MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 27 JUNE 2024
VIA DIGITAL MEETINGS SYSTEM

1

Voting Members Present:
Councillor S Akhtar (Chair)
Mr J Blazeby
Dr P Cantley
Mr A Cogan
Councillor J Findlay
Councillor N Gilbert (sub for Councillor L Jardine)
Ms E Gordon
Councillor C McFarlane

Non-voting Members Present:
Mr D Binnie
Dr J Hardman
Dr K Kasengele
Ms M McNeill
Ms F Wilson
Ms L Byrne
Mr D Hood
Ms C McDonald
Mr T Miller

Present from NHS Lothian/East Lothian Council:
Ms H Anderson
Ms A Goodfellow
Ms C Johnston
Mr C King
Ms I Nisbet
Ms L Berry
Ms C Goodwin
Ms L Kerr
Mr A Main

Clerk:
Mr N Munro
(minutes prepared by Mrs L Gillie)

Apologies:
Ms M Allan
Ms S Gossner
Mr D King
Councillor L Jardine
Dr C Mackintosh

Declarations of Interest:
None

1. MINUTES OF THE MEETINGS OF THE EAST LOTHIAN IJB ON 23 MAY 2024 (FOR APPROVAL)

John Hardman pointed out that he along with Jamie McGowan and Guy Whitehead had been present at the meeting but were not noted on the minutes. Mr Binnie highlighted that had him noted as being present, but he wasn't. The Chair stated amendments would be made.

The minutes of the IJB meetings on 23 May were approved.

2. MATTERS ARISING FROM THE MINUTES OF 23 MAY

The following matters arising from the minutes on 23 May were discussed:

Item 2 (page 2) – Thomas Miller informed members he had received the details of costs and queried when the update would be provided on the decision made on 28 March. Laura Kerr said she would check as she thought that this had been sent out. The Chair added that this would be sent out to all IJB members.

Item 3 (page 2) – The Chair said that she was keen to keep the Scottish Women's Budget Group and intergenerational network on the agenda.

Item 5 (page 3) – The Chair said she did not want to lose sight of inviting Mr Clater and Mr Bonner to future development sessions.

Item 6 (page 4) – The Chair asked when the information on workplace requirements would be available. Ms Kerr responded by explaining that this was a bigger piece of work, and it was ongoing.

Item 8 (page 5) – The Chair asked if there had been feedback about the progress of the re design of care home services. Ms Kerr replied that once the first reports had gone to the Change Board they would report back to the IJB.

Item 8 (page 6) – The Chair stated that she was keen to not lose sight of the expected budget availability for the third sector associated costs.

Item 10 (page 7) – Jonathan Blazeby said he would like to have regular reporting on monthly performance on the agenda. Fiona Wilson said she would follow this up and see what was possible. She continued by saying that they would want to bring something to IJB in August.

Claire McDonald highlighted that she was present at the meeting but that her name was missing from the minutes.

3. CHAIR'S REPORT

The Chair provided a report to members on a recent event held at the dementia meeting centres. She highlighted that representatives from all sectors had come together to look at how best to support and develop the centres. She also commented that it was a successful event, and it gave service users the opportunity to speak for themselves.

The Chair also mentioned the Carers of East Lothian week and congratulated the staff who had been involved in organising this successful week.

4. A STRENGTHENED APPROACH TO PREVENTION ACROSS THE LOTHIAN HEALTH AND CARE SYSTEM

A report was submitted by the Chief Officer.

Ashley Goodfellow presented the report providing background and highlighting the purpose of the paper as being to set out a strengthened and more consistent approach to prevention across the health and social care system. Ms Goodfellow stated that they want to protect population health now and in the future, and that they are keen that inequalities do not widen due to the financial pressures.

She continued by saying that they have tried to identify the best areas for investment where impact would be expected in both the shorter and longer term. Three main priority areas have been identified as 1, social determinants of health - 2, maternal, children and young people's health – 3, tackling modifiable disease risk factors. Ms Goodfellow continued by saying that they were looking for was endorsement from the IJB on the seven recommendations that have been made in the main paper.

Ms Goodfellow informed members that the NHS Lothian Board approved the paper in April 2024 and commented on an equality and children's right impact assessment workshop which is taking place. She concluded by advising that they are hoping to have a high-level prevention plan ready to take to board in July.

In response to questions from Marilyn McNeill Ms Goodfellow stated that physical activity would be included in terms of modifiable disease risk factors and that they must work in partnership with local authorities and others. Ms Goodfellow advised that each community planning board must engage with the community and develop locality plans at locality levels. She highlighted the value of community planning as being tackling community issues together.

Ms McNeill also asked if a development session on Area Partnerships would be useful for mutual learning and Ms Kerr responded that she was comfortable that health and wellbeing groups are able to feed into the IJB.

The Chair explained to members the background to funding for schools in relation to the Attainment Challenge Fund and the decision of the Council to withdraw the funding.

In response to a question from Andrew Colgan Ms Goodfellow advised that there are community planning partnerships in each local authority area, and each must have a local outcome improvement plan (LOIP). Part of the LOIP is that they must engage with the community. She explained the value of community planning as being able to tackle issues that a single agency could not tackle on their own. Ms Goodfellow confirmed for members that IJB representatives sit on all the community planning boards.

Claire Goodwin commented on how useful the piece of work will be as a source of information for upcoming work.

Ms Goodfellow responded to a query from Johnathon Blazeby by stating that all health boards are linked into the national strategy and that she does not think the priorities will have changed. She also informed members of the Public Health Action teams who are working to ensure they are all identifying and working to the same priorities.

In response to questions from the Chair Ms Goodfellow advised that a high-level plan will come first but that the fourth point in the five-point prevention plan is how we support local. This will look at local need and innovation in an area. Ms Goodfellow further advised that they need to carry out some baselining on investment plans to see what is being spent on prevention and how this could be tracked. She also provided detail on the work being done around type 2 diabetes. She concluded by saying that single point of access had not been running long enough to be evaluated but that she felt this was going in the right direction.

The Chair welcomed Dr Kalonde Kasengele to the meeting.

Ms Goodfellow responded to a question from Mr Blazeby by saying that they need to look at what the short term measures are to make sure they are on the right track. She continued by saying that they need to think about how to measure in the long, medium and short term.

Dr Kasengele commented that it was useful to know what the baseline is and to see year on year improvement in prevention. He further commented that evaluation will allow it to be seen if improvement in one area is leading to increasing inequalities.

The Chair thanked Ms Goodfellow for the paper.

Decision

The IJB agreed to:

i. Note the content of the report.

ii. Endorse the recommendations set out in section 7 of Appendix 1.

5. IJB DIRECTIONS FOR 2024-25

A report was submitted by the Chief Officer.

Claire Goodwin presented the report and advised that the purpose of the report was to present recommendations in relation to directions for the current year and to seek IJB approval. She informed members that the first appendix covers the core directions which reflect the Scottish Government guidance. Appendix two describes specific directions relating to specific activity or development or to IJB decisions. The last point highlighted by Ms Goodwin was that once the directions were approved by the IJB they would be sent to each of the delivery partners.

Ms Goodwin responded to questions from members by advising that every IJB does directions slightly different and that the approach had been adjusted over a number of years versus Scottish Government guidance and this determines the approach to directions. Ms Goodwin further advised that in terms of helping effect for governance technically there should be a reporting loop. She also stated that core directions are the response to being required to have a direction that covers all delegated services and specific directions are much easier to monitor delivery and hold partners accountable.

The Chair commented that she thought a refresher on directions would be helpful. Ms Wilson added that they have an annual refresher on some of the basics and queried whether directions could be included in this.

In response to a question from Councillor McFarlane about palliative care Ms Wilson replied by saying that they measure the last six months of peoples live and that it is something that they could do better. John Hardman added that in general they can make arrangements when they need to but that there is a change in the way services are being provisioned and this needs to be managed carefully.

Ms Goodwin replied to questions from Councillor Findlay by explaining that the direction being retired is part of the move to have less vague directions. She continued by saying that if there is a specific discussion, activity or agreement by the IJB a more specific direction will be issued. Ms Goodwin further stated that a new direction on the Abbey Care Home would be issued by the IJB when they were at a point when more specific instruction could be given.

Ms Wilson added the background around directions for both the Edington and Abbey sites. She also stated that they are working closely with their partners and that they would want to influence the future of these sites. Ms Goodwin added that any directions issued are issued by the IJB.

The Chair questioned if the GP practice at Eddington still sits with NHS Lothian. Ms Wilson confirmed and said that they have representation on the groups.

Decision

The IJB agreed to:

1.1 Approve the 2024-25 East Lothian IJB Directions contained at Appendices 1 and 2.

1.2 Approve the issuing of directions in relation to delivery of the East Lothian Health and Social Care Partnership (HSCP) Workforce Plan and in relation to closure of the Belhaven Hospital site.

1.3 Note that active consideration should continue to be given to the introduction of additional directions as and when required, and that these should be developed in line with the IJB Directions Policy.

6. IJB ANNUAL PERFORMANCE REPORT 2023-25

A report was submitted by the Chief Officer.

Claire Goodwin presented the report and advised that the purpose was to present the IJB annual performance report for 2023-24 and to describe performance in relation to planning and carrying out of integrated functions during the 2023-24 financial year.

Ms Goodwin continued by stating that the report describes progress in relation to the key activities and includes data and case studies. She informed members that a final version will be circulated, published and shared with key stakeholders by the end of July and presented at PPRC Committee after summer recess.

Elizabeth Gordon thanked Ms Goodwin for the report and commended the work particularly relating to delayed discharges.

Mr Blazeby noted an error in the report on page 7 and thanked Ms Goodwin and her team for the report. Other members agreed that the work in the report was impressive and that it had highlighted the work of the Health and Social Care Partnership and the IJB.

The Chair commented that the public should be aware of the layers behind the scenes of how people are being kept out of hospital. She questioned how this information could be communicated to the public and recognised that it was social work as well as social care. The Chair also commended Ms Goodwin for the work.

Decision

The IJB agreed the report.

7. IJB STRATEGIC PLAN

A report was submitted by the Chief Officer.

Claire Goodwin presented the report and advised that the purpose was to present a summary of the annual delivery plan for the current year. She further advised that this was a summary version and that a full version of the report had been brought to the SPG.

Ms Goodwin informed members that the plan describes planned activity related to each of the IJBs seven strategic objectives. She stated that the is a working document and that it continues to evolve. She concluded by saying that a six-month progress report will be brought to the IJB.

The Chair stated that the plan was self-explanatory of the delivery program and that there would be outcomes of these actions seen in the autumn.

Decision

The IJB agreed to:

i. Note the development of the 2024/25 Annual Delivery Plan outlining planned activity across East Lothian Health and Social Care Partnership (ELHSCP) services to support delivery of the IJB's strategic objectives as detailed in its 2022-2025 Strategic Plan.

ii. Note that a 6-month progress report, covering the period from 1 April to 30 September, will be presented to a future meeting of the IJB.

8. ANNUAL ACCOUNTS 2023-24

A report was submitted by the Interim Chief Finance Officer.

Fiona Wilson presented the report on the draft unaudited annual accounts for 2023-24. Ms Wilson advised that the IJB is governed by the same statutory regulations as local authorities and must prepare a set of annual accounts. Ms Wilson further advised that the background was included in the paper. The annual accounts will be audited and a final set prepared reflecting comments from the auditors will be brought to IJB for approval.

Ms Wilson asked members to approve the set of draft accounts for publication before the end of June.

In response to questions from members about the positive tone of the report Ms Wilson advised that they have had and are going to have challenges and that the points being raised about tone were important in the current climate. Ms Goodwin added that the annual performance report describes activity throughout the year but does not do analysis of it. She continued by stating it was about getting the balance right between positivity and realism and highlighting the challenges.

Mr Blazeby asked if including the rejection of the original budget offer from East Lothian Council was necessary and Ms Wilson replied by stating that it was a fact-based comment and that it recognised some of the challenges that they have had to manage.

Members asked if it was felt necessary to include information to reflect the financial pressures and the impact that it could have on service delivery to set the scene for next year. Ms Wilson replied by saying that these were helpful comments that she would pass onto David King.

The Chair stated that she would pick up other issues with Ms Wilson offline. The Chair also asked if it was possible to get some advice on the language used in order to make this more user friendly. She also asked if there was a deadline for comments and Ms Wilson replied by saying it was the end of June.

Decision

The IJB agreed to:

i. Consider the attached draft annual accounts.

ii. Approve this draft for publication before the end of June.

9. PLANNING OLDER PEOPLE'S SERVICES

A report was submitted by the Chief Officer.

Andrew Main presented the report and advised that the paper was for members information. He further advised that the paper was a brief update to inform the IJB of the review of the project timeline. Mr Main highlighted the moving of the twelve week public consultation and the impact of this on the final report.

Mr Main said that the reasons for the need for a review included senior managers time being focused on other activities (such as financial planning), the summer holidays and to a lesser extent activity around the general election. He informed members that he has been asked to bring a brief update to the IJB to keep them informed. He concluded by commenting that feedback received from stakeholders and communities had to date been positive.

In response to a query from the Chair Ms Kerr confirmed that the final report will come to the IJB and that all IJB members will be able to see it. She also advised that they could consider holding an extended SPG.

Ms Wilson responded to a question from Ms McNeill by stating that they are liaising with the partners and that part of the partner's responsibility is to engage with local

communities on the future of the sites. Ms Wilson also advised that they would like to influence this. Ms Kerr added that community stakeholders would be involved in the discussions and the process was in place.

Replying to a query from Mr Blazeby Mr Main advised that consulting with communities and stakeholders and having full engagement plays a large part in the extended timescale. He also mentioned the COVID pandemic and financial circumstances as other factors. Mr Main stated that they are taking their time to deliver something with longevity that will address the demographic changes.

The Chair informed members that there are a series of papers that have been presented which would provide a proper overview. Mr Main added that the paper included footnotes and hyperlinks which would take the reader back to previous pieces of work.

The Chair thanked Mr Main and commented that the timescales were helpful.

Decision

The IJB agreed to note the recommendations.

10. IJB PUBLICATION SCHEME

A report was submitted by the Chief Officer.

Neil Munro presented the report and advised that the publication scheme is a guide to the information which is published on the website which is available to all. Whilst carrying out the update the external auditors carried out an audit on it and provided feedback. Mr Munro explained the process as approval from IJB being required before the guide is sent to the Scottish Information Commissioner to be approved and registered.

Mr Munro requested that members approve the guide.

In response to a query from The Chair Mr Munro confirmed that they have the required internal capacity to meet the expectations of the Information Commissioner.

Decision

The IJB approved the IJB Publication Scheme (Guide to Information through the Model Publication Scheme 2024).

Signed .....

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 26 September 2024

BY: Chief Officer

4

SUBJECT: Changes to the Non-voting Membership of the East Lothian Integration Joint Board

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1 PURPOSE

1.1 To invite the Integration Joint Board (IJB) to note and, where appropriate, agree to changes in its non-voting membership.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

(i) agree to the re-appointment of Maureen Allan as the Third Sector representative.

(ii) agree to the re-appointment of Thomas Miller as the NHS Lothian staff representative.

(iii) agree to the appointment of Darren Bradley as the East Lothian Council staff representative.

(iv) note the re-appointment of Dr Claire Mackintosh as a non-voting member in the role of 'non-GP medical practitioner'; and

(v) note the appointment of Dr Kalonde Kasengele as a replacement for Dr Philip Conaglen as a non-voting member in the role of 'adviser on public health'.

3 BACKGROUND

3.1 On 20 August 2024, Volunteer Centre East Lothian (VCEL) agreed that Maureen Allan should be proposed for re-appointment as the Third Sector representative on the IJB. This follows VCEL's regular review of delegate appointments to relevant statutory bodies and will be for a further period of three years.

3.2 All IJB members, except those where their membership is by virtue of their role, e.g. Chief Officer, Chief Finance Officer and CSWO, are appointed to the IJB for a maximum term of office of 3 years. Thereafter, appointments may be renewed for subsequent terms.

3.3 The Employee Director of NHS Lothian has formally confirmed the re-appointment of Thomas Miller as a non-voting member (staff union rep) for a further term of office of 3 years.

3.4 On 17 September 2024, UNISON confirmed the appointment of Darren Bradley as the East Lothian Council staff representative and non-voting member of the IJB. This post has been vacant for some time. It is proposed that Mr Bradley's appointment is for the maximum term of office of 3 years.

3.5 NHS Lothian's Board met on 14 August and agreed the re-appointment of Dr Claire Macintosh in the non-voting role of 'non-GP medical practitioner'. This appointment is for the maximum term of 3 years. In addition, Dr Kalonde Kasengele has replaced Dr Philip Conaglen in his role as Consultant in Public Health within NHS Lothian. By virtue of his appointment to this role, Dr Kasengele also replaces Dr Conaglen as a non-voting member on the IJB.

4 ENGAGEMENT

4.1 The issues in this report have been discussed with the appropriate nominating bodies.

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

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

8 RESOURCE IMPLICATIONS

8.1 Financial – None.

8.2 Personnel – None.

8.3 Other – None.

9 BACKGROUND PAPERS

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

AUTHOR'S NAME	Fiona Currie
DESIGNATION	Committees Officer
CONTACT INFO	fcurrie@eastlothian.gov.uk
DATE	18 September 2024

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 26 September 2024

BY: Chief Officer

5

SUBJECT: Unscheduled Care Lothian Strategic Development Framework

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1 PURPOSE

1.1 To provide an update to the East Lothian Integrated Joint Board on the implementation of, and revisions to the Unscheduled Care pillar of the (USC) Lothian Strategic Development Framework (LSDF).

2 RECOMMENDATIONS

2.1 The IJB is asked to:

i. Note the progress made in the implementation of the USC pillar of the LSDF

ii. Note the continuing challenging financial landscape and support the revisions made to the programme to maximise effective delivery of key objectives within the USC LSDF pillar.

iii. Consider the IJBs role as commissioners of USC delivery and where and how this role and function can be best utilised to deliver improved outcomes for patients.

3 BACKGROUND

3.1 The LSDF implementation book has been revised for 2024/2025 for several reasons. These include a changed and challenging financial landscape, a series of recommendations that were received by the Board since the original development of the LSDF, and new projects and programmes that have emerged, which were not sufficiently captured within the LSDF, nor in the LSDF reporting systems and governance structures.

3.2 Additionally, an annual review was conducted, and the LSDF book (attached as Appendix 1) outlines the key impacts the programme achieved in 2023/2024. The USC Tactical Committee reviewed this and developed proposals to revise the strategy. This included the development of new strategic groups to drive priority workstreams, consolidating existing workstreams into more strategic groups, and proposing revised outcome objectives and associated timelines.

3.3 The USC LSDF book has been revised according to the proposals approved by the USC Tactical Committee. It now aims to consolidate all the key workstreams under the Unscheduled Care pillar of the LSDF into one comprehensive master document. Where possible, the USC LSDF book includes links to workstream documentation, with the goal of becoming a single source of truth when seeking information on the progress of the USC programme.

Changed Financial Landscape

3.4 On 19th December, a significant budget impact was revealed. NHS in Lothian faced an increased financial gap, which had initially been 3%, but this has now risen to 7%. Comparisons across different Boards indicate a gap ranging from 7% to 14%. The budget has prioritised pay over all other pressures, leaving zero uplift for inflation, demographic pressures, drugs, supplies, and other developments.

3.5 Additionally, impact of this is expected to stretch over the next three years, which will likely create further tension between finance and performance. Despite these pressures, there remains a statutory responsibility to break even financially.

3.6 The pan-Lothian USC portfolio receives an allocation of approximately £280 million, and within that includes historic recurring investments of around £13 million to support improvement activities, and an additional £5 million from Scottish Government funding for a similar purpose.

3.7 Recovery plans have been required within 24/25 financial year in order to achieve financial balance. Key actions to achieve this include a review of the 2023/24 programme releasing around £2.1 million (predominately from slippage in projects), pausing the Flow Centre expansion (£0.5 million) and RACU expansion (£1.3 million), and reviewing historic USC investments (£0.72 million).

3.8 Currently the USC portfolio is forecast to be around £10m (~3%) overspend by the end of the 24/25 financial year.

3.9 The USC Tactical Committee agreed that focus needs to shift from delivery of “easier” savings programmes including the likes of identifying non-recurring savings, or pausing plans for expansion of specific services, into a space where the entire portfolio is reviewed, and models of care and service delivery are evaluated across the entire system with an aim to deliver improved or similar levels of care with the same of less funding. Appendix 2 details this proposed approach.

3.10 This approach is based upon the assumption that through a whole-system redesign of our models of care, with a particular view to improve care closer to home and reduce reliance on acute hospitals, efficiencies can be identified whilst improving patient care.

3.11 The Integrated Joint Board is encouraged to consider their role in shaping this process.

Changes to Programme Structure

3.12 As described in 3.2, the programme structure has been revised to ensure focus on the key USC objectives. A list of the revised programme boards/working groups is detailed below with their agreed objectives;

STRATEGIC GROUP	OBJECTIVES	CHAIR
Navigation Programme Board	• To develop and define key principles, pathways & required model(s) for the Lothian Flow Navigation Centre and each HSCP Single Point of Contact to collaboratively ensure effective navigation to the appropriate support for patients in both community or acute hospital • To provide overarching leadership to ensure alignment is maintained with the organisations wider strategic direction	Jenny Long
OT // PT Working Group	• To review current arrangements for managing and directing OT & PT resources across the health and social care system and implement the set of recommendations emerging from the working group. • To ensure adherence to HF Principles, where patients are assessed and rehabilitated at home as a default option • To define a system wide approach to risk management with a clear framework for the best place for assessment and by whom,	Jenny Long
DwD Pan-Lothian Group	• Drive forward the local and national DwD agenda (i.e.: Hospital Occupancy Action Plan/Whole System Self-Assessments) • Responsible for the oversight and assurance of key DwD workstreams across Lothian and formally capture what work is being done to support effective discharge planning across the whole system. • Provide a forum to provide the sharing/learning of effective discharge planning processes.	Grace Cowan
Pan-Lothian RACU Group	• Maximise current capacity at RACU and review pathways to enable this. • Ensure pan-Lothian equity of utilisation of this service • Refine case for further expansion of RACU at WGH and development of SJH RACU acknowledging that further work is required to identify what could be deprioritised to fund this (+ prep for 4hr EAS compliance)	David Walker
Interface Care Programme Board	• Provide leadership to enhance and embed delivery of “Interface care” services (ie H@H and other standalone interface services) to optimise and streamline access to care closer to home equitably throughout the Lothian system • To determine right sizing model for Lothian Interface Care Services to meet current and future requirements	David Hood

Frailty Programme Board	• Develop comprehensive, patient-centred care pathways integrating medical, social, and community services for frail patients across various settings, including care homes, acute hospitals, and community services. • Ensure standardised measurement, assessment, and data recording of frailty to drive a preventative approach and improve patient outcomes. • Provide leadership and direction to create consistent service models and pathways (both on acute sites & in community), ensuring equitable access and seamless transitions of care for frail patients across all geographic areas.	Pat Wynne
Early Supported Discharge	• To develop a whole-system approach to delivering the required models of care outlined in the Buchan Bed modelling exercise. These include; • 50% of general medicine and frailty patients discharged in 48 hours and 60% of surgical patients discharged within 24 hours. (Note link to frailty programme)	Oli Campbell

3.13 To complement this revision, a measurement framework has been agreed and an interactive dashboard is is under development and will shortly be available for use. This will aim to capture all the key metrics that will measure the success of the programme as well as each individual programme board. This can be found within the LSDF Implementation book (appendix 1).

4 ENGAGEMENT

4.1 The revisions to the implementation book have been presented at the USC Tactical Committee, the USC Programme Board as well as NHS Lothians Corporate Management Team. All these forums have representation from Acute, HSCPs, Clinical Leaders as well as partnership leads.

5 POLICY IMPLICATIONS

5.1 None.

6 INTEGRATED IMPACT ASSESSMENT

6.1 This is report is detailing revisions to the USC LSDF pillar, and it is acknowledged that impact assessments must be conducted through each programme board where changes are proposed.

7 DIRECTIONS

7.1 None.

8 RESOURCE IMPLICATIONS

8.1 Detailed in paragraphs 3.4 to 3.11 in this report.

9 BACKGROUND PAPERS

9.1 None

Appendices:

Appendix 1: LSDF Implementation Book

Appendix 2: USC Medium Term Financial Framework

AUTHOR'S NAME	Oliver Campbell
DESIGNATION	Programme Director, USC, NHS Lothian
CONTACT INFO	07411 548 902, oliver.campbell@nhs.scot
DATE	19/09/24

Unscheduled Care Update

LSDF – Implementation Plan

2024 // 25 →

Everything you need to know in 3 slides

USC LSDF implementation Book Update

Everything you need to know in 2 slides

(1) Context

- The LSDF implementation book has been revised for 24/25 for a series of reasons. These include;
  - A changed and challenging financial landscape
  - A series of recommendations that were received by the Board since the original development of the LSDF
  - New projects and programmes that had resultantly emerged and were not sufficiently captured within the LSDF and therefore the LSDF reporting systems and governance structures.

- In addition, the annual review was undertaken and the LSDF book outlines the key impacts the programme achieved in 23/24.
- The USC Tactical Committee reviewed all the information detailed above and developed proposals around revising the strategy.
- This included the development of new strategic groups to drive priority workstreams, consolidating existing workstreams into more strategic groups, and proposing revised outcome objectives and associated timelines.
- The USC LSDF book has been revised in line with the proposals approved by USC Tactical Committee, and now aims to bring together all the key workstreams under the Unscheduled Care pillar of the LSDF into one overarching master document.
- The USC LSDF book uses links where possible to workstream documentation, with the aim of becoming a single source of truth when seeking information on USC programme progress.

USC LSDF implementation Book Update

Everything you need to know in 2 slides

(2) Index

- The USC LSDF book seeks to tell the story of;
  - How the programme was previously structured
  - What's already been delivered
  - Changes to the financial landscape
  - What else has changed
  - The process of pulling all this above together
  - The proposed structural revisions
  - The Acute Divisions role in delivering elements of this
  - The proposed new step diagrams
  - Progress against 24/25 (tbc)

Unscheduled Care

LSDF – Implementation Book

2024 // 25 →

Lothian Strategic Development Framework

The Lothian Strategic Development Framework sets out what we want to happen over the next five years across the system, to help us to achieve our vision

The outcomes we aim to achieve through the LSDF are delivered by our five-year plans . These plans are separated into **6 Pillars**

Mental Health, Illness & Wellbeing	**Children & Young People**	**Anchor Institutions**
Primary Care	**Unscheduled Care**	**Scheduled Care**

Supported by **5 Parameters**

- **Workforce Availability**
- **Environmental Sustainability**
- **Digital**
- **Revenue Availability**
- **Capital Availability**

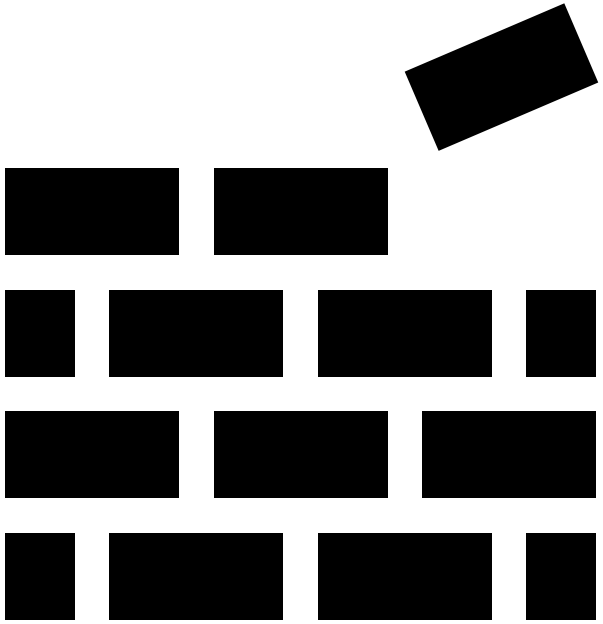
Unscheduled Care Priorities

Priority 1: **Reduce ED Attendances**

Priority 2: **Reduce Length of Stay**

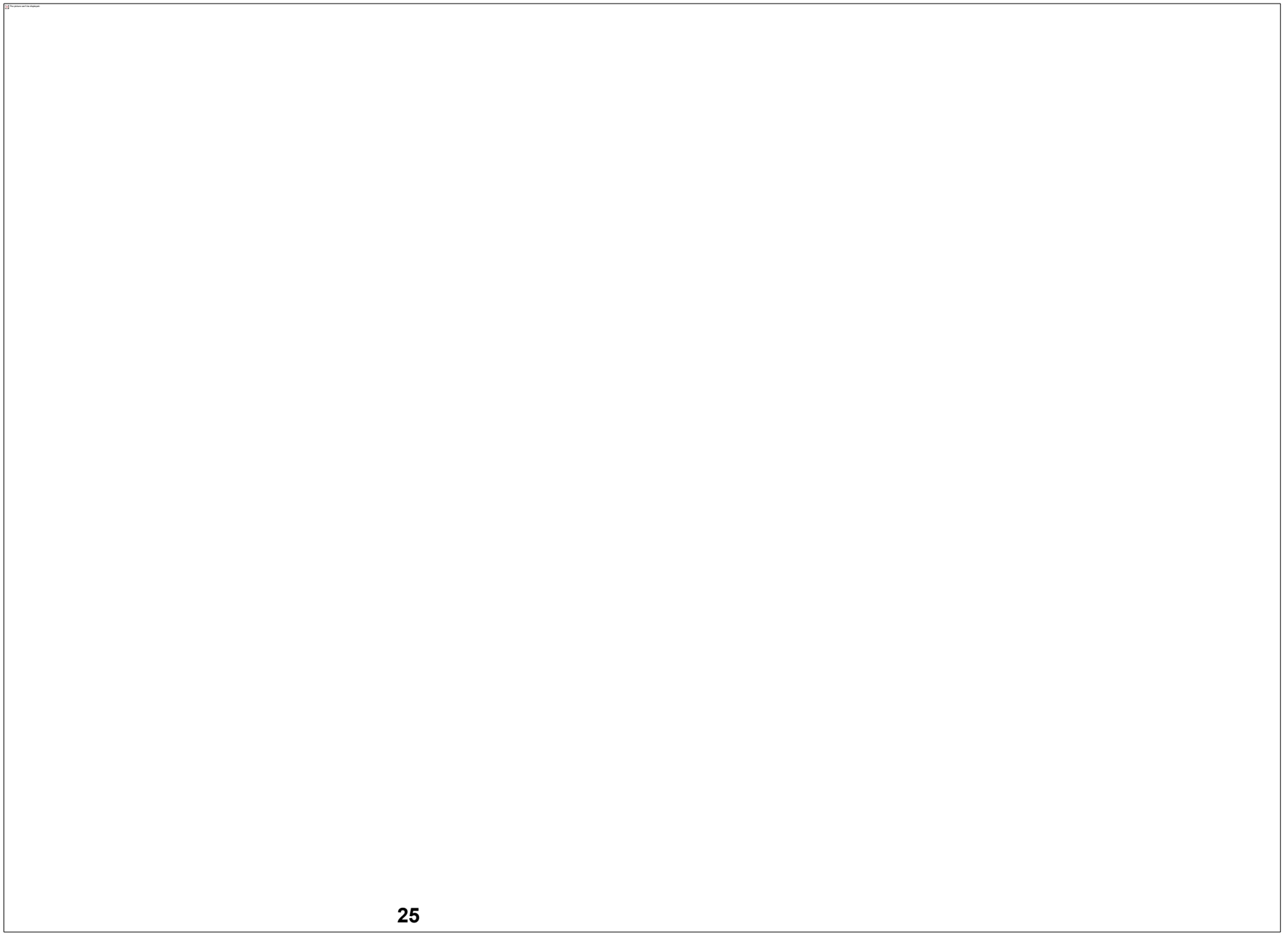
Priority 3: **Reduce Admissions**

Previous Structures



Previous Driver Diagram

Note items in italics are programmes that came online since the original development of the diagram/strategy



Previous Programme Structure

Unscheduled Care Programme Board
(Chair: Fiona Wilson and Vice Chair: Colin Briggs - Quarterly)

Unscheduled Care Tactical Committee
(Chair: Yvonne Lawton - 6 weekly)

Scheduling of Minor Injuries SLWG (Chair: V Mulholland)

FNC Programme Board (Chair: G Cunningham)

Clinical Pathway Review Board (Chair: R Cheesbrough)

ED Frequent Attenders SLWG (Chair: A Tyrothoulakis)

Front Door – Early Supported Discharge (ESD) (Chair: O Campbell)

DwD Pan Lothian Group (Chair: G Cowan)

Pan Lothian SDEC Dev. Group (Chair: L Cameron)

H@H Oversight Group (B Flynn & A Coull)

Respiratory SLWG (Chair: G Choudhury)

OPAT SLWG (Chair: C Mackintosh)

LSDF THEMES

REDUCE ED ATTENDANCES

REDUCE LoS

REDUCE ADMISSIONS

RIE Emergency Access Standard Project Board (Chair: Aris Tyrothoulakis)

WGH Emergency Access Group (Chair: Lyndsay Cameron)

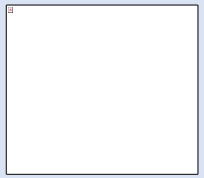
SJH Emergency Access and Quality Performance (Chair: Shirley Douglas Keogh)

4 HSCPs Home First Delivery Programmes (Chaired by Heads of Health)

Where we got to 23/24

Annual Plan 2023-24 Priority 1: Reducing ED Attendance

High Level of Assurance	Medium level of Assurance	Low Level of Assurance
Currently on track to meet objectives and measurements of success No interventions required at this stage.	Some interventions required for objectives to remain on track, i.e. input and oversight from SMT, additional resourcing, etc.	Objectives and/or success measurements at risk of not being completed within the timescales and/or allocated resources. External influence impacting success.

