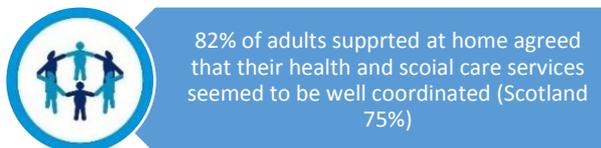
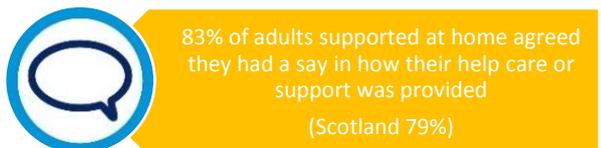
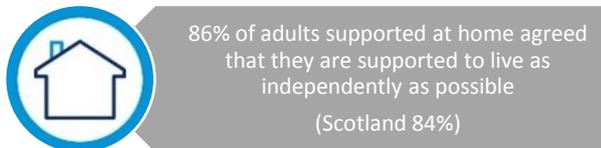
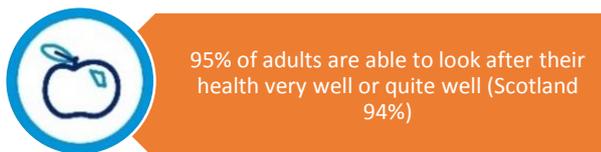
### How we monitor our performance

The Scottish Government established a suite of 23 performance indicators to enable health and social care partnerships across Scotland to demonstrate how well they are achieving a variety of measures related to the nine National Health and Wellbeing outcomes. East Lothian's performance against the 19 measures for which data are available is shown below.

In looking at performance between different IJB areas across the country it is important to remember that:

- Priorities are locally set by IJBs, reflecting national and local strategic issues and local needs assessments
- IJBs face differing challenges, demands and availability of resources
- Other areas of activity that also help to deliver National Health and Wellbeing outcomes are not represented in these performance indicators.

## National health and wellbeing outcomes for East Lothian HSCP



## How we performed compared to seven 'peer group' local authorities and the national average

INDICATOR	East Lothian	Peer Group Average	Scotland
1. Percentage of adults able to look after their health very well or quite well	95.2%	94.6%	94.0%
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.	86.3%	81.9%	84.0%
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	83.4%	77.6%	79.0%
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.	81.7%	76.7%	75.0%
5. Percentage of adults receiving any care or support who rate it as excellent or good	83.9%	80.7%	81.0%
6. Percentage of people with positive experience of care at their GP practice.	84.7%	86.7%	87.0%
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.	92.4%	83.7%	84.0%
8. Percentage of carers who feel supported to continue in their caring role.	47.7%	42.6%	41.0%
9. Percentage of adults supported at home who agree they felt safe.	87.9%	82.9%	84.0%
10. Percentage of staff who say they would recommend their workplace as a good place to work.	Not yet available.		
11. Premature mortality rate (per 100,000 population)	319.9	406.5	440.5
12. Rate of emergency admissions for adults (per 100,000)	9,398.0	12,373.4	12,037.0
13. Rate of emergency bed days for adults (per 100,000)	114,152.0	121,572.1	119,649.0
14. Readmissions to hospital within 28 days of discharge (per 1,000)	95.20	101.09	95.30
15. Proportion of last 6 months of life spent at home or in community setting.	86.20	87.54	87.50
16. Falls rate per 1,000 population in over 65s.	18.50	19.94	20.90
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	77%	82%	83%
18. Percentage of adults with intensive needs receiving care at home.	66%	64%	61%
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged. (per 1,000)	1164.0	879.6	842.0
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	23.3%	23.9%	22.8%
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.	Not yet available.		
22. Percentage of people who are discharged from hospital within 72 hours of being ready.	Not yet available.		
23. Expenditure on end of life care.	Not yet available.		

Shaded data cells show where the most recent Scotland figure is not yet available, so the Scotland figure for the previous year is shown  
Data shown above is for the most recent year available

## Delayed discharge performance

East Lothian’s performance for hospital delayed discharges has steadily improved since August 2016. The actions taken to achieve this improvement include:

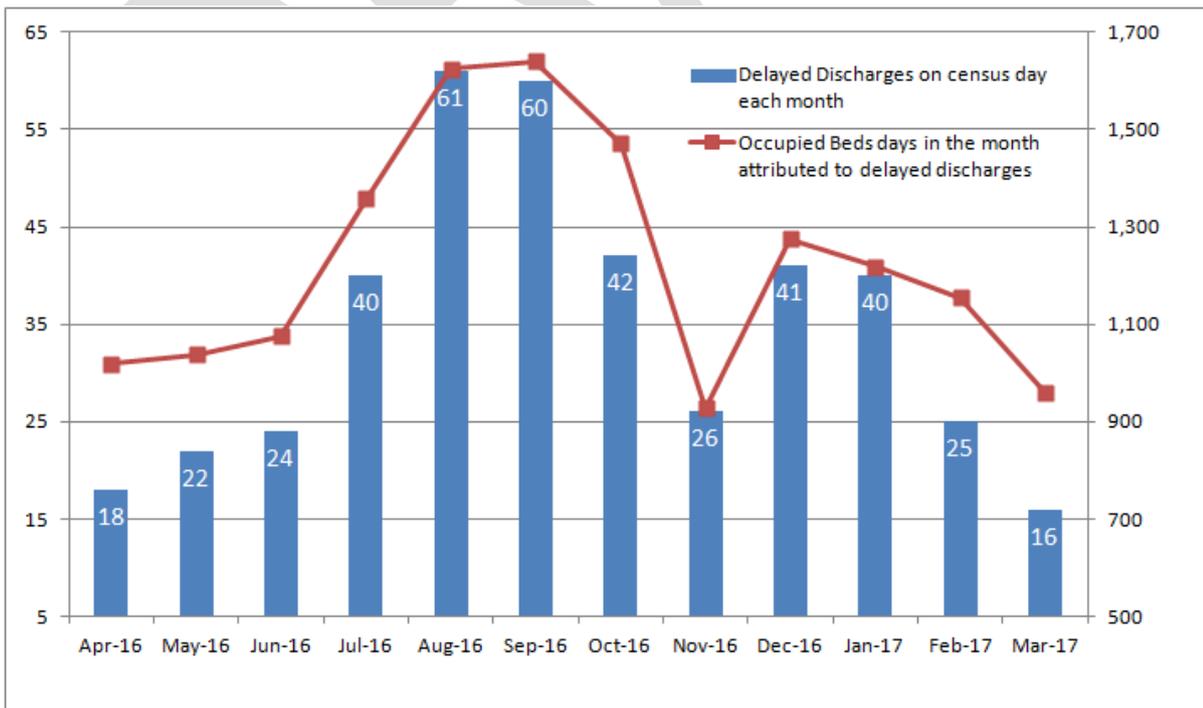
- A 20% increase in the Hospital to Home team to avoid unnecessary hospital admissions
- Implementation and continued support by the Partnership of the Living Wage, helping to stabilise workforce numbers within the home care sector
- A weekly Delayed Discharge Task group and daily HUB and patient flow meetings to assist in finding next stage of care solutions for all patients/clients with a delayed discharge
- A 20% increase in capacity of ELSIE (East Lothian Service for Integrated Care for the Elderly), to further improve its effectiveness in avoiding admission and in supporting the return home of patients
- Continuing use of the Partnership’s step down capacity to enable patients to be moved out of acute hospitals expeditiously.

### What is ‘delayed discharge’?

A delayed discharge is any hospital inpatient who is ready for discharge but is delayed in hospital care because they don’t have care in place to return home or to a homely care setting.

Being delayed in hospital can be debilitating, reduce independence and slow down ongoing recovery.

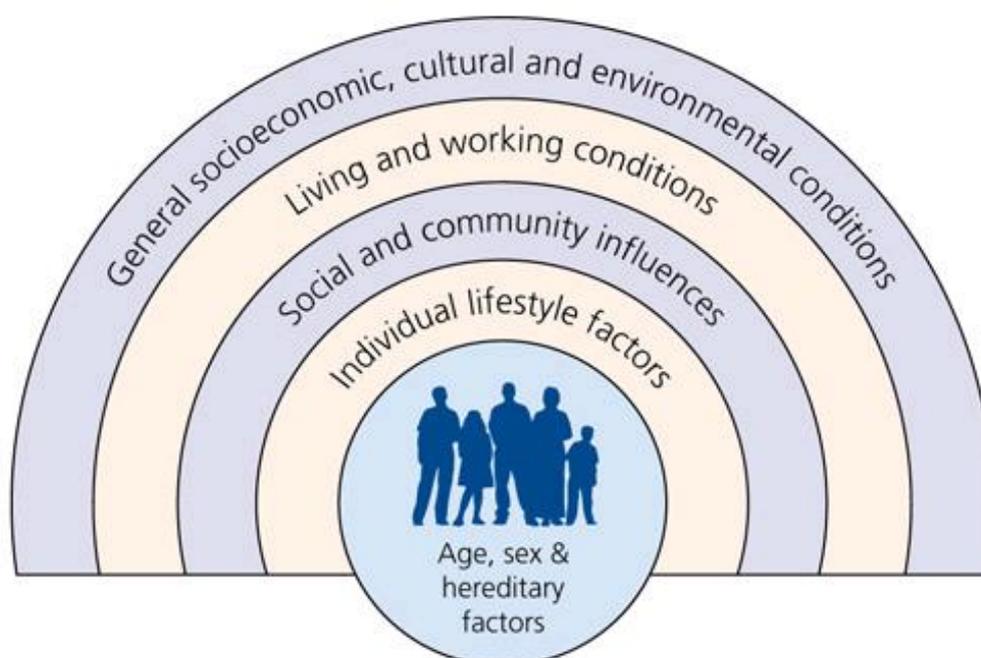
The graph below shows the number of inpatients recorded as a delayed discharge at each monthly census point (blue column). The red line shows the cumulative number of bed days occupied in a month by all patients whose discharge was delayed. Both measures have improved across the last year.



## Public Health and Health Improvement

The IJB worked closely with partners in identifying and addressing population health needs. The public health professionals supporting this work include: a Public Health Practitioner; a number of Health Promotion experts; Public Health Consultants and Public Health Policy Officers.

All HSCP activity influences population health either directly or indirectly. However, many of the broader determinants of health and wellbeing sit outwith the HSCP (see figure below). To address these, public health colleagues work with partners across East Lothian's wider Community Planning Partnership and other settings. They provide health improvement and health intelligence expertise and support partners in taking an evidence-informed, person-centred approach which considers the impact of policy and interventions on health and health inequalities.



**Figure: The Broader Determinants of Health and Wellbeing, Dhalgren and Whitehead, 1991**

Health improvement and health inequalities work in East Lothian is often (but not exclusively) co-ordinated through the East Lothian Health Improvement Alliance. This group brings together organisations from the public, community and third sectors with an interest in improving health and reducing inequalities. The group reports to, develops and presents papers to the Resilient People Partnership, one of the community planning groups. Public health colleagues are also represented at a strategic level on the HSCP Strategic Planning Group and HSCP Strategic Plan Programme Board and the various strategy groups which sit under these.

# National Health and Wellbeing Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer



95% of adults are able to look after their health very well or quite well (Scotland 94%)



84% of adults receiving any care or support rated it as excellent or good (Scotland 81%)



85% of people had a positive experience of the care provided by their GP practice (Scotland 87%)

## Health improvement

### Physical activity

In East Lothian, there are sports and leisure centres in each of the six main towns and well-maintained pitches and greens. The county also offers numerous cycle trails, walking and hill walking opportunities. The HSCP has a strong working relationship with East Lothian Council's Sport, Countryside and Leisure service and has worked with them to develop a Physical Activity Framework and Action Plan 2016-19. The service runs a number of walking groups through Ageing Well, walking football for the over-50s and has recently installed outdoor gym equipment along the River Tyne Walkway in Haddington.



We promote physical activity for older people through our physiotherapy services and place emphasis on physical activity in our care homes (both our own and partner providers').

## Physical activity indicators

	Indicator	Weighted count	East Lothian proportion	Scotland average	Scotland Local Authority lowest	Scotland range	Scotland Local Authority highest
7	Recreational walking participation in adults	243	66	65	55		83
8	Frequency of active participation	154	52	48	33		70
9	Active recreation in older people*						
10	Attendance at leisure facilities	146	40	30	23		44
11	Active travel to school*						
12	Satisfaction with leisure facilities	210	57	53	37		87
13	Greenspace accessibility	308	84	68	52		89
14	Adult active travel	119	66	67	39		86
15	Community safety for play*						
16	Safety of neighbourhood for walking	554	73	74	65		89
17	Active volunteering workforce*						
18	Sports participation - adults	213	58	52	41		62

### East Lothian Citizens' Panel Results

A Citizens' Panel survey in 2016 with a total of 795 respondents had a number of physical activity related questions. 67% of respondents thought they would benefit from slightly (43%) or significantly (24%) increasing their levels of physical activity.

The majority of respondents said that the following benefits of physical activity would motivate them to do either a lot or a little more physical activity:

- Benefits overall health (94%)
- Improves sleep (82%)
- Maintains healthy weight (92%)
- Benefits mental health (86%)
- Improves quality of life (92%)

The majority of respondents (74%) said they were aware of the benefits of physical activity. Related to the percentage reduction in risk of specific conditions, 42% of respondents indicated the risk reduction was higher than they expected whilst 55% said it was what they expected. 71% of respondents said that seeing the percentage risk reduction in specific conditions would encourage them to increase their levels of regular physical activity.

The biggest reason cited that would encourage respondents to increase their levels of physical activity was having more time (60%) followed by having cheaper local facilities/activities (42%) and having better local facilities that meet their needs/reflect their interests (40%).

Both East Lothian Council and NHS Lothian promote health and wellbeing activities for staff through initiatives like Healthy Working Lives.

### Good mental health

We work with key partners, such as CHANGES in Musselburgh, to help people achieve better mental health, and we also provide counselling and other therapies at Herdmanflat Hospital in Haddington. People can refer themselves to counselling and other therapeutic services at CHANGES but must be referred to NHS services. The demand for these services is high and there are waiting lists.

In 2016-17, we reviewed mental health services. This underlined both growing demand and too great a centralisation of services. This is exacerbated by patchy public transport, financial pressures on people affected by welfare reform/poverty, the financial impact of unpaid caring and the current focus on austerity in relation to public sector funding.

ELHSCP supports CHANGES to deliver ASIST programmes that help workers and members of the public to be better able to identify when people are at risk of suicide and what they need to do to support them and get professional help quickly.

1<sup>st</sup> Response – Penumbra, Changes and Stepping Out, with funding from East Lothian Health and Care Partnership, launched the new 1st Response service for people who feel they are reaching crisis point. 1st Response provides face-to-face support throughout East Lothian. The project helps people resolve their crisis through sensitive and non-judgmental support based on individual needs, and helps people to access other services. It provides information about other organisations which could help (such as health services, social work, benefits advice and other support) and helps people to develop skills to manage their mental health. It runs drop-in sessions at different venues across East Lothian five days a week.



## Health promotion

We actively supported health improvement initiatives to promote healthy eating, smoking cessation, physical activity and sensible drinking.

## Substance misuse

While the misuse of alcohol and drugs affects all communities the negative impact is greatest in our most deprived communities. It is estimated that annually for East Lothian between 20 and 50 children are born with Foetal Alcohol Spectrum Disorder. Over 2016-17 a total of 333 Alcohol Brief Interventions were conducted. In that period there were 412 alcohol related hospital stays and 14 alcohol related deaths.

