East Lothian
Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 13 DECEMBER 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

2

Voting Members Present:
Mr P Murray (Chair)
Councillor S Akhtar
Councillor N Gilbert
Councillor J Henderson (*substitute)
Mr A Joyce
Councillor F O'Donnell (Items 1 – 9)

Non-voting Members Present:
Mr D Binnie
Ms F Duncan
Ms P Dutton
Ms C Flanagan
Ms E Johnston
Ms M McNeill
Mr T Miller
Ms A MacDonald
Ms J Tait

Officers Present from NHS Lothian/East Lothian Council:
Ms L Cowan
Mr P Currie

Visitors Present:
Ms K Harrison, East Lothian Council
Ms O Hodge, NHS Lothian
Ms M McLelland, NHS Lothian
Ms M Morris, East Lothian Council

Clerk:
Ms F Currie

Apologies:
Ms F Ireland
Councillor S Kempson*
Ms J Trench
Prof. M Whyte

Declarations of Interest:
None

1. PRESENTATION ON THE WELLWYND HUB

Mairi Morris, Katie Harrison, Morven McLelland and Abby Hodge gave a presentation to members on the Wellwynd Hub. (This service links to ongoing Directions D11 - Reducing Use of Acute Services and Increasing Community Provision and D12 - Review Community Services for Adults with Complex Needs to Develop a Transformation Programme.)

Mr Morris and Ms Harrison outlined the background to the project including the national and local drivers for change, the definition of telecare and SMART Home systems and the purpose of setting up the project Hub. Ms McLelland and Ms Hodge explained to members the role of the Active and Independent Living Clinic and how this type of early intervention had already helped to reduce waiting times for referrals to related services.

Ms Harrison, Ms McLelland and Ms Morris responded to questions from members on the connectivity issues associated with using internet-based or mobile devices, risk assessment and contingency arrangements. They also outlined the scope for development of the project and how it might be adapted for other age-groups and users with more complex needs.

Ms McLelland suggested that members of the IJB might like to visit the project on one of its future Open Days. She said that these would be likely to take place in January 2019 and she agreed to confirm the dates in due course.

Fiona Duncan advised members that the Transition Group was already looking at the Wellwynd Hub and its potential for use with children and younger adults in a range of circumstances.

2. MEMBERSHIP OF THE INTEGRATION JOINT BOARD

The Interim Chief Officer had submitted a report inviting the Board to note a change to the voting and non-voting membership of the East Lothian Integration Joint Board.

The Chair reminded members that the changes to the membership were for noting and he formally welcomed Councillor Gilbert to the meeting.

Decision

The IJB agreed to:

(i) Note that Councillor Gilbert had replaced Councillor Stuart Currie as one of the four voting members appointed by East Lothian Council; and

(ii) Note that Dr Gourab Choudhury had replaced Dr Andrew Flapan as a non-voting member appointed by NHS Lothian.

3. MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 25 OCTOBER 2018 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 25 October 2018 were approved.

4. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 25 OCTOBER

There were no matters arising.

5. CHAIR'S REPORT

The Chair reported on his recent meetings with Councillor Gilbert, Paul Whyte of ELCAP and the Chair of the SSSC, all of which he found very helpful. He also informed members that he had attended and spoken at the recent Third Sector conference and at a Health and Social Care collaboration event.

6. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

Alison MacDonald advised members that all 4 Lothian Health & Social Care Partnerships had provided updates to the last meeting of the Committee, all of which gave moderate assurance that appropriate systems were in place to manage risks associated with healthcare facilities. The Committee also accepted the East Lothian IJB's proposals for clinical and care governance. Ms MacDonald added that the Clinical and Care Governance Committee had met twice and there had been a very positive level of discussion which was already providing benefits to clinicians. She said that plans were continuing for a staff event to be held in February or March of next year.

7. DELAYED DISCHARGES (VERBAL)

Ms MacDonald reported that the number of delayed discharges at the time of the latest census was 7 and had risen to 9, as of the date of the meeting. She said that this put services in a very good position going into the festive period but this level of progress needed to be maintained as the system could become very blocked at this time of year. She advised members that the continued positive progress reflected the integrated approach of the team who held weekly meetings with health and social care services and fortnightly meetings with independent care providers.

The Chair thanked the staff for their continued efforts in reducing delayed discharges.

8. REPROVISION OF BELHAVEN AND EDINGTON COMMUNITY HOSPITALS, ESKGREEN AND ABBEY CARE HOMES

The Interim Chief Officer had submitted a report providing the IJB with the outputs and recommendations following the consultation and engagement process on the reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.

The Chair reported to members on the recent development day at which community representatives had presented their thoughts and concerns. He said that while they were not able to meet all of the concerns, he hoped they had assured people that no final decision had yet been taken and that extra care housing was not the only option being considered. The Chair also referred to a letter received from Dunbar and East Linton Area Partnership seeking similar assurances.

Ms MacDonald presented the report outlining the background and the recommendations that the IJB was being asked to consider. She explained that while extra care housing was seen as a key element, the details of the service model and design would be developed to take account of a range of requirements including higher levels of need, end of life care and respite services. She stressed that further engagement would take place and communities and groups would have the opportunity

to help shape the three projects. A dedicated project board would also be created to manage the development and delivery of the three sites.

The Chair reiterated the commitment to co-production of the new service models with community groups. He also advised members that NHS Lothian had given agreement in principle to the use of capital from the facilities they own – either by the redevelopment of existing structures or by using the receipts from their sale.

Thomas Miller asked if the existing sites would include Edenhall Hospital in Musselburgh. Ms MacDonald advised that the site had already been sold. Claire Flanagan added that the site was not part of this reprovision project.

Marilyn McNeil said that the North Berwick Group were pleased with the report and were looking forward to working with the project board.

Councillor Fiona O'Donnell welcomed the opportunity to bring care closer to home but emphasised the need for equity of services across the county.

Ms MacDonald acknowledged these points and confirmed that these would be looked at as part of the project and other service development across the county. Lorraine Cowan outlined some of the services which would be available at the new community hospital in Haddington and said that they intended to maximise the opportunities for out-patient and acute services.

In response to a question from Councillor Jane Henderson on the timing of the three projects, Ms MacDonald indicated that there would be a prioritisation process and that while there may be delays in one area there may also be opportunities to progress the projects in other areas.

David Binnie said that he had received a copy of the letter from the Dunbar and East Linton Area Partnership and that it reflected some of the concerns expressed following meetings in North Berwick. He asked whether it would be possible to map out the service and benefits provided by the current arrangements and how these would be delivered under the new service provision. He said that this might help to allay concerns and provide greater transparency.

The Chair agreed that such a process would make sense. He was also mindful of the concerns and the need to share the details of the process as and when they became clear.

Councillor Gilbert asked is the preferred housing option would be 'tenancy for life'. Ms MacDonald indicated that no decision had been taken as yet and all options would be considered as part of the modelling process.

Ms MacDonald also responded to members questions on the make-up and expertise of the project board and confirmed that they would be looking to include as broad a range of advice as possible.

Councillor O'Donnell emphasised the need for a mix of housing options as part of the project to ensure that people would not be pressurised into accepting an option they did not want.

Councillor Shamin Akhtar welcomed the level of engagement to date and the commitment to continuing a two-way dialogue throughout the process. She also reminded members of the assurance provided by Ms MacDonald at the last meeting that no services would be withdrawn until new arrangements were in place.

The Chair thanked members for their contributions and agreed to take on board the feedback provided. Before moving to the vote, the Chair proposed an amendment to recommendation (ii) – the addition of *or equivalent alternatives* after '…extra care housing.' This amendment was seconded by Councillor O'Donnell and agreed by the members.

Decision

The IJB agreed:

(i) To note the outputs from the consultation and engagement process;
(ii) To approve the model of care principles and strategic direction to reprovide Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes through the development of extra care housing or equivalent alternatives;
(iii) That the Council and NHS Board are asked to support this direction and respond as the owners of facilities and holders of capital budgets. The IJB also agreed to approve the establishment of a Project Board supported by three project teams to reprovide these services for Dunbar, North Berwick and Musselburgh which will report to the newly established Strategic Change Board (previously Strategic Planning Programme Board);
(iv) To request that NHS Lothian and East Lothian Council provide dedicated Project Resource, to draw up a single Initial Agreement as the next stage of the process; and
(v) To note the governance timeline.

9. FINANCIAL POSITION 2018/19

The Chief Finance Officer had submitted a report further updating the IJB on its current financial position in 2018/19, reporting the projected year end out-turn from the quarter two financial reviews and updating on the dialogue with the Partners to balance the financial position in-year.

Ms Flanagan presented the report outlining the current budgetary position and the forecast out-turn based on the quarter two figures. She indicated that the prescribing budget continued to be underspent but that this would be closely monitored as it could change significantly before the year end. In the meantime, work was continuing to reduce the projected overspend in the social care budget through recovery actions. She advised that discussions were underway with NHS Lothian to use any underspend to balance the IJB's position at the year end and that they were also working to agree a timetable for implementation of NHS Lothian's new budget-setting model.

Responding to a question from Councillor Gilbert, Ms Flanagan said that it was not yet possible to confirm a direct correlation between the reduction in the delayed discharge figures and the overspend in the social care budget. The data gathering exercise was still ongoing. Ms MacDonald added that officers had a much greater understanding of where the pressures were in the adult wellbeing budget but more work needed to be done on identifying exactly where the shift in the balance of care was happening and to see a corresponding shift in resources.

Councillor O'Donnell raised the issue of additional costs related to younger people with complex needs and free personal care for under 65s, both of which would become factors in the budgets from next year. Ms Flanagan acknowledged that these costs would need to be quantified and that further clarification was required on how the IJB would access the additional funding to be made available by the Scottish Government.

The Chair said that he would seek clarification from the Scottish Government on these points.

Responding to a question from Elaine Johnston, Ms MacDonald referred to proposals for a change to the way budget offers are made to the IJB but emphasised that it would be for the IJB to determine whether any offer was fair and adequate. The Chair added that a broader dialogue would be required if the IJB considered that the offer was not fair or adequate.

Councillor O'Donnell observed that there would be difficult decisions ahead for the IJB not just on the adequacy of budgets but on how services would be delivered in East Lothian.

Judith Tait said that her service had gathered much more accurate information about the key drivers for spending in the adult wellbeing budget. She acknowledged that overspends in recent years had been challenging but that it was important for the IJB to understand the reasons for this and the implications for future service delivery.

Decision

The IJB agreed to:

(i) Note the current financial position;
(ii) Note the Quarter two financial reviews of 2018/19; and
(iii) Support the continued dialogue with the Partners to balance the IJB financial position in year 2018/19.

Sederunt: Councillor O'Donnell left the meeting.

10. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/18

The Chief Social Work Officer (CSWO) had submitted the CSWO Annual Report 2017/18 on the statutory work undertaken on the Council's behalf. The report also provided an overview of regulation and inspection, and significant social policy themes over the past year.

Ms Duncan presented the report which she said was a statutory requirement and had been prepared in line with national guidance. Reports from all local authority CSWOs would be pulled together to provide a national picture of pressures on services and examples of good practice. She explained that although child services were not a delegated function of the IJB, children placed on the Register had an impact on the services provided to adults caring for those children, e.g. substance misuse, mental health or domestic abuse. She said bringing this report to the IJB demonstrated the work of social work and social care services within the Partnership and showed how the IJB's Directions were being implemented.

Ms Duncan informed members that all local authorities and health boards were 'corporate parents' with responsibilities in relation to looked after children. She said that around 30% of these children would be affected by homeless and around 50% by mental health issues which reflected the need for connectivity of services.

The Chair thanked Ms Duncan for her report. He hoped that greater connectivity would allow for further improvements to the outcomes highlighted in this report.

Ms Duncan responded to questions from members providing clarification of efficiency figures quoted in the report, outlining progress with the Recovery Hub and providing further details on third sector involvement and unallocated care hours.

Councillor Akhtar commented that the report findings demonstrated that the IJB had been right to ensure that the MELDAP reserve was protected.

Councillor Henderson thanked Ms Duncan for her report and for the very helpful and informative presentation she gave to Elected Members following its publication. She viewed it as one of the most important presentations she had attended as a Councillor.

Decision

The IJB agreed to note the contents of 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 February 2019

BY: Interim Chief Officer

SUBJECT: East Lothian Integration Joint Board
Draft 2019-2022 Strategic Plan

7

---

1 PURPOSE

1.1 To present to the Integration Joint Board a further draft of the 2019-2022 Strategic Plan, developed following initial stages of engagement.

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 that based on feedback received to date the latest draft of the Strategic Plan has been updated since the previous version, discussed at the IJB Development Day on 24 January 2018.

2.2 Note that the plan will continue to develop as engagement progresses and as comments are received.

2.3 Note that all feedback is being recorded. At the end of the Strategic Plan drafting process a report will be provided detailing the comments received and what was done in response to the feedback.

2.4 Note that the final version of the Strategic Plan must be issued by 31 March 2019. For this reason the IJB will be asked to formally agree the final draft of the Strategic Plan at its meeting on 28 March 2019.

2.5 Agree that a summary version of the Strategic Plan should be produced to accompany the full plan in order to make the plan's contents available to as wide an audience as possible.

3 BACKGROUND

3.1 Each Integration Joint Board is required to develop a 3 year Strategic Plan to set out their strategic priorities and how these will be delivered, taking into account all relevant local and national factors and how progress will be monitored and reported on.

3.2 The Strategic Plan needs to comply with Scottish Government integration planning and delivery principles which require that HSCP services:

- are integrated from the point of view of our service-users
- take account of the particular needs of different service-users
- take account of the particular needs of service-users in different parts of the county
- take account of the particular characteristics and circumstances of different service-users
- respect the rights of our service-users
- take account of the dignity of our service-users
- take account of the participation by our service-users in the community in which service-users live
- protect and improve the safety of our service-users
- improve the quality of our services
- are planned and led locally in a way which is engaged with our communities
- best anticipates needs and prevents them arising
- make the best use of the available facilities, people and other resources.

3.3 In developing and delivering on strategic priorities, the Strategic Plan must also deliver on:

- National Health and Wellbeing Outcomes
- National Health and Social Care Standards
- Ministerial Group Indicators on Integration.

3.4 In February 2018 the IJB agreed that the HSCP needed to focus its energies in 2018-2019 and beyond on priority work in order to deliver against financial pressures and to support service change and delivery of local, regional and national priorities. The agreed priorities are:

- deliver the Primary Care Strategy/New GP Contract Improvement Plan,
- development and delivery of the Financial Plan for 2018/19 and beyond
- commence reprovision of Abbey and Eskgreen care homes and Edington and Belhaven hospitals and provision of extra care housing
- review Community Services for adults with complex needs
- review of services for adults with mental health and substance misuse issues
- implement the Carers Strategy
- review actions intended to deliver delayed discharges/emergency admissions/A&E improvements.

3.5 To support delivery of these priorities a new strategic planning structure was established, with six 'Change Boards' formed towards the end of 2018 focussed on:

- primary care
- adults with complex needs
- mental health and substance misuse
- shifting the balance of care
- reprovision programmes
- carers.

3.6 Each Change Board is chaired by a senior HSCP Officer and co-chaired by an IJB member. The deliberations of the Change Board is informed by a reference group with a wide membership reflecting the focus of work.

3.7 The Change Boards have been invited to contribute to the development of the Strategic Plan to ensure the plan reflects their strategic priorities.

3.8 A mechanism for on-going engagement is built into the Change Board structure in the form of multi-stakeholder Reference Groups.

3.9 Robust links will be established between Directions issued, the resulting transformational change reported to a relevant Change Board and performance measuring. Reporting will fully assess the positive differences the Directions and resulting changes in services are achieving.

4 ENGAGEMENT

4.1 A number of meetings have been arranged with teams from across the Health and Social Care Partnership's and invitations have been extended to area partnerships, community groups, primary care clusters and the third sector. An engagement event in the Brunton Hall on 7 March hopes to attract a wide range of participants from across the county.

4.2 A summary document setting out the plan's proposed priorities and an online survey have been publicised to partners and via the East Lothian Council 'Consultation Hub'. The survey ends on the 28th February, after which the comments within and the survey's findings will be used to inform the strategy redrafting process.

4.3 On completion, the Strategic Plan will be widely distributed in electronic form and publicised through local media and internally to staff as well as through the NHS Lothian and East Lothian Council internet and intranet sites. A limited print run will be arranged for the full and summary versions of the plan to improve accessibility.

5 POLICY IMPLICATIONS

5.1 The policy implications of the Strategic Plan will be considered and acted on as part of its ongoing implementation and monitoring.

6 INTEGRATED IMPACT ASSESSMENT

6.1 The finalised Strategic Plan will be the subject of an Integrated Impact Assessment to assess how the plan will influence the wellbeing of the community and what effect it might have on equality, the environment or economy.

7 RESOURCE IMPLICATIONS

7.1 Financial – There are some limited venue and catering costs associated with the organisation of engagement events and in the design and printing of paper copies of the full and summary document. The majority of the distribution will be carried out through electronic channels at no cost.

7.2 Personnel – The engagement plans for the Strategic Plan and the production of the final and summary documents is being carried out 'in-house' by the HSCP team. This team will also produce the summary plan and will oversee distribution of the final approved plan.

7.3 Other – None.

8 BACKGROUND PAPERS

8.1 None.

AUTHOR'S NAME	Paul Currie
DESIGNATION	Strategic Planning and Performance Manager
CONTACT INFO	paul.currie@nhslothian.scot.nhs.uk
DATE	19-02-19

Appendix 1 – Draft 2019-2022 Strategic Plan

DRAFT

Strategic Plan

2019-2022

East Lothian
Integration Joint Board

East Lothian
Health & Social Care Partnership

Contents

Foreword

As we approach the end of the three years of the first East Lothian Integration Joint Board (IJB) Strategic Plan it is worth taking a moment to reflect on what we have achieved and to acknowledge that there is still much work to be done.

In the last three years the East Lothian IJB has developed its high-level strategic change role. The development and issuing of Directions to both NHS Lothian and East Lothian Council has allowed the IJB to drive change and improvement in the health and social care services used by the people of East Lothian.

We have many examples of service improvement and development and associated engagement over the last three years including developing a strategy for carers, finalising an improvement plan for primary care, transforming community services and shaping a vision for future provision of housing with care in East Lothian.

The role of the IJB and how it issues Directions to support and achieve positive change will be the focus for review early in the life of the next Strategic Plan. There is a strong commitment to better evidencing and understanding the positive difference the Directions are making to the lives of people who come into contact with services.

There is a renewed emphasis on a commitment to integrated health and social care delivery. We will strive to build upon integrated approaches in order to improve people's experience of services and to use our resources efficiently.

We are working in a very challenging financial climate coupled with increasing demand on health and social care services. However we are taking every opportunity to improve services, particularly by targeting those most in need and through the benefits of integration we are meeting need faster and ever more effectively.

We are committed to working in partnership to improve services through collaborative working. This will include the commissioning of sustainable services from the third and independent sector.

In 2018 the East Lothian IJB agreed six strategic priority areas for change. These focus on: primary care, adults with complex needs, adults affected by mental health and substance misuse issues, shifting care from acute hospitals to the community and support to carers. These six areas, along with our updated Strategic Objectives and a range of 'Golden Threads' will form the basis of transformational change over the next three years underpinned and supported by this Strategic Plan.

We have established a 'Change Board' structure in order to monitor delivery of our priorities. A crucial element of the new structure are the reference groups which facilitate on-going stakeholder involvement in strategic planning and development over the coming three years.

Peter Murray
Chair, East Lothian IJB

Alison Macdonald
Chief Officer, East Lothian IJB

Background

East Lothian Health and Social Care Partnership

The East Lothian Health and Social Care Partnership (HSCP) was established in 'shadow' form late in 2013, becoming legally established in July 2015 to provide services within the local authority area of East Lothian Council. In 2016, the IJB published its first Strategic Plan covering the period 2016 to 2019. This second plan applies from 1st April 2019 to 31st March 2022.