Project	Project Brief	Assurance Level
Scheduling Minor Injuries		
Implementing sign posting and redirection at our acute front doors		
Enhancing the FNC		
Clinical pathway review and monitoring		
Single point of contact in HSCP		
Support ED frequent attenders		

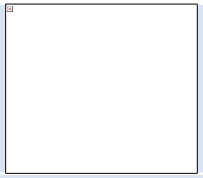
Annual Plan 2023-24 Priority 2: Reduce Length of Stay

High Level of Assurance	Medium level of Assurance	Low Level of Assurance
Currently on track to meet objectives and measurements of success No interventions required at this stage.	Some interventions required for objectives to remain on track, i.e. input and oversight from SMT, additional resourcing, etc.	Objectives and/or success measurements at risk of not being completed within the timescales and/or allocated resources. External influence impacting success.

Project	Project Brief	Assurance Level
Implementing Discharge without Delay Programme - Planned Date of Discharge (phase 2) - Early Supported Discharge (ESD)		

Annual Plan 2023-24 Priority 3: Reducing Admissions

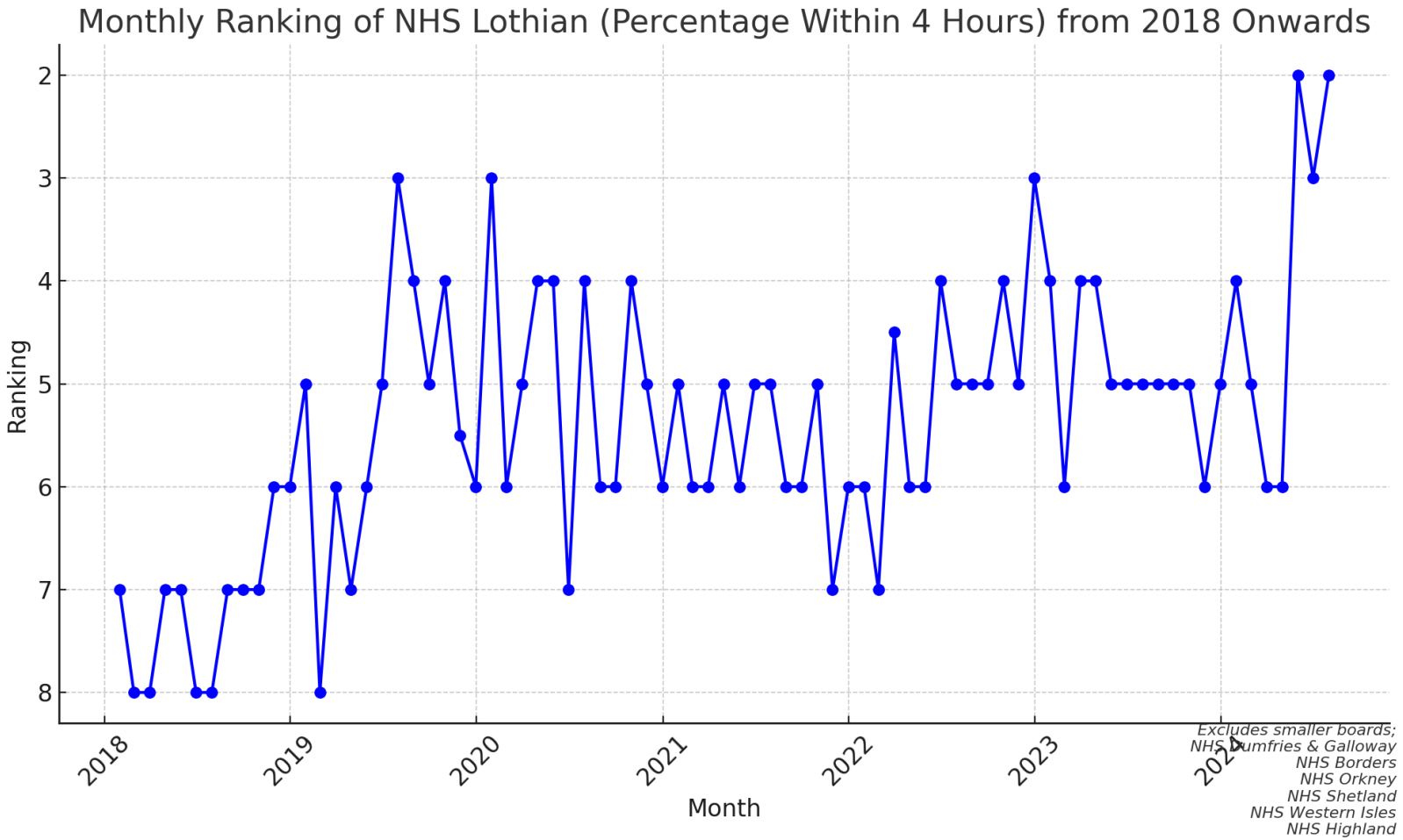
High Level of Assurance	Medium level of Assurance	Low Level of Assurance
Currently on track to meet objectives and measurements of success No interventions required at this stage.	Some interventions required for objectives to remain on track, i.e. input and oversight from SMT, additional resourcing, etc.	Objectives and/or success measurements at risk of not being completed within the timescales and/or allocated resources. External influence impacting success.

Project	Project Brief	Assurance Level
Develop Pan Lothian Rapid Assessment and Care Unit (RACU) (Previously SDEC)		
Hospital @Home (H@H)		
Enhancing OPAT Services Pan Lothian		
Enhancing Respiratory Services Pan Lothian		

LSDF Programmes // Impact to date

Continue to optimise Public **111 pathway**	**28.8%** of referrals are re-directed to alternative pathway Reduced the number of patients attending a Lothian front door setting
Implement Signposting and **Redirection**	Current re-direction rate from ED is **5.5%** of attendances.
Minor Injuries Scheduled Appointments	RIE: 25%, WGH: 40%, SJH 100%
RUC Phase 2 – Prof to Prof Pathways	**19%** of referrals flow to alternative pathway
Transition of FC to **Flow Navigation Centre**	Improved GP referrals to alternatives **19%** of patients are referred to an alternative pathway such as H@H, OPAT. CRT etc.
Augment **Single Point of Contacts (SPOC)**	
Implement DwD Pan Lothian **Spreading PDD** across Acute and Community Hospitals Patient identification through **Early Supported Discharge (ESD)**	**WLHSCP** has seen a **30% ALOS** reduction on discharge hub tracker from Dec '22 to Dec '23 **SJH:** improved discharge coordination, boosting discharge numbers and flow coordination. PDD implemented to date across 5 wards to date. **WGH:** 50% fewer delayed patient bed occupancy across PDD wards 9-day LOS reduction and 35% discharge rate increase from Phase one end to previous year Decrease in 48-hour validation rule for local RFS data PDD implemented to date across 4 wards **RIE:** PDD implemented across 3 MoE wards Discharge Forum leads on the re-launch of PDD programme Strong collaboration with LACAS site leads. Regular meetings with service leads encourage engagement, accountability for facilitation and learning opportunities **ESD:** Work commenced in December 2023 to support the early identification of patients who could be aligned to a specific ESD pathway from within AMU at the RIE. Throughout the period to date there has been a significant reduction in OBDs with EHSCP however the rationale for this is still to be fully determined. Co-location of the RIE Acute/HSCP ESD Team will commence in June 2024 which will further strengthen the daily communication to support this workstream.
Expand Rapid Assessment Care Unit @ WGH and develop one at SJH (RACU)	Around **1800 patients per month** are now seen via RACU
Develop a consistent model and expand delivery of **Hospital at Home** across each HSCP	The number of new patients admitted to the service / month has increased from a baseline average of 238 new patients / month in 2021 to **460 new patients / month on 2024 (93% increase).**
Increasing the number of patients managed on short-stay admitted pathways - Implement and strengthen **Early Supported Discharge**, and implement pan-Lothian.	EHSCP have achieved a significant reduction in total occupied bed days from the start of January 2024 saving of **31 beds per day** which is roughly equal to an acute hospital ward
Enhance alternatives to hospital admission – initial focus **Respiratory and OPAT**	The number of OPAT and Respiratory patients managed has **increased by 38% and 20%,** respectively.

Comparative National Performance for Larger Boards (excludes boards ≤25% smaller than Lothian)



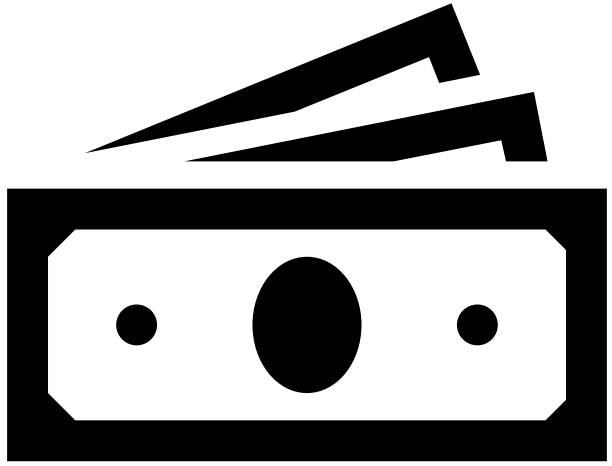
Excludes smaller boards;

(Combined weekly attendances for the boards listed above, are still less than NHS Lothian weekly attendances)

Improved comparative performance over winter

Site Admitted Pathway Performance between January and March Relative to Other Large Mainland Sites 2022-2024 (Excludes Children's Hospitals)			
	League Table		
	2022	2023	2024
ABERDEEN ROYAL INFIRMARY	17	18	19
BORDERS GENERAL HOSPITAL	14	11	10
DUMFRIES & GALLOWAY ROYAL INFIRMARY	3	6	4
FORTH VALLEY ROYAL HOSPITAL	4	15	15
GLASGOW ROYAL INFIRMARY	12	14	14
INVERCLYDE ROYAL HOSPITAL	5	3	5
NINEWELLS HOSPITAL	2	1	1
QUEEN ELIZABETH UNIVERSITY HOSPITAL	15	12	12
RAIGMORE HOSPITAL	10	8	9
ROYAL ABERDEEN CHILDREN'S HOSPITAL	1	2	2
ROYAL ALEXANDRA HOSPITAL	18	10	18
ROYAL INFIRMARY OF EDINBURGH AT LITTLE FRANCE	19	17	16
ST JOHN'S HOSPITAL	13	13	13
UNIVERSITY HOSPITAL AYR	20	20	20
UNIVERSITY HOSPITAL CROSSHOUSE	8	7	8
UNIVERSITY HOSPITAL HAIRMYRES	11	16	17
UNIVERSITY HOSPITAL MONKLANDS	9	5	7
UNIVERSITY HOSPITAL WISHAW	7	4	3
VICTORIA HOSPITAL	6	9	6
WESTERN GENERAL HOSPITAL	16	19	11

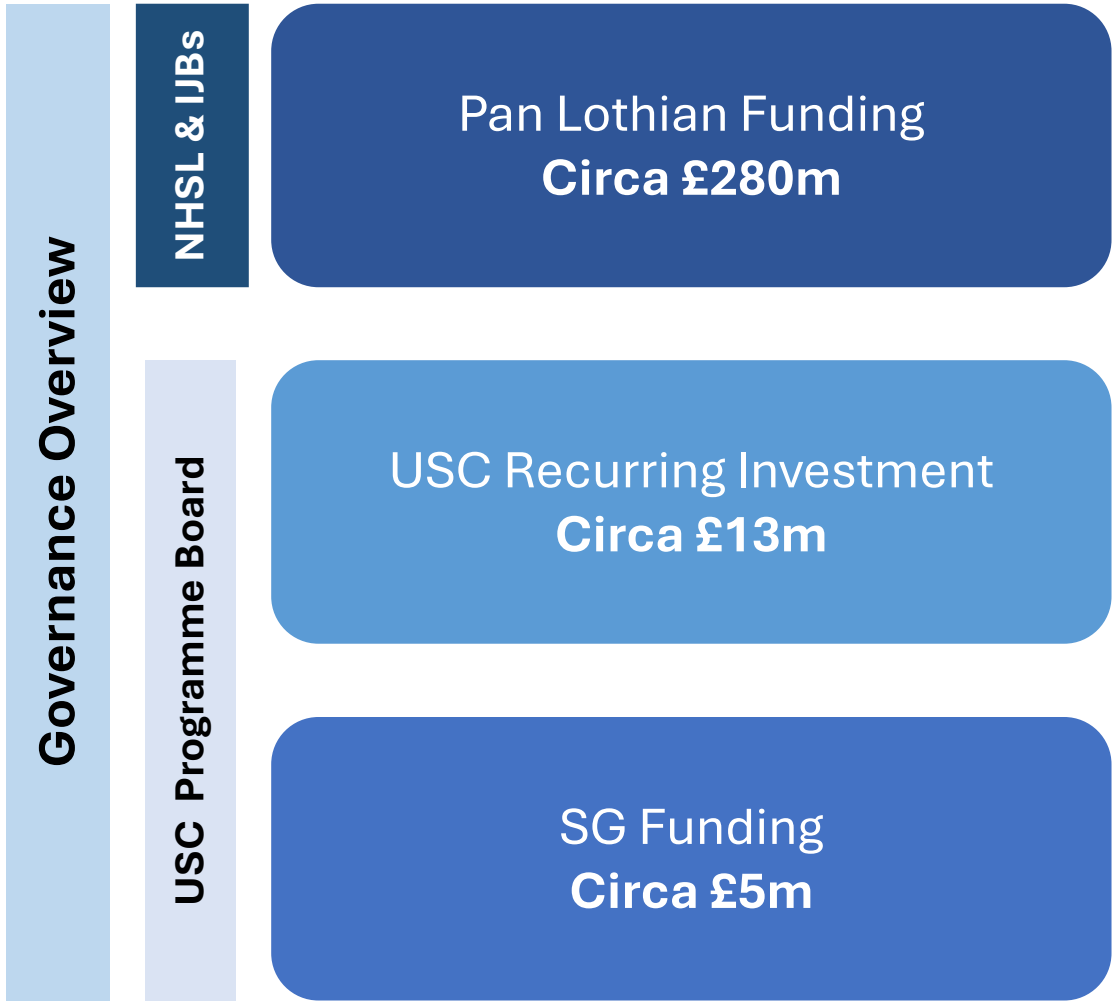
Changed Financial Landscape



Changed Fiscal Parameters

- 19th December Budget Impact
  - NHSiL 3% gap increased to 7%
  - Board comparisons 7% to 14%
- Pay prioritised above all other pressures
- Zero uplift for inflation, demographic pressures, drugs, supplies, developments, etc
- Non-Pay deal impact over next 3 years
- Resulting tension between finance and performance
- Statutory responsibility to break even

USC Finances



Recovery Plans Required:

- 23/24 Programme review - **£2.1m**
- Pause Flow Centre expansion - **£0.5m**
- Pause RACU expansion **- £1.3m**
- Review of USC Historic Investments **£0.72**

- **Requirement to focus on £280m portfolio in coming years**

Analysis of Pillars

Front Door

Services Included:

- Accident & Emergency (A&E)
- Medical Assessment Units
- Major Trauma
- Minor Injuries

Interface Care

Services Included:

- Respiratory Services
- Flow Centre
- Ambulatory Care
- Same Day Emergency Care (SDEC)
- OPAT
- Hospital At Home
- Hospital to Home

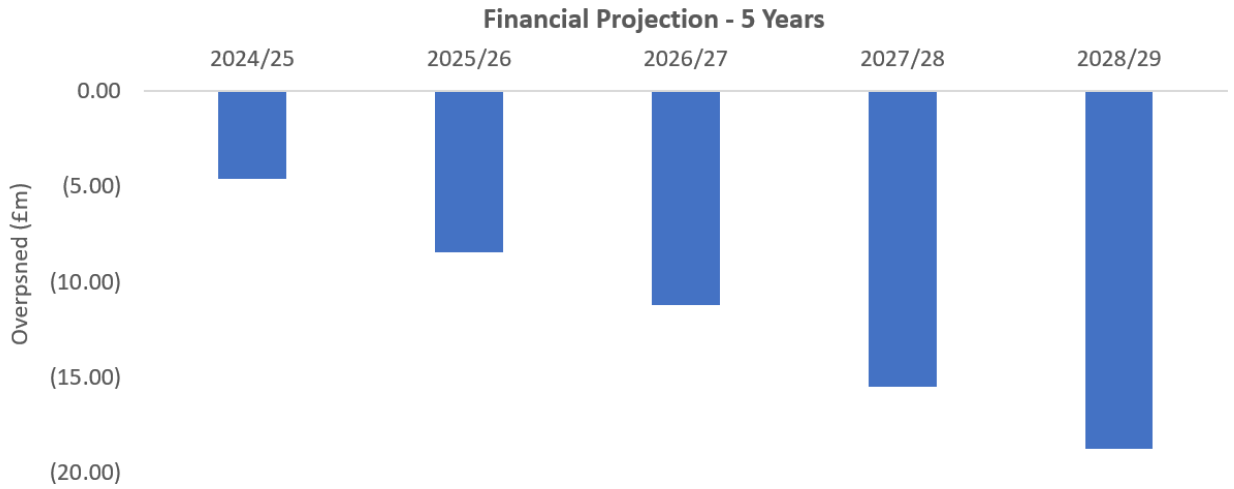
Hospital Based

Services Included:

- **Acute** – Geriatric Medicine, Cardiology, Critical Care, Infectious Diseases & General Medicine.
- **Primary Care** – Community Hospitals (excluding Mental Health wards).

Medium Term Financial Framework

The MTFF for Unscheduled care is derived from the overall NHS Lothian Financial Plan. The output from the modelling is shown →

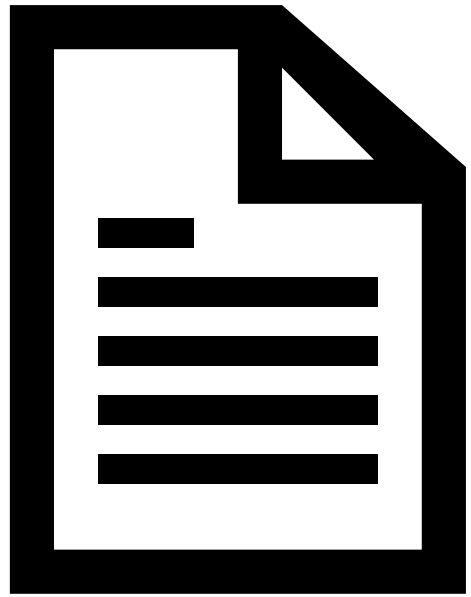


Financial Modelling Assumptions

- The baseline budget, expenditure and variance has been taken from the NHS Lothian operational financial plan.
- Pay uplift impact has not been modelled into the MTFF for 2024/25 onwards.
- After factoring in all the financial recovery actions, the results indicate that unscheduled care **will achieve a balanced financial position for 2024/25**. This projection relies on the implementation and full delivery of the recovery actions and is supported by one-off benefits from the stop and assess initiative.
- *Population growth has not been included in the model*

External Recommendations & New Workstreams

(received/developed since original development of LSDF)



RIE Emergency Access Standard Programme Board
Diagnostic review recommendations

Diagnostic review in 2023/24 within **RIE** identified **29 recommendations** across six themes - **25 have been implemented**

Five high priority recommendations

1. Relocate Interface Service - outstanding environmental issues
2. Review and revise ED operating model - further work required to ensure the model is fully implemented
3. Review and refine escalation model, including roles and responsibilities of the site capacity team - further work required to ensure the site & capacity model is fit for purpose
4. Clinical Leadership Forum in place - complete
5. Enhanced performance and improvement reporting in place - complete

RIE Emergency Access Standard Programme Board
Outstanding RIE EAS recommendations

- Ensure Trak is completed in a timely manner across all wards and services - significant work required

- Revised surgical pathways to be completed - June 2024

- ED, AMU and SOU operating models - 14th June

- Rollout eObs to ED - requires further changes to Trak - implementation plan required

Centre for Sustainable Delivery (CfSD) Outputs (1)

Recommendations to NHS Lothian from CfSD Discovery Debrief Session ;

Benchmarking Link Here

- Increasing primary care access to alternatives to the emergency department such as H@H, RAAC/Ambulatory Care/SDEC and hot clinics
- Optimising the use of clinical spaces in ED, through early access to decision makers, rapid assessment and streaming
- 'Rightsizing' the assessment function and developing an 'in reach' model to support early ownership and ward moves
- Enabling direct admissions to specialties where appropriate (bypassing ED)
- Increasing the number of patients managed on short-stay admitted pathways
- Reducing the number of long-stay patients in hospital (particularly non-delayed patients)
- Focus on reducing LOS for key high volume pathways by increasing community capacity, particularly for rehabilitation and re-ablement services.

CfSD Outputs (2) - Leverage Points

Aim	Methodology
1	Local impact if your organisation matched the mainland Scotland average (calculated excluding your board)
2	Local impact if your organisation matched the average for the top 75 percentile performing mainland boards.
3	Local impact if your organisation matched the average for the upper quartile performing mainland boards.
4	Local impact if your organisation matched the top performing mainland board in this area.

NHS Lothian CFSD Leverage Points	Current Typical Day	Aim1	Aim2	Aim3	Aim4	% req'd to next point
Reduce the **average LOS** in the Emergency Department for patients that **get admitted** to hospital after arriving between the hours of 5pm to 5am (Overnight)	492	424	387	279	204	-14%
Reduce the **average LOS** in the Emergency Department for patients that **get admitted** to hospital after arriving between the hours of 5am to 5pm (Day Time)	437	361	326	265	180	-17%
Reduce the **average LOS** in the Emergency Department for patients that **do not get admitted** to hospital after arriving between the hours of 5pm to 5am (Overnight Time).	223		206	150	144	-8%
Reduce the **average LOS** in the Emergency Department for patients that **do not get admitted** to hospital after arriving between the hours of 5am to 5pm (Day Time)	184	181	168	125	117	-2%
Reduce the average **time to first assessment** in Emergency Department for patients that **get admitted** to hospital after arriving between the hours of 5pm to 5am (Overnight)	102			70	41	-31%
Reduce the average **time to first assessment** in Emergency Department for patients that **get admitted** to hospital after arriving between the hours of 5am to 5pm (Day Time)	89		71	62	30	-20%
Reduce the average time to **first assessment** in Emergency Department for patients that **do not get admitted** to hospital after arriving between the hours of 5pm to 5am (Overnight Time)	91		87	71	45	-4%
Reduce the average time to **first assessment** in Emergency Department for patients that **do not get admitted** to hospital after arriving between the hours of 5am to 5pm (Day Time)	67		60	50	34	-10%
Reduce the number of patients in Acute & Community hospital beds with a **LOS >14 days**	1,270		1,140	1,007	835	-10%
Reduce the number of non-delayed patients in Acute & Community hospital beds with a **LOS >14 days**	1014		852	766	578	-16%
Reduce the number of patients in acute and community hospital beds affected by **standard delays**	166			162	135	-2%
Reduce the number of patients in acute and community hospital beds affected by **AWI delays**	50			34	26	-32%

Buchan Bed Modelling

a) Demographic Growth

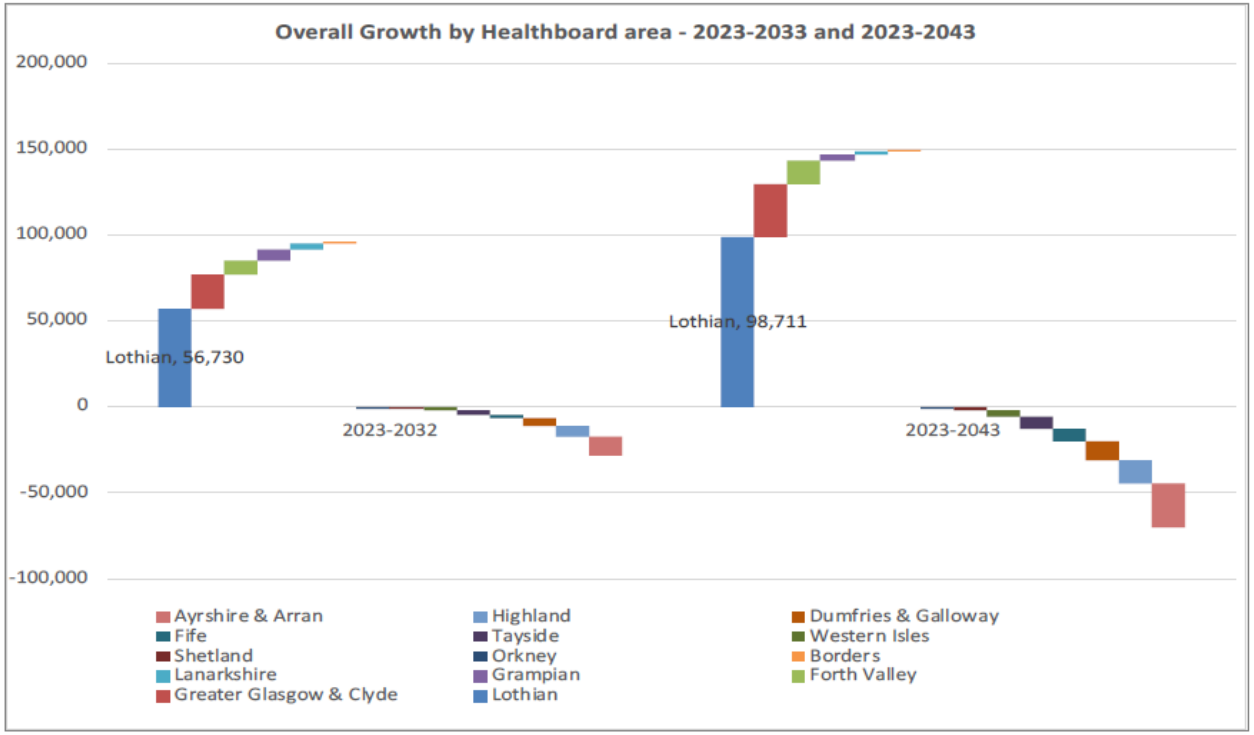
Demographic growth

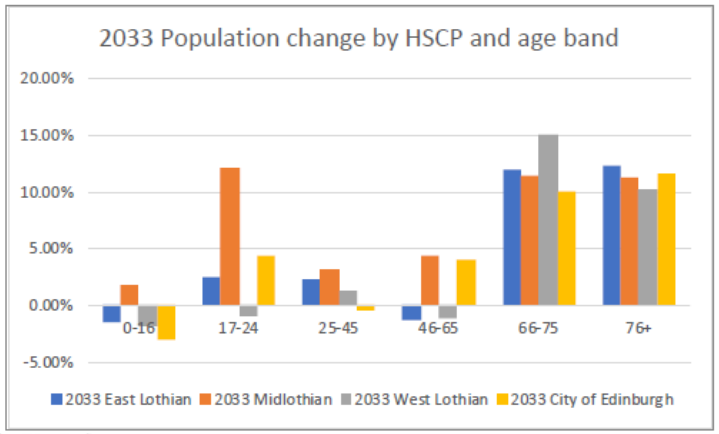
National Records of Scotland (NRS) sub-national projections by age, gender and local authority.