It is estimated that 880 individuals in East Lothian have problem drug use (580 males 300 female). Access to treatment services was good with some 88% of clients being seen within 3 weeks from initial referral (HEAT A11 Standard). East Lothian services provided treatment for 376 (187 drugs and 189 alcohol) clients and 10 East Lothian clients were offered a place at the residential Lothian and Edinburgh Abstinence Programme.

At the January 2017 IJB meeting, it was agreed to refocus the work of Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) onto promoting recovery through the commission of services such as the Recovery College, Starfish Recovery café and Recovery Connections. This is now underway and we hope to be able to report the initial impact of this work in next year's Annual Report.

## Self-management

### HILDA

The HILDA (Help with Independent Living and Daily Activity) website provides its users with information they can trust on equipment that they can buy or borrow to help them maintain and improve mobility. It offers an easy to follow online self-assessment to help pinpoint what kind of support would be useful and puts people in touch with activities, exercise and advice to help keep them moving and enjoying life.



Registering enables users to get the most out of HILDA. This means they can plan and set goals that will help improve their mobility. They can change their goals as their needs change and

they can also create a plan for friends or relatives. Assessments, advice and details of equipment can be 'pinned' to their plan for future reference.

### Accessing primary care

We began work aiming to get people to rethink how they use primary care services. Instead of routinely seeking a GP for health concerns, we aimed to offer appropriate access to other clinical professionals, to make them aware of services to which they can self-refer and to make more use of NHS Inform and NHS 24 to help in self management. It has been agreed to take this forward with NHS Lothian to ensure consistency of message across the Lothians.

### Developing primary care

In 2016/17, we started work to develop a new primary care telephone triage service in partnership with NHS 24. In the first instance this will operate out of Musselburgh Primary Care Centre. It is intended to begin a pilot project in autumn 2017.

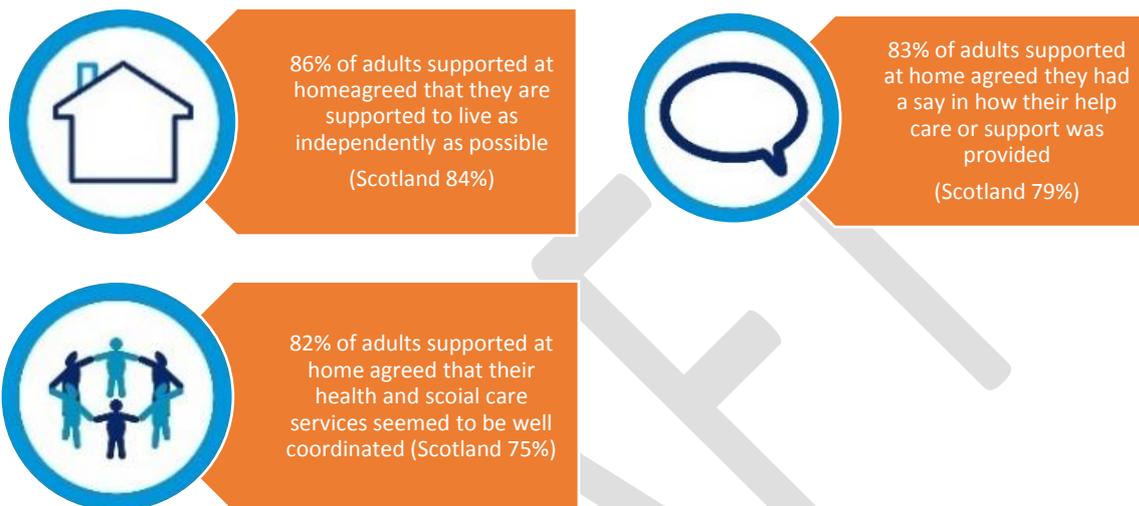
### Looking ahead

It is planned to establish a Mental Health Strategy Group, comprising of key stakeholders, to work on a mental health strategy. This will involve active engagement with a wide range of stakeholders during its development. The planned strategy will focus on how to deliver more resource closer to home, enabling people to manage better mental health for themselves and providing earlier intervention and support.

# National Health and Wellbeing Outcome 2

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People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.



## Older Peoples' Day Care Review

The project, to review day care provision for older people examined a number of the challenges linked to long standing care at home provision such as a lack of capacity, low Care Inspectorate grades attainment by providers and coverage across the county.

Throughout 2016/17 a co-production approach was taken to the review, which involved HSCP officers working with the East Lothian Association of Day Centres, the ten third sector day centres and other stakeholders including elected members. The project looked at key elements of day care provision including the model of care, training, transport, data collection and the role of the association. Several events were held where these were explored in detail and reported back.

In early 2017, following conclusion of the review, the IJB accepted a proposal to develop day centre provision for a three year period in the first instance. The proposal was to develop the centres as health and social care centres with more formal links to in-house teams to provide opportunities to improve service delivery by taking pressure off care at home provision, providing one stop shops to allow centre users to access a range of professions and services, providing respite opportunities for carers and preventing delayed discharge through the use of emergency places.

Further investment arising from the review will ensure all ten day centres are funded more equitably based on the number of registered places they offer and their occupancy rate. As all day centres are registered to provide complex personal care it is important to support them equally. Building quality, leasing and maintenance arrangements have also been broadly standardised as a result of the project. This ensures the buildings they are operating in are fit for purpose.

It is planned to develop the centres over the next 6-12 months in order to support what could well be a unique model in Scotland by which ten small charities (each led by a committee whose members are all over 65) run all older peoples' day care provision. This means older people provide support to other older people with increased needs in very local communities.

### Review of Care at Home Provision

The review allowed us to move from two service delivery frameworks, one providing care at home to older people over 65 and the other providing care at home to adults with specialist support needs to a single framework providing care at home support to all clients regardless of age or support need.

The project also developed a client focused approach by providers to provide tailored care and support to achieve personal outcomes agreed between the provider and the client and funded through a Personal Budget. This exciting development is a departure from previous approaches which directed how support was delivered by the day and hour and provides Self Directed Support style independence for those opting for option 3.

The personal budget model will drive up quality as only providers with grade 4 or above Care Inspectorate assessments will qualify to work in this way. The linkage of support to an improvement in quality is crucial not only for the service the client receives but also reduces the need to provide resource intensive support to providers whose grades fall or who end up under close monitoring or large scale investigation.

Under the contract providers are asked to identify ways of delivering efficiencies. Should they successfully identify and achieve a reduction in costs then they are eligible to receive a share of the savings. This incentivises the achievement of efficient service delivery on an ongoing basis.

### Hospital at home and hospital to home

**Hospital to Home** is a proactive and flexible service to support patients care need. If a patient's needs alter once home, then the service can increase their care until things improve and they return to their normal. It works on a re-ablement model that leads to a reduction in the need for care through time. It maximises, maintains and can improve on a person's

independence by empowering them to manage their activities of daily living. The service has received excellent feedback from patients, relatives and other professionals, with the most recent patient satisfaction audit scoring 96.7%.

**Hospital at Home** seeks to avoid unnecessary hospital admissions and support patients' prompt discharge from hospital back to their own home in the community. Its multi-disciplinary team implements a care plan for each patient that is reviewed and monitored on a daily basis at the morning 'huddle'. To date the team have supported over 774 patients since February 2014, the average length of stay depends on the patients presenting condition this can be from 1 Day to up to 50 days. The team will support the patients in the community to remain in their own home and environment. The benefits of this approach include:

- Patients remain in their own home, surrounded by their family and carers.
- Patients are not admitted and therefore do not lose their package of care and have a further delay of having to be reallocated a package further down the line when available, if a complex package of care patients can wait some considerable months.
- Reduced bed days allowing the service to close 13 beds.
- Allowing the service to ensure that the patient receives the right treatment in the right place at the right time.
- The patient benefits from a multi-professional approach to care.
- Strengthened links with social care and mental health.

This model was cited as a national good practice case study by the Accounts Commission as an example of 'overcoming workforce challenges to providing new care models'. (*Changing models of health and social care*, prepared by Audit Scotland, 2016).

## Telecare

In 2016/17, we focused on

- Supporting service redesign to ensure technology enabled care (TEC) is embedded at all key points in the integrated care pathway
- Increasing the number of awareness sessions for staff and stakeholders to incorporate and promote the use of technology to improve outcomes
- Identifying limitations of certain TEC solutions and reinforcing that technology augments but does not replace human intervention
- Encouraging a shift from the technology itself to care supported by technology.
- Trialing new digital equipment to prepare for the transition from analogue to digital technology
- Supporting people to make greater use of mainstream technology where possible utilising their own devices or advice regarding possible options.



The HSCP received an award of £50,000 from the Scottish Government to develop a strategic partnership approach to technology enabled care, which is intended to fund a 12 month development post

# National Health and Wellbeing Outcome 3

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People who use health and social care service have positive experiences of those services, and have their dignity respected



92% of adults supported at home agreed that their services and support had an impact on improving or maintaining their quality of life (Scotland 84%)

## Patient/service-user feedback

East Lothian Council received 57 complaints between April 2016 and March 2017 about its Adult Social Care Services and it received 49 written unsolicited compliments.

*'I would like to compliment the home care team who looks after my husband at home. They are doing a great job - keep it up!'*

**Mrs W**

*'Thank you everyone in Telecare ... everyone is fantastic, you do a brilliant job.'*

**Mr H**

## East Lothian Health and Social Care Engagement Group

East Lothian Health and Social Care Partnership, East Lothian Council Community Learning and Development and the Scottish Health Council worked together to develop an independent service-user group to provide feedback on their experience of using HSCP services.

## Big Conversation

Since the establishment of the HSCP, we have held an annual strategic engagement event called 'The Big Conversation'. We held Big Conversation 2 - #OverToYou our second annual consultation event for stakeholders in health and social care integration in East Lothian in October



2016. Our keynote speaker [Professor Brendan McCormack](#) from Queen Margaret University spoke about developing a 'culture of generosity' in integrated health and social care. Participants used a series of case studies to examine approaches to meeting client needs. Some outcomes of the event can be seen on the [Big Conversation video channel](#).

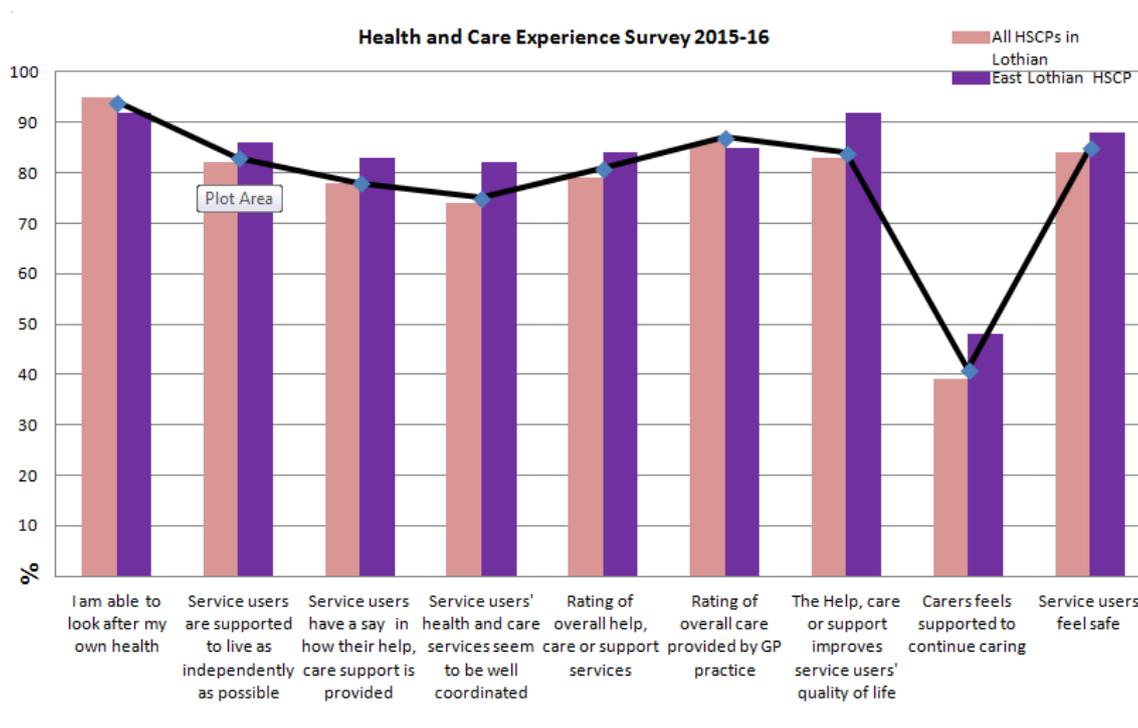
## Allied events

We also supported and/or hosted events on themes that inform our wider strategic planning, for example, carer identification and the East Lothian Autism Strategy – one year on.

## Health and Care Experience Survey

This national survey, published in 2016 and covering the 2015/16 period focuses on patients' experiences of their GP practice, out of hours health services and care and support.

East Lothian had the most favourable responses in Lothian and was better than the National average.



## Patient Participation Groups (PPGs)

There are three PPGs already operating in GP practices across East Lothian. However, we would like to stimulate development of further primary care patient groups. The HSCP is currently negotiating the establishment of further groups at Eskbridge and Riverside medical practices in Musselburgh. Eventually, we would like to arrive at model for all practices in East Lothian to consider, enabling patients to comment on practice matters at local meetings and to come together to engage on HSCP strategic matters at larger joint meetings.

## Looking ahead – East Lothian strategy groups

East Lothian Health and Social Care Partnership has set up seven new strategy groups to help it to deliver its strategic directions. The new strategic groups each comprise a multi-stakeholder themed Strategic Group and a corresponding Working Group, which consists of key officers from the Partnership. Each group has a proposed-focused remit as set out below. Remits will be finalised and agreed when each group is established and the first meeting held. The groups are:

1. **Dementia Strategic Group and Dementia Working Group** - remit focus: Development of a local Dementia Strategy and work plan
2. **Carers Strategic Group Carers Working Group** - remit focus: Development of a local Carers Strategy and work plan
3. **Mental Health Strategic Group and Mental Health Working Group** - remit focus: East Lothian Mental Health Strategy/Develop links with local Autism Strategy/Develop Suicide Prevention Strategy and work plan
4. **Learning Disability Strategic Group and Learning Disability Working Group** - remit focus: East Lothian Learning Disability strategy and work plan.
5. **Physical Disability and Sensory Impairment Strategy and Working Group** - remit focus: East Lothian Physical Disability & Sensory Impairment strategy and work plan

*'This is a real milestone in ELHSCP's development. It means that we can start working closely with stakeholders to plan for what's happening this year, next year and for years ahead. Working strategically will help us to make the best of our resources, which is critical in the current financial climate. More importantly, the planning groups give us the opportunity to make sure that stakeholders are equal partners in planning, enabling us to develop innovative, flexible and responsive answers that really meet the health and social care needs of people in East Lothian.'*

**David Small, Director, ELHSCP**

6. **Palliative Care Strategic Group and Palliative Care Working Group** - remit focus: This will focus on the target 'That no more than 10% of the last six months in life is spent on average in the large hospital setting by 2018/19'.
7. **Primary Care Strategic Group and Primary Care Working Group** - remit focus: Produce a strategy to support and develop work within the quality clusters and to develop service delivery models to support primary care services across the county.