HSCPs were formed across Scotland in a joint endeavour between Health Boards and Local Authorities in order to establish and develop integrated adult health and social care services (with aligned budgets) and to more closely involve clinicians, care professionals, the third and independent sectors, in the planning and delivery of a range of prescribed services. HSCPs also aim to shift the balance of care from institutional to community settings. In developing and delivering integrated health and care arrangements HSCPs are expected to achieve a range of nationally agreed outcomes and targets.

In East Lothian the HSCP was established as a 'Body Corporate', making it a legal entity separate from East Lothian Council and NHS Lothian.

East Lothian Integration Joint Board

Governance of the HSCP is the responsibility of the East Lothian Integration Joint Board (IJB - sometimes referred to as an Integration Authority). The arrangements for the HSCP and the IJB are set out in the IJB's Integration Scheme approved by Scottish Ministers, East Lothian Council and NHS Lothian in the Integration Joint Board's Final Integration Scheme of 29 May 2015.

(https://www.eastlothian.gov.uk/downloads/file/27201/integration_scheme).

The 2015 Integration Scheme states the key functions of the East Lothian IJB are to:

- prepare a Strategic Plan for all delegated functions
- allocate the integrated budget in accordance with the Strategic Plan
- oversee the delivery of services in scope.

East Lothian Integration Joint Board has eight voting members appointed equally between elected members of East Lothian Council and non-executive Directors of NHS Lothian. The Chair of the IJB alternates between an East Lothian Council or NHS Lothian representative every two years.

The IJB also has a number of other appointees representing service users, carers, third and independent sector organisations, clinicians and staff. In addition, a range of officers and professionals including the Chief Officer, Chief Finance Officer, Chief Social Work Officer, Clinical Director and Chief Nurse provide professional advice to the IJB.

Integration Joint Board responsibilities

Under the 2014 Act, each Health Board and Local Authority within their boundary must delegate certain functions to an Integration Joint Board which is given the responsibility for integrated planning and delivery arrangements for health and social care services. In East Lothian IJB, services are planned and provided within the geographical area covered by East Lothian Council.

The legislation which established IJBs requires that adult social care services, adult primary and community health care services, and "elements of adult hospital care which offer the best opportunities for service redesign" are included in the scope of service planning. For East Lothian IJB this means strategic planning covers directly managed and locally delivered services as well as acute hospital services that handle high levels of unplanned bed day use for adults. In agreement with East Lothian Council, East Lothian IJB also manages criminal justice social work.

The functions and services delegated to East Lothian's Health and Social Care Partnership are outlined in table 1 in terms of NHS Lothian services, East Lothian Council services and a locally agreed service. These will apply over the lifetime of this Strategic Plan

There is no requirement under the Act for IJBs to provide services to people under the age of 18. Any decision to include children's health and social care services in the scope of IJB service delivery is for partners to agree. Although health visiting and school nursing are delegated, in early 2019 the decision was taken not to integrate children's wellbeing (social care) services into the HSCP.

Table 1

NHS Lothian services delegated to East Lothian IJB[#]:

[#]As a decision was reached in January 2019 not to include children's wellbeing services in the IJB's responsibilities, this Strategic Plan does not cover children's services.

Accident and Emergency and Combined Assessment *
General Medicine *
Geriatric Medicine *
Rehabilitation Medicine *
Respiratory Medicine *
Palliative Care *
All Community Hospitals (Roodlands, Herdmanflat, Edington and Belhaven)
Mental health inpatient services [3]
Community nursing (inc. children's community health services - district nursing, health visiting and school nursing)
Community mental health services
Community learning disability services
Community addictions services
Allied Health Professionals
Primary Care – General Medical Services, General Dental Services, General Ophthalmic services, Community Pharmacy [1]
Lothian Unscheduled Care Service [1]
Public Dental Service [2]
Palliative care provided outwith a hospital
Psychology services [2]
Community Continence [3]
Kidney dialysis services provided outwith a hospital
Community Complex Care
Sexual Health [4]

East Lothian Council services delegated to East Lothian IJB:

Social work services for adults and older people
Services and supports for adults with physical disabilities
Services and supports for adults with learning disabilities
Mental health services
Drug and alcohol services
Adult protection and domestic abuse
Carers support services
Community care assessment teams
Care Home Services
Adult Placement Services
Housing support services: aids and adaptations
Day services
Local area coordination
Respite provision
Occupational therapy services
Reablement services
Telecare

Additional local services delegated to East Lothian IJB

Criminal Justice Social Work services

---

* East Lothian HSCP will work with NHS Lothian and Midlothian, West Lothian and City of Edinburgh HSCPs to develop the Lothian Hospitals Strategic Plan.

º Midlothian HSCP hosts (manages) dietetics and art therapy services on behalf of all Lothian HSCPs.

[1] In mid-2018, East Lothian HSCP transferred management of primary care and Lothian Unscheduled Care Service to NHS Lothian to manage these on behalf of the 4 HSCPs.

[2] West Lothian HSCP hosts (manages) clinical psychology, the public dental service, podiatry and orthotics on behalf of all Lothian HSCPs.

[3] City of Edinburgh HSCP hosts (manages) adult acute mental health services, adult psychiatric rehabilitation and continence services on behalf of all Lothian HSCPs.

[4] Most sexual health services are delivered in primary care. Specialist sexual and reproductive health services in Lothian are hosted by City of Edinburgh HSCP on behalf of the Lothian HSCPs.

Equality and diversity

The Integration Joint Board and its partners carry out integrated impact assessments of planned service change to ensure developments do not unfairly disadvantage groups or individuals.

In delivering its services the HSCP strives to provide these across its whole population regardless of age, disability, gender identity and gender re-assignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion and belief, sex and sexual orientation.

Locality planning

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Strategic planning by IJB takes account of the needs of people from different parts of the county and engages with communities professionals. The Act also requires HSCPs to have a minimum of two localities. In East Lothian there is a West Locality (comprising Musselburgh, Fa'side and Preston, Seton and Gosford council wards, with a population of circa 60,000) and East Locality (comprising Haddington and Lammermuir, North Berwick Coastal and Dunbar and East Linton wards, with a population of 39,000).

Introduction

This Strategic Plan sets out the next stage of development for East Lothian Health and Social Care Partnership in the delivery of all of its services to improve quality and client outcomes and to reflect local need, local priorities and national and local policies, strategies and action plans.

Although this Draft Strategic Plan sets out intentions for the next 3 years, it needs to be flexible enough to make necessary changes, including reprioritisation to reflect changes in local and national policy and in local demand and need. To do so effectively will require continuous monitoring of the strategy's priorities, and progress against these, combined with consideration of the impact on the Strategic Plan of all new policies and strategies.

As in previous years, the Strategic Plan and work that flows from it needs to comply with Scottish Government integration planning and delivery principles. These require that all the services HSCPs are responsible for:

- are integrated from the point of view of our service-users
- take account of the particular needs of different service-users
- take account of the particular needs of service-users in different parts of the county
- take account of the particular characteristics and circumstances of different service-users
- respect the rights of our service-users
- take account of the dignity of our service-users
- take account of the participation by our service-users in the community in which service-users live
- protect and improve the safety of our service-users
- improve the quality of our services
- are planned and led locally in a way which is engaged with our communities
- best anticipates needs and prevents them arising
- make the best use of the available facilities, people and other resources.

Policy drivers

Our recent and current priorities of efficient service delivery, improved outcomes, support close to home, early intervention and prevention and tackling inequalities are all driven by a range of policies.

Self-Directed Support has been a statutory duty since 2014. It is now well established within health and social care delivery, with individuals assessed and their support planned and delivered with an ever-growing focus on personal outcomes. This puts people at the centre of decision-making about their care. This approach creates a more flexible way of working, provides a client focussed approach to support and care arrangements and so makes a real difference to a person's care experience and their life.

As part of reviewing and developing services we continue to take all opportunities to include service users, carers and other stakeholders in the broader planning, delivery and review of health and social care services. We also encourage honest and transparent conversations about the opportunities and limitations in all service areas under discussion. This co-production approach ensures services reflect where possible the wishes of professionals, service delivery partners, communities, people using services and their families.

Current principles that support all decisions made in relation to service delivery include:

- National Health & Wellbeing Outcomes
- National Health & Social Care Standards
- Ministerial Group Indicators on Integration.

Our priority areas for 2019 - 2022

In February 2018 the IJB agreed that the HSCP needed to focus its energies in 2018-2019 and beyond on priority work to deliver against financial pressures and to support service change and delivery of local, regional and national priorities and those of national or local priority:

- deliver the Primary Care Strategy/New GP Contract Implementation Plan, following completion of the Primary Care Improvement Plan by July 2018. This sets out the phasing of clear priorities developed in agreement with the GP sub-committee and NHS Lothian
- development and delivery of the Financial Plan for 2018/19 and beyond, by developing the IJB role in taking the decisions required to operate within the resources available
- commence reprovision of Abbey and Eskgreen care homes and Edington and Belhaven hospitals and provision of extra care housing after reaching a final decision on the strategic direction and priority actions by locations following conclusion of consultation in June 2018. This will establish projects to produce and implement business cases, with a target date of March 2019 for production of the first business case
- review Community Services for adults with complex needs to develop a transformation programme - this will include: day services; housing; repatriation of out of area placements; night-time support/use of technology enabled care; alternatives to statutory services; and Royal Edinburgh Hospital bed numbers
- review services for adults with mental health and substance misuse issue, through joint working with all relevant partners
- implement the Carers Strategy, in conjunction with all relevant partners
- review actions intended to deliver delayed discharges/emergency admissions/A&E improvements, including: delayed discharge trends; impact of Hospital at Home 24/7 on A&E and admissions; proposed use of empty beds at East Lothian Community Hospital to support whole system capacity and a review of the impact on set aside budgets.

Transformation programmes

To deliver these priorities the strategic planning structure for the partnership was reviewed, with agreement reached to establish six 'Change Boards' towards the end of 2018 as shown in figure 1. The revised structure supports the projects and programmes arising from our strategic priorities, operational priorities and IJB Directions to deliver transformational change.

This new structure ensures the work of the Strategic Planning Group is informed by the input of reference groups and change boards with service user, carers, professional, operational, management, and planning representatives. The Change Boards cover:

- primary care
- adults with complex needs
- mental health and substance misuse
- shifting the balance of care
- reprovision programmes
- carers.

Each Change Board is chaired by a senior HSCP Officer and co-chaired by an IJB member and has a wide membership, reflecting the work it focusses on to:

- provide a structured and accountable approach to delivery of programmes, projects and workstreams
- ensure a culture of involvement, engagement and appropriate consultation in all work programmes
- ensure a clear line of sight to the priorities as set out in the IJB Directions and Strategic Plan (table 1)
- report in line with the agreed terms of operation
- set the tone and direction for partnership working
- support the delivery of all relevant national and local targets and performance requirements in respect of health and social care
- maintain effective links with other partnerships in areas of joint interest.

Golden Threads

Each Change Board has to take into account in its work key principles or 'Golden Threads'. These are: early intervention and prevention; carers needs, Self-Directed Support rights; tackling health inequalities; re-ablement/recovery; needs of people with dementia; health promotion; community justice; and tackling social isolation.

Integration measures

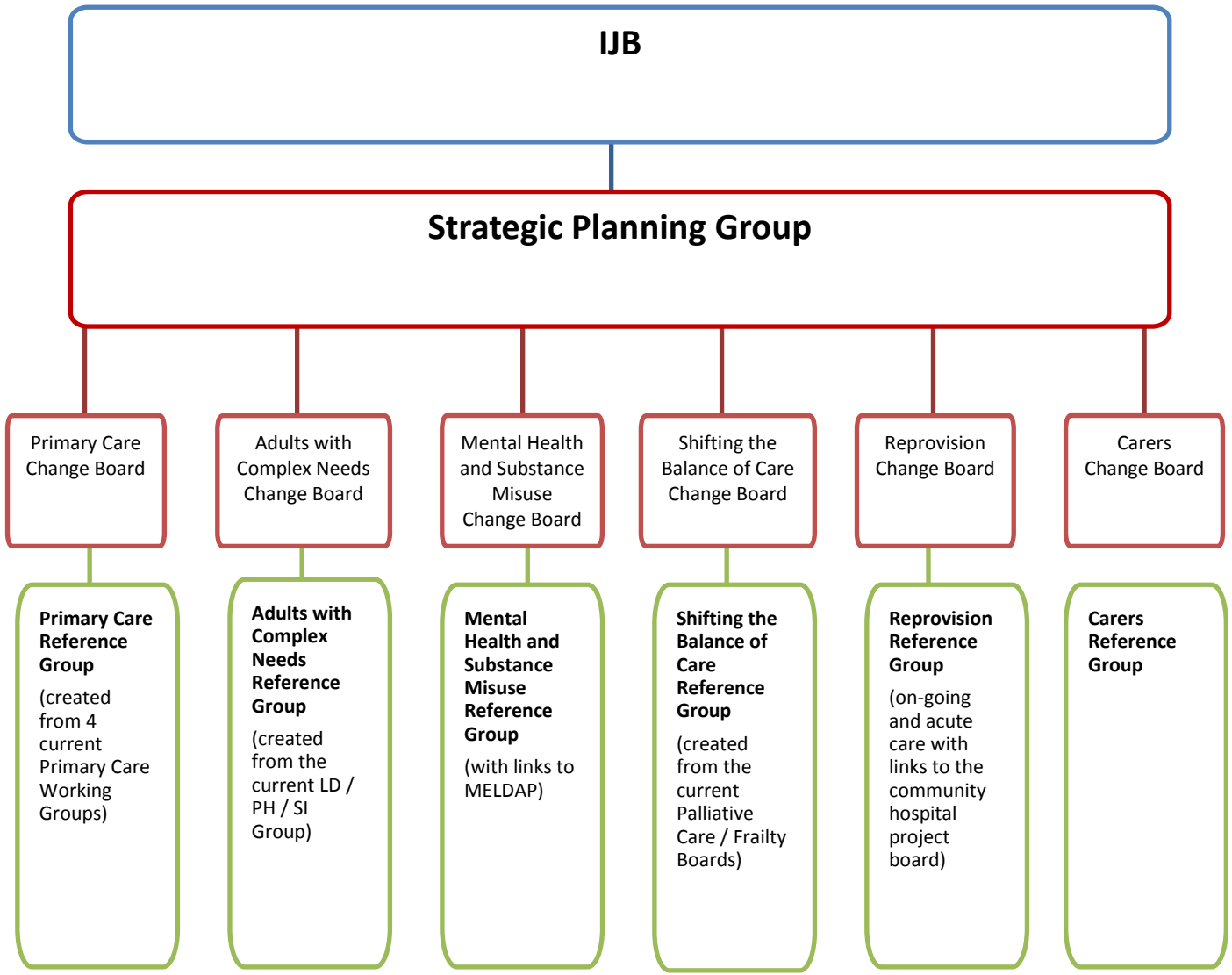
From January 2017 the Ministerial Strategic Group for Health and Community Care (MSG) began tracking performance by Integration Authorities in delivering integration through the monitoring of six measures, reported on by ISD (Information Services Division):

1. unplanned admissions
2. occupied bed days for unscheduled care
3. A&E performance
4. delayed discharges
5. end of life care
6. the balance of spend across institutional and community services.

Each IJB across the country was asked to agree its local targets for the six measures and ISD issued regular data updates to monitor progress.

East Lothian's targets for 2018-19 are shown in appendix 1. These targets are likely to apply through 2019-20.

Figure 1 – strategic planning structure



Our strategic objectives for 2019-2022

The strategic objectives developed for the 2016-2019 plan shown below remain relevant to the development of all aspects of the partnership's ambitions, however we have updated these for the coming three years:

A. to make health and social care services more sustainable and proportionate to need and to develop our communities

We want to improve access to our services, but equally to help people and communities to help and support themselves too.

B. to explore new models of community provision which involve local communities and encourage less reliance on health and social care services

We will build capacity in communities through partnership working.

C. to improve prevention and early intervention

We want to shift and focus services towards the prevention of ill health, to anticipate at an early stage the need for support and to react where possible to prevent crises.

We will achieve this through strengthened links with the community and the community planning structures and partnerships. We will continue to commission service which support early intervention and prevention.

D. to reduce unscheduled care and delayed discharges

We want to reduce unnecessary demand for services including hospital care.

We are committed to keeping the numbers of people delayed in hospital as low as possible as well as exploring other means to reduce reliance on hospitals.

E. to provide care closer to home

We want to deliver safe and effective care as close to home as possible, allowing people to remain in their homes and communities for as long as they can.

We will review how people are supported in the community closely linked to any local housing strategy and exploration of new models of housing with care. We will remain committed to providing good quality care at home services.

F. to deliver services within an integrated care model

We recognise the need to make people's journey through all our services smoother and more efficient.

We will develop a range of means of integrated working, not necessarily through the integrating of a team but often through other means such as integrated approaches or pathways.

G. to enable people to have more choice and control

We recognise the importance of person centred and outcomes focused care planning and service delivery ensuring people are involved in planning their care and support journey.

Positive Personal Outcomes will increasingly be the focus of what we aim to achieve.

H. to reduce health inequalities

We want to reduce inequalities, break the cycle and impact of deprivation and support and protect the vulnerable in our communities.

We want to support positive health promotion in order to support physical and mental wellbeing.

I. to build and support partnership working

We recognise the importance of developing effective and wide ranging strategic partnerships in delivering our ambition, vision and values.

J. to support change and improvement across our services

We recognise the need to deliver integrated services and transformational change.

Developing this strategic plan

This Strategic Plan is being jointly developed by the East Lothian Integration Joint Board and the Strategic Planning Group. Between them, the groups bring together representatives of NHS Lothian non-executives and East Lothian Council elected members, clinicians, service users, carers, voluntary sector and the independent sectors and senior managers from health and social care.

The 2019-2022 plan is a development of the previous plan and is based on consideration of the many factors that have an impact on the delivery of health and social care services, the experience of service users and assessment of need.

The next stage of the plan's development will come from engagement and consultation with communities, service users, across the county. This will ensure the draft plan is brought to the attention of as wide an audience as possible. It will also allow the IJB to hear of, and where possible incorporate, the views and priorities of East Lothian's communities, partners and stakeholders in service development and delivery.

Engagement will also allow the IJB to describe all factors that guide and may limit the opportunities for service change and development over the lifetime of the Strategic Plan.

This plan aims to further develop integrated service planning and service delivery between health and social care to attain and maintain improved health and wellbeing outcomes for all East Lothian residents, whatever their needs.

The plan will support the continuing development of services focussed on new ways of working to identify and act on client need, working to break down the boundaries between different health and social care services in all settings, whether these are provided in primary care, the community or in hospitals.

Service arrangements also need to respond to increasing complexity in the health and social care needs of clients, ensuring coordination between providers of different elements of care to deliver the best outcomes for all service users.

