East Lothian
Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 24 MAY 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

1

Voting Members Present:
Mr P Murray (Chair)
Councillor S Akhtar
Councillor S Currie
Mr A Joyce
Councillor S Kempson
Councillor F O'Donnell

Non-voting Members Present:
Ms P Dutton
Ms E Johnston
Mr D King
Mrs M McKay
Mr T Miller
Mr D Small
Ms J Tait

Clerk:
Ms F Currie

Apologies:
Ms F Ireland
Prof M Whyte
Ms F Duncan
Dr R Fairclough
Ms A MacDonald
Ms M McNeill

Declarations of Interest:
None

1. MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 26 APRIL 2018 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 26 April 2018 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 26 APRIL 2018

The following matters arising from the minutes of 26 April were discussed:

(Item 2) MELDAP/Substance Misuse Service – Councillor Shamin Akhtar asked if there was any update on a decision regarding funding. David Small said that there had been no response from the Scottish Government as yet but that there would be an update on the use of reserves provided as part of the finance report at Item 4.

Councillor Fiona O'Donnell commented that, in response to a recent Parliamentary Question, the Scottish Government had indicated that it was for councils to determine their use of funding. Mr Small replied that he had been directed to seek advice from the Scottish Government and he would review the position once he had that response.

(Item 8) Membership of the IJB – Mr Small advised members that NHS Lothian had confirmed they intended to re-nominate Alex Joyce, Jon Turvill, Andrew Flapan and Alison MacDonald for a further 3 year term as voting and non-voting members of the IJB. The NHS Unions had also confirmed their intention to re-nominate Thomas Miller.

Mr Small also updated members on proposals to seek a replacement for Margaret McKay, as carers' representative, and to fill the vacant independent sector representative role. He said that Jane Ogden-Smith was currently looking at the advertising process. He indicated that a report would be presented to the June meeting of the IJB providing an update on all membership issues, including proposals for future membership and chairing or the Audit & Risk Committee.

The Chair advised that he had already received an expression of interest in relation to chairing of the Audit & Risk Committee and he encouraged any other members who may be interested to contact him before the next IJB meeting.

Mrs McKay informed the meeting that a national role description for carers' representatives on IJBs had recently been approved. She suggested that the East Lothian IJB may wish to adopt this or use it as a template for creating their own role description. She agreed to send the document to Mr Small and Ms Ogden-Smith for further consideration.

3. CHAIR'S REPORT

The Chair confirmed that this was Mr Small's last meeting of the IJB and that plans were underway to seek a temporary appointment to the post of Chief Officer for a six month period. The post had been advertised and the closing date was 3 June. At the end of the six months they would seek to appoint someone on a substantive basis but in the meantime there may be alterations to the job description.

The Chair also reported that the Health and Social Care (Staffing) (Scotland) Bill had started its progress through the Scottish Parliament and advised that, following NHS Lothian's evidence giving session before the health & Sport Committee, a letter to the Chair had been circulated to members for information.

He commented on the recent meeting of the NHS Lothian Finance and Resources Committee and emphasised the need for the IJB to be proactive in seeking capital investment for future projects.

The Chair reported on the recent series of engagement events held in Musselburgh, Dunbar and North Berwick involving plans for the reprovision of hospital and care facilities in these areas. Councillor O'Donnell and Mr Small also provided feedback on events they had attended. The Chair advised that he had now visited all of the facilities involved in the reprovision and he felt he had a better understanding of the current and future challenges.

Mr Small informed members of a recent letter from the Scottish Government regarding additional monies to be made available through the Primary Care Improvement Fund over the next three years and directed to the IJBs. He also advised of a letter regarding additional mental health funding to improve staffing and services in primary care and other settings.

In response to a question from Councillor Akhtar, Mr Small explained that the monies for mental health made no specific reference to children and young people's mental health services.

Mrs McKay asked if any of the savings that were expected through the changes to the Royal Edinburgh Hospital would be reinvested in East Lothian services and whether this would include strengthening the crisis intervention service. Mr Small indicated that the IJB could look at using any additional resources for improvements or changes to local services but that this would likely be a longer term aim.

The Chair suggested that this issue be considered by the planning groups and that he could also raise the question at the Financial Resources Committee.

4. FINANCIAL OUT-TURN 2017/18 AND REVIEW OF 2018/19 BUDGET SETTING

The Chief Finance Officer had submitted a report to the IJB providing the financial out-turn position for 2017/18 and providing a further review of the 2018/19 budget setting process.

David King presented the report explaining what was meant by 'charges' to the IJB and outlining the significant financial pressures which had affected the 2017/18 outturn position and how these had been addressed by the Partners. He responded to questions from members in relation to the forecasting for the pay uplift, analysis of the prescribing budget and whether the overspend position was continuing into 2108/19.

Mr King explained that the additional monies provided by the Partners to ensure a break-even position at the end of 2017/18 were non-recurring. He also acknowledged the point about the social care overspend and advised that a pressure of £1m had been recognised in the financial assurance for 2018/19. However, he reminded members that the delivery of efficiency savings would off-set some of this financial pressure as well as providing for improvements to services though additional investment. He also referred to other proposals which it was hoped would provide savings which could be reinvested elsewhere. He said that a further paper would be presented to the IJB in the autumn.

The Chair acknowledged members' concerns and agreed that the IJB needed to be very alert to monthly budget spend to ensure that any necessary interventions could be made at as early a stage as possible.

Councillor Stuart Currie expressed concern about the ongoing financial pressures in 2018/19 and said that, based on the information provided, it was difficult not to conclude that the resources being offered were not adequate. However, he agreed that the IJB needed to be able to intervene at an earlier stage to address emerging pressures and to go back to the Partners to signal where they consider the resources to be inadequate.

Mr King advised that the IJB must look to re-design services to meet the resources available – this was part of transformation and the IJB's agreed financial strategy. If the IJB was to get to a position where the resources available were very clearly not adequate to deliver services, it must be able to say this to the Partners. However, he did not think that the IJB were at that position yet.

Councillor O'Donnell said that the question of adequacy went beyond their own area and she understood that 21 IJBs had overspent in 2017/18. She also commented on the tension between the Council and IJB on decision-making and the need to be clearer on the distinction between efficiencies being made by the Council and those being directed by the IJB. She said she looked forward to discussing these issues further at CoSLA.

Mr King presented the second part of his report summarising the process of budget-setting for 2018/19 and the offers made by both the Partners. He responded to further questions from Councillor Currie regarding the impact of 'doing nothing' versus delivery of efficiency savings and whether the IJB could be confident that the required efficiencies would be delivered.

Mr Small stated that there was an element of risk attached to any planned efficiencies programme and that this may not be something which the IJB was content to accept. He added that having conversations with the Partners at an earlier stage would allow the IJB a better chance of delivering a break-even position at the end of 2018/19.

The Chair observed that governance included good financial oversight and he agreed with Mr Small's remarks about early information. He said that everything possible should be done to avoid a repeat of the 2017/18 year-end position.

Decision

The IJB agreed:

i. to the movement of the IJB's underspend in its health arm into its social care arm;

ii. to accept the charges made against the IJB's budget by the Partners (subject to the Partners' audited positions);

iii. to note the IJB's 2017/18 draft financial out-turn position;

iv. to note the formal East Lothian Council budget proposition for 2018/19;

v. to accept the NHS Lothian 2018/19 budget proposition on the basis that plans to balance the Set Aside position are presented to the IJB

5. PROPOSED DIRECTIONS FOR 2018/19

The Chief Officer had submitted a report to the IJB presenting a final proposed set of Directions for 2018/19 to be issued to NHS Lothian and East Lothian Council.

Mr King presented the report drawing members' attention to the budgetary information which would be added to the Directions pack and issued to the Partners. He referred to the previous discussions on the detail of the Directions at the workshop on 26 April and the amendments which had been agreed by the IJB. He added that since then discussions had taken place at the Strategic Planning Group resulting in two further changes which were outlined in the report.

Mr Small referred members to the Directions summary at appendix 1 and highlighted a number of points including revisions to D02i and D12g.

Judith Tait added that the Strategic Planning group discussion had highlighted the importance of clearly showing the process and engaging fully with service users to ensure that the IJB designs services which are fit for the future. She thanked members for their comments on these points and hoped that they were reassured that their concerns had been taken into account.

The Chair added that he had also recently met with Fiona Ireland to discuss this matter as she was also keen that the IJB should be able to have reasonable assurance that any proposals for reporvision had gone through the proper process.

Councillor O'Donnell took the opportunity to advise members that notes of interest for chairs of additional working groups, to be set up shortly, would be warmly welcomed.

Mrs McKay raised the question of how priorities were identified and who made the final decision. She was concerned that the priorities identified, such as day centre provision, may not be those of service users or their families. She wanted reassurance that adequate discussion was taking place with the individuals and organisations most affected.

Councillor Currie raised a similar point. He was concerned about the wording in D12g which stated that matters would be "reported to the IJB". He was concerned that there may be an expectation that any proposals presented to the IJB would be "nodded through". He wanted to ensure that there would be a proper options appraisal carried out and presented to the IJB for consideration.

Mr Small gave his assurance regarding the process and decision-making, advising members that the IJB would be fully consulted on possible models of care.

Councillor O'Donnell said that it would be important to look at the range of services and pathways available and not simply focus on one particular model of care.

Addressing Mrs McKay's point, Ms Tait advised that the learning disability strategy included giving people the opportunity to influence service re-design and that work was underway to young people's experiences and to work back to early years. The Council's commitment to the strategy stretched back several years and it wanted to be aspirational in its approach to service provision.

Elaine Johnston observed that not all planning groups had operated as well or as effectively as might have been desired. The Chair acknowledged this point and said that it may be a lesson for the future.

Councillor Currie reiterated the point about inviting open discussion and views on potential priorities, rather than simply presenting a few options and asking people to choose one. He also sought reassurance that the need for engagement with the public during the consultation would be included in the revised text attached to the Directions rather than simply referred to in the minutes of the previous IJB meeting.

Both the Chair and Mr Small acknowledged the point and confirmed that that it would be clearly emphasised in the covering letter to the Partners.

Decision

The IJB agreed the Directions for 2018/19 as outlined in the report.

Signed .....

Mr Peter Murray
Chair of the East Lothian Integration Joint Board

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 28 June 2018

BY: Chief Finance Officer

SUBJECT: Finance update – 2018/19

6

---

1 PURPOSE

1.1 This report provides an initial review of the financial position for 2018/19 and reflects on further development of the IJB's financial plan.

2 RECOMMENDATIONS

2.1 The IJB is asked to

i. Note the update on the 2018/19 projected financial position
ii. Support the further development of the IJB's financial plan.

3 BACKGROUND

3.1 Although the IJB broke even at the end of 2017/18, this was after considerable non- recurrent support from the IJB's partners, especially East Lothian Council. A further update of the financial assurance for the 18/19 budget setting was presented to the IJB at its May 2018 meeting and this indicated a financial pressure in year of c. £3.0m broken down as follows :-

	£000's
Adult Social Care	-1.20
Health – Core	-0.61
Health – Hosted	-0.51
Health - Set Aside	-0.67
	-2.99

3.2 The position in social care reflects the gross out-turn position at the end of 2017/18 – that is the underlying pressure prior to any year-end adjustments. This position does not reflect the efficiency schemes required in 18/19 for which detailed plans are available and the presumption is that these schemes will be fully delivered. The indicative pressures in the health budgets reflect NHS Lothian's current financial plan. For those health services managed by the partnership (Core and an element of hosted) plans are already in train to provide a break-even position and, in the reply to the NHS Lothian budget proposition, the IJB has asked for further details as to the plans to deliver break-even within Set Aside and Hosted services not managed by the partnership.

3.3 Neither partner has completed their quarter 1 review – the Q1 review being a forecast of the current year's financial out-turn based on the financial information available in the first three months of the financial year – because financial information for April, May and June 2018 is not yet available. However, both partners continue to provide detailed finance updates and briefing to the IJB.

3.4 NHS Lothian provide two sets of information to the IJB, a year-to date financial position and, after the first quarter a year-end forecast for the IJB. A year-to date position for month two has been provided and this shows the following:-

	£000's
Health – Core	-72
Health – Hosted	-52
Health - Set Aside	-61
	-185

That is an overspend of £185,000.

This is an in year position and not, as discussed above, a proper out-turn forecast. However, even having excluded the core element (on the basis that the partnership will deliver a break-even position) there remain pressures in hosted and set aside and the IJB will continue to discuss actions to resolve this with NHSiL.

3.5 At this time, East Lothian Council does not have a month 2 position available (it does not provide a month 1 position, the finance team's resources being largely concentrated on producing the annual accounts) however work is underway with the partnership's management team to examine the underlying issues behind the 17/18 overspend and the delivery of the efficiency plans that were embedded in that position. This work indicates that the 17/18 efficiency plan has not been fully delivered and the expected full year effect of this plan in 18/19 will not deliver the projected benefit.

3.6 As part of the detailed development of the IJB's financial plan, a meeting took place between the IJB (the Chief Officer and the Chief Finance Officer), the Council (the Deputy Chief Executive and the S95 Officer) and NHS Lothian (the Director of Finance and the Deputy Director of Finance). This discussion resulted in an agreement to work more closely together to develop the IJB's financial plan. This is, of course, in line with the IJB directions for 18/19.

3.7 The key to the financial planning process is a detailed examination of current capacity in each service and a consideration of current and future demand. Although much financial information and activity information is available further work is required to join these two elements together. Having thus established a baseline position this will allow a consideration of the impact on the baseline arising from changes in demand and an understanding of the impact in the change in the current service delivery model. Changes to the current service models will reflect the IJB's financial strategy (fully integrated, multi-disciplinary, community based services) and thus drive the change in the balance of clear that remains the IJB's overall objective.

3.8 In order to drive this process forward it has been agreed that a Joint Workshop (IJB, Health and Council) will be held which will agree an appropriate mechanism to examine activity (and how that activity has changed in the past few years and what future indications are) and costs in :-

- Community services (both health and social care)
- Care Home usage
- Hospital bed usage (both acute and community)

And to examine the impacts of the development that have taken place in the last few years from developments like hospital at home, hospital to home, the Musselburgh Hub, the use of telecare and the changes arising from the operational integration of health and social care teams in the delivery of care for Older People, Mental Health Services, Substance Misuse Services and Learning Disabilities.

3.9 This work will start with a detailed analysis of the 2017/18 position and will allow a review of the 2018/19 position and will also inform the next iteration of the IJB's Financial Plan.

3.10 A further, more detailed report will be brought back to the IJB at its August meeting reflecting on the output from the Partner's quarter one financial reviews and a further revision of the IJB's financial plan will be brought to the IJB's October 2018 meeting.

4 ENGAGEMENT

4.1 The IJB's meetings are held in public and its papers are available on line.

5 POLICY IMPLICATIONS

5.1 There are no further policy implications arising from this paper

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial – none

7.2 Personnel – none

7.3 Other – none

8 BACKGROUND PAPERS

8.1 Reports to the IJB as discussed above.

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	david.king@nhslothian.scot.nhs.uk
DATE	20 June 2018

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 28 June

BY: Chief Finance Officer

SUBJECT: 2017/18 Annual Accounts

7

---

1 PURPOSE

1.1 This report presents the IJB's draft (unaudited) Annual Accounts for 2017/18.

2 RECOMMENDATIONS

2.1 The IJB is asked to

i. Agree that the draft annual accounts can be published and presented for audit.

3 BACKGROUND

3.1 The IJB is constituted under section 106 of the local government (Scotland) Act and as such must prepare a set of annual accounts. These accounts must be presented in draft for approval to either the IJB or a committee of governance of the IJB by 31st June whereupon the accounts will be presented for audit by the IJB's auditors.

3.2 The annual accounts contain a range of sections but breakdown into three main areas:-

- The Management Commentary. This provides a statement of the IJB's purpose and its performance against that purpose in the financial year along with a reflection on the challenges facing the IJB in the next financial year.
- The Annual Governance Statement – which reflect on the governance of the IJB and notes any governance improvements identified by the CIA's Internal Audit Annual Assurance Report

- A range of financial statements showing the financial position of the IJB. The IJB received a paper at its May 2018 meetings laying out the financial position.

4 ENGAGEMENT

4.1 The annual accounts are published on the web and available in hard copies to the public.

5 POLICY IMPLICATIONS

5.1 There are no further policy implications arising from this paper

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial – none

7.2 Personnel – none

7.3 Other – none

8 BACKGROUND PAPERS

8.1 None.

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	david.king@nhslothian.scot.nhs.uk
DATE	20 June 2018

East Lothian
Integration Joint Board

East Lothian
Integration Joint Board

Draft Annual Accounts 2017/18

CONTENTS

Audit Arrangements

Under arrangement approved by the Accounts Commission of Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the accounts of East Lothian Integration Joint Board for the period 1st April 2017 to 31st March 2018 is Audit Scotland, 102 West Port, Edinburgh EH3 9DN

Management Commentary

Introduction

The management commentary provides an overview of the key messages relating to the role, remit, members, objectives and the strategy of the East Lothian Integration Joint Board (the IJB). It describes the financial performance for the financial year ended 31 March 2018 and considers those issues and risks which may impact upon the IJB's financial position in the future.

The Role and Remit of the IJB

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

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

These accounts cover the period from 1st April 2017 to 31st March 2018.

The IJB's role and responsibility is to plan for the delivery of the functions that have been delegated to the IJB by East Lothian Council and NHS Lothian. These functions are :-

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

The IJB assumed formal responsibility for these functions in April 2016 including the budgets for the delivery of these functions. The IJB published its Strategic Plan for

these functions covering the period from April 2016 to March 2019 in November 2015.

The IJB issued directions to its partners for the financial year 2017/18 in March 2017. This in line with the processes set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

The IJB met 7 times during the financial year 2017/18. There have been a number of changes to the membership of the IJB since the accounts for 2016/17 were published, both as a result of the local elections in May 2017 and other changes and the members of the IJB in March 2018 were as follows:-

Member	Nominated/Appointed by	Role
Peter Murray	Nominated by NHS Lothian	Voting Member, Chair
Fiona O'Donnell	Nominated by East Lothian Council	Voting member, Vice Chair
Shamin Akhtar	Nominated by East Lothian Council	Voting Member
Susan Kempson	Nominated by East Lothian Council	Voting Member
Stuart Currie	Nominated by East Lothian Council	Voting Member,
Alex Joyce	Nominated by NHS Lothian	Voting Member
Moira Whyte	Nominated by NHS Lothian	Voting Member
Fiona Ireland	Nominated by NHS Lothian	Voting Member
David Small	Appointed by the IJB	Chief Officer
David King	Appointed by the IJB	Chief Finance Officer
Fiona Duncan	Nominated by East Lothian Council	Chief Social Worker
Alison MacDonald	Nominated by NHS Lothian	Chief Nurse/Head of Older People and Access
Andrew Flapan	Nominated by NHS Lothian	Medical Consultant
Jon Turvill	Nominated by NHS Lothian	Clinical Director
Richard Fairclough	Appointed by the IJB	General Practitioner
Thomas Miller	Appointed by the IJB	NHS Staff Representative
Penny Dutton	Appointed by the IJB	ELC Staff Side Representative
Margaret McKay	Appointed by the IJB	User/Carer representative, Chair of the Audit and Risk Committee
Elaine Johnston	Appointed by the IJB	Voluntary Sector Representative
Judith Tait	Appointed by the IJB	Head of Adult and Children's Services
Marilyn McNeill	Appointed by the IJB	User representative

Note – all members, except those indicated above as voting members, are non-voting members

David Small, the Chief Officer of the IJB stepped down from that role on 1 July 2018. Alison MacDonald will take up the role of Chief Officer on an Interim Basis from that date.

The IJB's Operations for the Year

2017/18 was the second year of the IJB's operations and the IJB continued to deliver against its Strategic Plan.

One of the key areas of delivery within the health functions of the IJB is further development of the primary care services which will support both health and social care in the community and further the balance of care.

Developments include :-

- **Collaborative Working for Immediate Care (CWIC)**

  The Collaborative Working for Immediate Care (CWIC) team was established in Musselburgh Primary Care Centre using Primary Care Transformation Funds in order to test approaches to meet same day demand through a non-medical team. This has allowed the HSCP to assess the role of Nurse Practitioners and Advanced Nurse Practitioners and Advanced Scope Physiotherapists in delivering primary care services. In doing so, this has directed appropriate activity from GPs, one of the desired outcome of the new General Medical Services (GMS) contract. In parallel to CWIC, the HSCP has developed, in partnership with NHS 24 a new primary care telephone triage service. Both CWIC and the NHS 24 service are being assessed for their suitability for roll-out to other GP practices across the county.

- **ELSIE (East Lothian Service for Integrated Care for the Elderly)**

  The ELSIE service has continued to support patients in avoiding admission and where admission has been clinically necessary, has supported patients in returning home. This service has contributed to East Lothian's improved delayed discharge performance.

- **East Lothian Care Home Team**

  The Care Home Team has continued to provide nursing and care staff of care homes in the Musselburgh and Gullane areas with advice on the clinical and nursing management of individual patients.

  The Team schedules regular visits to care homes they cover in order to provide all registered patients with access to Advanced Nurse Practitioners or Nurse Practitioners for the management of acute and long term conditions.

The IJB's Position at 31st March 2018

For the year ending 31st March 2017, the IJB has broken even. That is, the costs incurred in delivering the IJB's functions by East Lothian Council and NHS Lothian are equal to the income that the IJB received from NHS Lothian and East Lothian Council. However that position has been achieved by both partners making additional resources available.

Before any year-end adjustments, the Health element of the IJB's budget was underspent whilst the social care element was overspent. Having transferred the health underspend to support the social care overspend, the partners gave the IJB further non-recurrent support to allow the IJB to break-even.

The year-end position being arrived at as follows :-

Values are underspends /(overspends)	Health £000's	Social Care £000's	Total
Initial out-turn position	250	-936	-686
Addition Resources			
NHSiL		75	75
ELC		611	611
Underspend/(overspend)	250	-250	0

The IJB directed the underspend in its health 'arm' to be moved so support the initial overspend in social care – this is in line with the Integration Scheme – and thereafter the partners provided additional support. This support is non-recurrent

Analysis of the Financial Statements

The financial statements are all presented on a net basis.

Income and Expenditure

The table below summarises the income and expenditure for the IJB for 2017/18.

	Budget Health £000's	Budget Social Care £000's	Expenditure Health £000's	Expenditure Social Care £000's	Variance £000's	Note
Direct East Lothian Services						
Community AHPS	1,398		1,376		22	
Community Hospitals	9,274		8,855		419	
District Nursing	2,297		2,215		82	
General Medical Services	14,380		14,610		(231)	
Health Visiting	1,464		1,453		11	
Mental Health	4,215		4,517		(302)	
Other	4,672		4,262		410	
Prescribing	21,227		21,305		(78)	
Resource Transfer	3,227		3,226		1	**1**
Older People		24,687		24,687	0	
Learning Disabilities		15,375		15,375	0	
Mental Health		1,804		1,804	0	
Physical Disabilities		2,877		2,877	0	
Planning and Performance		2,598		2,598	0	
Other		3,489		3,489	0	
East Lothian Share of pan Lothian					0	
Set Aside	21,141		21,636		(495)	**2**
Mental Health	2,166		2,145		21	
Learning Disabilities	1,804		1,929		(125)	
GP Out of Hours	1,214		1,214		0	
Rehabilitation	534		487		46	
Sexual Health	662		661		1	
Psychology	825		805		20	
Substance Misuse	954		984		(30)	
Allied Health Professions	1,305		1,278		27	
Oral Health	1,941		1,873		67	
Other	3,349		3,216		133	
Dental	5,618		5,618		0	**3**
Ophthalmology	1,948		1,948		0	**3**
Pharmacy	2,881		2,881		0	**3**
Totals	**108,494**	**50,829**	**108,494**	**50,829**	0	
SCF	6,240	-6,240	6,240	-6,240		**4**
Per accounts	**114,734**	**44,589**	**114,734**	**44,589**		

Notes –

.

1. Resource Transfer are funds for specific purposes which are transferred from health to social care. However, these remain part of the health budget and are reported there.
2. Set Aside are the budgets for those functions delegated to the IJB which are managed by the Acute Services management teams within NHS Lothian. These services are :-

- Accident and Emergency
- Cardiology
- Diabetes
- Endocrinology
- Gastroenterology
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Various ancillary support services for the above

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

3. In the Health system, expenditure to support the delivery of community dentistry, community opticians and community pharmacists is termed as 'non cash limited' (NCL) but is clearly part of the delivery of primary care services and these functions is delegated to the IJB. However, being NCL there is no budget as such but any expenditure incurred is supported in its entirety by the Scottish Government. The NCL values are not part of the budget setting process, there being no budget, but NHS Lothian has matched the NCL expenditure with income to cover this expenditure.

4. The Social Care fund is a resource which the Scottish Government has directed to the IJB through NHS Lothian and are shown as health funds in the accounts. However, these funds are then transferred to the Council and used to support the delivery of social care services and the analysis above reflects this

The charges (shown as expenditure above) made by East Lothian Council to the IJB are the net direct costs incurred in the delivery of social care services in East Lothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the core services (those services specifically for and delivered by the East Lothian partnership) are based on the net direct actual costs incurred in East Lothian. However, charges for hosted and set aside services (those services which are not generally managed by the East Lothian Partnership and are delivered on a pan-Lothian basis) are based on the total actual costs for these service shared across four IJBs per the budget setting model. The IJB share of the total actual costs incurred in 2017/18 for hosted services is 12% and, generally, 12% of the Lothian element of the set aside budgets and the non-cash limited budgets.

Overview of the 2017/18 position.

From the above table, it can be seen that there were a range of financial pressures identified.

Direct East Lothian Services

Within the health budgets although there were operational overspends within mental Health Services and GMS these were offset by underspends in community hospitals and slippage (that is some programmes starting later in the year than planned and thus generating an underspend) within the system.

Within the social care budgets the pressures lay within increased demand for care services, particularly external care for elderly clients and clients with learning and physical disabilities as well as increased transport costs. The social care service also had an ambitious efficiency programme which was not fully delivered in year. As was discussed above, the social care position has been underpinned by further allocations from the partners.

East Lothian Share of pan-Lothian services

The hosted position shows an overspend within the Learning Disabilities services but being offset with underspends in community dental (Oral Health), rehabilitation services and the UNPACS (Other) budget (this is the budget used to support Lothian patients cared for by services outwith NHS Lothian).

The significant overspend within the health budgets is within set aside the main pressures being

- Junior Medical – driven by additional staffing requested to cover rotas for sickness; maternity and vacancies – causing an over-establishment against funded levels. In addition there were significant excess banding payments for non-compliant rotas. New tighter controls regarding authorisation for additional staffing and reviewing rotas before issues arise are now in place to reduce pressure in 18/19
- Gastroenterology - significant drug pressure reported on Adalimumab and Aflibercept driving costs as well as overall higher growth than previous year.
- General Medicine – Pressure driven by staffing issues (significant at St Johns – where recruitment is difficult) and ongoing bed pressures.
- A&E – recruitment issues resulting in additional costs of locums/agency to cover and make safe staffing rotas – especially problematic at SJH.

Balance Sheet

The IJB has broken even in 2017/18 and that there are no outstanding balances either carried into this financial year nor brought forward into future years (the IJB has no assets per its integration scheme). There are no entries in the IJB's balance sheet for 2017/18.

Reserves

The IJB has no reserves at the end of 2017/18.

The IJB's Strategy and Business Model

The IJB presented its financial strategy and outline three year financial plan at its February 2018 meeting. This strategy builds on the principles of realistic care and realistic expectations and this work will be supported through wide ranging public engagement which will not only explain how the health and social care service delivery is changing but will also engage the public as key elements in the delivery of their own care

The key themes underpinning the financial strategy are :-

1. Prioritising the Allocation of Resources

This is a very challenging exercise but the IJB will continue to look at the outcomes delivered by its services and consider how each service contributes to the delivery of the outcomes as described by the Scottish Government. Some of this work will fall naturally out of the service redesign and the IJB's underlying principles of transparency and engagement with the populations it services should support this process.

2. Making more efficient use of resources

The principle of improved efficiency in every service will continue to be pursued. Some of this will be delivered by redesign and some may be delivered by advances in technology.

3. A move from failure demand to prevention

There is little doubt that early intervention, especially in health will both improve that quality of life for individual and often reduce the need to later more costly interventions and treatments. A key part of this is 'co-production' – that is making sure that the individual is fully involved in their health and rather than a recipient of treatment a partner in their overall care.

4. A move from hospital care or care homes to community based services

This is fundamental to the principle of changing the balance of care – the Scottish Government's policy is that more care should be delivered in the home or in a homely setting. Institutional services, especially large acute hospitals are not only costly but the experience of the patients is often poor. Not, of course, in terms of the quality of the clinical care but it terms of having to be moved from the individuals

home and then to be returned back into the community a process which can lead to delays in discharge.

5. A move to improved quality and access

Improved quality of care should lead to better outcomes and mean that individuals do not have to be admitted to institutional services or that they do not have to be readmitted to care unnecessarily. Improved access to the appropriate level of care should support quality and should also support reductions in unnecessary interventions and thus reduce costs.

6. A move from working in silos to team working

In simplest terms this would entail the creation of a 'care team' whose members would support individuals based on the premise that the most appropriate member of the care team intervening where required. The current model often provides a highly trained specialist to support an individual who then refers onto another specialist or to a more generalist support. The system is currently designed around quite specialist services (the 'silos') and the redesign will move from a specialist based system into a team based system with specialist support.

7. A move from reactive to anticipatory care planning

This is an underlying principle to the treatment of individuals with long term conditions or needs. Simply – rather than wait until a crisis and respond to that crisis, a long term anticipatory plan will support the individual through their care path.

Peter Murray
Chair

Alison MacDonald
Interim Chief Officer

David King
Chief Finance Officer

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of the Audit & Governance Committee on 18 September 2018.

Signed on behalf of East Lothian Integration Joint Board

Peter Murray
Chair

Responsibilities of the Chief Finance Officer

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

In preparing the Annual Accounts, the chief finance officer has:

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

The chief finance officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the East Lothian Integration Joint Board as at 31 March 2018 and the transactions for the year then ended.

David King
Chief Finance Officer

Remuneration Report

Introduction

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

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

Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by East Lothian Council and NHS Lothian Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative. In 2017/28, the Chair was nominated by NHS Lothian and the Vice Chair by East Lothian Council.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. Neither the Chair nor the Vice Chair appointments had any taxable expenses paid by the IJB in 2017/178.

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

NHS Lothian remunerates its non-executive members on a notional day basis. Those non-executive members of the NHS Lothian Board, who are also Chairs or Vice Chairs of IJBs, are given an additional notional day's remuneration per week in recognition of the additional time required to undertake those roles. Peter Murray, as a non-executive member of NHS Lothian Board who is also the chair of East Lothian IJB, has received an additional notional day's remuneration specifically for his role as vice chair of the IJB in 2017/18. This remuneration is £8,464 per annum.

Remuneration: Officers of the IJB

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

Chief Officer

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

The Chief Officer of the IJB is David Small who is also the Director of Health and Social Care for East Lothian Council and the Joint Director of the East Lothian Partnership. It has been agreed, and this was disclosed in the accounts for 2016/17, that 50% of his total remuneration is to be shown in the accounts of the IJB as his remuneration as the Chief Officer of the IJB.

Chief Finance Officer

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

Other Officers

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

Total 2016/17 £	Senior Employees	Salary, Fees & Allowances £	Total 2017/18 £
50,865	David Small	52,522	52,522
26,802	David King	27,073	27,071

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

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

David Small – Pension Disclosure

Real Increase in Pension	**£1,263**
Real Increase in Lump Sum	**£3,789**
Accrued Pension	**£10,872**
Accrued Lump Sum	**£32,616**
CETV at start of period	**£164,125**
CETV at end of period	**£190,535**

David King – Pension Disclosure

Real Increase in Pension	**£333**
Real Increase in Lump Sum	**£1,000**
Accrued Pension	**£35,447**
Accrued Lump Sum	**£106,341**
CETV at start of period	**£814,112**
CETV at end of period	**£806,599**

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2015/16	Remuneration Band	Number of Employees in Band 2016/17
0	£50,000 - £54,999	1
0	£55,000 - £59,999	0
0	£60,000 - £65,000	0

Exit Packages

The IJB did not support not did it direct to be support by its partners any exit packages during 2017/18

Peter Murray
Chair

Alison MacDonald
Interim Chief Officer

Annual Governance Statement

Purpose

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

Scope of Responsibility

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

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

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

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

- Ensuring Board and Committees members behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the IJB
- Creating the conditions to ensure that all IJB members and the IJB's partners (East Lothian Council and NHS Lothian) are able to fulfil their responsibilities in accordance with legislative and regulatory requirements
- Having a clear vision, which is an agreed formal statement of the IJB's purpose and intended outcome which provide the basis for the IJB's overall strategy, planning and other decisions
- Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources and to ensure best value is achieved
- Evaluating and monitoring risk management and internal control on a regular basis

- Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the IJB's Chief Internal Auditor
- Ensuring an audit committee, which is independent of the Board and accountable to the IJB, provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment and that its recommendations are listened to and acted upon
- Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and providing an Annual Report which includes an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)
- Ensuring that recommendations for corrective action made by the external auditor are acted upon

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

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

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

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

Statutory and other Compliance

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

- Membership - its minimum membership (voting and non-voting) is set by statutory instrument, with the power to appoint additional members as it sees fit. The Board's membership is fully populated.
- Standing Orders - the Board is required by statutory regulations to have Standing Orders to regulate its business, with some aspects stipulated in those regulations. Standing Orders were adopted at its inaugural meeting. They comply with statutory requirements.