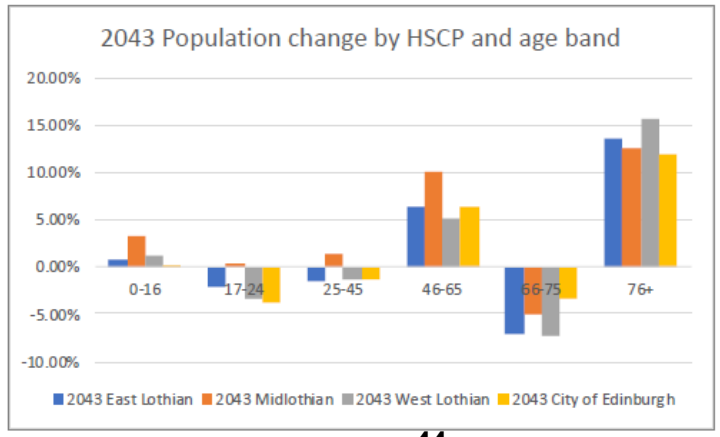
Source:https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections/2018-based

~10% growth every 5 years

84% of all growth in Scotland 2023-33 within NHS Lothian (125% 2023-2043)

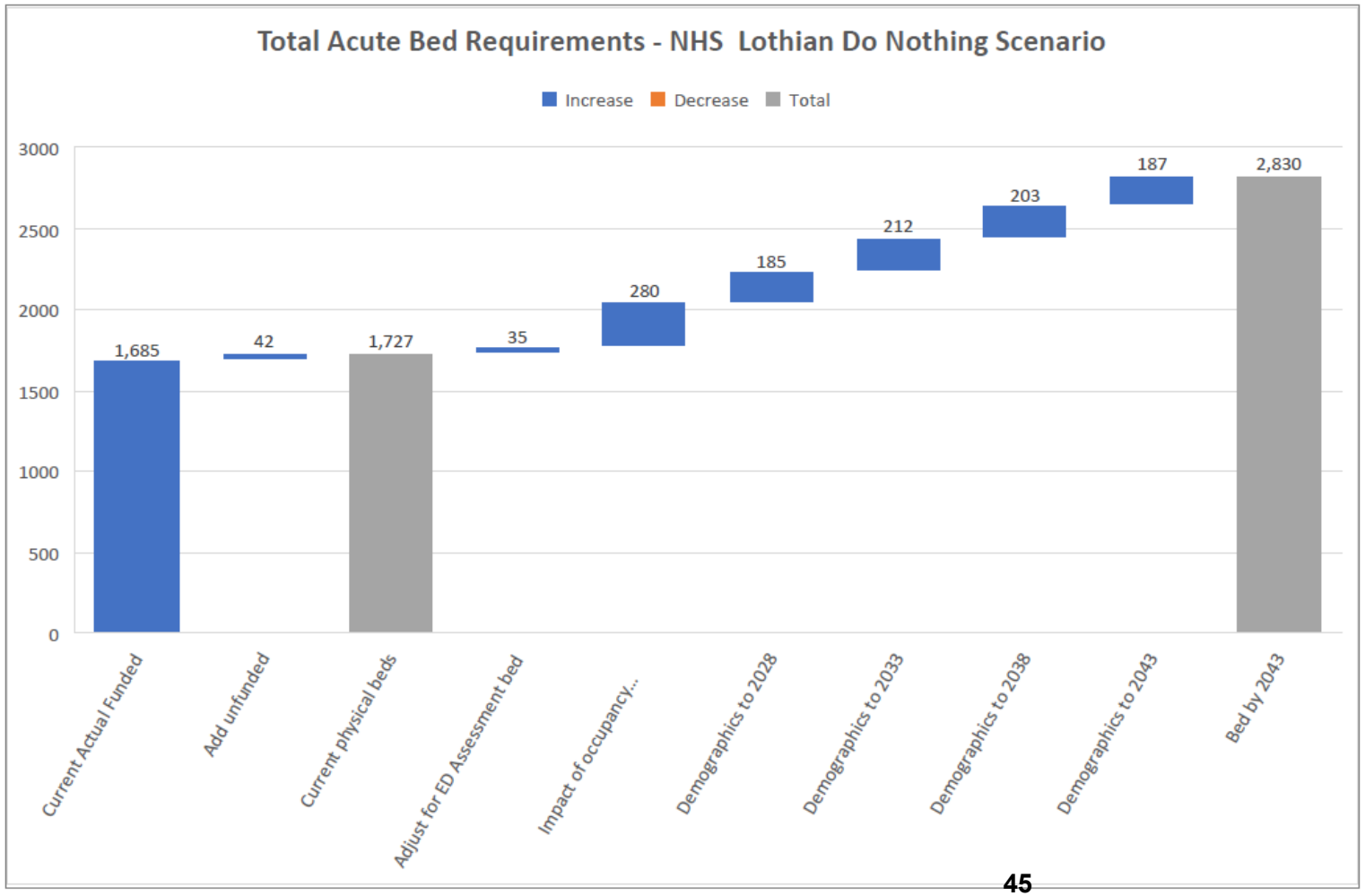






Buchan Bed Modelling

a) Demographic Change – bed impact all acute sites

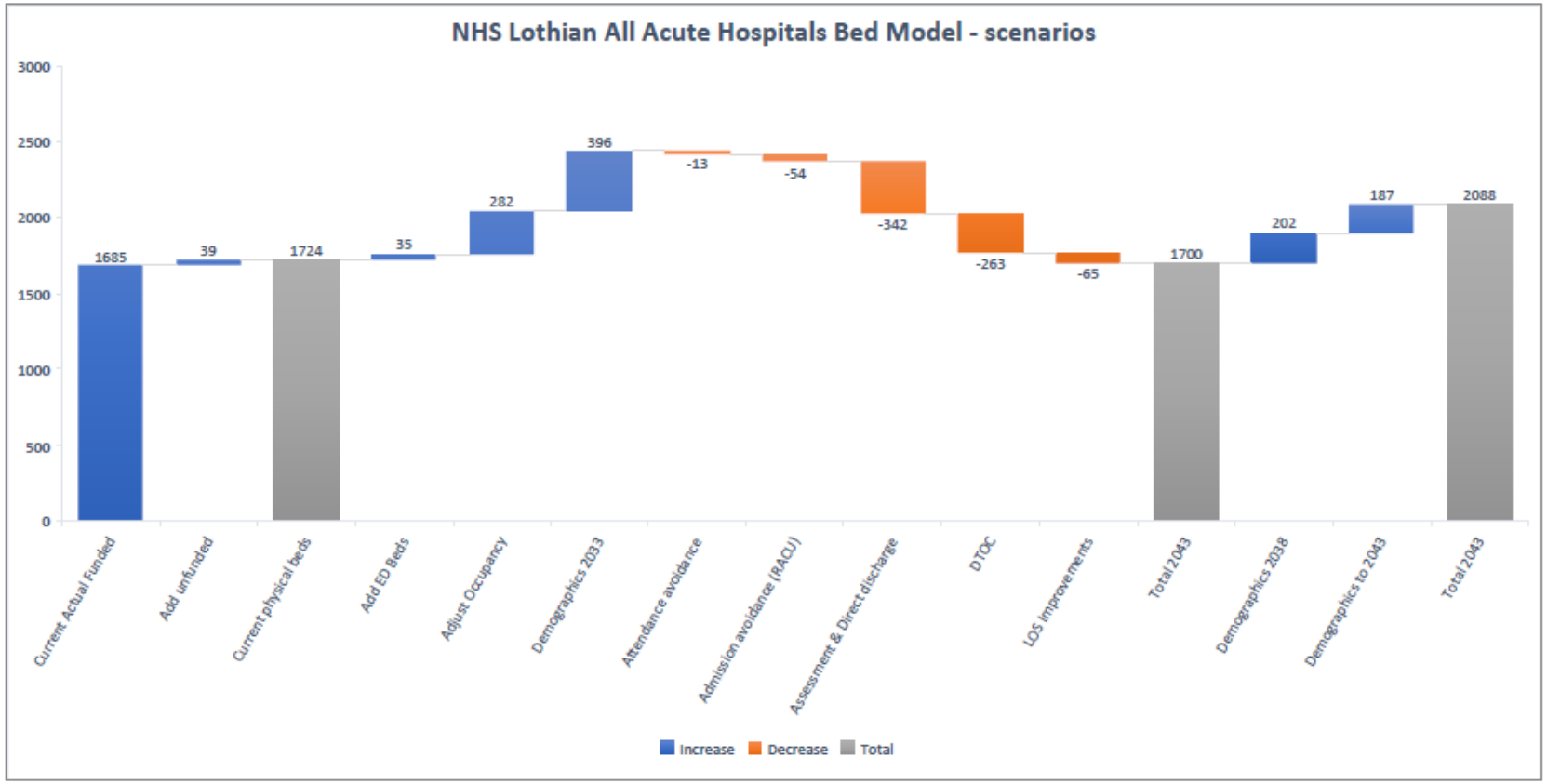


Significant growth across all sites due to:

- current over occupancy, both within ED (42 beds) and inpatient areas (273 beds). Including adjusting for the current use of non-inpatient areas for overnight care.
- demographic growth, equating to an average of ~200 additional beds every 5 years.

Buchan Bed Modelling – Mitigating Actions

Scenarios b-e) bed impact all acute sites



Significant change needed to implement scenarios.
By 2033, the improvements will mitigate the growth and occupancy; however, additional capacity is required by 2043.

New Workstreams

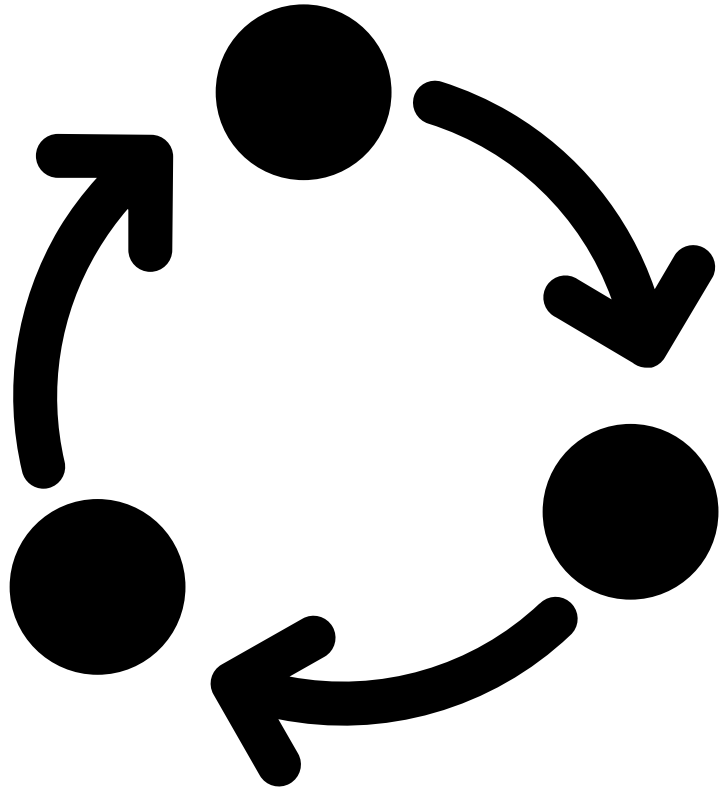
programmes/developments that came online since the original development of the diagram/strategy

- ***Specialty by Specialty LoS*** *programme in Acute*
- *Implementation of* ***Discharge Framework***
- *Review and further implementation of* ***Flowthian***
- *Review of AHP* ***(OT/PT) models of care*** *to improve flow*
- *Implement and strengthen* ***Early Supported Discharge*** *and implement pan-Lothian*
- ***Buchan Bed Modelling*** *outputs*
- *Whole System Responsiveness* ***(consistent implementation of escalation framework)***
- *Partnership* ***Bed Occupancy Report / Ownership***
- *Implementation of* ***RIE External Review Recommendations***

Women's Health Plan - TBC

- No explicit recommendations for USC
- However, work required to ensure all principles found in WHP are reflected in the USC programmes

Pulling it all together



LSDF, CfSD & Buchan Outputs: Thematical Mapping

				LSDF										
Generalised Theme	**CFSD Executive Recommendations**	**Buchan Bed Modelling Scenarios**	**Buchan Modelled Impact**	**Reduce ED Attendance**	**Reduce Length of Stay**	**Reduce Admissions**	**NHS Lothian CFSD Leverage Points**	**Current Typical Day**	**Aim1**	**Aim2**	**Aim3**	**Aim4**	**% req'd to next point**
ADMITTED FLOW	**'Rightsizing' the assessment function and developing an 'in reach' model to support early ownership and ward moves**	**Assessment bedpool Target discharge/ flow interval Target discharge rate within this interval General Medicine 48hrs 50% Frailty 48hrs 50% Surgery 24hrs 60%**	**342 beds released**	✓	✓	✓	Reduce the **average LOS** in the Emergency Department for patients that **get admitted** to hospital after arriving between the hours of 5pm to 5am (Overnight)	492	424	387	279	204	-14%
	Increasing primary care access to alternatives to the emergency department such as H@H, RAAC/Ambulatory Care/SDEC and hot clinics	**The modelled impact of other HSCPs achieving the same reduction in ED attendances over 10 years as West Lothian has achieved in the last 4 years, with West Lothian reducing by a further 1% per year Expand RACU/SDEC to the full range of pathways across all sites over the next 10 years. 274 diagnosis codes; ~131 pathways**	**67 Beds released**				Reduce the **average LOS** in the Emergency Department for patients that **get admitted** to hospital after arriving between the hours of 5am to 5pm (Day Time)	437	361	326	265	180	-17%
NON-ADMITTED FLOW	**Optimising the use of clinical spaces in ED, through early access to decision makers, rapid assessment and streaming Enabling direct admissions to specialties where appropriate (bypassing ED)**			✓			Reduce the **average LOS** in the Emergency Department for patients that **do not get admitted** to hospital after arriving between the hours of 5pm to 5am (Overnight Time).	223		206	150	144	-8%
				✓			Reduce the **average LOS** in the Emergency Department for patients that **do not get admitted** to hospital after arriving between the hours of 5am to 5pm (Day Time)	184	181	168	125	117	-2%
ED PROCESSES - ADMITTED				✓		✓	Reduce the average **time to first assessment** in Emergency Department for patients that **get admitted** to hospital after arriving between the hours of 5pm to 5am (Overnight)	102			70	41	-31%
				✓		✓	Reduce the average **time to first assessment** in Emergency Department for patients that **get admitted** to hospital after arriving between the hours of 5am to 5pm (Day Time)	89		71	62	30	-20%
ED PROCESSES - NON-ADMITTED				✓			Reduce the average time to **first assessment** in Emergency Department for patients that **do not get admitted** to hospital after arriving between the hours of 5pm to 5am (Overnight Time)	91		87	71	45	-4%
				✓			Reduce the average time to **first assessment** in Emergency Department for patients that **do not get admitted** to hospital after arriving between the hours of 5am to 5pm (Day Time)	67		60	50	34	-10%
LENGTH OF STAY	**Focus on reducing LOS for key high volume pathways by increasing community capacity, particularly for rehabilitation and re-ablement services.**	**An opportunity to improve length of stay (LOS) through specialty benchmarking**	**120 beds released**		✓	✓	Reduce the number of patients in Acute & Community hospital beds with a **LOS >14 days**	1,270		1,140	1,007	835	-10%
	Reducing the number of long-stay patients in hospital (particularly non-delayed patients)				✓	✓	Reduce the number of non-delayed patients in Acute & Community hospital beds with a **LOS >14 days**	1014		852	766	578	-16%
DELAYS		**Acute delays removed by site and HSCP based on Delayed Transfers of Care (DToC)**	**263 beds released**	**50**	✓	✓	Reduce the number of patients in acute and community hospital beds affected by **standard delays**	166			162	135	-2%
							Reduce the number of patients in acute and community hospital beds affected by **AWI delays**	50			34	26	-32%

Outputs from USC Tactical Committee Prioritisation Workshop (April 24)

New broader aim
(a key output from USCTC workshop)

To enable people who need urgent care, to access it in a timely manner, in a setting best suited to their needs

- KPIs
  - Trend of attendance and admission rates/1000 population into ED by HSCP, split by SIMD
    - Target = reducing trend on baseline tbc
  - 4hrEAS
    - Admitted
    - Non-admitted (target = 85%)
  - Bed Occupancy
    - Target = 85%

Outputs from USC Tactical Committee Prioritisation Workshop (April 24)

- **Emerging programmes**;
  - Focus on reducing LOS for key high-volume pathways by increasing **community capacity, particularly for rehabilitation and reablement services**.
  - Reducing the number of **long-stay patients in hospital** (particularly non-delayed patients)
  - Develop strategy around **Realistic Medicine** in USC
  - System **Frailty** / **Co-morbidity** workstream
  - 'Rightsizing' the acute **assessment function** and developing an 'in reach' model to support early ownership and ward moves

- **Consolidating Programmes**
  - **FNC & SPOCS under 1x navigation programme board**;
    - Implement Signposting and Redirection
    - Develop enhanced Prof 2 Prof Pathways
    - Schedule Minor Injuries Appointments & GP Flow
  - **Hospital at Home and Interface Care** workstreams consolidated under one oversight group
  - **DwD / PDD / Discharge Framework / ESD** to be overseen by Lothian DwD Programme Board

2024/25 Corporate Objective
Actions to achieve

"Review the Implementation Book and implement the revised 24-25 step, with a **focus on non-admitted performance to be at least 85% across the system**."

Current non-admitted performance = 79%

Initial actions proposed at the Senior Leadership event 23/05/24 to achieve this aim;

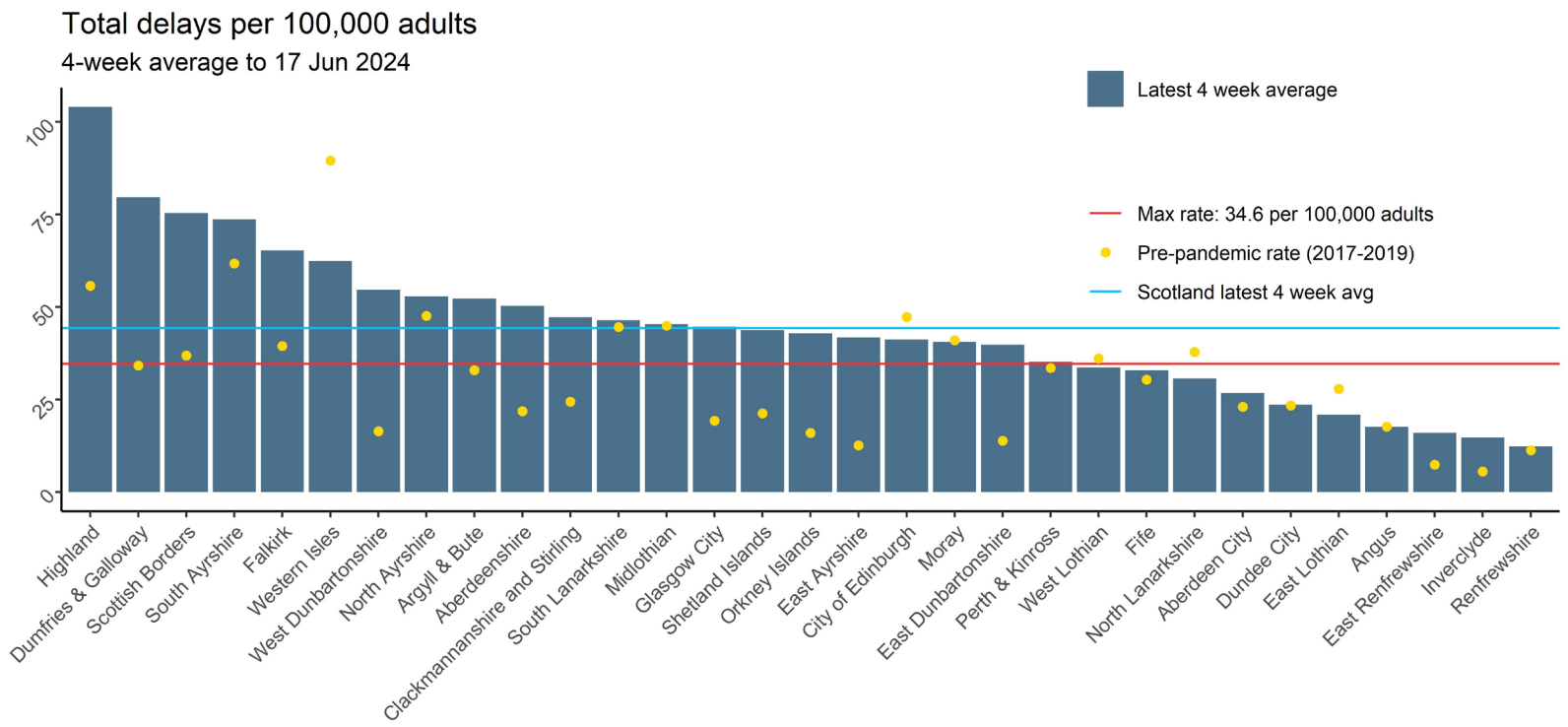
- → Increased development of, and utilisation of hot clinics
- → Work with FNC/SAS to reduce no. of care home attendances
- → Review "thresholds" for EDs, align with realistic medicine
- → Evaluate current use of RACU with view to maximising available capacity and resource
- → Review diagnostic pathways with view to improve flow and reduce number undertaken within an urgent ED context

New focus on DWD

To reduce the total number of delays in Scotland to the national pre-pandemic levels (1,410) with a “rate cap” approach, it is necessary for Partnerships to reduce delayed discharges to a **maximum of 34.6 delays per 100,000 resident adults** in any area.

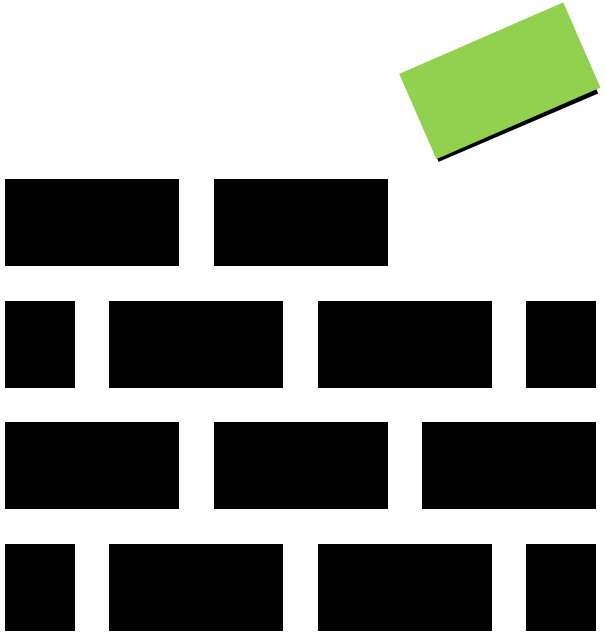
For some areas, this means reducing to below the regional pre-pandemic rate.

Partnerships with delays below 34.6 per 100,000 should remain at or below their baseline rate (4-week average to 13 May)



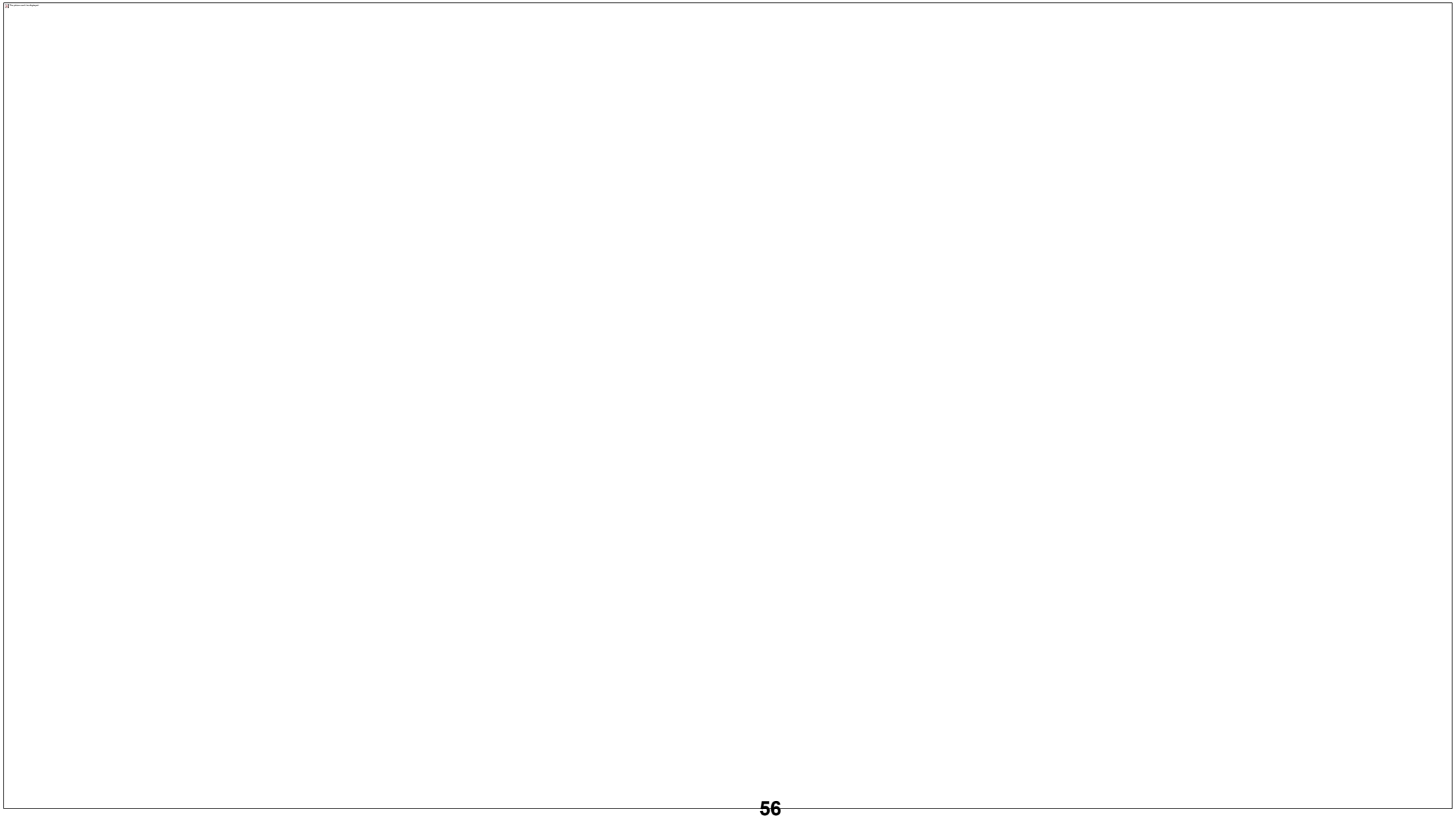
Revised & Proposed Structures

To deliver identified priorities



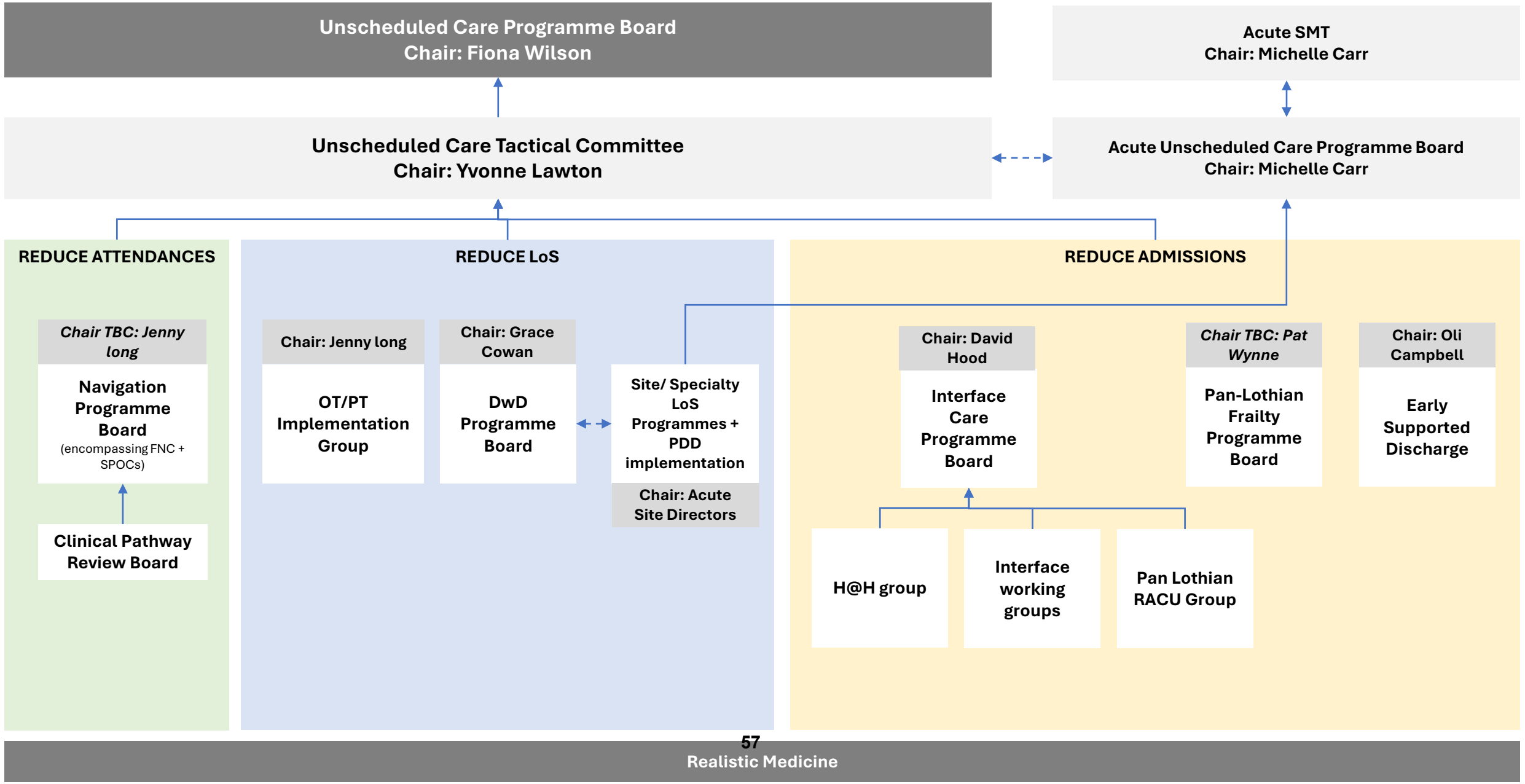
Proposed // Revised Driver Diagram

(Based on USCTC prioritisation exercise)



Proposed // Revised Programme Structure

(Based on USCTC prioritisation exercise)



Proposed // Revised USC Measurement Framework WORK IN PROGRESS

- Attendance rates/1000 population into ED by HSCP (total population and >75s)
- Unplanned Admission rates/1000 population by HSCP (total population and >75s)
  - Target = reducing trend on baseline tbc
- 4hrEAS
  - Admitted
  - Non-admitted (target = 85%)
- Bed Occupancy
  - Target = 85%
  - Emergency bed day rate for adults (per 1000 population)

- Attendance rates/1000 population at ED by HSCP (total population and >75s)

REDUCE ATTENDANCES

Navigation Programme Board (encompassing FNC + SPOCs)

% redirection

% Utilisation of alternative capacity

Clinical Pathway Review Board

- Total occupied bed days for all patients, and patients in delay
- Actual LoS vs PDD LoS vs Target LoS
- % Bed Occupancy

REDUCE LoS

OT/PT Implementation Group

TOBDs for patients not in / and in delay

DwD Programme Board

Site/ Specialty LoS Programmes + PDD implementation

Actual & Planned (PDD) LoS for each specialty against targets

% PDD set within 48 hours of entering ward

- Admission rates/1000 population by HSCP (total population and >75s)
- Proportion of last 6 months of life spent on acute site
- % of frailty patients discharged within 48hours
- % of General Medicine patients discharged within 48hours
- % of Surgical patients discharged within 24hours