# National Health and Wellbeing Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.



85% of the last 6 months of life is spent at home or in a community setting (Scotland 87%)



77% of care services have been graded "good" (4) or better in Care Inspectorate inspections (Scotland 83%)



66% of adults with intensive care needs are receiving care at home (Scotland 62%)

## Inspections

### Care Inspection Grades

#### Care homes

70% are graded at level 4 (good) or above  
24% are graded at level 3 (adequate)  
6% are graded at level 2 (weak)  
0% are graded at level 1 (unsatisfactory)

#### Care at home services

92% are graded at level 4 or above  
8% are graded at level 3  
None is graded below level 3

#### Day Centres

6 out of the 10 day centres have had grades awarded, with the remaining 4 to still be inspected. Of the 6 available, all are now listed at grade 4 or above.

## Older People's Services Inspection Action Plan

East Lothian Health and Social Care services for older people were inspected by the Care Inspectorate in October 2015 and the findings (shown below) were reported in May 2016.

<b>Quality indicator</b>	<b>Evaluation</b>
1 Key performance outcomes	<b>Adequate</b>
2 Getting help at the right time	<b>Adequate</b>
3 Impact on staff	<b>Good</b>
4 Impact on the community	<b>Adequate</b>
5 Delivery of key processes	<b>Adequate</b>
6 Policy development and plans to support improvement in service	<b>Good</b>
7 Management and support of staff	<b>Adequate</b>
8 Partnership working	<b>Adequate</b>
9 Leadership and direction	<b>Good</b>

We agreed an action plan with the Care Inspectorate in August 2016 and through the remainder of the year focused on delivering against all the actions. Our ongoing focus will continue to be consolidation of this plan to enable us to deliver consistent good quality experiences and outcomes for older people in East Lothian.

# National Health and Wellbeing Outcome 5

Health and social care services contribute to reducing health inequalities



Households in poverty in East Lothian (Source: East Lothian Poverty Report)



Health services located in Edinburgh are more difficult for non-car owners in East Lothian to access because of expense and, in some cases, lack of public transport, particularly from outlying areas.

## De-centralising services

Against this background, one of the major contributions that ELHSCP can make is to bring care closer to home or deliver care at home.

## East Lothian Community Hospital

Work started on the new East Lothian Community Hospital in October 2016 after extensive consultation with stakeholders about the design of the facility and what services it should provide.



The consultation is now focusing on the interior design of the hospital. The conversation will continue throughout construction and delivery and thereafter. By 2020, the hospital will be fully operational and able to deliver a range of services previously delivered by hospitals and clinics in Edinburgh.

### Public health initiatives

During the year, the public health team led on or contributed to numerous strands of work including:

- Participating in the physical activity strategic group and physical activity implementation group:
  - Working alongside East Lothian Council and QMU developed a physical activity programme plan for East Lothian
  - Developed an application for the Health Improvement Fund and allocated money to physical activity in East Lothian via the Start Well project.
- Supported the East Lothian Ageing Well, East Lothian Start Well and East Lothian Roots and Fruits projects and participated in the respective project steering groups
- Provided expert input to the East Lothian Poverty Commission
- Facilitated an Integrated Impact Assessment for the HSCP Strategic Plan

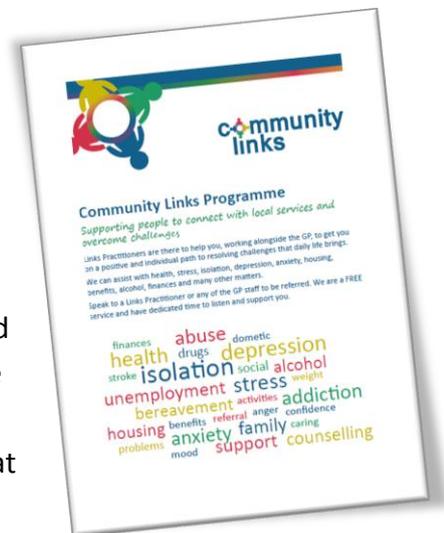
- Developed and delivered training to council elected members on health inequalities, co-facilitated a workshop regarding health inequalities with Day Centres and delivered a Health Literacy awareness session for Primary Care
- Supported workplace health, enabling two companies to maintain their Healthy Working Lives gold awards and one to maintain their bronze
- Supported other companies through training and health and safety visits.

## Measuring the impact of public health activity on health and wellbeing

As the benefits of health improvement work and health inequalities input to policy and interventions is often diffuse, it is challenging to measure outcomes. The public health team will continue active working with colleagues to identify improved measures of the impact of health improvement work.

### Link workers

We commissioned STRiVE, East Lothian's 3<sup>rd</sup> Sector interface organisation, to provide link workers in 4 surgeries in the east of the county. These workers are based in the surgeries and help patients access a wide range of advice and support relating to their health condition or that of someone that they care for. This includes advice on housing, benefits, specialist health support agencies and local organisations that can provide further support. They offer in-depth support, extended consultations and follow-up meetings.



### Looking ahead

There are a number of work-streams in East Lothian which Public Health partners actively lead or contribute to on an ongoing basis. These will continue into 2017/18 and include:

- Violence against women:
  - Working with the Violence Against Women Group Delivery Group East & Midlothian to deliver on Equally Safe, the Scottish Government's framework to address violence against women and girls. Current work includes: supporting delivery of the SMILE service; delivering awareness raising training to frontline staff; leading on a short-life working group to assess the extent of and address commercial sexual exploitation across the region; supporting the development

of work in primary schools to raise awareness around gender inequality and its links to gender based violence

- Gypsy Travellers:
  - Leading on work to coordinate and support activities aimed at improving the health and wellbeing of Gypsy Travellers in Lothian
- Smoking prevention and cessation work including the ASSIST programme with schools, work with Edinburgh college (which has a campus in East Lothian) and smoke-free homes
- Children and young people's health and wellbeing including working with education and the third sector
- Mental Health and Perinatal Mental Health:
  - Involvement in the coordination of suicide prevention locally, linked to Lothian wide programmes
  - Providing input into development of local crisis service development, as an early intervention model
  - Co-leading / providing input to group supporting young people's mental health
  - Co-leading development work focused on rehabilitation and mental health – in part using an early intervention model
  - Focusing on young people, transition and mental health with particular attention to Looked After and Accommodated Children
  - Focusing on mental health in minority ethnic communities
  - Working with Queen Margaret University to raise awareness of mental health/ wellbeing
- Working with East Lothian Housing colleagues on joint strategic needs assessment.

There are also a number of other ongoing work-streams, some of which focus on the broader determinants of health, and some of which focus more on individual lifestyle factors (including: Active Travel, Alcohol including the Alcohol Licensing Forum, Community (and Criminal) Justice, Early Years, Food and Health and the Game Changer Public Social Partnership).

# National Health and Wellbeing Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce the impact of their caring role on their own health and wellbeing



48% of carers feel supported to continue in their caring role (Scotland 41%)

## Carer identification

In 2016, ELHSCP began work on how we could encourage:

- people to identify as themselves as carers
- professionals to recognise/identify carers for the people they support and make sure that they were recorded as carers so that they had better opportunities to receive appropriate support.

## East Lothian Carers' Strategy

Our East Lothian Carers' Strategy Implementation Team, which is overseeing the introduction of the new Scottish carers' legislation coming into effect in April 2018, was set up in October 2016, following on from completion of the project specification for the new East Lothian Carers' Strategy by March 2016. This identifies project goals and a full communications and engagement process.



## Carers of East Lothian

Carers of East Lothian (CoEL) is funded by the Health and Social Care

*... really helped me find a pathway and supported me with information and encouragement so that I finally got help in place accepted by my father. She put things into perspective when I was overwhelmed and gave me practical solutions, thank you, thank you!"*

Partnership to provide support to unpaid carers, including helping them to look after their own wellbeing.

CoEL's input with unpaid carers is wide ranging including the provision of information, advice, practical and emotional support on an individual and group basis; workshops, events and specialist sessions e.g. setting up Powers of Attorney; organising and facilitating short breaks for carers including the distribution of grants; financial advice and assistance in claiming entitlements. Other achievements are:

- CoEL has increased the identification of carers in East Lothian by 76% in the past 4 years and directly supported 993 carers last year.
- 84% of carers supported by CoEL report feeling better able to cope with their caring role as a result
- Specific examples of good practice include:

- ✓ Joint working with the Health and Social Care Partnership on developing a new, outcomes and strength focused tool to pilot the new Adult Carer Support Plans
- ✓ Generation of £626,267 in annual increased welfare benefits for 182 carers.
- ✓ Embedding of specialist carer support worker within the HSCP Mental Health Team to provide support for carers of people with mental health issues.



*"Because of the information I received from Carers of East Lothian it prompted me to make decisions I would still be pondering over. Carers of East Lothian have been encouraging, exceptionally helpful and very approachable. I feel comfortable knowing I have a contact with people who are caring but also professional. I was a complete stranger to Carers of East Lothian, but after my first telephone conversation and subsequent meetings I knew I was in good hands. Thank you so much"*

# National Health and Wellbeing Outcome 7

People using health and social care services are free from harm



88% of adults supported at home agreed they felt safe  
(Scotland 84%)



Falls rate is 19 per 1000 population over 65 years  
(Scotland 21)

Keeping our service-users and patients free from harm is central to everything that the East Lothian Health and Social Care Partnership does.

## National Data Set

East Lothian Council/East Lothian HSCP received 509 referrals in 2016/17, an increase of 5% from 493 in 2015/16. Police Scotland continues to be the main referrer. This is reflective of the data collated by Scottish Government with Police Scotland being the biggest referrer to local authorities.

	2014/15	2015/16	2016/17
Referrals	427	493	520 (5% increase)
Investigations	125	69	151 (119% increase when compared to 15/16, 21% increase when compared to 14/15)
Protection orders	3	3	1
Number of Large Scale Investigations	3	2	2

## Frontline practice

Performance Quality Indicators continued to show improvement. Opportunities through joint working to streamline process were identified and developed. Along with immediate changes to processes, longer term initiatives were delivered through the transformation of core process project along with the redesign of care at home project.

## Looking ahead

### Reviews

The partnership faces continued challenges in undertaking number of social work reviews currently required. For this reason, there will be a whole-system assessment of the current processes, identifying challenges and opportunities to develop more timely and efficient reviews of client care and support needs as well as exploring how these reviews can be undertaken and shared collaboratively between partnership staff and third sector organisations. The project will analyse reviews in care homes, care at home, as well as Direct Payments/Option1 and Adults with Incapacity.

# National Health and Wellbeing Outcome 8

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People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

## New ELHSCP management structure

East Lothian and Social Care Partnership engaged with staff regularly over a period of two years from 2014 on the shape and function of its new management structure. Consultation approaches included focus groups, workshops, surveys, information meetings and regular newsletters. Our staff provided a great deal of useful feedback. The consultation influenced changes in the structure, including which senior posts were suitable for particular disciplines – the consensus was that our original vision was too restrictive.

The new structure was finalised in July 2016 and took effect in October that year. The change process will continue through 2017 as we pull teams together in line with the new management structure and we will continue to listen to what staff have to say as this is happening.

## Looking ahead

### Planning and Performance Team Restructuring

The restructuring of planning and performance commenced in late 2016 to finalise the support and monitoring arrangements for all of the partnership. The areas focused on and being worked on further in the coming year are:

- supporting strategic development
- supporting internal delivery
- supporting external delivery,
- supporting Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP); and
- supporting service improvement.

We will engage with staff in a planned process to develop the necessary team roles to deliver the wider work and priorities.



# National Health and Wellbeing Outcome 9

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Resources are used effectively and efficiently in the provision of health and social care services

Through the year we used our resources wisely and well. Some examples are:

## Care at Home Provision

A £20 million Care at Home re-modelling and procurement project ran throughout 2016/17. Key phases of the project during this year included:

- Finalising the scoping phase
- Stakeholder engagement
- Pilot modelling
- Specification development
- A formal procurement exercise
- Assessment of tenders
- Award of new contracts.

## Section 10 grant funding

We undertook an audit of services funded through Section 10 grant funding. This provided an opportunity to review a number of the services currently funded and to make adjustments to that funding where appropriate to reflect differences in how support is paid for linked to Self Directed Support. A range of improved processes and paperwork also resulted from the audit.

## Scoping of business support in Adult Social Care

To support the teams in the new HSCP structure a scoping exercise was undertaken on adult social care business support functions

## E-invoicing

A pilot during the year introduced a new way for providers to invoice us for the care and support they deliver on our behalf. This has greatly improved the efficiency of financial processing and has freed up staff time. It will also help to support timely and accurate year end forecasting.

## Care Homes

We amalgamated the Care Home assessment workers with the Care Home Review social workers/community care workers to develop one streamlined team/process resulting in a more efficient services for users.

## Looking ahead

Two of the major challenges facing the partnership are:

- Being able to support our care providers to meet the current Living Wage and any further Living Wage increases
- Staffing, recruitment and retention – both within ELHSCP and partner providers.

We plan to conduct a Best Value and Strategic Fit review in 2017 as well as a community needs assessment with regard to ensuring that the services commissioned in the community of EI are providing value for money within the best model of service delivery.

# IJB Finances

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## Financial allocation

In 2016/17 East Lothian IJB received its first financial allocation in respect of the functions delegated to it by East Lothian Council and NHS Lothian. Although East Lothian Council set a 2016/17 budget in February 2016, NHS Lothian did not formally set a budget until June 2016. The IJB undertook a detailed financial assurance process in March 2016 to review the East Lothian Council proposition along with the working proposition from NHS Lothian. The IJB then undertook a further financial assurance process – including a review of the in-year 2016/17 financial information from both partners.

This work highlighted significant financial challenges in both budget offers but as the IJB was keen to progress with the delivery of its strategic plan and to further the transformation process it accepted these budgets contingent on a financial risk sharing agreement with East Lothian Council and NHS Lothian.

## Financial risk sharing

The IJB agreed a financial risk sharing arrangement with its partners in 2016/17. This ensured that any overspends incurred in the delivery of the delegated functions by NHS Lothian would be covered on a non recurrent basis. East Lothian Council made an additional £1.0m available to cover any overspends with adult social care.

At 2016/17 year end the IJB was overspent by around £1.649m against its base budgets. NHS Lothian contributed additional resources of £1.054m and East Lothian Council contributed £0.595m to bring the IJB to a break-even position.

The charges made by East Lothian Council to the IJB are the net direct costs incurred in the delivery of social care services in East Lothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the core services are based on the net direct actual costs incurred in East Lothian but charges for hosted and set aside services are based on the total actual costs for these service shared across the IJBs per the budget setting model. East Lothian's share of the total actual costs incurred in 2016/17 for hosted services is 12% and, generally, 12% of the Lothian element of the set aside budgets

The pressures driving these overspends fall into two broad areas:

- Significant overspends against the GP prescribing budget
- A lack of recurrent delivery of efficiency schemes and recovery plans both within those services managed by the partnership (that is the local services delivered

by the Council and NHS Lothian) and the services managed by other teams within NHS Lothian.

## 2016/17 out-turn – financial performance

The table below provides detail on financial performance in 2016/17:

### East Lothian IJB - Budget Performance in 2016/17

	Budget	Actual	Variance
	£000's	£000's	£000's
Health Services for inpatients	29,895	29,905	(10)
Primary care	45,135	47,418	(2,283)
Other community health services	33,512	32,273	1,239
Social care services	43,682	44,277	(595)
Non-recurrent support	1,649		1,649
<b>Total</b>	<b>153,873</b>	<b>153,873</b>	<b>0</b>

(Note - variances are underspend/(overspend))

Primary Care expenditure includes:

- GMS – the costs of running the GP service in East Lothian
- GOS – support to the delivery of community ophthalmic (optician) services
- GPS – support to the delivery of community pharmacy services
- GDS – support to the delivery of community dental services
- GP Prescribing – the costs of prescriptions for the 16 East Lothian GP practices.