- Committees - the Board has established an Audit and Risk Committee with a detailed remit and powers and with the membership clearly defined. This complies with statutory requirements and with the Board's Standing Orders.
- Meetings - the Standing Orders adopted by the Board allow the public to have prior access to meeting agendas and reports, and to attend meetings of the Board and its committees, except in clearly defined and limited circumstances.
- Strategic Plan - the Board established its Strategic Planning Group as required by legislation, with Terms of Reference approved by the Board covering membership, meetings and meetings procedures.
- Officers - the Board appointed a Chief Officer and a Chief Finance Officer as required by the legislation. A Chief Internal Auditor has been appointed to carry out the Board's internal audit requirements and assist its Audit and Risk Committee.
- Finance - the Board received reports in relation to financial assurance prior to the setting of budgets for the functions delegated by East Lothian Council and NHS Lothian, and adopted Financial Regulations in relation to the conduct of its financial affairs, the maintenance of its accounting and financial records, and its annual accounts and financial statements
- Code of Conduct - pending finalisation of arrangements for a Code of Conduct for Members, the Board adopted an Interim Code based on the existing Model Code for Members of Devolved Public Bodies in Scotland, and members have registered their interests according to that Code. The Scottish Government approved the IJB's Code of Conduct on 1 June 2016.

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

The IJB Chief Internal Auditor concluded that based on the work undertaken in 2017/18 that reasonable assurance can be placed on overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the period to 31 March 2018, but noted areas for further development. These improvements are reflected below.

Action Plan

A number of areas with scope for improvement were highlighted in the IJB Chief Internal Auditor's Annual Assurance Report and these are summarised below along with the proposed actions. This is in addition to work undertaken over the past two years to improve elements of internal control, risk management and governance reported in 2015/16 and 2016/17.

The areas with scope for improvement in the CIA's annual report are:-

- Monitoring and reporting of progress being made in implementing the priorities outlined in the Strategic Plan Implementation Programme.

Regular reports have been presented to the IJB updating the progress made by its partners on delivering the directions and an annual delivery plan was presented to the IJB in April 2018, which lays out the priorities arising from the Strategic Plan to be delivered in year. The progress against this specific plan will be reported to the IJB during the financial year.

- Strategic planning arrangements for ensuring that roles and remits, accountability structures and governance are operating in accordance with the Strategic Planning Framework.

  A complete revision of the strategic planning structure has been discussed and agreed by the IJB's Strategic Planning Group and a paper laying out the revised structure, roles and remits was agreed by the Group at its June 2018 meeting. This will be presented to the IJB for agreement.

- Ongoing work in developing the Risk Register, to ensure compliance with the Risk Management Strategy and Policy.

  Further development and review of the risk register continues and will be brought back both to the Audit and Risk Committee and the IJB during the financial year.

- Monitoring and reporting of performance targets.

  The IJB has continued to develop its reporting and performance management systems with regular reports now being presented to the IJB.

- Ongoing work on the Participation and Engagement Strategy and the Workforce Development and Support Plan, to ensure compliance with the Integration Scheme.

  This work continues to be developed with reports being made to the IJB during 2018/19.

- Reporting key statistics on delayed discharges in a timely and consistent manner.

  Delayed discharge statistics have been reported to the IJB verbally at its meetings during 2017/18. Reporting of delayed discharges will be incorporated into the IJB's performance reports.

On the basis of the IJB's assurance system, and the elements of governance at its disposal, we are satisfied that overall East Lothian IJB's systems of internal control, risk management and governance arrangements are of a satisfactory standard. We are aware of areas where improvements are required and steps will be taken in the forthcoming year to address these areas, allowing the IJB to enhance its corporate governance arrangements and seek continuous improvement.

Peter Murray
Chair of the IJB

Alison MacDonald
Interim Chief Officer

Independent auditor's report

To be inserted after the completion of the audit

Comprehensive Income and Expenditure Statement

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

2016/17 Net Expenditure		**2017/18** Net Expenditure
£m		£m
109.60	NHS Lothian	114.73
44.29	East Lothian Council	44.58
153.89	**Cost of Services**	**159.31**
153.89	Taxation and Non-Specific Grant Income	159.31
0.00	**Surplus or Deficit on Provision of Services**	**0.00**
0.00	**Total Comprehensive Income and Expenditure**	**0.00**

Movement in Reserves Statement

The IJB had no reserves in 2017/18 nor did it hold any reserves to end March 2017

Balance Sheet

The IJB has neither assets nor liabilities at 31st March 2017.

David King
Chief Finance Officer

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the IJB's transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

Accruals of Income and Expenditure

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

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

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

Funding

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

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. There are no outstanding funding balances from either partners at 31st March 2018.

Employee Benefits

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

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

Provisions, Contingent Liabilities and Contingent Assets

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

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

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

The IJB has no provisions, Contingent Liabilities or Contingent Assets at 31 March 2018.

Reserves

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

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. As noted above, the IJB had no reserves as at 31st March 2017.

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

The IJB has no reserves at 31 March 2018.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Lothian and East Lothian Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. The IJB holds separate indemnity insurance through its membership of the CNORIS scheme; the charge for this in 2017/18 was £6,000.

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

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

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

2. Critical Judgements and Estimation Uncertainty

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

- The partner organisations have considered their exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure

the obligation, or it is not probable in the partner organisations' options that a transfer of economic benefits will be required, material contingent liabilities have been disclosed (there are none).

- The Annual Accounts contains estimated figures that are based on assumptions made by the IJB about the future or that are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates.

- There are no items in the IJB's Balance Sheet at 31 March 2018 for which there is a significant risk of material adjustment in the forthcoming financial year.

Provisions

The IJB has not created any provisions in respect of compensation claims. It is not certain that all claims have been identified or that the historic level of settlement payments is a reliable guide for future settlements.

3. Events After the Reporting Period

The Annual Accounts were authorised for issue by the IJB on 28 September 2018. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2018, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4. Expenditure and Funding Analysis

Expenditure 2016/17 £m	Services specifically for East Lothian	2017/18 £m
63.94	Health	68.06
44.29	Social Care	44.59
21.37	East Lothian's share of Lothian Health Services Hosted	21.63
24.29	Set Aside	25.04
153.89	**Total**	**159.32**
Funded By		
44.29	East Lothian Council	44.59
109.60	NHS Lothian	114.73
153.89		**159.32**

Expenditure above has been split into three main areas:-

- Expenditure on those services delivered specifically for the population of East Lothian. These services are managed locally by the East Lothian Partnership
- Hosted Services; these are health services managed either by the Edinburgh, East Lothian and West Lothian Partnerships or managed by NHS Lothian on a pan-Lothian basis. These services included Mental Health Services, Learning Disability Services, Substance Misuse Services, Rehabilitation services, General Dental Services, General Pharmaceutical Services and General Ophthalmic Services. This is the IJB's agreed share of these services.
- Set Aside Services; these are services delivered in the main acute hospitals (Royal Infirmary of Edinburgh, Western General Hospital and St. John's Hospital) and managed by NHS Lothian. This is the IJB's agreed share of these services

Corporate Service

Included in the above costs are the following corporate services :-

2016/17 £000's		2017/18 £000's
51	Staff (Chief Officer)	53
17	Audit Fee	24
68	**Total**	**77**

5. Related Party Transactions

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

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

2016/17 £m		2017/18 £m
109.60	NHS Lothian	114.73
-3.23	Resource Transfer	-3.23
-4.27	Social Care Fund	-6.2
102.00	**Total**	**105.30**
44.29	East Lothian Council	44.59

3.23	Resource Transfer	3.23
4.37	Social Care Fund	6.24
51.89	**Total**	**54.06**

Both Resource Transfer and the Social Care Fund are resources which are part of the NHS Lothian budget and are shown as expended therein but these funds are used to deliver social care service supplied by East Lothian Council.

6. VAT

The IJB is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure and income within the accounts depends upon which of the partners is providing the services as these bodies are treated differently for VAT purposes.

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 28 June 2018

BY: Chief Finance Officer

SUBJECT: Risk Management Strategy and Policy

8

---

1 PURPOSE

1.1 This report lays out the IJB's risk management strategy and the IJB's risk policy.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

i. Agree the draft risk management strategy; and
ii. Agree the draft risk management policy

3. BACKGROUND

3.1 At its meeting of November 2015, the IJB received a paper entitled 'Risk Management Approach'. This paper recognised that the IJB's Integration Scheme required the IJB to develop and shared risk management strategy with NHS Lothian and with East Lothian Council.

3.2 The IJB agreed that the Audit and Risk committee would progress this work and report back to the IJB. The IJB has set up a risk register which has been regularly reviewed by the A&R committee and has worked with colleagues in East Lothian and NHS Lothian to share risk management process and intelligence. A set of Audit and Risk information sharing principles were agreed by the last meeting of the A&R which simply agree that all the Lothian IJBs and NHS Lothian will share all and any Internal Audit reports – the risk registers already being public documents

3.3 That said, the IJB does not currently have a formal risk management strategy and a policy to implement that strategy.

3.4 This matter was also raised by the IJB's external auditors in their annual report for 2016/17. This noted that The IJB should develop its own risk management strategy to ensure it is complying with the Integration Scheme.

3.5 Its important to recognise that the IJB is not an operational delivery unit. The delivery of the functions delegated to the IJB is carried out under the auspices of one or other of the partners (NHS Lothian and East Lothian Council) and each of these partners has its own governance process, statutory responsibilities for service delivery, audit and risk committees and risk registers.

3.6 The IJB will therefore limit its own risk management strategy to those risks that are wholly IJB risks and not operational risks that are more correctly managed elsewhere. Therefore to take assurance on risk management for operational service delivery risks from the risk management processes of East Lothian Council and NHS Lothian.

3.7 This then raises the issue of what is considered to be a wholly IJB risk? In general, wholly IJB risks relate to the ability of the IJB to prepare and deliver its strategic plan. The risks the IJB must manage are therefore the risks in delivering the IJB's own business. The operational and delivery risk of delivering the functions delegated to the IJB will remain to be managed by the partners. However, if the risks in the delivery of the partners business become so significant as to impact upon the delivery of the IJB's functions then the IJB will require to be appraised of these risks and the actions being taken to manage them.

3.8 This raises the second key issue – when does an operational risk become a strategic one? There are significant operational – issues around the recruitment of GPs and around the recruitment of homecare staff for example – which could, if not properly managed, impact on the IJB's business. The IJB therefore, requires to be appraised of 'significant' operational risks although the Chief Officer and the Audit and Risk Committee wish also to add such risk onto the IJB's risk register. It has to be remembered that the management of such risks will remain with the operational partner and therefore the IJB are simply noting the position.

3.9 The IJB's Risk management Strategy is therefore that those risk that are wholly IJB risks (as above) will be managed through the IJB's risk register which will be regularly scrutinised by the Audit and Risk Committee. The IJB's Chief Officer, Chief Financial Officer and Chief Internal Audit supported by other IJB members and the partnership management team will inform the Audit and Risk committee of operational risks that may be so significant that they will impact on the IJB's business. Operational risks within the partners will continue to be managed by the Partners and the IJB will take assurance from these processes. The draft risk strategy is attached as appendix 1.

3.10 The IJB's risk policy will follow the same principles as NHS Lothian's (attached as appendix 2) but as above covering only the business of the IJB.

3.11 As a general principle, any governance process has to be commensurate with the resources that a body has available to support it. Hence the proposition that the IJB concentrates its risk management on its own business and takes assurance from the risk management processes of its partners. The IJB has to use its resources carefully and it's worth noting that the IJB's risk register has 5 key risks.

3.12 At its December 2018 meeting, the committee agreed to have a workshop to further discuss risk appetite and also what assurance can be obtained from the data available to the IJB. This workshop took place in January 2018 directly after the IJB's workshop on financial planning. In general the broad principles discussed above were agreed.

3.13 The Risk Strategy and risk management policy were then agreed by the IJB's Audit and Risk committee at its March 2018 meeting and the A&R risk commend these schedules to the IJB.

4. ENGAGEMENT

The strategy and the policy, having been adopted by the IJB will be published on the IJB's website.

5 POLICY IMPLICATIONS

5.1 This paper is offers a new policy for the IJB for agreement.

6 INTEGRATED IMPACT ASSESSMENT

6.1 The are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

7 RESOURCE IMPLICATIONS

7.1 Financial – there are none.

7.2 Personnel – there are none.

7 BACKGROUND PAPERS

7.1 None

Appendices

1. IJB's Risk Strategy
2. IJB's Risk Management Policy

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	David.king@nhslothian.scot.nhs.uk
DATE	20 June 2018

Appendix 1

Risk Management Strategy

December 2017

CONTENTS

1 . Background

East Lothian Integration Joint Board has been delegated a range of Health and Social Care functions by NHS Lothian and East Lothian Council.

Although the responsibility for the operational delivery of these functions continues to rest with the partners (NHS Lothian and East Lothian Council) the responsibility for preparing and delivering a Strategic Plan rests with the IJB. The IJB must then consider a risk management strategy to identify and manage the risks associated with the preparation and delivery of the Strategic Plan

When risk is well managed it often goes unnoticed. If it is poorly managed or not managed at all the consequences can be significant and high profile. Effective risk management is needed to prevent such failures.

2. Policy Statement

2.1 The members of the Integration Joint Board and the members of the partnership management team who support them are encouraged to develop new initiatives, improve performance and achieve their goals safely, effectively and efficiently by consistent application of tried and tested methodologies for identifying and managing opportunity and risk.

2.2 In doing so the IJB aims to make the most of opportunities to:

- achieve high standards of performance;
- deliver high quality services for service users;
- Support the partners in providing an environment that meets Health & Safety requirements for the people it employs;
- Support the partners to protect assets and liabilities against potential losses, and
- minimise uncertainty in achieving its goals and objectives.

3. Scope

3.1 The Chief Officer has overall accountability for risk management.

3.2 The IJB's risk management will centre on the business of the IJB. That is the preparation and delivery of the IJB's Strategic Plan. The IJB's risk register will not contain operation risks unless these risks may impact on the business of the IJB

3.3 Operational risks – that is the risks around service delivery managed by the partners and implemented through the IJB's directions - will continue to be managed by the appropriate partner. The appropriate partner being the partner delivering the service or the East Lothian Health and Social Care partnership if the service is being delivered by both partners.

3.4 The Chief Officer, Chief Finance Officer, Chief Internal Auditor, members of the IJB and partnership staff who support the IJB will be responsible for identifying any operational risks that are sufficiently significant to impact upon the business of the IJB and which can then be entered on the IJB's risk register. However, such a risk will continue to be managed by the appropriate partner(s) and the IJB will require the partner(s) for assurance around the management of that risk.

3.5 The IJB is signatory to an Internal Audit information sharing agreement between NHS Lothian, Edinburgh IJB, West Lothian IJB and Midlothian IJB. This agreement will also provide intelligence to the IJB around any other operational or IJB specific risks which can then be added to the IJB's risk register as required.

3.5 All risk will be analysed in terms of impact on the IJB, the functions delegated to it and the likelihood of occurrence. This analysis will produce an evaluation of risk as being Low, Medium, High or Very High. The IJB's response in relation to adverse risk, or 'risk appetite' is such that:

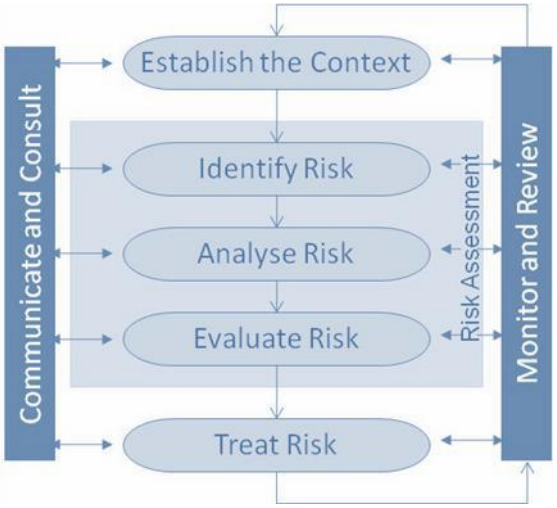
- 'Low' risk is broadly acceptable without any further action to prevent or mitigate risk;
- 'Medium' risk is tolerable with control measures that are cost effective;
- 'High' risk may be tolerable providing the IJB is assured that adequate and effective control measures are in place; and,
- 'Very High' risk is unacceptable and measures should be taken to reduce, transfer or treat the risk to a more tolerable position.

High and Very High risk will be subject to closer scrutiny by the Audit and Risk Committee.

4. Risk Management Philosophy and Objectives

4.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects[1]. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role to play in ensuring that defensible and beneficial 'risk-aware' not 'risk-averse' decisions are made. It ensures that the IJB support its partners to provide high quality services and all staff are aware that every effort has been made to maximise their opportunities to succeed.

4.2 The IJB uses the risk management process shown below[2].



4.3 Risk Management Objectives

The specific risk management objectives of the IJB are to:

(i) integrate governance and risk management into the planning and oversight of the operational delivery of the functions delegated to the IJB;

(ii) create a consistent approach to risk across all services using the adopted process;

(iii) promote practical measures to reduce the IJB's exposure to risk and potential loss;

[1] Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004
[2] Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004 and ISO 31000 (2009)

(iv) define clear lines of responsibility for the management of risk.

(v) provide a system for monitoring the effectiveness of the risk management framework;

(vi) provide a system for feedback on the management of key risks to the IJB;

(vii) comply with legislative requirements; and

(viii) comply with the requirements of Corporate Governance

4.4 The fundamental principles of Risk Management are to:

- ensure that the Risk Management process takes account of and links to the IJB's objectives;
- to keep the IJB and appropriate senior managers advised of any significant risk management issues;
- to promote an open and fair reporting culture;
- agree clear roles and definitions relating to the accountability, management, escalation and communication of key risks; and
- approach the assessment of risks and opportunities consistently.

5. Benefits of Effective Risk Management

5.1 Effective risk management will contribute to delivering significant benefits for the IJB. The primary benefit is that appropriate, defensible, timeous and best value decisions are made. Such 'risk-aware' decisions should be based on a balanced appraisal of strengths, weaknesses, opportunities and threats, and should enable acceptance of a certain level of risk in order to achieve a particular goal or reward.

5.2 Defensible decision-making means that:

- all reasonable steps in the decision-making process will have been taken;
- all relevant information will have been collected and thoroughly evaluated;
- reliable assessment methods will have been used;
- decisions (and supporting rationales) will have been clearly documented, and
- processes will have been put in place to monitor the effectiveness of the decision outcomes.

5.3 Other benefits would include:

- high achievement of objectives and targets;
- better use and prioritisation of the IJB's resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation;
- avoid duplication of Risk Management issues which affect the partners and bring them together to benefit from good practice.

6. Standard Procedures

6.1 Standard procedures should be fulfilled in order to achieve a consistent approach to effectively implementing risk management.

6.1.1 Full implementation of the continuous risk management process, embedding risk management within IJB's processes so that an assessment of risk as well as costs and benefits becomes routine wherever possible.

6.1.2 Identification of risk using standard methodologies and involving managers throughout the service with detailed knowledge of the service and the environment in which it operates.

6.1.3 Routine reporting of risk information to the Audit and Risk committee with appropriate escalation to the IJB as required.

6.1.4 Periodic re-assessment of individual risks, proportionate to significance of risks (i.e. low and medium risks fully reassessed every two years and significant [high and very high] risks annually) including routine audit of robustness of measures implemented to control risks.

6.1.5 Fully document the risks in the risk register and to monitor and carry out an annual review of corporate and service risk registers to ascertain progress and to check for contextual changes affecting the risks.

6.1.6 Ongoing proactive identification of new and/or potential risks as a general responsibility of all service areas specifically those where risk is inherently discussed as part of their remit.

6.2 **Formal Groups**

6.2.1 **The IJB** will receive a report from the Audit and Risk committee annually laying out the risk register, the risks and the management actions to mitigate them and confirmation that this process is providing an appropriate level of assurance.

6.2.2 **Audit and Risk Committee** will scrutinise and review the effectiveness of the implementation of the risk management processes within the IJB. It will also scrutinise and review the Risk Register.

6.2.3 Internal Audit is an independent appraisal function within the IJB. Internal Audit will:

- review, appraise and report on the adequacy and effectiveness of Risk Management arrangements within the IJB, and
- take into account the IJB's Risk Register when identifying areas to be included in the Annual Audit Plan.

. Structural Arrangement and responsibilities

Individuals

7.4.1 Chief Officer

The Chief Officer has ultimate responsibility for ensuring that there are suitable and effective arrangements in place to manage the Council's risks.

7.4.2 IJB Members and any partnership officers supporting the IJB

All IJB members and any partnership officers supporting the IJB should be encouraged to be involved at all levels in identifying current and potential risks where they work. They should make every effort to be aware of situations which place themselves or others at risk, report identified hazards and implement risk reduction measures developed by their service. Risk assessments should encompass all facilities used to deliver services and be completed using the knowledge and experience of
all relevant staff and where appropriate service users. This approach will support the formal risk review conducted annually by all services and enable staff to:

- understand the risks that relate to their roles and their activities;
- understand their accountability for particular risks and how they can manage them;
- understand how they can contribute to continuous improvement of risk management;
- understand that risk management is a key part of the IJB's culture;
- report systematically and promptly to the Chief Officer any perceived new risks or failures of

existing control measures

9. Risk Registers

9.1 The Chief Officer will establish a Risk Register and they will have responsibility for maintaining the Register.

9.2 The information to be contained in both the Corporate Risk Register and the respective Service Risk Registers will be:

- risk identification number;
- risk description (linked to the achievement of business objectives);
- likelihood/impact rating;
- risk rating;
- controls in place;
- potential residual risk;
- planned actions;
- service or person responsible for planned actions/managing the risk;
- timescale for completion of action, and
- evidence of regular review.

10.Strategy Implementation an, communication and review

10.1 The IJB's Risk Management Strategy was first discussed by the IJB's Audit and Risk Committee at its December 2017 meeting and presented to the IJB at its February 2018 meeting. The Strategy accurately represents arrangements for managing risk within the IJB at the time of approval. Implementation of this strategy will be underpinned by Risk Management Guidance and the Risk Management Action Plan.

10.2 This strategy will be reviewed at periodic intervals of at least every 3 years to ensure that it reflects current standards and best practice in risk management and fully reflects the rapidly changing environment in local government.

10.3 This Strategy, having been adopted by the IJB, will be published on the IJB's website

11 . Outputs and Benefits of the Risk Management Strategy

11.1 Embedding a Risk Management culture throughout East Lothian IJB is vital to the success of this strategy. The anticipated outputs and benefits of the Risk Management Strategy are:

- Improved service delivery;
- Better value for money;
- Improved corporate governance and compliance systems;
- Improved decision making;
- Enhanced understanding of the IJB's vulnerabilities;
- Improved use of resources;
- Enhanced strategic awareness;
- Compliance with legislation/ regulation;
- Adds value to the activities of the organisation, and
- Increases the probability of success in achieving business objectives.

11.2 These outputs and benefits will protect and enhance East Lothian IJB's reputation, which will in turn increase public trust.

Appendix 2

East Lothian
Integration Joint Board

RISK MANAGEMENT POLICY

Version 1.0 - Draft

RISK MANAGEMENT

POLICY Executive

Summary

Key elements

The aim of this policy is to embed risk management within the IJB and ensure effective risk management structures are in place, including:-

- A consistent approach to the identification, assessment and management of
- Assurance that all risk control and mitigation measures will be effective, appropriate, proportionate, affordable and flexible. Risk controls will not be implemented where the cost and effort is disproportionate to the expected benefits.
- The requirement of all members of the IJB and staff supporting the IJB to take responsibility for effective management of risk in all aspects
- The promotion of an open and transparent culture to promote the positive identification and management of risk in the organisation.

Minimum Implementation Standards

The IJB shall have a record of its Risks (a risk register) and the Chief Officer is responsible for implementing this policy. The Chief Officer will ensure :-

- There is a process to systematically consider the relevance and management of existing and new risks in their area.
- That all members of the IJB and any officers supporting the IJB are clear of their roles and responsibilities in regard to implementing this policy.

Why is Risk Management Important?

Risk Management can be defined as the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and review progress.

What is a Risk?

Risk can be defined as the combination of the probability of an event and its consequences (ISO/IE Guide73) and how the threat of that event or action will adversely affect the IJB's ability to achieve its objectives, perform its duties or meet the expectations of its stakeholders. Inherent risk, for the

purpose of this document, can be defined as the exposure arising from a specific risk before any action is taken to manage it and residual risk the exposure arising from a specific risk after action has been taken to manage it and making the assumption that the action is effective.

Risk exists where there is uncertainty of outcome, either in terms of the assurance on the processes the IJB has in place, or in the IJBs's achievement of its performance organisational objectives and targets.

Risk Management is therefore a process that helps the whole organisation identify areas that require attention and remedial action.

What Should Risk Management Achieve?

Risk management is a central part of any organisation's strategic management. It is the process whereby organisations methodically address the risks attaching to their activities, with the goal of achieving sustained benefit within each activity and across the portfolio of all activities.

It should reduce the probability of failure, and increase the probability of success. Risk Management protects and adds value to the IJB and its partners by supporting the organisations objectives by:

- providing a framework that enables future activity to take place in a consistent and controlled manner
- improving decision making and planning and prioritisation by comprehensive and structured understanding of business activity, opportunity and threat

When a risk has been identified, action must be taken to either:

- **Treat:** Eliminate the risk completely, or reduce it to the point where the risk is at an acceptable level.

- **Tolerate:** Where the risk is unavoidable, formally conclude that the risk is of a type that any further action would be disproportionate to the level of risk exposure, and that the risk is therefore at an acceptable level.

- **Transfer the Risk** e.g. insurance cover

- **Terminate the Activity**

The IJB and those officers who support it must be aware that when they have treated the risk they have a responsibility to manage the residual risk through effective systems of controls and monitoring.

When the risk management process has concluded, the IJB should either have an improved response to its assurance need, or improved

organisational performance.

RISK MANAGEMENT POLICY

- The IJB shall have a record of its risks – a risk register

- The IJB shall prioritise its response to its risks in a manner that recognises the objectives of the IJB, and the nature and significance of the risks that are presented.

- The IJB and the Audit and Risk committee shall regularly monitor the current risks, and seek assurance that action is being taken to manage the risks.

- The IJB shall maintain an open and transparent culture to promote the positive identification and management of risk in the organisation.

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 28 June 2018

BY: Chief Officer

SUBJECT: Primary Care Improvement Plan

9

---

1 PURPOSE

1.1 To present to the East Lothian Integration Joint Board the East Lothian Primary Care Improvement Plan (PCIP) which is required as part of the process of delivering the new General Medical Services (GMS) contract for GPs across Scotland.

1.2 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 Note the requirement for the IJB to work with partners to support introduction of a new General Medical Services (GMS) contract for GPs.

2.2 Note the work over recent months to engage with a wide range of stakeholders in the development and finalisation of an East Lothian Primary Care Improvement Plan.

2.3 Note the intention of the Improvement Plan to develop the professions within the multidisciplinary primary care team to expand their roles and to direct workload from GPs in practices.

2.4 Note East Lothian's progress to date in developing the CWIC (Collaborative Working for Immediate Care) team and the Care Home Team to deliver new and innovative primary care services.

2.5 Approve the East Lothian Primary Care Improvement Plan (appendix 1) which will form the basis of work to further develop primary care services and to deliver the GMS contract requirements in the next three years.

3 BACKGROUND

3.1 As previously reported to the IJB, primary care services in East Lothian, across Lothian and Scotland-wide have experienced local population growth, increased demand and service delivery expectations from patients, difficulty in retaining and recruiting medical staff, increased overheads and reduced profitability. This has affected the stability of some practices and locally, led in part, to the failure of one East Lothian practice, necessitating direct management by the HSCP until patients were transferred to another practice.

3.2 In recognition of primary care pressures across the country the Scottish Government entered into negotiations with the British Medical Association to develop a new General Medical Services (GMS) contract to replace the former 2004 contract. This new contract was implemented on 1st April 2018[1], preceded by the gradual withdrawal of some of administrative elements of the 2004 contract.

3.3 The new contract is supported by a Memorandum of Understanding (MOU)[2] which confirms the spirit of partnership under which the work between NHS Boards, Integration Authorities (IJBs) General Practitioners and their representatives is expected to be introduced in a transition period up to 2021. Further contract developments will follow in 2021.

3.4 As evening, overnight, weekend and public holiday primary care services are not covered under the new contract, arrangements for this cover are being considered separately. Any action taken in-hours will need to be considered for its potential impact on out-of-hours services (and vice versa). East Lothian is represented in a group progressing this work.

3.5 The new contract will develop the multidisciplinary practice team of practice nurses, advanced nurse practitioners (ANPs) advanced physiotherapy practitioners (APPs) pharmacists and others, to provide certain services at Health and Social Care Partnership level. These colleagues will support the transfer of workload from general practitioners as part of ensuring general practice is fit for the future.

3.6 In addition to supporting development of professional staff, opportunities will be taken to develop self management and third sector (such as link worker) community and other support mechanisms.

3.7 Some contract changes, such as new delivery arrangements for vaccination services across all age ranges will be agreed at Lothian level. Most others will be locally determined, but may be arranged between HSCPs where this is the best option.

3.8 Elements of premises developments and funding arrangements will require local and Lothian level action.

[1] http://www.gov.scot/Resource/0052/00527530.pdf
[2] http://www.gov.scot/Resource/0053/00534343.pdf

3.9 The new GMS contract requires each IJB to develop a local Primary Care Improvement Plan (PCIP) to deliver all the contact commitments and to develop *"...priority areas of service redesign..."* covering vaccinations, 'pharmacotherapy', community treatment and care services, urgent care services, acute musculoskeletal physiotherapy, community mental health and community link worker services.

3.10 The contract requires that the PCIP is agreed with the local GP Subcommittee (GP Sub) of the Area Medical Committee and the Local Medical Committee. East Lothian's plan was agreed by the Lothian GP Sub on 11th June 2018.

3.11 East Lothian's Primary Care Improvement Plan was developed in collaboration with primary care professionals, primary care representatives, stakeholders, service managers, the third sector and planners. It aims to develop a model of care which:

- Develops a multidisciplinary team approach to identifying and meeting patient needs
- Establishes new ways of working and new ways to deliver primary care services across the county in suitable premises
- Provides improved, accessible information and education
- Gives greater provision of supported self-care and self-management
- Enhances third sector services and community and voluntary support.

3.12 The Scottish Government require final Primary Care Improvement Plans to be with them for the beginning of July 2018. If the East Lothian IJB approves the local plan on the 28th June, it will be sent to the Scottish Government on Monday 2nd July

3.13 Following approval of the plan, work will begin on an implementation plan and on the production of a wider Primary Care Strategy to support the changes required to develop all aspects of primary care. Directions D10b, D10d and D10i support this intention.

4 ENGAGEMENT

4.1 This work and programme has been widely shared and discussed with stakeholders both nationally and locally.

5 POLICY IMPLICATIONS

5.1 There needs to be an assessment of the implications of the Primary Care Improvement Plan on policies relevant to professions and services within primary care. This work will be carried out as part of the planning for the implementation plan for delivery of the PCIP.

6 INTEGRATED IMPACT ASSESSMENT

6.1 As the Primary Care Improvement Plan will affect many aspects of primary care services, as currently delivered, an Integrated Impact Assessment (IIA) has been carried out with support from NHS Lothian colleagues. The lessons from the IIA will be taken on board to inform the implementation plan. The implementation plan will also take into account changes associated with action at Lothian level (including on vaccinations and on hosted services, such as Lothian Unscheduled Care Service).

6.2 Where required, changes to local service elements will be appraised with action taken accordingly if any detrimental change is likely to ensue.

7 RESOURCE IMPLICATIONS

7.1 Financial

7.1.1 The Scottish Government is investing £115.5m nationally in 2018-19 as part of the implementation of the new GMS Contract and other Primary Care Investments. These funds will increase in 2019-20 and 2020-21.

7.1.2 Of the £115.5m in 2018-19, £45.8m has been allocated across the Integration Authorities (in East Lothian, the Integration Joint Board) to support the development of multi-disciplinary teams as part of the implementation of the new contact. This investment, termed the Primary Care Improvement Fund is planned to grow over the next few years in line with the overall growth in investments (table 1).

Table 1 - further development of the Primary Care Improvement Fund

Potential Primary Care Funding in Future Years			
	National	**Lothian**	**East Lothian**
	£000s	**£000s**	**£000s**
2018-19	45,750	6,773	839
2019-20	55,000	8,142	1,009
2020-21	110,000	16,285	2,018
2021-22	155,000	22,947	2,844

7.1.3 Not all of the £45.7m of national investment in 2018-91 is 'new' monies, as it in part comprises a series of investments that have been made over the past two years. Table 2 shows what separate funding sources made up primary care investment at Lothian level over a three year period from 2016-17 to 2018-19.

Table 2 - Scottish Government Primary Care investments 2016-17 to 2018-19

Lothian Funding Sources	**2016-17**	**2017-18**	**2018-19**
	£000s	**£000s**	**£000s**
Primary Care Transformation Fund	1,160	1,160	6,773
Mental Health	513	513	
GP Recruitment and Retention Fund	50	60	
Prescribing for Excellence	951	1,132	
Pharmacists in GP Practices	-	602	
Pharmacy First		155	
Total	**2,674**	**3,622**	**6,773**

7.1.4 The Scottish Government also made an additional £740k available recurrently to Lothian (which is Lothian's share of £5m nationally) to support investments in out-of-hours services.