REDUCE ADMISSIONS

Interface Care Programme Board

Number of appointments that would have been ED attendances and admissions#
Trend in admission rates by relevant condition

Pan-Lothian Frailty Programme Board

Trend in admission rates for those categorised as frail

TOBD for those categorised as frail

ESD Project Board

TOBD for unplanned patients

% discharged from AMUs within selected timescales

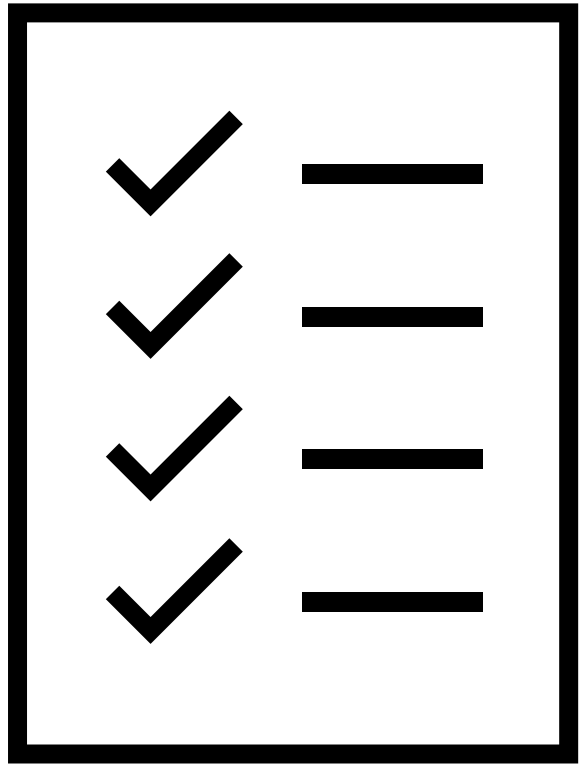
H@H group

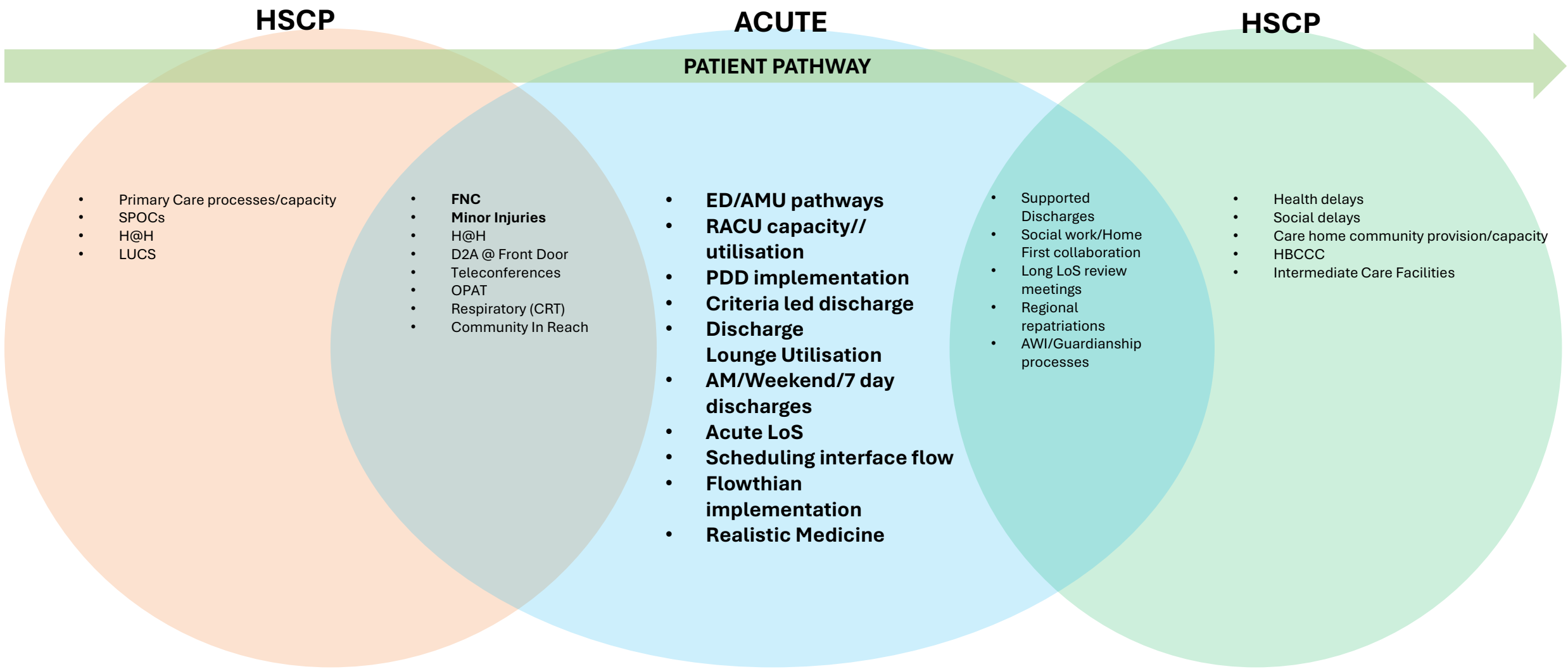
Interface working groups

Pan Lothian\ RACU Group

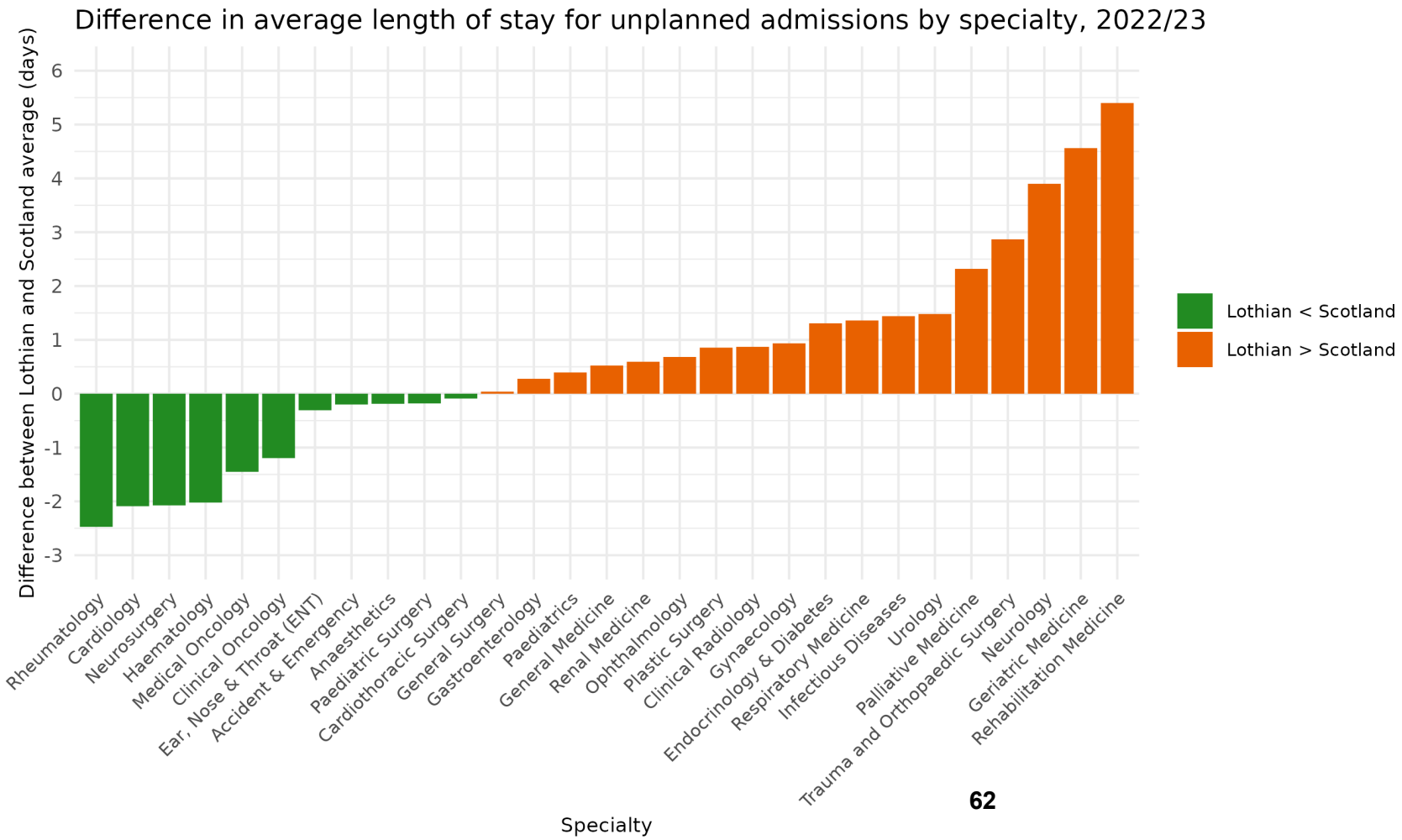
STRATEGIC GROUP	DRAFT PROPOSED PURPOSE	CHAIR
Navigation Programme Board	• To develop and define key principles, pathways & required model(s) for the Lothian Flow Navigation Centre and each HSCP Single Point of Contact to collaboratively ensure effective navigation to the appropriate support for patients in both community or acute hospital • To provide overarching leadership to ensure alignment is maintained with the organisations wider strategic direction	Jenny Long
OT // PT Working Group	• To review current arrangements for managing and directing OT & PT resources across the health and social care system and implement the set of recommendations emerging from the working group. • To ensure adherence to HF Principles, where patients are assessed and rehabilitated at home as a default option • To define a system wide approach to risk management with a clear framework for the best place for assessment and by whom,	Jenny Long
DwD Pan-Lothian Group	• Drive forward the local and national DwD agenda (i.e.: Hospital Occupancy Action Plan/Whole System Self-Assessments) • Responsible for the oversight and assurance of key DwD workstreams across Lothian and formally capture what work is being done to support effective discharge planning across the whole system. • Provide a forum to provide the sharing/learning of effective discharge planning processes.	Grace Cowan
Pan-Lothian RACU Group	• Maximise current capacity at RACU and review pathways to enable this. • Ensure pan-Lothian equity of utilisation of this service • Refine case for further expansion of RACU at WGH and development of SJH RACU acknowledging that further work is required to identify what could be deprioritised to fund this (+ prep for 4hr EAS compliance)	David Walker
Virtual Capacity Group	• Provide leadership to enhance and embed delivery of virtual capacity services (ie H@H and interface services) to optimise and streamline access to care closer to home equitably throughout the Lothian system • To determine right sizing model for Lothian Virtual Capacity Services to meet current and future requirements	David Hood
Frailty Programme Board	• Develop comprehensive, patient-centred care pathways integrating medical, social, and community services for frail patients across various settings, including care homes, acute hospitals, and community services. • Ensure standardised measurement, assessment, and data recording of frailty to drive a preventative approach and improve patient outcomes. • Provide leadership and direction to create consistent service models and pathways (both on acute sites & in community), ensuring equitable access and seamless transitions of care for frail patients across all geographic areas.	Pat Wynne
Early Supported Discharge	• To develop a whole-system approach to delivering the required models of care outlined in the Buchan Bed modelling exercise. These include; • 50% of general medicine and frailty patients discharged in 48 hours and 60% of surgical patients discharged within 24 hours. (Note link to frailty programme)	Oli Campbell

Acute USC Programme Board




HSCP
ACUTE
HSCP
PATIENT PATHWAY
Primary Care processes/capacity
SPOCs
H@H
LUCS
FNC
Minor Injuries
H@H
D2A @ Front Door
Teleconferences
OPAT
Respiratory (CRT)
Community In Reach
ED/AMU pathways
RACU capacity// utilisation
PDD implementation
Criteria led discharge
Discharge Lounge Utilisation
AM/Weekend/7 day discharges
Acute LoS
Scheduling interface flow
Flowthian implementation
Realistic Medicine
Supported Discharges
Social work/Home First collaboration
Long LoS review meetings
Regional repatriations
AWI/Guardianship processes
Health delays
Social delays
Care home community provision/capacity
HBCCC
Intermediate Care Facilities

Reducing Length of Stay – Key Acute Programme



Latest Emergency length of stay

BY NHS BOARD

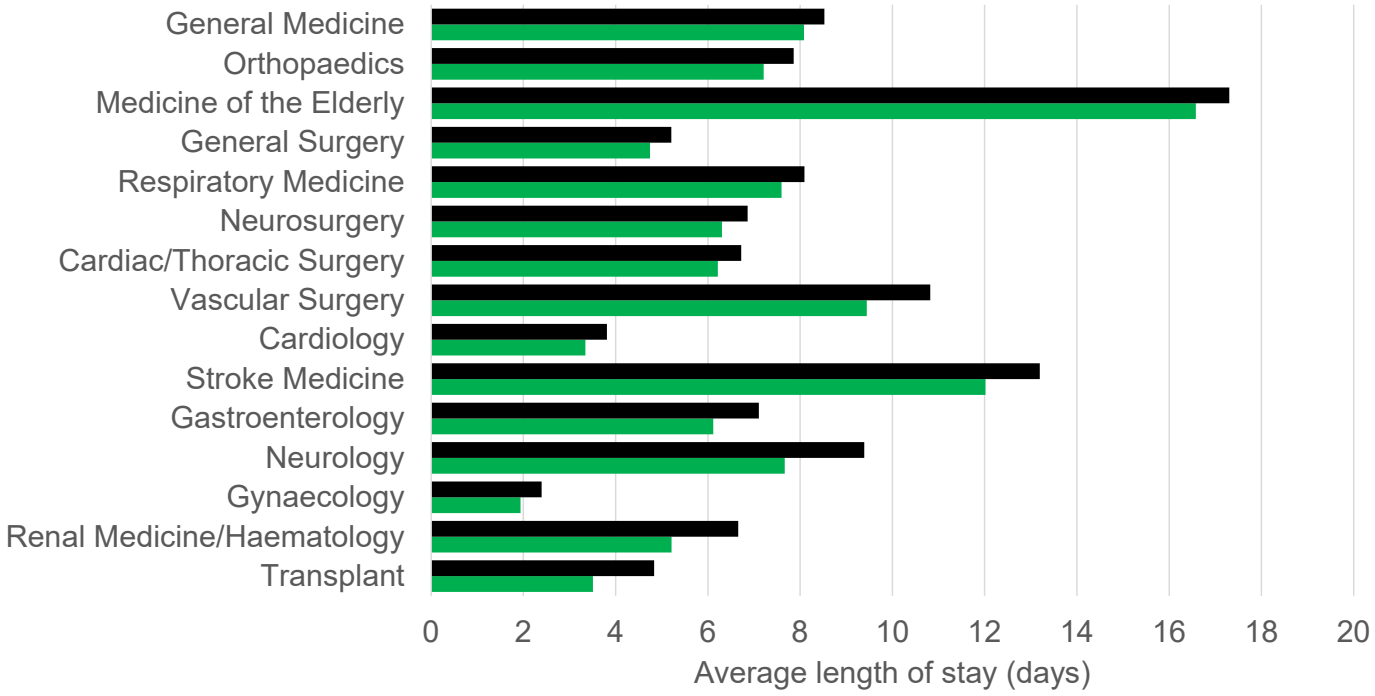
NHS Board	Latest Emergency length of stay
NHS Lothian	8.7
NHS Greater Glasgow and Clyde	7.8
NHS Ayrshire and Arran	7.6
NHS Lanarkshire	7.4
Scotland	7.3
NHS Grampian	7.3
NHS Western Isles	7.3
NHS Borders	6.9
NHS Highland	6.4
NHS Tayside	6.4
NHS Fife	5.8
NHS Golden Jubilee	5.5
NHS Forth Valley	5.2
NHS Orkney	5.2
NHS Dumfries and Galloway	4.6
NHS Shetland	3.7

RIE: Proposed changes in length of stay

NHS LOTHIAN | ROYAL INFIRMARY OF EDINBURGH

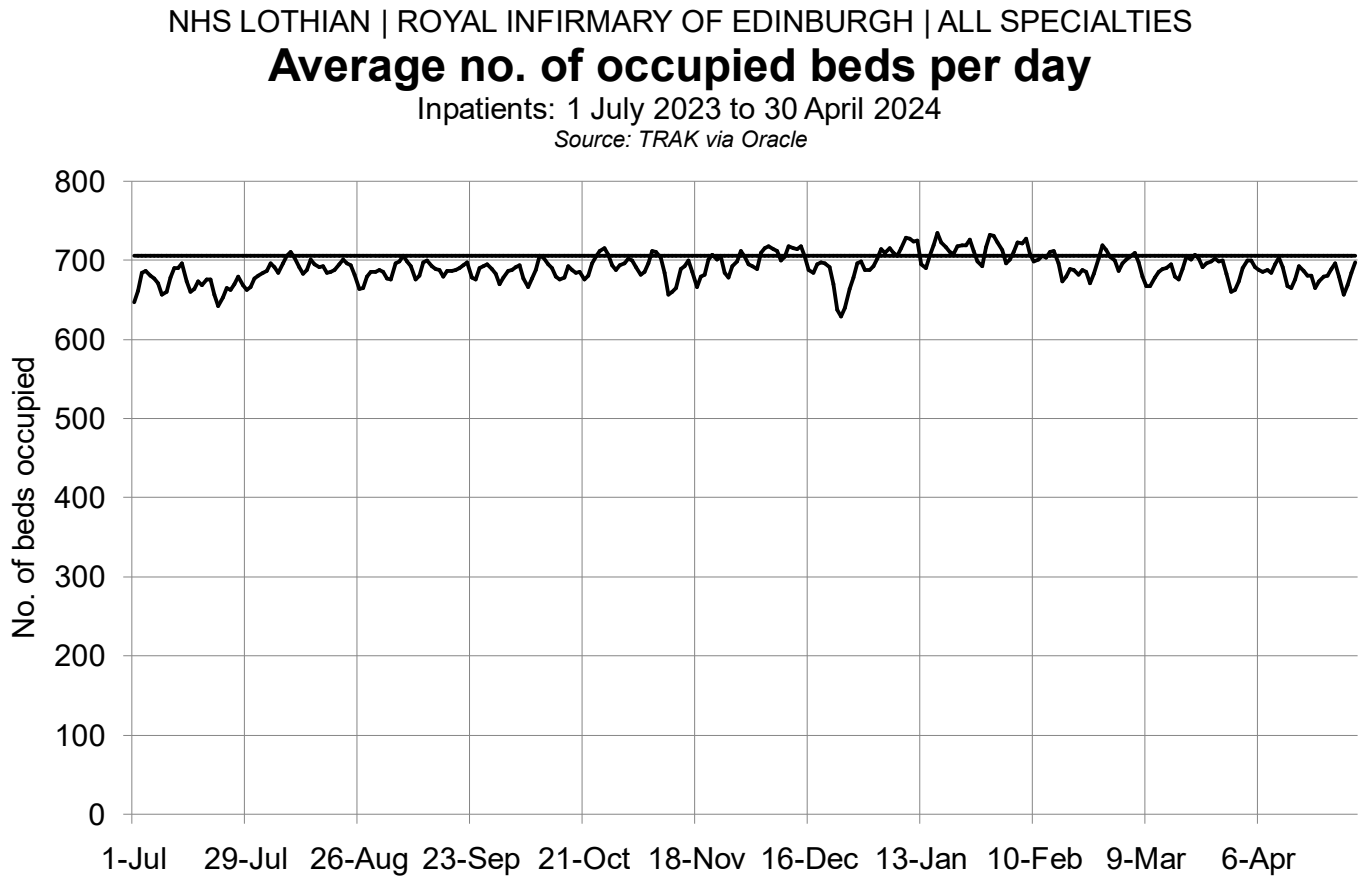
Actual average length of stay Jul-23 to Apr-24 and proposed average length of stay

Source: TRAK via Oracle



Specialty	ALoS (days)	Proposed ALoS (days)
General Medicine	8.53	8.08
Orthopaedics	7.86	7.21
Medicine of the Elderly	17.30	16.58
General Surgery	5.21	4.75
Respiratory Medicine	8.10	7.60
Neurosurgery	6.86	6.30
Cardiac/Thoracic Surgery	6.72	6.22
Vascular Surgery	10.82	9.45
Cardiology	3.81	3.35
Stroke Medicine	13.20	12.02
Gastroenterology	7.11	6.11
Neurology	9.39	7.66
Gynaecology	2.40	1.94
Renal Medicine/Haematology	6.66	5.21
Transplant	4.83	3.51
Total	**7.34**	**6.65**

What if..? (all specialties)



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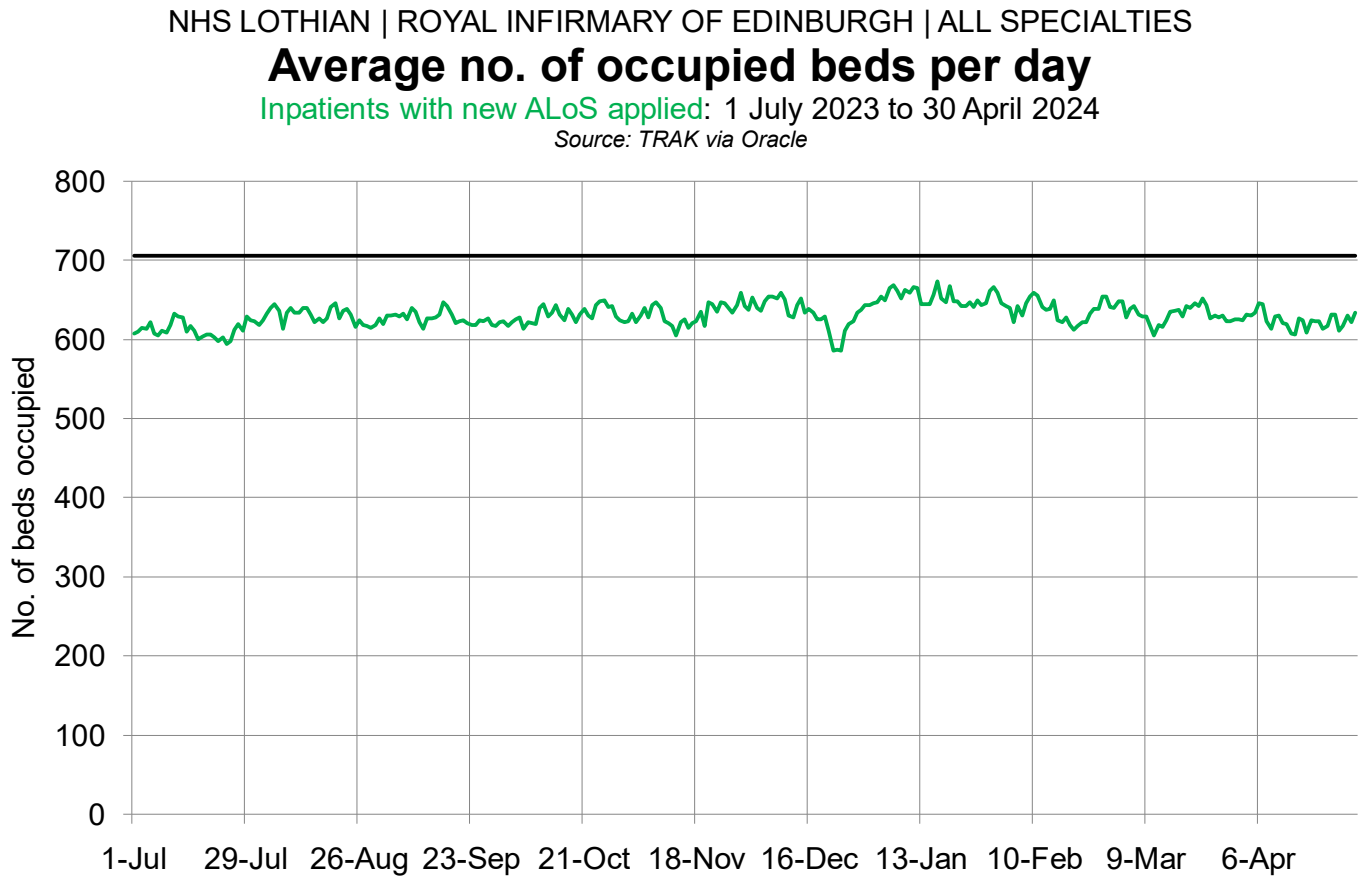
What if..? (all specialties)



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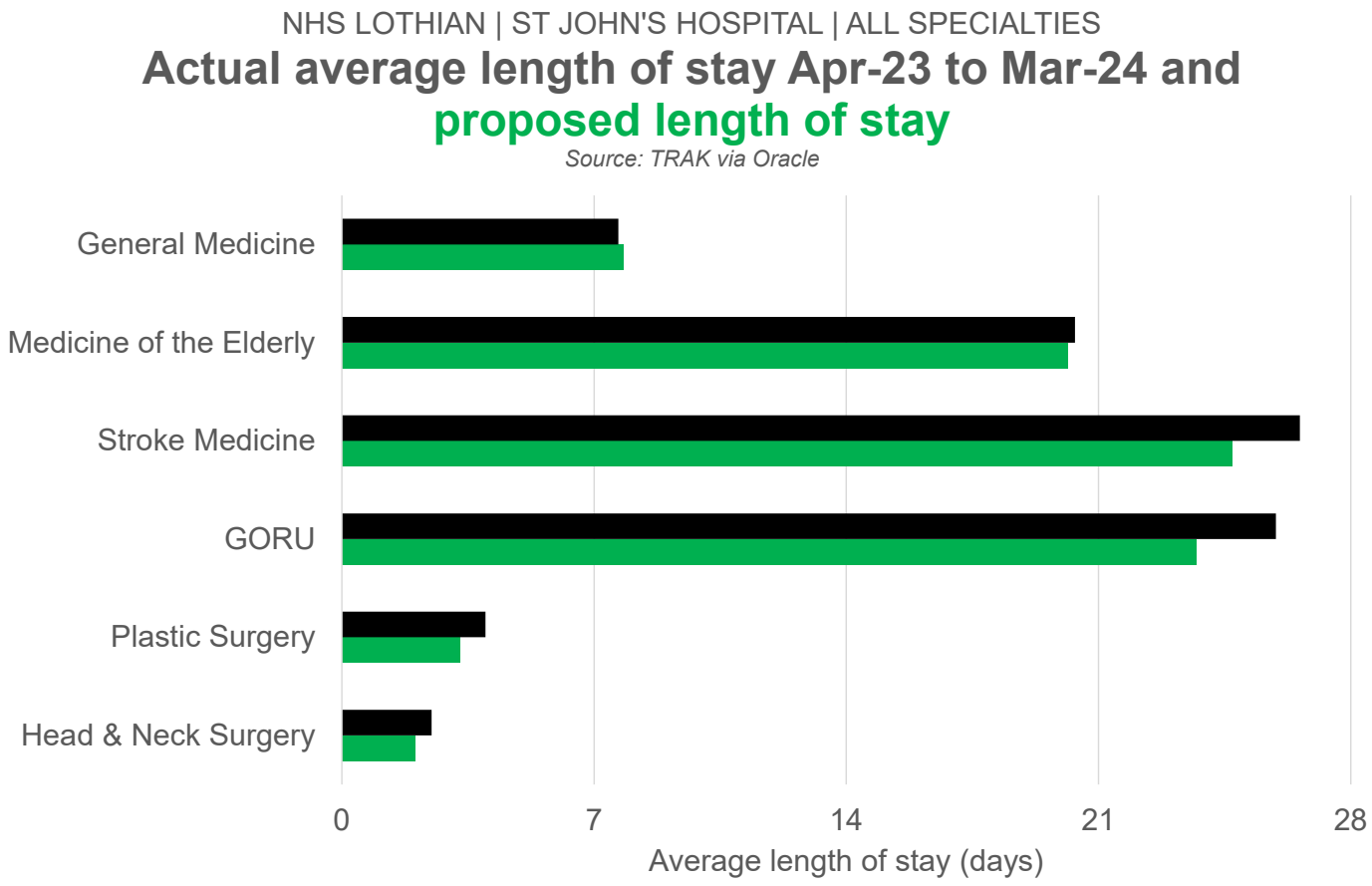
The big summary table

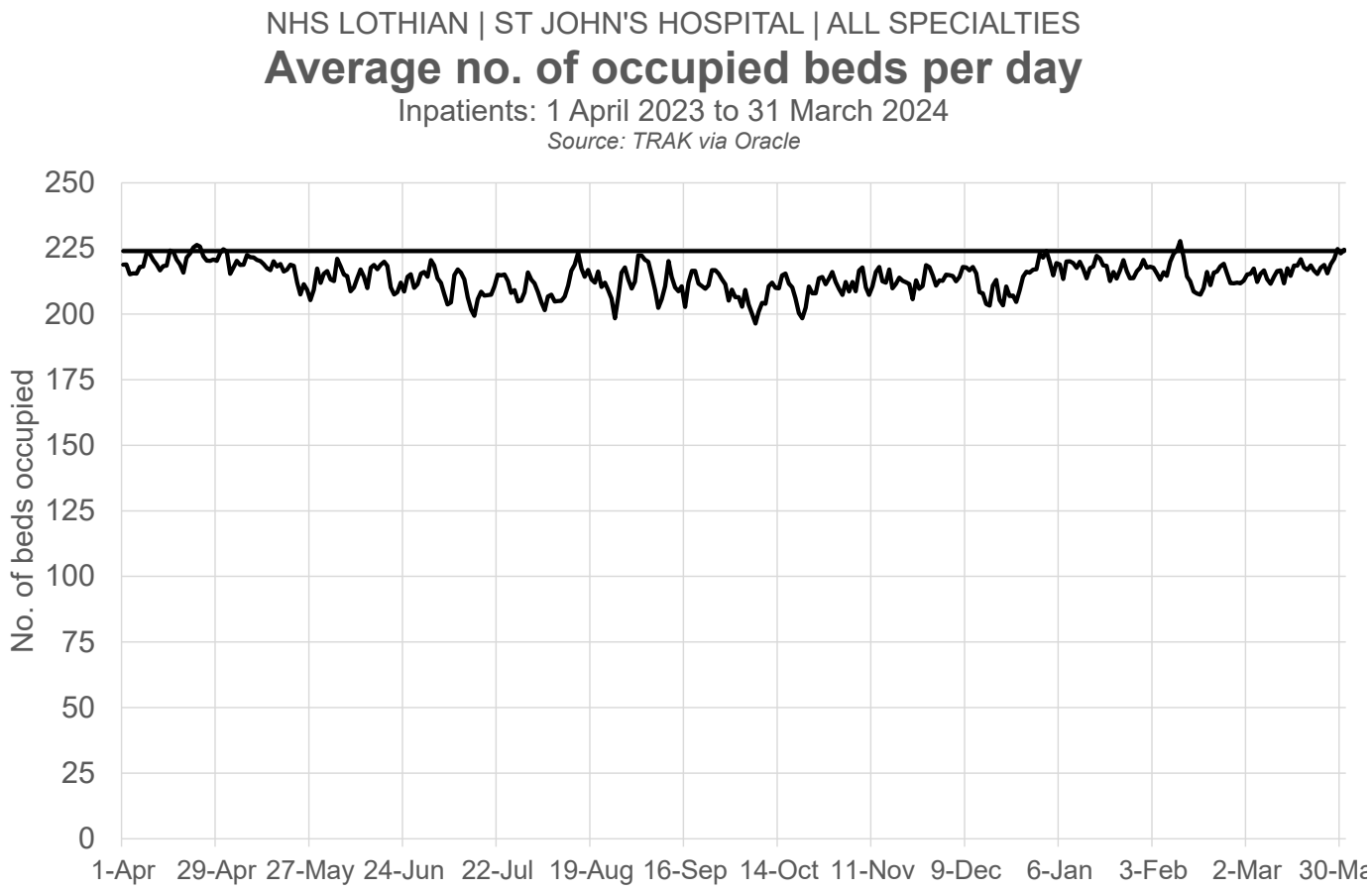
SPECIALTY CODE	BED ALLOCATION	NO.OF STAYS	MEAN LENGTH OF STAY (DAYS)	OCCUPIED BED DAYS	OCCUPIED BED DAY SHARE (%)	NEW BED ALLOCATION	NEW OCCUPIED BED DAYS	NEW MEAN LENGTH OF STAY (DAYS)
DELAY-OLOGY	0	2,563	10.80	27,680	13.4%	94	25,174	9.82
GM	72	4,104	7.13	29,244	14.1%	100	25,062	6.11
OR	127	4,372	6.44	28,153	13.6%	96	24,180	5.53
MoE	80	1,569	12.69	19,907	9.6%	68	14,271	9.10
GS	73	3,495	4.99	17,448	8.4%	59	16,089	4.60
RESP	46	1,765	7.52	13,274	6.4%	45	12,297	6.97
NS	49	2,027	6.51	13,199	6.4%	45	12,085	5.96
CS_TS	42	1,788	6.50	11,623	5.6%	40	10,561	5.91
VS	36	924	9.61	8,877	4.3%	30	7,728	8.36
STROKEM	36	734	9.98	7,326	3.5%	25	6,345	8.64
CA	36	2,548	3.75	9,546	4.6%	33	8,548	3.35
GI	30	964	6.30	6,077	2.9%	21	5,189	5.38
NEURO	19	376	11.02	4,142	2.0%	14	3,397	9.03
GY	18	1,633	2.37	3,868	1.9%	13	3,278	2.01
RM_HA	22	548	6.06	3,322	1.6%	11	2,547	4.65
TP	20	700	4.81	3,364	1.6%	11	2,587	3.70
Grand Total	**706**	**30,110**	**6.88**	**207,050**	**100.0%**	**706**	**179,339**	**5.96**