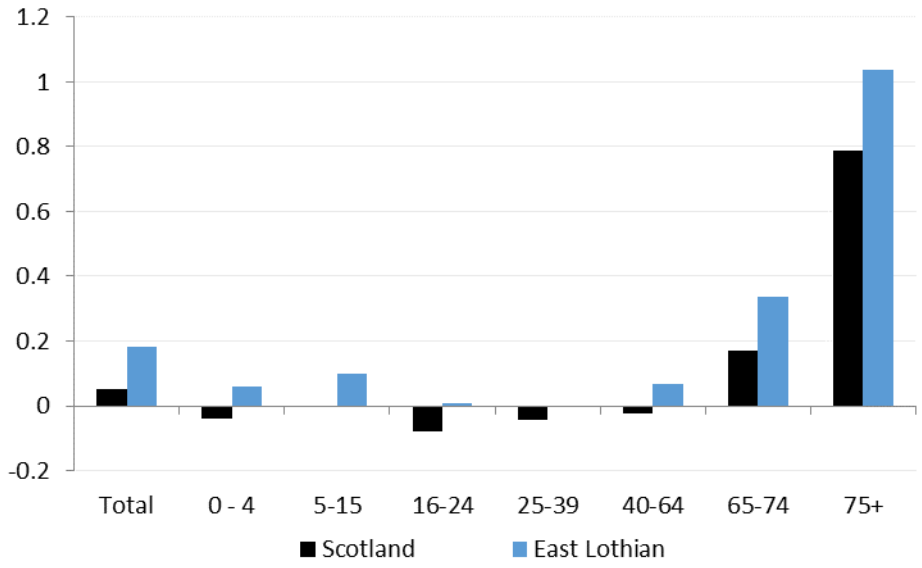
Understanding the needs of our communities

The Strategic Plan also needs to respond to the varied needs across a population of 104,070 (estimate for 2017) which is in a phase of population growth with an expected increase of around 23% up to 2041. East Lothian will continue to see population growth in coming decades, with the highest growth in the 65-74 and 75+ age bands.

East Lothian Health and Social Care Partnership faces current and future demands from this ageing and growing population. It has further challenges in meeting the needs of a range of communities in the populous and urban west and the rural communities in the east and south of the county.

The charts that follow present information on the characteristics of the population served by the services provided by the HSCP.

Chart 1 - projected population % change by age group 2016 to 2041



Around 23% of the population are classed as living in a large urban area, focussed on the Musselburgh locality. Almost 24% of the population live in accessible rural areas (chart 2 and figure 2).

Chart 2 - East Lothian 2016 ward population by urban/rural

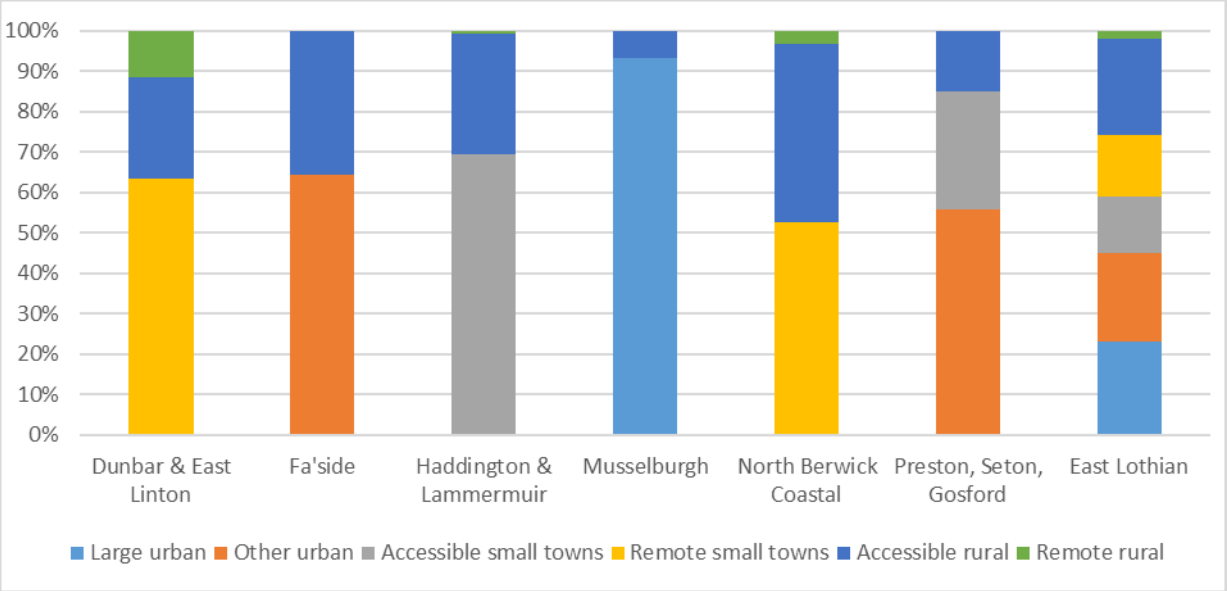
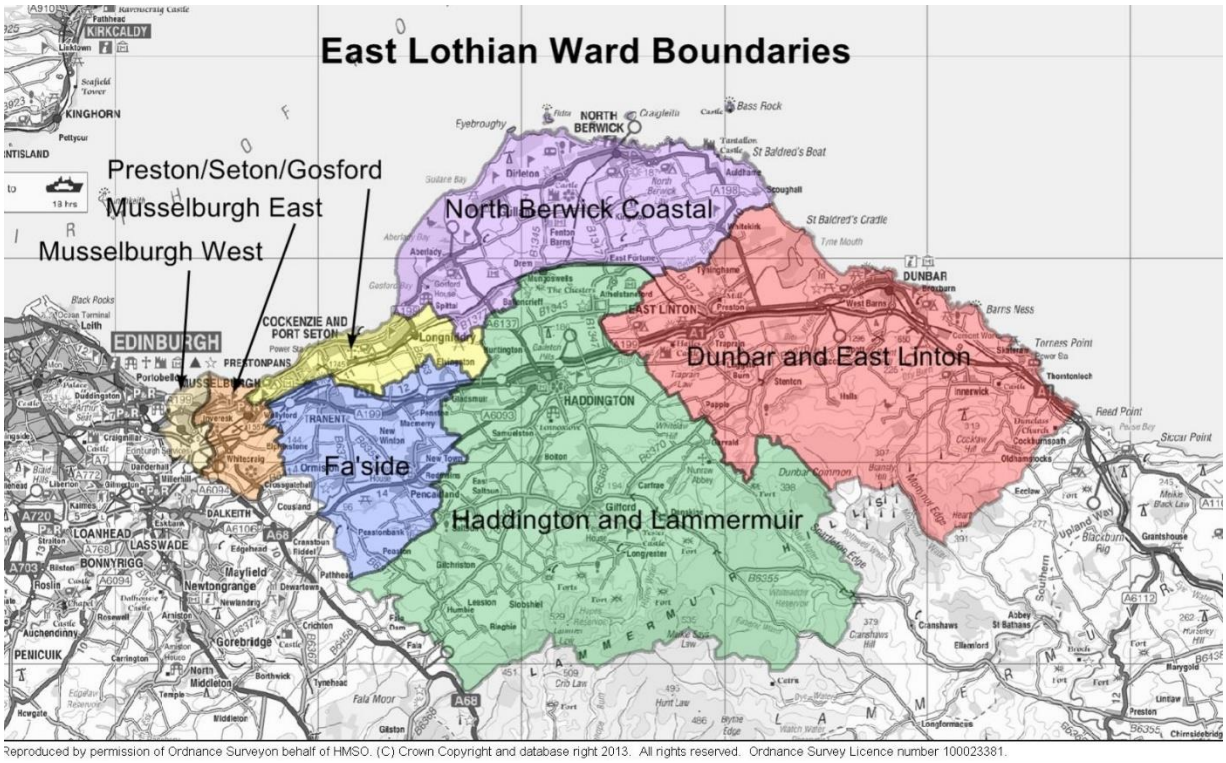


Figure 2 - East Lothian council wards (**updated map awaited**)



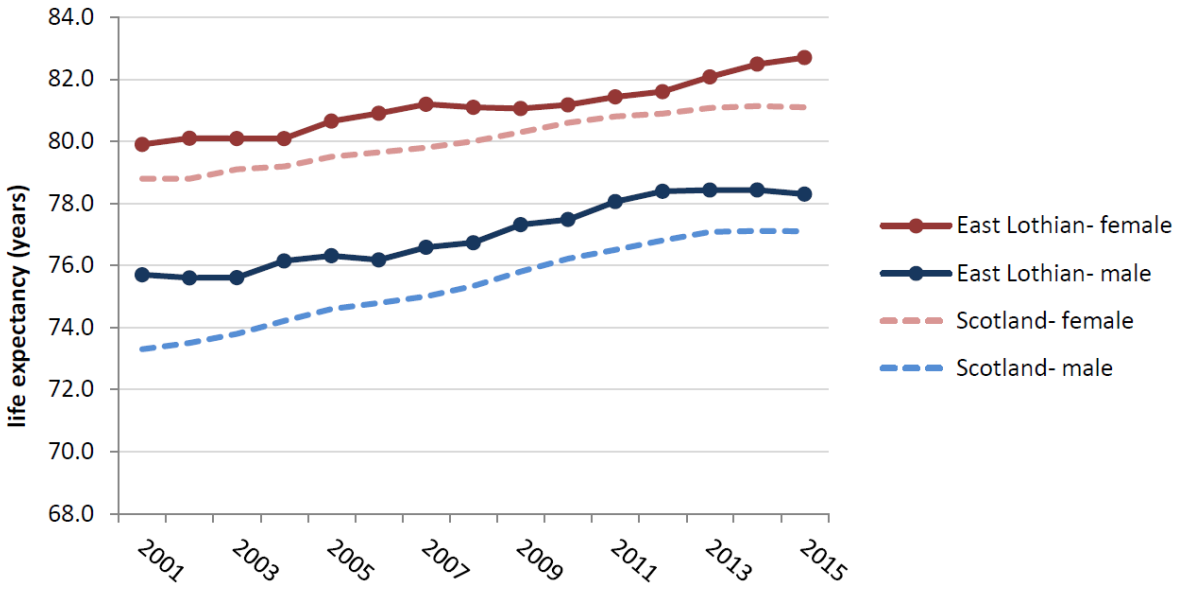
Life expectancy for both males and females in East Lothian was above the Scotland average in 2014-16, at 78.3 compared to 77.1 for males and 82.7 compared to 81.1 for females (table 1 and chart 3). There is variation between areas of low and high deprivation (chart 4). Over this period, life expectancy has been consistently higher than the national figures.

Table 1 - life expectancy in East Lothian (and Scotland)

	2010-12	2011-13	2012-14	2013-15	2014-16
Female, at birth	81.4	81.6	82.1	82.5	82.7
Male, at birth	78.1	78.4	78.4	78.4	78.3

Data source: NRS - https://www.nrscotland.gov.uk

Chart 3 - male and female life expectancy in East Lothian and Scotland



Data source: National Records Scotland

Chart 4 - male and female life expectancy in East Lothian - most and least deprived areas

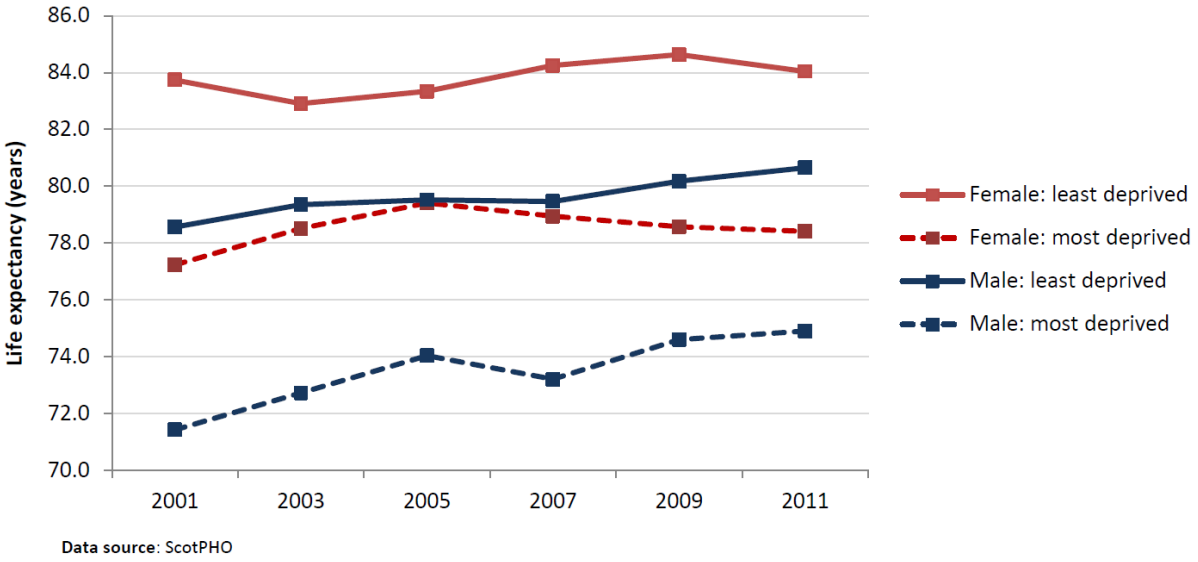
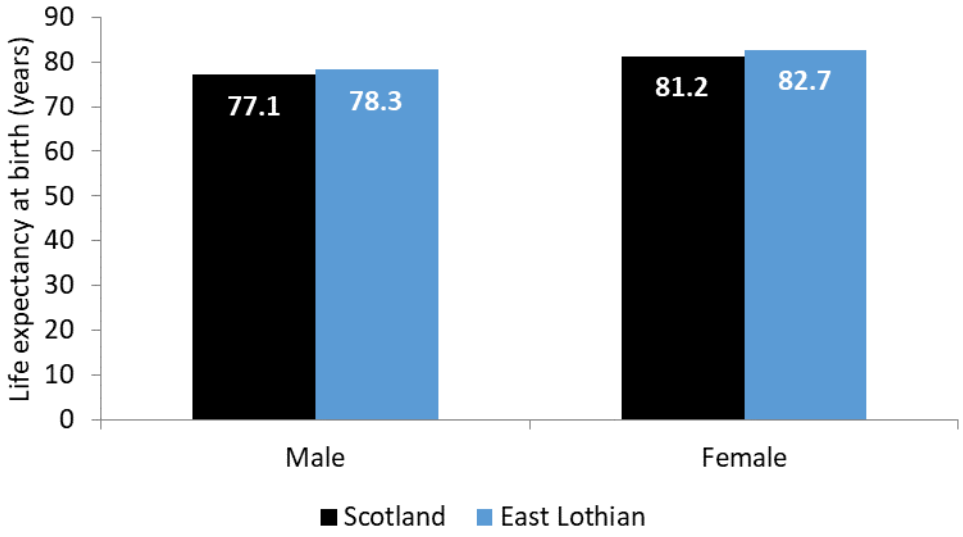


Chart 5 - East Lothian male/female life expectancy compared to Scotland, 2014-16



In 2017, there were 104,840 people living in East Lothian, 52.1% females and 47.9% males. The East Lothian population is projected to grow by 18% between the years 2016 and 2041. Almost 20% of the population are aged 65 and over. Currently, 21% of the population lives in the Tranent, Wallyford and Macmerry locality, while only 13% are in the North Berwick Coastal locality

Table 2 - population distribution

Locality*	**2017 Population Estimate**	**% 2017 Population**
Musselburgh	19,491	19%
Preston, Seton and Gosford	18,030	17%
Tranent, Wallyford and Macmerry	21,772	21%
North Berwick Coastal	13,226	13%
Haddington and Lammermuir	17,915	17%
Dunbar and East Linton	14,406	14%
East Lothian	**104,840**	

*Locality is the same as electoral ward

Chart 6 - projected population growth

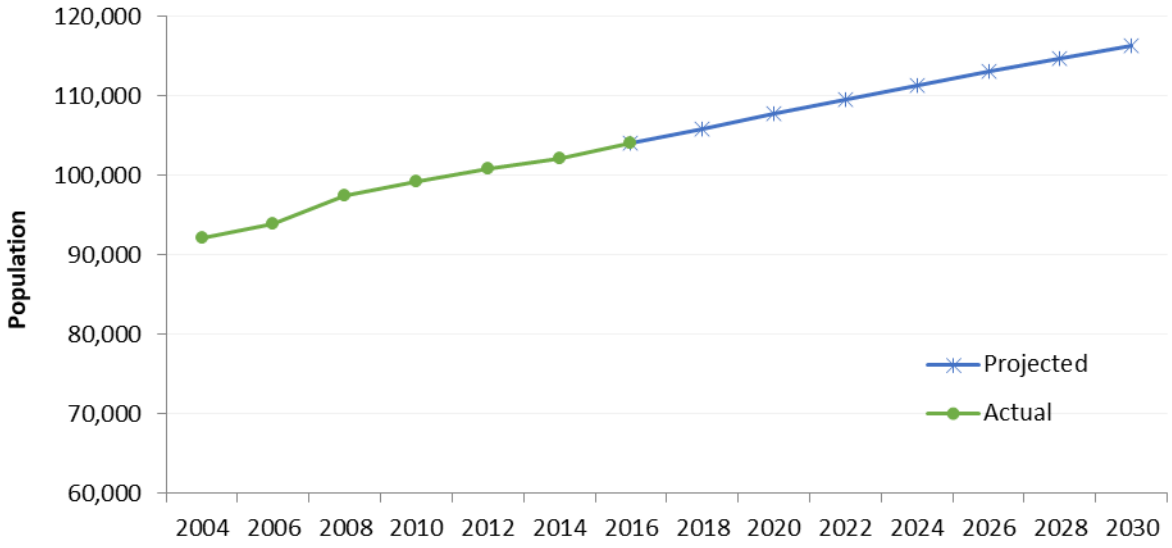


Chart 7 - age profile East Lothian compared with Scotland

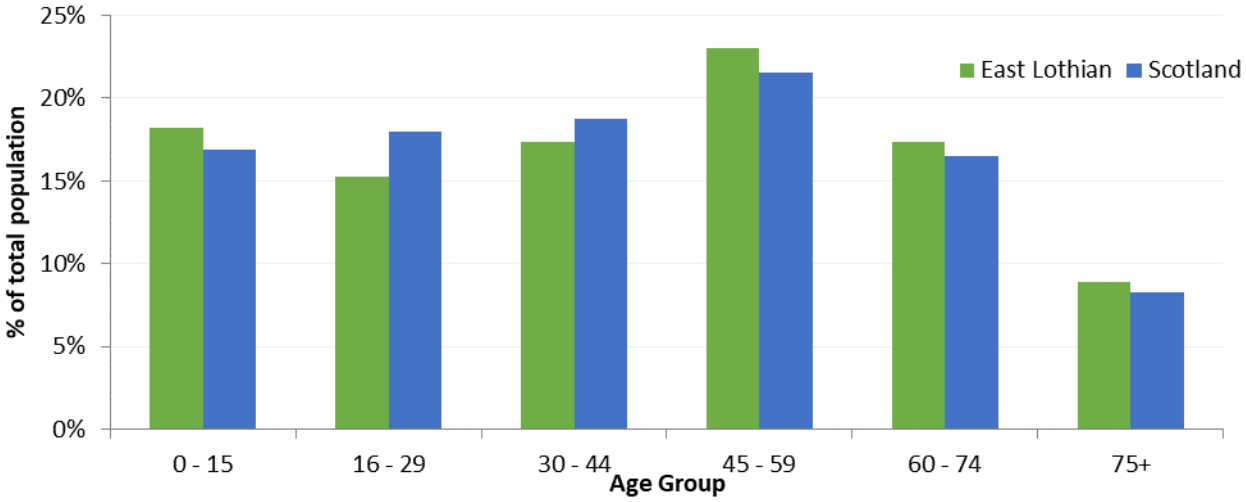


Chart 8 - East Lothian 2016 population by age band and Sex

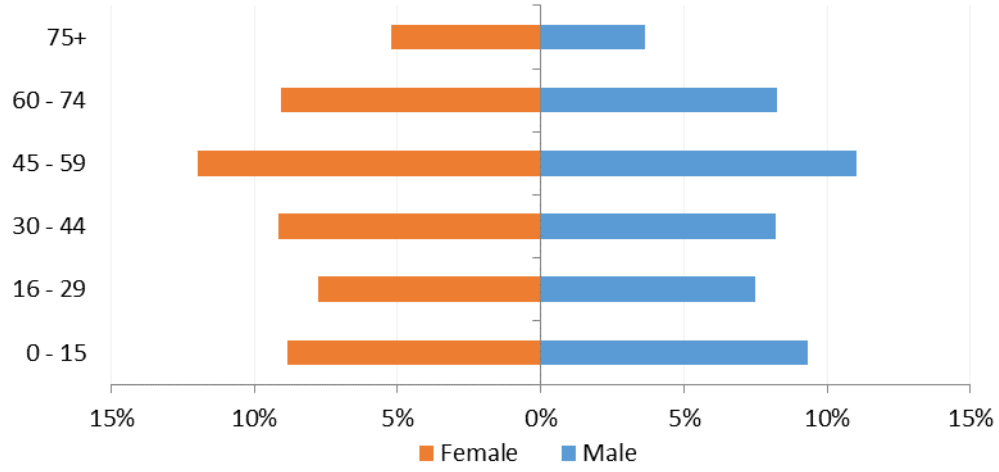
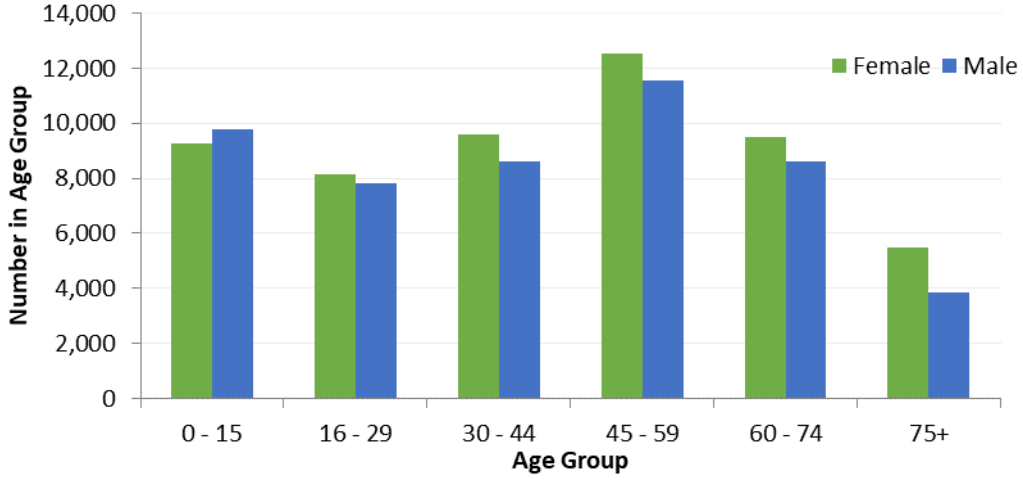


Chart 9 - gender profile



Deprivation across East Lothian

Overall, 4% of the East Lothian population live in the most deprived Scottish quintile (based on the Scottish Index of Multiple Deprivation (SIMD) while 20% live in the least deprived quintile. This varies by locality, with only Fa'side and Preston, Seton and Gosford areas having residents in the most deprived quintile (chart 9 and table 3).