7.1.5 East Lothian, as with other IJBs in the region, made investments in primary care service development in 2016-17 and 2017-18. The recurrent elements of these investments applying in 2018-19 have to be funded from the 2018-19 allocation.

7.1.6 The sums in table 2 are overall Lothian values. In 2018-19, the Scottish Government committed to all of this funding being provided to the Integration Authority and their respective partnerships. East Lothian's share of the Lothian resource is 12.4%, a figure calculated on its population.

7.1.7 In addition to the funds above, NHS Lothian, as part of its commitment to invest in primary care capacity made available £2m in 2017-18 and £4m in 2018-19. A further £1m in 2019-20 will establish a Lothian-wide recurrent investment of £5m. As before, all of these funds have been and will continue to be made available to the four Lothian IJBs on a population share basis.

7.1.8 In East Lothian, investments have been made in the CWIC service and the Care Home Team. Other investments were made on a pan-Lothian basis with East Lothian contributing its share. These support the Local Enhanced Service (LES) for Diabetes, the Local Enhanced Service for Phlebotomy, the training of Advanced Nurse Practitioners and (in 2018-19) resources to all GPs to engage with the Health and Social Care Partnerships in this work.

7.1.9 Development of pharmacy support to the practices was undertaken on a pan-Lothian basis. It is clear from the guidance that these funds must also be used to support the vaccination transformation programme, community link workers and investments in further professional roles (such as mental health and physiotherapists). This will place considerable pressure on funds.

7.1.10 The current primary care funding position for East Lothian Health and Social Care Partnership in 2018-19 is summarised in table 3, which is based on the known costs and an assumption that the total pharmacy costs to be funded from the Primary Care Improvement Fund are £1.9m. However, at the time of preparing this paper the costs of the vaccination transformation programme are not known. Work continues to refine these costs.

Table 3 - Total Primary Care Funds for 2018-19 in East Lothian

Funding Sources	**£000s**
Share of Primary Care Transformation Fund	839
NHS Lothian Investment	480
Total Funding	**1,319**
Commitments	**£000s**
Pharmacists	234
Diabetes LES	43
Phlebotomy LES	43
Advanced Nurse Practitioner Training	31
GP Attendance	11
Care Home Team	240
Collaborative Working For Immediate Care	459
Additional Commitments	**£000s**
Vaccination Transformation	To be confirmed
Link Workers	Pilot project underway
Physiotherapy (MSK)	CWIC team includes MSK Physios
Mental Health Workers	To be confirmed
Remaining Sum	**258**

7.2 Personnel – discussed above.

8 BACKGROUND PAPERS

Appendix 1 – Primary Care Improvement Plan

AUTHOR'S NAME	Paul Currie
DESIGNATION	Strategic Planning and Performance Manager
CONTACT INFO	paul.currie@nhslothian.scot.nhs.uk
DATE	20 June 2018

East Lothian
Health & Social Care Partnership

Primary Care Improvement Plan

July 2018

Contents **Page**

1. Background to the New GP Contract

1.1 Following discussion between the Scottish Government and the British Medical Association a new General Medical Services (GMS) contract was implemented on 1st April 2018[1]. The new contract was preceded by the gradual withdrawal of some of the reporting and data-gathering requirements of the former 2004 contract.

1.2 The new contract is supported by a Memorandum of Understanding (MOU)[2] which anticipates that the work required between NHS Boards, Health and Social Care Partnerships (HSCPs) General Practitioners and their representatives and others to introduce the contract will be developed in the spirit of partnership. There is an expectation that the various elements of the new contract will all be introduced by the end of the contract transition period in 2021.

1.3 The provision of General Medical Services in evenings, overnight and at weekends is not included in the new contract. However, it is essential for in-hours services that out-of-hours services run efficiently and effectively, therefore specific actions to improve continuity of patient care which will reduce pressure on the local out of hours service will be incorporated into the implementation of the PCIP in consultation with Lothian Unscheduled Care Service (LUCS) and others. Consideration will also be given when developing any new services as to what impact they may have on current out-of-hours services.

1.4 The new contract seeks to develop the multidisciplinary practice team of practice nurses, advanced nurse practitioners (ANPs), advanced physiotherapy practitioners (APPs), pharmacists and others, to provide certain services at Health and Social Care Partnership level. These colleagues will support the transfer of workload from general practitioners as part of ensuring general practice is fit for the future.

1.5 Workload transfer is intended to allow GPs to develop their role as an *'Expert Medical Generalist'* and will allow for the development and modernisation of services by Health and Social Care Partnerships which are tailored to patient need and delivered through innovative approaches.

1.6 The new GMS contract places a duty on each Health and Social Care Partnership to develop a local Primary Care Improvement Plan (PCIP) to deliver all commitments and to develop *"...priority areas of service redesign..."* within the contract. The contract requires that the PCIP is agreed with the local GP Subcommittee of the Area Medical Committee and the Local Medical Committee.

[1] http://www.gov.scot/Resource/0052/00527530.pdf
[2] http://www.gov.scot/Resource/0053/00534343.pdf

1.7 Nationally, implementation by NHS Boards of the new contract and implementation by the HSCPs of their PCIPs will be overseen by a GMS Oversight Group.

1.8 This document is East Lothian Health and Social Care Partnership's Primary Care Improvement Plan, developed in collaboration with primary care professionals, primary care representatives, stakeholders, service managers, the third sector and planners.

1.9 This plan aims to enhance the capacity of the whole system to address the current and future challenges in primary care and to improve outcomes. To do this, there is a need to develop a model of care which focuses on:

- Development of the multidisciplinary team approach to identifying and meeting patient needs
- Establishment of new ways of working and new ways to deliver primary care services across the county in suitable premises
- Improved, accessible information and education
- Greater provision of supported self-care and self-management
- Enhanced third sector services and community support.

1.10 In its development, the plan was consulted on with GPs across all of East Lothian's practices. It was considered and approved by the Lothian GP sub-committee and was discussed at the Strategic Planning Group before being taken to the East Lothian Integration Joint Board for approval on 28th June 2018.

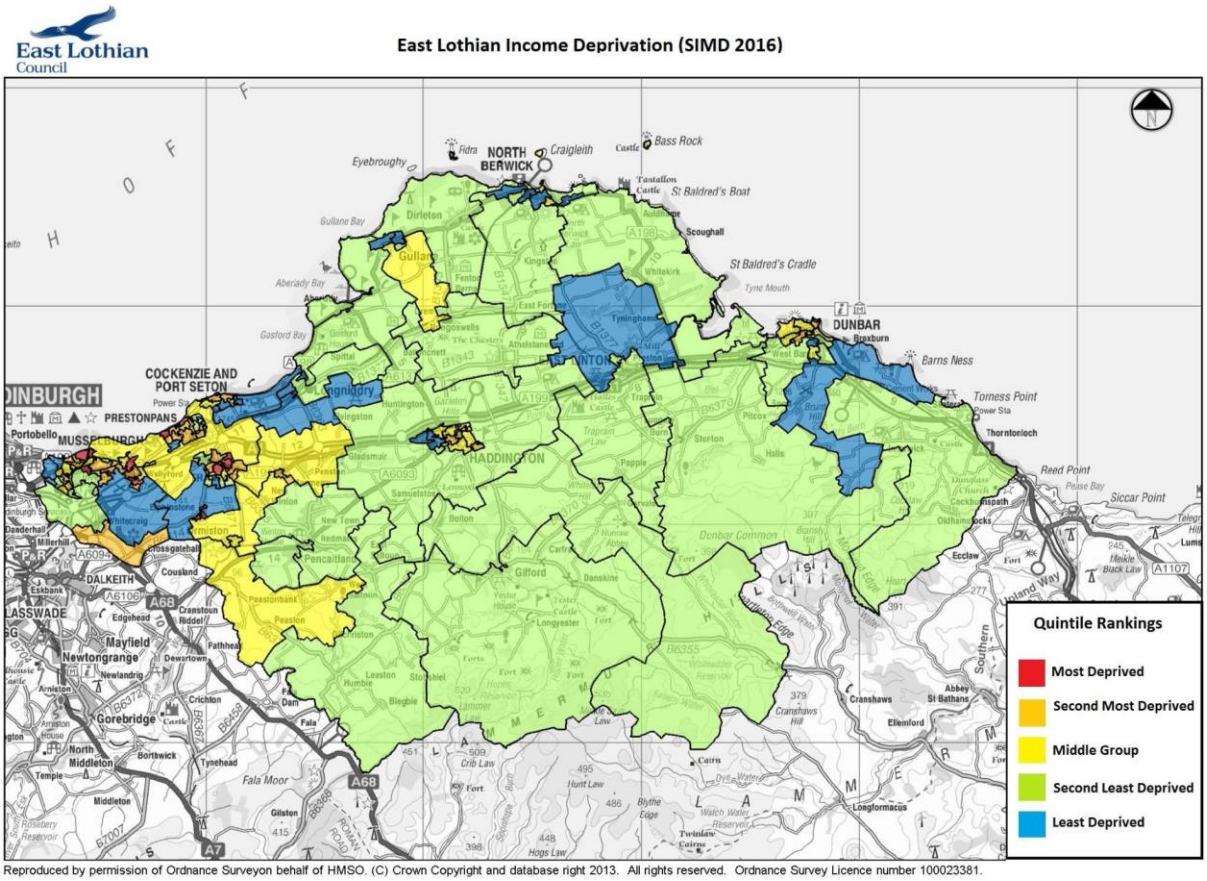
1.11 The final agreed Improvement Plan for East Lothian was issued to the Scottish Government on 2nd July 2018.

2. Primary Care in East Lothian - Meeting the Communities' Needs

2.1 East Lothian's 15 GP practices serve a population of 104,000. The practices range in size from 2,700 to nearly 19,000 and cover populous and rural areas. In recent years, both internal population growth and inward 'migration' driven by house building, particularly in the west of the county and associated increased demand for primary care services has placed pressures on practice teams.

2.2 East Lothian Health and Social Care Partnership has provided interim support to individual practices to cope with staffing and other difficulties. For a period the HSCP also directly managed a practice whose business had failed. This practice was subsequently taken over by another practice securing continuity of care to patients.

2.3 According to East Lothian Council estimates[3], the county's population faces growth of 23.3% up to 2037. This is one of the fastest rates of the 32 local authorities in Scotland. The highest growth in the East Lothian population is predicted to be among the over 65 age group (increasing by 72.2%, with many of them in single occupant households). The 0-15 year old population is expected to increase by 27.5% over the same period.



2.4 The county's growing and ageing population will increase demand for health and social care services. In addition, the prevalence of long term conditions and, in particular, people living with multiple health conditions (multimorbidity) is projected to rise as the population ages.

2.5 East Lothian has marked variations in deprivation levels across the county, with most areas of deprivation located in the more densely populated west, in the area comprising Musselburgh, Tranent and Prestonpans (see map above[3]).

2.6 Accompanying deprivation are health inequalities, which are unjust and avoidable differences in people's health and wellbeing across social groups and between different population groups. The fundamental causes of health inequalities

[3] East Lothian by Numbers - A Statistical Profile of East Lothian. December 2016

are an unequal distribution of income, power and wealth. In turn, these are associated with the unequal distribution of work, education and good quality housing. This environment shapes individual experiences and leads to inequalities in health outcomes[4]. Hence many of the wider determinants of health inequalities lie outside primary care services. However, in keeping with the ambitions of the HSCP, this plan recognises the opportunities for primary care in East Lothian to strengthen its role in mitigating inequalities.

2.7 In keeping with best practice, this plan will be subject to an integrated impact assessment[5], to ensure it takes into account the needs of different groups in the population.

2.8 Link workers have an important role to play in assisting people to access supportive services. Section 13 outlines plans in East Lothian to continue to develop this programme of work.

2.9 The developing quality improvement role for general practice in the west and east clusters allows an opportunity to tailor interventions to address inequalities and to improve equity of access to meet the needs of the particular communities. This may require the development of different service delivery arrangements across the county to ensure that people who are socially disadvantaged and have higher health needs receive a level of service provision that reflects their needs.

2.10 Specific action may be needed to ensure that the workload of GPs in the most deprived areas is made manageable.

2.11 Inequalities in health outcomes between the most affluent and more disadvantaged members of East Lothian's communities are longstanding, deep-seated and have proved difficult to change. Overall, 5% of the East Lothian population live in the most deprived Scottish quintile whilst 18% live in the least deprived quintile. Across East Lothian people living in the poorest neighbourhoods can, on average, expect to die 5 years earlier than those in richer areas and will spend more of their lives in ill health.

2.12 Such inequalities are due to a complex mix of social, economic, cultural and political reasons. Population health and wellbeing is not just a matter for the health and social care system but requires joint action and greater partnership working. A more sustainable model of health care delivery needs to place greater emphasis on maintaining people's independence and resilience and to recognise the wide range of non-medical factors which can impact on good health and wellbeing.

[4] http://www.healthscotland.scot/health-inequalities/what-are-health-inequalities

[5] www.nhslothian.scot.nhs.uk/YourRights/EqualityDiversity/ImpactAssessment/Documents/IntegratedImpactAssessmentGuidance.pdf

2.13 Evidence suggests that deprivation influences the number and types of health conditions that people experience and that multimorbidity occurs 10-15 years earlier in deprived areas compared to affluent ones. Also, a greater mix of mental and physical health problems is seen as deprivation increases with a strong association between health inequalities and negative outcomes for individuals and families. Hospital admissions, A&E attendances and prescribing costs are all rising as a result of these pressures.

2.14 East Lothian HSCP recognises that the existing model of primary care needs to change to meet current and future challenges. The case for change outlined in this plan is built on a number of drivers set out below.

2.15 Over the last 3 years or so, most practice list sizes have grown, with thirteen practices increasing their list by between 1.7% to 9.8%. The remaining two practices experienced negative growth of -0.9% to -2.0%.[6]

2.16 Over recent months list size growth across all practices appears to be slowing up, but current and planned house building will inevitably drive up populations. Economic growth and market forces in the building sector will influence the speed of delivery of housing and therefore how fast populations grow across the various established and planned developments.

3. Population Growth and GP Premises Development

3.1 The East Lothian Local Development Plan[7] sets out how the county will accommodate up to 13,347 new homes (6,062 of which are committed to so far) in the period from 2016 up to 2037. Many homes will be located in the west of the county, with the bulk of building expected over the period 2015 to 2024. This will be a large increase on the current estimated 43,682 households in the county. The Blindwells development located between Tranent and Cockenzie will deliver its housing over 2021 to 2037.

3.2 Blindwells will create a significant expansion in primary care demand in the west of East Lothian. The development is in an area not currently covered by any existing GP practices, so will require a new build GP practice. The possible forthcoming investment in buildings associated with the new GP contract should be taken as an opportunity to define a strategy for this locality in the west cluster.

3.3 One option is to replicate the 'seed practice' model seen elsewhere. Under this arrangement a small GP practice would be established within an existing

[6] Figures from ISD Primary Care Team at April 2018.
[7] Figures from 20th April 2017 draft of East Lothian LDP.

practice, moving to independent premises once the practice list is sufficient to support a full GP practice service.

3.4 A second option has arisen since a local GP practice is now expressing an interest in taking on patients from Blindwells. This may have cost advantages, but an options appraisal, taking into account providing stability of the neighbouring practices needs and tendering requirements will need to be carried out by the Primary Care Improvement Plan Group.

3.5 East Lothian HSCP should continue to provide support to population growth within existing practice boundaries. Currently, limited LEGup (List Extension Growth Uplift) funding is available to help practices expecting a large growth in patient numbers within a defined period. The potential downside of this as an investment is that the money has to be repaid if the growth does not meet the expected level. This may result in the money being 'saved' by a practice and only invested in necessary service delivery improvements after the event'.

3.6 Even more fundamental though, is the acceptance that the planning for and investing in growth is inextricably linked to exploring joint working and new ways of working to streamline resource and to ensure best possible patient care.

3.7 East Lothian has seen investment in new and refurbished/extended practices in recent years. The planning for further practice improvement is focussing on Harbours Practice in Cockenzie, the three practice facility in Haddington and North Berwick Practice.

3.8 Planning for future practice developments and utilisation of existing premises needs to take into account the accommodation needs of those new and expanded staff groups providing services to practices to deliver the GMS contract commitments.

4. The Local and National Policy Context

4.1 East Lothian Integration Joint Board's Strategic Plan 2016-2019[8] acknowledges the key role played by the primary care team in monitoring, responding to and supporting the health and well-being of the population at all life stages. It recognises the pressures placed on primary care by the increasing demands associated with a growing and ageing population, those arising from GP recruitment and retention difficulties and those associated with reducing practice income.

4.2 With a refresh of the Strategic Plan due towards the end of 2018-19 the opportunity will be taken to include in it the developments required to introduce all of the obligatory elements within the new General Medical Services contract and the commitments within the East Lothian Primary Care Improvement Plan. The Strategic Plan will also include commitments to reflect the particular needs of practices and their local communities in work planned across East Lothian.

4.3 Work in support of primary care must also play its part in contributing to the delivery of Scotland's public health priorities agreed between the Scottish Government and COSLA[9]. These priorities aim to move towards a Scotland where:

1. We live in safe and healthy places
2. We flourish in our early years
3. We have good mental wellbeing
4. We reduce the use and harm from tobacco, alcohol and other drugs
5. We have an inclusive economy with fair share, of what we have, for all
6. We eat well and are active.

4.4 East Lothian's Carers Strategy is currently under development[10]. This will consider the support needs of carers of all ages in all settings in which they present, including in primary care. Addressing carers needs will also be integral to enhancing support to specific client groups, some of which are described later in this plan. As part of the Carers strategy development, consultation will be carried out with the primary care teams across East Lothian.

4.5 During the transition phase for delivery of the new GMS contract and in the process of introducing the primary care improvement plan all relevant local and national policies and strategies will be taken into account.

[8] https://www.eastlothian.gov.uk/downloads/file/27195/ijb_strategic_plan
[9] Executive Delivery Group for Public Health Reform
[10] https://eastlothianconsultations.co.uk/adult-wellbeing/draft-east-lothian-carers-strategy/

5. Reflecting East Lothian's Strategic Priorities in the Improvement Plan

5.1 In preparation for the delivery of the new GP contract, and in recognition of the opportunity given to evaluate and re-model the delivery of Primary Care at all its interfaces, East Lothian Health and Social Care Partnership has developed this Improvement Plan. This is intended to be a template for change and will build on those principles already laid out by the partnership within its Strategic Plan to:

- Deliver more care closer to home - actively tackling the rise in unplanned or avoidable hospital admissions and significantly reducing delayed discharges from hospitals to home or a homely setting
- Address the variation in the use and delivery of health and social care services across the county and tackling inequality
- Develop a strong focus on prevention and 'low level' support
- Ensure best value for the public purse through more effective partnership working.

5.2 The vision in East Lothian's Strategic Plan is that people *"live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use".* Improving the health and care of people through provision of greater access to services which address health and social care needs and non-medical factors which impact on health and wellbeing are at the heart of delivering this vision.

5.3 This improvement plan incorporates the key priorities of the new GMS contract, the overarching principles of the Strategic Plan, as well as the information available regarding local priorities from the GP Cluster groups.

5.4 East Lothian HSCP recognises the ambition to consult all relevant stakeholders in the formation of this plan and that the new GMS Contract is an important context to the Primary Care Improvement Plan, but that the Plan should aspire to deliver change beyond the contract itself. The membership of the Improvement Plan Reference Group was selected with this in mind.

6. Developing the Primary Care Improvement Plan in East Lothian

6.1 East Lothian took an inclusive approach to development of the Primary Care Improvement Plan, engaging all stakeholders at the earliest stage in the process to include their views from the outset. It was felt that this approach would prove invaluable as plans progress through to the implementation stage of the new GP contract.

6.2 A Reference Group, chaired by Dr Jon Turvill, Clinical Director, East Lothian HSCP, oversaw the Improvement Plan's development, with representation from:

- ELHSCP Management
- Chief Nurse
- Primary Care Nursing
- AHP Lead
- Pharmacy
- Mental Health
- Care Home Team
- Public Health
- LIST
- Finance
- Communications
- GP Sub-Committee
- GP Cluster Leads
- Third Sector
- Community Pharmacy
- GP Practice Managers
- Service Users

6.3 The group was tasked with:

- Identifying clear milestones for the redistribution of GP workload and the development of effective primary care multidisciplinary team working
- Consideration of new service arrangements (collaborating with other HSCPs as necessary) for local delivery of the services identified in the new GP contract:
    - vaccinations services
    - pharmacotherapy services
    - community treatment and care services
    - urgent care services
    - additional professional clinical and non clinical services, including acute musculoskeletal physiotherapy services, community mental health services and community link worker services
- Producing the final East Lothian Primary Care Improvement Plan by July 2018, in line with the requirements of the new Scottish GMS GP contract and local agreements
- Developing clear local arrangements to deliver the commitments in respect of the new Scottish GMS GP contract.

6.4 The Reference Group met on a monthly basis, reporting to the East Lothian Strategic Planning Group and the Integration Joint Board.

6.5 To progress work in between meetings of this large group, a Steering Group was established. This:

- Supported the development of the East Lothian HSCP Improvement Plan for the new GP General Medical Services contract
- Produced, in consultation with the Primary Care Improvement Plan Steering Group, the draft improvement plan for East Lothian HSCP for approval by the East Lothian Integration Joint Board and finalisation by July 2018
- Worked with partners to develop the support arrangements needed to deliver the commitments in respect of the new GMS contract
- Assessed the steps necessary to roll out two current projects providing support to primary care teams. These are the CWIC (Collaborative Working for Immediate Care) service and the Care Home Team.

6.6 The Steering Group was also chaired by Dr Jon Turvill, Clinical Director. It had membership from:

- ELHSCP Management
- GP Cluster Leads
- GP Sub Committee
- Communications

6.7 Separate work streams were set up based on the services to be remodelled as identified in the new contract and working groups took forward discussions on the vision and broad principles for each service. As vaccination services are being taken forward on a pan-Lothian basis, through the Vaccination Transformation subgroup of the GMS Contract Implementation group, no local working group was established.

6.8 The working groups produced draft sections for submission to the Steering Group, and to feed into the draft plan. Demographic, demand, activity and outcome data was gathered for inclusion in the relevant parts of the improvement plan. All practices were asked to indicate their priority areas for development across the new contract domains. This information was taken into account in the improvement plan.

6.9 The draft plan was considered at an early May meeting of the steering group before being worked up for further discussion and input at the reference group.

6.10 On completion, the plan was consulted on with East Lothian practices, both directly and through the cluster groups. An engagement plan will guide how communication will be managed to inform patients of changes to primary care service delivery.

7. Quality Clusters

7.1 On the retirement of the Quality and Outcomes Framework in April 2016 Transitional Quality Arrangements were introduced. At this time, GP Quality Clusters were formed each based on a geographical group of about 6 to 8 practices. Each cluster has a GP acting as a Cluster Quality Lead (CQL) and each practice is represented by a GP as Practice Quality Lead (PQL).

7.2 In East Lothian two Quality Clusters were formed. The West Cluster comprises Prestonpans, Tranent, Ormiston, Harbours, Riverside (formerly also Eskbridge) and Inveresk practices. The East Cluster comprises the three Haddington practices, three Dunbar practices, Gullane, North Berwick and East Linton. Three Cluster Quality Leads were recruited who continue to support the groups.

7.3 East Lothian's Quality Clusters are well supported by the NHS Lothian Quality team, the NHS Lothian Quality Academy and the Local Intelligence Support Team (LIST) allowing development of a number of local Quality Improvement projects.

7.4 There are aspects of development of the CQL role which need to be addressed. Work is ongoing nationally and locally around this, including on time commitment to the role, training and education needs and support.

7.5 The clear intent that Quality Clusters should be involved in the development of the Primary Care Improvement Plans is demonstrated in East Lothian through the Cluster Quality Leads' input to the Improvement Plan Reference Group and Steering Group and the adoption of a co-production approach.

7.6 In March 2018, the Cluster Quality Leads carried out a mapping exercise to gather information from practices seeking views on priorities for the East Lothian Primary Care Improvement Plan and information on practice workforce. The survey was circulated to all East Lothian practices, achieving a 100% response rate. The data gathered has been analysed with the input of the LIST Team and will be used along with further survey data to aid planning and quality improvement work.

7.7 It is apparent from the survey that practice teams wish to see development of additional roles in primary care, for example Advanced Physiotherapy Practitioners, Community Mental Health Nurses and Community Link Workers. Among the aims of the new contract are: reduced GP workload, direction of activity to an expanded multidisciplinary primary care team and improving sustainability of primary care. East Lothian's practices take the view that new roles, such as those above, will support these ambitions.

7.8 As part of their future work the East Lothian Clusters are supporting the NHS Lothian plan for Primary Care Quality Improvement 2018-2021. Work on this will tie into and complement the implementation of the East Lothian Primary Care Improvement Plan.

7.9 The survey shows some understandable variety in local priorities which reflect existing local service availability. For example some practices have access to treatment room nursing and other practices employ their own staff to cover treatment room work.

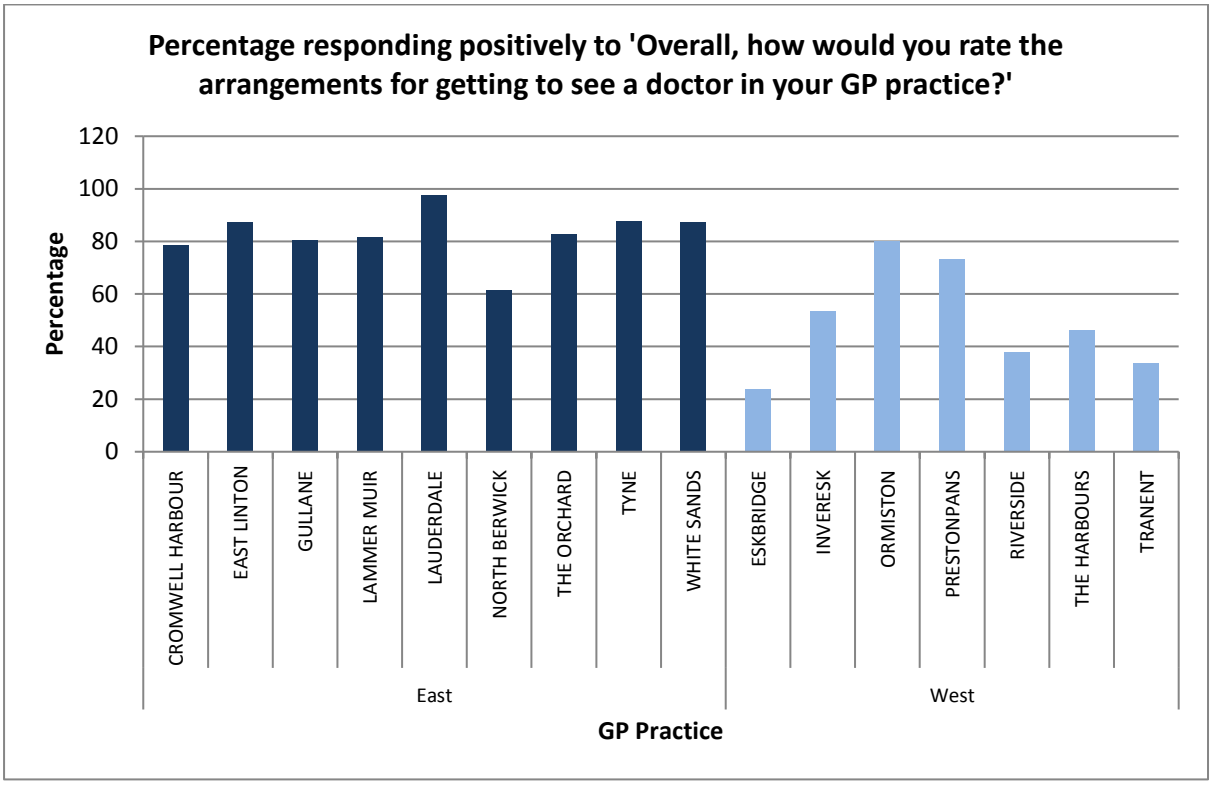
7.10 Practices feel that their top priority for service development in vaccination transformation is pre-school vaccinations. Again, the current model for delivery of this varies significantly between practices.

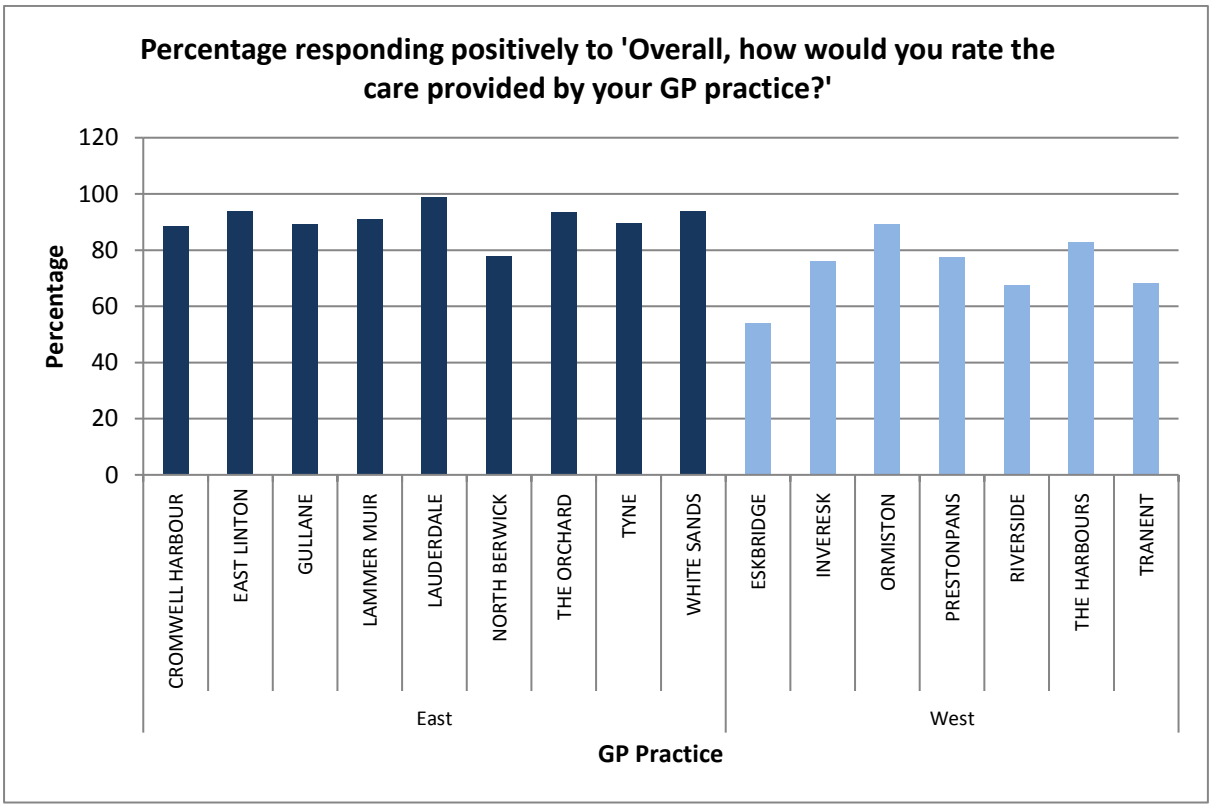
7.11 The Vaccination Transformation Subgroup of the GMS Contract Implementation Group has agreed that no decisions are made regarding the movement of Travel Health and Vaccinations from practices until forthcoming national guidance is available. This means current local arrangements at practice level will continue in the meantime.

7.12 Local demands on services will need to be better understood as part of the process of reshaping services. Engagement and consultation with practices will continue throughout the 3 year period of the implementation of this plan.

7.13 The 2017-18 Health and Social Care Survey[11] carried out across Scotland considered many aspects of satisfaction with services. The two charts below, show responses to two questions: *'Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?'* and *'Overall, how would you rate the care provided by your GP practice?'* The charts show contrasting results between the west and east clusters, in terms of satisfaction with access to a GP. The difference is less marked regarding satisfaction with care.

[11] www.gov.scot/Resource/0053/00534419.pdf


Percentage responding positively to 'Overall, how would you rate the arrangements for getting to see a doctor in your GP practice?'
Percentage
120
100
80
60
40
20
0
CROMWELL HARBOUR
EAST LINTON
GULLANE
LAMMER MUIR
LAUDERDALE
NORTH BERWICK
THE ORCHARD
TYNE
WHITE SANDS
ESKBRIDGE
INVERESK
ORMISTON
PRESTONPANS
RIVERSIDE
THE HARBOURS
TRANENT
East
West
GP Practice


Percentage responding positively to 'Overall, how would you rate the care provided by your GP practice?'
Percentage
120
100
80
60
40
20
0
CROMWELL HARBOUR
EAST LINTON
GULLANE
LAMMER MUIR
LAUDERDALE
NORTH BERWICK
THE ORCHARD
TYNE
WHITE SANDS
ESKBRIDGE
INVERESK
ORMISTON
PRESTONPANS
RIVERSIDE
THE HARBOURS
TRANENT
East
West
GP Practice

7.13 The East Lothian Clusters are involved in a project funded by the iHub branch of Healthcare Improvement Scotland entitled the 'Practice Administrative Staff Collaborative' (PASC). Funding for this work runs until March 2019 but there should be ongoing benefits of the initial work.