SJH: Proposed changes in length of stay

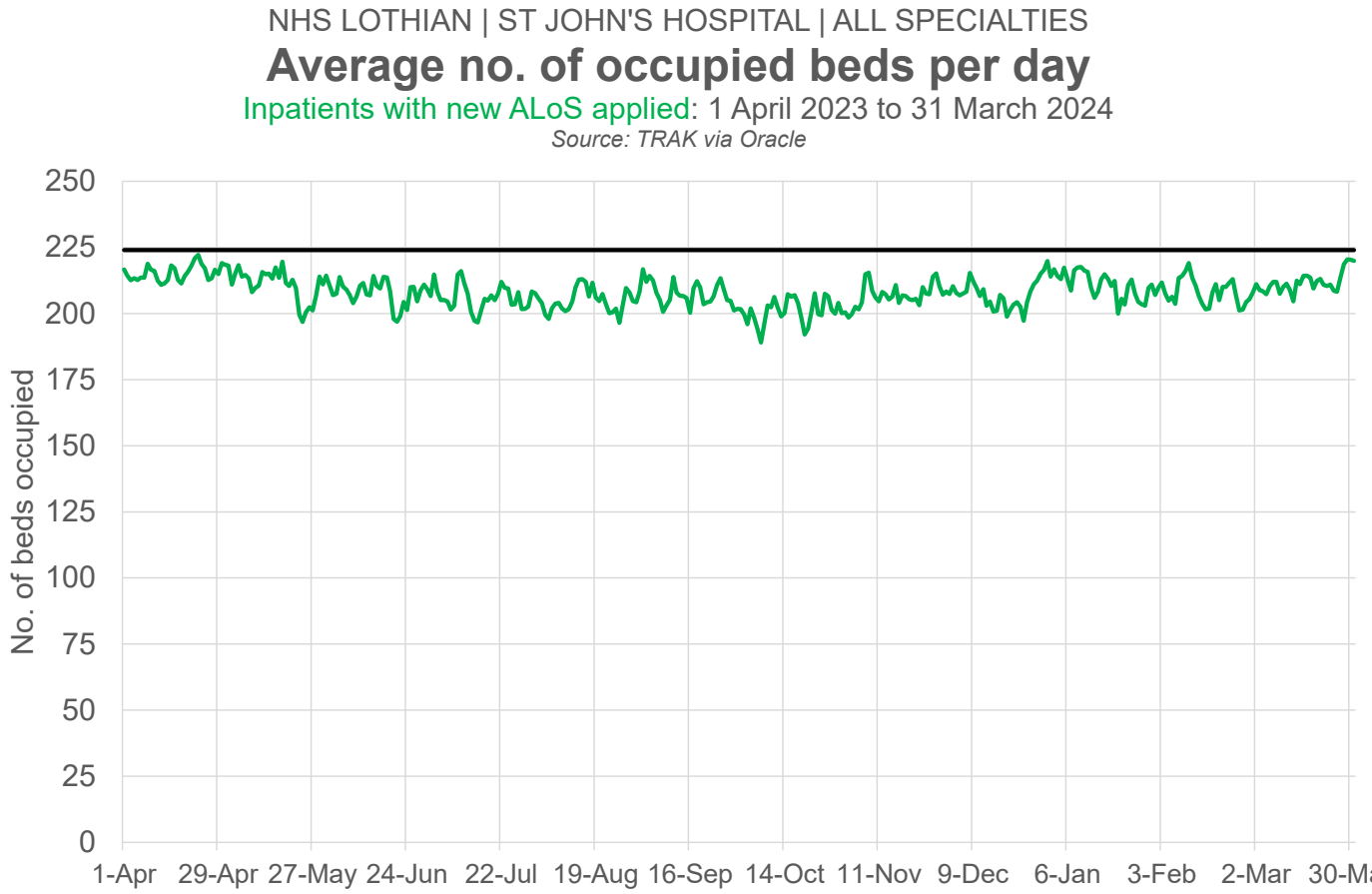


SPECIALTY	AVERAGE LENGTH OF STAY (DAYS)	PROPOSED AVERAGE LENGTH OF STAY (DAYS)
General Medicine	7.68	7.82
Medicine of the Elderly	20.35	20.16
Stroke Medicine	26.59	24.70
GORU	25.92	23.72
Plastic Surgery	3.99	3.26
Head & Neck Surgery	2.49	2.02
TOTAL	**8.16**	**7.93**

What if..? (all specialties)



What if..? (all specialties)

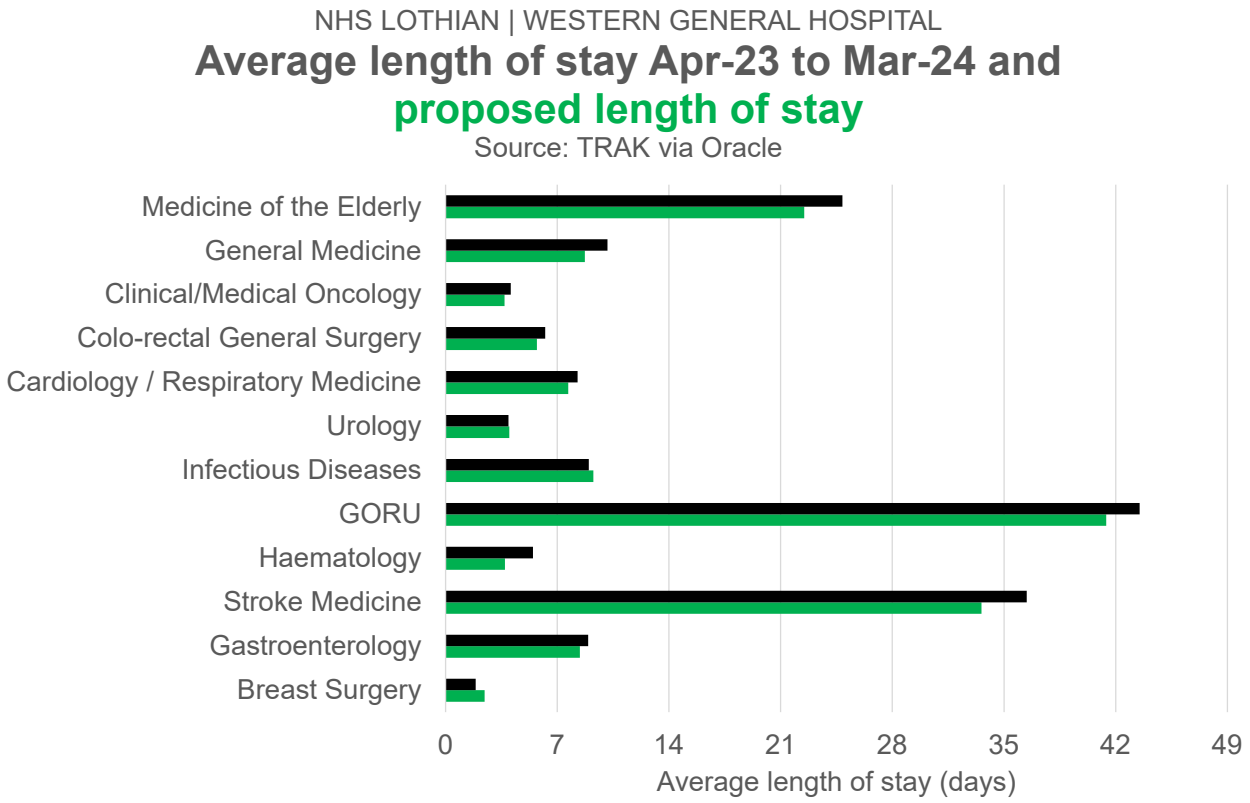


The big summary table

SPECIALTY/FIRM	BED ALLOCATION	NO. OF STAYS	MEAN LENGTH OF STAY (DAYS)	OCCUPIED BED DAYS	% SHARE OF OCCUPIED BED DAYS	NEW BED ALLOCATION	NEW OCCUPIED BED DAYS	NEW MEAN LENGTH OF STAY (DAYS
DELAY-OLOGY	0	659	20.82	13,720	18.0%	40	13,062	19.82
FIRM_21	30	2,341	5.39	12,618	16.6%	37	11,571	4.94
FIRM_09	30	1,412	7.22	10,191	13.4%	30	9,425	6.67
FIRM_08	29	888	9.99	8,870	11.7%	26	8,046	9.06
FIRM_25	30	1,259	7.03	8,852	11.6%	26	7,141	5.67
FIRM_14	30	455	16.62	7,562	9.9%	22	6,684	14.69
STROKEM	22	239	22.44	5,362	7.1%	16	4,521	18.92
PLAS	30	1,275	3.76	4,796	6.3%	14	3,775	2.96
H&N	23	1,670	2.44	4,082	5.4%	12	3,215	1.93
TOTAL	**224**	**10,198**	**7.46**	**76,055**	**100.0%**	**224**	**67,440**	**6.61**

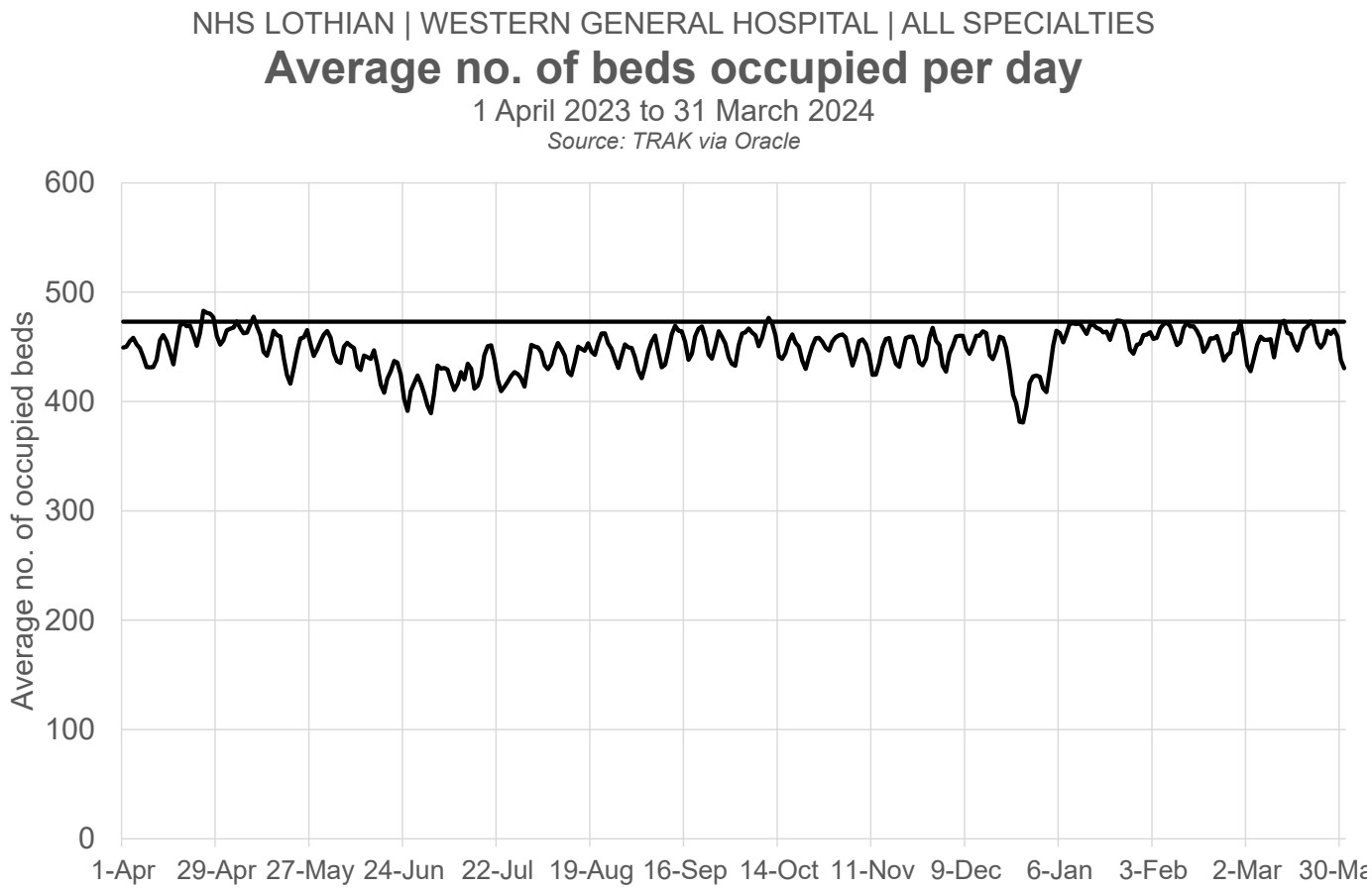
Note slightly different methodology of developing LoS targets due to SJH DGH bed model

WGH: Proposed changes in length of stay

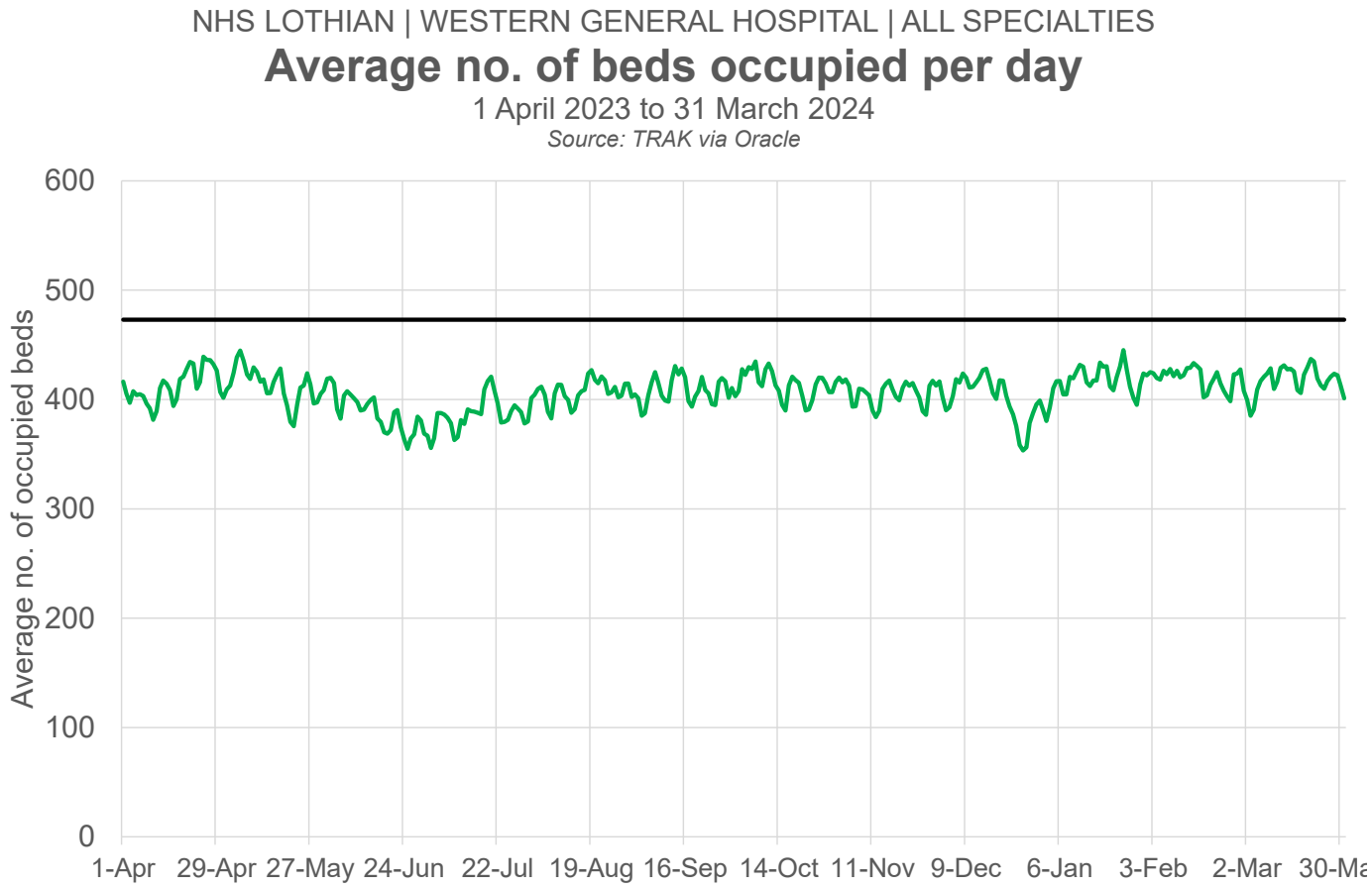


SPECIALTY	AVERAGE LENGTH OF STAY (DAYS)	PROPOSED AVERAGE LENGTH OF STAY (DAYS)
Medicine of the Elderly	24.9	22.5
General Medicine	10.1	8.7
Clinical/Medical Oncology	4.1	3.7
Colo-rectal General Surgery	6.2	5.7
Cardiology / Respiratory Medicir	8.3	7.7
Urology	3.9	4.0
Infectious Diseases	9.0	9.3
GORU	43.5	41.4
Haematology	5.5	3.7
Stroke Medicine	36.4	33.6
Gastroenterology	8.9	8.4
Breast Surgery	1.9	2.4
TOTAL	**8.2**	**7.5**

What if..? (all specialties)



What if..? (all specialties)



The big summary table

SPECIALTY	BED ALLOCATION	NO. OF STAYS	MEAN LENGTH OF STAY (DAYS)	OCCUPIED BED DAYS	OCCUPIED BED DAY SHARE (%)	NEW BED ALLOCATION	NEW OCCUPIED BED DAYS	NEW MEAN LENGTH OF STAY (DAYS)
DELAY-OLOGY	0	1,849	17.87	33,042	20.2%	89	30,050	16.25
MoE	74	1,591	15.41	24,512	15.0%	66	21,736	13.66
CGS	50	2,895	6.00	17,367	10.6%	47	15,441	5.33
GM	55	2,222	7.22	16,053	9.8%	43	15,007	6.75
CO_MO	55	2,730	5.86	15,995	9.8%	43	13,903	5.09
CA_RESP	35	1,556	7.14	11,110	6.8%	30	10,359	6.66
URO	48	2,738	3.81	10,442	6.4%	28	8,617	3.15
HA	19	1,230	6.71	8,250	5.0%	22	7,126	5.79
IF	26	1,091	7.52	8,203	5.0%	22	7,487	6.86
GORU	26	214	31.18	6,673	4.1%	18	6,164	28.80
STROKEM	26	233	25.19	5,869	3.6%	16	4,791	20.56
GI	17	576	8.37	4,823	3.0%	13	4,078	7.08
BS	11	596	1.85	1,104	0.7%	3	424	0.71
TOTAL	**442**	**19,521**	**8.37**	**163,442**	**100.0%**	**442**	**145,183**	**7.44**

Linked Workstream: Acute PDD Roll Out Plans

Draft PPD Roll out plans:

- Royal Infirmary of Edinburgh
- Western General Hospital
- St John's Hospital

Draft Acute PPD Roll out plans above – delivery being monitored through **Acute Unscheduled Care Programme Board. Acute PDD S.O.P** developed and being used as part of roll-out

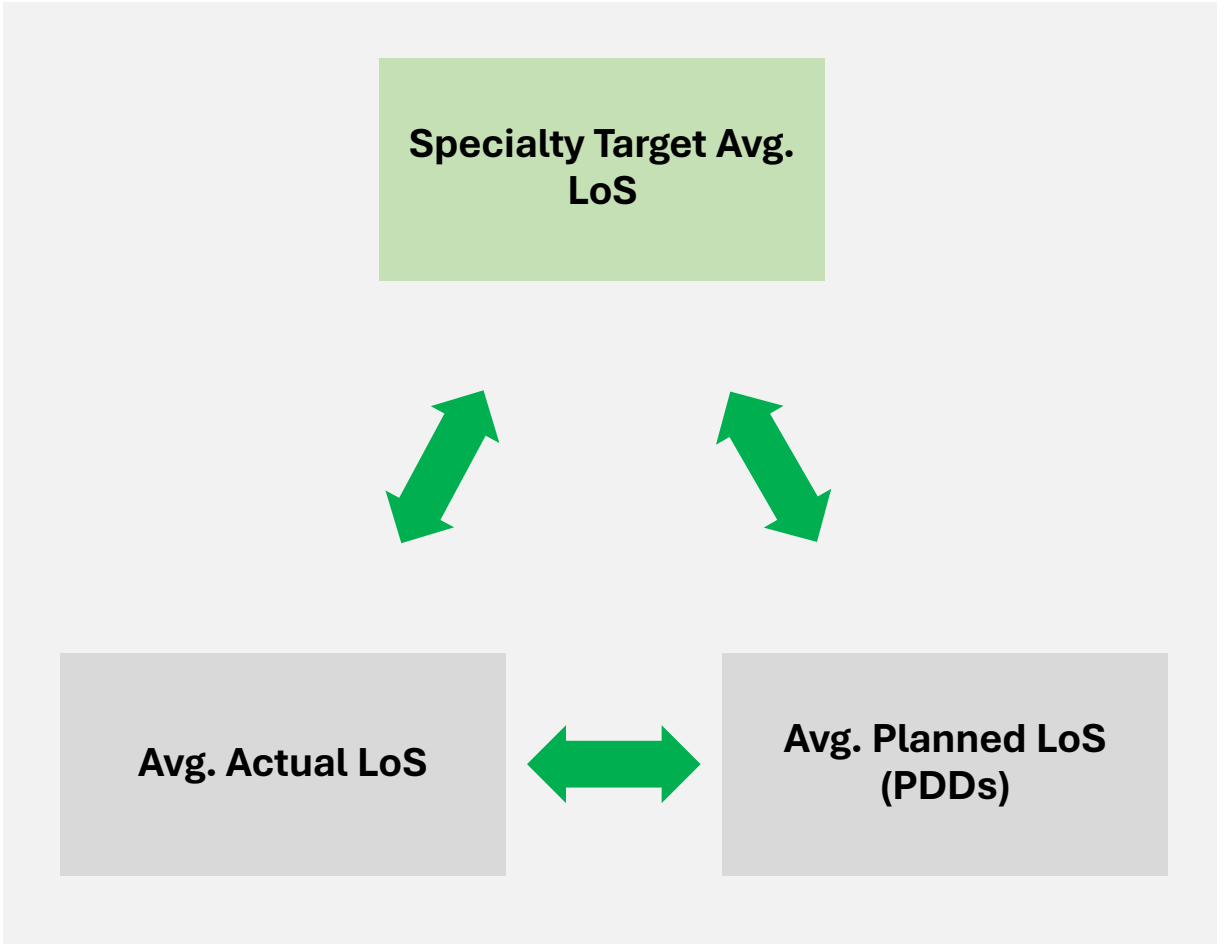
STATUS:

- Currently "on track against plans" as per updates to last Acute USC Board.
- Reductions seen in "non-delayed" LoS in RIE and WGH, and stable at SJH.
- Total occupied bed days for patients in delay has increased on all 3x sites

ACTION:

Next Acute USC Programme Board to sign off specialty LoS targets (see following slides per site) to enable triangulation, monitoring and management of the following per specialty;

- Target length of stay
- Predicted length of stay
- Actual length of stay



Updated Step Diagrams

Reduce Attendances

?10 years

2034/35
Outcome required

Reduced trend of attendance and admission rates/1000 population into ED by HSCP

Buchan analysis showing required changes below

HSCP	ED /1000 population	% ED admitted	Change modelled to ED attendances over 10 years
East Lothian	270-283 increase 4%	25%-30%	10.6 % reduction
Midlothian	314-329 increase 5%	23%-28%	11.4 % reduction
West Lothian	287-305 reduced 7%	22%-23%	1% reduction
City of Edinburgh	257-271 reduced 5%	22%-26%	2.1% reduction
NHS Lothian	274-282 reduced 3%	23%-26%	

Revised interim steps to be developed in 24/25

24/25 Step

- Flow Centre and HSCP SPOC teams to develop **streamlined navigation pathways** and agree how they can collaboratively ensure patient flow is optimised through patients are navigated to the most appropriate urgent care in community or acute.

- Strengthen and ensure sustainability of the Flow Centre workforce model
- Work with FNC/SAS to reduce no. of care home attendances
- Increased development of, and utilisation of hot clinics
- Review “thresholds” for EDs, align with realistic medicine
- To scope & implement opportunities through use of virtual consultation, algorithms, technology to optimise referral flow and support triage / prof to prof advice
- Implement, monitor and evaluate the agreed outcome from minor injury options appraisal
- Review current urgent care pathways to identify and prioritise what is working well, what requires to be improved/developed and agree processes for monitoring and reviewing pathways.

- **KPI: 20% of all urgent care (GP/HCP/SAS) referrals will be made to an alternative**
- **KPI: 30% of all NHS24 MIU/ED referrals will be made to an Alternative**

Reduce Length of Stay

2029/30
Outcome required

95% of patients will be discharged on their Planned Date of Discharge

Lothian will achieve CfSD “level 2” (matching the average for the top 75 percentile performing mainland boards.) in LoS measures;

- *Reduce by 10% points the number of patients in Acute & Community hospital beds with a LOS >14 days*
- *Reduce by 16% points the number of non-delayed patients in Acute & Community hospital beds with a LOS >14 days*

Revised interim steps to be developed in 24/25

24/25 Step

Continue to Implement Discharge Without Delay (aligned to upcoming SG hospital occupancy action plan)

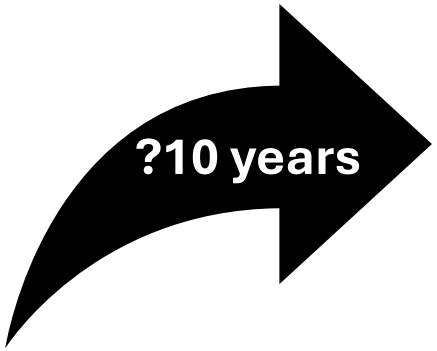
- Implement Phase 3 - Planned Date of Discharge – across identified wards within Acute and Community Hospitals:
- Identify priority area/speciality for implementation of PDD
- Support transition on Trak from Estimated Date of Discharge to Planned Date of Discharge
- Develop spread plans to support implementation of Planned Date of Discharge across Acute and Community Hospitals Support the implementation of Criteria Lead Discharge
- Embed **Early Supported Discharge** and spread to other acute sites

Develop **specialty LoS programmes** on adult acute sites to support optimal flow

Implement recommendations from **OT/PT working group**

Review **diagnostic pathways** with view to improve flow and reduce number undertaken within an urgent ED context

Reduce Admissions



2034/35
Outcome required

Significantly reduced % of admissions through changing the **assessment models of care**, as well as expanding the pathways (currently 8, potential of up to 131 pathways) provided through a **RACU model**

Buchan analysis showing required changes to assessment models of care below;

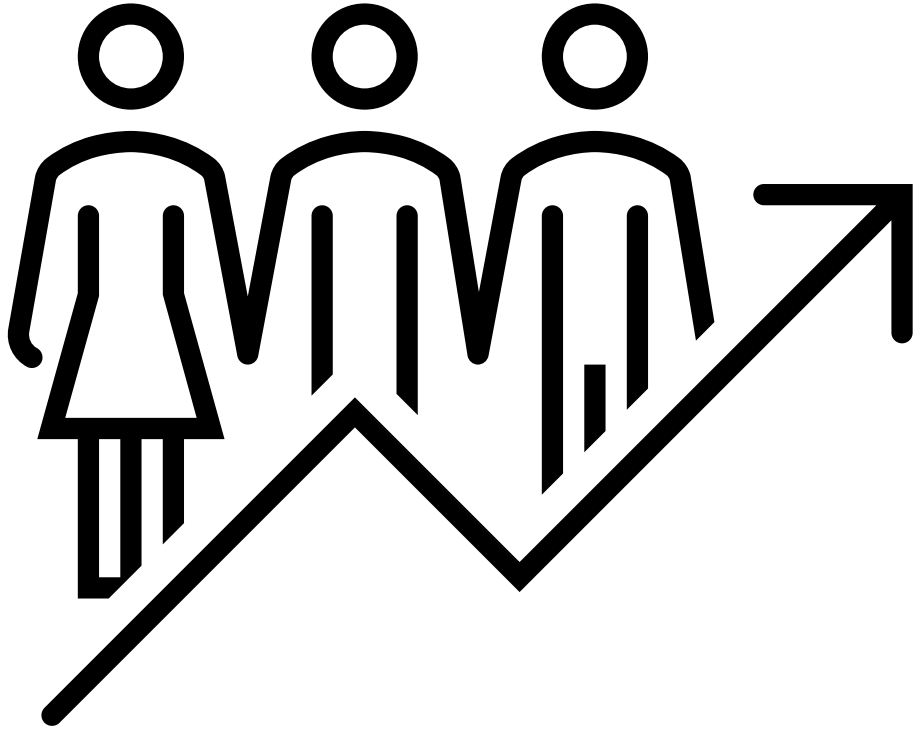
Assessment bedpool	Target discharge/ flow interval	Target discharge rate within this interval
General Medicine	48hrs	50%
Frailty	48hrs	50%
Surgery	24hrs	60%

Revised interim steps to be developed in 24/25

24/25 Step

- **Maximise current capacity at RACU** and review pathways to enable this. Refine case for further expansion of RACU at WGH and development of SJH RACU. Work required to identify what could be deprioritised to fund this.
- Enhance alternatives to hospital admission through developing a **consistent model for delivery Hospital at Home (H@H) and Ambulatory Interface Care** defined benefits, costs plans to maximise this resource through a targeted approach.
- Review existing **Hospital at Home Models and capacity against current national recommendations**. Develop and implement action plan to meet recommendations.
- Develop a strategic approach to **Frailty** that looks to pull together current work, and develop a system approach to managing and supporting these patients in the most appropriate manner. ? Link with **realistic medicine**
- Review current **acute assessment models of care** and develop plans to implement the required step change set out in the Buchan analysis

24/25 Progress



Unscheduled Care Tactical Committee Workplan

Date of Meeting	Programme Update	Lead	Deadline for Submission	Date Last Reviewed at UCTC	Assurance Level Accepted
19th July 2024	DwD Programme Board LoS Programmes	Grace Cowan Michelle Carr	12th July 2024	31st May 2024	
30th August 2024	Navigation Programme Board Virtual Capacity Programme Board	Jenny Long David Hood	23rd August 2024	H@H/Interface Services: 31st May 2024	
11th October 2024	OT/PT Implementation Group Pan Lothian Frailty Programme Board	Jenny Long Pay Wynne	4th October 2024		
22nd November 2024	Pan - Lothian RACU Group ESD Programme Board	David Walker Oli Campbell	15th November 2024	1st March 2024	
Jan/Feb 2025 TBC	DwD Programme Board LoS Programmes	Grace Cowan Michelle Carr			
March/April 2025 TBC	OT/PT Implementation Group Virtual Capacity Programme Board	Jenny Long David Hood			
May/June 2025 TBC	Programme Board Pan Lothian Frailty Programme Board	Jenny Long Pat Wynne			
July / August 2025 TBC	Pan - Lothian RACU Group ESD Programme Board	David Walker Oli Campbell			

Programme: Navigation Programme Board (Reduce Attendances)

What is to be delivered in 24/25

(actions in Step Diagram)

- Flow Centre and HSCP SPOC teams to develop streamlined navigation pathways and agree how they can collaboratively ensure patient flow is optimised through patients are navigated to the most appropriate urgent care in community or acute.
- Strengthen and ensure sustainability of the Flow Centre workforce model
- Work with FNC/SAS to reduce no. of care home attendances
- Increased development of, and utilisation of hot clinics
- Review “thresholds” for EDs, align with realistic medicine
- To scope & implement opportunities through use of virtual consultation, algorithms, technology to optimise referral flow and support triage / prof to prof advice
- Implement, monitor and evaluate the agreed outcome from minor injury options appraisal
- Review current urgent care pathways to identify and prioritise what is working well, what requires to be improved/developed and agree processes for monitoring and reviewing pathways.