Part of the budget above includes the Acute Set Aside budget (£21.4m). Acute set aside is the expenditure on functions that are delegated to the IJB but managed by the NHS Lothian acute management team, these budgets being 'set aside' on behalf of the IJB. These are mostly inpatient bed costs but there is also a small element of outpatient services depending on how the delegated function is delivered. This includes the Accident and Emergency service at the RIE.

Included in the social care services above is:-

- Expenditure on social care services on care homes or adult placement - £6.4m
- Expenditure on social care services to support carers – £0.3m

It should be noted that support to carers is a thread that runs through all services, there is not a specific carers budget, nor expenditure identified. The value above is the total of specific providers and workers who provide direct support to carers.

In 2016/17, the Scottish Government announced an 'Integration Fund' of £250m nationally for Integration Joint Boards to develop social care. Half of this fund was allocated to existing pressures, including the delivery of the living wage to be paid to all staff who delivered social care regardless of who employs them. The remaining half was intended to deliver additionality – that is to provide further social work capacity and to support service transformation. East Lothian IJB's share was £4.37m.

## Looking ahead

### **2017/18 – financial challenges and expectations.**

In March 2017 the IJB undertook a financial assurance process to review the budget propositions for 2017/18 from East Lothian Council and NHS Lothian. Again this process identified significant challenges but the IJB has accepted this budget although it is clear that a financial risk sharing agreement similar to that in 2016/17 will not be possible. NHS Lothian has identified in its financial plan for 2017/18 (as at April 2017) a significant budgetary pressure for which there are, currently, no final plans to manage.

As part of the financial planning process for 2017/18, the financial issues identified above in 2016/17 have been addressed, NHS Lothian has uplifted the GP prescribing baseline to the 2016/17 expenditure level and the social care management team has developed a clear plan to rebalance the budget for learning disabilities services. Despite this, the financial assurance exercise identified pressures within the IJB of around £3.8m of which there are clear plans to deliver £3.2m with further plans being developed to balance the budget.

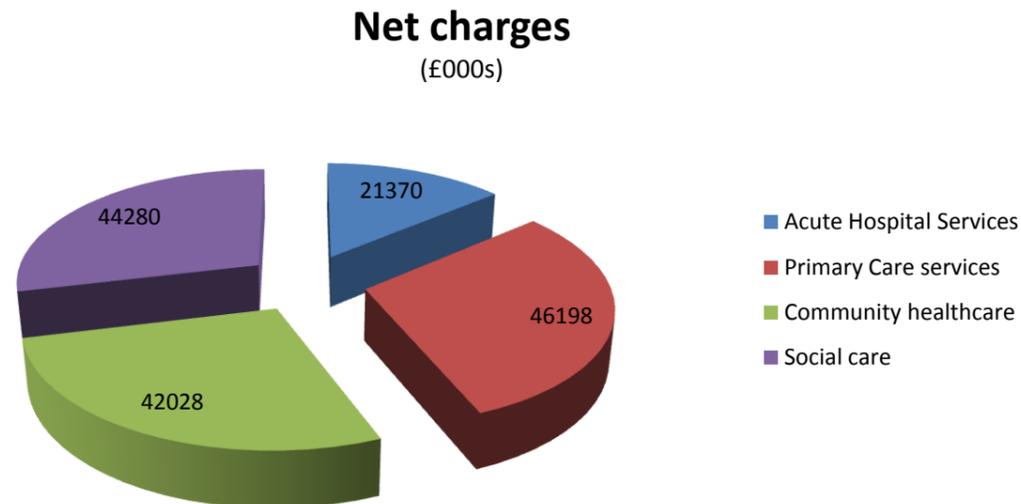
The challenge is, in financial terms, to continue the transformation of the services to deliver the IJB's delegated functions whilst continuing to deliver high quality health and social care to the population the IJB supports. The IJB has developed an outline financial strategy. This will be developed further into a detailed multi-year financial strategy which will lay out how the IJB will deliver its strategic plan.



## How we spent our budget in 2016-17

East Lothian Integration Joint Board had a total delegated budget of £153,876,000

This is how we spent it.



## East Lothian Integration Joint Board



## Annual Performance Report 2016-17 Summary

East Lothian Joint Integration Board (IJB) was formed on 1 July 2015. The IJB is responsible for the planning and delivery of a wide range of adult health and social care services, and primary and community health care for adults. The IJB is also responsible for some acute hospital care services.

### Our vision – Best health, best care, best value for our communities

We want to make sure that services:

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

## Care Inspection Grades

Care homes	Care at home services	Day Centres
70% are graded at level 4 (good) or above	92% are graded at level 4 or above	6 out of the 10 day centres have had grades awarded, with the remaining 4 to still be inspected. Of the 6 available, all are now listed at grade 4 or above.
24% are graded at level 3 (adequate)	8% are graded at level 3	
6% are graded at level 2 (weak)	None is graded below level 3	
0% are graded at level 1 (unsatisfactory)		

### Looking ahead

We have recently concluded a major procurement exercise for care at home services to improve sustainability and quality. We are also working with day centres across the county on how to sustain and grow services. A review of care homes will also be underway shortly.

### Driving improvement in East Lothian health and social care

- 95% of adults are able to look after their health very well or quite well (Scottish average – 94%)
- 92% of adults supported at home agreed that their services and support had an impact on improving or maintaining their quality of life (84%)
- Investments in social care of £4.4 million
- Delivering more care at home and closer to home with ELSIE and Hospital at Home
- Bringing hospital services to East Lothian from Edinburgh with the development of the £70 million East Lothian Community Hospital.

## Success stories

- ELSlE (East Lothian Service for the Integrated care for the Elderly) has been cited as a model of national good practice by Audit Scotland.
- Our Care Home Team is improving the quality of health care in care homes and refocusing resources in primary care.
- We have launched HILDA our new self management equipment website.
- We have just completed a major care at home redesign and procurement exercise that will enable us to deliver a more flexible and responsive service.
- In an East Lothian Council survey, 86% feel that the council/partnership is a great place to work.
- We have supported STRIVE to provide a link-work service at a number of East Lothian surgeries to improve patient support.
- Primary Care is partnering with the Scottish Ambulance Service to improve prompt assessment of patients in the community.
- Growth of quality improvement projects to improve patient care
- GP clusters have been designed to share and develop innovation in primary care.

## Some facts and figures

- 95% of adults said that they can look after their own health very well or quite well.
- 92% of adults supported at home said that their service and support had an impact in maintaining or improving their lives
- 88% of adults supported at home said they feel safe

*'I would like to compliment the home care team who looks after my husband at home. They are doing a great job - keep it up!' Mrs W*

*'Thank you everyone in Telecare ... everyone is fantastic, you do a brilliant job.' Mr H*

-  Premature mortality rate is 320 per 100,000 persons (Scotland 441)
-  Emergency bed day rate is 114,152 per 100,000 population (Scotland 119,649)
-  Emergency admission rate is 9,398 per 100,000 population (Scotland 12,037)
-  Readmission rate to hospital within 28 days is 95 per 1000 population (Scotland 95)

## Working in partnership



**'Partnership working is key to everything that we do. We can only progress on the back of sustained conversations with all our stakeholders'**

**Peter Murray  
East Lothian IJB Chair**

- Big Conversation**  
The Big Conversation (BC) is an annual all-day stakeholder event, which looks at highlevel issues that affect our Strategic Plan. We held BC 1 in October 2015 to look at what stakeholders wanted from health and social care integration. BC 2 in October 2016 looked at realistic, co-produced solutions to encourage all of us to be more actively involved in our own wellbeing and the wellbeing of others.
- Engagement Strategy**  
Work has been progressing throughout 2016/17 to produce a meaningful strategy that takes account of local networks, best practice - one that is clear, trusted, costed and evaluated. This has involved consultation with stakeholders, work with the IJB strategic planning group and Board, and we will be publishing our strategy in early autumn.
- Engagement throughout 2016/17**  
Throughout 2016, we carried out an intensive programme of presentations, workshops and larger engagement events around the redesign of our care at home framework. We have also consulted on transportation, carer identification, the East Lothian Autism Strategy, and have also introduced service satisfaction postcards for hospital occupational therapy. This is an area of constant activity

## What we are working on in 2017-18

### Where we need to improve

-  Emergency bed day rate is 114,152 per 100,000 population (Scotland 119,649)
-  85% of the last 6 months of life is spent at home or in a community setting (Scotland 87%)
-  77% of care services have been graded "good" (4) or better in Care Inspectorate inspections (Scotland 83%)
-  85% of people had a positive experience of the care provided by their GP practice

**Planning groups – we have set up seven new planning groups, which take a thematic approach to driving improvement in strategic planning and delivery. The groups will focus on Dementia, Carers, Mental Health, Learning Disability, Physical Disability and Sensory Impairment, Palliative Care and Primary Care respectively.**

**NHS 24 Musselburgh HUB – we are working with NHS 24 to develop a patient triage system based at the Musselburgh Primary Care Centre that will help to put patients in touch with appropriate health care, support and advice to alleviate pressure on primary care services and improve access for all patients.**

**Care home team, Hospital to Home and Hospital at Home – help more people to access treatment at home or in a homely setting, which will help to alleviate pressure on hospital beds (and also reduce financial and time pressures of families and carers).**

**East Lothian Community Hospital – will help us to bring a range of Edinburgh-based services back to East Lothian and will also provide a base for a range of specialist outreach work in East Lothian.**



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 24 August 2017  
**BY:** Chief Officer  
**SUBJECT:** Health and Social Care Partnership Performance

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7

## 1 PURPOSE

- 1.1 To update the Integration Joint Board (IJB) on the East Lothian Health and Social Care Partnership's (HSCP's) performance against an agreed suite of national indicators.
- 1.2 To inform the IJB of the introduction of new performance measures which are being incorporated into local performance monitoring processes.
- 1.3 Any member wishing additional information should contact the author of the report in advance of the meeting.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Discuss the attached June 2017 performance report (appendix 1) and note the progress made against the indicators between the August 2016 and February 2017 reports and this most recent report.
- 2.2 Note work underway with NHS Lothian to support delivery of the Directions for 2017/18 and to monitor progress.
- 2.3 Agree to receive a report on extra care housing and the way forward with re-provision of Abbey and Eskgreen Care Homes and Edington and Belhaven Hospitals at the December 2017 meeting.
- 2.3 Note the development at national level of further performance measures and monitoring processes to incorporate priority outcomes announced by the Scottish Government and COSLA (appendix 2). There is an expectation that further measures will be developed as integration work is continues.

## 3 BACKGROUND

- 3.1 During 2015 and 2016 HSCP officers worked with colleagues from the Local Intelligence Support Team (LIST) and the Information Services

Division (ISD) Health and Social Care Team to link and integrate NHS and Social Care datasets.

- 3.2 This work developed a combined dataset providing information on service users' journeys through the health and social care system, the associated costs of such service utilisation and users' demography.
- 3.3 The data intelligence has informed the IJB Strategic Plan and other strategies, has allowed performance monitoring across a range of measures and was used in the development of Directions.
- 3.4 The first Performance Report was considered by the IJB in August 2016. A further report was considered in February 2017.
- 3.5 The June 2017 Performance Report presents analysis on 19 of the 23 National Indicators (table 1). Data is not yet available for 4 indicators.

Table 1	Indicator	Performance Feb 2017	Performance Jun 2017
	1. Percentage of adults able to look after their health very well or quite well	95.2%	95.2%
	2. Percentage of adults supported at home who agree that they are supported to live as independently as possible	86.3%	86.3%
	3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	83.4%	83.4%
	4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	81.7%	81.7%
	5. Percentage of adults receiving any care or support who rate it as excellent or good	83.9%	83.9%
	6. Percentage of people with positive experience of care at their GP practice	84.7%	84.7%
	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	92.4%	92.4%
	8. Percentage of carers who feel supported to continue in their caring role	47.7%	47.7%
	9. Percentage of adults supported at home who agree they felt safe	87.9%	87.9%
	10. Percentage of staff who would recommend their workplace as a good place to work	Data not available	
	11. Premature mortality rate (per 100,000 population)	320	319.9
	12. Rate of emergency admissions for adults (per 100,000)	9,576	9,398
	13. Rate of emergency bed days for adults (per 100,000)	103,788	114,152
	14. Readmissions to hospital within 28 days of discharge (per 1,000)	95.1	95.2
	15. Proportion of last 6 months of life spent at home or in community setting	85.4	86.2
	16. Falls rate per 1,000 population in over 65s.	19.1	18.5
	17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	77%	76.2
	18. Percentage of adults with intensive needs receiving care at home. (2015/16)	66%	65.6%
	19. Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000)	1314.0	1,164
	20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	21%	23.3%
	21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home	Data not available	
	22. Percentage of people who are discharged from hospital within 72 hours of being ready	Data not available	
	23. Expenditure on end of life care	Data not available	

## National Indicators

- 3.6 Indicators 1 to 9 come from the 2015/16 Health and Care Experience Survey (which replaced the GP and Local NHS Services Patient Experience Survey) published by the Scottish Government in July 2016. As the survey only reports every two years, new data will not be available to update the tables until 2018. Data is also awaited for indicator 10 – ‘Percentage of staff who say they would recommend their workplace as a good place to work’ which has not yet been reported on. Similarly, measures 21, 22 and 23 do not yet have data available.
- 3.7 Indicators 11 to 20 come from the ISD Health and Social Care Team’s ‘*Core Suite of Indicators for Integration*’ dataset. It should be noted that some data within the report is not directly comparable to the August 2016 Performance Report as updated methodology is used for some indicators.
- 3.8 The RAG (red/amber/green) status in table 1 is used to show performance against the Scottish average. Green indicates that the East Lothian HSCP has a value of at least 2.5% better than the Scottish average; amber indicates that the performance is within 5% of the Scottish average and red is based on the performance being 2.5% worse than the Scottish average. These percentage bands were agreed by the Partnership.
- 3.9 For measure 8 – ‘Percentage of carers who feel supported to continue in their caring role’ IJB members will recollect there was strong comment at the February 2017 meeting that this important measure had unacceptably low attainment but because of the RAG approach described above was given a green, and therefore misleading status. For this reason, this measure has not been given a RAG label.
- 3.10 Table 2 presents the performance for East Lothian in comparison to Scotland and a peer group of equivalent local authority areas. It also looks at community prescribing, expenditure on social care and support to people over 65. East Lothian performs particularly well on the prescribing indicators

## Applicable Performance Measures

- 3.11 Further performance measures are in the process of being incorporated into the existing local performance monitoring processes.

These measures cover:

- Those Directions which are in operation and require monitoring during 2017/18;
- National Health and Wellbeing Outcomes for Integration Joint Boards;
- Integration Planning and Delivery Principles;
- East Lothian Health and Social Care Partnership Strategic Objectives;
- Health and Social Care Delivery Plan Actions;
- Integration Priorities;
- Measuring Performance under Integration.

## Measuring Performance Under Integration

3.12 The last and newest of this suite of measures 'Measuring Performance under Integration' is the focus of current development by the Scottish Government Ministerial Steering Group. Associated validated data is provided by ISD to each HSCP. Appendix 2 shows the latest ISD provided charts on East Lothian's performance for the first four of the six measures covering the period October 2014 to April 2017 (data up to June 2017 will be available in early September 2017):

- Unplanned admissions.
- Occupied bed days for unscheduled care.
- A&E performance.
- Delayed discharges.

Charts will be available in due course for the remaining two measures:

- End of life care.
- The balance of spend across institutional and community services.