Chart 10 - SIMD 2016 locality population for East Lothian - % (uses 2014 population figures)

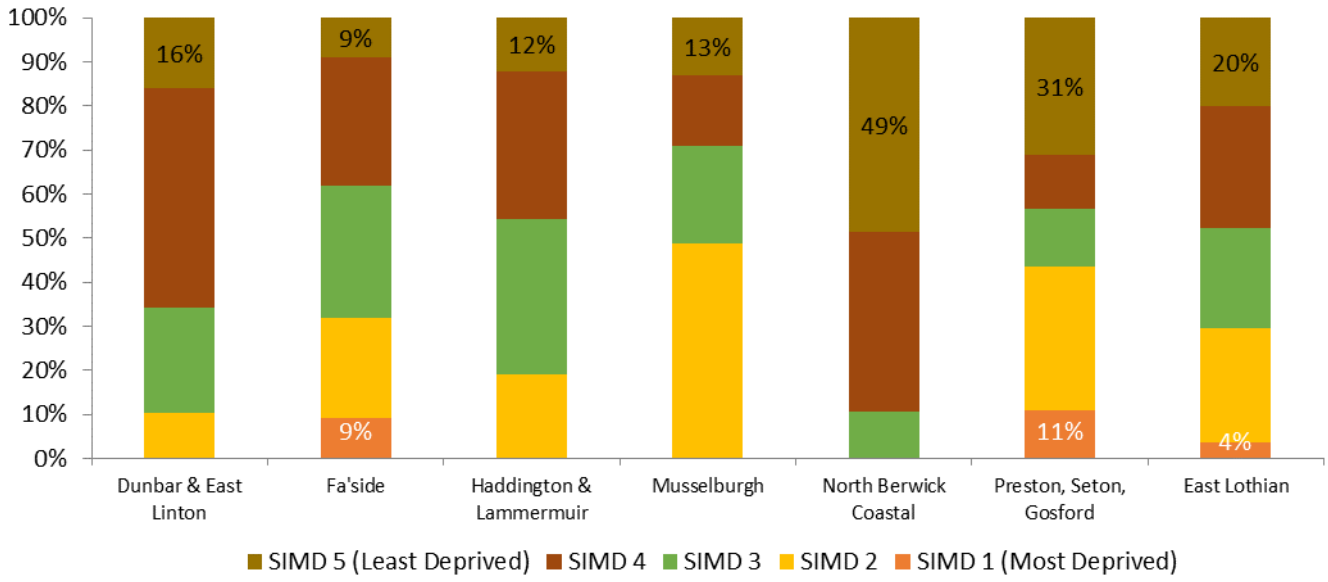


Table 3 - SIMD 2016 locality population for East Lothian - numbers

SIMD Quintile	Dunbar & East Linton	Fa'side	Haddington & Lammermuir	Musselburgh	North Berwick Coastal	Preston, Seton, Gosford	East Lothian
SIMD 1 (Most Deprived)	-	1,754	-	-	-	1,981	3,735
SIMD 2	1,392	4,393	2,506	12,430	-	5,871	26,592
SIMD 3	3,265	5,740	4,627	5,571	1,337	2,362	22,902
SIMD 4	6,769	5,647	4,390	4,072	5,178	2,186	28,242
SIMD 5 (Least Deprived)	2,160	1,715	1,584	3,346	6,144	5,630	20,579

Mortality/Cause of Death

East Lothian HSCP has a rate of 305 deaths per 100,000 population (European Age Standardised Rates (EASR)). In 2014-2016 cancer was the main cause of death. This is below the Scottish rate of 324 deaths per 100,000, but it has historically been higher than the Scotland rate.

Chart 11 - EASR deaths per 100,000 population by East Lothian sub-partnership area compared with Scotland and Lothian Health Board

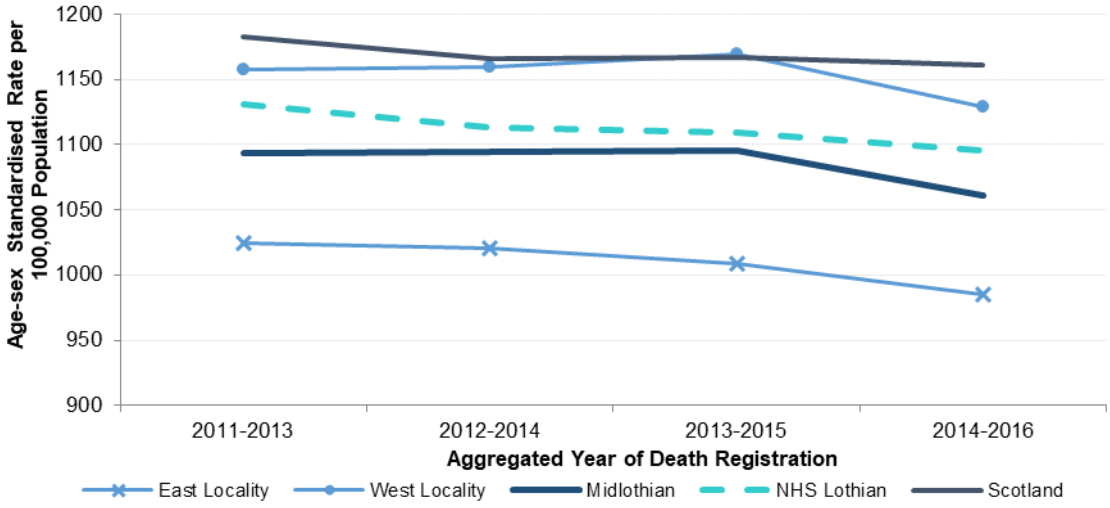
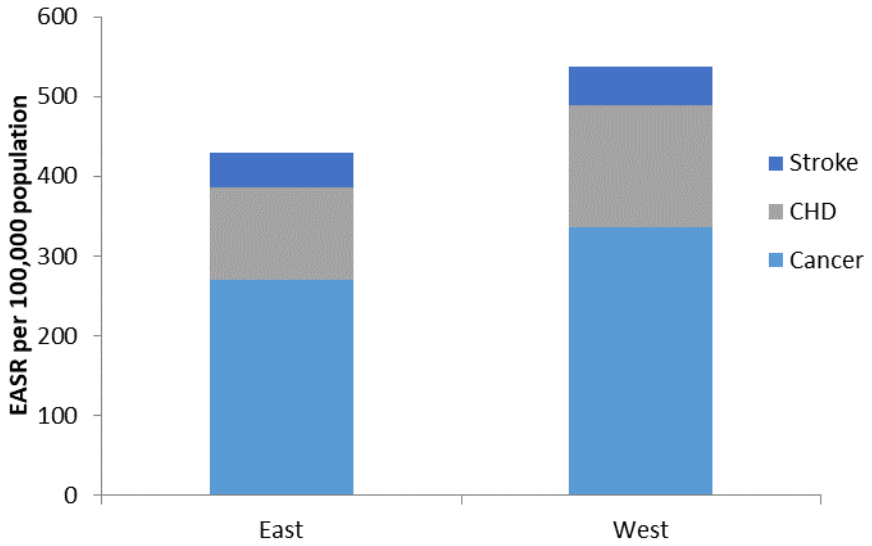


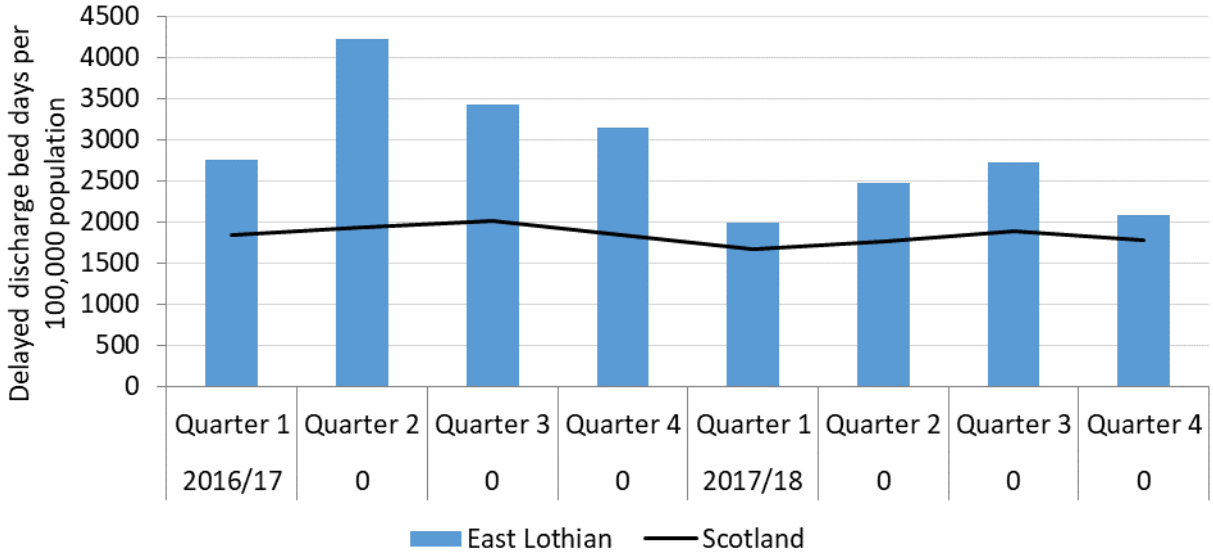
Chart 12 - deaths per 100,000 population, by main 3 causes in East Lothian, 2013/14 by sub-Partnerships



Delayed Discharge

Considerable progress has been made in reducing delays for East Lothian patients who are ready to be discharged from acute hospitals. This has been achieved through multidisciplinary team working across services and the support of the Hospital at Home and Hospital to Home Teams, working together to prevent admissions and to reduce length of stay.

Chart 13 - bed days occupied by delayed discharges - per 100,000 population



Dementia

In 2017, Scottish Government published its third national strategy on dementia. This outlined the models and focus for dementia care across Scotland with an expectation that we deliver the 5 Pillars of dementia care[1]. We are focussed on retaining the progress made in supporting individuals with dementia, and their families. This includes extending the 12 month post-diagnostic support role as well as concentrating on specialist units and care homes. This is reflected in the current work developing in East Lothian.

As East Lothian is the fastest growing local authority area in Scotland the new housing and communities that are being created should be aware of the needs of people with dementia. The dementia friendly East Lothian work that is developing will assist in this, and will become increasingly important as new families and individuals make East Lothian their home. This will involve working in partnership with Community Planning, housing and the third sector to ensure that dementia friendly communities become part of development agendas.

This partnership across Community Planning and Health and Social Care, as well as the Third Sector is also significant in bringing a focus to those affected by inequality or poverty who have a diagnosis of dementia. As noted, East Lothian has a diverse population in an area of mixed urban and rural communities, some affected by deprivation. These factors impact on

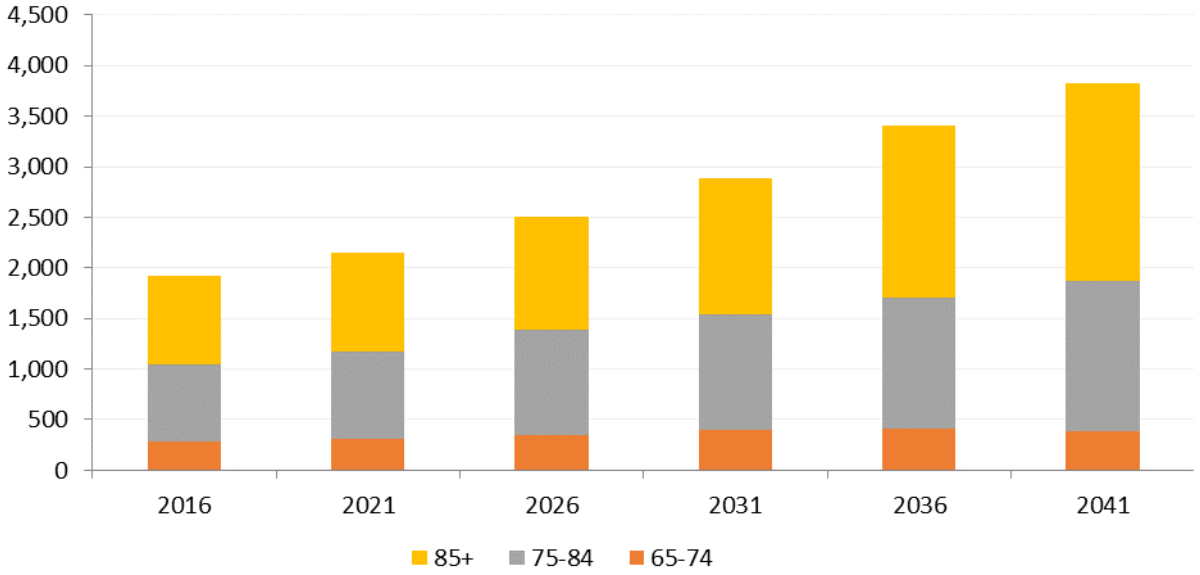
1

how easily people with dementia can access services. This focus needs to be brought into the local dementia care pathway to best support individuals and families within the county.

Table 4 - dementia prevalence projections for East Lothian

Age band	2016	2021	2026	2031	2036	2041	% increase
65-74	287.7	313.7	346.2	393.4	408.7	384.9	34%
75-84	757.7	858.0	1038.4	1151.2	1300.8	1488.4	96%
85+	875.5	981.8	1119.8	1342.5	1696.0	1956.8	124%
Total	1920.9	2153.4	2504.4	2887.0	3405.5	3830.1	99%

Chart 14 - projected numbers of people with dementia in East Lothian 2016 – 2041



Actions proposed in dementia work

Initial planning to outline possibilities for best use of Midlothian and East Lothian community hospital services for people with a diagnosis of dementia. This work is being developed in conjunction with Midlothian Health and Social Care Partnership.

- to analysis data on use and need for East Lothian individuals using Midlothian Community Hospital
- to outline options and consider model of repatriation of East Lothian individuals with a diagnosis of dementia requiring in- patient care from Midlothian Community Hospital to East Lothian (new) Community Hospital.
- to outline options for a local dementia specialist care home in East Lothian
- to review and develop the existing local dementia care pathway to ensure high quality care at each part of the pathway, as well as consider the impact of barriers and inequalities that affect access to support
- to review and develop the post diagnostic support for people given a diagnosis of dementia.

Health inequalities, public health and health improvement

NHS Lothian supports the East Lothian Health and Social Care Partnership (HSCP) in identifying and addressing population health needs in a number of ways, with input from public health professionals including: Public Health Consultants, a Policy Officer, a Public Health Practitioner and Health Promotion Specialists (HPS).

The public health team aims to bring health improvement and health intelligence expertise to support partners in taking an evidence-informed, person-centred approach which considers the impact of policy and interventions on health and health inequalities e.g. tobacco prevention, alcohol licensing, food and health, poverty, violence against women, children and young people's mental health, perinatal and infant mental health. This includes supporting the 'golden threads' within HSCP planning to reduce inequalities and focus on prevention and early intervention.

NHS Lothian also provide funding for health improvement activity within the county. For example, health improvement projects that have a focus on children and young people and Ageing Well which focusses on physical activity in later life.

East Lothian Health Improvement Alliance

The East Lothian Health Improvement Alliance (ELHIA) is where health improvement and health inequalities work is often co-ordinated, although this is not exclusively carried out by this group. ELHIA seeks to bring together organisations from the public, community and third sectors with an interest in improving health and reducing inequalities.

The Alliance has three overarching objectives to reduce health inequalities in East Lothian:

- ensure strategy across East Lothian Partnership promotes health and reduces inequalities through advocating for health in all policies and supporting the completion of Integrated Impact Assessments on all strategies, policies and action plans
- develop support and resources for health improvement and reducing inequalities through training, seminars and sharing information on the causes of inequalities and what works to ease, reduce and prevent the impact
- support health improvement activity across East Lothian that is evidence based and health inequality focused e.g. advising on the delivery of Health Improvement Funded projects in East Lothian.

In line with this work the Public Health team continue to develop partnerships in the county both within the HSCP and the wider East Lothian Partnership to raise awareness of inequalities and influence policy and strategy development around the broader determinants of health and inequalities. One such example would be contributing to the development of the East Lothian Local Housing Strategy which is, in and of itself, an excellent example of a 'Health in all Policies' approach.