7.14 There are three workstreams involved in this project:

> **1 - Quality Improvement Training** for all primary care staff in East Lothian, delivered with the help of a seconded part time Associate Improvement Advisor
>
> **2 - Document Management**, aiming to increase GP capacity by improving systems around document management in practices
>
> **3 - Care Navigation or Signposting**.

7.15 Work related to these areas will be shared nationally. The signposting workstream will assess current demand on practices. The intention is then to develop robust processes to ensure patients are seen by the right person, in the right place and at the right time. Engagement with patients will be an important element of this, in order to change perceptions around how and where care is delivered in primary care and fostering better supported self-management.

8. The Scope of the East Lothian Improvement Plan

8.1 There remains a degree of uncertainty at this stage regarding the details of the finance available to implement the aims of this plan. As a result, the Primary Care Improvement Plan as it stands is an ambitious document with much of the content requiring working up of further detail and confirmation of an appropriate budget to deliver its desired outcomes.

8.2 It is also recognised that a reduction in the health inequalities across the county is necessary to achieve, particularly with reference to access to primary care services. Nationally commissioned surveys have shown a marked difference between the high satisfaction with access in the east of the county and the low satisfaction in the west. This is mirrored by differences in satisfaction with services, with the east having higher satisfaction scores than the west.

8.3 One of the foremost principles in the delivery of this plan is the intention to direct resource to need. Once the PCIP is finalised it is reasonable to expect further discussion regarding where and how services should be prioritised. This will require suitable data gathering exercises to quantify current levels of need and service delivery.

8.4 Rather than simply using the key priorities as defined in the Memorandum of Understanding to direct all work, we have identified those areas of primary care that matter most in East Lothian (for example frailty and substance misuse services) which merit specific reference and detailed work.

8.5 To develop thinking regarding the priorities, each of the main areas of primary care services had a working group established to help design and progress change and to liaise with the PCIP Steering Group. Although the PCIP has to be submitted by beginning July 2018, the East Lothian Steering Group consider it to be a work in progress, which will adapt over the next three transitional years of the contract. Inevitably amendments will be required as needs are identified and new contexts emerge.

8.6 By early agreement of the PCIP, East Lothian HSCP can progress with the significant changes required over the next three years to deliver the new GP Contract. Aside from budgetary planning and service re-design, there is a need to expand recruitment, training and education of the new and varied workforce required to help deliver against the modernising primary care landscape. While this creates an exciting opportunity for development of existing and new roles across primary care, the scale of this project is not to be under-estimated. The support of the whole primary care team and the wider, NHS Lothian resources available to establish the contract are needed to ensure success.

9. Implementing Improvements over Time

9.1 Following agreement of the Primary Care Improvement Plan in July 2018, the PCIP Reference Group will continue to oversee the implementation of the plan

9.2 The PCIP Steering Group will lead the ongoing operational delivery in partnership with individual practices, groups of practices and the multidisciplinary primary care team. Some areas of service delivery will require further analysis and planning and the Steering Group will continue to feedback findings and proposed developments to the PCIP Reference Group.

9.3 The reference group will consult with practices, with clusters and with professional groups throughout the period of transition to deliver all elements of the new GMS contract.

10. Supporting Specific Client Groups – Frailty and Dementia

10.1 Though not in itself a 'clinical' diagnosis, the recognition of frailty as a condition that requires a coordinated approach to management is helpful. The high impact of frailty on both health and social care resources and its common association with dementia cannot be ignored and action through the Improvement Plan should strive to deliver high quality management of patients with frailty and support to their carers.

10.2 The identification of patients with frailty within General Practice is not currently carried out routinely or recorded specifically within a patient's records. It is subjective, but early identification may help with issues including social care, anticipatory care planning and unnecessary prescribing and polypharmacy avoidance.

10.3 Diagnosis of and support to people with dementia is important in ensuring they receive health and social care post-diagnostic and ongoing support tailored to their needs and in ensuring the support needs of carers are identified and acted on.

10.4 Clearer identification of patients with frailty and/or dementia as early as possible may also help to link existing GP services with those delivered by East Lothian HSCP, such as Hospital at Home, Medicine for the Elderly, Psychiatry of Old Age and Lothian Unscheduled Care Service. Delivery of long term conditions management approaches and the resulting admission avoidance can be more difficult in patients with reduced mobility and other factors which limit their ability to access planned and practice-based primary care services.

10.5 East Lothian HSCP will work with partners at LIST (Local Intelligence Support Team) to better understand how we can capture and record data on patients with frailty and with dementia and how we can use that data to direct and improve services and care. The intentions in working with this patient group are to:

- Deliver the principles of 'Realistic Medicine'
- Avoid unnecessary hospital admission, through preventative and reactive community interventions
- Reduce harmful poly-pharmacy
- Ensure seamless transition between different branches of East Lothian HSCP led care services
- Improve support for carers.

11. Supporting Specific Client Groups - People Misusing Substances

11.1 East Lothian has seen a continued rise in the numbers of drug-related deaths throughout the county. Whilst this is a national trend, it is recognised that more local engagement and visibility of services, such as assertive outreach (offering treatment in peoples' homes/communities) would improve our ability to reach out to and support individuals with substance misuse issues and their carers.

11.2 The plan is for new investment to be identified to establish locality based services supporting primary care, with teams in Dunbar, Haddington, North Berwick and Tranent/Prestonpans.

11.3 These locality teams would be affiliated with the respective GP cluster. This would establish new pathways for client flow from the main Substance Misuse Services (SMS) team back to the respective locality for the individual, supported through their GP and the locality team. This would ensure robust management of the capacity of the core SMS team and improve access to services within the Local Delivery Plan target of 21 days.

11.4 Partnership work with Community Justice colleagues will be increased to better address and reduce re-offending through integration of the support to individuals in custody.

12. Supporting Specific Client Groups - People with Mental Health Support Needs

12.1 It is intended to explore extension of the current CWIC model of providing support to cover further practices across East Lothian. This would be achieved through deployment of mental health nurses (who are qualified non-medical prescribers) and mental health occupational therapists (OTs) in order to provide enhanced support to adults seeking unscheduled primary care support for a mental health problem.

12.2 In the process of assessing the needs of people presenting with mental health problems the needs of carers will also be considered through the application of appropriate joint working approaches.

12.3 The team would support 'MAXOUT' a Scottish Government funded academic practice partnership focused on mental health and wellbeing and CLEAR (Community Living, Enablement and Resilience). This would specifically aim to build on individual and community resilience to engage individuals in a meaningful life and reduce service utilisation. The approach would provide effective, evidence-based service pathways and promote and enable resilience skills in individuals who are socially isolated and repeatedly present at services within primary care.

12.4 Those patients directed to the nurse/OT-led mental health service will be an acute presentation, with a relapse of a known condition, or difficulty managing social stressors. Conditions suitable for inclusion to the service include expression of suicidal thoughts, hallucinatory experiences, low mood, anxiety/panic, eating disorders, problems with sleep, medication reviews, review of mental health in terms of fitness to work, drug and alcohol misuse, social isolation and issues relating to work-related stress. The key role of the mental health OT would be to support primary care to alleviate pressure for return to work assessments and fit note sign off.

12.5 Patients under the age of 18 will referred to Child and Adolescent Mental Health Services (CAMHS) via the GP. Older patients presenting with acute confusional states will be directed to the dedicated CWIC GP. Patients with a diagnosed learning disability will be directed to the appropriate service. The intention is that appointment slots for patients visiting the CWIC mental health arm will be 30 minutes.

12.6 As people living with mental health problems are also likely to make unhealthy lifestyle choices, to have physical health conditions and to have social care needs the services will adopt a holistic approach to address these issues, encouraging and empowering patients to take action to enhance their physical health and well-being.

13. Pharmacotherapy

13.1 The new GP contract states that *"...every practice will benefit from the pharmacotherapy service"*. East Lothian already has 5 Practice Pharmacists in 9 of its 15 GP Practices. There are also four pharmacy technician providing support. This means across East Lothian all practices receive support from either a pharmacy technician or a pharmacist. These colleagues carry out a range of tasks including:

- Medicines reconciliation and hospital outpatient letters
- Monitoring of high risk medications
- Medication reviews
- Polypharmacy reviews
- Responding to medication queries from patients and staff
- Implementation of cost-effective prescribing
- Review of use of 'specials' and 'off-licence' prescription requests
- Responding to medicines shortages (requiring identification of suitable alternatives)
- Pharmaceutical queries.

13.2 This support has been well received in Primary Care. Feedback from the two GP Clusters however suggest that the role varies between practices. Further evaluation of the support required across clusters and individual practices is needed to create tailored practice pharmacy support that consistently meets the needs of individual practices and East Lothian HSCP and that reflects any special characteristics of practice populations.

13.3 Some aspects of existing variation may reflect the current management structure under which Practice Pharmacists are managed by NHS Lothian. This is in contrast to other clinical groups who are directly managed within East Lothian HSCP. While the PCIP recognise the aspirations for the role of pharmacists in primary care, this may not reach its potential, or better suit local needs without an amendment to the organisational structure, to devolve management to the HSCP.

13.4 A working group is being created to oversee development of pharmacotherapy. This will evaluate the currently delivered service to identify the most effective areas of intervention, in terms of: clinical benefit to patients; reduction in GP workload; and service efficiency. This information will be coupled with the service needs identified through the Cluster Groups to help plan responsive pharmacy support for practices.

13.5 Any variation in demand for pharmacotherapy services across practices will need to be assessed to ensure cost-effective deployment of resource including through use of remote support where indicated and technically feasible. There is a particular need to plan for the matching of pharmacist expertise or technician support to specific work requirements and to meet pharmacy support requirements across the range of practice list sizes in East Lothian (varying as they do from 2,700 to nearly 19,000 patients). Support arrangements in all cases will be agreed with practices, ensuring none is left without support if requested.

13.6 It is also recognised that the processes behind prescribing are a significant part of the patient experience and the workload of GP practices. Similarly the interface between GP practices and community pharmacy requires evaluation, particularly with reference to avoidance of medicines wastage (and where there is a risk of medication related harm). At present, each prescription ordering process evolves from individual practice need. Involving the practice pharmacist team, as well as practice administration representatives in an exercise to improve the cost and time efficiency of prescribing across East Lothian has the potential to improve the experience for both primary care colleagues and service users.

13.7 Community Pharmacy

13.7.1 Community pharmacies are open at times when many other services are closed and are based in accessible, high street locations. Improved signposting and collaboration between GP practices and community pharmacy has the potential to improve access for patients to pharmacy-provided care, so reducing demand for GP appointments. The current range of services and the opportunities for development are described below. An important requirement for the development of community pharmacy support to primary care will be the establishment of systems to securely share between community pharmacy and the primary care team relevant electronic information and data.

13.8 Minor Ailment Service

13.8.1 The Minor Ailment Service (MAS) allows specific groups of people to access community pharmacy treatment for self-limiting illnesses without the need for an appointment with a GP.

13.8.2 East Lothian HSCP will take into account the learning from current work looking at benefits of extending MAS eligibility to more people and expanding the range of conditions covered. Expansion has the potential to improve access to treatment for a range of uncomplicated illnesses normally requiring a prescription and should reduce demand on GP practices, out-of-hours services and A&E.

13.9 Chronic Medication Service

13.9.1 The Chronic Medication Service (CMS) has two elements; pharmaceutical care and serial prescribing. CMS will develop further with a proposed shared agreement between individual GP practices, the relevant primary care pharmacist and community pharmacists.

13.10 Pharmaceutical Care in Community Pharmacy

13.10.1 Plans are underway for the introduction in late 2018 of a scheme to establish annual pharmacist-led medication reviews. Such reviews are usually carried out by GPs, so this initiative will further transfer workload from practices. To succeed, this work will require collaborative working between community pharmacy, GP practices and the primary care pharmacy team.

13.10.2 In addition, a number of community pharmacists are providing additional initiatives such as condition specific clinics to support people with long term conditions. For example, Tranent is supported by a community pharmacist to run a cardiovascular risk clinic. Evaluation of such approaches is needed and the availability of local resourcing to further develop such clinics in community pharmacies or GP surgeries across East Lothian will need to be assessed.

13.10.3 Over time, community pharmacists will be enabled to play a greater role in managing people with long term conditions, by prescribing, monitoring and adjusting medicines, working alongside all members of the multidisciplinary primary care team.

13.10.4 Nationally, there is a commitment to funding training of more community pharmacist independent prescribers and training in advanced clinical skills. This should be reflected in an increased community-based workforce able to provide such services in the next few years. East Lothian will assess how best to introduce this development locally.

13.11 Serial Prescribing

13.11.1 National work has shown the serial prescribing and dispensing element of the Chronic Medication Service can potentially reduce workload for GP practices and community pharmacies.

13.11.2 Serial prescribing also provides opportunities to align with aspects of the Realistic Medicine agenda, to reduce harm, variation and waste, supporting person-centred care and shared decision making.

13.12 Additional Services and Future Potential

13.12.1 Community pharmacy offers additional services to remove the need for a GP appointment. All services are delivered under Patient Group Directions (PGD) with clear inclusion and exclusion criteria for treatment.

13.12.2 It is recognised that GP cluster groups provide an opportunity to further define local public health priorities. There is the potential locally to add further services based on local needs assessment.

13.13 Urgent and Unscheduled Care

13.13.1 Although urgent provision of medication on PGD without a prescription has been in place for many years, previously only items on repeat prescription could be supplied at the pharmacist's discretion. Recent changes provide additional situations where patients who have run out of their medication can have this supplied through community pharmacy.

13.14 Signposting by Community Pharmacies

13.14.1 Community pharmacies are conveniently placed within communities and provide an opportunity to improve signposting and access to information and services, including for those who may have difficulty in accessing mainstream healthcare. Consideration will be given to assessing the outcomes of community pharmacy signposting pilots to assess the merits of replicating these in East Lothian.

14. Link Workers; Changing Conversations, Changing Relationships

14.1 There is good evidence to support the development of new relationships between patients and professionals in the consulting room as a means of improving health and other outcomes. Third sector partners suggest patients want healthcare professionals to do more to support self-care.

14.2 It is known that patients who are active participants in managing their health and healthcare have better outcomes than patients who are passive recipients of care. This is especially true for the growing number of patients living with one or more long term conditions. These individuals account for more than 50% of all general practice appointments, 65% of all outpatient appointments and over 70% of all inpatient bed days, as well as 70% of the total health and social care spend[12].

14.3 It is recognised that traditional primary care clinical options might have only a limited impact if, for example, poor housing or finance or employment concerns are significant factors in a person's presentation. It has been estimated that around 20% of patients still consult their GP for what are primarily social problems.[13] This alone has a significant impact on GP workload which could be diverted to more appropriate professionals with likely better outcomes for patients.

[12] http://www.gov.scot/Topics/Health/Services/Long-Term-Conditions

[13] Low Commission. (2015) The role of advice services in health outcomes: evidence review and mapping study.

14.4 Evidence as to whether alternative models of care delivery such as social prescribing reduce demand on health services, though inconclusive at this stage, indicate that for those patients referred to a link worker, there was a 28% reduction in subsequent GP attendance (range 2% - 70%) and an average reduction in subsequent A&E attendance of 24% (range 8% - 27%). The evidence that social prescribing delivers cost savings, whilst encouraging, is not fully quantified. [14]

14.5 Link worker input provides an opportunity to change to how a person moves between statutory and third sector or wider support services and in so doing supports development of greater resilience and wellbeing.

14.6 A link worker service was established in four East Lothian practices in late 2015/early 2016 (Tranent, Prestonpans, Inveresk and Riverside practices). The service has been well received by practice staff and patients.

14.7 It is recognised that the existing link worker provision cannot meet demand for service in the practices they are currently working in. The majority of practices in the county as yet have no access to the service.

14.8 Work is ongoing locally to further evaluate the impact of the service in general practice. This evaluation, supported by the LIST team, will utilise both primary care data and third sector data to provide a better understanding of service impact and demand and provide greater clarity around service gaps in the community setting.

14.9 In further developing the link worker model in East Lothian there is the potential to learn from other local and national schemes and to consider how best to incorporate learning from alternative models which foster patient resilience and supported self-management.

14.10 It is intended to continue the existing level of link worker input to East Lothian practices with a view to evaluating how best to extend it across the county in recognition of Scottish Government's commitment to expansion of this service.[15] In doing this the service, as with all other commissioned services in East Lothian, will need to be assessed for best value and strategic fit.

14.11 A sub-group of the PCIP Reference Group will be established to consider issues relating to ongoing evaluation, governance, training, education and service improvement across a range of services, including link workers.

14.12 East Lothian's Primary Care Improvement Plan provides a timely opportunity to review how link workers are best deployed as a resource for patients and practices locally, building connections with the assets in our communities and recognising and appropriately resourcing, developing and supporting the contribution of the voluntary and third sector and of volunteers.

[14] http://westminsterresearch.wmin.ac.uk/19223/1/review-of-evidence-assessing-impact-of-social-prescribing.pdf
[15] http://www.gov.scot/Publications/2016/09/2860

15. Communications and Engagement Plan

15.1 The key messages to be developed in engaging with patients, the public, professional groups, other stakeholders in health, East Lothian Council, the third and private sectors regarding changes to service delivery arrangements arising from the new GP contract are that:

- It is positive for staff - building on and developing skills and careers across the primary care family
- Many services will be directly delivered by the Health and Social Care Partnership
- It will relieve existing pressures on GPs and the practice teams
- It will help patients and communities to get the most out of their local health centres.

15.2 Communication methods will include:

- Newsletters
- Briefings
- Time lines
- Web information
- Internal communications
- Awareness raising posters/campaign
- Public Information – video, slides etc about how to get the most your of your practice.

15.3 Engagement activities will include

- Meetings with existing Patient Participation Groups (PPGs) in GP practices and support to develop new PPGs
- Events
- Surveys
- Workshops
- Online consultation
- Questionnaires in practices enabling staff to be consulted.

16. Optometry and Dentistry

16.1 The PCIP group recognise the contribution these two large groups of independent contractors make to Primary Care delivery. At the early stages of the Improvement Plan development neither group has been able to attend the PCIP group.

16.2 East Lothian HSCP plans to work with these groups to ensure that the skills they have are recognised and incorporated into relevant patient management pathways and signposting. Both these specialities have the perhaps untapped potential to independently manage patients with symptoms that often present first to GP surgeries.

16.3 There is a clear opportunity to reduce demand on GP surgeries for eye and dental problems by ensuring timely access to the relevant community-based expertise in order to remove the GP surgery from the patient journey, or at least to minimise this to appropriate care navigation for patients presenting at the 'front desk.'

16.4 Further exploration of the opportunities in this area will be carried out once an active engagement process with relevant stakeholders has commenced.

17. The Role of Nursing in Primary Care and Community Settings

17.1 The role of nurses has evolved significantly over the last few decades and is continuing to do so. There are many differing roles within community nursing in East Lothian all of which are adapting to meet the needs of the changing population.

17.2 Most users of primary care are familiar with the role of the practice nurse, though this in itself remains a title without a clear definition, or consistency between practices. Although practice nurses are employed by independent GP contractors, there are many aspects of long term conditions management which are managed wholly by practice nurses and the supporting practice administrative teams.

17.3 The development of disease registers and structured management of long term conditions under the former QOF (quality outcomes framework) arrangement enabled the development of the practice nurse role including the more widespread use of independent non-medical prescribing.

17.4 District nurses have worked closely with general practice over many years, providing a holistic and comprehensive community nursing service to patients who are housebound. The service continues to provide reactive and proactive skilled nursing care to patients with long term conditions and palliative care diagnoses. Wound management, holistic continence assessment and management and support to hospital discharge are all integral to the role of the district nurse.

17.5 The new district nursing course will enable district nurses to provide a wider and more highly skilled service including assessment, diagnosis and treatment to housebound patients. The inclusion of non-medical independent prescribing and a clinical decision making component to the course will support this expanded role. The modular format of the course provides flexibility to district nurses in availing themselves of this development opportunity.

17.6 Any expansion of the East Lothian district nursing service provision will be constrained by the numbers of fully qualified staff currently within the service and the investment available to appoint to further posts.

17.7 With the development of integration will come opportunities for district nursing to establish closer working with social care colleagues to provide holistic care to patients needing support.

17.8 Specialist palliative care nurses in East Lothian work in partnership with GPs, the district nursing service and hospices to provide a specialist resource within. The team are currently all non-medical independent prescribers and will develop this aspect of their practice to support transfer of GP workload. With the introduction of a new Band 4 role, this will enable the specialist practitioners to concentrate on the more complex patients and provide further education and support to the wider community nursing teams.

17.9 The nurse-led Hospital at Home team, which has consultant support, continues to expand. It provides a reactive service to prevent hospital admission and to facilitate earlier discharge to patients over 16. The service currently employs Advanced Nurse Practitioners (ANPs) Nurse Practitioners (NPs) and Band 5 nurses but is expanding to appoint to further ANP and NP. Development opportunities within the team are ongoing with mentorship being built in. The service covers the East Lothian 'step-down' unit, relieving some workload pressure from GPs. Clinical cover arrangements for the smaller community hospitals are currently under review.

17.10 Discussions so far at the Improvement Plan Reference Group would suggest that some of the principles laid out in the new GP contract and the related MOU, regarding nursing services are not completely reflected by local primary care service providers. General practitioner representatives at the Reference Group feel that the preferred model of delivery of community treatment and care services is to maintain these at a very local level and for the most part to have them remain under the operational control of independent contractors. This is with particular reference to most aspects of long term conditions management (including monitoring) currently carried out mainly by practice nurses.

17.11 As already noted, the GP Clusters carried out a survey of GPs practices to establish service delivery priorities. The survey has provided some helpful pointers to GP priorities but further statistical analysis of the results is being carried out. At this early stage, it seems likely that ELHSCP will be asked to prioritise a change in arrangements for certain task-orientated services including:

- Ear care
- Suture removal
- Phlebotomy carried out for secondary care services
- Spirometry.

17.12 Included in the above list will be a range of treatment room services, such as wound care and continence services. The likely method of delivery of treatment room services is via two or three local centres with tasks carried out by Band 5 nurses and healthcare assistants. Removing these services from more senior nursing staff will allow those with a higher level of training to concentrate on more detailed and autonomous chronic disease reviews, including prescribing.

17.12 As far as long term conditions management goes, the view is that this is mostly delivered well at present within GP Practices. This arrangement has the advantage of direct access to GP records and detailed and personalised information regarding the patient's medical history and acute-on-chronic episodes accessible to a team than knows the patient. While the quality of care at this level does seem to be mostly excellent, there is variance which would lend itself to action at GP Cluster

level. The Steering Group believes that the organisation of care for patients with long term conditions management needs should be left to GP Practices to deliver, but that ELHSCP should provide support to the practices to:

- Identify and take action to include patients with long term conditions who are currently not attending, or who are unable to attend scheduled healthcare encounters
- Ensure nursing staff who are delivering long term conditions management are appropriately qualified and attending relevant updates to training
- Maintain practice nurse employment by independent contractors, but involving them at a local level in service design and development
- Standardise methods and templates and data gathering for long term conditions reviews
- Create pathways for practice nurses to seek advice from secondary care services directly to avoid referral and to expedite changes to patient management
- Use all of the above to ensure equitable and high quality management for all patients in East Lothian.

17.14 In order to progress this area, the suggested next steps are:

- Set up a working group to lead activity incorporating representation from practice nursing, cluster groups, LIST and ELHSCP
- Establish and agree local priorities
- Evaluate current service delivery
- Quantify workload
- Create and agree a plan for primary care disease prevention and long term conditions management
- Prioritise and implement over the period 2018-2021.

18. Home Visiting

18.1 The Primary Care Improvement Plan Group will need to consider the complex area of home visiting. This is another form of access subject to some of the same inequalities that patients experience accessing Primary Care Services for other reasons. As such, variability and inequality is present in patients seeking a home visit and these may be of greater significance due to the nature of the patients involved and the greater likelihood of frailty.

18.2 Although GPs are the usual members of the practice team carrying out home visits, alternative models of home visiting have been tested in other areas. These have either been centred upon paramedic practitioners (briefly tested in East Lothian with favourable outcomes) or a GP home visiting service (similar to out-of-hours arrangements). These services have the advantage of prompt assessment of the acutely unwell, which can prevent escalation to hospital admission and can improve time and resource management for GP Practices, as provision of home visits requires a disproportionate allocation of GP time, especially when serving rural areas.

18.3 Advanced Nurse Practitioners, if available, could be trained to carry out assessment of patients at home on behalf of a practice or practices. Training for this role could be delivered via the CWIC (Collaborative Working for Immediate Care) service in conjunction with other partners.

18.4 An alternative strategy, and one which may be more rapidly deployed, would be for ELHSCP to directly employ paramedic practitioners. There are already a number of suitably trained practitioners who could be attracted to a new primary care home-visiting service within East Lothian.

18.5 However, the role of the GP team in home visiting remains relevant, especially in the context of managing the frail and elderly and in palliative care management. When more detail regarding this area of the new GMS contract is available, the Primary Care Implementation Plan Reference Group should agree a test of change in the area of home visiting.

18.6 There are options to consider for the establishment of a starting model to provide home visits to an area covering the Prestonpans, Tranent and Harbours Practices:

- **Paramedic Practitioner** - could provide up to 11 visits per day, split proportionately across the practices. A car and equipment (including drugs to be given within Patient Group Directive limitations) would be required. The service would run between 8:00am and 6:00pm.

- **Advanced Nurse Practitioner Team** - would initially consist of an experienced Band 7 Advanced Nurse Practitioner (ANP) and a band 6

Nurse Practitioner (NP) both posts 1.00 WTE. In combination, this could reasonably be expected to provide up to 16 visits per day, depending on skill set. In recognition of the current pathway for District Nurse training including clinical decision making and prescribing, there is potential for the expansion of the home visiting team from this service. Although this is a wider aim of the District Nursing service, this will be dependent on the skill level of the team and the capacity to meet additional demand.

- **Advanced Physiotherapy Practitioners** - could focus on patients with long term conditions, frailty or mobility issues. To fulfil this role, these colleagues would need skills in clinical decision making, in assessing patients in their home setting and as independent prescribers. They would need to link directly with other local services, for example the Community Access Service, the Hospital at Home service and the Care Home Team.

18.7 As the service grows there may be training needs (possibly from some GP sessions) to meet specific mentoring requirements (e.g. ANP training or prescribing). The team would be based in and managed by the CWIC service, allowing flexibility of working roles and varied experience.

18.8 Communication with and referrals to the district nursing service for any appropriate home visits will need to be robust to avoid disruption to the wider district nursing managed service and to reflect the district nursing management arrangements.

18.9 Evaluation of the home visiting model selected for development will be designed to investigate the following outcomes:

- Admission rates
- Internal referrals to other East Lothian HSCP services, especially Hospital at Home
- External referrals to non-East Lothian services
- Patient experience
- Effect on GP practice services, especially access
- Response times.

19. CWIC (Collaborative Working for Immediate Care) unscheduled care service

19.1 In recognition of the desire to provide unscheduled and rapid care (or to respond to 'same-day demand') the CWIC service is currently being tested and evaluated in Musselburgh Primary Care Centre (MPCC).

19.2 Early outcome measures, including patient satisfaction, suggest this approach to service delivery is effective, particularly working in parallel with GP practices under a General Medical Services contract. Structured signposting and, if necessary, face to face clinical assessment of patients seeking unscheduled care has not only improved access to care, but has ensured patients are directed to and managed by the most appropriately trained clinician for the presenting problem. CWIC also allows GPs to concentrate on managing complex care in extended appointments.

19.3 The CWIC service currently provides care to patients registered at Riverside Medical Practice (recently enlarged from 10,000 to circa 19,000 patients after taking on Eskbridge patients). The service is delivered from the modern Musselburgh Primary Care Centre premises.

19.4 The plan is to expand CWIC in stages to offer care to all patients registered within the west cluster of the East Lothian GP practices. The service will remain based at MPCC, with patients attending appointments there. Patients seeking planned GP services (e.g. GP appointments or practice nursing) would attend their registered practice as before.

19.5 The CWIC service will need to significantly develop IT functions and communication structures to ensure sufficient exchange of clinical information to deliver patient care. There could an option of a second CWIC 'base' as part of the new development at Blindwells. Given the projected levels of population growth in the west cluster, this may provide a welcome alternative strategy for CWIC expansion in the coming years.

19.6 The Primary Care Improvement Plan will take into account the challenges presented in growing CWIC including 'marketing' of the service to patients, IT, communications between CWIC and the practices it serves, data sharing, staff training and realignment of perceptions of current GP-led care.

19.7 The Primary Care Improvement Plan Reference Group will need to discuss the geographical priorities for CWIC expansion, making appropriate recommendations within the Improvement Plan. Current evidence would suggest that the expansion of services to the west cluster is a priority, as demand would seem to be higher there compared to the East Cluster. Also, the larger population in the west is served by a similar number of GPs to the east, so giving the west practices more patients per GP. However, there is currently very little data available to East Lothian HSCP regarding patient access and demand in the East Cluster. It is a priority to gather such data. In the meantime, differences in patient satisfaction

with access might be considered a useful reference. Evidence shows there is a marked difference between the west (with low patient satisfaction) and the east (with high patient satisfaction for this measure).

19.8 East Lothian HSCP's Strategic Plan aspires to ensure equity of service delivery. To this end, all patients across East Lothian should be able to access a consistently high level of primary care services which are independent of their location within the county. To do this would require a level of meaningful engagement with all practices across both clusters looking at the variation in patient experience, service delivery and patient outcomes and actions needed to address disparities.

19.9 The 'same day demand' needs of the east cluster are, at present at least, much harder to quantify. Whether a similar service e.g. based in Haddington would be appropriate, or perhaps a 'CWIC-lite' service delivering only musculoskeletal and mental health support, would require consultation with the teams in the east and evaluation.

19.10 Continued investment in the CWIC service is vital to allow development and evaluation of services including of travel requirements. Growth will be dependent on the availability of sufficient financial and staffing resources to implement the new GMS contract. This remains an uncertainty.

19.11 CWIC's approach to meeting same day demand, although in hours, will inform the development of Lothian's Urgent Care Resource Hub which is an outcome of the National Review of Primary Care Out of Hours Services. The review recommends that out of hours services (delivered by multidisciplinary health and social care teams, with third sector and other partners) are co-ordinated across the patient journey and:

- Are person-centred, sustainable, high quality, safe and effective
- Provide access to relevant urgent care when needed
- Deliver the right skill mix of professional support for patients during the out-of-hours period.

19.12 East Lothian HSCP is represented on the Programme Board for the Urgent Care Hub, which reports to the GMS Oversight Group which is also overseeing delivery of the PCIPs across Lothian.

20. East Lothian Care Home Team

20.1 In East Lothian, medical care within care homes has for many years been provided for by GP surgeries under the standard arrangements of the GMS contract. For the most part, this has provided funding to GP surgeries using essentially the same framework as members of the community living at home. It is not certain that these arrangements have adequately provided for the unique care needs of this vulnerable population.

20.2 Latterly, the GP contract offered additional funding to GP practices offering Anticipatory Care Planning (sharing of key information with NHS24, SAS and the Lothian Unscheduled Care Service). For a 60 bed care home this would increase resource by around £10,000 per annum. While any increased funding is welcome, it has been suggested this level of funding is insufficient to significantly enhance primary care delivery in the care home setting.

20.3 Several years ago, having identified a need, East Lothian set up a nurse-led Care Home Team. This was primarily to provide support, advice and some training to the staff of Care Homes to ensure the wellbeing and good nursing care of residents. Further to this, the team was available to liaise with and advise the GPs managing the same patients on various aspects of care.

20.4 This service was well received by GPs and by families and carers. It also helped to forge links between the HSCP and GP providers. The Care Home Team took another significant step forward, through necessity, following the acute medical need generated from the withdrawal of the Eskbridge Medical Centre GP Partnership from their contract in December 2015.

20.5 At this point, the opportunity to widen the role of the Care Home Team was taken. Comprised of Nurse Practitioners (NPs) the team took over all day to day medical management of patients. This included assessment, diagnosis and prescribing for acute presentations and long term conditions, as well as admissions, referrals and care planning.

20.6 The Care Home Team has continued to grow and covers patients in Musselburgh and Gullane and will soon extend its support to Haddington.

20.7 With a number of existing care homes in East Lothian that would benefit from the support as well as the new care home opening in early summer in Haddington and population growth in the county, further investment needs to be explored to expand this service.

21. Patient Access and Signposting and Patient Satisfaction

21.1 At present, patient access to primary care medical services remains variable across the county, relatively unstructured and probably exacerbates health inequalities.

21.2 High demand practices often try to manage access by brief assessment of perceived clinical urgency. In many practices, patients will still book appointments directly to see a GP, with no initial assessment of needs. From a patient's perspective, especially those who still view a GP appointment as the 'gold standard', this may be desirable. However, given that a significant proportion of patients attending GP appointments could be managed at least as well by another member of the primary care team or third sector services, or do not need a face to face appointment at all, this perception must be challenged. Furthermore, when resources are limited, demand high and GP numbers low, it is simply an unsustainable method of service delivery.