## Directions

3.13 The Directions operating in 2017/18 comprise the 2016/17 Directions which were continued into the following year and new Directions. The final list (appendix 3) focussed on a smaller number of areas compared to the preceding year. This was intended to assist in the monitoring and delivery of Directions.

3.14 NHS Lothian has this year set out its plans for allocation to named officers of each of the Directions it has responsibility for and associated monitoring arrangements. This is intended to support delivery of each Direction and is an improvement on last year's less formal approach by NHS Lothian. A similar arrangement is not currently in place with East Lothian Council since most delivery is through the Chief Officer in their role as Director of Health and Social Care.

3.15 Work continues on all Directions. Areas which have made notable progress include primary care (D10a to c) and housing with care (D12b), drugs and Alcohol (D15a &b), mental health (D15c&d):

- Work on development of the Musselburgh Primary Care Access Centre continues with the Hub development scheduled for the autumn. NHSL is making good progress on implementing the primary care priorities agreed by the IJB in March 2017 including increasing the staffing of the care home team, reviewing LEGUP support to practices in areas of population growth, increasing the training of new nurse practitioners. The next stage of work on the extension of Cockenzie Health Centre is about to start.
- ELC and NHSL have completed their assessment of future housing with care needs for older people and work has commenced to develop the vision for the re-provision of Eskgreen, Abbey, Edington and Belhaven. The outcomes of this work will be brought to the December

2017 IJB. The work on the vision will include engagement of stakeholders and the IJB in the process.

- ELC and NHSL have worked together and agreement has been reached to secure the East Lothian PCNRAC share of drugs and alcohol funding over 2017/18 and 2018/19. Planning is underway on the development of a multiagency recovery hub.
- ELC and NHSL have worked together to set up a mental health crisis service in East Lothian that reflects the needs of the area and the spread of its settlements.



**Table 2 - Comparison of each National Indicator between East Lothian HSCP/Peer Group/Scotland Performance**

The scatter plots to the right of the table illustrate where East Lothian (the blue dot) lies in relation to both the Peer Group (red cross) average and the Scotland (purple triangle) values.

Indicator & Year presented	● East Lothian	✖ Peer Group Average	▲ Scotland	
1. Percentage of adults able to look after their health very well or quite well. 2015/16	95.2%	94.6%	94.0%	
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible. 2015/16	86.3%	81.9%	84.0%	
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. 2015/16	83.4%	77.6%	79.0%	
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated. 2015/16	81.7%	76.7%	75.0%	
5. Percentage of adults receiving any care or support who rate it as excellent or good. 2015/16	83.9%	80.7%	81.0%	
6. Percentage of people with positive experience of care at their GP practice. 2015/16	84.7%	86.7%	87.0%	
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. 2015/16	92.4%	83.7%	84.0%	
8. Percentage of carers who feel supported to continue in their caring role. 2015/16	47.7%	42.6%	41.0%	
9. Percentage of adults supported at home who agree they felt safe. 2015/16	87.9%	82.9%	84.0%	
10. Percentage of staff who say they would recommend their workplace as a good place to work.*	Not yet available.			
11. Premature mortality rate (per 100,000 population). 2015	320	406	441	
12. Rate of emergency admissions for adults (per 100,000). 2016/17	9,398	12,373	12,037	
13. Rate of emergency bed days for adults (per 100,000). 2016/17	114,152	121,572	119,649	
14. Readmissions to hospital within 28 days of discharge (per 1,000). 2016/17	95.2	101.1	95.3	
15. Proportion of last 6 months of life spent at home or in community setting. 2016/17	86.2	87.5	87.5	
16. Falls rate per 1,000 population in over 65s. 2016/17	18.5	19.9	20.90	
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. 2015/16	77%	82%	83%	
18. Percentage of adults with intensive needs receiving care at home. (2015/16)	66%	64%	61%	
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged. (per 1,000) 2016/17	1164.0	879.6	842.0	
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency. 2016/17	23%	24%	23%	
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*	Not yet available.			
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*	Not yet available.			
23. Expenditure on end of life care.*	Not yet available.			
Community Prescribing - average cost per person, 2016/17	£170.21	£244.30	£268.60	
Community Prescribing - average number of items per person, 2016/17	13.9	22.8	24.5	
Expenditure Split - Percentage Social Care Expend, 2014/15	26.3%	26.1%	25.4%	
People at home - percentage of over 65s living at home with less than 10 hours support. 2015/16	94.5%	94.6%	94.1%	

Shaded data cells show where the most recent Scotland figure is not yet available, so the previous year's figure is shown



## **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 affect the wellbeing of the community or have a significant impact on equality, the environment or the economy

## **6 RESOURCE IMPLICATIONS**

### **6.1 Finance**

6.1.1 There are no financial resource implications arising from this report.

### **6.2 Personnel**

6.2.1 Processes are being developed as part of the restructure of the planning and performance function of the Health and Social Care Partnership which will monitor and regularly report on the indicators within the performance report which will incorporate new measures as these arise.

## **7 BACKGROUND PAPERS**

7.1 Appendix 1 - HSCP Performance Report Update.

7.2 Appendix 2 - Measuring Performance under Integration Measures.

7.3 Appendix 3 - All Directions Applying During 2017/18

<b>AUTHOR'S NAME</b>	Paul Currie
<b>DESIGNATION</b>	Strategic Programme Manager
<b>CONTACT INFO</b>	<a href="mailto:paul.currie@nhslothian.scot.nhs.uk">paul.currie@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	16 June 2017



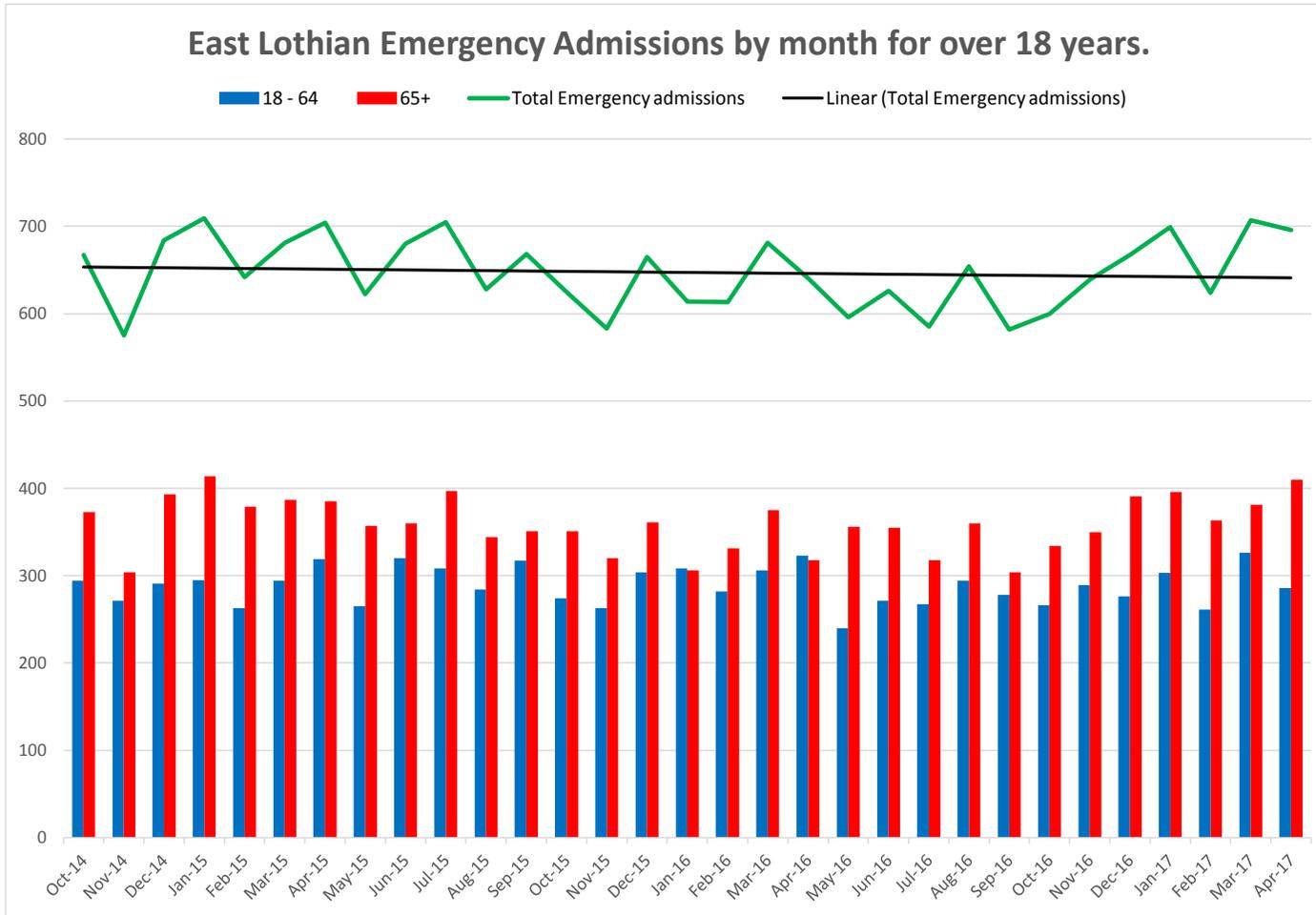
## **Appendix 1 - HSCP Performance Report Update**

NB: Circulated separately to IJB members - not for wider publication at this time).