Rapid Rehousing Transition Plan[2] (awaited)

[2] **Reference/document location needed**

Primary Care

July 2018 saw the completion of the East Lothian Primary Care Improvement Plan (PCIP) in line with the requirements of the new GP contract developed by the Scottish Government and the British Medical Association. Following this, an 'implementation period' commenced to run until April 2021. During this period, the HSCP's primary care team will implement, evaluate and expand new models of service delivery across East Lothian. Having already led significant change, East Lothian has been at the forefront of Primary Care Improvement in a national context. Recent developments have included:

- the nurse-led Care Home Team – working directly with care home staff and GP practices to deliver prompt and continuous care to residents of care homes. Nursing expertise, augmented with clinical decision-making capabilities and prescribing, has led to more seamless ongoing and acute care. The service is being evaluated by Health Improvement Scotland. It currently covers care homes in Musselburgh, Wallyford, Gullane and Haddington, with further expansion planned
- CWIC (Collaborative Working for Immediate Care) has now completed its first year operating from Musselburgh Primary Care Centre. CWIC works in partnership with Riverside Medical Practice and NHS 24 to deliver care to patients using a team of Nurse Practitioners, Advanced Physiotherapy Practitioners, Mental Health Nurses, Mental Health Occupational Therapists and Advanced Nurse Practitioners. Evaluation so far has shown reductions in prescribing and in outpatient referral numbers
- practice pharmacists continue to provide services for patient of several practices in East Lothian
- evaluation of current primary care nursing services (including Practice Nursing, treatment room services, Health Care Assistants and phlebotomy) within existing GP practices. These services are currently provided through a mixture of ELHSCP led and GP led arrangements
- support from partners in the LIST (Local Intelligence Support Team) to provide data and help with analysis, so ensuring that planning is built around activity and need and to evaluate outcomes of service developments.

The PCIP will support significant changes in how patients access primary care services, and how these services are delivered to them. It will give patients a greater choice of access options and importantly, that they see the right professional for their problem at the outset.

By training and recruiting a broad multi-disciplinary team and by modernising access models, patients should benefit from this new approach to Primary Care. The PCIP is also designed to balance out the differences in access and service delivery that are seen in different parts of the county. ELHSCP wants to ensure that all patients in the county experience the same high quality service, delivered through safe and well governed pathways. The PCIP aspires to create a seamlessness between services. This extends to secondary care services, especially Hospital@Home and East Lothian Community Hospital outpatient services.

The next phase of the PCIP implementation and the overall strategy for Primary Care will include:

- expansion of the Care Home team to ensure that we provide the best possible care for one of the most frail populations. The HSCP intends to grow this team and allow all care home residents in the county to benefit from it. Consideration will be given to expanding the service to cover all days of the week
- expansion of the CWIC service. This 'Musselburgh Model' already serves nearly a fifth of the population of the county (circa 20,000 patients). NHS 24 has already committed to expand their input using extra investment from the Scottish Government. Three neighbouring practices are already in discussion regarding adopting the model bringing the potential number of patients benefiting from this service to over 50,000
- support and investment in training new staff to extend their roles in delivering primary care services
- design of a 'CWIC-lite' model in recognition of the needs of those parts of the county where levels of demand on Primary Care do not create issues with access for patients. This model will focus on providing support from musculoskeletal and mental health practitioners
- new models of home visiting, including Paramedic Practitioners and Allied Health Professionals. This will allow the HSCP to respond to acute illness as well as complex cases of frailty and will allow development of improved pathways into secondary care and social services to access support as necessary
- testing and implementation of Community Treatment and Care Services (CTACS). These new centres, as envisaged by the new GP contract will deliver nursing services on behalf of primary care and will be designed and run by the HSCP
- development of the 'pharmacotherapy' (pharmacy) team. Once existing pharmacist-led services have been evaluated and to support the requirements the GP contract, ELHSCP will establish a team of pharmacists, pharmacy technicians and administrative support
- review of Out of Hours services (provided by Lothian Unscheduled Care Service) to ensure that current models best serve local needs and that communication between in hours and out of hours care is minimised to improve the access journey for patients
- development of a strategy to prepare primary care's response to meet the needs of a growing and ageing population, and the different demands they will place on services
- further expansion of the Links Worker services across primary care
- ensure that existing GP services are better equipped to respond to patients need utilising all members of the Primary Care team
- investment in telephony and eHealth services to support developments. Currently patient data sits within individual GP practices only. Consideration is being given to

establishment of shared IT services, allowing much improved sharing of data between services where appropriate, ensuring improved continuity of care

- development of transport to ensure that patients who currently experience difficulties in accessing services are not disadvantaged and to consider those who are at risk of becoming disadvantaged by any future service changes.

Providing primary care services around the clock

When GP practices are closed (between 6pm and 8am Monday to Friday, all of Saturday and Sunday and on public holidays) urgent primary care services are provided out of hours (OOH) by Lothian Unscheduled Care Service. Better known as LUCS, this is a Lothian-wide service which works on behalf of local primary care in East Lothian. Patients who need care access LUCS after initially contacting NHS24 by telephone for their concern to be assessed.

Patients can be seen by LUCS staff in the Outpatient Department at East Lothian Community Hospital. In addition to this, LUCS provides home visiting and telephone support and care to patients in East Lothian where that is required.

Throughout Scotland, OOH primary care services are implementing the recommendations of a National Review, known as the 'Ritchie Review'. The review recommendations include being able to provide more coordinated and supportive care for patients through the creation of Urgent Care Resource Hubs. Such Hubs would coordinate care in the OOH period across a more diverse range of services than is currently available.

Within Lothian, work is advancing to develop plans that will support the Review's recommendations. Forthcoming tests aim to bring other clinical professions into OOH working in a way not seen before. This includes pharmacy and psychiatric nursing services. It is expected this will mean more services are available to patients in East Lothian during the OOH period

LUCS has experienced the same pressures as day time general practice in recruiting and retaining staff. As with daytime services, this has led to some restrictions in access to services. In East Lothian it has sometimes been difficult to fully staff the Out of Hours base at East Lothian Community Hospital, although East Lothian residents have always been able to access the service at other bases and home visits have been maintained.

The frequency of these difficulties increased over 2018. East Lothian HSCP will work with LUCS to improve the situation and maintain local access to primary care out of hours locally through supporting the developments above both financially and operationally and through working with East Lothian GPs to increase support for the service.

Getting the best outcomes for people

Improving the outcomes for people who use health and social care services will continue to be a priority in the next strategic plan. We will increasingly use tools to measure progress against, and the achievement of, outcomes for the people who use our services and the services we commission.

Joint Strategic Needs Assessment

We have considered a wide range of information in deciding on the focus of this strategic plan. The main sources of information were a joint strategic needs assessment and routinely gathered data concerning performance and targets relating to national and local outcomes, strategies and policies.

The joint strategic needs assessment (JSNA) describes the demographics of the East Lothian adult population and the variations in health and care needs across the county, reflecting the differences between the populous and more urban west of the country and the more rural east.

Improving our Services

The Joint Strategic Needs Assessment provides data to inform decisions about development of current or new services. Whether we are seeking to plan and minimise hospital admissions or tackle capacity challenges within care at home delivery we will use the data we hold to maximise the efficient use of resources targeted at those most in need.

The strategic plan retains a commitment to supporting people closer to home, in their own home or in a homely setting. This will be achieved through a number of measures resulting from re-modelling of our own services as well as the services we commission.

Early intervention and prevention will continue to be a priority for East Lothian in the next strategic plan. We remain committed to developing ways to avoid unnecessary admission to hospital or to a residential or nursing home. We will provide packages of support for people to stay for as long as possible in their own homes. One key way in which we will seek to do this is through the development of extra care housing or other supported accommodation arrangements.

As well as new models of housing with care there are a number of other ways that we can support people to retain their independence and well-being for longer. This will increasingly involve the use of commissioned services in relation to early intervention and prevention as well as areas such as Technology Enabled Care (TEC) and Telehealthcare. We will also review the use of equipment and adaptations as a means of supporting people to be cared for at home.

East Lothian Health and Social Care Partnership has made considerable progress in the management of delayed discharge with all-time low numbers of people being delayed in hospital. This is a result of a combination of coordinated efforts across teams.

We will continue to strive to maintain low numbers of people delayed in hospital. As part of improving outcomes for all the people who use our services we will continue to focus on addressing unscheduled care and on avoiding unnecessary admissions.

Gypsy Travellers in East Lothian

There is currently no systematically collated data about the Gypsy Traveller population in East Lothian. This makes it difficult to provide an accurate assessment of numbers and needs. However, health outcomes for Gypsy Travellers are generally poorer than for the wider population and they experience greater levels of stigma and discrimination than other minority ethnic groups.

There is one official encampment at the Old Dalkeith Quarry, which serves the populations of both East Lothian and Midlothian, with pitches for 12 trailers. Some Gypsy Travellers use 'unofficial encampments' across the county, often with limited or no access to resources such as health services, running water and waste disposal. As a consequence, risks to health for this population are often greater than for those who use official encampments. Some Gypsy Travellers also live in permanent housing.

The Gypsy Traveller Steering Group is a multi-agency partnership with representation from: health; education; local authorities; police and the third sector. The group coordinates activities aimed to improve the health and wellbeing of the Gypsy Traveller community across Lothian. The work is governed by an action plan which is based on the priorities set out in a Fairer Scotland for All: Race Equality Action Plan. The plan supports the 'golden threads' within HSCP planning to reduce inequalities and focus on prevention and early intervention.

Over the past year, membership of the group has expanded to include oral health; health visiting; midwifery; Detect Cancer Early; Education; Article 12, a rights based group working with young Gypsy Travellers and; Women's Voices, a project to enable women in the Gypsy Traveller community to achieve their personal aspirations and engage in civic life. In addition, the Steering Group has re-established links with Skills Development Scotland and Shelter.

The priority outcomes for the Gypsy Traveller Steering Group covering the period 2018-2021 are:

- increased involvement of Gypsy Travellers and partners in improving the health and wellbeing of Gypsy Travellers
- increased capacity of staff in public and voluntary sectors to meet the needs of Gypsy Travellers
- Gypsy Travellers have effective healthcare appropriate to their needs and experience
- increased educational attainment among young Gypsy Travellers
- increased literacy and numeracy amongst the adult population
- increased access to employment opportunities for the Gypsy Traveller population in Lothian
- increase in young Gypsy Travellers achieving positive destinations
- Gypsy Travellers and their families are aware of and can access welfare benefits as per entitlement.

Older people

As noted in the first Strategic Plan, East Lothian launched a joint Older People's Strategy in 2011 which prioritised actions to develop independent living crisis care, early response and re-ablement approaches.

A great deal of progress has been made in establishing a coordinated, multidisciplinary approach to identifying and acting on the needs of older people. This is delivered through the Hospital to Home, Hospital at Home and Care Home teams. These teams have reduced demand on secondary care services, but transfer of activity has increased demand for local support.

Our challenge in coming years is to release current funds tied up in secondary care to allow further development of our local services. If we are to respond appropriately to the growth in the number of older people and in those with complex needs more investment will be needed.

Falls

[Content to follow]

Rehabilitation

Services must embrace rehabilitation approaches to respond to current service demands, to support clients in reaching their highest level of functioning and to efficiently utilise workforce and financial resources.

[Content to follow]

ELHSCP facilitates HILDA and develops the use of the Lifecurve™ for a wide range of people to improve their health and wellbeing.

The focus of the Wellwynd Hub is prevention, early intervention and low level support. This will take the form of:

- early assessment of need in an accessible environment where the full range of aids adaptations and technology can be trialled on site
- promotion of HILDA – the online self-assessment tool with informed guidance and support on a range of equipment and advise to support safety and independence in the home
- use of the Lifecurve™ an evidence-based tool within HILDA to support early intervention and promote improved functional ability for clients through exercise and engagement in community activities
- moving and handling demonstrated and taught to carers and staff alike
- specialist advice on adaptations for people with mobility issues
- falls prevention techniques and training
- promotion and showcasing of TEC (**) solutions to assist with risk enablement
- identification of carers and signposting to support
- the HUB will also provide a dedicated resource for staff training within the county enabling preparedness for the challenges of a growing ageing population. The HUB can also be used to demonstrate and safely store training equipment and Technology Enabled Care.

Palliative and end of life care

We remain committed to the delivery of high quality palliative and end of life care through our multidisciplinary teams in home, community and hospital settings. In developing this care we aim to reduce reliance on acute hospital beds in favour of community based care.

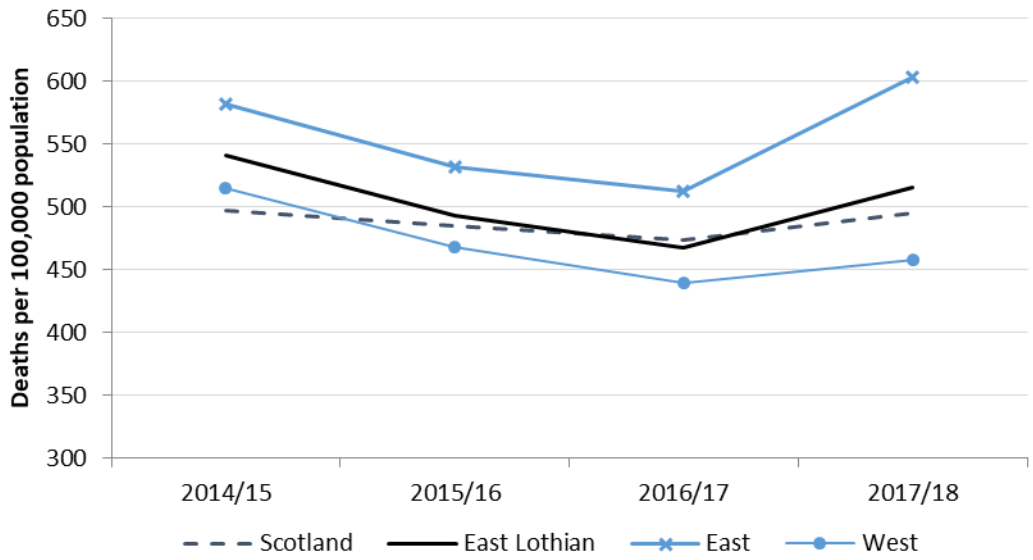
A Macmillan palliative care community nursing team also provide specialist support across the county. East Lothian patients can also access day services and beds in the Marie Curie and St Columba's Hospices.

The Macmillan team has enhanced its membership with the introduction of a Band 4 staff member. This allows the specialist nursing resource to focus on more complex patients whilst also supporting the generic community nursing teams to enhance their skills and knowledge. The provision of an outpatient clinic run jointly by the Macmillan team and St Columba's will ensure that patients can access this specialist resource at local level. This reflects the preferences of patients and carers.

Data tells us that around 40% of deaths have some care input from specialist palliative care services. In addition, general practice, community and social care teams provide important support to patients in the last years of life. Demand for such care will rise as the population ages and as people live with increasing numbers of long term and complex conditions.

The proportion of deaths which occurred in NHS Acute Hospitals in East Lothian for 2017/18 was 515.1 per 100,000, just above the Scottish average of 494.9 per 100,000 population.

Chart 15 - deaths in acute hospital per 100,000 population by East Lothian sub-partnership area with Scotland and Lothian Health Board comparators



Adults with a learning disability and autism

Learning Disability Scotland Statistics 2017 indicates that East Lothian has the second highest number (8.3%) of people with a learning disability per 1,000 of the population. The national average is 5.2%.

We aim to provide every adult with learning disability in East Lothian with the opportunity to live a healthier, more active and independent life, engaged in their local community.

The keys to life is the Scottish Government's ten year learning disability strategy for 2013 – 2022. It takes a human rights approach to addressing inequalities experienced by many people with learning disabilities. The 2015-2017 Implementation Framework presents four strategic objectives – A Healthy Life, Choice and Control, Independence, and Active Citizenship - to frame priority areas for action. The most recent Implementation Framework, for 2018–2020, does the same.

In line with the four strategic objectives the East Lothian Learning Disability Strategy 2013 – 2018 identified 7 key outcomes and actions:

1. people with a learning disability will be supported to maintain and develop, friendships, community links and steps towards independence - Transformation Programme Management Group
2. people with a learning disability and families/carers can access information and support from a single point of contact - Transformation Programme Management Group
3. carers will be appropriately supported and have access to an assessment as a carer - LD Strategic Planning Group (led by Carers Reference Group)
4. people with a learning disability will have greater access to further education, employment opportunities and the opportunity to engage in meaningful activities. - Transformation Programme Management Group
5. people with a learning disability can access required health care service locally - LD Strategic Planning Group
6. different types of housing and supports models will be available to support people with a learning disability to live in East Lothian - LD Strategic Planning Group
7. people with a learning disability will feel safer in their communities and given the chances to develop friendships and relationships based on their own choices - LD Strategic Planning Group.

The Learning Disability Joint Planning Group oversees the implementation plan which supports the local strategy. With the introduction of the Health and Social Care Partnership new planning and governance, structures are emerging. As a result, there has been the creation of reference groups and changes boards.

Members of the planning group identified that there are a number of priority areas which include housing, support for carers and health care services which will continue to sit with the joint planning group.

For service development for and with people with learning disabilities, the planning process below will apply.

East Lothian Health and Social Care Partnership has set up a Transformation Programme which will focus on redesign and developing community supports for adults with complex needs. This includes people with a learning disability and/or autism. The programme will report by April 2019, with a view to new models of service being implemented by April 2020.

This programme will also report to the Adults with Complex Needs Change Board.

This project aims to achieve the following:

- consider outputs from the Big Conversation and Carers Breakfast.
- collection and analysis of data/information to inform us how current commissioned services and internal day services are delivered, which will inform the Needs Assessment and ultimately the future community provision. This will include an analysis of transition data to inform model development for those with complex needs.
- engagement, consultation and co-production with service users, carers and other key stakeholders.
- review of all current legislation and national guidance in respect of day support for those clients with a Learning Disability/Physical Disability/Mental Health and /or Sensory Impairment.
- identify good practice and evidence based models from an international, national and local perspective and complete an options appraisal to consider what would be appropriate and applicable for development within East Lothian.
- development of a robust eligibility criteria, service categories and purchasing model.
- encourage and improve relationships between Health and Social care and other relevant stakeholders e.g. EL Works, Voluntary Sector, Area Partnerships
- establish a model of community provision for the future of commissioned and internally delivered services, ensuring that those with the highest need continue to be able to access building based support.

To further support the integration of health and social care a Learning Disability Leadership and Implementation Group has been established. This group is key to ensuring:

- implementation of East Lothian's Learning Disability Strategy
- implementation of a quality improvement and performance management framework across services
- that there is a robust quality improvement and performance management framework in place
- to monitor operational processes and compliance with operational policies

- to lead and progress the development and management of a multi-disciplinary Positive Behaviour Support transferring the service from Lothian to an East Lothian model
- to maximise opportunities to develop fully integrated multi-disciplinary teams to support those with complex needs
- to support in the planning and commission of community services and housing provision
- to maintain engagement with NHS Lothian learning disability services to support the modernisation and reshaping of these, e.g. specialist in patient learning disability services within the Royal Edinburgh Hospital
- to ensure oversight of all budgets for services for people with learning disability across NHS and East Lothian Council, including relevant commissioning budgets.

Adults with physical disability

The Scottish Government report *'A Fairer Scotland for Disabled People'* published in 2017 is the national delivery plan for Scotland until 2021.

In partnership with the local Physical Disability Strategic Planning Group, East Lothian HSCP has developed a draft local implementation plan. This is in the final stages of development and will progress our delivery of the 5 national ambitions.

Key Emerging Actions include:

- in partnership with the Self Directed Support group we will discuss flexibility around short breaks, which will include family visits to maintain relationships
- drive forward a range of initiatives to improve employment opportunities for people with physical disabilities in East Lothian
- promote increased physical accessibility for people with physical disability throughout East Lothian in collaboration with Area Partnerships, and through the establishment of an Access Panel
- continue to work with the Public Protection Office to address and reduce incidences of disability related hate crime
- promote active participation of disabled people in communities and community development.

Carers

Carers need to be at the heart of the reformed health and social care system to promote a shift from residential, institutional and crisis care to community care, early intervention and preventative care. In making these changes to the care system it is crucial that carers should not be burdened, but supported and sustained in their caring role.

Caring Together: The Carers Strategy for Scotland 2010 – 2015 identified a broad number of areas for action to increase support to unpaid carers. These include carer identification, access to information and support and breaks from caring.