21.3 The implementation of robust and reproducible call handling access models can help in responding to high levels of demand. Building effective partnerships between primary care service providers (GP practices, CWIC, NHS 24, community pharmacy, etc) can only be done with structured access models fully utilising all elements of clinical expertise and support services. There is no place for 'luck of the draw'; first come first served appointment systems in a modern day healthcare system. It is preferable for patients to be directed to the correct professional or other support to best meet their assessed need. In addition, to properly support the development of new service delivery models, robust and scalable IT and telephony infrastructure needs to be developed.

21.4 As noted above, models of access, such as those being developed in Riverside Medical Practice (see section 17) in combination with CWIC and NHS 24, should be considered for replication or expansion across East Lothian's practices. Expansion could occur in isolated GP Practices, linking them to centralised expertise, or through shared resource and joint working within GP Clusters. These access models should be built around principles of patient choice and signposting, not necessarily on 'clinical' triage. Whatever approach is taken it should be tailored to the practice and should represent a balanced journey into the most clinically relevant patient pathway.

22. Training, Education, Workforce Planning and Workforce Development

22.1 Integral to the development of modernised access and service delivery arrangements is adequate clinical staff training and education and continuing staff development. At present, training and education of primary care staff, other than GPs, relies too heavily on input from independent contractors. The reality however, is that suitable training is hard to obtain and to schedule due to pressure of time for the practice teams.

22.2 East Lothian is already participating in advanced nurse training, at least in the context of acute care delivery by Nurse Practitioners and Advanced Nurse Practitioners. The Primary Care Improvement Plan Reference Group will consider how to develop nurse training for new developing roles and for long term conditions management

22.3 Training of advanced physiotherapy practitioners, primary care mental health nurses, occupational therapists and others needs resourced with the training structured specifically to community needs. Importantly, with shortages in certain staff groups and large numbers of some colleagues being eligible to retire in the next 5 years, East Lothian also needs to present itself as an attractive place for clinical staff to work in.

22.4 Fundamentally, training has to be led and designed by East Lothian HSCP, but with the support of independent contractors and training bodies, including higher education establishments to ensure it remains relevant to changing practice and changing patient needs and produces staff groups with the requisite skills to work in a modern, multi-disciplinary primary care team

22.5 Developments across the multidisciplinary primary care team in East Lothian need to link with the workforce workstream being developed under the auspices of the Lothian GMS Oversight Group. Local action also needs to take into account the requirements of the April 2018 Primary Care National Workforce Plan[16] and, when available, the Scottish Government's integrated workforce plan. East Lothian HSCP will need to ensure that practices are supported to in turn support and mentor advanced practitioners as they develop their skills.

[16] http://www.gov.scot/Publications/2018/04/3662

23. Joint Working

23.1 The evolution of GP Practices and their structures, particularly in the context of responding appropriately to increased patient demand, has led to innovations in systems and means of service delivery. However, progress is too often isolated; perhaps limited to an individual practice and roll-out doesn't happen routinely.

23.2 Similar improvement projects can be happening in two or more practices at the same time, with no awareness of each other's existence. This situation has improved to an extent with the creation of the GP Clusters and the work of the Cluster Quality Leads. However, the HSCP needs to do more to facilitate this sharing of innovation and to look to other members of the practice teams such as practice managers and primary care nurses in taking forward collaborative development of services.

23.3 GP practices might also improve business stability by combining resources and reducing overheads. This could be as simple as sharing administrative processes, or as sophisticated as combining patient access pathways and centralising appointment systems. Currently, there are many practice processes that are duplicated unnecessarily across the county and between adjoining practices, with cost implications.

23.4 To address this in a meaningful way might require some very open and perhaps, challenging discussions on modernising the business models for primary care in East Lothian. The Primary Care Improvement Plan Reference Group will consider how it can facilitate this process and how it can support significant changes in GP practices, particularly those that are perceived to have a high degree of risk and uncertainty over sustainability.

24. Sources of Primary Care Improvement Funds

24.1 The Scottish Government is investing £115.5m nationally in 2018-19 as part of the implementation of the new GMS Contract and other Primary Care Investments. These funds will increase in 2019-20 and 2020-21.

24.2 Of the £115.5m in 2018-19, £45.8m has been allocated across the Integration Authorities (in East Lothian, the Integration Joint Board) to support the development of multi-disciplinary teams as part of the implementation of the new contact. This investment (now called the Primary Care Improvement Fund) is planned to grow over the next few years in line with the overall growth in investments as shown in table 1.

Table 1 - further development of the Primary Care Improvement Fund

Potential Primary Care Funding in Future Years			
	National	**Lothian**	**East Lothian**
	£000s	**£000s**	**£000s**
2018-19	45,750	6,773	839
2019-20	55,000	8,142	1,009
2020-21	110,000	16,285	2,018
2021-22	155,000	22,947	2,844

24.3 However, not all of this £45.7m of national investment in 2018-91 is 'new' monies, as it in part comprises a series of investments that have been made over the past two years. Table 2 shows what separate funding sources have made up primary care investment at Lothian level over a three year period from 2016-17 to 2018-19.

Table 2 - Scottish Government Primary Care investments 2016-17 to 2018-19

Lothian Funding Sources	**2016-17**	**2017-18**	**2018-19**
	£000s	**£000s**	**£000s**
Primary Care Transformation Fund	1,160	1,160	6,773
Mental Health	513	513	
GP Recruitment and Retention Fund	50	60	
Prescribing for Excellence	951	1,132	
Pharmacists in GP Practices	-	602	
Pharmacy First		155	
Total	**2,674**	**3,622**	**6,773**

24.4 The Scottish Government has also made an additional £740k available recurrently to Lothian (which is Lothian's share of £5m nationally) to support investments in Out of Hours services.

24.5 East Lothian, as with other HSCPs in the region, made investments in 2016-17 and 2017-18. The recurrent elements of these investments applying in 2018-19 will therefore have to be funded from the 2018-19 allocation.

24.6 The sums in table 2 are overall Lothian values. In 2018-19, the Scottish Government committed to all of this funding being provided to the Integration Authority and their respective partnerships. East Lothian's share of the Lothian resource is 12.4% which is based on its population.

24.7 In addition to the funds above, NHS Lothian, as part of its commitment to invest in primary care capacity made available £2.0m in 2017-18, £4.0m in 2018-19 with a proposed further £1.0m in 2019-20 making a recurrent investment of £5.0m. As before, all of these funds have been and will continue to be made available to the four Lothian IJBs.

24.8 Utilisation of Primary Care Funding

24.8.1 As discussed above, each partnership has already made investments in primary capacity and started to develop programmes to support the new GMS contract.

24.8.2 In East Lothian investments have been made in the Collaborative Working for Immediate Care service and the Care Home Team. Other investments were made on a pan-Lothian basis with East Lothian contributing its share. These support the Local Enhanced Service (LES) for Diabetes, the Local Enhanced Service for Phlebotomy, the training of Advanced Nurse Practitioners and (in 2018-19) resources to all GPs to engage with the Health and Social Care Partnerships in this work.

24.8.3 Development of pharmacy support to the practices has been undertaken on a pan-Lothian basis. It is clear from the guidance that these funds must also be used to support the vaccination transformation programme, community link workers and investments in further professional roles (such as mental health and physiotherapists).

24.8.4 The current primary care funding position for East Lothian Health and Social Care Partnership in 2018-19 is summarised in table 3.

24.8.5 The table is based on the known costs and an assumption that the total pharmacy costs to be funded from the Primary Care Improvement Fund are £1.9m. However, at the time of preparing this report (at end June 2018) the costs of the vaccination transformation programme are not known. Work continues to refine these costs.

Table 3 - Total Primary Care Funds for 2018-19 in East Lothian

Funding Sources	**£000s**
Share of Primary Care Transformation Fund	839
NHS Lothian Investment	480
Total Funding	**1,319**
Commitments	**£000s**
Pharmacists	234
Diabetes LES	43
Phlebotomy LES	43
Advanced Nurse Practitioner Training	31
GP Attendance	11
Care Home Team	240
Collaborative Working For Immediate Care	459
Additional Commitments	**£000s**
Vaccination Transformation	To be confirmed
Link Workers	Pilot project underway
Physiotherapy (MSK)	CWIC team includes MSK Physios
Mental Health Workers	To be confirmed
Remaining Sum	**258**

.

25. Making Best Use of Data

25.1 The MOU commitment to change primary care data controller arrangements from GPs only to joint arrangements with health boards provides the opportunity to use primary care data, in agreement between partners, for service planning and delivery purposes in order to benefit patients. In doing this, all required steps will be taken to fully comply with all data protection legislation and health board and council policies.

25.2 To support data sharing between East Lothian HSCP, GP practices and third sector organisations and NHS Lothian, agreements need to be established and monitored to ensure all relevant data is securely shared.

25.3 The necessary technical infrastructure and equipment to support data sharing in East Lothian needs to be provided and supported by all relevant NHS Lothian corporate functions.

25.4 The expertise to develop and maintain data collection and to provide routine and on-request analysis to assess performance and outcomes needs to be embedded in the HSCP. This will require strengthened relationships with Lothian Analytical Services (LAS) Primary Care Team as well as the ongoing input of LIST (Local Intelligence Support Team) analysts.

25.5 East Lothian's two primary care clusters will be supported to utilise data to progress quality improvement work across the county at practice and cluster level. Opportunities will be taken to carry out activity surveys to better match support to demand.

25.6 Data sharing arrangements between health and social care services will be further developed to support integration and to monitor performance.

25.7 Data visualisation tools and dashboards for data reporting purposes will be developed with LAS and the Geographical Information Systems (GIS) teams and others to assist all partners in understanding clinical and other outcomes.

25.8 The data gathered in East Lothian should, where possible, reflect what is recorded in other HSCPs across Lothian to ensure consistency in data gathering and to allow analysis of and comparisons between locally gathered data.

25.9 The HSCP will, in agreement with practices, make full use of SPIRE (Scottish Primary Care Information Resource) reporting and research opportunities.

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 28 June 2018

BY: Chief Officer

10

SUBJECT: Performance against National Indicators for 2017-18

---

1 PURPOSE

1.1 To inform the Integration Joint Board (IJB) of the East Lothian Health and Social Care Partnership's (HSCP's) performance in 2017-18 against the agreed suite of national indicators.

1.2 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 Note that as previously agreed, trend data has been developed for the national indicators to better present performance changes over time and to make interpretation easier compared to 'snapshot' data.

2.2 Note that the East Lothian HSCP Data Performance Group has brought together key individuals from East Lothian and NHS Lothian to develop performance monitoring and reporting approaches.

2.3 Discuss the 2017-18 performance set out in the table and charts (appendix 1) which follow and note the changes compared to performance in 2016-17 and in previous years.

3 BACKGROUND

3.1 As previously reflected on, the quality of available data and its analysis has been greatly improved by joint work between HSCP officers, the Local Intelligence Support Team (LIST) and Lothian Analytical Services (LAS).

3.2 In addition, the Information Services Division (ISD) Health and Social Care Team developed a combined dataset to provide information on service users' journeys through the health and social care system, the associated costs of this service utilisation and users' demography.

3.3 The available data has provided East Lothian HSCP with a rich resource which was used in the development of the IJB Strategic Plan and other strategies. This has also supported performance monitoring across a range of measures and was utilised in the recent development of the 2018-19 Directions and the Primary Care Improvement Plan. The data will prove invaluable in the development of the new IJB Strategic Plan later this year.

3.4 The first report on performance was provided to the IJB in August 2016 and were provided quarterly thereafter. The only interruption to this was the absence of a March 2018 report as Directions preparations took precedence.

3.5 As with previous reports, analysis is not possible on all of the 23 National Indicators (NIs) shown in table 1 overleaf, as a number of indicators are either not yet developed (NI 10, NI 21, NI 22 and NI 23, with their introduction date uncertain) or do not report with sufficient frequency to be used in this report (NI 11 and NI 18).

3.6 The charts that follow present data showing East Lothian HSCP's performance for each of the measures compared with all other HSCPs and a peer group of seven 'equivalent' local authority areas. They also show East Lothian's performance trajectory from 2013-14 to 2016-17 for indicators NI 1 to NI 9 and from 2010-11 for NI 11 to NI 20. Arrows indicate what direction good performance is in each chart.

3.7 Indicators N 1 to N 9 come from the 2017-18 Health and Care Experience Survey (which replaced the GP and Local NHS Services Patient Experience Survey) published by the Scottish Government in May 2018. These nine indicators show a falling back in performance across all measures, some more pronounced than others. IJB members will be aware that recent years have been very difficult for primary care due to increasing demand and difficulties in recruiting and retaining GPs. Action planned to introduce the new GP contract over the next three years should have a beneficial impact on these measures in due course. It should be noted that although the overall response rate has increased since the last survey (from 21% to 29%) the 2017-18 data is based on a sample of 2,522 responses from 8,817 surveys sent out in East Lothian.

3.8 Indicators N 11 to N 20 come from the ISD Health and Social Care Team's *'Core Suite of Indicators for Integration'* dataset. Performance for all of these indicators (with the exception of NI 18 for which data is not yet available) has improved (based on currently provisional data) with performance for individual indicators as follows.

For each of the indicators East Lothian is:

- **NI 11** - in the first 33% for performance, better than the Scottish average and on an upward trajectory since 2015.

- **NI 12** - in the first 20% of performance, better than the Scottish average and on a fairly flat trajectory.
- **NI 13** - in the first 40% for performance, slightly better than the Scottish average and on an improving trajectory since 2016-17.
- **NI 14** - in the last 45% for performance, on the Scottish average and on an improving trajectory since 2016-17.
- **NI 15** - in the last 10% for performance (across a narrow margin) just below the Scottish average and on an improving trajectory starting in 2015-16.
- **NI 16** - near the first 20% for performance, performing better than the Scottish average and on an improving trajectory since 2015-16.
- **NI 17** - in the first 40% for performance, on the Scottish average and on an improving trajectory since 2016-17.
- **NI 19** - in the lowest 40% for performance, slightly above the Scottish average and on an improving trajectory since 2014-15.
- **NI 20** – in the first 50% for performance, better than the Scottish average and on an improving trajectory since 2016-17.

Table 1 (over page)

Table 1 – National Indicators – performance in 2015-16 and in 2016-17

	Indicator	Title	2015/16	2017/18
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	86%	72%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	83%	68%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	82%	66%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	84%	75%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	80%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	92%	75%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	48%	36%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	88%	81%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA
	Indicator	**Title**	**2016/17**	**2017/18**
Data indicators	NI - 11	Premature mortality rate per 100,000 persons	375	-
	NI - 12	Emergency admission rate (per 100,000 population)	9,581	9,767
	NI - 13	Emergency bed day rate (per 100,000 population)	120,179	108,922
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	100	97
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%
	NI - 16	Falls rate per 1,000 population aged 65+	19	18
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	77%	85%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	65%	-
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,164	793
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	22%
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA

3.9 Further Applicable Performance Measures

3.9.1 Further performance measures are utilised across HSCP functions to monitor different aspects of performance. These measures cover:

- Those Directions which are in operation and require monitoring during 2018/19;
- 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.

4 ENGAGEMENT

4.1 The National Indicators are referred to in engagement exercises to illustrate performance by the HSCP and in planning with partners.

5 POLICY IMPLICATIONS

5.1 There are no new policy implications arising from this paper.

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial

7.1.1 There are no financial resource implications arising from this paper.

7.2 Personnel

7.2.1 There are no personnel resource implications arising from this paper.

8 BACKGROUND PAPERS

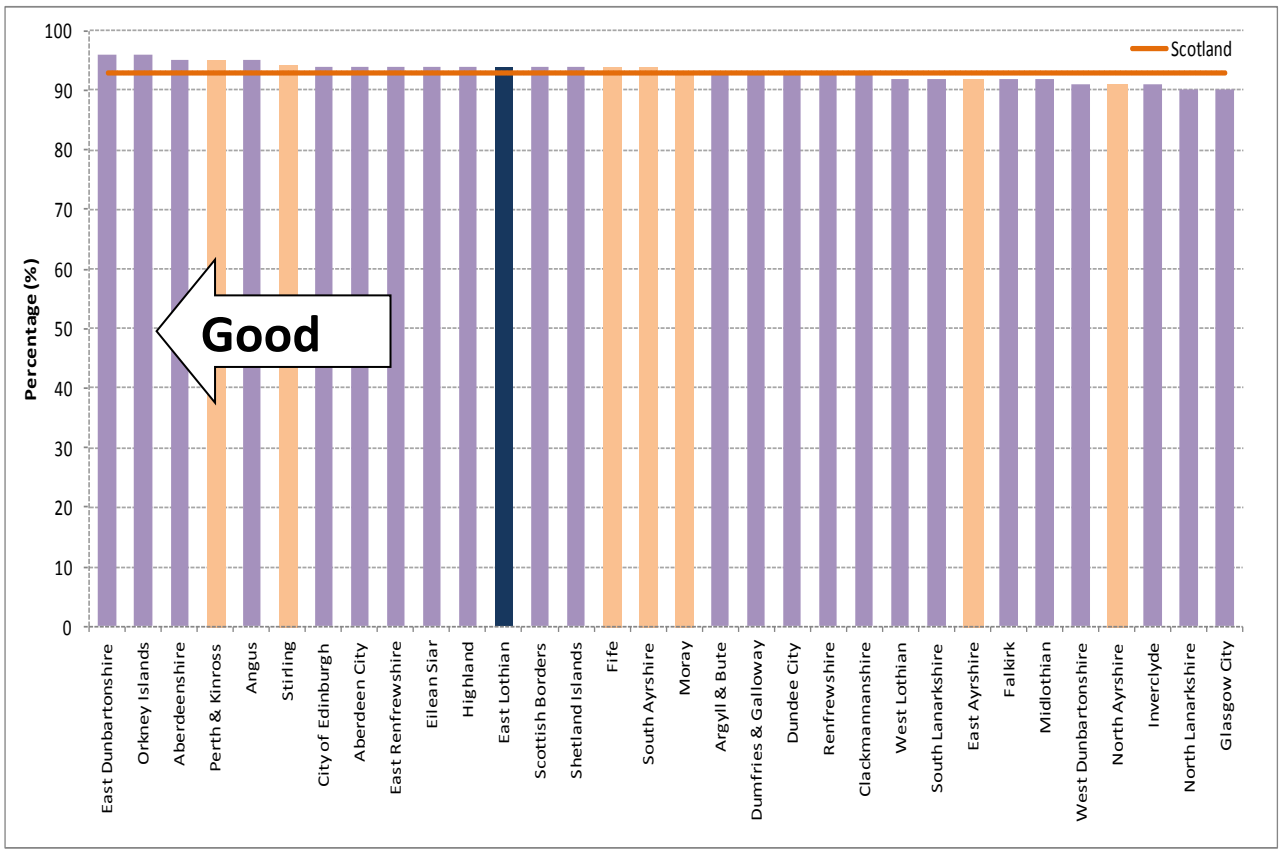
8.1 Appendix 1 - Charts and Trend Graphs for the National Indicators

AUTHOR'S NAME	Paul Currie	Bill Ramsay
DESIGNATION	Strategic Planning and Performance Manager	Principal Analyst, LIST
CONTACT INFO	paul.currie@nhslothian.scot.nhs.uk	
DATE	20 June 2018	

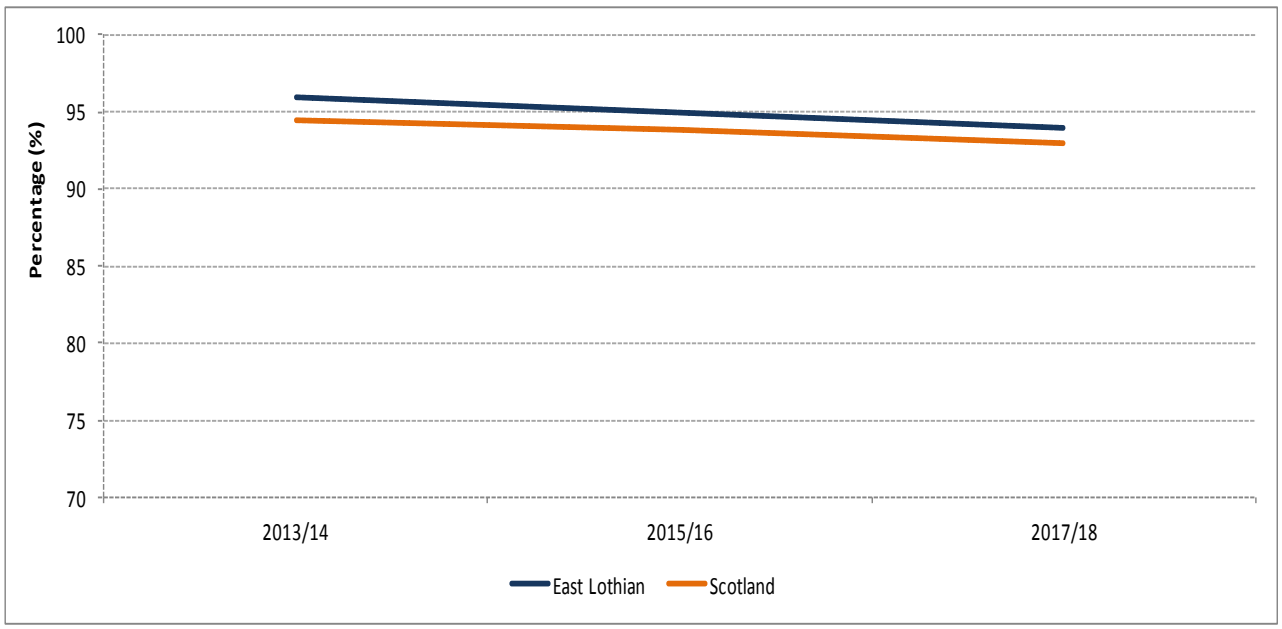
Appendix 1 – Charts and Trend Graphs for the National Indicators

NI 1 - Percentage of adults able to look after their health very well or quite well

2017/18 - total combined % of adults able to look after their health very well or quite well.
(Yellow columns are peer group HSCPs)

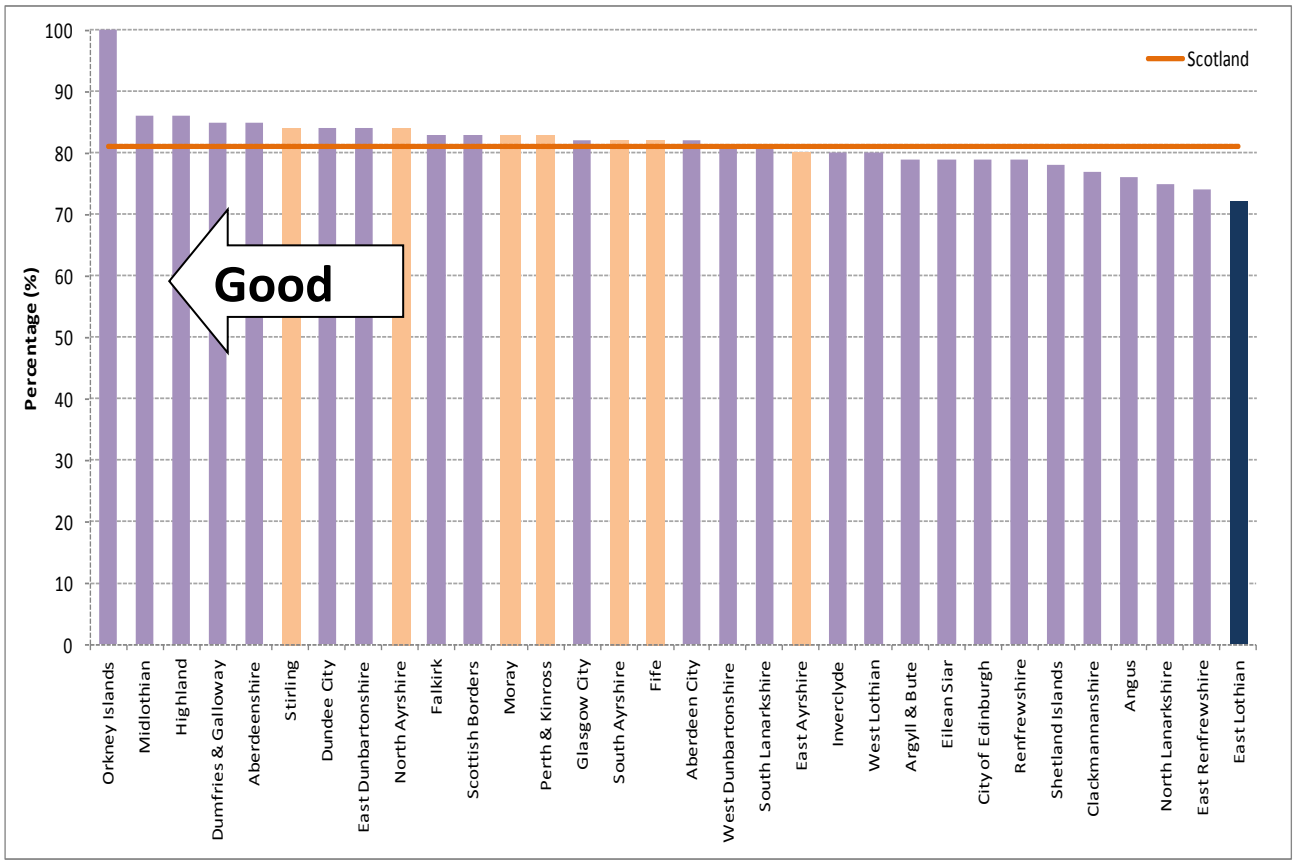


NI 1 - East Lothian's Trend versus Scotland's Trend

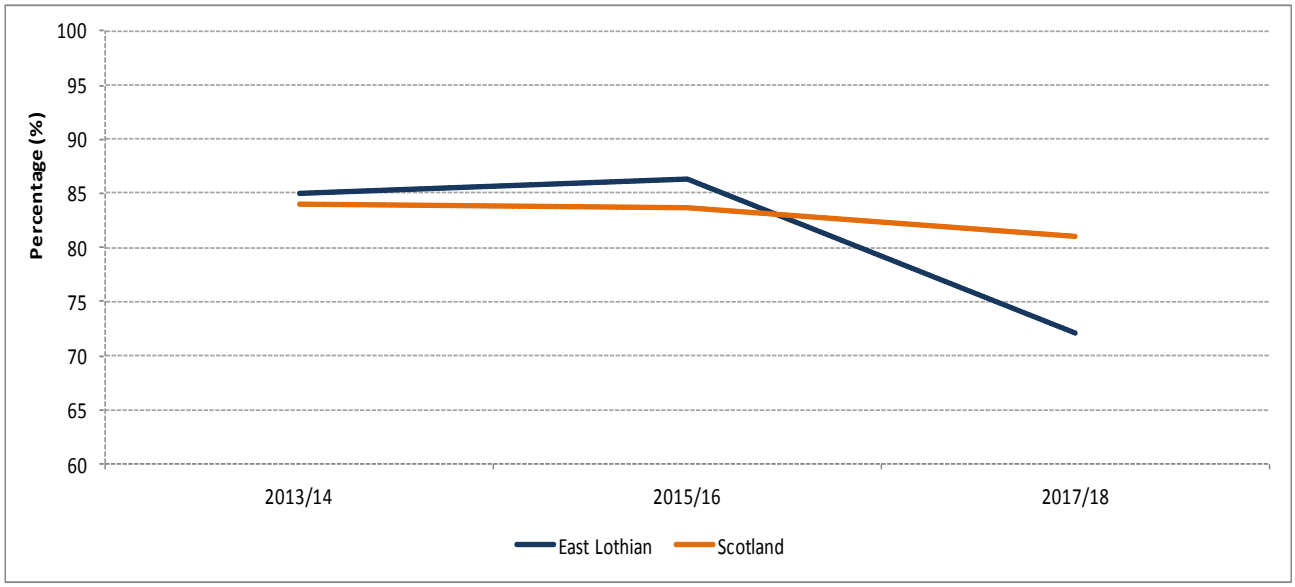


NI 2 - Percentage of adults supported at home who agreed that they are supported to live as independently as possible

2017/18 % of adults who responded that they either strongly agreed or agreed that they are supported to live as independently as possible. (Yellow columns are peer group HSCPs)

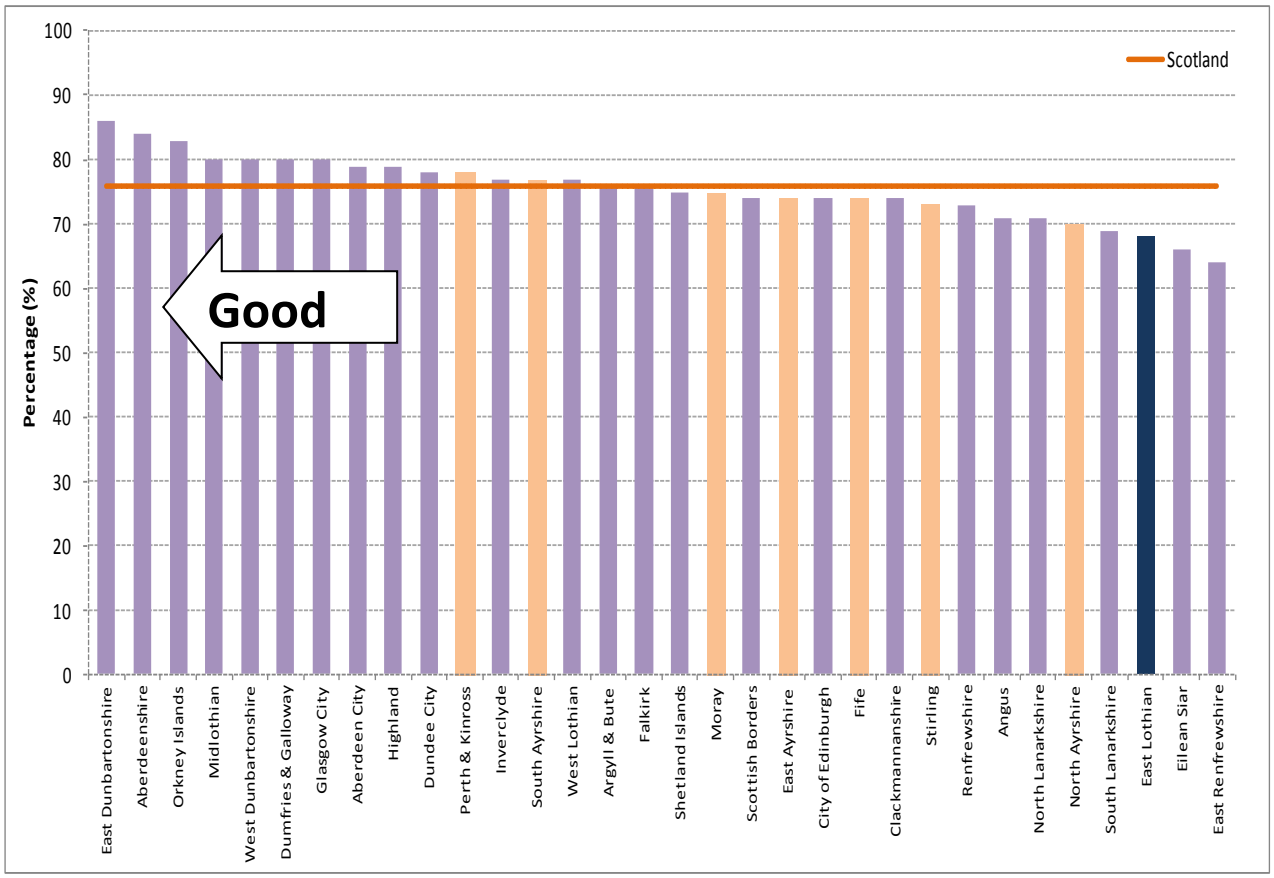


NI 2 - East Lothian's Trend versus Scotland's Trend

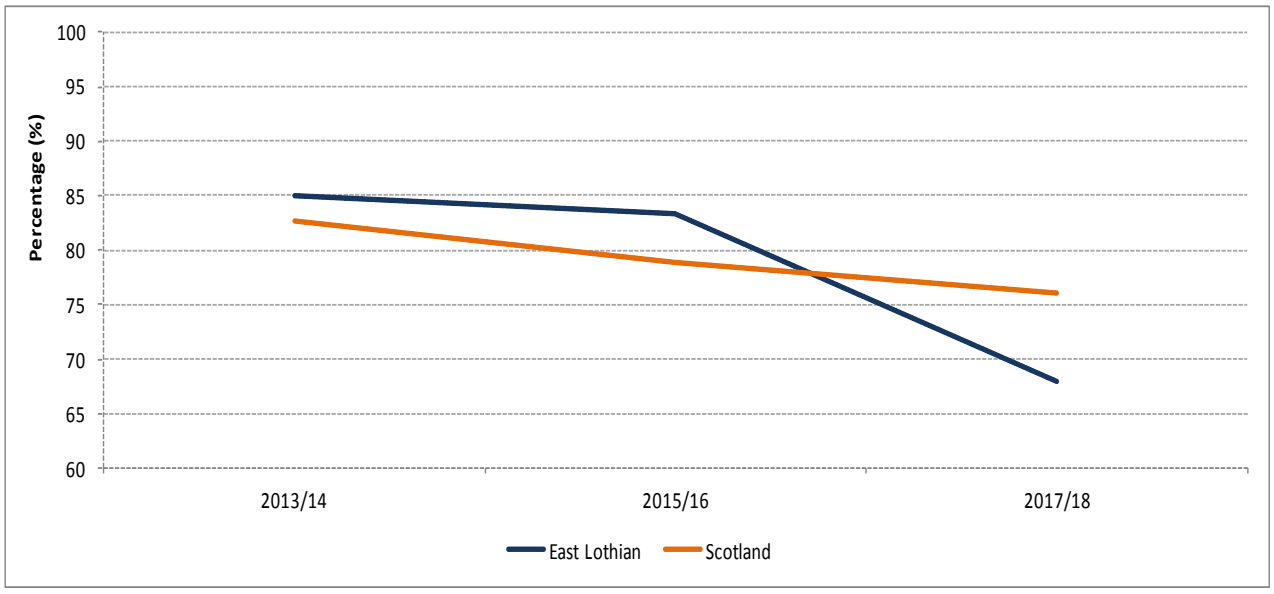


NI 3 - Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided

2017/18 % of adults who responded that they either strongly agreed or agreed that they had a say in how their help, care or support was provided. (Yellow columns are peer group HSCPs)