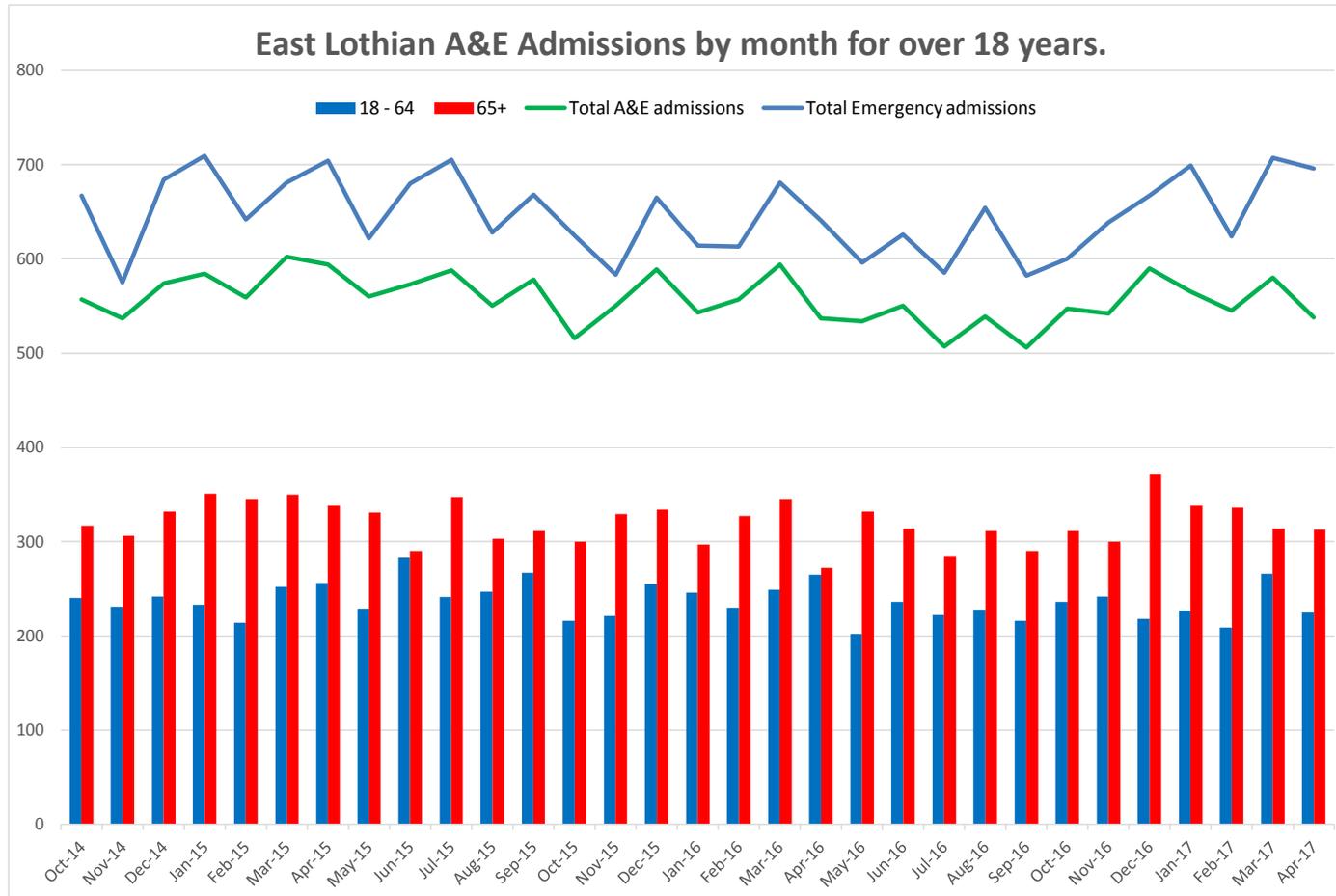


Appendix 2 – Measuring Performance under Integration Measures

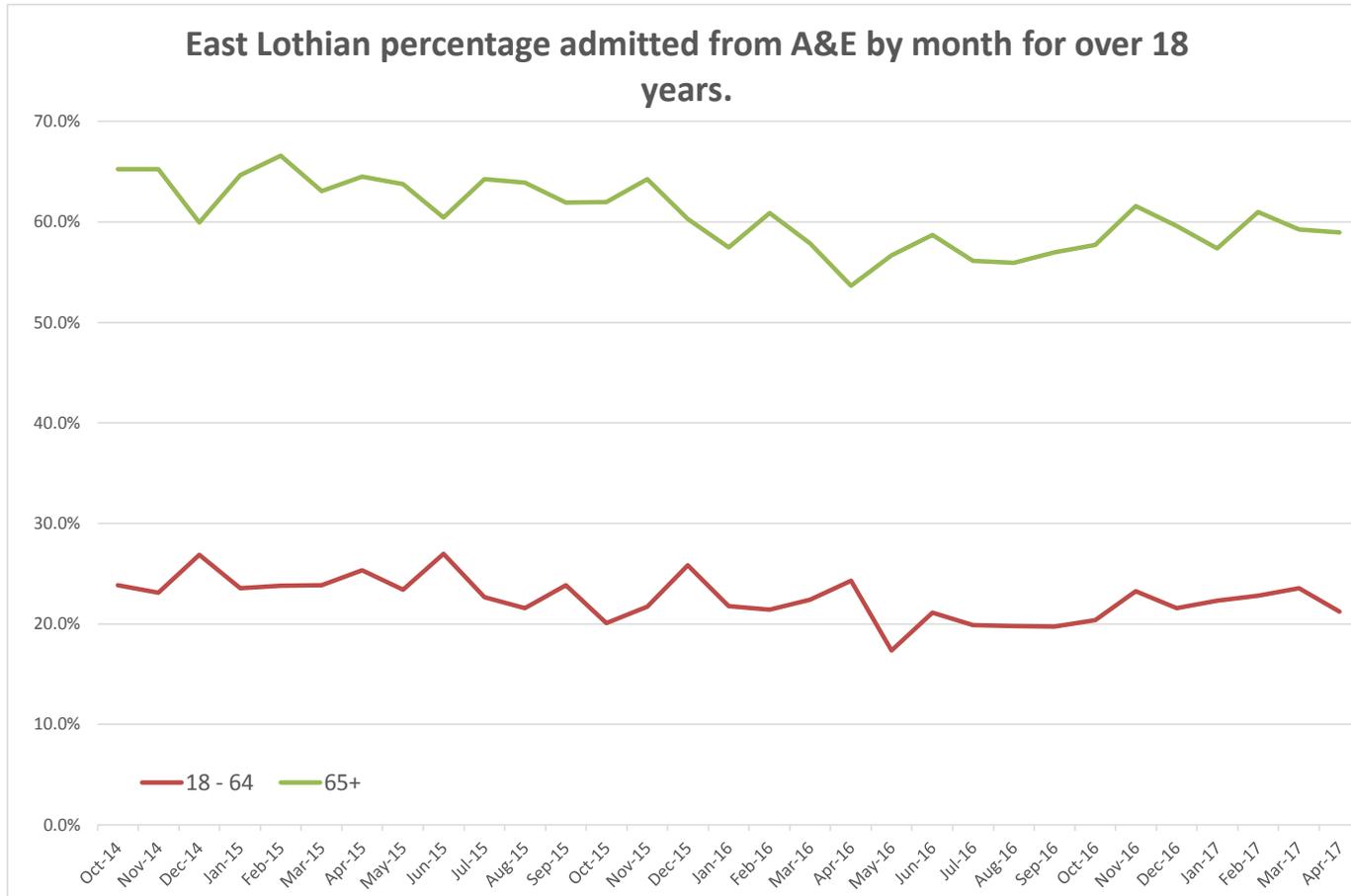
# Emergency admissions



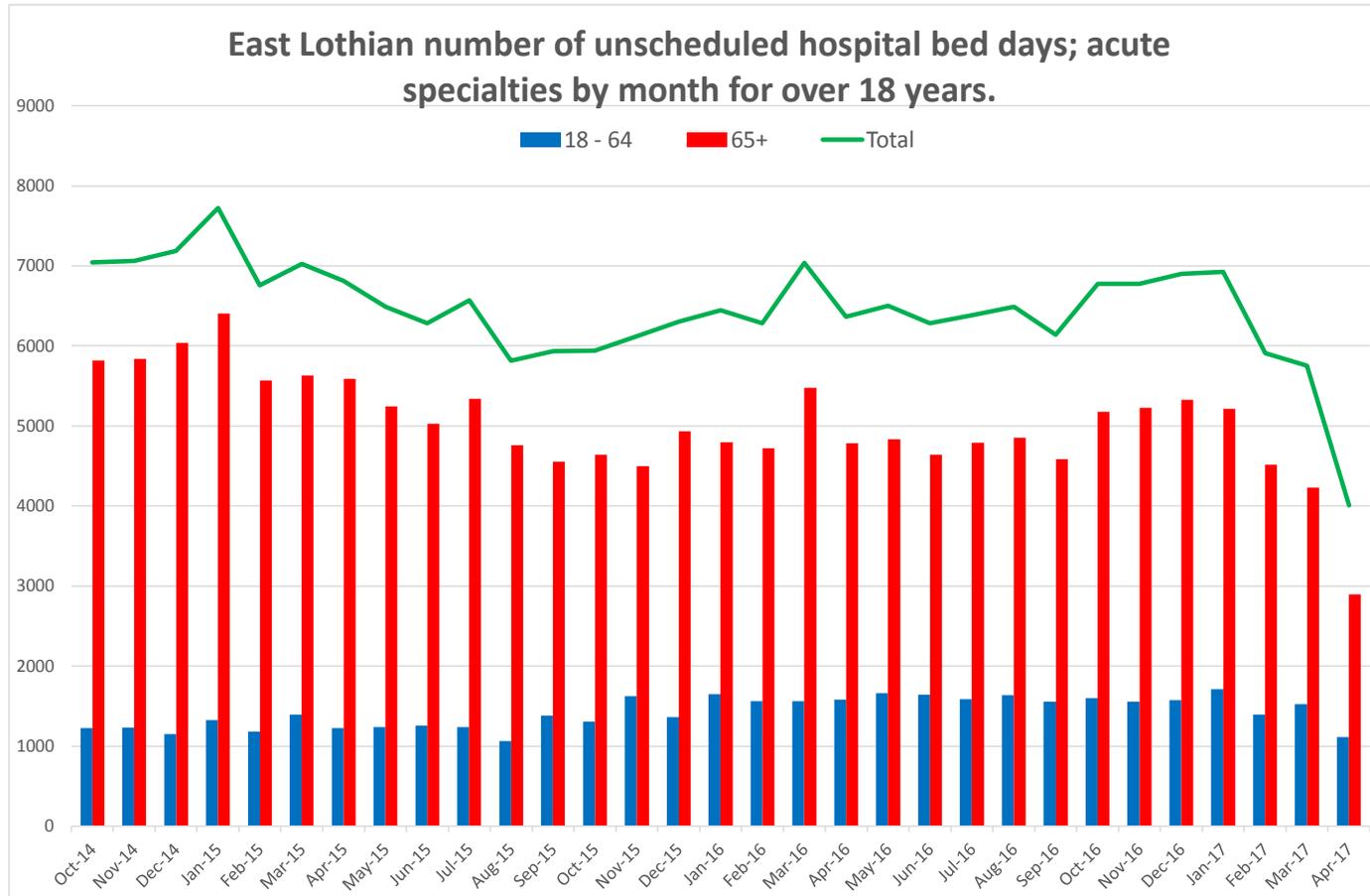
# Admissions from A&E



# Admissions from A&E

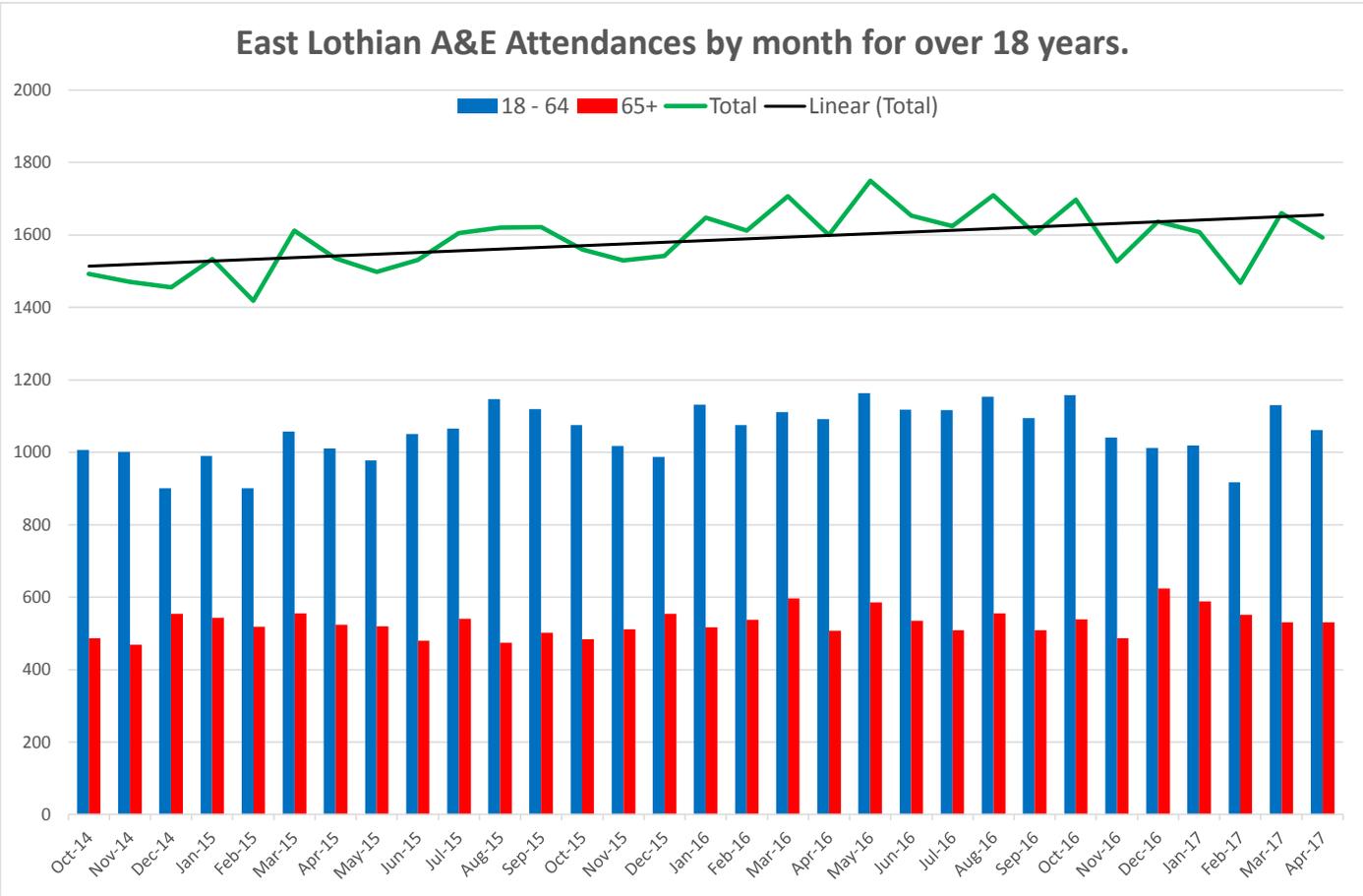


# Unscheduled Hospital Bed Days

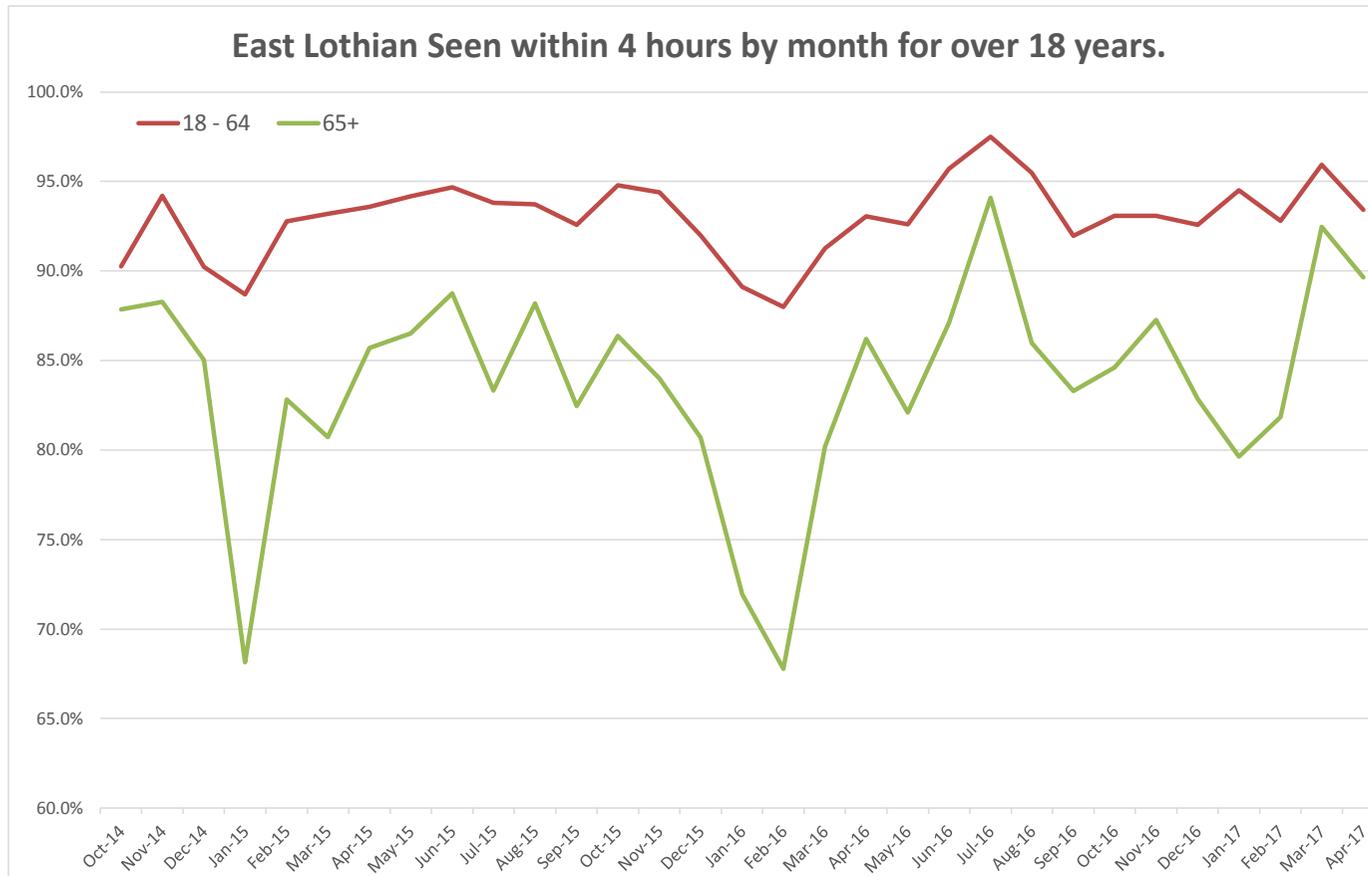


# Accident and Emergency

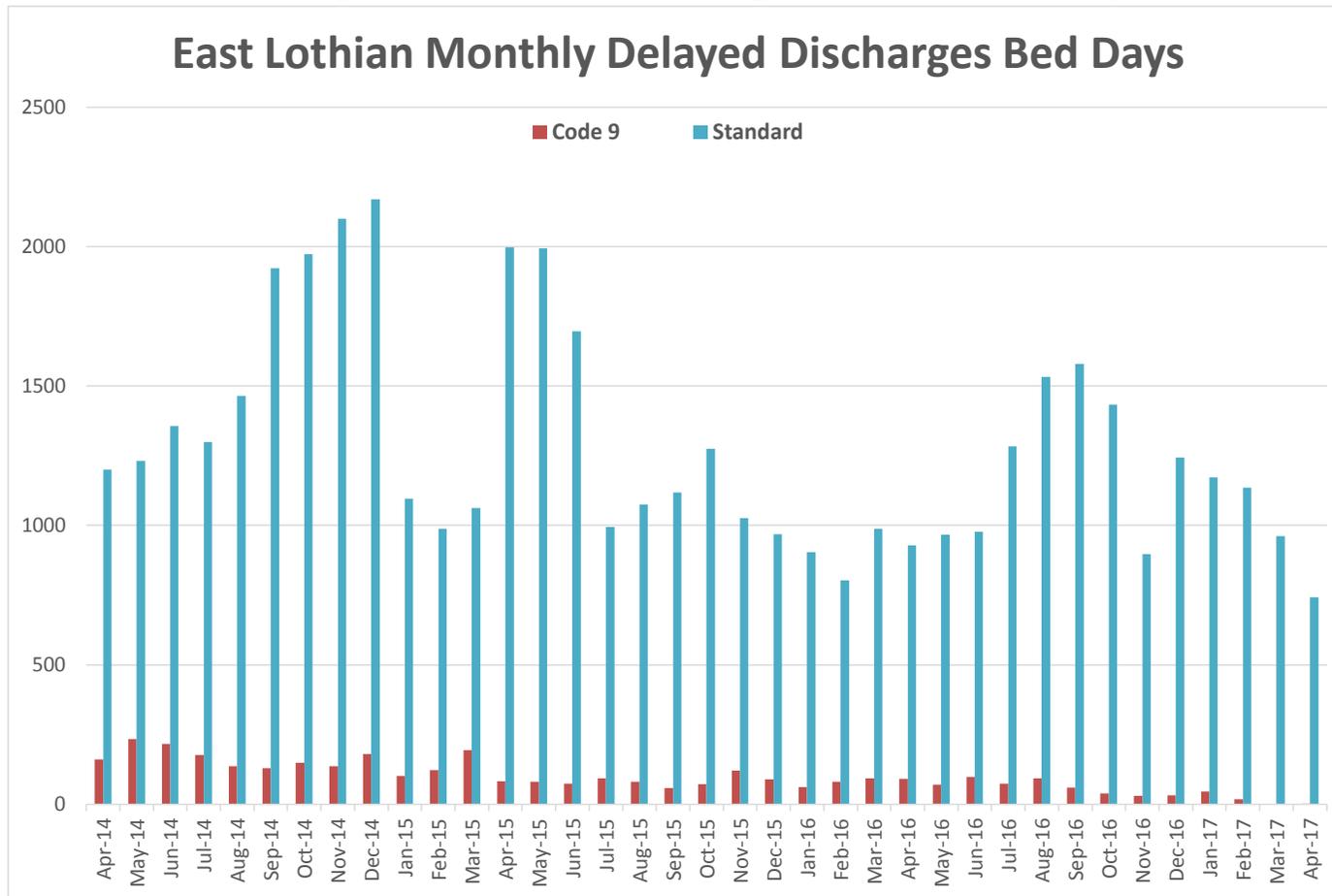
East Lothian A&E Attendances by month for over 18 years.