Progress Update

- idufgvhifvhifugh.

Is the project on track? (in line with the Step Diagram)

- idufgvhifvhifugh.

Data Analysis

- erferf

Risks

- idufgvhifvhifugh.

What is planned for remainder of 2024/2025?

(please include indicative timescales)

- erferfefe

Programme: OT/PT Workstream (Reduce LoS)

What is to be delivered in 24/25

(actions in Step Diagram)

- Review current arrangements for managing and directing OT & PT resources across the health and social care system
- Ensure adherence to Home First principles where patients are assessed and rehabilitated at home as a default option
- Define a system wide approach to risk management

Progress Update

- In July 2024, following a number of meetings of a SLWG and a Process Mapping exercise, the group successfully identified a number of workstreams that could have a positive impact on patient flow and provide care closer to home
- There is now an agreed implementation plan for the workstreams with an accumulate deadline of March 2025 for completion
- The implementation group will meet bi-monthly to monitor and drive the improvements
- Progress will be provided to the Unscheduled Care Programme Board throughout the project duration

Is the project on track? (in line with the Step Diagram)

- Yes

Data Analysis

- Measurement data to be established as the workstreams are more defined
- Overall aim is to track the impact of the project on:
  - Number of people receiving OT & PT input in a homely setting
  - Number of people receiving OT & PT input in an acute setting
  - Number of referrals to OT/PT broken down by acute/HSCP

Risks

What is planned for remainder of 2024/2025?

(please include indicative timescales)

- Successfully implement the agreed workstreams throughout the remainder of 2024-25

Programme: Discharge without Delay (Reduce LoS)

What is to be delivered in 24/25

(actions in Step Diagram)

- Introduce the Lothian DwD Programme Board (formally pan Lothian DwD Group) with a clear remit to support the delivery aligned to the SG Hospital Occupancy Action Plan / outputs from the Whole System Self-Assessment Tool (SAT)
- Formally transition the Lothian DwD Group to the DwD Programme Board to strengthen governance, ensure accountability, and streamline the delivery of the DwD programme across all acute hospitals and health and social care partnerships.
- Continue implementing Planned Date of Discharge (PDD), weekend discharges, and discharges before noon, while increasing referrals to social work as part of enhancing discharge efficiency.

Progress Update

- A well-structured governance framework has been initiated with plans for the development of Terms of Reference (ToR) post the National DwD Group's ToR approval.
- Regular updates being sought from each acute hospital and health and social care partnership ensure adherence to strategic priorities..

Is the project on track? (in line with the Step Diagram)

- The project is on track with a clear governance structure being implemented and strategic priorities aligned. The establishment of the Programme Board and development of ToRs are imminent, ensuring robust management and oversight..

Data Analysis

- Plan is to utilis outputs from the Whole System Self-Assessment Tool (SAT) to analyse and improve discharge processes.
- Bi-monthly Programme Board meetings to review and discuss data-driven insights for continuous improvement in discharge procedures.

Risks

- Variability in discharge efficiency and potential delays in integration of best practices across all wards and partnerships.
- Possible challenges in sustaining improvements and embedding new discharge protocols system-wide.

What is planned for remainder of 2024/2025?

(please include indicative timescales)

- Official formation and first half-day workshop of the DwD Programme Board by the end of August/beginning of September 2024.
- Bi-monthly DwD Programme Board meetings for consistent and timely reporting and strategic oversight.

Programme: Site Specialty LoS Programme + PDD Implementation (Reduce LoS)

What is to be delivered in 24/25

(actions in Step Diagram)

- In line with the PDD SOP, fully implement PDD across the RIE, WGH, SJH inpatient wards by March 2025

Progress Update

- PDD SOP produced in March 2024 and approved at USC Programme Board
- Acute Hospital PDD Implementation Plans developed for 24/25 with targeted performance reviews at monthly Acute Unscheduled Care Program Board Meetings
- LOS Programme initial discussions across the WGH and SJH have taken place and further work underway. Specialty LoS meetings have commenced across the RIE site

Is the project on track? (in line with the Step Diagram)

✓ PDD Implementation is progressing as per the site implementation plans

✓ LoS Programme is on track as more detailed work is planned across the acute sites

Data Analysis

- Across PDD wards there are notable variations at different points in the year. Within SJH the data shows overall minor fluctuations suggesting a relatively consistent alignment between the PDD and actual LOS. Further work required to determine the difference in PDD setting and actual LoS across RIE and WGH

Risks

- DwD funding and the available allocation of resources to support the roll out of PDD across the WGH has been highlighted (in particular working alongside EHSCP on site)
- System pressures and staffing shortages could negatively impact the scale and spread of PDD

What is planned for remainder of 2024/2025?

(please include indicative timescales)

- Continue to closely monitor the Acute Hospital PDD Implementation across inpatient wards and produce monthly data sets to show the impact of this work (March 2025)

Programme: Early Supported Discharge (ESD) (Reduce LoS)

What is to be delivered in 24/25

(actions in Step Diagram)

- Embed Early Supported Discharge (ESD) with AMU at the RIE with a focus on enhancing Pathway 1 where there is a requirement for short-term domiciliary support at home (in partnership with MHSCP, EHSCP, ELHSCP)

Progress Update

- Continues to progress with full engagement from RIE, EHSCP, MHSCP & ELHSCP Teams
- ESD project within the RIE currently underway (space identified for an ESD Hub and being prepared for regular use) to enable HSCP and Acute colleagues to have real time discussions to expedite discharge from AMU
- A PDSA will take place within the AMU Dept to identify patients with ESD potential via the AMU Flow Coordinator
- A new Daily Rapid Run Down will be tested from Mid-July within the ESD Hub to enable on site teams to use daily Boxi reports to expedite ESD patient discharges

Is the project on track? (in line with the Step Diagram)

✓ ESD has working well with EHSCP but performance has started to decline which is being reviewed. Continued variation across ELHSCP and MHSCP

✓ The project continues to have good all-round engagement with strong inter-personal relationships across the health and social care teams

Data Analysis

- Since December 2023 EHSCP data has shown a significant improvement in the reduction in OBDs, and more detailed analysis is underway to identify the rationale for this. However there has been a change since mid-June with a dip in performance

Risks

- Difficult to identify the specific cohort of patients

What is planned for remainder of 2024/2025?

(please include indicative timescales)

- Focussed PDSA cycles to ensure that any specific improvement ideas are documented to show any meaningful change supported by robust data analysis
- The ESD Steering Group will continue to meet monthly to review progress and focus on identifying any barriers to early discharge (until December 2024)

Programme: Maximising RACU (Reduce Admissions)

What is to be delivered in 24/25

(actions in Step Diagram)

- idufgvhifvhifugh.

Progress Update

- idufgvhifvhifugh.

Is the project on track? (in line with the Step Diagram)

- idufgvhifvhifugh.

Data Analysis

- erferf

Risks

- idufgvhifvhifugh.

What is planned for remainder of 2024/2025?

(please include indicative timescales)

- erferfefe

Programme: Virtual Capacity Programme Board (Reduce Admissions)

What is to be delivered in 24/25

(actions in Step Diagram)

- idufgvhifvhifugh.

Progress Update

- idufgvhifvhifugh.

Is the project on track? (in line with the Step Diagram)

- idufgvhifvhifugh.

Data Analysis

- erferf

Risks

- idufgvhifvhifugh.

What is planned for remainder of 2024/2025?

(please include indicative timescales)

- erferfefe

Programme: Pan-Lothian Frailty Programme (Reduce Admissions)

What is to be delivered in 24/25

(actions in Step Diagram)

- idufgvhifvhifugh.

Progress Update

- idufgvhifvhifugh.

Is the project on track? (in line with the Step Diagram)

- idufgvhifvhifugh.

Data Analysis

- erferf

Risks

- idufgvhifvhifugh.

What is planned for remainder of 2024/2025?

(please include indicative timescales)

- erferfefe

Programme: Redesign of Acute Assessment Function (Reduce Admissions)

What is to be delivered in 24/25

(actions in Step Diagram)

- idufgvhifvhifugh.

Progress Update

- idufgvhifvhifugh.

Is the project on track? (in line with the Step Diagram)

- idufgvhifvhifugh.

Data Analysis

- erferf

Risks

- idufgvhifvhifugh.

What is planned for remainder of 2024/2025?

(please include indicative timescales)

- erferfefe

USC MTFF

USC Finances

Governance Overview

NHSL & IJBs

Pan Lothian Funding
Circa £300m

USC Programme Board

USC Recurring Investment
Circa £13m

SG Funding
Circa £5m

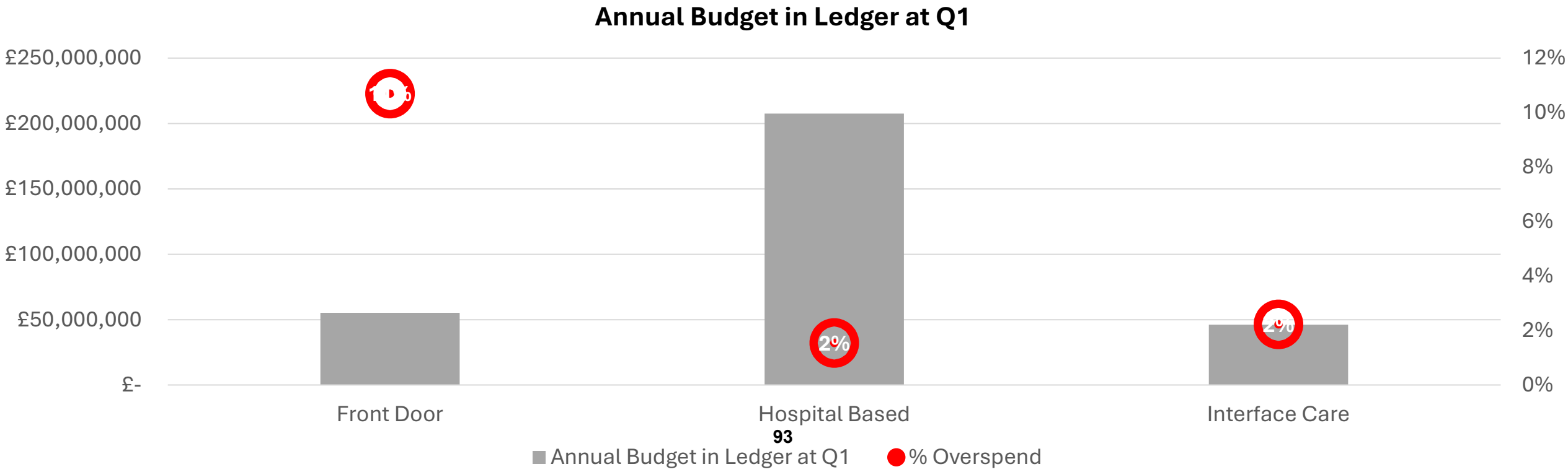
Recovery Plans Required:

- 23/24 Programme review - **£2.1m**
- Pause Flow Centre expansion - **£0.5m**
- Pause RACU expansion **- £1.3m**
- Review of USC Historic Investments **£0.72**

- **Requirement to focus on £300m portfolio in coming years**

USC PILLAR BUDGET & SPEND

Pillar	24/25 Annual Budget	24/25 YTD Position: Under/(Over)	24/25 Q1 Forecast: Under/(Over)
Front Door	55,299,313	(1,906,126)	(5,917,672)
Hospital Based	207,539,598	(1,066,448)	(3,207,146)
Interface Care	46,196,752	(307,361)	(1,028,435)
Grand Total	**309,035,663**	**(3,279,935)**	**(10,153,253)**



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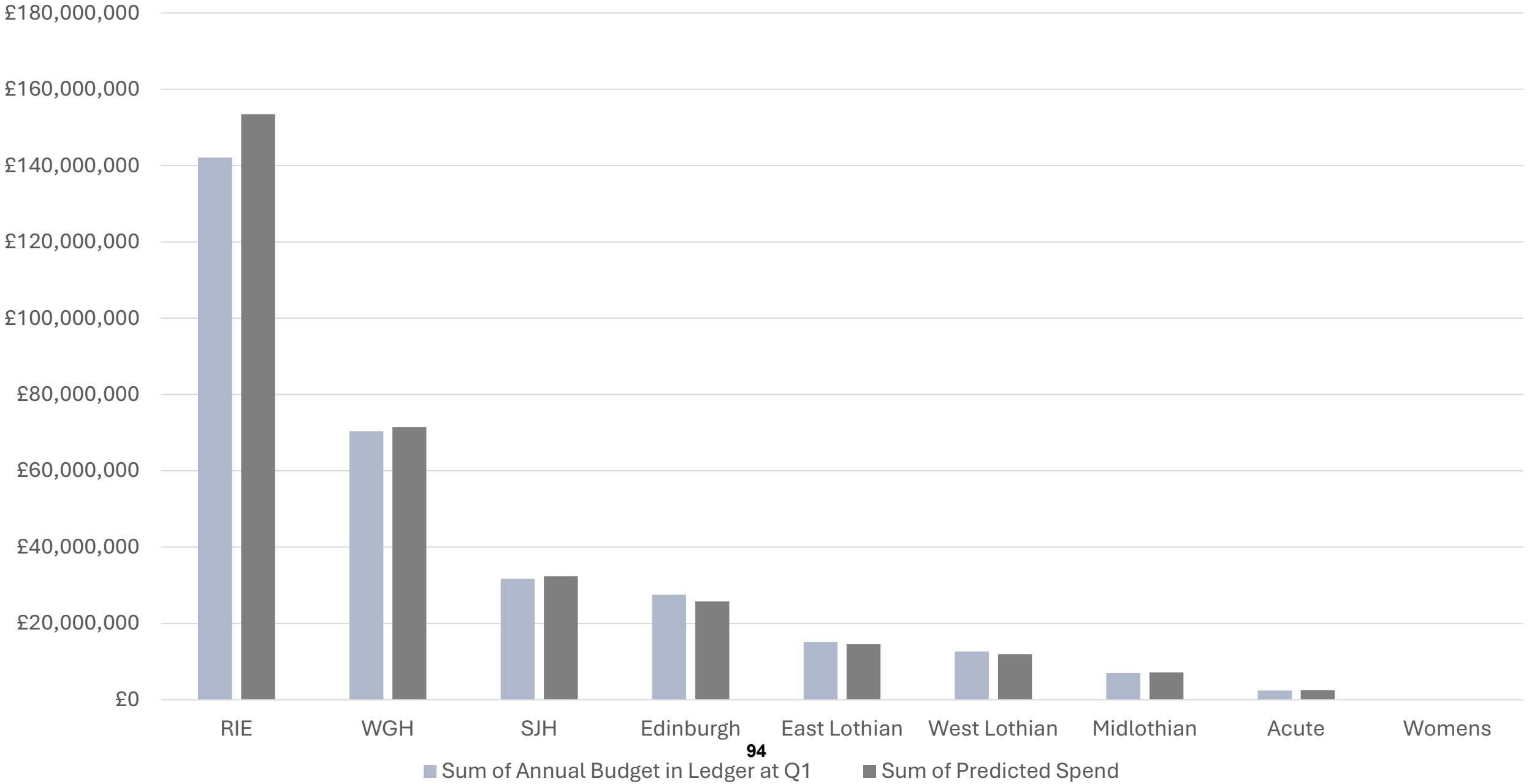
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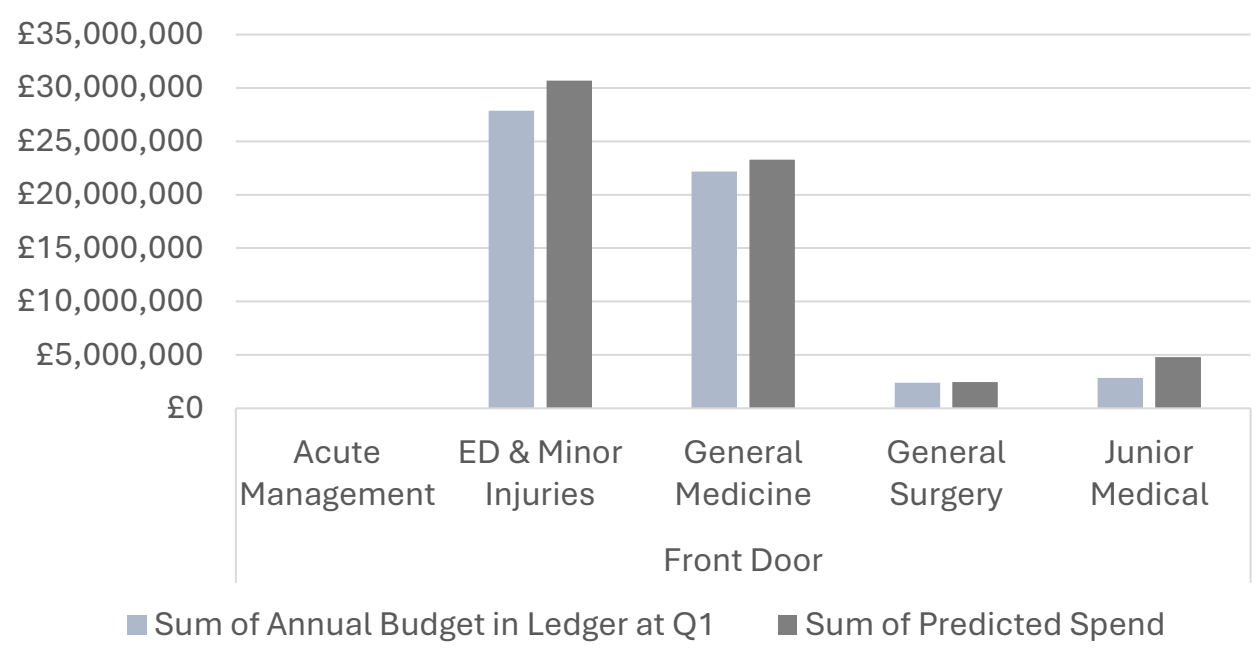
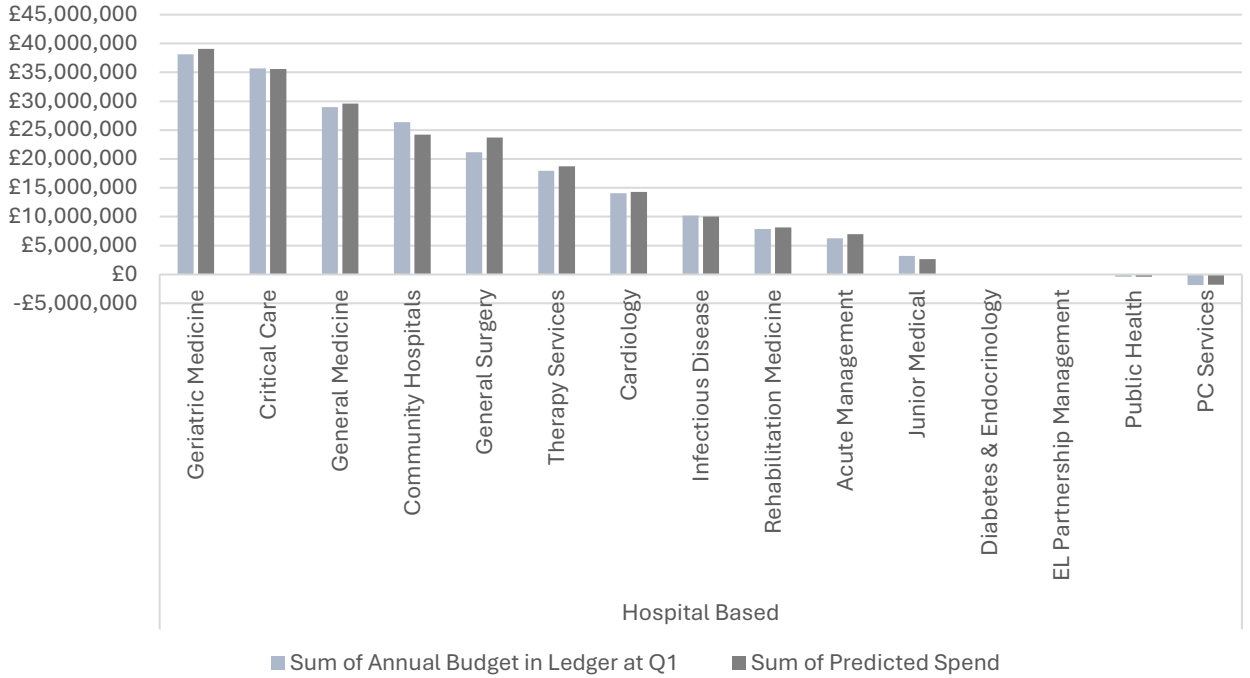
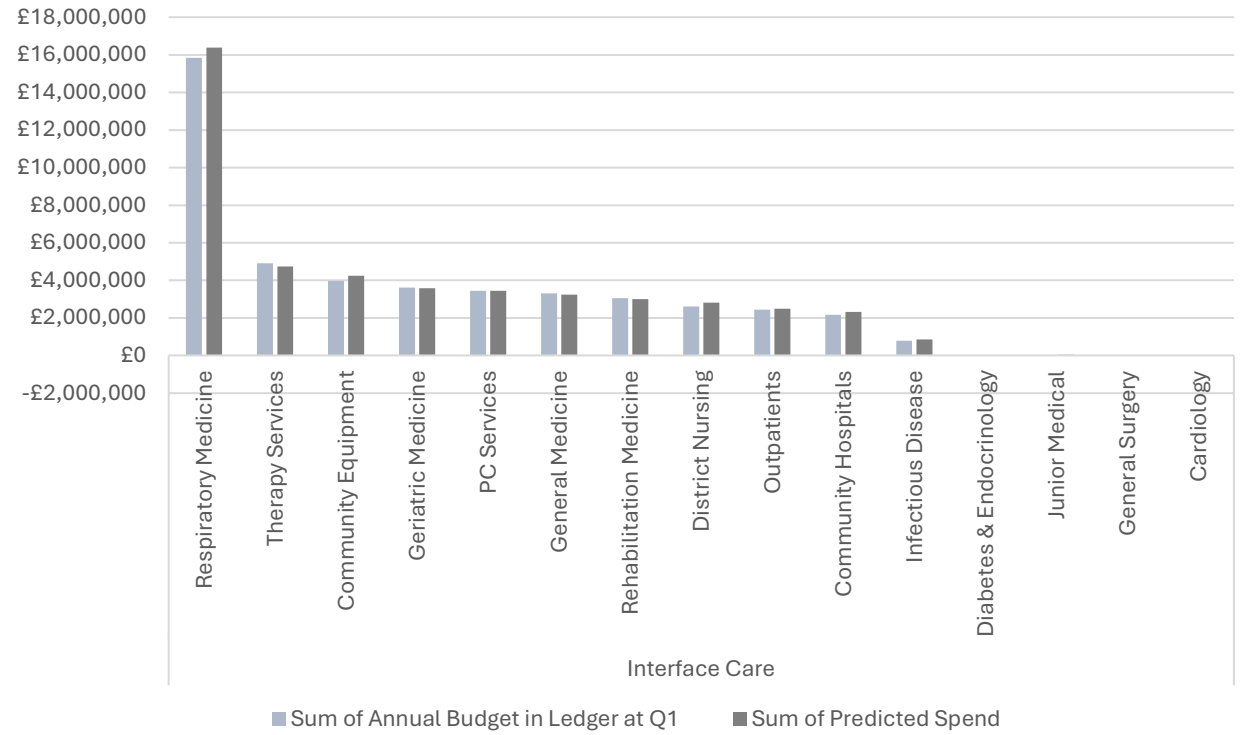
RIE
WGH
SJH
Edinburgh
East Lothian
West Lothian
Midlothian
Acute
Womens
Sum of Annual Budget in Ledger at Q1
Sum of Predicted Spend

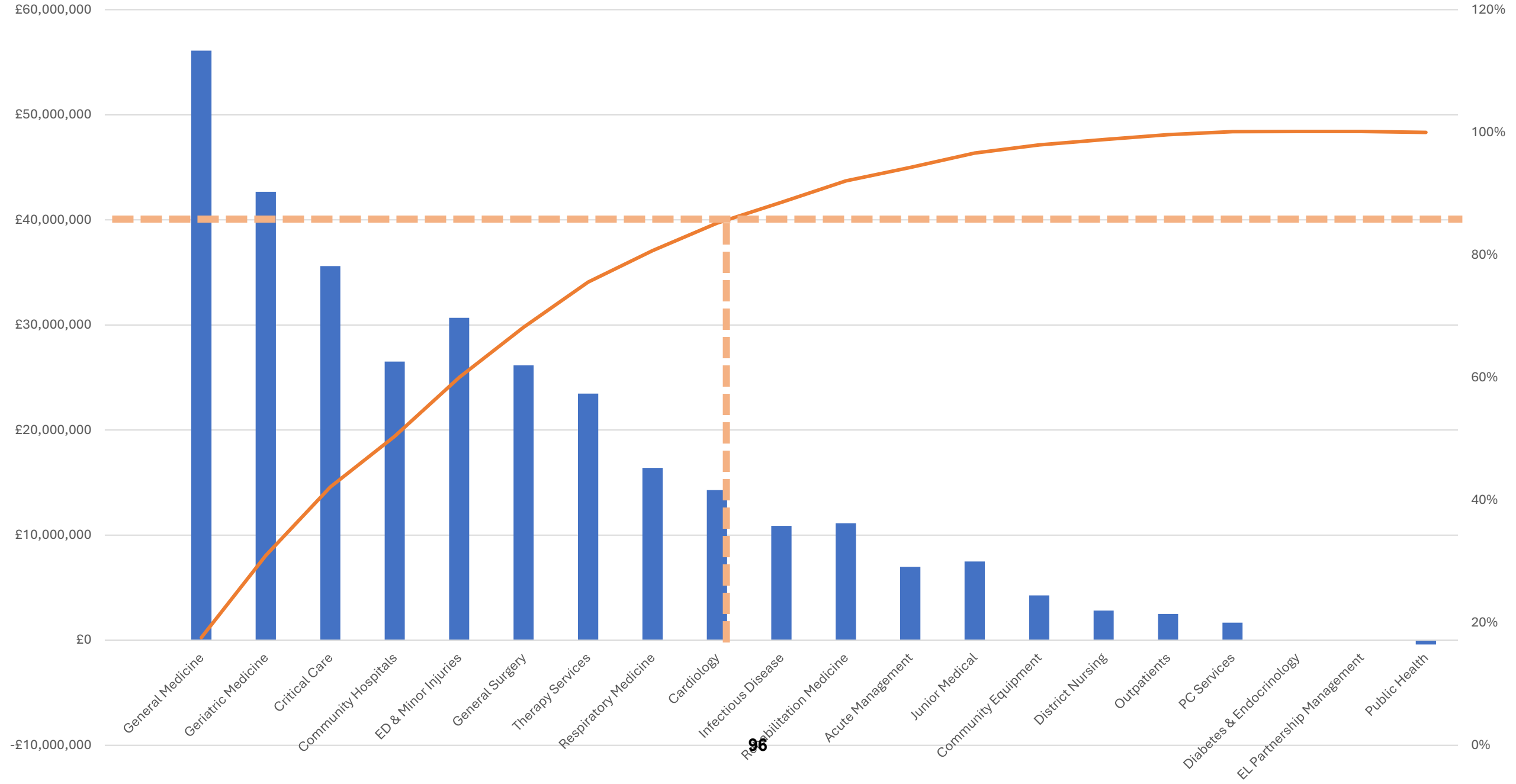




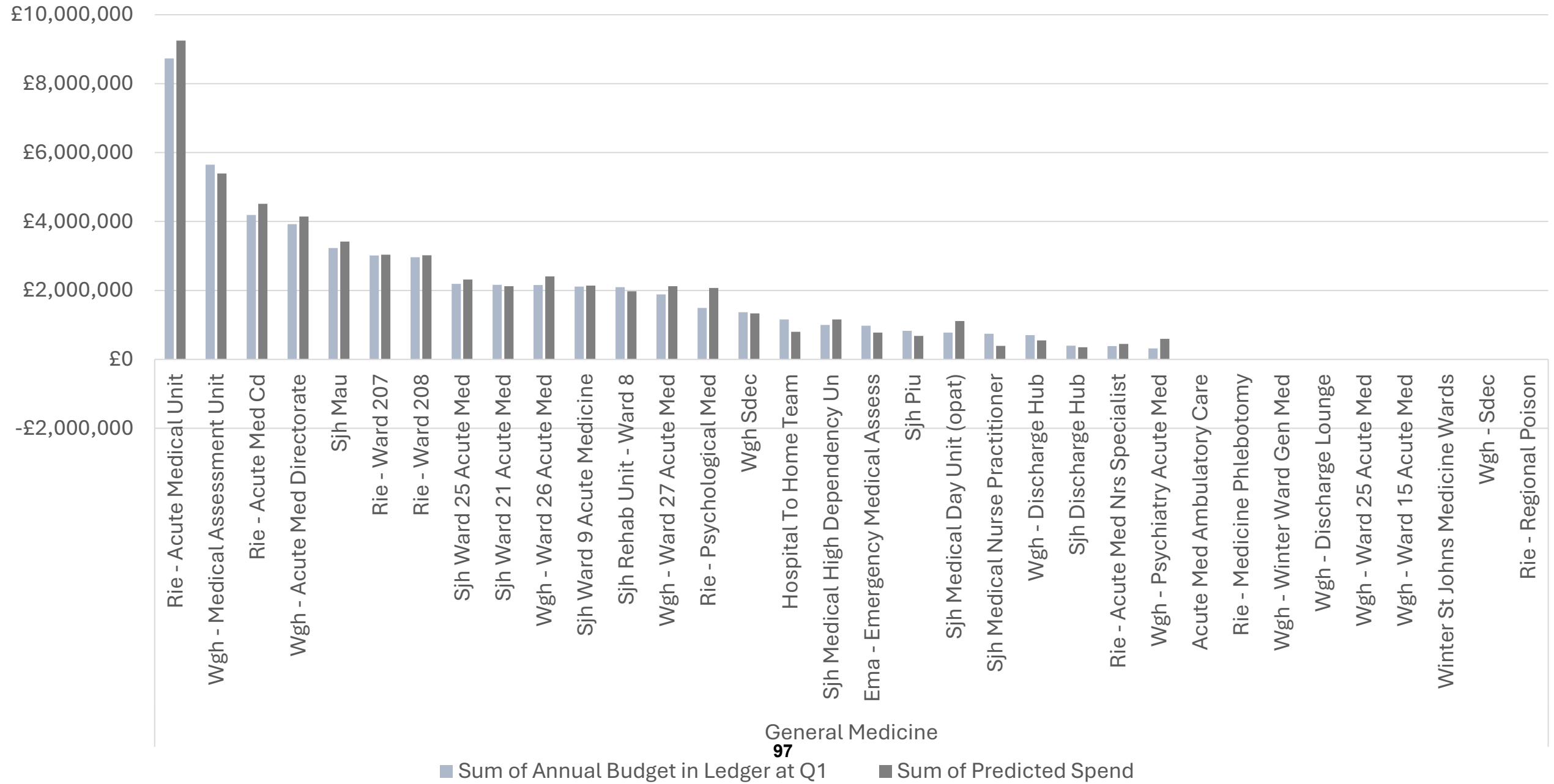


Breakdown of 3x pillars

PARETO ANALYSIS ON PREDICTED SPEND OF SERVICES



GENERAL MEDICINE



....and so on.....