An ongoing process of reviewing and redeveloping the plan to deliver the Carers Strategy identified the key priorities for carers and carer support.

With the Carers (Scotland) Act coming into force on 1st April 2018 work was undertaken to ensure the Act's requirements were met. As a result we have:

- developed and published an East Lothian Carers Strategy in consultation with carers and third sector organisations. The strategy focuses on 8 outcomes. Awareness of the Act and the new strategy was widely publicised during April to June 2018.
- developed Adult Carer Support Plans and Young Carer Statements in partnership with our local carers organisations. These were trialled with adult and young carers and are now being used by all carer organisations in place of the previous carers assessments. Particular effort was directed to making the young carers statements accessible by making the form easy to read and simple to complete
- developed and published local Carers Eligibility Criteria in consultation with carers and third sector organisations. This will be used against information provided in the Adult Carer Support Plans (ACSPs) and Young Carers Statements (YCS)
- developed and published East Lothian's Short Breaks Statements detailing short break services available across the county – these are split by user group (Adults, Parent Carers and Young Carers all have individual short break statements as the services they access are quite different)
- supported implementation work to prepare our workers for the changes, including providing them with briefings on the new ACSP/YCS tools and eligibility criteria
- rolled-out to social work staff development sessions on EPIC (Equal Partners in Care) 1 & 2. The NHS equivalent – 'Thinkcarer' training is planned for delivery through 2019
- the majority of additional Scottish Government funding associated with Carers Act implementation was passed to our local carers organisations to increase services for carers.

The East Lothian Carers Strategy commits to 8 outcomes with key actions supporting each one. These outcomes are:

- adult, young adult and young carers are identified and can access support
- carers are well informed and have access to tailored and age-appropriate information and advice throughout their caring journey
- carers are supported to maintain their own physical, emotional and mental wellbeing
- breaks from caring are timely and regularly available
- carers can achieve a balance between caring and other aspects of their lives
- young carers are supported to have a life outside their caring role
- Carers and young carers are respected by professionals as partners in care and are appropriately included in the planning and delivery of both the care and support for the people they care for and services locally
- local communities are supported to be carer friendly.

Carer support will continue to be a key, cross cutting theme through all our strategic change programmes. The East Lothian Carers Strategy, under the guidance of the Carers Change Board, will direct and inform the HSCP's priorities across this work area over the lifetime of the Strategic Plan. The Carers Strategy addresses the need for significantly enhanced rates of identification, assessment and outcomes-focused support to ensure carers are able to maintain their own physical, emotional and mental wellbeing and can achieve a balance between caring and other aspects of their lives.

Breaks from caring

Breaks from unpaid caring are a key component of integrated services to support a shift in the balance of care from hospital and residential care to community based services. Breaks from caring are also an integral part of our investment in preventative services.

Carers have a crucial part to play in the delivery of our health and social care system. This emphasises the importance of supporting them in sustaining their role. Breaks from caring are essential in allowing carers to continue their caring role for longer and in better health. Such breaks can also delay or prevent the need for a hospital or care home admission.

The majority of adults with care needs in East Lothian will have a break in a care home although increasingly through the implementation of Self Directed Support, more flexible and creative breaks from caring are being taken. We anticipate that this will be a growing trend and recognise the need to actively provide and support innovative solutions to provide breaks from caring.

In the past, local authority data collection systems were unable to fully capture all activity across all the breaks from caring options. Significant work has been completed in respect of improving collection of carer data. However, further work is required to capture those breaks from caring made possible under Self Directed Support funding.

Whilst the strategic planning process has taken into account some elements of a needs assessment to inform the wider planning and commissioning of breaks from caring provision, this will be enhanced by continued improvements in our data collection. The strategic planning process will continue to support the delivery of both planned and emergency breaks from caring through commissioning a range of flexible local opportunities for replacement care and breaks from caring in a variety of settings to suit individual circumstances.

Care at home

In East Lothian, care at home is predominately provided by the Independent sector, with only 5.5% provided via East Lothian Council's Homecare team and the NHS funded Hospital to Home Team. Given the size and value of care at home provision in East Lothian, a project team was set up to:

- deliver good quality care at home to the people of East Lothian regardless of their age or support need through the establishment of one framework rather than having multiple frameworks for different client groups
- establish a link between incentivising providers and in improving quality
- address issues such as the capacity challenges linked with care at home provision in East Lothian through innovation and collaboration
- ensure care at home provision is affordable and is value for money
- develop care at home provision focused on delivering support which reflects each individual's personal outcomes and what they want to achieve in their lives.

The project focussed on a co-production approach to the re-modelling of the framework and carried out significant engagement with key stakeholders including independent and third sector providers, service users, carers, practitioners and the public. The re-modelling culminated in a procurement and tendering exercise for a new care at home framework, with the new arrangements commencing on 1st April 2017. The new framework has 14 care at home providers and will operate for a minimum of 5 years with the option to extend for a further two years.

The Care at Home Framework has a number of innovative solutions to meet the demands of care at home services in East Lothian. These are:

- one service specification for all provision regardless of whether a client is over or under 65, their level of support needs and whether support is delivered from an independent or voluntary sector provider
- development of a link between quality and opportunity for services on the framework by setting a minimum Care Inspectorate grade for providers to attain to qualify to deliver the framework and a minimum grade for providers if they are to work with clients using the personal budget model
- establishment of collaborative allocation meetings to address long-standing capacity challenges for care at home. Through fortnightly meetings all framework providers, social work staff, the Hospital to Home service, senior

operational managers and the East Lothian Council internal homecare service discuss current packages of care and those that need to be provided. This allows providers to reduce the numbers of providers working in one street, so maximising capacity and reducing travel time, while enabling care at home support to be organised across the county in a more efficient way.

- development of the personal budget model, to focus on the achievement of personal outcomes rather than the time and task to be delivered. This provides opportunities for increased choice and independence for supported people under the Framework provision (Option three of the Self Directed Support Act) and a focus on individual's personal outcomes. The approach allows support to be organised by the provider and the supported person, based on what will best meet agreed outcomes, with no prescribed days or times when the care must be delivered. This in turn helps to address capacity challenges as it provides flexibility in how the care is organised and delivered.

There remains a challenge in recruiting and retaining care staff for care at home services. Despite the national implementation of living wage for all care workers, the job is still viewed as low paid but with high levels of responsibility, autonomy yet close scrutiny. There is still high mobility of carers between providers, causing additional disruption to service users and increased costs to providers and commissioners of services.

Alcohol and substance misuse

Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) commissions a number of services from NHS Lothian, East Lothian Council and third sector providers to support people who misuse alcohol and drugs as well as those affected by someone's substance use.

The main services for adults which can be accessed through the Recovery Gateways are the Substance Misuse Service (SMS) which provides a range of services to clients who wish to regain control over their substance use and make positive changes in their lives. SMS offers clients:

- specialist prescribing
- drug and alcohol detoxification (community and inpatient)
- access to residential rehabilitation, normally through the Lothian and Edinburgh Abstinence Programme (LEAP). MELDAP currently purchases 10 places annually for East Lothian residents.
- psychological interventions, blood borne virus screening, immunisation and advice, Take Home Naloxone kits
- Needle Exchange Outreach Network
- Adolescent Substance Use Service
- Substance Misuse Social Worker
- The Ritson Clinic (an 8-bed detoxification ward) in the Royal Edinburgh Hospital.

Other MELDAP commissioned services for adults are:

- Mid and East Lothian Drugs (MELD)
- Edinburgh and Lothian's Council on Alcohol (ELCA)
- Recovery College, in partnership with Access to Industry
- Starfish Recovery Café
- Peer support.

Service priorities from the MELDAP 2015-2018 Delivery Plan are still in place with a 2019-2022 plan in development. Progress from the 2015-18 plan includes:

1. Promoting more responsible attitudes and behaviour to the use of alcohol and reducing the harm caused by the misuse of drugs:
    - continued to fund Alcohol Brief Interventions in primary care
    - support provided to East Lothian Licensing Forum on range of alcohol related issues including the development of an over-provision statement
    - MELDAP funded discreet and targeted work regarding minimising the impact of alcohol and drugs with young people through Crew [Edinburgh]
    - the provision of substance misuse training to a wide range of partner agencies including education, health, police and foster carers

- the development and co-ordination of resource materials on topics such as minimum pricing, Take Home Naloxone and the misuse of prescribed drugs (Xanax).

2. Establishing a Recovery Orientated System of Care (ROSC) and working with people with lived and living experience to develop and build recovery communities and services:
    - implemented phase one of a Recovery Hub in Musselburgh
    - successfully developed the use of Peer Support Workers
    - provided training for some 60 staff working with children affected by parental substance misuse to ensure children are kept safe
    - ensured that high quality, cost effective, person centred services were based around the needs of services users and their families.

In 2016, the Care Inspectorate completed a self-evaluation process with MELDAP (and all other Alcohol Drugs Partnerships) in Scotland.

The Care Inspectorate stated "*The ADP demonstrated a robust approach to self-evaluation and had implemented a quality assurance framework based on the Quality Principles. The outcomes from this work are overseen by an appointed quality assurance officer who highlights any issues of note to the governing groups."*

There is a well-developed programme of Quality Improvement visits to all services provided by the MELDAP Team which is complemented by an annual programme of service presentations to the MELDAP Commissioning and Performance group.

MELDAP has also carried out several service user/carer consultations in this period and have taken suggestions forward as part of the work of the partnership.

Planned developments for MELDAP 2019-2022

The new MELDAP Delivery Plan will set out how the partnership intends to tackle a broad range of issues associated with the use and misuse of alcohol and drugs and its impact on individuals, families and communities. The plan will address the key priorities in the Scottish Government's new alcohol and drugs strategy, Rights, Respect and Recovery.

There are a number of planned initiatives. These include:

- improving pathways to allow access to services particularly for those most at risk due to their misuse of alcohol and drugs by further developing the Recovery Hub service and expansion to provide a Primary Care/Assertive Outreach approach in localities where this provision is required
- further developing the a Recovery Integrated System of Care (ROSC) increasing the role of people with lived experience to develop and build recovery communities and services and further developing advocacy support
- ensuring that services work together to meet the needs of people with substance misuse and mental health issues and ensure that all services recognise the need to keep children safe from the harm caused by parental substance misuse

- ensure that the quality of care, support and treatment provided by all services is of the highest standard and meets the expectations described in the National Quality Principles.

Criminal Justice social work

Data suggests people who have, or who are at risk of offending are more likely to have multiple and complex health issues, including mental and physical health problems, learning difficulties and substance misuse. In addition, they are three times more likely to die prematurely and ten times more likely to commit suicide than the general population.

Criminal justice social work services in East Lothian are provided in a framework of social and community initiatives intended to achieve a reduction in reoffending, increase social inclusion of former offenders and provide support for victims of crime, while increasing community safety.

Work across criminal justice social work services is funded by a ring-fenced direct grant from the Scottish Government and are required to adhere to National Outcomes and Standards and to:

Social Work Services responsibilities include**:**

- provide effective supervision of offenders in the community
- challenge offending behaviour and help offenders realise the impact of their behaviour on themselves, their families, the community and their victims
- assist with problems that may contribute to offending, for example, drug or alcohol misuse
- provide courts with a range of alternatives to prison in appropriate circumstances
- promote community safety and public protection.

East Lothian Council's Criminal Justice Service is the main provider of criminal justice social work locally, but works in partnership with voluntary organisations and community groups in the provision of criminal justice services in the county.

The service currently operates within the Community Justice agenda, as part of the Scottish Government's National Strategy. The community justice model has been designed to deliver a community-based local solution to achieving improved outcomes for offenders and communities; reducing re-offending; and to support desistance.

The IJB and Local Authority are statutory partners for community justice and are responsible for ensuring that the Local Outcome Improvement Plan is developed and implemented, thus achieving the above outcomes.

Public Protection

The East Lothian and Midlothian Public Protection Committee is a strategic partnership, bringing together responsibility for our inter-agency approach to Adult Support and Protection; Child Protection; Violence Against Women and Girls; and Offender Management. The core functions of the committee are supported by five sub-groups:

- Performance and Quality Improvement sub-group, which is responsible for the oversight and governance of the performance framework and improvement plan
- Learning and Practice Development sub-group, which oversees the development and delivery of the Learning and Development strategy
- Communications Sub-group, which has been re-established to fulfil the functions related to officer and public awareness as per the Adult Support and Protection (Scotland) Act 2007 and the National Guidance for Child Protection in Scotland (2014)
- Violence Against Women and Girls sub-group, which supports the delivery of services and preventative activities
- Offender Management Group, which ensures that the statutory responsibilities placed on local partner agencies for the assessment and management of risk posed by dangerous offenders are discharged effectively.

The Committee and sub-groups are supported by the East Lothian and Midlothian Public Protection Office (EMPPO) sited in the Brunton Hall, Musselburgh. The Public Protection team comprises of a Team Manager, Business Support Staff, Learning and Development Co-ordinator, Lead Officer for Child Protection, Lead Officer for Adult Support and Protection; Violence Against Women Co-ordinator, Multi-Agency Risk Assessment Conference Co-ordinator and Domestic Abuse Advisors. The Domestic Abuse Service is the operational component of the team, providing support and guidance to high-risk victims of gender-based violence.

The Public Protection team is collocated with the Police Scotland 'J Division' Domestic Abuse Investigation Unit, other Police Public Protection Unit personnel and the Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP). Although not co-located with NHS personnel, there is a close interface with members of the NHS Lothian Public Protection Team and other NHS Lothian staff with a broader Public Protection remit to jointly develop work.

Using our resources efficiently

Financial Resources

The current financial context to the delivery of health and social care services continues to be a challenging one. Budget constraints will continue and the need to identify more efficient ways of working will be a central element to the future planning of services.

Spending constraints have required a tightening of Eligibility Criteria, to prioritise those most in need and a potential increase in unmet need and onward pressure on services downstream. The continuing growth in the numbers of frail older people and of younger people with disabilities has not been matched by any proportionate increase in funding. The result of this mismatch is that HSCP services are increasingly focussed on those with the greatest need.

We continue to review the Eligibility Criteria for accessing social care support in order to prioritise those most in need while also looking at innovative ways of applying preventative approaches and early interventions. The current demographic forecasts is of continuing population growth in East Lothian with the population getting ever older and adults with complex needs living longer. This together with children and young people with complex needs moving into adult services is placing greater pressure on a reducing budget.

The priority now is to evidence more and more the shift in the balance of care with greater amounts of support and interventions taking place in the community away from hospital and acute settings, with a related reduction in unscheduled care. As evidence of this increasingly community-focussed provision is gathered and refined it will more robustly support an argument for the appropriate shifting of resources from acute care settings to the partnership for utilisation in local settings.

Human Resources

As a health and care focussed organisation delivering a wide range of services a significant proportion of the HSCP budget goes on staffing.

As with other HSCPs, the age balance of the East Lothian health and social care workforce (and the opportunity for some nurses to take early retirement) means that many colleagues are eligible to retire over the next 10–15 years.

Workforce plan

The East Lothian Health and Social Partnership is in the process of developing its first Joint Workforce Plan. This plan will enable the Partnership to better match its human resources to those service areas which have the most need. It will also enable the partnership to better forecast and profile the workforce and to make staffing more sustainable. As well as better predicting the future workforce the joint plan will help us to develop the skillset of an integrated workforce to support effective health and social care integration and service innovation

The IJB acknowledges that the health and social care workforce is central to delivering a full range of services to people across the county. As NHS Lothian and East Lothian Council remain the employers of their respective staff who work in the partnership, they are responsible for their own detailed workforce plans. For this reason, the HSCP workforce plan under development will not duplicate the detail of the existing plans, but builds on them to address common issues across the partnership. In addition, third sector and independent sector employers have their own arrangements for their workforce.

In East Lothian HSCP it is recognised there is a need to change how we work across social care, community and acute providers. In collaboration with all our partners and stakeholders the Health and Social Care Partnership aims to ensure that the workforce of tomorrow, both paid and voluntary, are knowledgeable and skilled and able to respond to the changes outlined in the Strategic Plan.

To meet these challenges and deliver the vision for health and social care across the lifespan we expect to see continuing workforce diversification. The workforce will continue to be employed across a range of employers, in small to medium enterprises and large organisations across the NHS, local authority, voluntary and independent sectors, as well as in local communities. The continued transformation of our care delivery will result in a workforce that is deployed in a wider range of ways, including through integration with health, social care and, potentially in time, other public sector team arrangements.

The current draft workforce plan commits to a workforce that:

- has the skills, knowledge, experience and motivation to deliver the highest quality services
- is flexible and adaptable around our changing organisational needs
- is resilient to change and able to instigate, as well as adapt to, changes in service delivery
- works in an increasingly integrated way across the Partnership
- celebrates professional roles including professional specialisms and synergies
- delivers services with an emphasis on quality
- is supported to deliver quality services in the most efficient way.

Future workforce planning will need to address all health and social care professions to ensure an adequate supply of these professions and to ensure that each profession has the appropriate skillset to meet current client need. Examples include hospital doctors and GPs, Mental Health Officers (MHOs), District Nurses and Allied Health Professionals. It will also need to include social care staff within the partnership linked to care home provision, support or care at home and day care.

As well as the services delivered within the Partnership itself as lot of health and social care delivery is delivered through external partners. These partners can be in the voluntary sector or the independent sector and include residential and nursing homes, care at home providers and day care providers. The integration of health and social care is as important an agenda to our partnerships as it is to the Partnership.

The voluntary and independent sectors remain the largest social services employers in Scotland. In East Lothian, these sectors employ 45% of the local care delivery workforce. These organisations and their staff are an essential part of arrangements to support people in receipt of care at home and in care homes. For this reason planning for and development of care by the HSCP needs to fully involve service delivery partners. This principle was followed in working with external providers around redesigning care at home services.

There are real challenges to recruiting a social care workforce to work in these settings and within these sectors. National Minimum Wage and Scottish Living Wage standards have helped to attract people to the market but risks remain not least linked to challenges with attracting European workers under any new immigration arrangements.

The workforce plan will take account of these challenges as part of working in partnership with our external agencies.

Financial plan

This Strategic Plan has to apply over a three year period, to support the continuation of established services, the delivery of existing priorities and attainment of targets and outcomes.

The plan provides the strategic framework for the continuing development and integration of health and social care services and the development of close and fruitful relationships with all aspects of NHS, council and partners' services.

An aligned resource strategy and clear financial framework is needed to achieve the ambitions of the strategy. All planned work has to be provided within the resource available. This means on occasions some developments may have to progress at a slower rate than is desirable or may require the delivery of financial and other efficiencies through innovation, redesign or cost savings.

In all our service planning we aim to find different ways of delivering and commissioning high quality and cost effective services to improve the health of the population while appropriately reducing health and social care demand.

As noted in the first Strategic Plan, NHS Lothian and East Lothian Council in the main produce annual budgets, which cannot present a longer term view. This means the three year financial plan in this Strategic Plan will need to adapt in the event that partners' planning changes.

In this section we set out the funding that the IJB will receive and how it is allocated to meet our priorities. We also describe the challenge that the IJB has to meet to ensure it can plan and commission all necessary and appropriate activity within the resources available over the next few years.

Legislation requires that the Integration Joint Board, as a 'stand alone' legal body, must deliver financial balance in each and every year and must financially plan to deliver recurrent balance.

The IJB's financial plans are designed to be robust and to ensure maintenance of financial stability, so providing the bedrock on which to build sustainable and financially efficient services to deliver change and support reform within East Lothian's health and social care system and to improve health outcomes.

The IJB is gaining considerable ground in moving support provision from hospital-based settings into community settings. Many more people are now receiving care closer to home where this is clinically appropriate for their individual needs.

The IJB's next stage of development in finance terms is to work with partners to deliver resource transfer where it can be demonstrated that activity has shifted from centralised provision as a result of the prevention of unnecessary admissions to hospital through the establishment of community based services in East Lothian.