# Accident and Emergency



# Delayed Discharge Bed Days





## **Appendix 3 - All Directions Applying During 2017/18**

### **New Directions for 2017/18**

#### **10 - Directions to NHS Lothian on Primary Care**

**D10a** - Preparations for the New GMS Arrangements (supersedes D01e and D01f, aligned with D01g, D04a and D04b)

**D10b** - Support to Primary Care Quality Clusters (New Direction)

**D10c** - Primary Care Strategy (New Direction)

#### **11 - Directions to NHS Lothian and ELC on reducing use of acute services and increasing community provision**

**D11a** - Emergency Assessment Services and Emergency Admissions (New Direction)

**D11b** - Occupied Bed Days (new Direction)

**D11c** - Delayed Discharges (supersedes D07)

**D11d** - End of Life Care (new Direction)

**D11e** - Transfer of AHP resource from Secondary Care (new Direction)

**D11f** - Contracts for Care at Home (new Direction)

#### **12 - Directions to NHS Lothian and ELC on shifting the balance of care for care groups**

**D12a** - ELC delivered care at home services (supersedes D02a and D02b)

**D12b** - Extra care housing (new Direction)

**D12c** - Day services for older people (supersedes D02e)

**D12d** - Reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals (supersedes D01c and D02c)

**D12e** - Integrated Care Fund Review (supersedes D06)

**13 - Direction to NHS Lothian to support delivery of Modern Outpatients recommendations**

**D13a** - Redesign of diabetes services and further development of care of Type 2 diabetes in primary care (new Direction)

**14 - Direction to NHS Lothian and ELC on support to carers**

**D14a** - Finalisation and implementation of the East Lothian Carers' Strategy and preparation for the Carers' Act (aligned with D02d)

**15 - Directions to NHS Lothian on drug and alcohol services and mental health**

**D15a** - Allocation to ELHSCP of the full 12% of Drug and Alcohol funding (new Direction)

**D15b** - Redesign of MELDAP (new Direction)

**D15c** - Provision of adult mental health services (new Direction)

**D15d** - Provision of older adult mental health services (new Direction)

**16 - Direction to NHS Lothian and ELC on Community Justice**

**D16a** - Work with the Reducing Reoffending Board (new Direction)

## **Continuing Directions from 2016/17**

**D01a** Continue to support an Outline Business Case and Final Business Case for a new integrated East Lothian Community Hospital.

**D01b** Continue to support, develop and agree a “decant programme” from Liberton and Midlothian Hospitals

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**D01d** Deliver a business cases for Prestonpans and Harbours Medical Practices.

**D01g** Develop and implement a prescribing budget calculation to accurately reflect demographic change and need across Lothian.

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**D02d** Develop and implement a new Carers Strategy for East Lothian.

**D02f** Establish a housing and health and social care planning interface group.

**D02g** Complete a scoping exercise for a redesigned model of re-ablement

**D02h** 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.

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**D03a** Ensure the repatriation of East Lothian residents from Liberton Hospital in Edinburgh with the associated shift in aligned financial resources to the IJB.

**D03b** 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.

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**D04a** 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.

**D04b** 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.

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**D05a** 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

**D05b** 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.

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**D08** 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.

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**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.

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All these directions will remain in place until varied, revoked or superseded by a later direction in respect of the same function.



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

**MEETING DATE:** 24 August 2017

**BY:** Chief Officer

**SUBJECT:** Third Sector Membership, Participation and Delegates in East Lothian

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## 1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of the new Third Sector delegate structure facilitated by STRiVE and to seek support for this structure moving forward.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to adopt the Third Sector delegate system with elected Third Sector delegates serving:
- Integration Joint Board
  - The Strategic Planning Group
  - The Planning Groups below that
- 2.2 Strategic Planning Project Teams and further working groups requiring a Third Sector perspective to be serviced by specialist delegates from a delegate pool facilitated by STRiVE.

## 3 BACKGROUND

- 3.1 STRiVE considered, with the Third Sector in East Lothian and What Works Scotland, how the Sector can best be represented in planning processes and further afield. This resulted in the recommendations included in the report 'Third Sector Participation and Representation in East Lothian'.
- 3.2 It was agreed at the East Lothian Partnership on 28 June 2017 that elected Third Sector representatives will also service the East Lothian Partnership, Safe and Vibrant Communities, Resilient People and Sustainable Economy partnerships as well as the Children's Strategic

Partnership. Where further Third Sector representation is required (specialist working groups for example) this will be provided from a delegate pool facilitated by STRiVE.

- 3.3 It is proposed that this process will be adopted as the mechanism of involving Third Sector organisations where a sectorial view is required in order to ensure accountability to the rest of the sector. Where organisations are invited onto groups for their opinion as individual organisations it will be made clear that they do not represent the wider Third Sector.
- 3.4 This may mean that the Third Sector membership of the Integration Joint Board may change once this system is adopted.
- 3.5 All Third Sector members of the Integration Joint Board will still be bound by the appropriate role definition, standing orders and code of conduct, etc.

#### **4 POLICY IMPLICATIONS**

- 4.1 As set out in the attached, 'Third Sector Delegate Handbook'.

#### **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.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 Financial – none for the Integration Joint Board.
- 6.2 Personnel – assistance will be needed with induction of new representatives.

#### **7 BACKGROUND PAPERS**

- 7.1 Report entitled 'Third Sector Participation and Representation in East Lothian'.

<b>AUTHOR'S NAME</b>	Eliot Stark/Hannah Axon
<b>DESIGNATION</b>	Chief Executive/Policy and Network Coordinator (STRiVE)
<b>CONTACT INFO</b>	0131 665 3300
<b>DATE</b>	17 August 2017

**Third Sector Delegate Handbook  
Integration Joint Board**

## **East Lothian Delegate System**

East Lothian operates a delegate system that represents the Third Sector at all partnerships, groups and meetings where a communal Third Sector view is sought. This system is facilitated by STRiVE as the Third Sector Interface and operates on two levels

### **1. Elected Delegates**

Elected delegates currently represent the Sector within the Health and Social Care Strategic Planning framework at:

- Integration Joint Board
- Strategic Planning Group
- Planning Groups below that

Delegates are elected at the Enterprising Third Sector Conference.

### **2. Specialist Delegate Pool**

STRiVE also maintains a delegate pool that will be called upon to represent the sector as requested within the Strategic Planning Project teams or on short life, one off or specialist groups that fall below the named groups above.

## **Elections**

- Elections are undertaken in a two year cycle
- Voting is open to all organisations registered with STRiVE
- If less than 25% of registered organisations vote the election will be repeated
- Nominees will be ranked by voters. The individual ranked number one will take the post. The individual ranked number two will be the second named delegate where this is required by the group.
- In the event no nominations are received for a position STRiVE will provide a temporary delegate.

## Delegate – Role Description

Support Person	STRiVE Policy and Networks Co-ordinator
Role Purpose	To provide a delegate function for the East Lothian Third Sector at assigned groups/forums/partnerships
Specific Tasks	<ul style="list-style-type: none"> <li>- Attend meetings assigned to them on behalf of the Sector.</li> <li>- Actively and appropriately voice the Sectors views and ensure these are minuted</li> <li>- Prepare for meetings, reading the relevant paperwork from community planning and collated sector opinion on relevant issues.</li> <li>- Produce concise, relevant meeting minutes</li> <li>- Inform STRiVE if you unavailable for any meeting</li> <li>- Inform STRiVE if an urgent decision/ sector opinion is required on any given issue.</li> <li>- Attend people/place forums/ the Third Sector Conference to liase with the sector</li> </ul>
Skills and Qualities	<p>Strong listening and communication skills</p> <p>Selflessness- delegates have a responsibility to act in the public interest and speak for the Sector. They must not act to benefit themselves, family, friends or the organisation/s they work for.</p> <p>Respect Delegates must act respectfully towards all partners in their assigned meetings</p>

Commitment	<p>Elected delegates occupy their post for 2 years attending all relevant meetings in that period</p> <p>Once in the delegate pool delegates will remain there until they request to be removed. They will be asked to attend appropriate meetings dependant on their availability.</p>
Support and Training	<p>Support and training will be provided by STRiVE. Training will include:</p> <ul style="list-style-type: none"> <li>- Community Planning</li> <li>- Integrated Joint Board and supporting structures</li> <li>- Third Sector Interfaces</li> <li>- Delegate Roles</li> </ul> <p>Additional training according to needs identified</p> <p>STRiVE will provide support in:</p> <ul style="list-style-type: none"> <li>- Assistance in identifying key issues prior to meetings</li> <li>- Collation of Sector views on relevant issues via website, newsletter, hot topic function, forums and conferences.</li> <li>- Substitute at meetings where named delegates are unable to attend</li> <li>- Additional support as needs are identified</li> </ul>

## Code of Conduct

Respect	Delegates must behave respectfully towards the other members of the groups/meetings and partnerships with whom they work, local people, fellow delegates and members of their associated organisations; treating people equally and with courtesy at all times.
Selflessness	Delegates have a responsibility to represent the views of the sector and must not act in order to gain financial or material benefit for themselves, family members, organisations for which they work or with whom they are associated. Any personal or organisational conflict of interest must be declared both to STRiVE and at any relevant meeting.
Diligence	Delegates will be well prepared and consciences in their role.
Accountability	Delegates are accountable for their decisions and actions to both the public and the Sector

It should be noted that in addition Third Sector members will be subject to and will be expected to observe the code of conduct and standing orders of specific bodies of which they are members.

### Problem Solving Policy

If conduct of a delegate falls outside of the agreed Code of Conduct the Policy and Networks Coordinator will discuss this with them and agree an appropriate course of action, identifying future expectations and further actions should these not be met.

Where more serious problems of performance or conduct are alleged or there is no improvement to earlier issues dealt with informally, a review meeting with the Coordinator will take place. The delegate will be advised in advance of the problems that have been raised. If following this review meeting the

allegations are upheld and, depending upon the seriousness of the allegations, the delegate's role may be terminated with immediate effect.

## **Integration Joint Board**

### **Roles and Remits will be added for Integration Joint Board, Strategic Planning Group, Planning Groups**

#### **Third Sector Interfaces**

STRiVE is the Third Sector Interface (TSI) for East Lothian. There are 32 TSIs in Scotland with the shared mission of building empowered, resilient communities with a thriving third sector. The TSIs build on a long history of local third sector infrastructure. They have experience of helping communities help themselves through the power of volunteering. They harness the passion of individuals to come together to improve their community. They build social value by developing enterprising agencies whose profit is for the community they seek to serve. They help ensure the voice of the Third Sector is heard and understood in local decisions making and they work without boundaries to broker social capital and bring people together to deliver change.

Like the Third Sector they serve Scotland's TSIs are diverse reflecting local needs, priorities and heritage. They are all tasked with:

- Volunteering Development
- Social Enterprise Development
- Supporting and Developing a strong Third Sector
- Building the Third Sector relationship with Community Planning

20 of them are single agencies and 12 of them are formed of partnerships across bodies historically associated with supporting their local voluntary sector, social enterprises and volunteers. STRiVE is a single agency serving all of the above functions.

TSIs are held to account through a set of common standards, services and outcomes agreed with the Scottish Government and against which they report. From this bedrock they grow a diverse range of services and support that is flexible and focused on local need.

The East Lothian delegate structure has been developed by STRiVE, with the support of What Works Scotland and in consultation with local Third Sector organisations, as part of its remit to support and improve the Third Sector /Community Planning relationship.







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

**MEETING DATE:** 24 August 2017

**BY:** Chief Finance Officer

**SUBJECT:** IJB Audit and Risk Committee – Membership and Chairing

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## 1 PURPOSE

- 1.1 This report proposes the membership of the IJB's Audit and Risk Committee including a proposition to have as its Chair a member of the IJB who is not a voting member.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Approve the revised Terms of Reference for the Audit and Risk Committee
- 2.2 Approve the membership of the Audit and Risk Committee
- 2.2 Approve the appointment of the Chair to the Audit and Risk Committee.

## 3. BACKGROUND

- 3.1 At its meeting of 27 August 2015, the IJB agreed to set up an Audit and Risk committee. At its meeting in 29 October 2015, the IJB agreed the Terms of Reference for this Audit and Risk Committee.
- 3.2 In terms of membership, these Terms of Reference laid out that 'the committee will consist of (at least) four members of the IJB' and, of these members, 'at least four committee members must be IJB voting members, two from the Health Board and two from the Council'. Further the Terms of Reference laid out that the Chair 'will be a voting

member nominated by the IJB, noting that the Chair or the Vice Chair of the IJB cannot also chair the Audit and Risk Committee’.

- 3.3 Since the Committee was constituted, the IJB has changed its membership and various voting members who had also been members of the Audit and Risk Committee are no longer members of the IJB. It is necessary therefore that the IJB agrees a revised membership of its Audit and Risk Committee along with a new Chair.
- 3.4 In terms of members of the Audit and Risk Committee, it is proposed that the number is increased from four to five, being four of the IJB voting members as before along with an additional member, being a non voting member of the IJB .The composition and membership of the Audit and Risk Committee is entirely within the gift of the IJB.
- 3.5 It is further proposed that this non voting member of the IJB be the Chair of the Audit and Risk Committee.
- 3.6 This is a change to the current Terms of Reference – in that these lay out that the Chair is currently a voting member of the IJB – and an amended Terms of Reference is attached to this report for approval.
- 3.7 The membership of the Committee is therefore proposed as:-

**Voting members of the IJB**

Stuart Currie  
Fiona O’Donnell  
Fiona Ireland  
Alex Joyce

**Chair** - Margaret McKay (non voting member of the IJB)

**POLICY IMPLICATIONS**

- 4.1 This paper is covered within the policies already agreed by the IJB.

**5 INTEGRATED IMPACT ASSESSMENT**

- 5.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations.

**6 RESOURCE IMPLICATIONS**

- 6.1 Financial – there are none.
- 6.2 Personnel – there are none.

## 7 BACKGROUND PAPERS

7.1 None

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## **EAST LOTHIAN INTEGRATION JOINT BOARD AUDIT AND RISK COMMITTEE TERMS OF REFERENCE – revised August 2017**

### **INTRODUCTION**

1. The Audit and Performance Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders. The Committee will be a Standing Committee of the IJB.