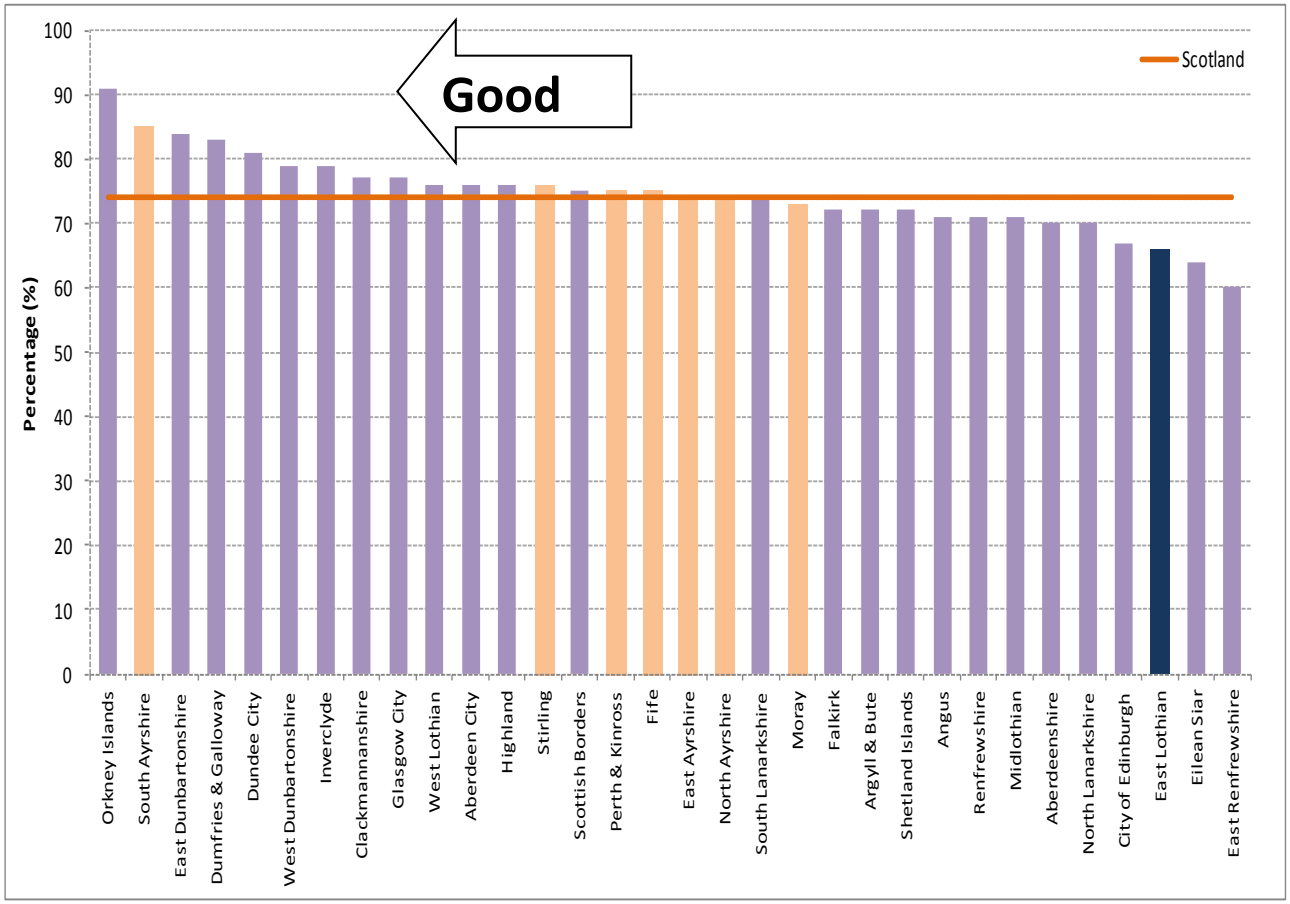
NI 3 - East Lothian's Trend versus Scotland's Trend



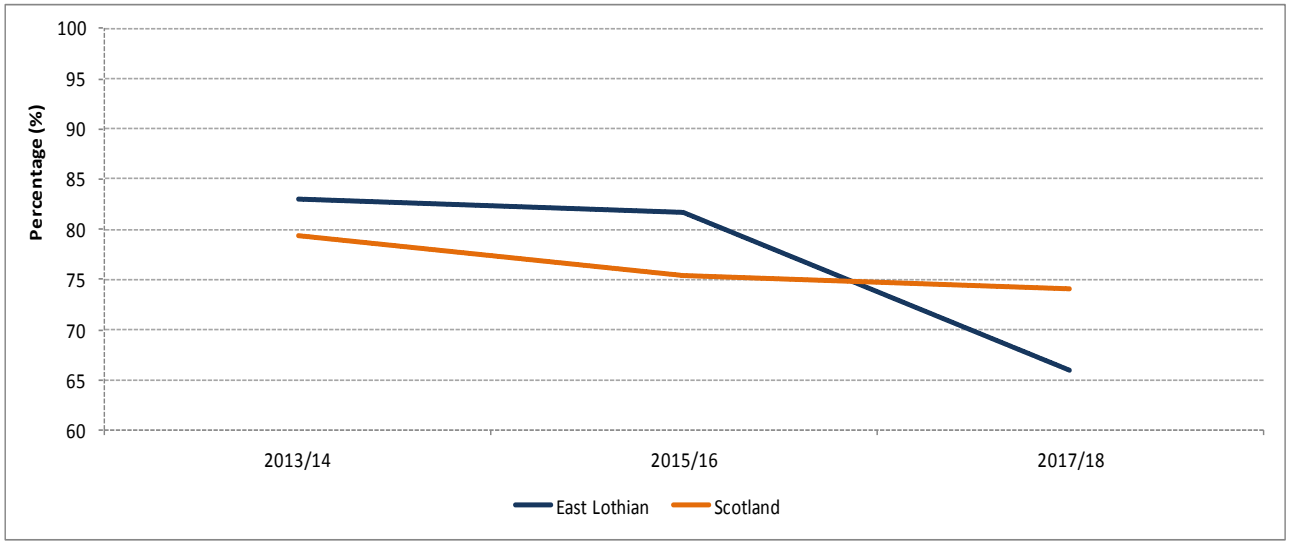
NI 4 - Percentage of adults supported at home who agreed that their health and social

care services seemed to be well co-ordinated

2017/18 % of adults who responded that they either strongly agreed or agreed that their health and social care services seemed to be well co-ordinated. (Yellow columns are peer group HSCPs)



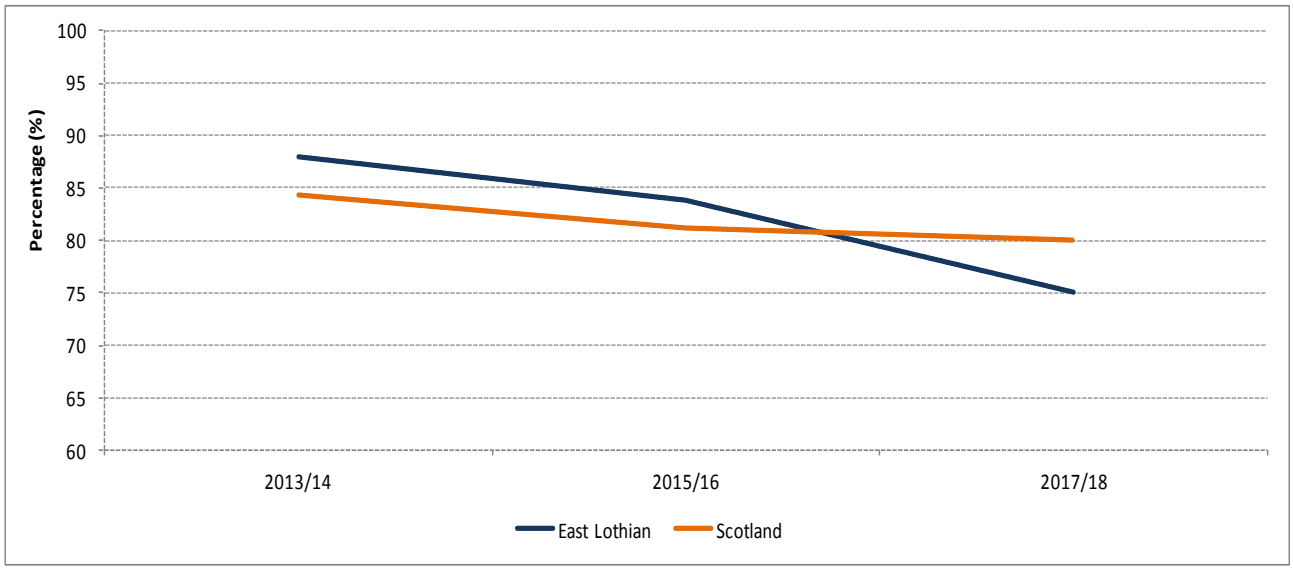
NI 4 - East Lothian's Trend versus Scotland's Trend



NI 5 - Total % of adults receiving any care or support who rated it as excellent or good

2017/18 % of adults who rated their care or support as excellent or good. (Yellow columns are peer group HSCPs)

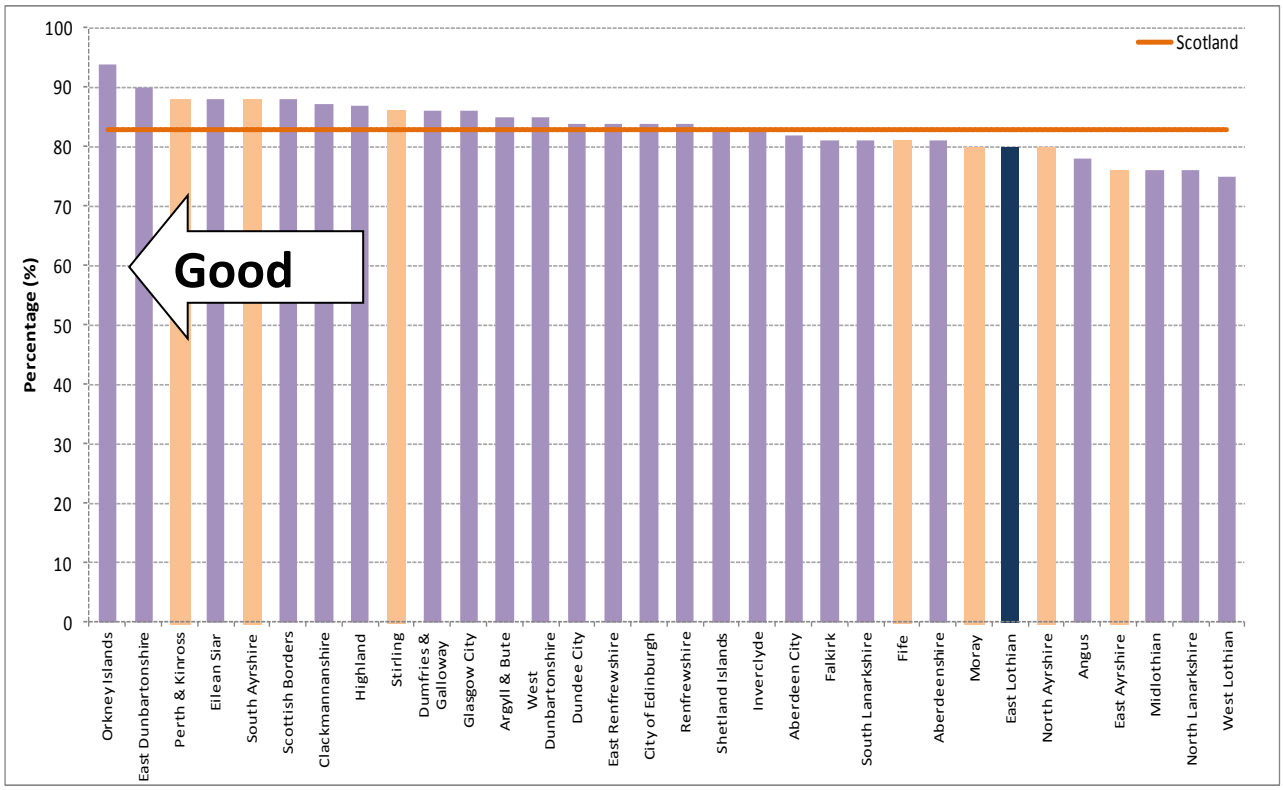
NI 5 - East Lothian's Trend versus Scotland's Trend



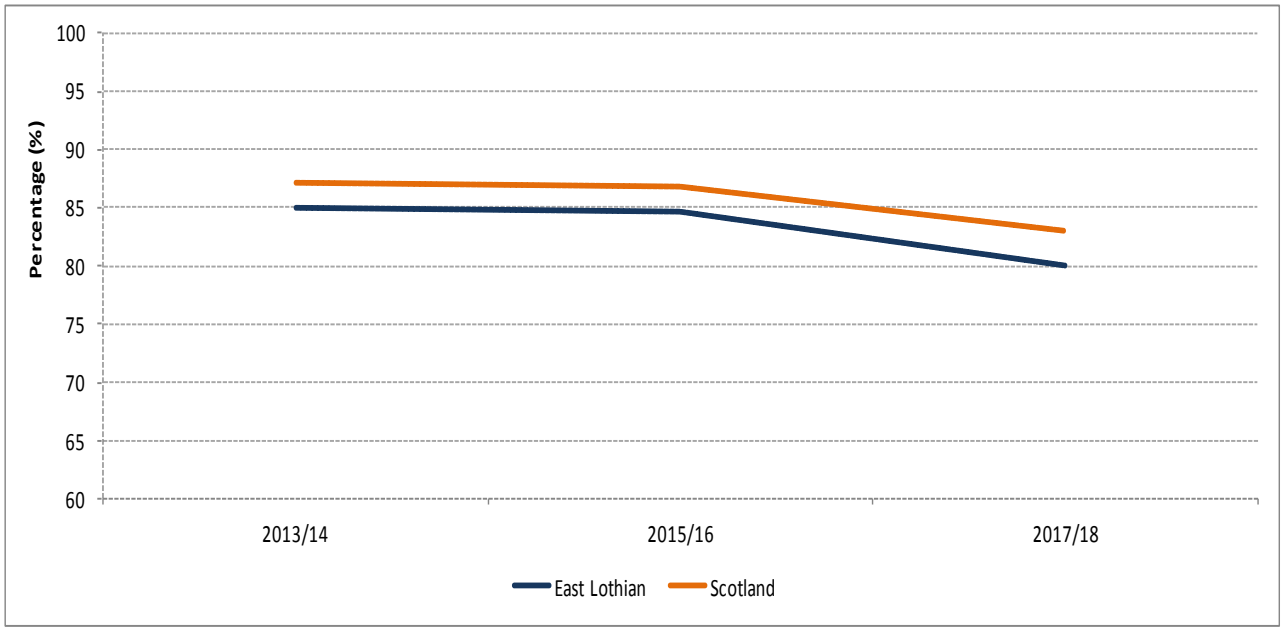
NI 6 - Percentage of people with positive experience of the care provided by their GP practice

2017/18 % of adults who rated the care provided by their GP practice as excellent or good.

(Yellow columns are peer group HSCPs)

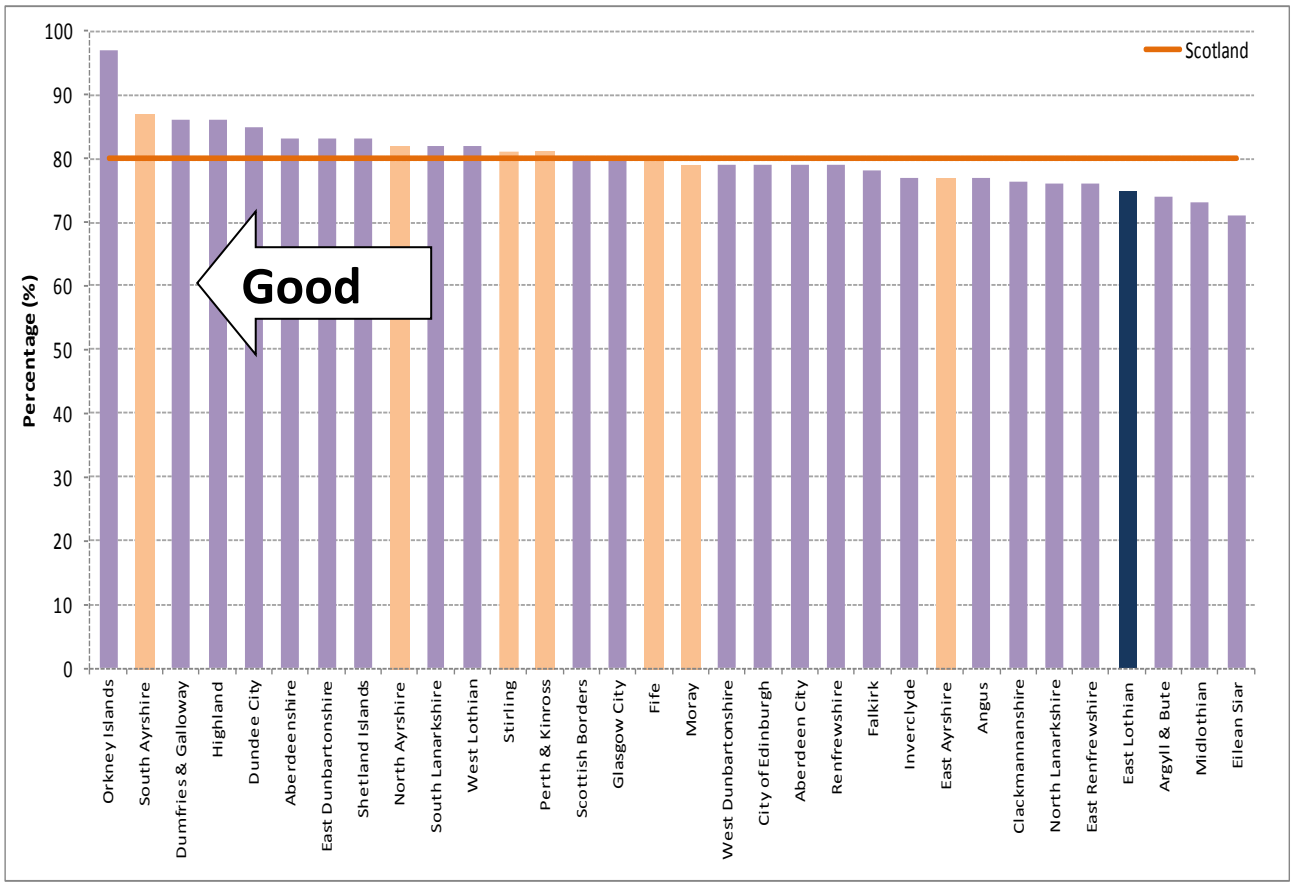


NI 6 - East Lothian's Trend versus Scotland's Trend

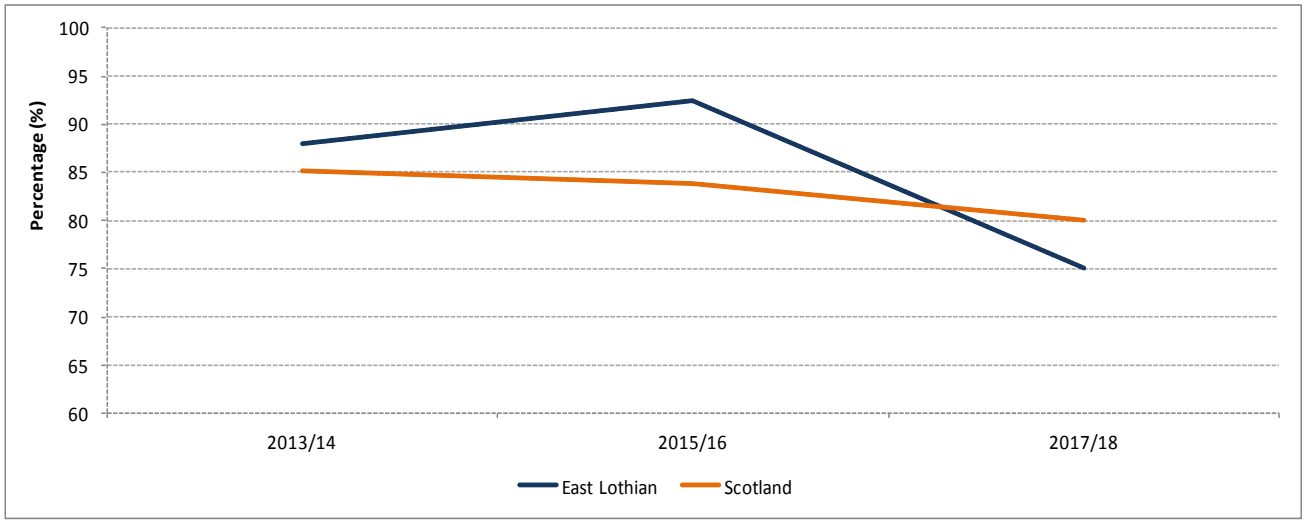


NI 7 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life

2017/18 % of adults who either strongly agreed or agreed that their services and support had an impact on improving or maintaining their quality of life. (Yellow columns are peer group HSCPs)

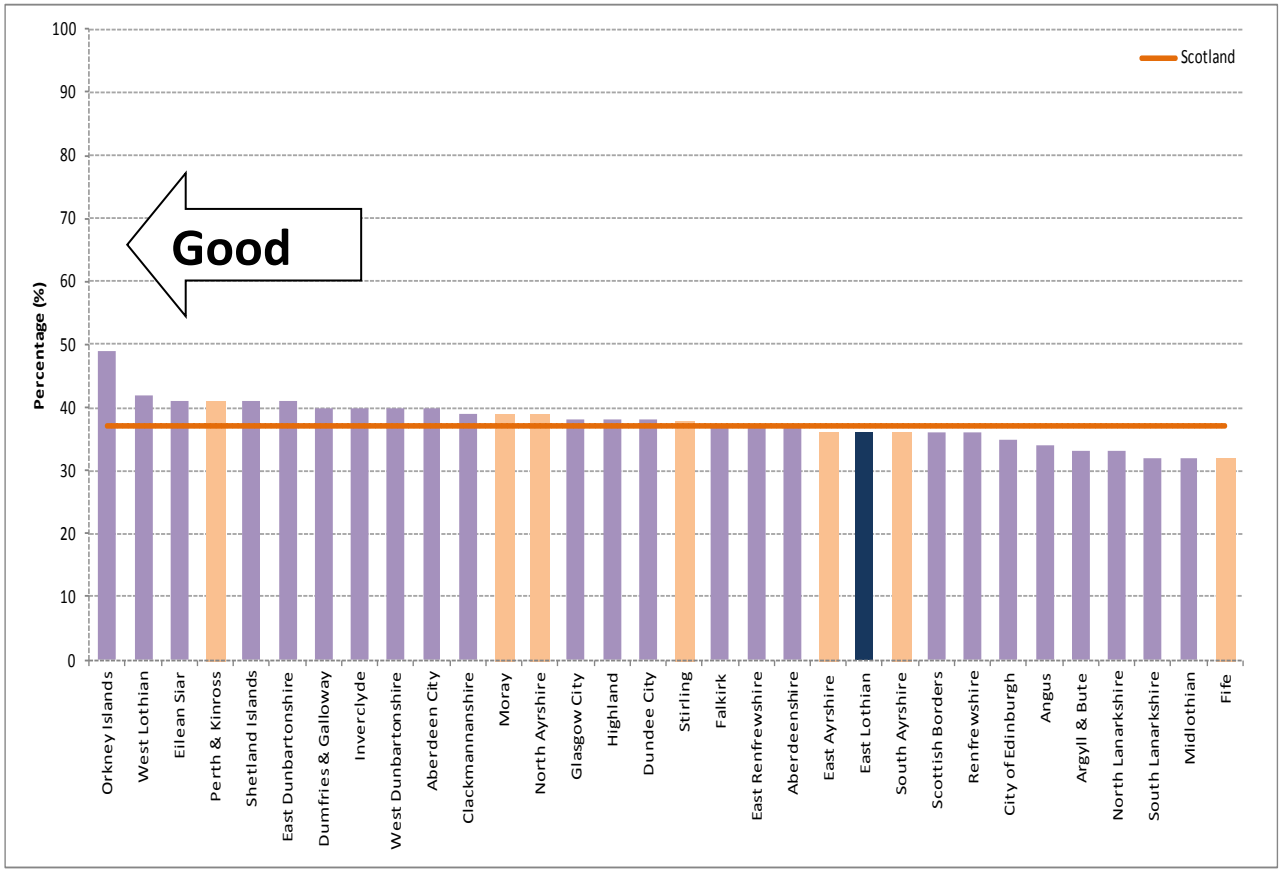


NI 7 - East Lothian's Trend versus Scotland's Trend

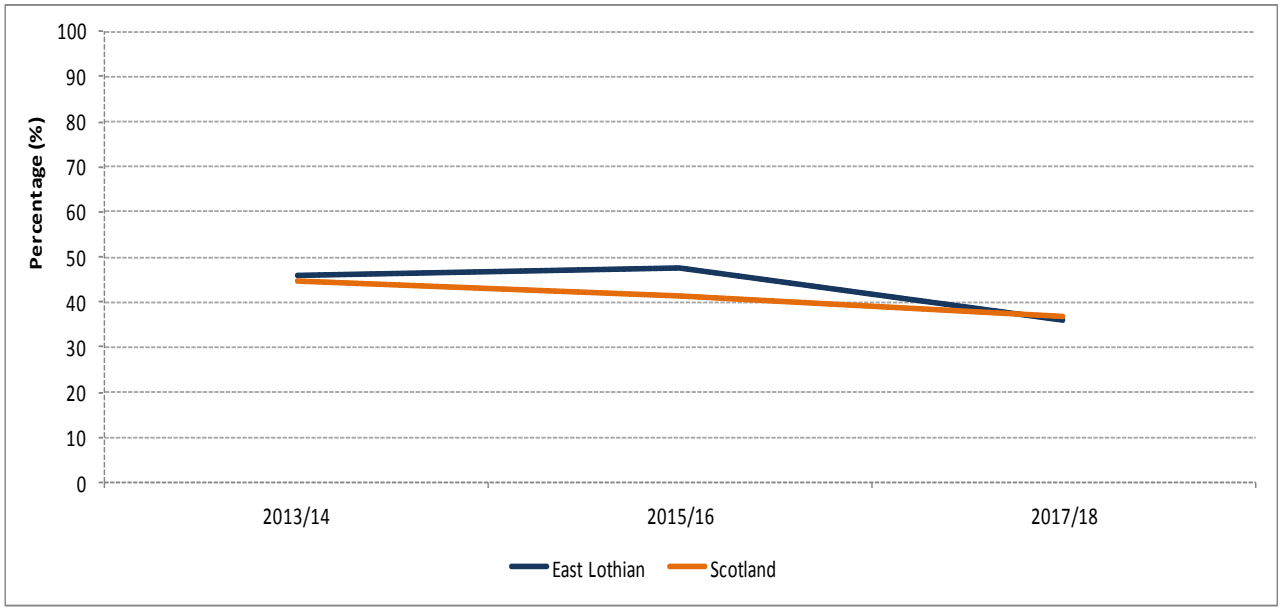


NI 8 - Total combined % carers who feel supported to continue in their caring role

2017/18 % of carers who either strongly agreed or agreed that they felt supported to continue in their caring role. (Yellow columns are peer group HSCPs)

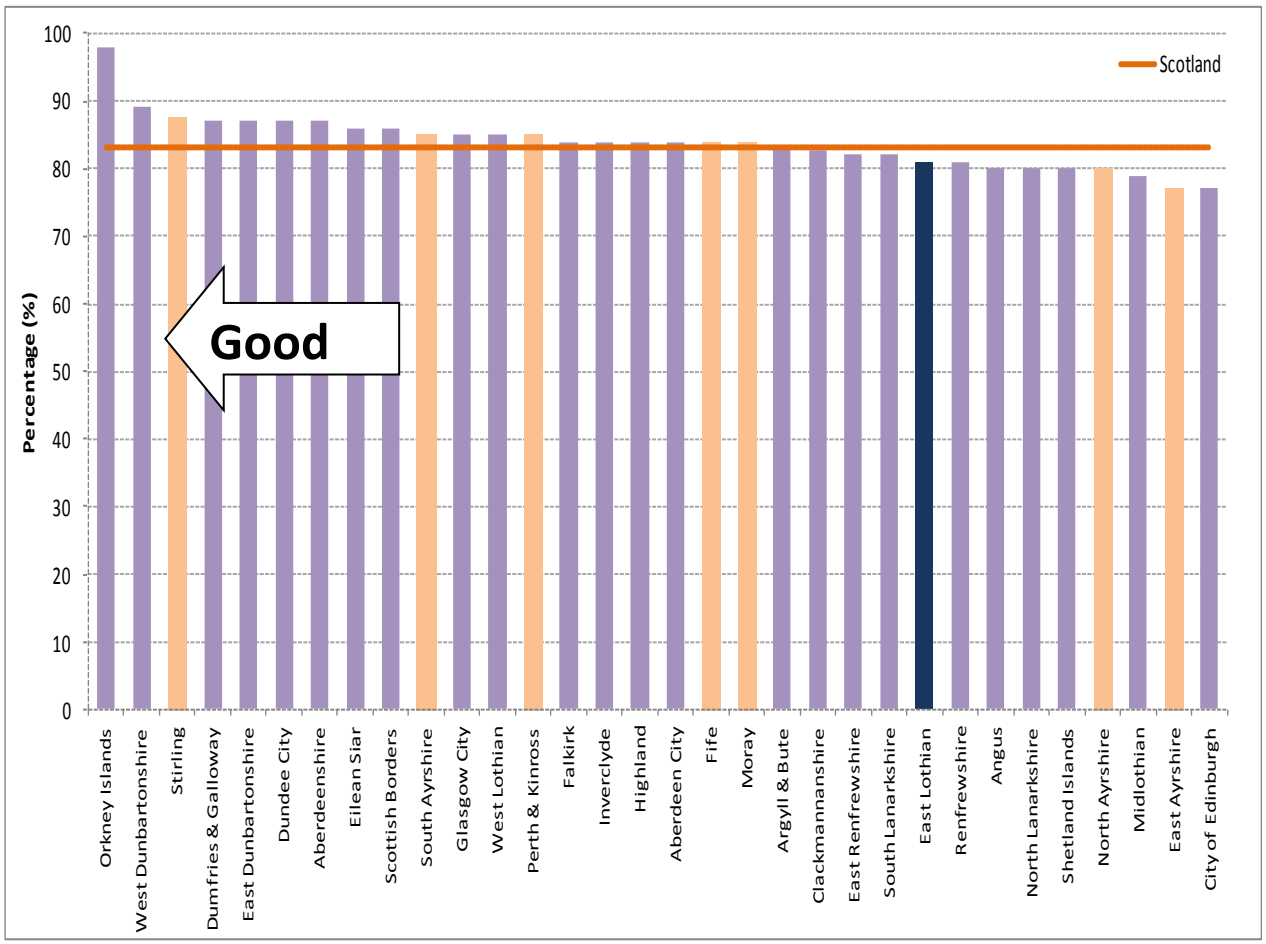


NI 8 - East Lothian's Trend versus Scotland's Trend

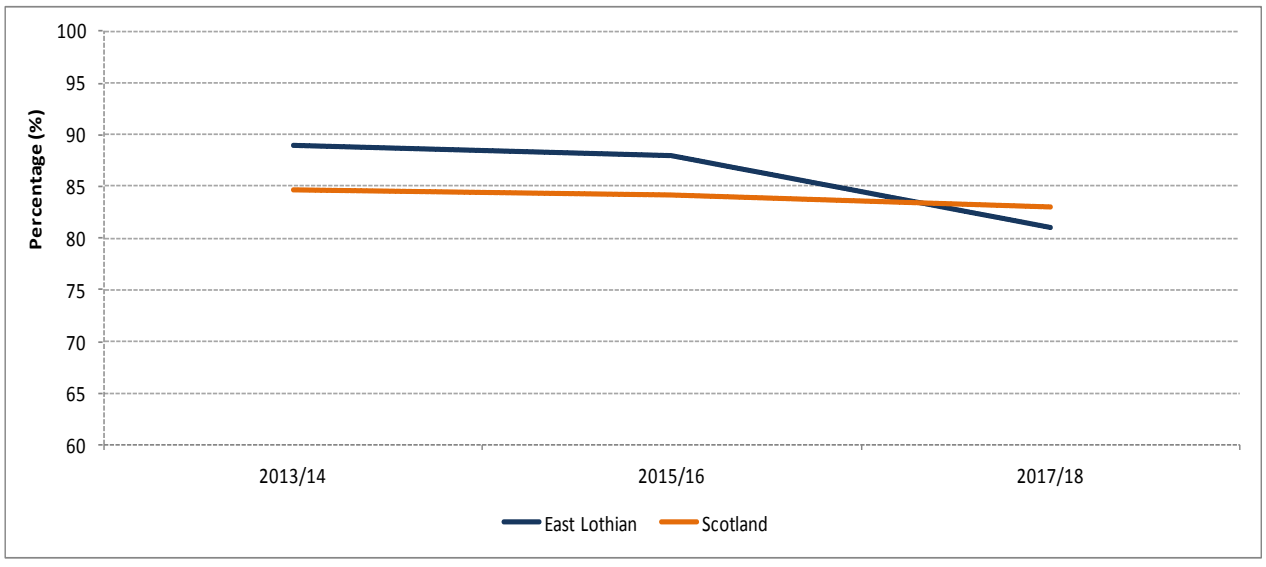


NI 9 - Percentage of adults supported at home who agreed they felt safe

2017/18 % of adults supported at home who either strongly agreed or agreed that they felt safe.
(Yellow columns are peer group HSCPs)