Other considerations

Proposed // Revised USC Measurement Framework WORK IN PROGRESS

- Attendance rates/1000 population into ED by HSCP (total population and >75s)
- Unplanned Admission rates/1000 population by HSCP (total population and >75s)
  - Target = reducing trend on baseline tbc
- 4hrEAS
  - Admitted
  - Non-admitted (target = 85%)
- Bed Occupancy
  - Target = 85%
  - Emergency bed day rate for adults (per 1000 population)

- Attendance rates/1000 population at ED by HSCP (total population and >75s)

REDUCE ATTENDANCES

Navigation Programme Board (encompassing FNC + SPOCs)

% redirection

% Utilisation of alternative capacity

Clinical Pathway Review Board

- Total occupied bed days for all patients, and patients in delay
- Actual LoS vs PDD LoS vs Target LoS
- % Bed Occupancy

REDUCE LoS

OT/PT Implementation Group

TOBDs for patients not in / and in delay

DwD Programme Board

Site/ Specialty LoS Programmes + PDD implementation

Actual & Planned (PDD) LoS for each specialty against targets

% PDD set within 48 hours of entering ward

- Admission rates/1000 population by HSCP (total population and >75s)
- Proportion of last 6 months of life spent on acute site
- % of frailty patients discharged within 48hours
- % of General Medicine patients discharged within 48hours
- % of Surgical patients discharged within 24hours

REDUCE ADMISSIONS

Pan Lothian RACU Group

Number of appointments that would have been ED attendances

4hr Compliance

Virtual Capacity Programme Board

Trend in admission rates by relevant condition

H@H group

Interface working groups

Pan-Lothian Frailty Programme Board

Trend in admission rates for those categorised as frail

TOBD for those categorised as frail

ESD Project Board

TOBD for unplanned patients

% discharged from AMUs within selected timescales

IJBs role in USC

- **Strategic Planning and Commissioning**: IJBs are required by legislation to develop a strategic plan for the integrated health and social care services within their remit. This plan includes commissioning unscheduled care services, ensuring that these services are effectively planned and coordinated to meet the needs of the population. The IJB must ensure that the strategic plan is aligned with national health and wellbeing outcomes and integration principles.

- **Governance and Performance Monitoring**: IJBs are tasked with the governance and oversight of the commissioned services, including unscheduled care. They are responsible for issuing directions to Health Boards and Local Authorities on how these services should be delivered. These directions are legally binding and ensure that the services provided are consistent with the strategic objectives and performance criteria set by the IJB.

IJB USC Indicators

- *As per LSDF Measurement Framework PLUS*

- Falls Rate per 1,000 Population in Over 65s
- Proportion of Last 6 Months of Life Spent at Home or in a Community Setting
- Number of Days People Spend in Hospital When They Are Ready to Be Discharged
- Percentage of Total Health and Care Spend on Hospital Stays Where the Patient Was Admitted in an Emergency
- Percentage of People Admitted from Home to Hospital During the Year, Who Are Discharged to a Care Home
- Percentage of People Who Are Discharged from Hospital Within 72 Hours of Being Ready
- Expenditure on End of Life Care

Making sense of this puzzle……

How can we evaluate & analyse ?

- Options include;
  1. Thematical analysis against a series of principles and evidence base
     - Activity mapped as best as possible to LSDF / IJB indicators

  2. Conceptually top slicing (minus any sacred cows) and proposals agreed as to how to reinvest in line with principles and evidence base. Then, look at what risks would remain / how to mitigate against
     - Proposals mapped as best as possible to LSDF / IJB indicators

  3. Visually divide the budget into blocks, then rebuild system
     - “Blocks” mapped as best as possible to LSDF / IJB indicators

  4. A combination and sequence of the above

  5. ….Other options?

“Straw Man” Principles based on LSDF & IJB Legislation

1. Efficiency and Best Value

How could this spend achieve the same or better outcomes at the same cost or lower, while maximising resource use, minimising waste, and delivering care closer to the patient's home?

2. Person-Centred and Localised Care

How could this spend enhance the delivery of care that is more tailored to individual needs and easily accessible within the community?

3. Prevention and Sustainability

How could this spend support the long-term prevention and therefore sustainability of services, while avoiding short-term solutions that might compromise future care delivery?

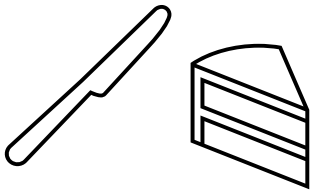
4. Integration and Collaboration

How could this expenditure foster better integration between health (including acute) and social care services, as well as partnerships with third-sector and community organisations, improving coordination and reducing fragmentation?

5. Outcomes-Based Approach

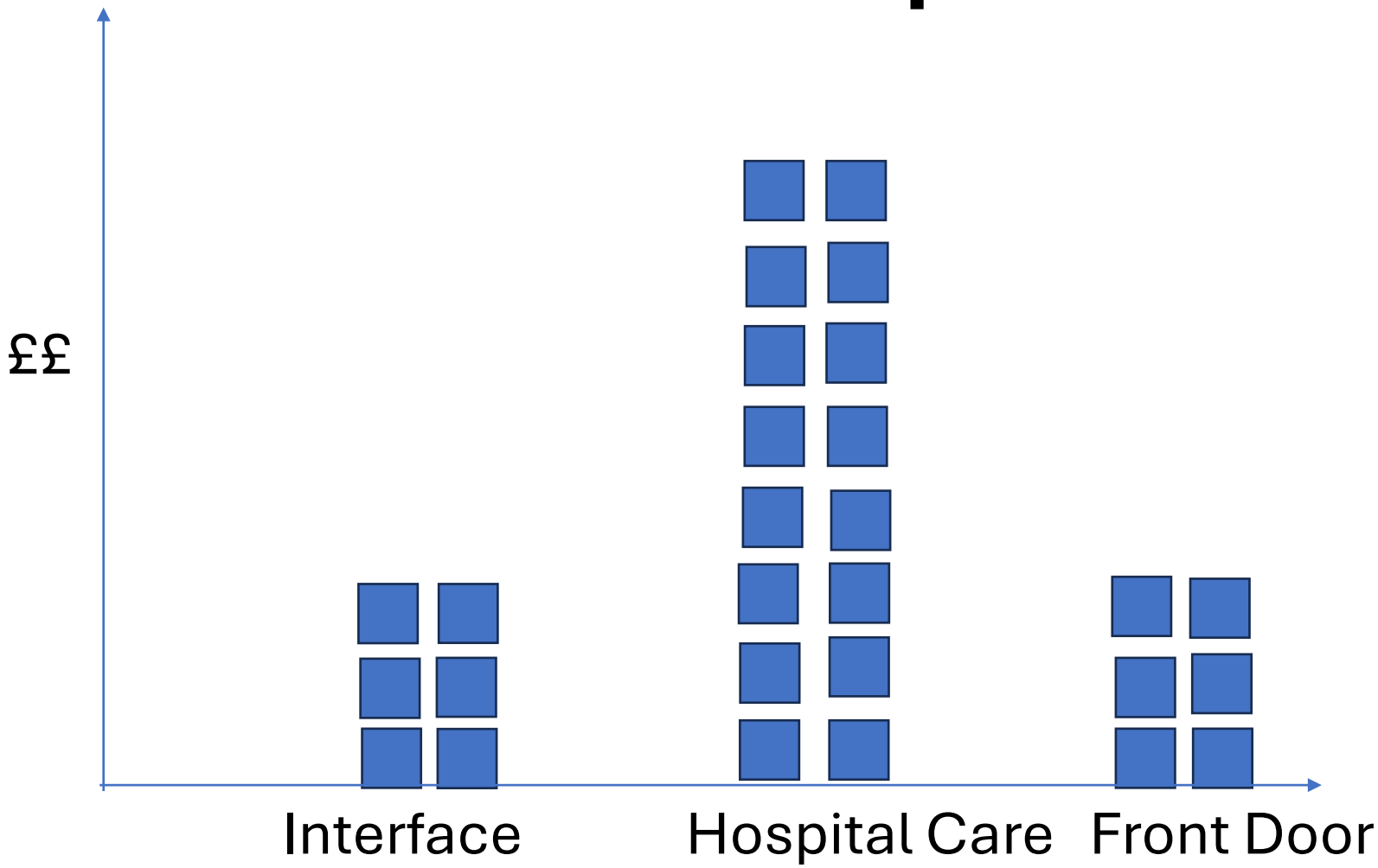
How could this spend be more effectively aligned with achieving the key outcomes (measurement framework) outlined in the LSDF, particularly in terms of measurable improvements in health, well-being, and reducing inequalities?

The Top Slicing Concept…



- As a thought experiment // tabletop exercise …..
- Reallocation of £300m …..too hard
- Have to assume we've got core provision correct
- Do we "virtually" top-slice a % of total spend (excluding certain critical services) to develop conceptually a reinvestment pot?
- I.e. Do we conceptually reduce all costs by 20%?
- Would provide a >£60m pot to then evaluate how to spend differently and this is done in line with LSDF / IJB indicators in line with evidence base
- Once headline changes generated, evaluation of the impact on other services.
- Revised models would need to be worked towards in coming years

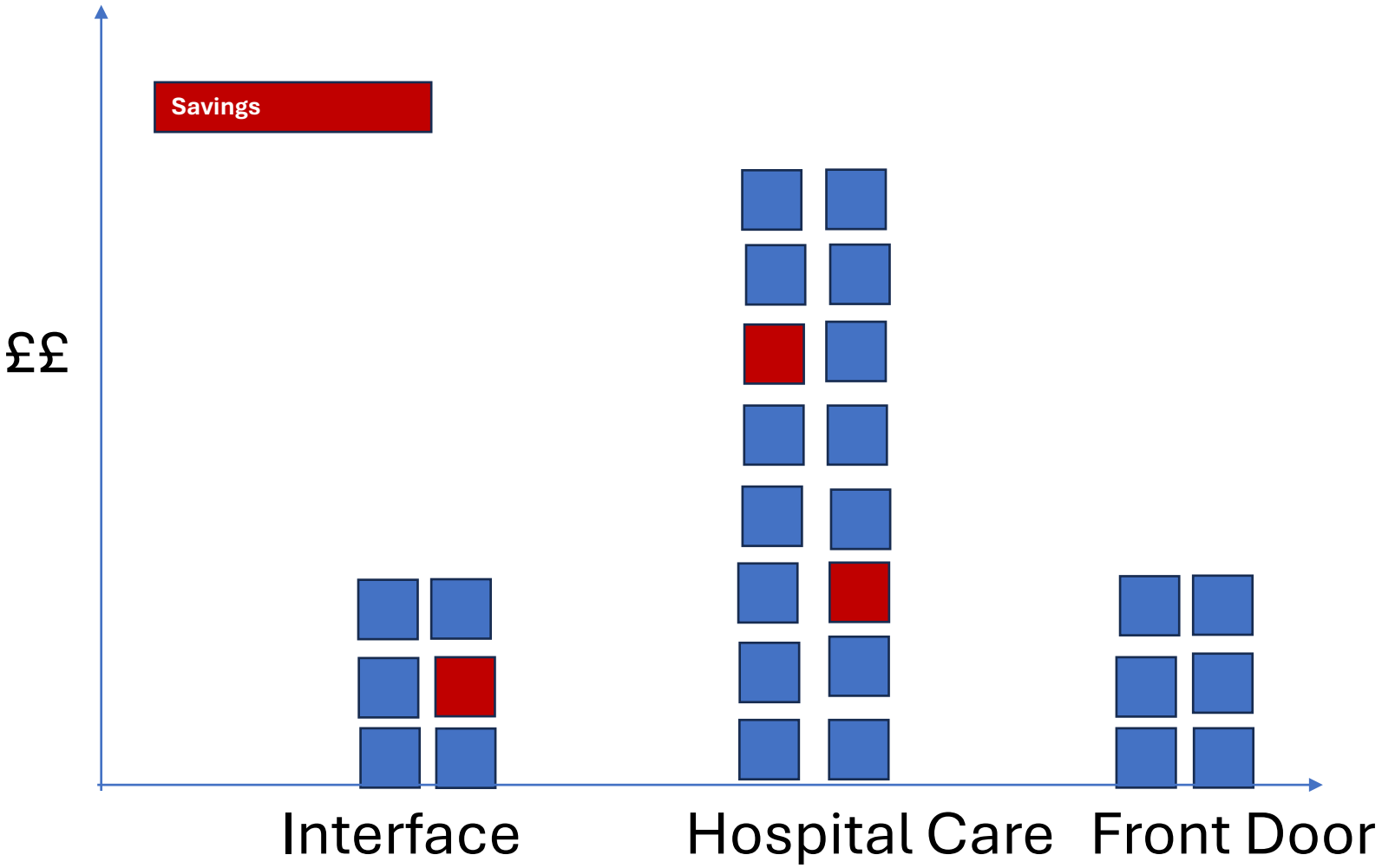
The Block Concept



?Other Pillars? Primary Care?

USC activity outwith USC Pillar (ie care @ home etc)

What we tend to do



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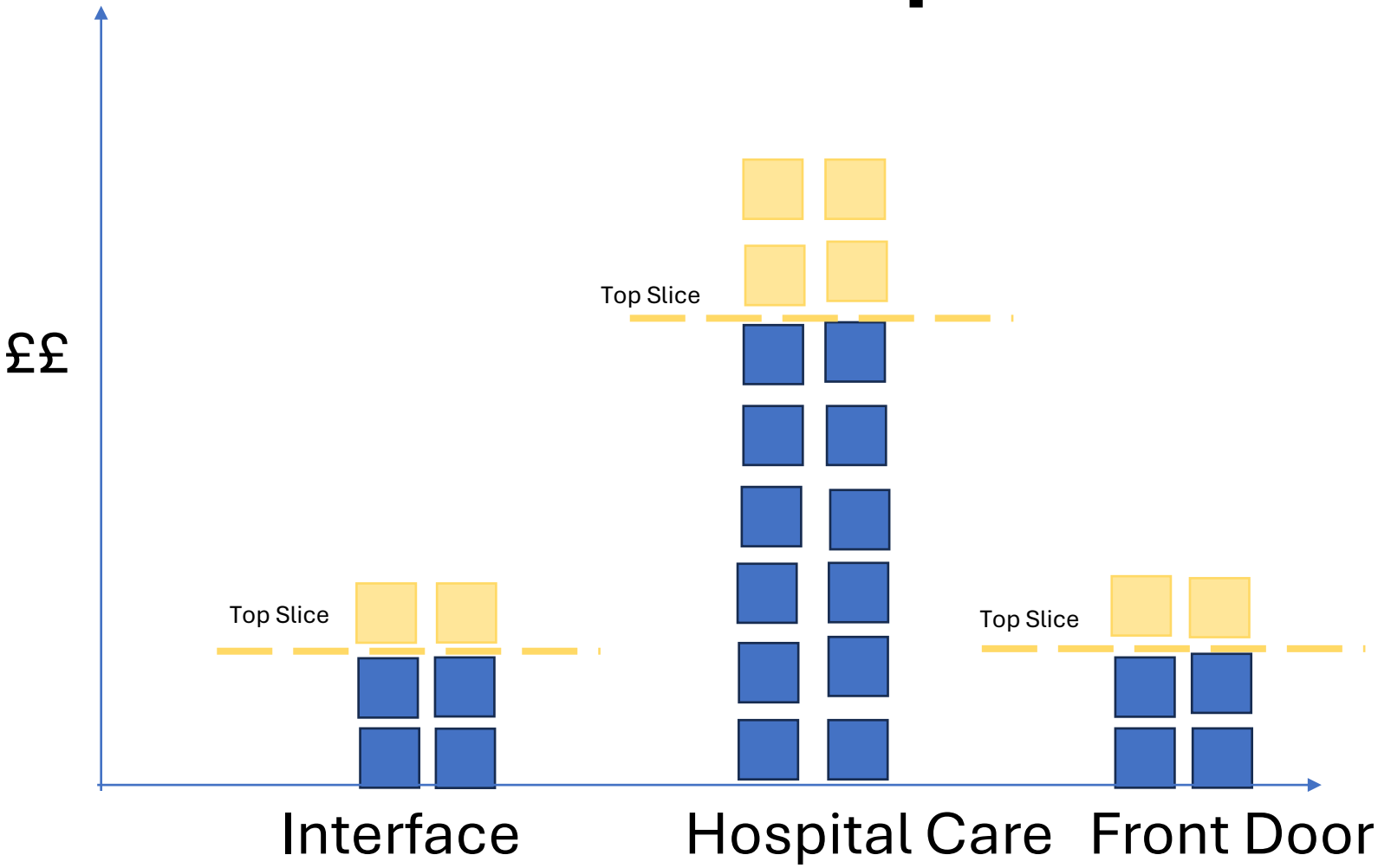
USC activity outwith USC Pillar (ie care @ home etc)

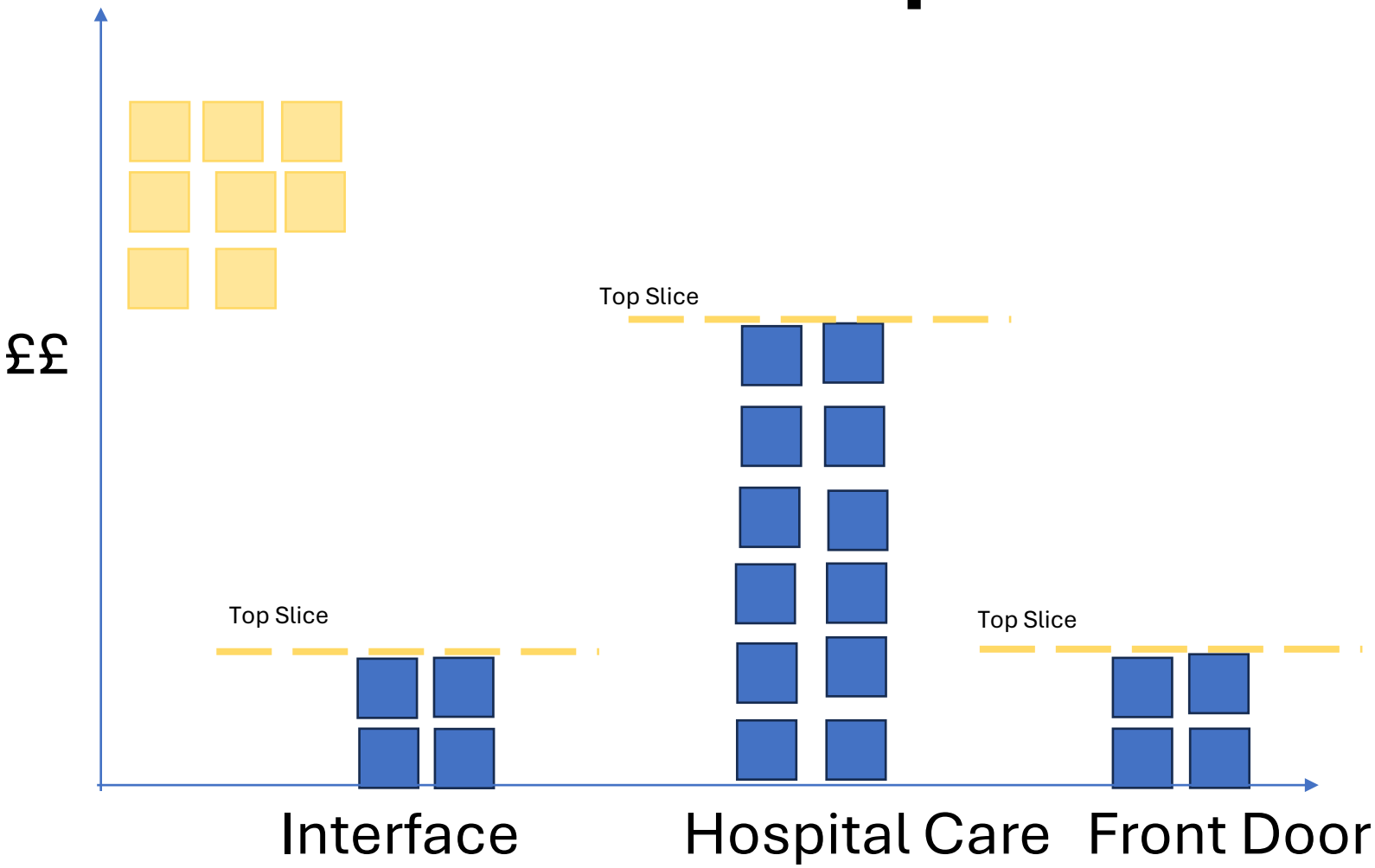
The Block Concept



?Other Pillars? Primary Care?

USC activity outwith USC Pillar (ie care @ home etc)

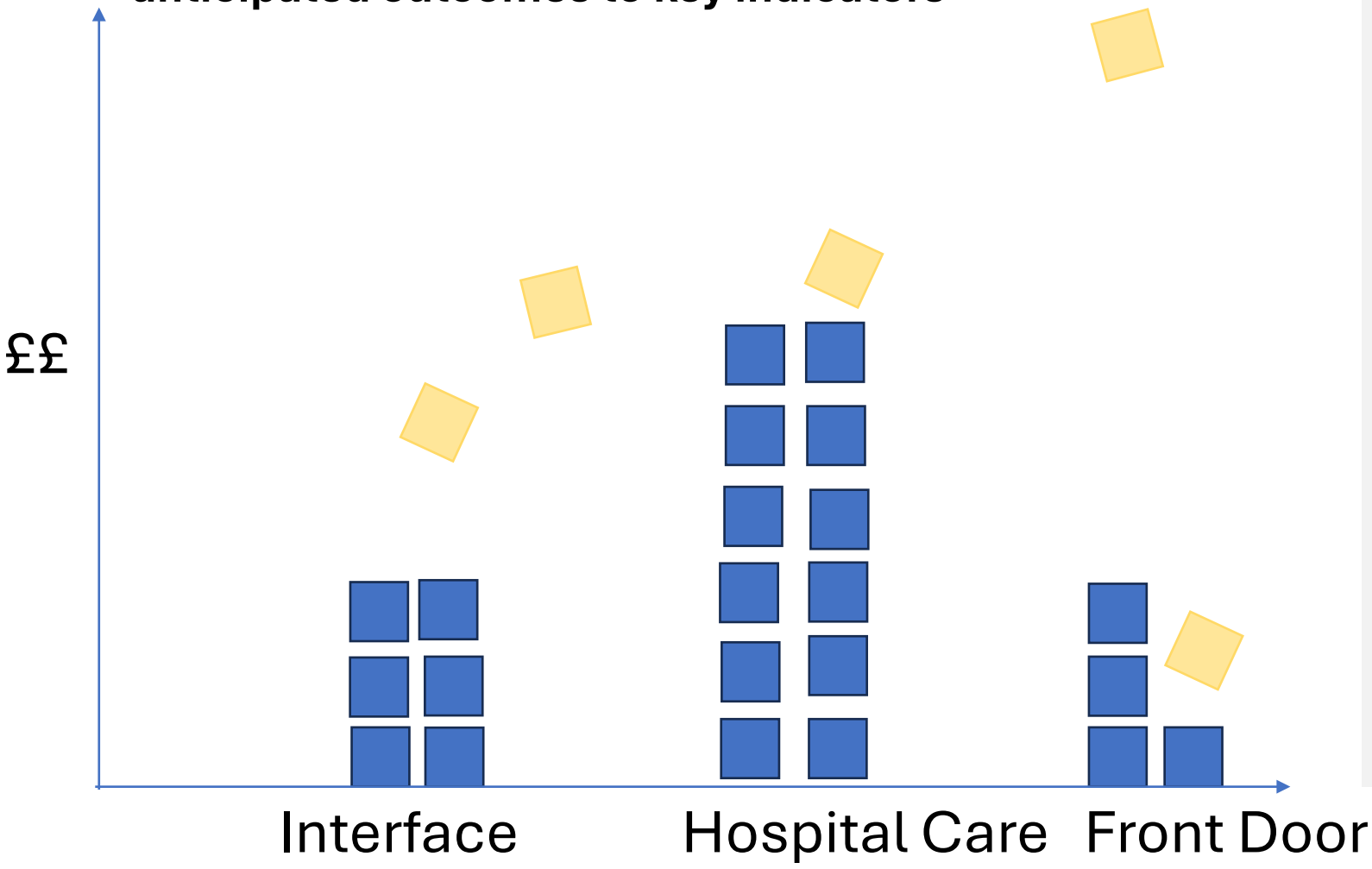
The Block Concept



?Other Pillars? Primary Care?

USC activity outwith USC Pillar (ie care @ home etc)

Reallocation based on evidence base + alignment of anticipated outcomes to key indicators



?Other LSDF Pillars?

Primary Care?

USC activity out with MTFF (i.e. care @ home etc)

Thoughts / Feedback?

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 26 September 2024

BY: Interim Chief Finance Officer

6

SUBJECT: Quarter One Finance Update 2024/25

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1 PURPOSE

1.1 This paper discusses the following –

- The Quarter one finance update for 2024/25
- The update from the month 4 (July) position for 2024/25
- A reflection on the finance workshop held on 5th September 2024
- The requirement to deliver further efficiencies to break-even in 2024/25

2 RECOMMENDATIONS

2.1 The IJB is asked to:

i. Note the Quarter one financial forecast for 2024/25.

ii. Note the month 4 update.

iii. Attend a further workshop after the business meeting on 26/9/24 to discuss further recovery actions to allow the IJB to break-even in 2024/25.

3 BACKGROUND

3.1 The IJB set a balanced budget for 2024/25 at its March 2024 meeting. The forecast financial position for 2024/25 indicated a potential overspend of c. £10.8m and recovery plans were prepared to close this gap although financial pressures in the IJB's Set Aside budget of c. £1.4m were not tackled directly as part of the budget setting.

3.2 The table below summarises the March budget setting position.

Table 1 Pressures Identified for 2024/25

Partner	Projected Gap
	£000's
NHS (Core)	(3,034)
Hosted	(295)
Set Aside	(1,940)
Total Health	**(5,269)**
East Lothian Council	
Social Care b/fwd from 23/24	(2,750)
24/25 Pressures	(2,794)
Total Social Care	**(5,544)**
Total	**(10,813)**

Table 2 Recovery Actions agreed

Savings Programmes Identified	£000's
Grip&Control/Efficiency	4,768
Set Aside	1,391
Service Redesign	2,120
Proposals	2,534
	10,813

Note – there was no action against Set Aside other than it was agreed to work with the other Lothian IJBs to provide a solution.

3.3 The IJB's recovery programmes were broadly split into two themes –

- Grip and Control/Efficiency – these being schemes proposed and delivered by the Partners' management teams which were considered to be largely operational in nature. The IJB supported these schemes on the basis that they would not impact on the delivery of its strategic plan.
- Major Service redesign and proposals – these were significant schemes in terms of changing the current service delivery model and the IJB examined each scheme before it agreed to it.

This work was assisted through three finance workshops held by the IJB during January and February 2024.

3.4 The IJB's Partners have now provided a projected financial out-turn for 2024/25 based on the financial information available in the first three months of the financial year (quarter one review). This projects an out-turn overspend in 2024/25 of £6.4m broken down as below.