In recent years, despite increasing complexity in presentations for healthcare the number and costs of prescriptions have started to reduce, bringing associated savings to the prescribing budget.

Chart 16 - annual prescription items for East Lothian (in £000s)

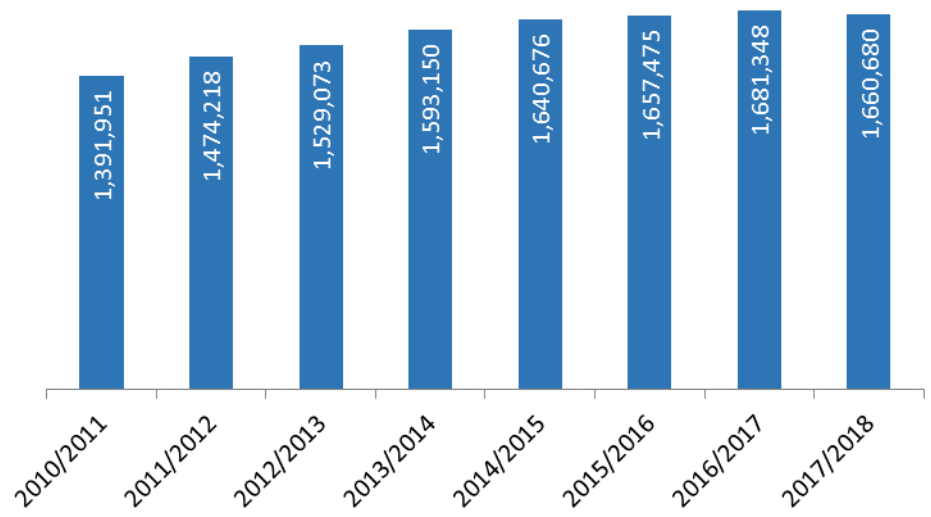
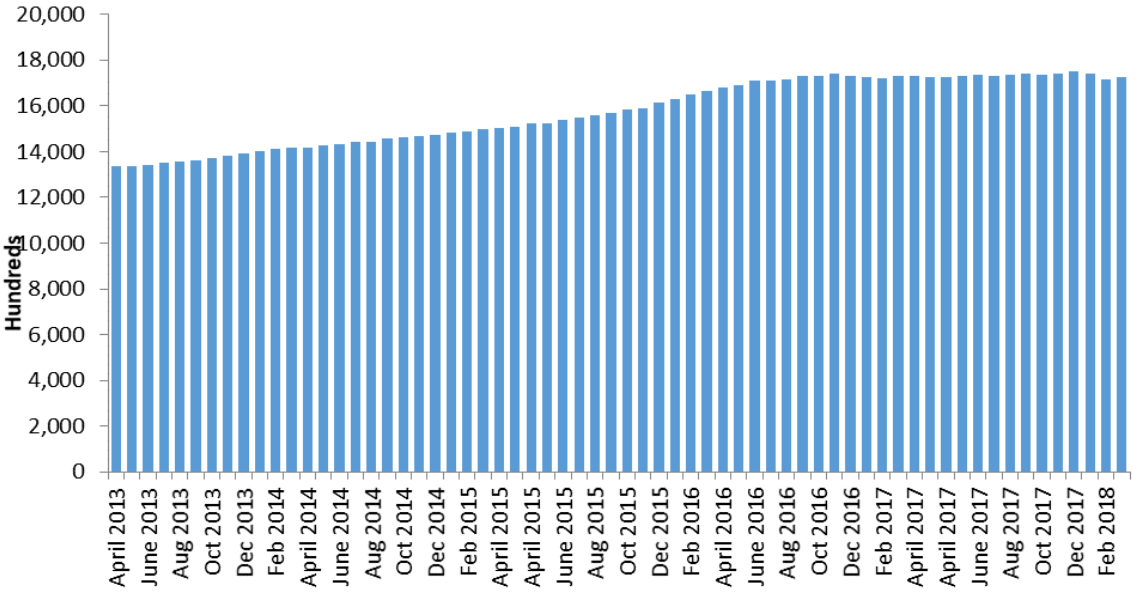


Chart 17 - annual rolling prescribing expenditure (in £000s) over 5 years



Social care costs

information awaited

Shifting resources

The IJB recognises that there was a historical over-reliance on centralised and hospital care at the expense of local and community focussed developments. Under-investment in general practice and pressures on social care and community should be reversed in due course, with contract changes for GP services and if resources are appropriately shifted from acute and institutional spend to support increased community spend.

The previous Strategic Plan reflected on the need for the four Lothian IJBs to work together to avoid the destabilisation of centrally provided services when seeking to transfer resources. This remains an important consideration, but change is needed to ensure sufficient centralised resources follow any sustained transfer of patient activity to East Lothian HSCP provided services.

The financial challenge

The medium term financial outlook for wider public sector remains challenging. This will continue to have a direct impact on the overall grant settlement for NHS and Council budgets.

There remains the need to continue to develop ongoing future sustainable budgets within a reduced cost base. There needs to be a focus on investment in community based models to support the strategic direction whilst responding to new and emerging cost and demand pressures.

Composition of the IJB budget

The IJB receives a recurrent allocation from both Partners for each financial year and a further indicative allocation for the following 2 years.

The IJBs budget is agreed in line with legislation and aligned services and resources are identified across four broad categories:

- the Adult Wellbeing (social care) budget determined and agreed by East Lothian Council
- the former CHP budget including community nursing, Allied Health Professionals, community hospitals, General Medical Services and prescribing
- delegated hosted services, managed on a pan-Lothian basis by certain HSCPs
- acute services (set aside) held by NHS Lothian on the IJB's behalf but required to respond to IJB directions.

Financial investments

All areas of investment will be drawn down via formal business cases or proposals to the IJB and supported by IJB approved Directions to either NHS Lothian or East Lothian Council as appropriate. These arrangements will ensure proposals for investment monies are subject to financial scrutiny.

Resource alignment over time

The aligned resources to deliver the Strategic Plan will be subject to Directions to both NHS Lothian and East Lothian Council) which will be issued by the IJB on April 1st each year, with in-year Directions also issued where necessary.

One principle of this Strategic Plan, continued from the previous plan, is that there should be no further investment in acute hospital services for our population without these first being approved by the IJB.

Indicative budgets for 2019/20 cannot be confirmed until budget information is received from partners. More detailed analyses and projections will be included as they become available.

Appendix 1 – integration measures - targets for 2018/19

Proposed 2018/19 Objectives	1. ***Unplanned admissions*** Reduce unplanned admissions by a further 5% in 2018/19.	2. ***Occupied bed days for unscheduled care*** Reduce by 10% in 2018/19 occupied bed days across all areas of unscheduled care.	3. ***A&E*** Reach 4 hour compliance of 95% in Accident and Emergency in 2018/19.	4a & 4b ***Delayed Discharges (including those delayed due to Adults With Incapacity)*** 4a. Continue progress towards delivering a 50% reduction in delayed discharge bed days in 2018/19 compared to 2016/17. 4b. Continue work to deliver a 50% reduction in the number of all cause delayed discharges by end of 2018/19 compared to end of 2016/17.	5. ***End of Life Care (e.g. proportion of last 6 months of life spent at home or in a community setting)*** Achieve and maintain performance of no more than 10% of last 6 months of life spent in a large hospital by end 2018/19.	6. ***Balance of care spend across institutional and community care services*** Maintain performance of 98% of over 75s being supported in non-acute settings through 2018/19.
How will it be achieved?	Through co-ordinated actions of: Primary Care Teams Community Teams Hospital at Home Team Care Home Team Hospital to Home Team taking a proactive role.	Through co-ordinated actions of: Primary Care Teams Community Teams Hospital to Home Team.	Through co-ordinated actions of: A&E Team Acute Team.	Through co-ordinated actions of: Primary Care Teams Community Teams Hospital at Home Team Care Home Team maintaining clients in their care home whilst unwell and not admitting to acute District Nursing Team intervening early to support patients.	Through co-ordinated actions of: Palliative Care Team Hospital at Home Team Care Home Team.	Through co-ordinated actions of: Care of Elderly Team Primary Care Teams Community Teams Hospital to Home Team Hospital at Home Team.++

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 18th February 2019

BY: Trish Leddy; Group Service Manager, Rehabilitation and Access

8

SUBJECT: Update on progress to date on the implementation of the East Lothian Carers Strategy and the Carers (Scotland) Act 2016.

---

1 PURPOSE

1.1 This report outlines the progress made to date on the requirements of the Carers (Scotland) 2016 Act.

2 RECOMMENDATIONS

2.1 The IJB is asked to**:**

- Note the content of this report with regards to the context and background to the Carers (Scotland) Act 2016 and the requirements of the Act
- Note the outputs of the Carers Strategic Group in relation to fulfilling the requirements of the Act including the development of the Carers Eligibility Criteria, the Draft Carers Strategy, Adult Carer Support Plans and Young Carer Statements, and ongoing work in relation to the development of a Short Breaks Statement.

3 BACKGROUND

3.1 The Carers (Scotland) Act was passed by the Scottish Parliament in February 2016. The Act commenced on 1st April 2018 and has implications for both Adult Services and Children's Services. The legislation set out the following requirements:

- Develop Adult Carer Support Plans and Young Carer Statements
- Develop and publicise local Eligibility Criteria by 30th Sep 2017 and finalise and publish this by 1st April 2018
- Involve carers, carer bodies and relevant representatives in the development of the local Eligibility Criteria.
- Prepare a local carers strategy by 1st April 2018
- Establish and maintain an information and advice service for carers

- Prepare and publish a short breaks statement by 31st Dec 2018

3.2 Work behind fulfilling the requirements of the Act has been led by the Carers' Strategic Group involving senior officers from ELHSCP and East Lothian Council and acts as the project team with an overview of the progress towards the delivery of the requirements.

3.3 The Carers' Strategic Group has also received support from third sector organisations such as Carers of East Lothian, East Lothian Young Carers, The Bridges Project as well as carer representatives and other relevant organisations such as the DWP, Dementia Friendly East Lothian, CAB and PASDA in providing support in gathering information and in the direction of the strategy.

3.4 This report summarises the work undertaken to meet the requirements of the Act by the groups named above in anticipation of the transfer of work to the Carers Change Board and Carers Reference Group.

4 DEVELOPMENT OF THE CARERS ELIGIBILITY CRITERIA

4.1 Initial work was done to ascertain the number of carers across East Lothian using estimates from the Scottish Government (17% of those aged 16+ and 4% of the population under the age of 16, although the figure for young carers conflicted with the SEE survey of 2016/17 which estimated young carers to be at 30%).

4.2 The Scottish Government, COSLA and Social Work Scotland agreed that the National Carer Organisations framework was the favoured criteria. A workshop took place through the Carers Working Group to review the existing eligibility criteria currently being used for carers, covering both adult and young carers, the one developed by the NCO and other models of eligibility criteria. The NCO criteria proved to be the most popular with regards to meeting the needs of carers, mainly:

- That it was straightforward and easy to read
- That it was broken down into easy to follow steps
- That it sits comfortably with other strategic planning requirements
- That the framework makes clear the preventative and universal offer whilst managing expectations, including that around Self Directed Support.
- The criteria also had good visual aids (pyramid and table of indicators)
- Aimed to ensure that preventative support was embraced

4.3 The criteria also would allow Adult Carer Support plans and young Carer Statements to consider support needs at each level, including lower levels which would be most beneficial in ensuring carers would be able to access preventative support and universal services.

4.4 All of the indicators used in the table of indicators were able to be applied to young carers and could be linked to the SHANNARI indicators used in the *Getting it Right for Every* Child framework.

4.5 The threshold for receiving support in the form of a funded personal budget was proposed to be set at Substantial and Critical, the levels where the local authority had a duty to provide support. Carers would also be able to access support at lower levels from universal services, or if required, from a small funded budget on a case by case basis.

4.6 A '*Big Breakfast*' consultation event was held in June 2017 to introduce the proposed eligibility criteria and to consult on the content of the draft carers strategy. The event was co-produced with carers, carer organisations and other relevant bodies and was attended by over 80 people.

4.7 The event included a presentation by the Scottish Government on the current national situation and background to the Carers Act as well as a presentation from HSCP staff on current activity being undertaken. Workshops were then held on the proposed eligibility criteria and feedback sought on what should be included in the draft carers strategy.

4.8 Feedback from the event was that the NCO framework was:

- Transparent, Flexible and Accessible
- Allowed for conversation and joint working
- Made use of existing resources
- Was broad and able to cover the different types of carer situations

4.9 It was noted that further work could be done to emphasis the preventative nature of the framework and it was suggested that the Eligibility Triangle be inverted to do this.

4.10 A report was issued to the IJB in August 2017 summarising the work completed and recommending we adopt the NCO framework. This was agreed and the East Lothian Carers Eligibility Criteria, using the NCO framework, was then published on the Consultation Hub from 30th September 2017 – 31st Dec 2017 in line with the requirements of the Act. An advert was also published in the Courier advertising the consultation as well as information published on social media.

4.11 Responses to the online consultation highlighted again that people did not feel that sufficient weight had been given to preventative levels of support, the importance of support being provided at an earlier stage in order to prevent breakdown of relationships and there was doubt that carers would be offered support at lower levels due to restrictions on services.

4.12 A report was again issued to the IJB in March 2018 taking account of the feedback and the Eligibility Triangle was inverted as suggested.

Amendments the East Lothian Carers Eligibility Criteria were approved and this was published online in time for the 1st April 2018 deadline.

5 ADULT CARER SUPPORT PLANS & YOUNG CARER STATEMENTS

Development of the forms

5.1 Adult Carer Support Plans (ACSP) and Young Carer Statements (YCS) were developed by two separate subgroups after initial discussions recognised that the two statements would need different formats to suit the intended age groups. Requirements for the ACSP were taken forward by a group involving Adult Wellbeing staff, Carers of East Lothian and support from the Mosaic team. The second group taking forward the YCS included staff from Children's wellbeing, the Children's Disability Team, East Lothian Young Carers, Bridges Project, Education, MELDAP, Get Connected and a staff member from Adult Wellbeing recognising that young carers could be caring for an adult and may transition to adult services.

5.2 Research was undertaken by both groups on the approaches being taken by other Local Authorities. During development of the forms, the groups were also mindful of the information requirements outlined by the Scottish Government for the Carers Census.

5.3 Final versions of both the ACSP and YCS aimed to gather the following information:

- Information about the carer and the person they care for
- Information about the condition(s) the cared for person has
- Information about care required and length of time it takes
- Other support in place for the cared-for person
- Support required by the carer
- The concerns of the carer
- The impact of caring on the carer
- Activities enjoyed by the young carer (in the case of YCS)
- Outcomes the carer would like to achieve (for ACSP)
- Information about school (in the case of YCS)
- Whether the carer would like to complete an emergency plan

5.4 Particular efforts were made to make the Young Carers Statement accessible to young carers by making the form simple and easy to read and also incorporating pictures.

5.5 It is intended that both forms are used a tool to support workers to have good conversations with the carer. In developing the forms, the groups took account of feedback from the *Big Breakfast* event, aiming to build on what carers can do as well as supporting them to put in place emergency plans if required.

Piloting and Engagement

5.6 Drafts of the ACSP were then piloted by COEL staff on 10 carers and with other carers via Adult Wellbeing staff. Feedback was also sought from a wide range of carers via PADSA, COEL support groups, as well as with group of carers within the COEL AGM setting.

5.7 The YCS was piloted by ELYC with groups of young carers through the young carers clubs and feedback from parents of young carers was also sought. Engagement sessions were set up for young adult carers through the Bridges Project. Children's Wellbeing also piloted the form with 2 young carers. Feedback from all groups involved were provided to the subgroup and the form was subsequently amended.

Rollout and Briefings to Staff

5.8 Adult Wellbeing staff received briefings on the new forms in April 2018 and although these were not incorporated into the Mosaic (IT) workflow process until June 2018, paper copies were available for use with adult carers by the April 2018 deadline.

5.9 The Children's Wellbeing Workforce Development Officer attended team meetings to highlight the YCS and provided information around the Carers Act requirements. Service briefings also took place within Children's Wellbeing. A Carer Awareness day was held in January 2018 where the new assessment tool was discussed. A further "*Making the hidden visible"* event was also held on 15th March 2018 which included representatives from Education, Sport and Leisure, housing, adult services, health and the third sector to ask departments attending to consider what they could do to support young carers. The event included an overview of the national picture, the legislation and what has been put in place locally. A further *Young Carers Festival* was held in June 2018 to raise awareness of caring amongst young carers and again to highlight what support could be put in place.

Review

5.10 Carers of East Lothian has provided feedback on the use of the ACSP following the first 6 months of use. Carers have reported that the form, which incorporates questions from the carers eligibility criteria, is too long, repetitive and not accessible for carers. As a result a review of the form is taking place with a view to editing it down. The Mosaic team is working with COEL to produce a revised draft.

5.11 The YCS has been used with young carer in place of the usual assessment since the April 2018 deadline and the form has been amended over the subsequent months. Feedback from staff using it is positive and there is the feeling that the form now has the right balance between being able to gather the information required but also still remaining accessible to young carers. The group acknowledge that not all elements of the form will be relevant to all carers depending on their age but that sections can be omitted during the worker's conversation with the carer.

6 THE DRAFT EAST LOTHIAN CARERS STRATEGY

6.1 Inputs to the Draft East Lothian Carers Strategy included the feedback from the consultation event (*Big Breakfast event*) held in June 2017, research on other local authority carer strategies in place and feedback from the Strategic Group members as the strategy progressed.

6.2 The strategy identifies 8 outcomes with key actions under each one that aim to address the feedback from carers during the *Big Breakfast Event*. The outcomes are as follows:

- Adult, Young Adult and Young Carers are identified and can access support
- Carers are well informed and have access to tailored and age appropriate information and advice throughout their caring journey.
- Carers are supported to maintain their own physical, emotional and mental wellbeing
- Breaks from caring are timely and regularly available
- Carers can achieve a balance between caring and other aspects of their lives
- Young carers are supported to have a life outside their caring role
- Carers and young carers are respected by professionals as partners in care and are appropriately included in the planning and delivery of both the care and support for the people they care for and services locally.
- Local communities are supported to be carer friendly

6.3 The Draft Strategy was completed in time for the 1st April 2018 deadline and was subsequently published and put out for consultation through the Consultation Hub until the 30th June 2018.

6.4 The draft strategy was publicised through the media including an article in the Courier, radio interviews, posters, social media, articles in partner agencies publications (COEL, STRIVE, ELTRP and school newsletters), and briefings to ELHSCP staff were held to raise awareness of the strategy.

6.5 A significant amount of publicity was also put in place to highlight Carers Week which took place in June 2018 and publicity for the week also highlighted the draft strategy as consultation was still open at that time. Employers were contacted and signed up to providing offers and discounts to carers. Events were also organised by ELHSCP that included a Young Carers Festival, a Partners in Policy Making Event, Radio adverts as well as events organised by partner agencies including Carers of East Lothian and Dementia Friendly East Lothian. Members of the project team also attended the Life Changes Trust: East Lothian Carers event in May 2018 to publicise the strategy and collect further feedback.

6.6 Despite the publicity, there was no public response to the consultation other than comments that were gathered from the Life Changes Trust event. This may have been due to the fact that a number of other consultations were out for comment at the same time. Feedback on the strategy was received from members of the strategic group and this has been incorporated into the final version.

6.7 In order to ensure that the public are, again, given the chance to comment, the final strategy has been placed on the consultation hub for a further 4 weeks once the final changes have been made. Consultation will end on 7th Jan 2019. Key action points from the strategy have been sent to be incorporated into the review of the Strategic Plan due for publication in March 2019.