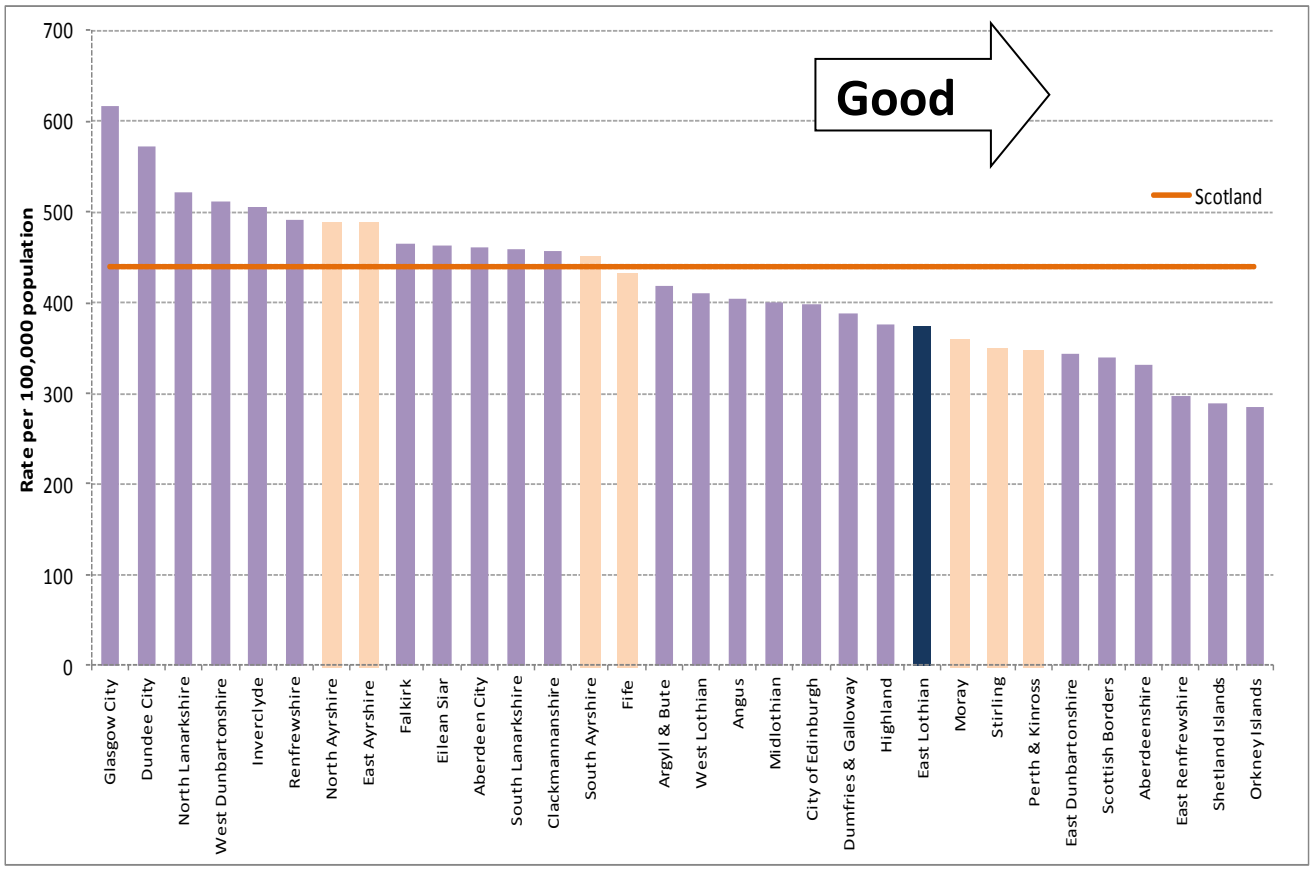


NI 9 - East Lothian's Trend versus Scotland's Trend

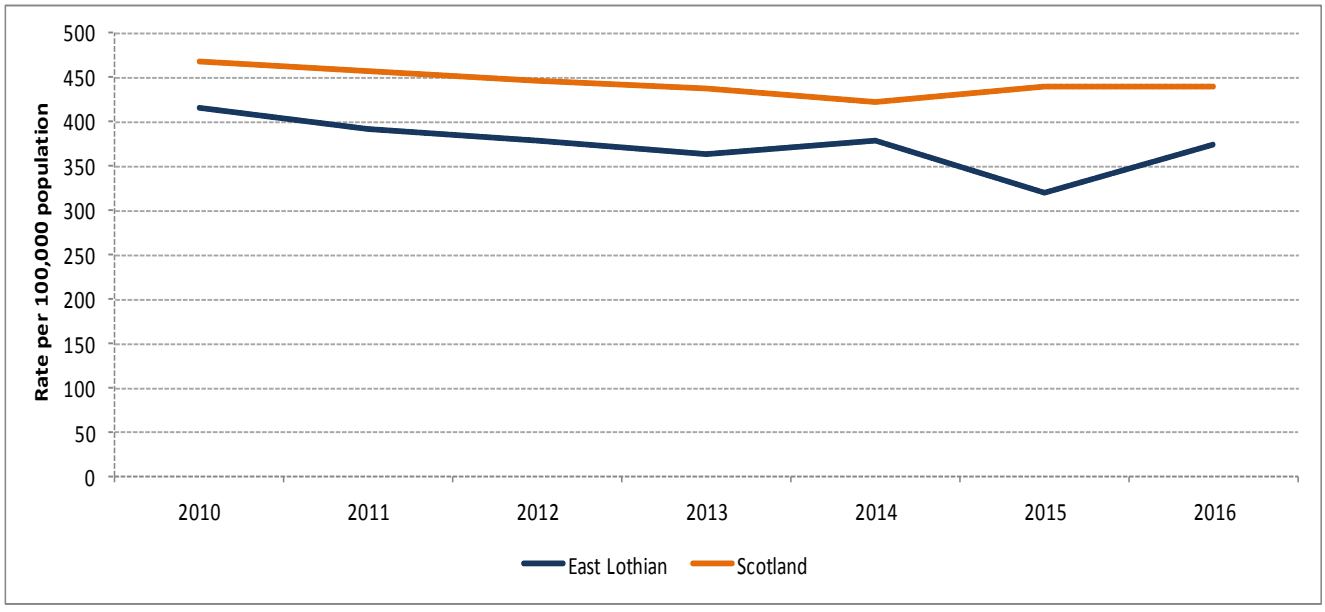


NI 11 - Premature mortality rate per 100,000 persons; by calendar year

2016/17 European age-standardised mortality rate per 100,000 for people aged under 75. Death rates (per 100,000 population) for Local Authorities: age-standardised. (Yellow columns are peer group HSCPs)



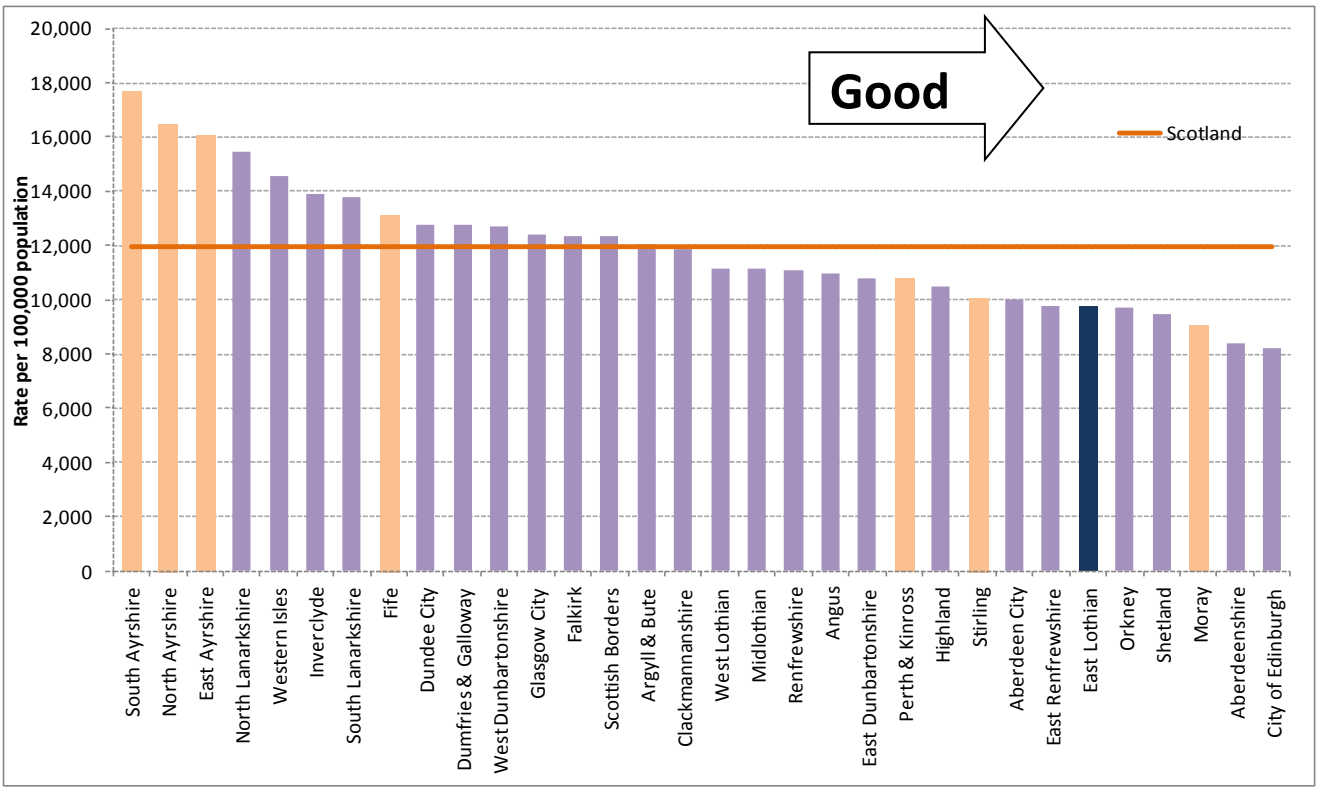
NI 11 - East Lothian's Trend versus Scotland's Trend



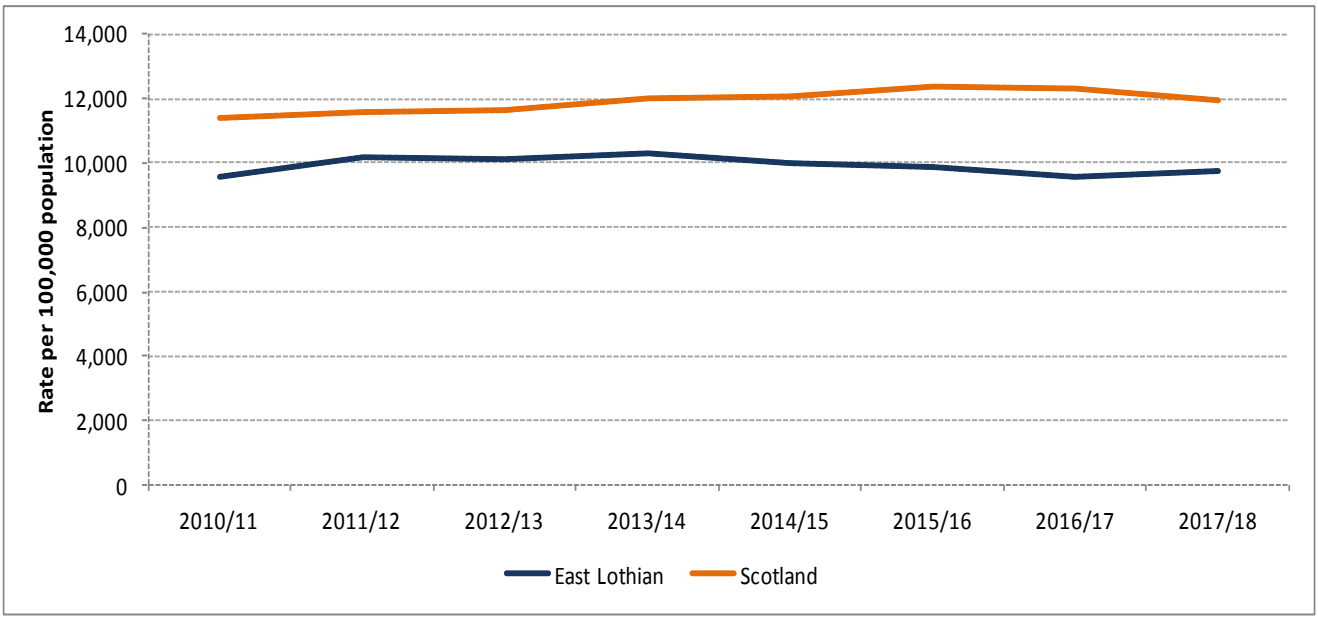
NI 12 - Emergency admission rate

2017/18 rate of emergency admissions per 100,000 population for adults. (Yellow columns are peer

group HSCPs)

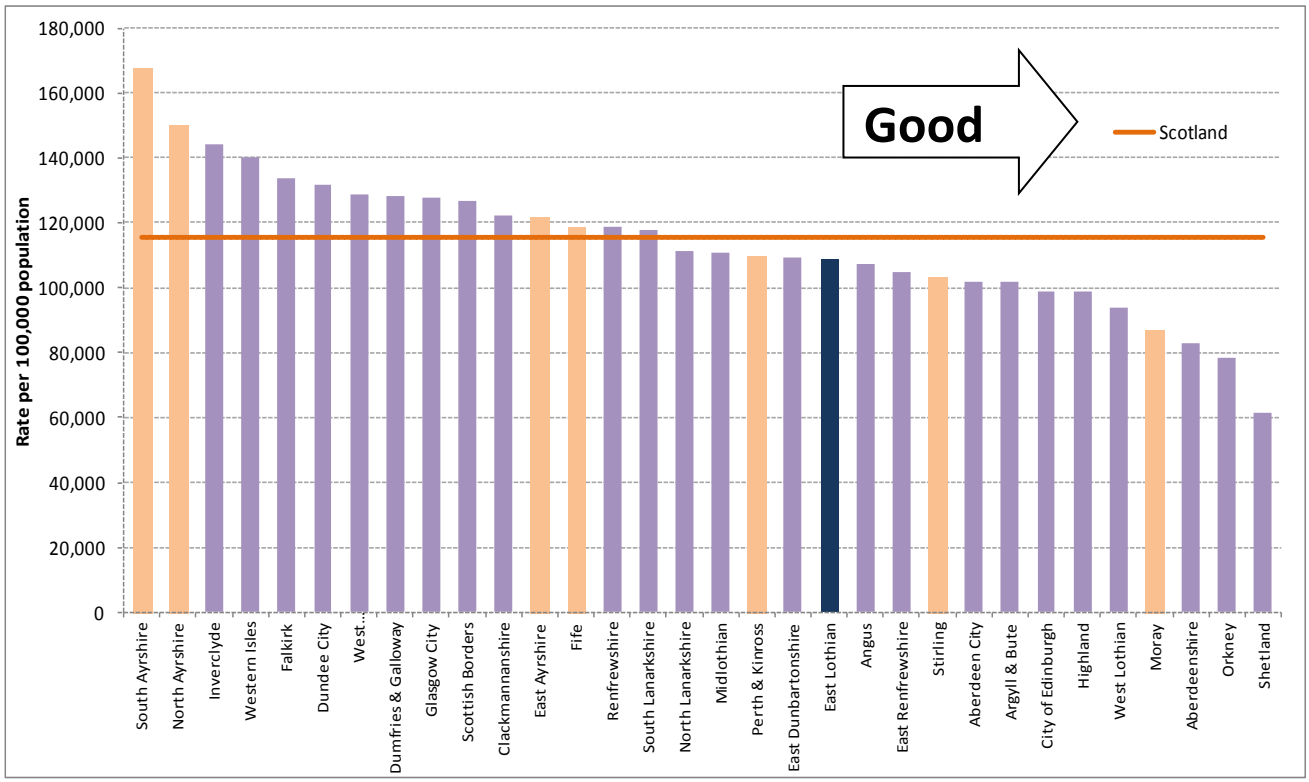


NI 12 - East Lothian's Trend versus Scotland's Trend

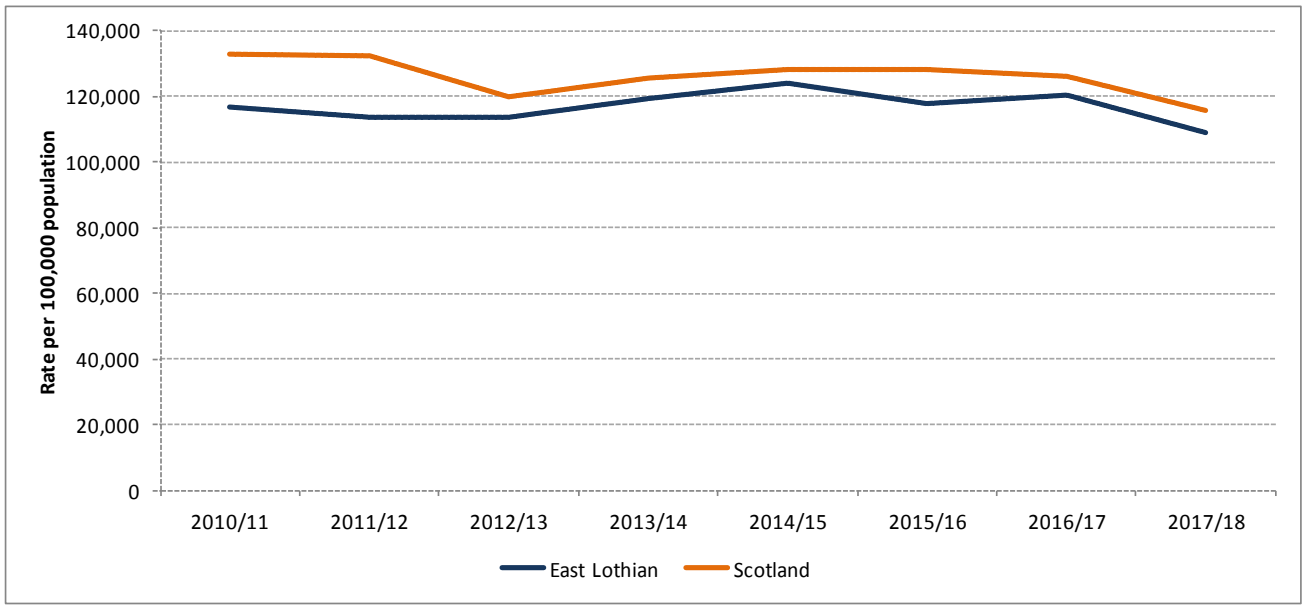


NI 13 - Emergency bed day rate

2017/18 Rate of emergency bed day per 100,000 population for adults. (Yellow columns are peer group HSCPs)

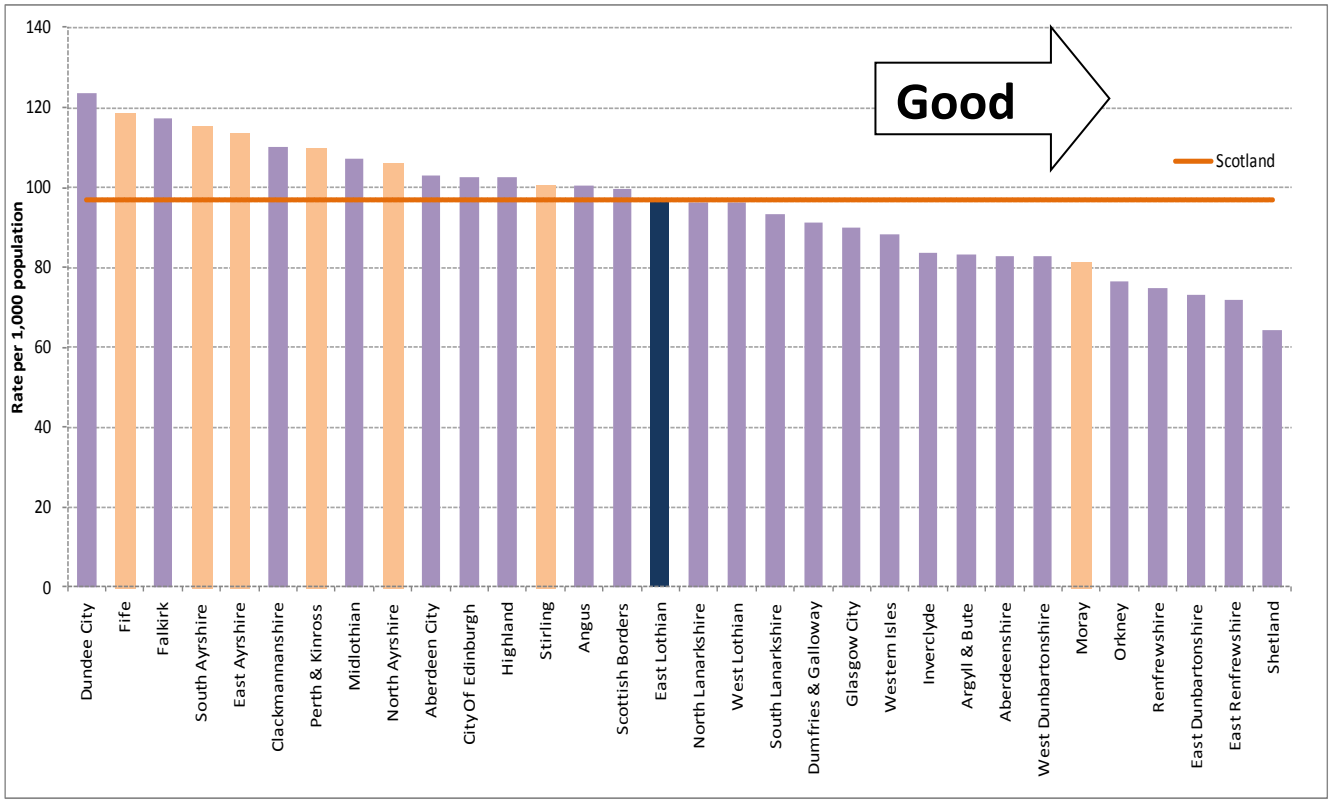


NI 13 - East Lothian's Trend versus Scotland's Trend

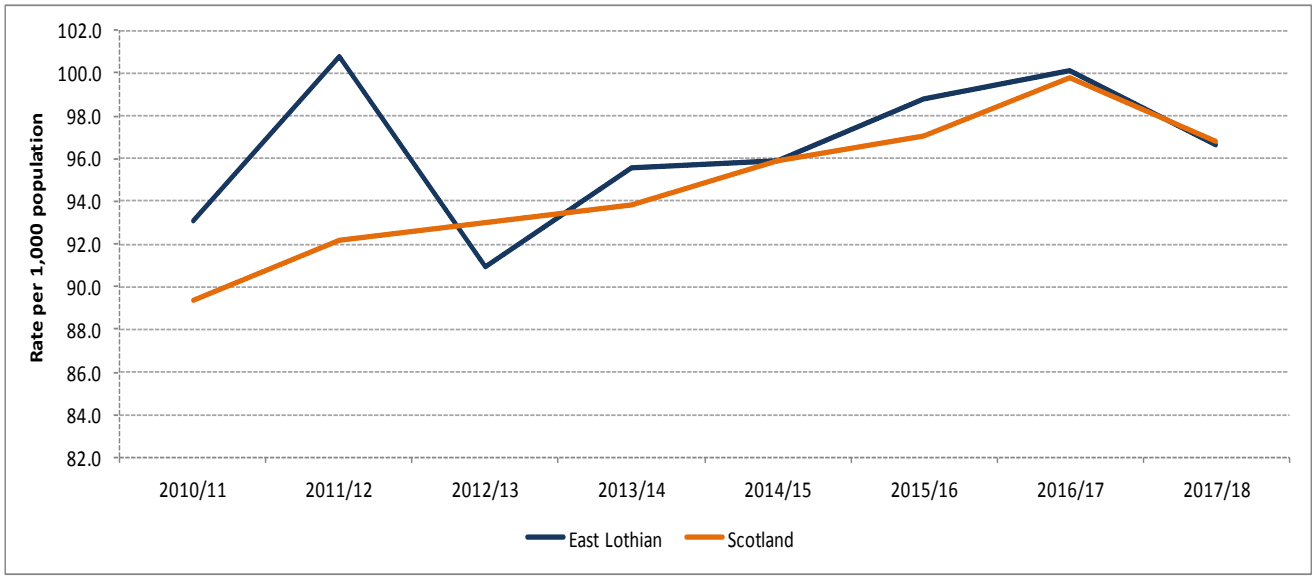


NI 14 - Readmission to hospital within 28 days

Based on Acute hospital (SMR01) activity data, this rate is calculated from number of re-admissions to an acute hospital within 28 days of discharge per 1,000 admissions for 2017/18. (Yellow columns are peer group HSCPs)



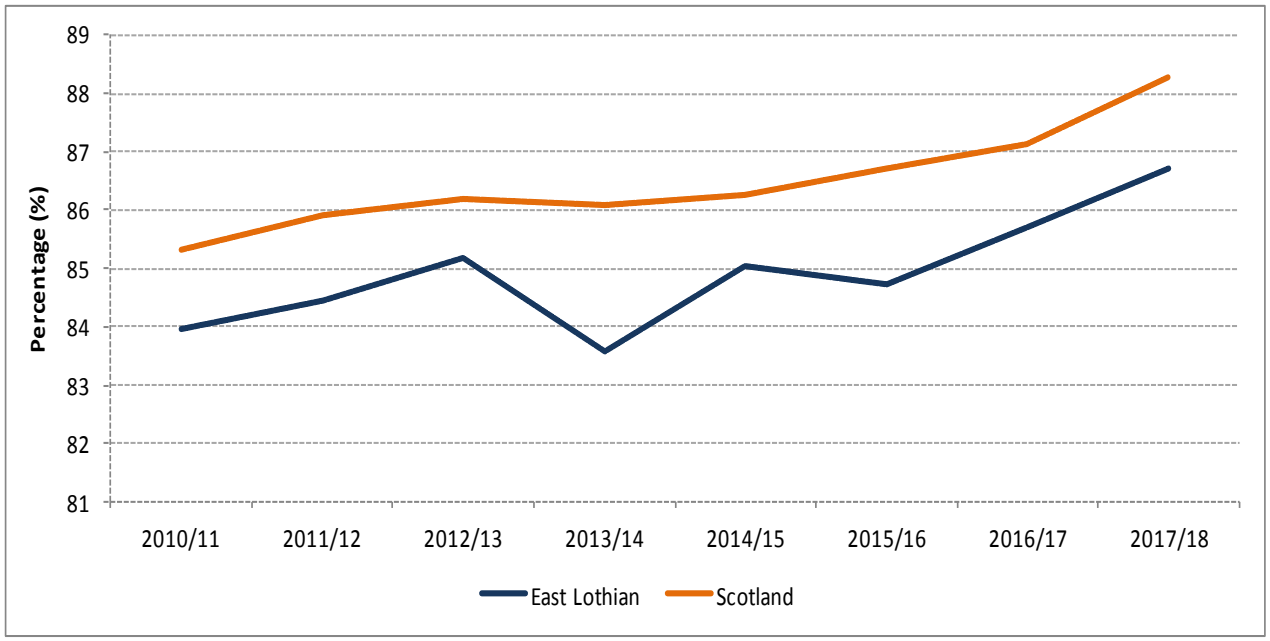
NI 14 - East Lothian's Trend versus Scotland's Trend



NI 15 - Proportion of last 6 months of life spent at home or in a community setting

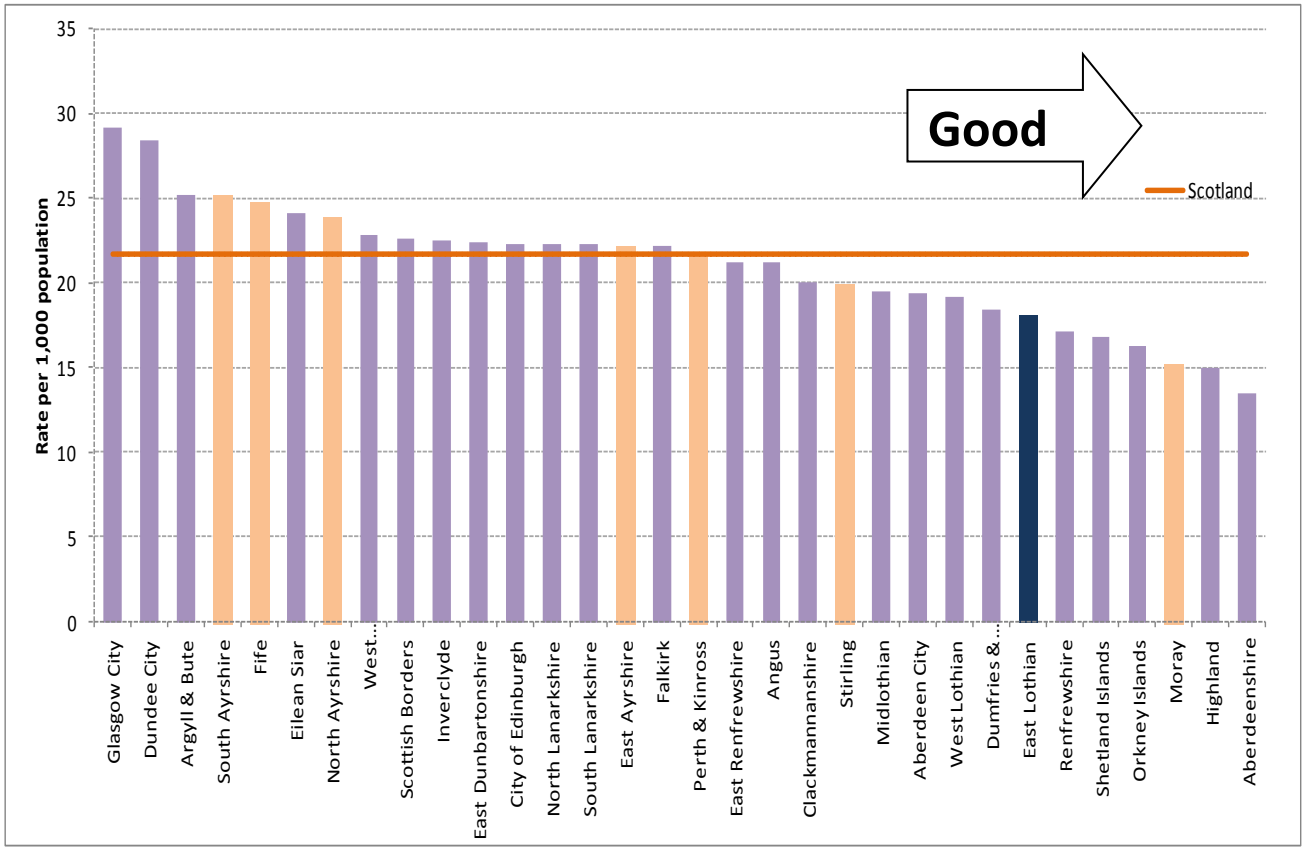
This indicator measures the percentage of time spent by people in the last 6 months of life at home or in a community setting for 2017/18. (Yellow columns are peer group HSCPs)