2. The Financial Regulations for the IJB were approved Integration Board on 29<sup>th</sup> October 2015. Section 3.10 of the Financial Regulations state that the IJB will have an Audit and Risk Committee

### **CONSTITUTION**

3. The IJB shall appoint the Committee. The Committee will consist of (at least) five members of the IJB, excluding professional advisors. At least four Committee members must be IJB voting members, 2 from the Health Board and 2 from the Council. Membership of the Committee will be for three years and may be extended by the IJB.

4. The Committee may at its discretion set up working groups for review work. Membership of working groups will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Risk Committee.

### **CHAIR**

5. The Chair of the Committee is at the discretion of the IJB and may be any member of the Audit and Risk Committee, noting that the Chair or Vice Chair of the IJB cannot also chair the Audit and Risk Committee.

### **QUORUM**

6. Three members of the Committee will constitute a quorum.

### **ATTENDANCE AT MEETINGS**

7. The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other professional advisors or their nominated representatives will normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.

8. The external auditor will be invited to all meetings.

### **MEETING FREQUENCY**

9. The Committee will meet at least three times each financial year.

### **AUTHORITY**

10. The Committee is authorised to request reports and make recommendations to the IJB for further investigation on any matters which fall within its Terms of Reference.

### **DUTIES**

11. The Committee will review the overall internal control arrangements of the IJB and make recommendations to the Board regarding signing of the Governance Statement.

12. Specifically it will be responsible for the following duties:

### **GOVERNANCE, RISK AND CONTROL**

1. To review the IJB's corporate governance arrangements against the good governance framework and consider annual governance reports and assurances.

2. To review the Annual Governance Statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances, taking into account internal audit's opinion on the overall adequacy and effectiveness of the IJB framework of governance, risk management and control.

3. To consider the IJB arrangements to secure value for money and review assurances and assessments on the effectiveness of these arrangements.

4. To consider the IJB framework of assurance and ensure that it adequately addresses the risk and priorities of the IJB.

5. To monitor the effective development and operation of risk management in the IJB.

6. To monitor progress in addressing risk-related issues reported to the committee.

7. To consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.

### **INTERNAL AUDIT**

8. To approve the internal audit charter.

9. To review proposals made in relation to the appointment of external providers of internal audit services and to make recommendations.

10. To approve the risk-based internal audit plan, including internal audit's resources requirements, the approach to using other sources of assurance and any work required to place reliance upon those other sources.

11. To approve significant interim changes to the risk-based internal audit plan and resource requirements.
12. To make appropriate enquiries of both management and the head of internal audit to determine if there are any inappropriate scope or resource limitation.
13. To consider reports from the head of internal audit on internal audit's performance during the year, including the performance of external providers of internal audit services. These will include:
  - a) Updates on the work of internal audit including key findings, issues of concern and action in hand as a result of internal audit work.
  - b) Regular reports on the results of the Quality Assurance and Improvement Programme.
  - c) Reports on instances where the internal audit function does not conform to the Public Sector Internal Audit Standards and Local Government Application Note, considering whether the non-conformance is significant enough that it must be included in the Annual Governance Statement.
14. To consider the head of internal audit's annual report:
  - a) The statement of the level of conformance with the Public Sector Internal Audit Standards and Local Government Application Note and the results of Assurance and Improvement Programme that supports the statement – these will indicate the reliability of the conclusions of internal audit.
  - b) The opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control together with the summary of the work supporting the opinion - these will assist the committee in reviewing the Annual Governance Statement.
15. To consider summaries of specific internal audit reports as requested.
16. To receive reports outlining the action taken where the head of internal audit has concluded that management has accepted a level of risk that may be unacceptable to the authority or there are concerns about progress with the implementation of agreed actions.
17. To contribute to the Quality Assurance and Improvement Programme and in particular, to the external quality assessment of internal audit that takes place at least once every five years.
18. To consider a report on the effectiveness of internal audit to support the Annual Governance Statement.
19. To support the development of effective communication with the head of internal audit.

## **EXTERNAL AUDIT**

20. To consider the external auditor's annual letter, relevant reports, and the report to those charged with governance.
21. To consider specific reports as agreed with the external auditor.
22. To comment on the scope and depth of external audit work and to ensure it gives value for money.

23. To commission work from internal and external audit.

24. To advise and recommend on the effectiveness of relationships between external and internal audit and other inspection agencies or relevant bodies.

### **FINANCIAL REPORTING**

25. To review the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the IJB.

26. To consider the external auditor's report to those charged with governance on issues arising from the audit of the accounts.

### **ACCOUNTABILITY ARRANGEMENTS**

27. To report to those charged with governance on the Committee's findings, conclusions and recommendations concerning the adequacy and effectiveness of their governance, risk management and internal control frameworks; financial reporting arrangements, and internal and external audit functions.

28. To report to the IJB on a regular basis on the Committee's performance in relation to the Terms of Reference and the effectiveness of the Committee in meeting its purpose.



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 24 August 2017  
**BY:** Chief Finance Officer  
**SUBJECT:** Financial Position – 2017/18 update and future planning

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## 1 PURPOSE

1.1 This paper covers four main areas :-

- An update on the year to date (to June 2017) financial position for the IJB
- A proposition to review the health budgeting setting model for the IJB
- A proposition around the financial planning model for 2018/19
- Proposal to develop a multi-year financial plan to support the IJB's Strategic Plan.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the outline financial position for the first three months of the current financial year.
- 2.2 Support the proposal to review the health budget setting model and consider a review of the adult social care budget setting model.
- 2.3 Support the proposal to redesign the financial planning model in 2018/19.
- 2.4 Support the development of a multi-year financial plan.

## 3. BACKGROUND

### Year to date financial position for the IJB

- 3.1 At its March 2017 meeting the IJB received a financial assurance report on the IJB's budget for 2017/18. This report identified a range of

financial pressures but, because the IJB wished to continue to move forward with the delivery of its Strategic Plan and recognising that both Partners had made an equitable allocation of their available resources, the IJB accepted the budget propositions.

- 3.2 In summary, the report identified gross financial pressures in 17/18 of £3.8m of which plans had been developed to deliver c.£3.3m leaving a position wherein plans had to be developed to deliver c. £0.5m, being c. £0.2m in the social care budgets and c. £0.3m in the set aside.
- 3.3 At its June 2017 meeting the IJB received a further report laying out the final 2016/17 out-turn and reflecting further on the 17/18 plans. This report noted that the IJB was required to break-even in 2017/18 and that it was unlikely that either NHS Lothian or East Lothian Council would be able to make any further non-recurrent funds available to support any in-year pressures.
- 3.4 Clearly, it is important that the IJB understands the current financial position and reflects on the actions required to ensure a break-even position. However, both NHS Lothian and East Lothian Council are currently undertaking a quarter one review and the overall output from this exercise will not be available until September. That said, indicative information is available from East Lothian Council and NHS Lothian has prepared a three month actual position for the IJB. This information has been used to inform this report. It should be noted, therefore, that the discussion below is based on an extrapolation of the indicative information for the IJB itself and not a reflection of the quarter one financial reviews of the partners.
- 3.5 NHS Lothian produces a monthly report showing the year to date financial position for the health services of the IJB. For month 3 this shows:-

	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's
Core	66,883	16,163	16,474	-311
Hosted Set	14,525	3,197	3,190	7
Aside	20,832	5,057	5,273	-216
<b>Total</b>	<b>102,240</b>	<b>24,417</b>	<b>24,937</b>	<b>-520</b>

It should be noted that the hosted and set aside position are based on the share element of the NHS Lothian health budget setting model. That means that hosted and set aside costs represent the IJB's share of the budget and not its actual usage. This is simply a function of the model and the IJB, in accepting the NHS Lothian budget, has asked Lothian for a further review. This is discussed further below.

- 3.6 East Lothian Council has reported its financial position based on the first quarter's financial information. This indicates that the Adult Wellbeing services should break-even in 2017/18. It should be noted (and this is discussed further below) that the IJB's budget from East Lothian Council is not simply the Adult Wellbeing budget, there are various adjustments, however for the purposes of this exercise it has been assumed that the IJB's social care budget will break-even.
- 3.7 On a simple pro-rata basis – that is by multiplying the year to date position by four – a projected out-turn for the health services would be c. £2.1m plus the projected position break-even for the adult social care services as above. This would suggest, at this time, a forecast overspend for the IJB of c. £2.1m.
- 3.8 Within the health element of the core budgets, the pressures sit within the Mental Health services and GMS (The directly managed practice at Eskbridge). In addition the efficiency plans required to underpin the projected prescribing position are not being delivered to the original timescales.

### **Recovery actions required**

- 3.9 There are a range of recovery actions underway and being developed:-
- A review of 'night-time support' services within adult social care
  - A review of transport services for adult social care
  - Review of the pressures within the Mental Health Services
  - Reduction in costs in the Hopetoun Unit
  - Further delivery of prescribing efficiencies along with benefits arising for the partnership's share of the Lothian investment
  - Further controls over the costs within the Eskbridge Practice
  - A review of sickness/absence
  - Income maximisation review
  - Recovery and efficiency plans for those services not directly managed by the Partnership (Hosted and Set Aside services) are managed by other teams within NHS Lothian. There is an element of pressure within set aside services and NHS Lothian has been asked for a further breakdown of these pressures and for plans to recover the position.

### **Longer Term Developments**

#### **Revision of the Health Budget Setting Model**

- 3.10 As part of the financial assurance process in both 2016/17 and 2017/18, NHS Lothian's health budget setting model has been considered. In summary the model is based on the simple proposition that each (health) functions that had been delegated to the IJB could be expressed in terms of the services that support the delivery of that function. Simplistically each of these services holds budgets (and expenditure is coded to) at a cost-centre level and therefore each

costcentre in the Lothian system can be considered to be either delegated (to an IJB) or not-delegated. For each delegated costcentre the model proposes how much of that costcentre is delegated to each IJB. Therefore services that support only East Lothian are delegated 100% to the IJB and those that support all of Lothian are delegated on the basis of a 'fair share'. This model, however, only considers direct clinical service costcentres and does not examine those services that support the clinical services, nor the facilities services nor the corporate services.

- 3.11 There are, perhaps four main areas of this model that now require to be resolved and work is now underway to produce a position that can be considered by NHS Lothian and then presented to the IJBs. These four areas are :-
- Are the costcentres appropriately delegated – do they completely represent the delegated functions?
  - Do all the resources for delivering the delegated functions sit wholly in the delegated costcentres – that is, are there resources used to support delegated functions in (apparently) non-delegated costcentres
  - What is the 'fair share' of a service and how should it be applied? This is a key issue and is discussed further below
  - How should those services which support clinical services be treated – currently the model treats them as non-delegated?
- 3.12 As part of its budget setting model, NHS Lothian proposed a principle of 'fair shares'. That is that each IJB has a fair share of the totality of the Lothian resources and does not just take a share of any individual service resource based on that IJB's historic usage. The IJB has accepted this principle but now needs to understand that this means in practice. An exercise is underway that will both update the current share model (PCNRAC) and then compare the actual expenditure incurred against the fair share. Clearly if the IJB has a significant deviation between its actual use of delegated resources and the fair share budget then this needs to be fully understood.
- 3.13 This work is currently underway. It should be noted that this work may not only change the IJB's budget, it will also change the charges against that budget made by NHS Lothian.
- 3.14 As was mentioned above, the IJB may also wish to consider the adult social care budget setting model it has agreed with East Lothian Council. In summary this takes the Adult Wellbeing budgets, removes the supporting people services and adds in elements of the HRA and the private sector housing grant. This model reflects an interpretation of the IJB's Integration Scheme and early advice suggest that its within the IJB's gift to review. There should not impact on the IJB's financial position and it would be simpler in management and reporting to simply map the adult wellbeing budget directly onto the resources to be delegated to the IJB. This should also not impact on the IJB's ability to

deliver its Strategic Plan. The IJB is asked to consider if such a review of this particular element of the budget setting model may take place.

### **Budget Setting for 2018/19**

- 3.15 As part of previous reports, the IJB has been considering the development of its financial strategy. It is clear that the partners remained the drivers behind the 2015/16 budget setting process – that is that East Lothian Council and NHS Lothian undertook their own financial planning process and then presented the IJB element to the IJB. However, in 17/18, this process was more tripartite, that is the IJB was a partner in the financial planning process.
- 3.16 The IJB now needs to explain to its partners (ELC and NHSiL) its vision for the financial planning (and budget setting) for 18/19 and beyond.
- 3.17 In principle the mechanism for the IJB's budget setting should be:-
- The partners indicate the resources which they will make available to the IJB
  - The IJB then considers if these resources reflect a fair share of the resources available to the partners in respect of the delegated functions
  - The IJB then takes the totality of that resource and uses it to deliver its Strategic Plan. This means that the IJB, through its directions, actions its financial plan which will, of course, have already been approved by the IJB as reflecting its strategic plan.
- 3.18 In practice this movement from the current mechanism to a wholly IJB driven model will take some time and the IJB will have to be wholly clear as to its prioritisation of the increasing scarce financial resources.
- 3.19 Of course, it has always been clear that the key role of the IJB is to drive a fundamental transformation of services which will reduce the cost base and increase capacity.
- 3.20 The challenge therefore for the 2018/19 budget setting process is to ensure that recovery actions are being delivered on a recurrent basis whilst transforming the current service delivery. Part of that transformation will be the IJB's role in the governance around any potential new investments by the Partners. For example NHS Lothian is re-providing Mental Health and Learning Disability services at a new Royal Edinburgh Hospital. Its clear that the IJB must decide if it is prepared to invest any further resources in this reprovision or to use this opportunity to transform the delivery of these services by further reducing its use of in-patient beds in that facility.
- 3.21 The IJB needs to make a clear statement to its partners on the deployment of resources in 18/19 and beyond and not simply respond to the management of financial gaps in the future plans – although it is accepted that the solution to some of these financial gaps is redesign of the services.

## **Further development of a multi-year financial plan**

- 3.22 As has been discussed several times at IJB meetings, a multi year financial plan is required that shows how the IJB's Strategy will be delivered. It is clear that the IJB will simply not have anything like the resources required to deliver the delegated functions using the current model and the transformations required are, as was discussed above, laid out in the October 2016 paper.
- 3.23 A financial plan is required to be drawn up which, simplistically, having identified the totality of the resources available then prioritises the use of these resources by service. This will start at the current budget for that service (which is why a full review of the budget setting model is now critical) and indicate those areas where the IJB will not reduce the resources to be used and also indicate these services in which the IJB will dis-invest. It is obvious that, in many cases, the partners simply cannot switch service provision off, even if these services were no longer part of the care pathway so a model is required that will provide sufficient time to the partners to allow them to undertake the appropriate actions to reduce the costs in line with the financial plan.
- 3.24 The proposal is to draw up a 'straw man' plan, which would start with an agreed opening budget by service and then show over the period of five years how the IJB would use these resources. Therefore each line would reduce or increase given how the IJB prioritised this service. This work would also include an examination of the capacity that the service can deliver and, if additional resources were not to be made available but demand would increase how the unit cost of that capacity would change

## **4 POLICY IMPLICATIONS**

- 4.1 This paper is covered within the policies already agreed by the IJB.

## **5 INTEGRATED IMPACT ASSESSMENT**

- 5.1 The implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper have yet to be assessed. Such issues will be the cornerstone of longer term planning to be undertaken beyond 2017/18, in partnership with the partners

## **6 RESOURCE IMPLICATIONS**

- 6.1 Financial – discussed above.

6.2 Personnel – any implication for personal will be examined as the financial plan is developed.

## 7 BACKGROUND PAPERS

7.1 Previous reports to the IJB

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