7 DEVELOPMENT OF THE SHORT BREAKS STATEMENT

7.1 The final requirement of the act is to develop a Short Breaks Statement outlining the breaks available to carers. Guidance on the content of the statement within the Act itself is limited. The statement must be published by 31st Dec 2018.

7.2 In response to the guidance, Shared Care Scotland commented on the lack of detail required by the Scottish Government and believed that the regulations did not provide comprehensive minimum information requirements. Subsequently Shared Care Scotland developed a guide on information they felt should be included to ensure that statements were of practical use to carers within the local authority area.

7.3 A short life working group was formed to inform ELHSCP's approach to the statement. The group included local carers organisations, service managers and senior practitioners from ELHSCP from both Adult and Children's services.

7.4 The group chose to use Shared Care Scotland's recommendations as a basis for the information included within our Short Break Statements as this both incorporated and expanded on the requirements within the Act. For further information on their recommendations on content see Appendix 1

7.5 The intention of the group was to provide a document that would:

- Prompt carers to think about why breaks are important and how they can make a difference to carers
- Encourage carers to think more broadly in terms of how breaks can be taken
- Explain to carers how to access further information
- Provide general information on charging (eg for Self Funders, for Local Authority funded, how to access short breaks grants)

- Provide a working directory of services within East Lothian that can be accessed either directly or through social work depending on their funding status.

7.6 A draft of the statement was taken to the Strategic Group who determined that a separate statement for young carers should be produced for the following reasons:

- The types of breaks that young carers take are very different from those taken by adults would take
- Young carers would have to read through the information on adult breaks which they may find confusing
- A shorter, condensed version for young carers would be more accessible, and language used should be easier to read
- Graphics could be used to make it more child friendly
- Services for children are not subject to charging and young carers may be put off by the charging information in the adult statement and discourage them from accessing breaks
- Case studies could be made more child-friendly.

7.7 A working draft of the young carers Short Breaks Statement has been produced although needs further development. Consultation on both drafts will take place through carer events rather than through the consultation hub given the lack of response to the draft strategy. For young carers, consultation will be sought through FLIP and through East Lothian Young Carers directly with carers and through their parent carers groups. Adult carers have been consulted through the COEL AGM and will continue through their support groups. Feedback is already being incorporated into the final version of the adult statement and has included requests to simplify the wording and to include clearer information on which services relate to different age groups. The statements will be published in time for the 31st Dec 2018 deadline.

8 IMPLEMENTATION WORK

Other key areas of work are highlighted below, although a chronology of actions taken throughout the project is available in Appendix 2

Engagement and communication

8.1 Engagement and communication has been undertaken at each stage of the project and has been outlined above. Awareness raising of the carers agenda is continuing and will remain a focus of the Action Plan supporting the strategy.

Learning & Development

8.2 Work has been undertaken to support ELHSCP staff initially to publicise the requirements of the Act and the supports that have been put in place locally. Mandatory training has been provided through Learnpro using the Equal Partners in Care framework. Currently 90% of all staff within

Adult Wellbeing have completed the EPIC 1 module. EPIC 2, for those providing direct support to carers has been made mandatory and is due to be completed by the end of 2018.

8.3 The EPIC modules are also available to the wider third and independent sector and publicity around agencies have been encouraged to make use of this resource.

8.4 Guidance and leaflets were prepared for NHS staff and the Thinkcarer training module has been made available on the NHS Learnpro site. An audit on the Thinkcarer training was completed by members of the project team and feedback provided as the training was thought to be too Edinburgh centric.

Census

8.5 Members of the ELHSCP and Mosaic IT team met with the Scottish Government and local carers organisations to ensure that preparations were in place to enable us to capture all the date required for Census submission. Baseline data was submitted by 31st Aug. The first 6 months of data from April 2018 is due to be submitted by 31st Dec 2018.

Funding

8.6 Carers organisations were initially funded to provide support on the requirements of the strategy through the Carers Information Strategy (CIS) funding. CIS funding ceased on 31st March 2018. Organisations were invited to bid for grant funding and to demonstrate how the funds would be put to use.

8.7 Funding has been provided for 2018 and the majority of this has been used to support recruitment of additional staff within carers organisations to allow staff to complete ACSP's and YCS with carers, and anticipating the increase in demand for these as further awareness raising takes place. Funding has also been used to second a worker from Carers of East Lothian to the ELHSCP to provide support with development of the Short Breaks Statement and also to continue to raise awareness through events and engagement.

9 PRIORITIES FOR 2018/19

9.1 Work is taking place to develop an action plan to implement the actions outlined in the strategy. The following priorities have been identified for completion in 2018/19. However, work on some actions will continue over multiple years.

9.1.1 Continue to raise awareness of carers and carer issues within the HSCP, wider partner agencies, education and communities to improve identification of carers, including ensuring HSCP staff complete EPIC 1 & 2 training and through maximising the use of social media/websites/HILDA and developing material, events,

and information to support a wider understanding of carers. (Yr 1-3)

9.1.2 Develop clear referral pathways to key carer support agencies to enable carers to access support and enable them to develop and Adult Carer Support Plans or Young Carer Statements (Yr1)

9.1.3 Commission services to enable all carers in East Lothian to have access to advice and support throughout their carer journey on a range of issues including benefits, health information, information on HSCP services, employment, education and emergency planning. Ensure that the information is available through a variety of means including direct information, carer information packs, training and workshops, online and via local communities. (Yr 1)

9.1.4 Support carers to promote their own health and maintain social relationships through the use of Adult Carer Support Plans and Young Carer Statements and ensure that the level and nature of care remains appropriate for young carers. (Yr 1)

9.1.5 Ensure that regular planned breaks from caring form part of the support plans for both the cared for person and the carer and encourage involvement across families/informal support to enable carers to have a break (Yr 1)

9.1.6 Commission services to allow young carers to be supported to be children and to have a life outside of the caring role, as well as services for young adult carers to support them to achieve positive destinations. (Yr 1-3)

9.1.7 Support carers to have a say in the development and delivery of services in East Lothian by ensuring carers are represented on/involved in the HSCP strategic groups and through the development of a “Carers Voice” group. Support avenues for feedback from young carers including through groups and forums. (Yr 1)

9.1.8 Develop and distribute information for carers in their local communities, work with community organisations to share information including providing a “what’s on” social media platform, and support community organisations to “join the dots” between their services to make accessing support easier and more streamlined. (Yr 1-3)

10 POLICY IMPLICATIONS

10.1 Policies currently in use by the East Lothian Health and Social Care Partnership will be required to be reviewed in order to ensure that these meet the desired outcomes outlined in the final East Lothian Carers Strategy and also in relation to charging.

11 INTEGRATED IMPACT ASSESSMENT

11.1 The subject of this report has been through the Integrated Impact Assessment process and no negative impacts have been identified. https://www.eastlothian.gov.uk/downloads/file/27283/carers_strategy_eligibility_criteria

12 RESOURCE IMPLICATIONS

12.1 Financial – Future financial implications are anticipated with regard to the impact of identifying and providing support to carers within East Lothian and as the Carers Strategy is implemented. Work is ongoing to scope and model the financial plans for implementation.

12.2 Personnel – There will be a need to provide training for staff across all relevant partners, including carers themselves and to raise awareness of the Carers Strategy and its implications within East Lothian.

12.3 Other -

13 BACKGROUND PAPERS

13.1 None

14 APPENDICES

Appendix 1: Shared Care Scotland's guidance on content for the Short Breaks Statement
Appendix 2: Chronology of key events throughout the Carers Project

AUTHOR'S NAME	Trish Leddy Ashley Hardy
DESIGNATION	Group Service Manager - Rehabilitation and Access Strategy Officer, East Lothian Health and Social Care Partnership
CONTACT INFO	tleddy@eastlothian.gov.uk ahardy@eastlothian.gov.uk
DATE	29th January 2019

Appendix 1: Shared Care Scotland's guidance on content for the Short Breaks Statement

Short Break Services Statement: Minimum Information Specification

As a minimum, Shared Care Scotland believes the regulations should require local authorities to include the following information in their Short Break Services Statement:

- An introductory statement, setting out the local authority's purpose and vision for short breaks
- Information on the range of local short break services available, including:
    - information on mainstream short break provision that is accessible to people with additional support needs without recourse to a formal assessment, including accessible holiday activities for disabled children and young people
    - information on more specialist providers that can provide breaks to people with more complex support needs (where mainstream services may not be suitable), including day and overnight provision, befriending type services and provision over the holiday period
    - details of local programmes that provide breaks directly to carers
- Any criteria against which access to these services will be assessed
- Any charging policies that apply – and the circumstances when charges will be waived
- Information on self-directed support and how this applies to short breaks
- Information on alternative sources of funding support
- The process used to ensure carers have access to a range of options to meet different needs, preferences and circumstances
- Details on how the statements will be published, reviewed and kept updated
- The department or organisation responsible for the statement, with contact details for further information
- Information on how carers will be involved in the review and on-going development of statements
- A list of local services that can provide advice, support or advocacy for carers in each area to help them source and arrange a break
- A list of any other relevant sources of information on short breaks

Appendix 2: Chronology of key events throughout the Carers Project

Date	Activity
June 2016	CIS monies allocated to carer organisations

Nov 2016	Subgroup formed to develop Adult Carer Support Plans/Young Carer Statements
Jan 2016	Carer Identification Event (Brunton Hall) to stimulate interest with agencies around identifying carers and how best to do this.
May 2017	Established Carers Working Groups and Strategic Groups
June 2017	HSCP workshop on developing Eligibility Criteria held to chart and draft proposals on way forward
June 2017	Briefing and overview on the Carers Act developed for Management Team (26th July) and also for the Carers Event planned for 26th June
June 2017	Carers Big Breakfast Event held seeking feedback on National Carers Organisations Eligibility Criteria and areas the Draft Strategy should cover.
June 2017	Proposed Eligibility Framework sent to CMT who agreed with the format
June 2017	ACSP and YCS to be developed in conjunction with Carers Organisations. Engagement sessions set up for young carers through Bridges project. ACSP/YCS to be trialled with carers through the carers organisations
Aug 2017	Report to IJB on development of Eligibility Criteria and recommendation for adopting NCO version
Sep 2017	Presentation to IJB and CMT on Carers Act, Contribution of Carers, Presentation from Carers organisations on key priorities raised by carers (Margaret Mackay, COEL, ELYC)
Sep 2017	Consultation on Eligibility Criteria put on Consultation Hub from 30th Sep 2017 and advert published in Courier. To remain on the hub until 31st Dec 2018.
Sep 2017	First multi-disciplinary meeting to discuss Young Carers (Education / Adult Services / Children's Services / Community Learning & Development (Youth) / Communications Dep / EL Young Carers / Bridges Project / Health and MELDAP. Meetings to take place every 4-6 weeks on an ongoing basis.
Oct 2017	Members of Strategic Group Attended COEL AGM presenting information on the Eligibility Criteria and to get feedback on caring role and what carers would like to change in the future.
Oct 2017	Carers Census Working Group set up to inform data requirements for submission to Scottish Government
Jan 2018	Children's Services Briefing on Young Carers for National Young Carers Awareness day
Feb 2018	Report on Eligibility Criteria to Council Management Team
Mar 2018	Report to IJB on final Eligibility Criteria
Mar 2018	Final version of ACSP developed, Road tested with carers. YCS also developed but will continue to be trialled with carers and amended

Mar 2018	"*Making the hidden visible"* event including representatives from Education, Sport and Leisure, housing, adult services, health and the third sector to ask departments attending to consider what they could do to support young carers
Mar 2018	Young Carers Briefing with Duty and Assessment hub
Mar 2018	Testing out Young Carer draft statement & Viewpoint with 2 young carers. Continues until June
April 2018	Draft Strategy, Easy Read version of strategy finalised. Eligibility criteria and strategy published on Consultation Hub for 1st April 2018. Strategy remains on the hub until 30th June 2018.
April 2018	Briefings held for HSCP staff on Carers Act and new ACSP/YCS, draft strategy and guidance developed for staff. Guidance and information on Section 28 requirements developed for NHS staff
April 2018	NCO carers leaflets adapted for HSCP use and carers organisations details included.
April 2018	EPIC 1 & 2 put on Learnpro. HSCP staff to complete EPIC 1 by end May. Thinkcarer training available on NHS Learnpro site for NHS staff
April 2018	Publicity around the draft strategy: Pop up events organised to publicise strategy and carers week in June, articles on social media highlighting carer stories, articles on Inform, eUpdate. Posters developed (Thinkcarer)
April 2018	Funding bids for grants to carers organisations and report sent to Procurement Board for approval
May 2018	Integrated Impact Assessment on Eligibility Criteria signed off and published
May 2018	Engagement on draft strategy at The Life Changes Trust: Dementia event
June 2018	Carers Week – activities organised to publicise events being held during carers week and to raise awareness around the draft strategy: Young Carers Festival, Carers Card offering discounts and offers from local businesses, Radio Interviews, Events by COEL, DFEL. Feature in Courier
June 2018	Short Breaks Working Group set up to inform the Short Breaks Statement
June 2018	Briefing paper provided to local councillors to provide summary information on strategy
June 2018	L & D subgroup set up to consider training requirements for staff and carers
Jul 2018	YC Briefing with Paddington Supervisory staff Group
Jul 2018	COEL worker seconded to HSCP to work on Short Breaks Statement and awareness raising/events

Aug 2018	Baseline data for the Carers Census submitted to Scottish Govt by all agencies
Oct 2018	Leaflet developed highlighting free EPIC 1 & 2 training for wider third sector and providers on Knowledge Scotland site
Oct 2018	Review of Adult Carer Support plan started
Oct 2018	Summary of feedback from Draft Strategy collated and presented to Strategic Group.
Nov 2018	EPIC 2 made mandatory for all HSCP staff – required to complete by end Dec 2018
Nov 2018	Draft Short Breaks Statement presented to Strategic Group. Decision to write a separate Short Breaks Statement for young carers.
Nov 2018	Draft Short Breaks Statement consultation completed at COEL AGM and COEL support groups

East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 28 February 2019

BY: Chief Finance Officer

SUBJECT: Financial Position 2018/19

9

---

1 PURPOSE

1.1 This report further updates the IJB on its current financial position in 2018/19, reports the projected year end outturn from the quarter three financial reviews and updates on the indicative budget proposals by Partners East Lothian Council and NHS Lothian to East Lothian IJB for 2019/20.

2 RECOMMENDATIONS

2.1 The IJB is asked to

- Note the current financial position
- Note the quarter three financial reviews of 2018/19
- Discuss the indicative proposed budget offers for 2019/20

3 BACKGROUND

3.1 At its meeting in December 2018, the IJB received an update on its quarter two financial forecast for 2018/19. This highlighted a projected underspend within the health budget of the IJB and an overspend within the social care budget of the IJB.

Year to date financial position as at December 2018 and quarter three financial reviews

3.2 The IJBs financial position as at the end of December 2018 is £764k overspent.

East Lothian IJB Financial Performance – December 2018

	Year to Date Outturn		Q2 Forecast Outturn
	£k		**£k**
Social Care	-1,198		-1,198
Health			
Core	696		1,154
Hosted	87		151
Set Aside	-349		-471
	-764		**-363**

3.3 As shown above the underspend on the health budget of the IJB and overspend in the social care budget of the IJB continues. The quarter three forecast position is also included above and highlights an overall projected overspend for the IJB.

3.4 Finance Papers to the IJB previously shared that there is clear risks around the GP prescribing budget wherein the current position is underspent which is a considerable improvement on the opening financial plan assumptions. Previous experience regarding this budget has suggested that the GP prescribing position can move significantly in a relatively short period of time.

3.5 There are pressures within the Set Aside budget, General Medicine and Junior Doctors, this is Junior Doctors use of bank and agency within A&E/Acute Medicine supporting activity pressures and unfunded locum and clinical fellow medical posts to support services out of hours. Similarly General Medicine bank and agency spend on nursing projected cost pressures.

3.6 The previously reported financial pressures within mental health services with REAS have improved, activity pressures meant demand was over their inpatient bed numbers and work has been undertaken to support this change which is helping assist an improved position.

3.7 The social care position having reported as unlikely to improve still suggests the Council delegated functions will not operate within approved budgets. The main pressure areas being commissioned care costs in Care Homes, Care at Home and Community Support, with increasing demand pressures from clients with Physical and Learning Disabilities.

2018/19 financial position

3.8 As reported previously in line with the integration scheme; where in the event that there is an underspend in one ‘arm’ of the IJB’s budget and an overspend in the other, the IJB may move resources from one ‘arm’ to the other, this requires the support of the underspent partner.

3.9 The Chief Officer and Chief Finance Officer have had continued dialogue with partner NHS Lothian regarding the IJBs financial position in 2018/19. Discussing the current projected underspend in the health services delegated to the IJB and the potential for this resource to be made available to the IJB to help underpin its overall financial position.

3.10 NHS Lothian at their Finance & Resources committee on 23rd January 2019 laid out principles for management of year end for each of their four IJB who's positions all differ. These principles have been tested and will be reported back to Financial & Resources in March for final agreement.

3.11 The year end projected position for 2018/19 now looks unlikely to break even, and a small surplus may remain, as the social care delegated functions overspend is larger than any underspend likely to be achieved from our health delegated functions. We will continue to work with finance colleagues to monitor the financial position and aim to balance with position within the overall delegated budget of the IJB. However we have raised this risk with partner East Lothian Council and have looked for further support to balance off any remaining overspend.

Indicative Proposed Budget Offers from East Lothian Council and NHS Lothian

3.12 Moving forward to 2019/20 there are number of factors which need to be considered. The Scottish Budget stage one was agreed on Thursday 31st January 2019 by Scottish Parliament, stage two and three taking place during February 2019. As part of the Scottish Budget the funding to support integration, which is £160m nationally, will flow into Councils and allocated to the IJB, excluding the £12m for school counselling which will go to Education.

3.13 East Lothian Council agreed their 2019/20 budget on the 12th February 2019. Although no formal correspondence as yet to the IJB the indicative position is as follows

Proposed Allocation to East Lothian Integration Joint Board for 2019/20	**2019/20**	
	£000's	**£000's**
Previous Years Allocation	50,772	
Uplifts:		
Share of £160 million new monies	2,220	
investment in integration		2,032
carers act		188
franks law		to follow
	52,992	
Less:		
share of savings	-488	
	52,504	

3.14 NHS Lothian will not formally communicate the budget offer to the IJB until agreed at their Board meeting on the 3rd of April. We have received indicative budget correspondence back in October 2018 and recently last week. NHS Lothian provided an update of their financial plan to their Finance & Resources Committee on the 23rd January 2019 with a further update of this plan being produced for the March 2019 meeting. As part of the plan NHS Lothian has indicative budgets for IJBs. This indicative position for East Lothian IJB is as follow

Indicative Allocation to East Lothian Integration Joint Board (based on NHS Lothian Financial Plan January 2019 to Finance & Resources)	2019/20
	£000's
Recurring Budget	100,410
Base Uplift	1,656
	102,066

3.15 We will continue the ongoing work with partners to allow having formal agreed budget offers for the IJB which in turn will allow the development of the longer term financial planning which will then let partners to build up financial recovery actions for the financial challenges and savings to be delivered in future years.

4 ENGAGEMENT

4.1 The IJB holds its meetings in public and makes its papers and report available on the internet.

5 POLICY IMPLICATIONS

5.1 There are no new policies arising from this paper.

6 INTEGRATED IMPACT ASSESSMENT

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

7 RESOURCE IMPLICATIONS

7.1 Financial – discussed above

7.2 Personnel – none

7.3 Other – none

8 BACKGROUND PAPERS

8.1 IJB's financial strategy and out-line financial plan – February 2018 IJB meeting.

8.2 Financial Update – December 2018 IJB meeting.

AUTHOR'S NAME	Claire Flanagan
DESIGNATION	Chief Finance Officer
CONTACT INFO	claire.flanagan@nhslothian.scot.nhs.uk
DATE	February 2019