NI 15 - East Lothian's Trend versus Scotland's Trend

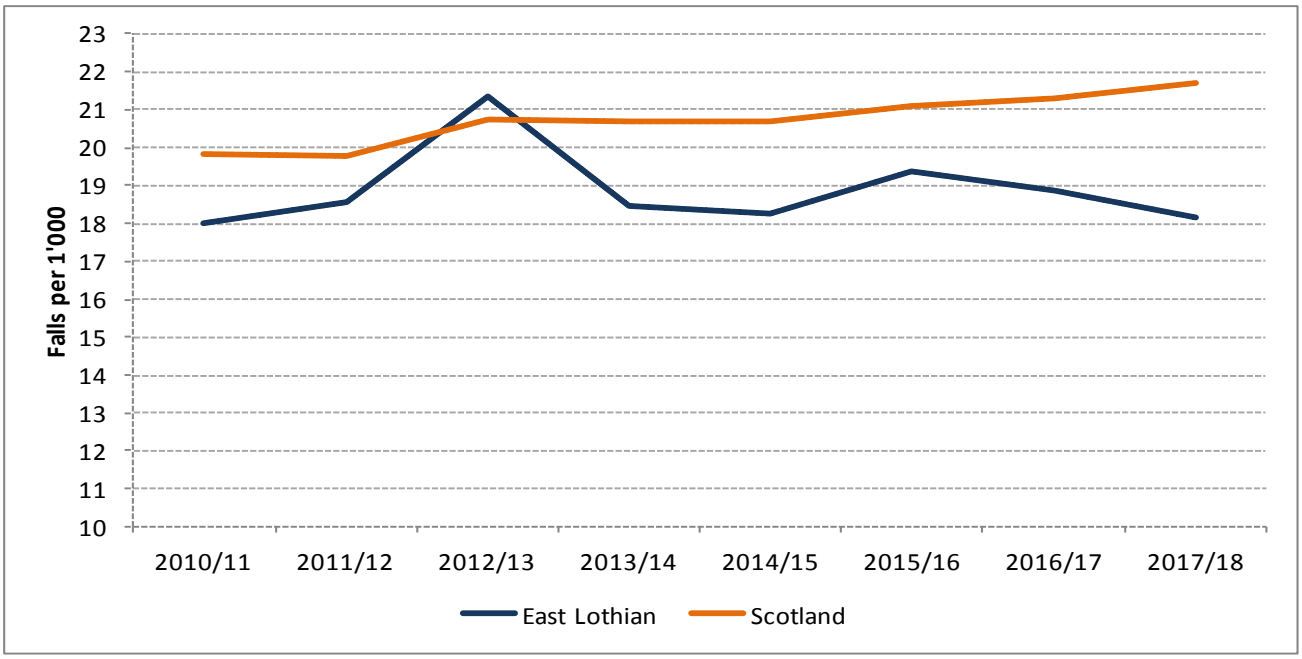


NI 16 - Falls rate per 1,000 population aged 65+

The focus of this indicator is the rate per 1,000 population of falls that occur in the population (aged 65 plus) who were admitted as an emergency to hospital for 2017/18. (Yellow columns are peer group HSCPs)

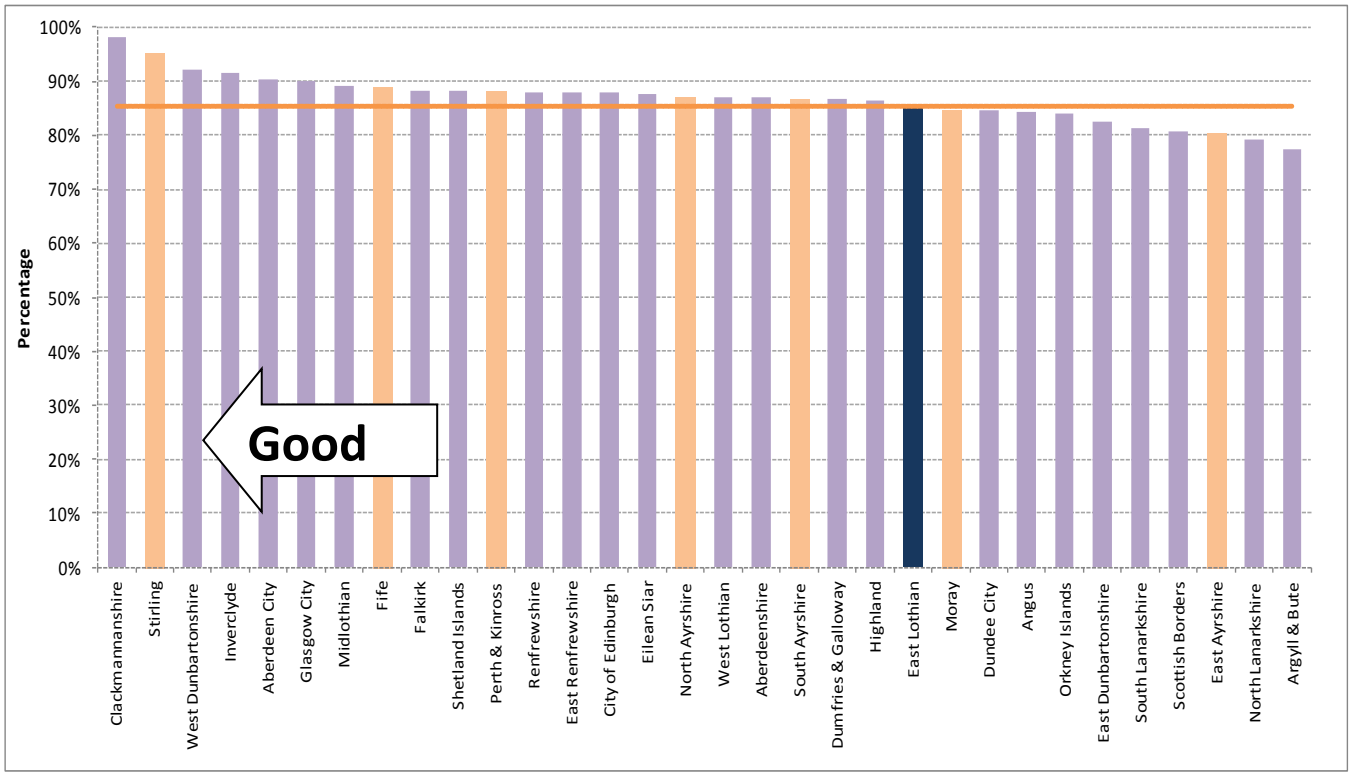


NI 16 - East Lothian's Trend versus Scotland's Trend

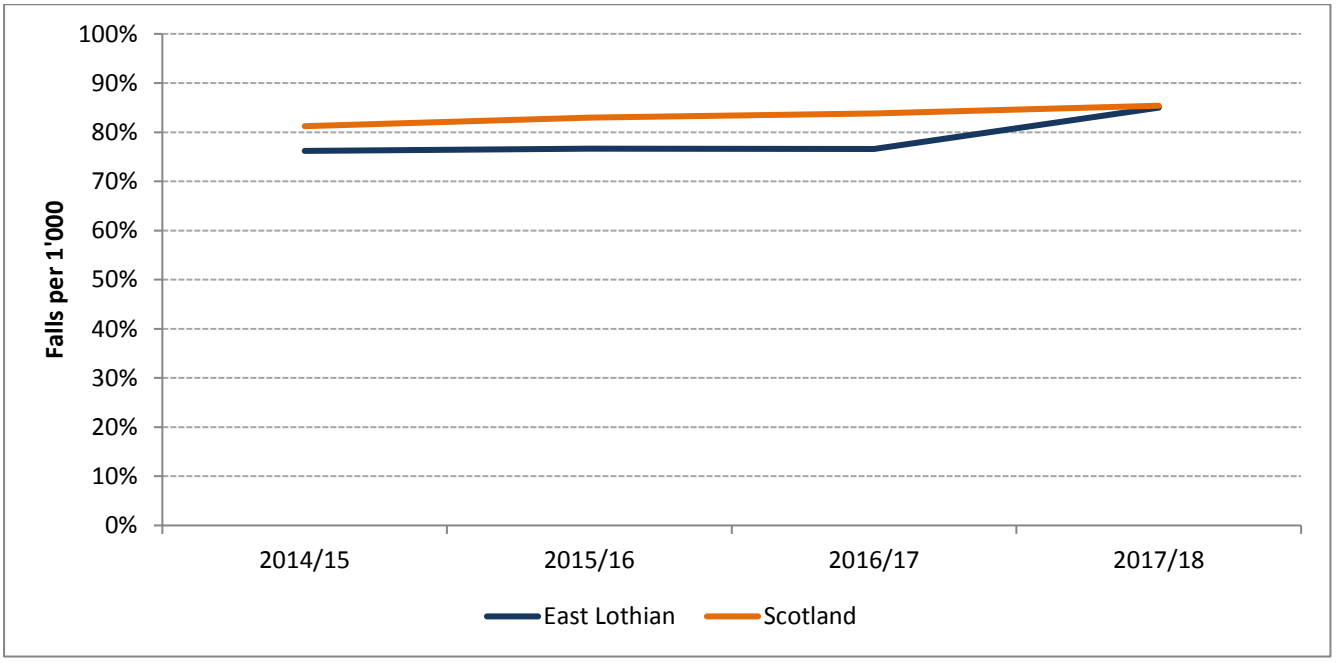


NI 17 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

The Care Inspectorate have advised that this indicator is developmental. 2017/18 information. (Yellow columns are peer group HSCPs)

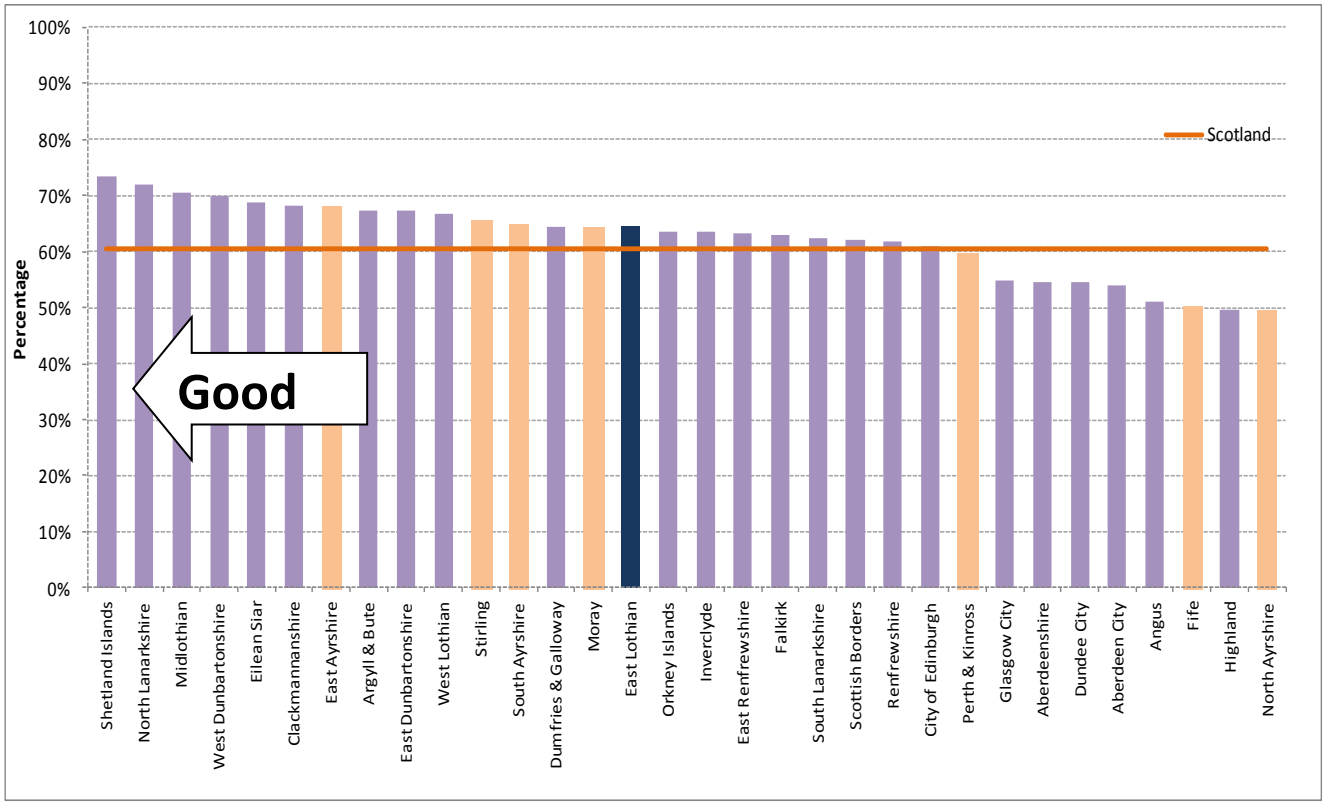


NI 17 - East Lothian's Trend versus Scotland's Trend

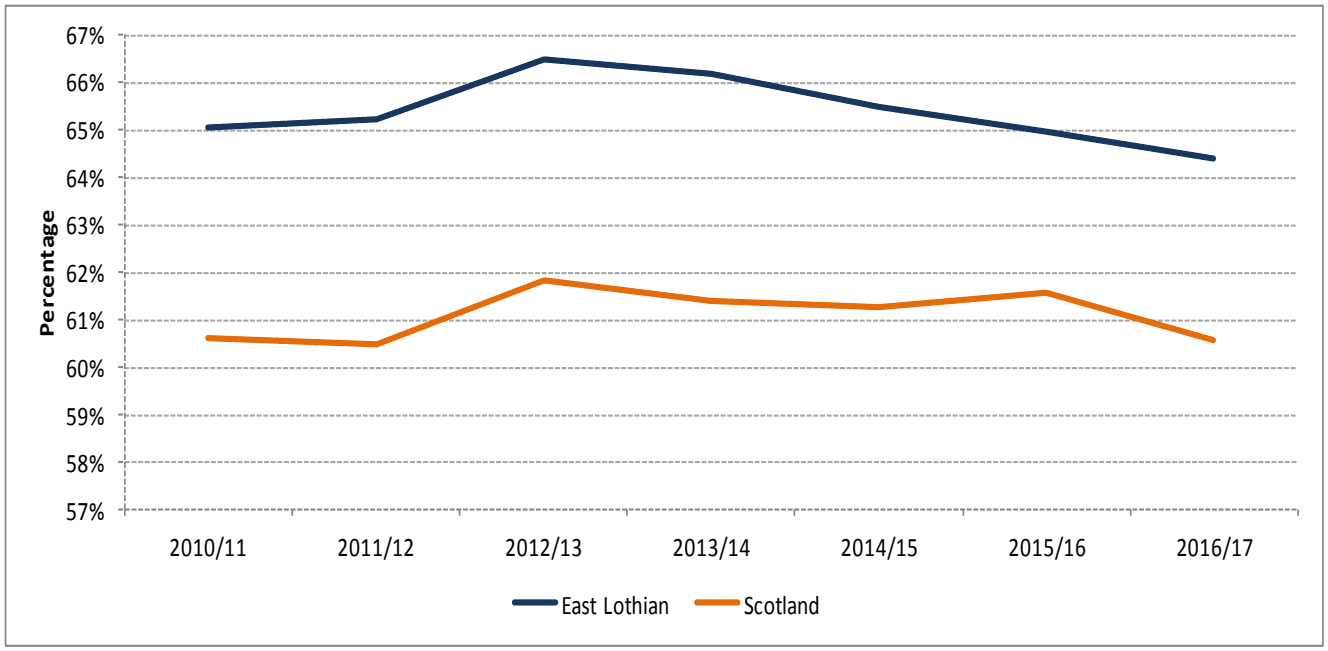


NI 18 - Percentage of adults with intensive care needs receiving care at home

The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care. 2016/17 information. (Yellow columns are peer group HSCPs)

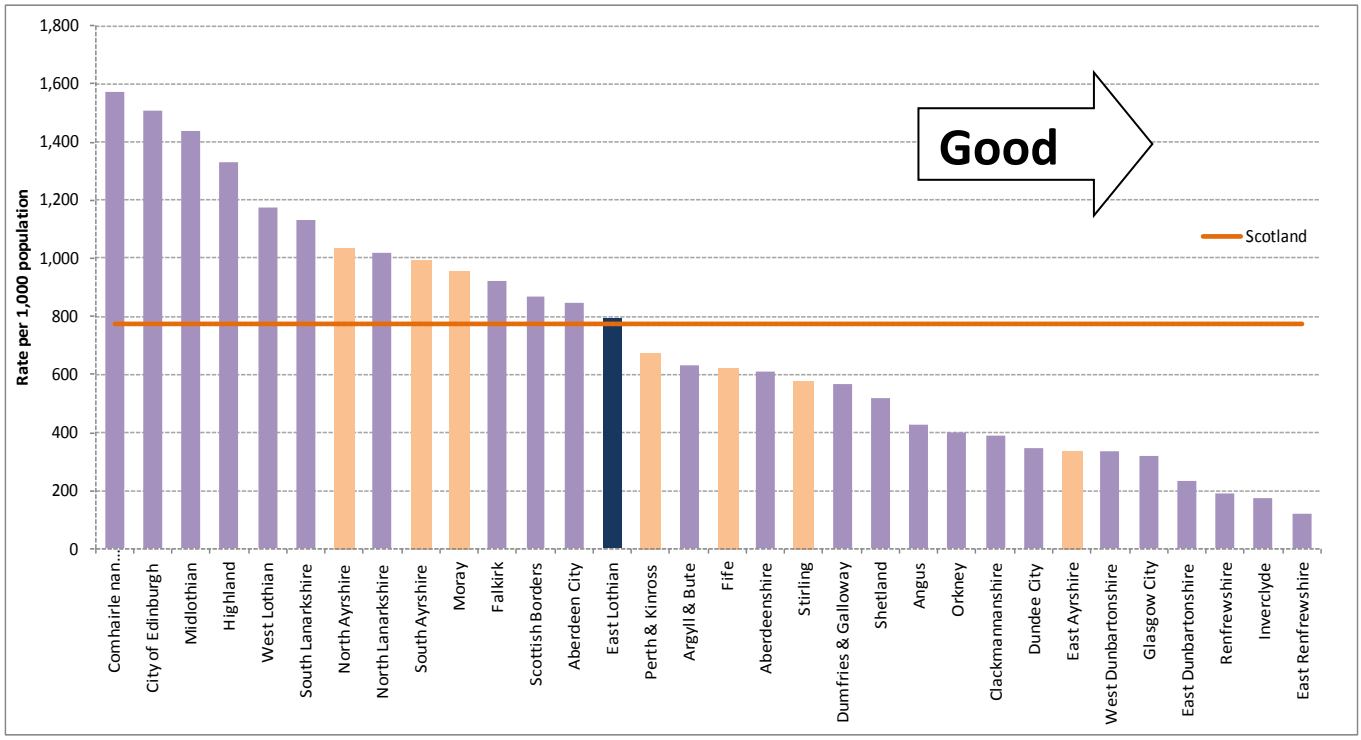


NI 18 - East Lothian's Trend versus Scotland's Trend

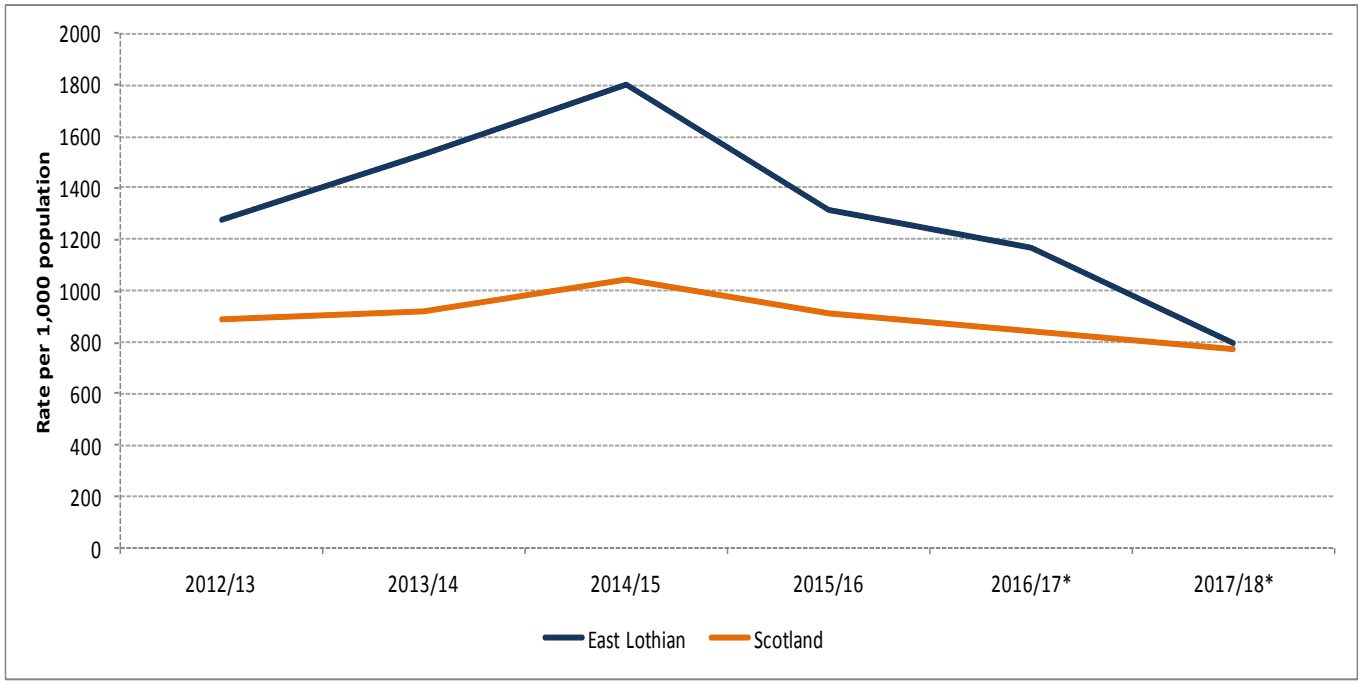


NI 19 - Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population

The number of bed days due to delay discharge that have been recorded for people aged 75+ resident within the Local Authority area, per 1,000 population in the area. 2017/18 information. (Yellow columns are peer group HSCPs)

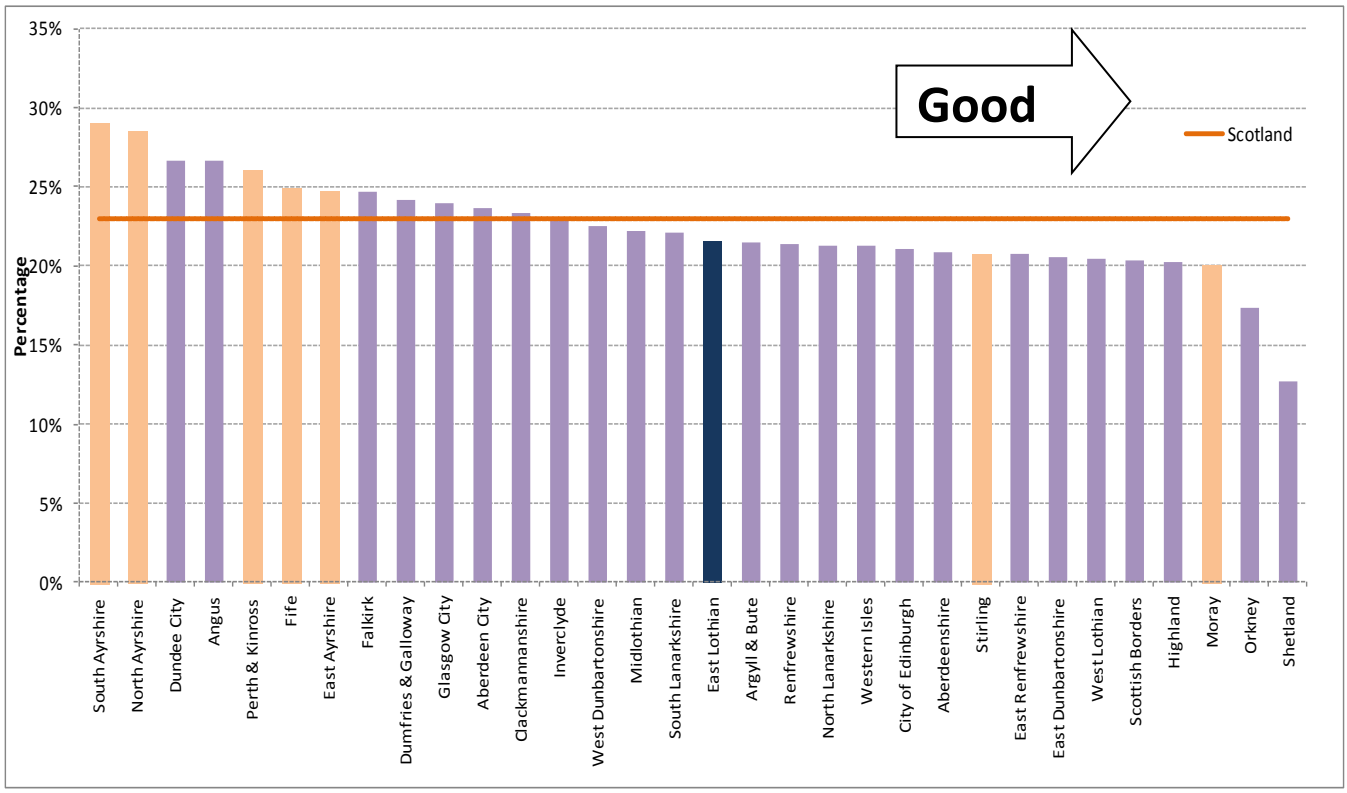


NI 19 - East Lothian's Trend versus Scotland's Trend

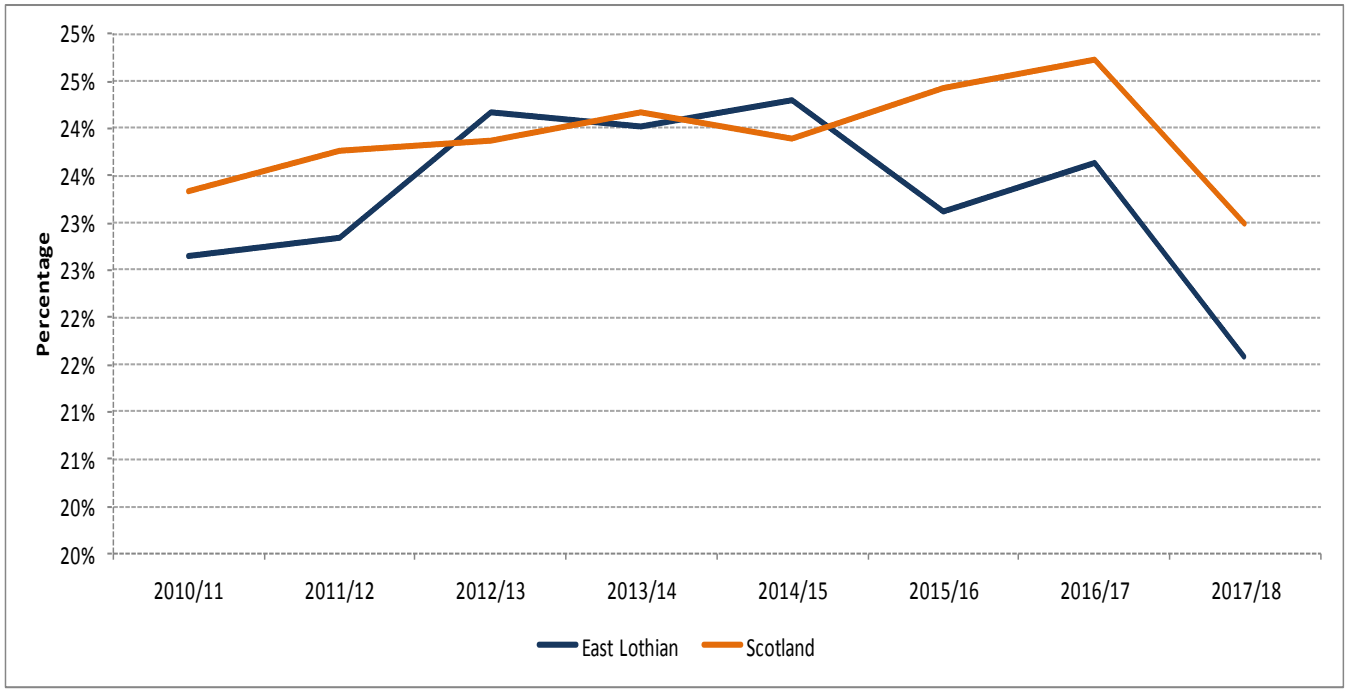


NI 20 - Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

Cost of emergency bed days for adults. 2017/18 information. (Yellow columns are peer group HSCPs)



NI 20 - East Lothian's Trend versus Scotland's Trend



3.10

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 28 June 2018

BY: Chief Officer

11

SUBJECT: Membership of the Integration Joint Board and the Audit & Risk Committee

---

1 PURPOSE

1.1 To inform the Integration Joint Board (IJB) of the renomination of members by NHS Lothian, the GP Forum and the NHS Lothian staff union and to provide an update on progress with the selection of permanent replacements for the roles of independent sector and carers' representatives on the IJB. This report also seeks approval for a change of membership on the Audit & Risk Committee.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

(i) note the renomination of Alex Joyce, Alison MacDonald, Jon Turvill, Andrew Flapan, Thomas Miller and Richard Fairclough as voting and non-voting members of the IJB for the maximum three year term;

(ii) note the actions underway to select permanent replacements for the roles of independent sector and carers' representatives for the IJB; and

(iii) approve the appointment of Councillor Susan Kempson as member and chair of the Audit & Risk Committee, in place of Margaret McKay.

3 BACKGROUND

3.1 A report was presented to the IJB at its meeting on 26 April 2018 outlining the statutory requirements of members' terms of office. The IJB agreed that the Chief Officer should take the necessary action in relation to those members whose term of office was due to expire between May and July 2018.

3.2 Following an enquiry from the Chair and Chief Officer, NHS Lothian confirmed its renomination of Alex Joyce, Jon Turvill, Alison MacDonald and Andrew Flapan as voting and non-voting members of the IJB, and the NHS unions confirmed that Thomas Miller had been renominated as the staff representative and non-voting member. The GP Forum also confirmed its renomination of Richard Fairclough as a non-voting member. All of these individuals were renominated for the maximum three year term.

3.3 At its April meeting, the IJB also agreed to extend Margaret McKay's appointment as carers' representative and non-voting member until August 2018 (still within the three year maximum term). At that same meeting, the Chief Officer advised members that due to the retirement of the previous incumbent, the IJB must now seek a permanent replacement for the independent sector representative rather than a temporary post-holder as had previously been intended.

3.4 At its meeting on 24 May, the IJB was informed that arrangements were being put in place to advertise for a permanent replacement for the independent sector representative. The members were also advised that, following Mrs McKay's decision to retire from the IJB in August 2018, it was also proposed to advertise for a permanent replacement for the role of carers' representative. The intention would be to appoint these individuals for the maximum three year term of office.

3.5 With regard to Mrs McKay's position as member and Chair of the Audit & Risk Committee, a replacement will require to be appointed from the existing members of the IJB. The Chair of the IJB recently invited expressions of interest and Councillor Susan Kempson indicated that she would be willing to take up membership of the Committee and the role of Chair. Her appointment requires the approval of the IJB.

Next Steps

3.5 The Communications and Engagement Officer will arrange for adverts for these posts to be placed in the East Lothian Courier and online at the end of June, with a closing date of 31 July. This will enable interviewing to take place in August, with a view to appointment in time for the September IJB meeting. The posts will also be advertised internally, through the Partnership News and via social media to ensure adequate opportunity for interested parties to be made aware of the vacancies.

4 ENGAGEMENT

4.1 The issues in this report have been discussed with the appropriate nominating bodies and the positions of independent sector and carers' representatives to the IJB will be advertised as outlined in 3.5.

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial – None.

7.2 Personnel – None.

7.3 Other – None.

8 BACKGROUND PAPERS

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

8.2 'Membership of the IJB – Terms of Office' report to the IJB on 26 April 2018.

AUTHOR'S NAME	Fiona Currie
DESIGNATION	Committees Officer
CONTACT INFO	fcurrie@eastlothian.gov.uk
DATE	20 June 2018

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 28 June 2018

BY: Chief Officer

SUBJECT: East Lothian IJB Meeting Dates 2018/19

13

---

1 PURPOSE

1.1 To set the dates for meetings of the East Lothian Integration Joint Board (IJB) for 2018/19.

2 RECOMMENDATIONS

2.1 The IJB is asked to approve the dates for meetings during session 2018/19, including development sessions, as set out in Sections 3.2 and 3.3 of the report.

3 BACKGROUND

3.1 The IJB is required to approve a schedule of meeting dates for session 2018/19. From August 2017 the frequency of business meetings changed to every two months, with development sessions scheduled in the months in between. The exceptions were February/March 2018 when business meetings were scheduled on consecutive months. There were also additional meetings arranged in September 2017 (to sign-off the annual accounts) and April and May 2018 to deal with urgent items of business.

3.2 The proposed business meeting dates for 2018/19 are as follows:

- Thursday 23 August 2018, 2pm
- Thursday 27 September 2018, 2pm (sign-off annual accounts)
- Thursday 25 October 2018, 2pm
- Thursday 13 December 2018, 2pm
- Thursday 28 February 2019, 2pm

- Thursday 28 March 2019, 2pm
- Thursday 27 June 2019, 2pm

3.3 The proposed development session dates for 2018/19 are as follows:

- Thursday 27 September 2018, **3pm**
- Thursday 22 November 2018, 2pm
- Thursday 24 January 2019, 2pm
- Thursday 25 April 2019, 2pm
- Thursday 23 May 2019, 2pm

3.4 Members should note that Standing Orders allow the IJB to call additional business meetings, if necessary. This may result in some development session dates being re-designated as business meetings, as was the case in 2017/18. The meetings will be held in the Council Chamber, Town House, Haddington. In the event that a meeting date or venue requires to be changed, members will be notified as soon as practicable.

4 ENGAGEMENT

4.1 The proposed meeting dates were discussed with the Chair, Depute Chair and Chief Officers prior to this report being presented to the IJB.

5 POLICY IMPLICATIONS

5.1 None.

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial – none.

7.2 Personnel – none.

7.3 Other – none.

8 BACKGROUND PAPERS

8.1 None.

AUTHOR'S NAME	Fiona Currie
DESIGNATION	Committees Officer, East Lothian Council
CONTACT INFO	fcurrie@eastlothian.gov.uk
DATE	4 June 2018