Table 3 – Quarter 1 out-turn forecast

Partner	£000's
NHS Lothian	
NHS (Core)	(180)
Hosted	188
Set Aside	(3,210)
Total Health	**(3,202)**
East Lothian Council	
Total Social Care	(3,167)
Total	**(6,369)**

3.5 The underlying pressures in this position are threefold –

- Prescribing pressures (in the above position prescribing is overspent by c. £1.4m)
- Slippage in the delivery of social care recovery actions (in the above position by c. £2.5m). This will be further examined in the Q2 finance report.
- Pressures in the IJB's Set Aside budget. This is discussed further below.

Underlying the IJB's financial position is increased demand, especially in the case of the social care services.

3.6 The IJB's Set Aside budget represents those functions delegated to the IJB which are managed by the Acute Services division in NHS Lothian. As can be seen above this budget is forecast to be overspent and this is not dissimilar to previous years. The IJB is working with the other Lothian IJBs and NHS Lothian to move forward on three key issues –

- Why is Set Aside overspent ?
- What can the IJB do to improve this position ?
- What are the resources that are available to the IJB ?

3.7 The Month 4 position is now available from Partners and this shows a revised out-turn position as below

Table 4 – Month 4 out-turn forecast

Partner	£000's
NHS Lothian	
NHS (Core)	(366)
Hosted	121
Set Aside	(3,359)
Total Health	**(3,604)**
East Lothian Council	
Total Social Care	(3,223)
Total	**(6,827)**

The underlying pressures being the same as those identified at month 3.

3.8 The IJB continues to review its five year financial plan and this was last updated at the IJB's April 2024 meeting (table below). The IJB's partners are currently revising their own five year financial plans and when the results are finalised this will be input into the IJB's plan and brought back to the IJB for further discussions.

Table 5 – IJB's Five Year Financial Plan (April 2024)

Summary	24/25 Variance	25/26 Variance	26/27 Variance	27/28 Variance	28/29 Variance
Health	0	-1,527	-2,725	-3,985	-5,297
Social Care	0	-2,485	-4,889	-7,191	-9,466
Total	**0**	**-4,012**	**-7,614**	**-11,176**	**-14,763**

The key position here is an identified c. £4.0m of pressures in 2025/26 to which will be added any new pressures identified along with the recurrency of the 2024/25 social care position. As was discussed above there is slippage in the achievement of the recovery schemes of c. £2.5m in the 2024/25 social care position. Work is underway to identify how much of this slippage is non-recurrent (that is what the benefit will be available in 2025/26) and this will determine the opening underlying financial pressure to be fed into the 2025/26 financial forecast.

3.9 The IJB holds c. £3.0m of general reserves in 2024/25. IJB members will recall the dialogue around the utilisation of the IJB's general reserve at the end of 2023/24. It's worth restating the provenance of the current general reserve balance -

- At 1st April 2023, the IJB's General Reserve balance was c. £5.0. This reserve had been generated by surpluses from the IJB budgets and by

1/4/23 these surpluses had come from c. £4.2m from surpluses within the IJB's health budgets and c. £0.8m from within the IJB's social care budgets.

- At the end of 2023/24, in order to achieve financial balance the IJB utilised £1.9m of its general reserve to underpin the social care budget and NHS Lothian made an additional allocation of £0.7m to support the overspend in the IJB's Health budget.

  The IJB does not have a detailed solution to the projected overspend in the Set Aside budget for 2024/25

3.10 The IJB held a finance workshop on 5th September. This workshop laid out the Quarter 1 position and the revised five year plan. To summarise the IJB has a forecast out-turn position in 2024/25 of an overspend of c. £6.4m along with projected further financial challenge of c. £4.0 in 2025/26.

This is, therefore, a total projected pressure in the current and the next financial year of c. £10.4m less £3.0m from the general reserves that remain.

3.11 In order to deliver a break-even position in 2024/25 and to work towards the recovery actions which will be required for 2025/26, the IJB has asked the partner's management teams to develop at least £6.0m of recovery actions in the health budgets and £6.0m of recovery actions in the social care budgets. These to be delivered over the next two years but also a clear indication of what the impact of such schemes will be in 2024/25. Further proposals are being developed by the partner's management team and these will be discussed at the workshop which will follow this meeting.

3.12 There remain a further range of financial risks which have not yet crystallised but require to be recognised at this time.

- There has been a deterioration in the out-turn financial forecast between quarter 1 and month 4. Work is underway to identify the driver behind this but clearly the financial position in 2024/25 may deteriorate

- Pay Awards both in Health and in Social Care have not been agreed at this time. Although the Scottish Government has said that it will underpin the pay awards in health there is no such commitment to fund any pay awards in social care above the indicative 3% currently built into the budget.

- Inflation in the costs of delivering social care services from third parties remains uncertain.

- Partners actions and decisions, including those of the Scottish Government, may be further financial challenges to the IJB.

4 ENGAGEMENT

4.1 The IJB holds its meetings in public.

5 POLICY IMPLICATIONS

5.1 There are no new policy implication in the above paper.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

7.1 This report does not require any new directions not amendments to those directions currently extant.

8 RESOURCE IMPLICATIONS

8.1 Financial – In the report above

8.2 Personnel – None

8.3 Other – None

9 BACKGROUND PAPERS

9.1 None

Appendices: None

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

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 26 September 2024

BY: Chief Officer

7

SUBJECT: National Care Service (Scotland) Bill (Stage 2)
East Lothian Integration Joint Board Response

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1 PURPOSE

1.1 To inform the IJB of the Board's response to the Scottish Parliament's Health, Social Care and Sport Committee call for comments on the National Care Service (Scotland) Bill (Stage 2) and the amendments within proposed by the Scottish Government.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

i. Note the changes proposed by the Scottish Government, which are the focus of the Stage 2 consultation on the National Care Service (Scotland) Bill.

ii. Note the contents of the response sent to the Health, Social Care and Sport Committee on behalf of East Lothian (appendix 1).

3 BACKGROUND

3.1 The Scottish Government introduced the National Care Service (Scotland) Bill in the Scottish Parliament in June 2022. The East Lothian IJB response to the Stage 1 Bill consultation is shown at appendix 2.

3.2 The Parliament's Health, Social Care and Sport Committee published its Stage 1 report on the National Care Service (NCS) Bill in February 2024, shortly after this, the Scottish Parliament voted to approve the general principles of the Bill.

3.3 During Stage 1 scrutiny of the Bill, the Scottish Government indicated it would propose amendments to the Bill at Stage 2.

3.4 Maree Todd, Minister for Social Care, Mental Wellbeing and Sport stated in a letter accompanying the Government's Stage 2 proposals stated that a planned "*National Care Service Board"* was:

> *"…intended to provide national oversight and improvement of social work services, social care support and community health services which fall within the scope of the National Care Service. It would prioritise the actions that will make the most difference to outcomes for people: clear and consistent national standards, performance against those and accountability for delivery."*

Of the intention to revise Integration Joint Boards rather than replacing them with Care Boards she said:

> *"This will support implementation of NCS priorities by building on existing structures and good practice."*
>
> *"The intention of this approach is to free up COSLA and local government colleagues from further negotiation on these issues and allow them to focus specifically on the mission to reduce Delayed Discharges in the coming weeks and months."*

Concerning the cost of introducing the NCS, she stated:

> *"The realisation of the Stage 2 amendments detailed in this package would substantially decrease the cost associated with the implementation of the NCS Bill."*

3.5 The Scottish Government suggested the amendments reflected a consensus agreement reached with COSLA on a model of shared legal accountability for governance of the NCS.

3.6 On 1st July 2024, the Health, Social Care and Sport Committee widely publicised a call for written evidence on the Scottish Government's Stage 2 draft amendments. The initial deadline for comments of Friday 30th August was later extended to Friday 20th September.

3.7 The Bill's draft Stage 2 amendments and an overview from the Scottish Parliament Information Centre (SPICe) were made available through the Scottish Parliament website.

4 ENGAGEMENT

4.1 On the 1st of August, East Lothian IJB members were provided with weblinks to the Health, Social Care and Sport Committee call for written evidence, the consultation response form and background information. They were invited to respond as individuals and as IJB board members. To assist in the latter response and to facilitate collation of replies, members also received a Word version of the consultation document.

4.2 Members were advised of the extension of the deadline date to 20th September by email and during a presentation and discussion on the NCS consultation at an IJB development session in early September.

4.3 Members were asked to provide their responses by Friday 13th September, to ensure the return was completed by the Health, Social Care and Sport Committee deadline. Four member responses were received. These were further developed into a final East Lothian IJB response (appendix 1).

5 POLICY IMPLICATIONS

5.1 Policy implications cannot be assessed until the National Care Service changes are finalised and the full scope of changes is known.

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.

6.2 Any future substantive changes resulting from National Care Service-related developments will be subject to an Integrated Impact Assessment.

7 DIRECTIONS

7.1 Any impact on Directions cannot be assessed until the National Care Service changes are finalised and the full scope of changes is known.

8 RESOURCE IMPLICATIONS

8.1 Financial - In a 4th September discussion paper, NHS Lothian states there are no direct financial implications for the health service at this stage, other than the staff time to respond to the current consultation and any future legislative and policy proposals.

8.2 At its Finance and Public Administration Committee in December 2023, NHS Lothian reported that the comparative estimated ten-year costs of establishing the NCS were:

o Original proposals (at Stage 1): from £880 million to £2.192 billion

o Current proposals (at Stage 2): from £631 million to £916 million

8.3 Personnel - As described above at 8.1.

8.4 Other - None.

9 BACKGROUND PAPERS

9.1 The SPICe (Scottish Parliament Information Centre) digest of the proposals is available at: https://spice-spotlight.scot/2024/07/02/the-national-care-service-bill-the-next-chapters/ .

9.2 A suite of documents concerning the proposals is available at: National Care Service (Scotland) Bill (Stage 2) - Your views on draft amendments - Scottish Parliament - Citizen Space.

Appendices:

1 - East Lothian IJB Response to the Stage 2 Consultation on the NCS.

2 - East Lothian IJB Response to the Stage 1 Consultation on the NCS.

AUTHOR'S NAME	Paul Currie
DESIGNATION	Interim General Manager, Strategic Integration
CONTACT INFO	paul.currie@nhs.scot
DATE	19th September 2024

Appendix 1 - East Lothian IJB Response to the Stage 2 Consultation on the NCS

National Care Service strategy

1. What is your view of the proposed National Care Service strategy (see proposed new sections 1A to 1E)?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☒ **Strongly oppose**

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- Generally positive. It is hard to argue with the proposal to develop a national strategy, However, there is a risk that the NCS Strategy could exist and operate in the absence of a clear overall NHS Scotland strategy and vision.
- A national guiding strategy for the NCS, distinct from strategic planning, will be important. However, this needs to be based on clear strategic aims and outcomes, backed with specific actions and cognisant of the various challenges that exist and with care taken to ensure alignment with national strategies prepared by Scottish Ministers for the wider health system.
- It is unclear how this strategy will improve the delivery of social care in Scotland. It does not seem to add any new ideas or principles but another layer(s) of bureaucracy.
- There is support for the development of a strategy for social work and social care to secure services now and in the future and to improve outcomes for individuals and families. This could be developed under existing arrangements, maintaining locally planned service solutions, rather than resulting in a disruptive and costly reorganisation which risks destabilising local delivery and the local care economy.
- The proposed centralisation of service planning, risks derailing the continuing successful, locally planned and responsive services already in place, which reflect community need.
- Scottish Ministers could direct a social work, social care and community health strategy under existing arrangements, while maintaining local decision making on what is needed.

National Care Service Board

2. What is your view of the proposal to create a National Care Service Board, and the provisions about the role and functions of the Board (see in particular new Chapter 1B of Part 1, and new schedule 2C)?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☒ **Strongly oppose**

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- Real lack of clarity on this and how accountability will be determined.
- Real issue is that Membership of the NCSB to be determined through secondary legislation - to include representatives of Scottish Ministers, local authorities and NHS boards, as well as those with lived experience. All will have full voting rights. It is not specified how an NHS representative will be appointed to the NCSB?
- As above, it is not clear what this Board will add to the current or future provision.
- A positive change would be to have voting rights for local voices on the National Care Service Board.
- It could be argued that the proposed changes are not required, in an already overcomplicated health and social care setting, operating within a complex array of targets, policy, guidance and performance measures. Simplification of arrangements would be preferable (as would more targeted investment in social work and social care) with local partners free to decide how best to prioritise investment to meet social care need at community level.
- The policy intention of providing a greater level of national coordination to improving social work services, social care support and community health services which fall within the scope of a National Care Service.
- Collaborative approaches to prioritising the actions that will make the most difference to outcomes for people.
- Defining national standards, determining the level of performance against those and ensuring accountability for delivery.
- There is no support for the creation of the NCSB in the form currently proposed. Creating a new public body, with additional powers and accountability
- There is no support for the creation of the NCSB in the form currently proposed. Creating a new public body, with additional powers and accountability requirements, without first addressing the current, complex structures and challenges, will simply add further complexity, bureaucracy and cost.

- Any available financial resources should be invested to improve frontline health and social care delivery, and not on new and more complex structures.
- Any proposals for the creation of a National Care Service must reduce and simplify the current levels of complexity in governance and accountability arrangements. Many of the draft amendments proposed would simply bring an additional layer of governance, and it is unclear how the proposals could work in practice or what outcomes they are intended to improve.
- IJBs, in their current and proposed forms, can already issue binding directions to health boards. It is not clear why a new national public body would require the same powers.
- The NCSB will have the power to transfer functions from one NCSLB to another. It is unclear how a NCSLB with no connection to a local area would be able to do deliver such transferred functions effectively.
- It may be more appropriate (and cost effective) to achieve the intended aims by establishing the National Care Service Board, if required, as an Advisory Group, rather than a new public body.

Creation of local boards and removal of other integration models

3. What is your view of the proposal to establish National Care Service local boards and to remove other integration models (see in particular Chapter 1A of Part 1, and new schedules 2A and 2B)?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☒ **Strongly oppose**

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- As per Question 2 plus removing other integration models reduces the ability of local arrangements to adapt to new challenges.
- It is not clear how the NCS will continue to drive forward Integration of Health and Social Care (the current role of the Integration Authorities). There is a serious risk that the work and the outputs from the current Integration Authorities will be lost.
- It doesn't seem as if there has been an evaluation of existing Integration Joint Boards prior to a change in policy when these were only introduced fairly recently. This should have been done to identify whether they were effective and should be replaced.
- Detail is needed on the proposed membership or composition of the local Boards.
- There is a policy choice between greater national control and oversight with the NCSB (mandating consistency in structures, aligning strategies, national standards, etc.) or greater local control through IJBs (more democratic, with decisions taken closer to service users and the point of delivery). Trying to create a structure that provides equally for both inevitably leads to more complex arrangements. The choice must clearly be driven by evidence of what is most likely to deliver improved outcomes.
- The rationale for renaming IJBs is unclear as the current term is well embedded in practice and with partners and communities.
- Ministers should provide greater detail and consult carefully before bringing forward any future regulations on revised arrangements for the structure and local operation of IJBs/NCSLBs. Changes to the structure and governance of IJBs should seek to avoid unintentional outcomes, such as making it more difficult to coordinate and deliver alignment between the strategic ambitions of a health board, a local authority and their relevant IJBs/NCSLBs.
- Opposition to the NCSB having the power to issue binding directions to individual health boards. Directions in relation to delegated services should be issued to health boards and local authorities by NCS Local Boards, as is the case currently with IJBs in line with agreed strategic plans (which will in turn be aligned with the NCS National Strategy and on which the NCSB will have been consulted).

Monitoring and improvement and commissioning

4. What is your view of the proposed new provisions on monitoring and improvement (see new sections 12K and 12L) and on commissioning (see new section 12M)?

Monitoring and improvement

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☒ **Strongly oppose**

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- Issues of autonomy and direct role of Scottish Government
- More monitoring, with no clear indication of what this will be used for.
- There is insufficient detail on the 'Support and Improvement Framework' how it would be applied and the implications for partners.
- In the absence of additional investment, or any commitment to reinvigorating the care market to respond to population growth and ageing, it seems the Framework alone is expected to deliver change. This will prove insufficient to address the challenges ahead.
- Support the model of an NCS support and improvement framework that enables the identification of divergence from national or local expectations and allows resulting support, advice, guidance and training to be targeted appropriately.

Commissioning

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☒ **Strongly oppose**

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- A very clear definition of 'commissioning' is required here.
- Should the NCSB be created as a full public body, we have no strong opinion on its powers to procure goods on behalf of other bodies, but that care will be required to ensure that any national commissioning or procurement activity by the NCSB does not conflict with or duplicate any national services commissioned by NHS National Services Scotland (NSS).

National Chief Social Work Adviser and the National Social Work Agency

5. What is your view of the proposed new provisions to designate a National Chief Social Work Adviser and for the creation of a National Social Work Agency (see new section 26A)?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☒ **Strongly oppose**

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- Each Council has a Chief Social Work officer, how many does Scotland need?
- Support for the principles of a national structure for social work in Scotland, but concern about the creation of an additional public body to add to the cluttered regulatory, scrutiny and improvement landscape.
- Acknowledgement of the benefits of addressing many of the challenges faced by local authority social work on a national scale, to reduce fragmentation of the social work profession and to create an environment to drive change and improvement.
- The need to define the role and relationships between the NSWA, SSSC, the Care Inspectorate and Healthcare Improvement Scotland to actively streamline and simplify the multitude of functions required at a national level, while reducing costs.
- Concerns about locating a National Social Work Agency within Scottish Government as this would create a potential disconnection between local authorities and the social work delivery arena they are so central to,
- A preference for a NSWA as a formal partnership of distinct organisations – the Office of the Chief Social Work Advisor, Social Work Scotland (on behalf of local authority Chief Social Work Officers) and COSLA. The proposals to rebrand the OCSWA in the form of an Executive Agency undermines the possibility of a NSWA based on equal partnership with the level of autonomy and flexibility required to respond to local need.

Amendments to the Public Bodies (Joint Working) (Scotland) Act 2014

The Minister's covering letter states:

> "We intend to improve local delivery through reform of integration authorities. Integration authorities are existing bodies established under the Public Bodies (Joint Working) (Scotland) Act 2014. Local reform will require some new provisions in this Bill amending the 2014 Act, as well as the exercise of existing powers under that Act."

Read a marked-up version of the Act (PDF) at: https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-committee/correspondence/2024/public-bodies-joint-working-act-with-ncs-amendment-markup.pdf

6. What is your view of the proposed amendments to the Public Bodies (Joint Working) (Scotland) Act 2014, as set out in the marked-up version of the Act?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☒ **Strongly oppose**

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- Local decision making needs to remain.
- This Bill is about integration of health and social care and changing the balance of care. How does that relate to the setting up of a National Care Service?
- The current integration legislation has had insufficient time to fully deliver on its potential. The focus should be on implementation of the principles of the health and social care integration project, rather than the pursuit of new arrangements that will destabilise services across the country.
- No objections to the new requirements to be placed on IJBs/NCSLBs in relation to strategic planning or the submission of Annual Performance Reports.
- No objections to the new requirements to be placed on IJBs/NCSLBs in relation to strategic planning or the submission of Annual Performance Reports.

Areas of further work

The Minister's covering letter states:

> "There remain a small number of areas where further work is needed to confirm which legislative approach would best deliver the intended changes and strengthen their future practical implementation. Those areas are:
>
> - "Direct funding
> - "Inclusion of children's services
> - "Inclusion of Justice Social Work
> - "Anne's Law
> - "The intention of this approach is to free up COSLA and local government colleagues from further negotiation on these issues and allow them to focus specifically on the mission to reduce Delayed Discharges in the coming weeks and months."

7. What is your view of the Scottish Government's proposed approach to addressing the areas of further work outlined in the Minister's covering letter?

Direct funding

☒ **Strongly support**

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- Broadly supportive of the idea of nationally commissioned services but unclear why Scottish Government requires the ability to directly fund local care boards. We agree with Minister's proposed approach to continue exploring this area.
- Regulations would presumably be required to give IJBs or reformed NCSLBs the new powers necessary to contract and incur liabilities. This would represent a significant change and new burdens for IJBs and their members. Alternatively, if regionally commissioned services were to be delivered by either of the integration partners the funds would require to be passed on the health board or the local authority anyway. In which case, the benefit of this approach is unclear.
- There is a risk of unintended consequences, such as direct funding arrangements for existing services requiring corresponding reductions in budget allocations to health boards. There will likely be both capital and workforce implications that will leave residual costs sitting with individual health boards who may be unable to undertake disposal or workforce redeployment processes without significant additional costs.

Inclusion of children's services

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☐ Tend to oppose

☒ **Strongly oppose**

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- It is essential that the provision of care is as local as possible, supported by professionals who know and understand communities best. Local systems, services and workforces are best placed to identify the specific needs of people and communities in their local authority area and to ensure that workforces have the knowledge, skills and resources to respond to these needs. We believe that local decision making and accountability, through local relationships and partnerships, ensures pace and flexibility, aligned to our local priorities and that current proposals could lead to an erosion of local accountability and democracy.
- The existing operational arrangements which involve adult services (including Justice Social Work) being delegated to the Integration Joint Board and Children's Services (social work) existing within a Council joint Directorate with Education delivers parity across services and ensures chief social work officer advice and guidance to both the Integration Joint Board and the Local Authority.
- The interface between services within, and external to, the local authority are facilitated through community planning and public protection arrangements. These have been assessed as very strong and effective within the Joint Inspection for Children at Risk of Harm in East Lothian.
- Retaining the current arrangements supports joined-up approaches to children's services. School education, where delivery rests with local authorities, represents a significant touch point for children. Mandating the delegation of children's social care risks breaking or disrupting the existing link in this area, without good evidence of the need to do so. Similar concerns would exist in relation to the link between community health services and acute services for children, particularly for health boards with a dedicated children's hospital.
- Understanding the exact impact at this point is difficult without greater clarity around what is within the scope of "children's community health and primary care services" as this is a broad and varied group. Likewise, clarity around what will remain within the contractual responsibility of health boards such as the child health information system, and recall systems for immunisation etc, would be welcome to better understand the impact of the proposed changes.
- Some children's community health services are small, therefore held centrally and delivered across multiple local authorities. It would not be easy to disaggregate, leading to further fragmentation risking some services becoming unviable at a local level.

- We note the findings of the CELCIS report Children's Services Reform Research: Learning and Implications for Scotland (December 2023). This found that:
    - evidence for the impact of structural integration on outcomes is inconclusive; and
    - the impact of structural integration on more integrated services and ways of working is also inconclusive.
    - more work needs to be done to understand the relationship between integration and outcomes.
    - the current integration landscape in Scotland would benefit from being simplified and more consistent.
- Mandating the delegation of all children's services within the NCS should only be considered if and when there is strong evidence that this change will lead to improved outcomes for children and their families. Until then, the current level of flexibility should be retained, which allows local integration partners to delegate these services based on their specific local needs.
- Given the above points of concern & some outstanding ambiguity about the proposals, we advocate that the following principles be considered in any further development of this work:
    - children's services are given due consideration to ensure they do not become marginalised within the large scale of adult services.
    - conscious consideration is given to the impact of any changes upon transitions of care between services and over a child's life course.
    - there is an aim to ensure a consistent breadth and standard of service across delivering organisations within each health board.
    - any structural change is designed to best facilitate a working culture that serves the needs of children.
    - all changes are founded upon an understanding of the rights of the child, in alignment with the principles of the UNCRC, particularly ensuring the voice of children is heard.

Inclusion of Justice Social Work

☐ Strongly support

☐ Tend to support

☒ **Partly support and partly oppose**

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- We have no considered opinion to offer on this matter, although we would highlight both the limited administrative resources available to IJBs and emphasise again the time and capacity constraints of the IJB members themselves.
- As with all changes being proposed, the anticipated gains in efficiency and improved outcomes should be very clearly evidenced and weighed against the inevitable costs and disruption associated with structural reorganisation of a public service.

Anne's Law

Anne's Law is a piece of planned Scottish legislation which is intended to strengthen the rights of people living in adult and older people's care homes to see and spend time with the people who are important to them, even in the event of an outbreak of infectious disease.

☐ Strongly support

☒ **Tend to support**

☐ Partly support and partly oppose

☐ Tend to oppose

☐ Strongly oppose

☐ Undecided / no opinion

Direct Funding

- The cost estimates of an additional £600-900m over 10 years are unacceptable in the current financial environment. Changes should aim to simplify and make services more cost effective. This legislation should be designed to save money, not add cost.

Annie's Law

The range of views across the East Lothian IJB membership are:

- We are supportive of the Government's approach to progressing this agenda, particularly the option of finding an alternative route for the policy (separate to the NCS Bill).
- Whilst we support the idea that care home residents should be able to see a nominated loved one at all times, public safety must also be a key consideration, particularly during any outbreak or future pandemic.
- We therefore welcome the inclusion of the requirement that Scottish Ministers must consult with Public Health Scotland before issuing a visiting direction. We suggest including a further requirement that Ministers must also pay due regard to any advice given by Public Health Scotland before issuing a visiting direction.
- Furthermore, we suggest that local public health advice will be important in some situations, e.g., where an outbreak occurs at a local level and Public Health Scotland needs to consult with individual Board to inform its advice to Ministers.

Draft National Care Service Charter

As part of the package shared with the Committee, the Scottish Government has provided an update on co-design of the NCS Charter and an initial draft of the National Care Service Charter.

8. What is your view of the initial draft of the National Care Service Charter?

☐ Strongly support

☐ Tend to support

☐ Partly support and partly oppose

☒ **Tend to oppose**

☐ Strongly oppose

☐ Undecided / no opinion

The range of views across the East Lothian IJB membership are:

- How does a National Care Services Charter add value ?
- We would question the value of a National Care Service Charter in addition to existing care standards. The charter and the NCS itself will not create any new rights and we believe developing a guide to people's rights within the existing landscape would be more critical.
- There needs to be better distinction between legal 'rights' and legal 'duties' as this is extremely important in the context of social work and social care.
- The creation of such a charter does not require wholesale structural upheaval and could be established under the existing operational arrangements.

9. Do you have any other comments on the Scottish Government's proposed draft Stage 2 amendments to the National Care Service Bill?

The range of views across the East Lothian IJB membership are:

- Primary concern is clarity on governance and accountability, it is unclear how the concept of "shared accountability", as described, will work in practice or deliver effective accountability arrangements. The NCSB itself is intended to be accountable to Scottish Ministers, local authorities, and NHS boards, collectively. The "shared accountability" arrangements as currently described will add further complexity in governance and layers of administrative bureaucracy to an already complex system.
- Can we see a cost/benefit analysis of this Bill?
- The focus of the NCS Bill on governance, structures and processes does not address the key levers for improvement.
- The focus should be on the eradication of poverty, disadvantage and discrimination while creating services that provide early support and prevent trauma and harm.
- Monies set aside for the NCS should be reallocated into services now, minimising the impact of service reductions that are inevitable over the coming years.
- Children's services should remain within a joint directorate with Education. There is no agreement with the delegation of children's services to a National Care Service, or that centralisation of services will lead to the improvements required.
- The existing arrangements for the integration of health and social care are already complex and poorly understood by many parts of the workforce required to operate and work within them. There appears to be limited evidence that the draft Stage 2 amendments will provide the clarity needed. In many cases, they are likely to add to the complexity of the system and make it more challenging to deliver the improved outcomes we all wish to see.
- Any changes must reduce the current levels of complexity and bureaucracy in the governance and accountability arrangements, with the aim of making implementation and administration easier for integration partners and the resulting delivery simpler to understand for staff and patients.
- Any changes must be clearly linked to the improvement of outcomes (both at an individual and population-level) and there should be a suitably robust evidence base to support assumptions that improvements will be realised.

Appendix 2 - East Lothian IJB Response to the Stage 1 Consultation on the NCS

General Questions

1. The Policy Memorandum accompanying the Bill describes its purpose as being "to improve the quality and consistency of social work and social care services in Scotland". Will the Bill, as introduced, be successful in achieving this purpose? If not, why not?

The broad intentions of the Bill are supported, however there is insufficient detail in the Bill to match the scale of the ambition within it.

There are concerns that the intentions of the Bill cannot be realised because neither the finance to support it, or the infrastructure to deliver it are properly explained. In addition, the indicative timescale to make all the change set out in the Bill seems unrealistic.

A further concern is that it has major implications for the Social Work profession as the focus is on social care. Social Workers are key to assessing client needs and supporting clients and to supporting integrated approaches to meeting client needs across health and social care. The needs of this professional group and the impact of the NCS on them does not seem to have been properly considered.

The changes initiated through the Bill will create further potentially destabilising uncertainty for contracted Social Care providers.

As the approach is focussed on centralisation, this discounts the possibility that improvements might best be delivered through the development of properly resourced local solutions, responsive to local issues and reflecting local democratic decision-making.

IJBs deliver services locally, tailoring them to the needs of local communities. They seek to increase support, through partnership working, third sector and community support and early intervention drawing on community assets that do not rely on formal services. This will be increasingly difficult to achieve the further away decision making is from local communities.

Integration has progressed greatly in East Lothian in recent years as teams have come together and innovated. This has accelerated as teams responded to Covid restrictions. How can such momentum be maintained under the new arrangements?

2. Is the Bill the best way to improve the quality and consistency of social work and social care services? If not, what alternative approach should be taken?

There is a case for some elements of national consistency, for example in training staff, in maintaining professional registration and service delivery standards and in properly and equitably resourcing services.

There would be benefit from a more gradual move towards delivery of the Bill's ambitions, allowing for approaches to be properly tested before moving on to the next stage.

However, most solutions to delivery need to be planned and executed at local level, working with local partners in the third sector, local authority, and community groups to understand local need, to decide on priorities and delivery arrangements, with accompanying flexibility to best meet these needs.

There is a risk that the move to national arrangements will negatively affect local joint partnership working and the accompanying goodwill that has built up over several years.

An alternative is the development of shared definitions (for example of assessment) and metrics across the sector and between areas and the development and appropriate funding of the workforce. A supportive regulatory framework would assist in aligning locally delivered services without the need for a centralised approach.

3. Are there specific aspects of the Bill which you disagree with or that you would like to see amended?

There is a risk that the NCS developments will bring extra levels of unnecessary bureaucracy as structures become more complex. Recent experience suggests it is not clear that centralisation brings benefits.

The Bill and its ambitions to improve social work and social care by the establishment of a new free-standing organisational arrangement, separate from health, risks dismantling the existing integration across social care and health and associated improved performance achieved by IJBs and HSCPs over the last few years.

There is a need for properly skilled and qualified people to join the NCS and Care Boards as there will be considerable challenges ahead that will require robust planning. People with lived experience have an important part to play in informing the decision-making process, but final decisions must be evidence-based and made following full assessment of options.

The ambiguity over whether children's services are in or out of the NCS arrangements needs to be addressed and properly consulted on before the Bill reaches the Scottish Parliament for a vote.

4. Is there anything you would like to see included in the Bill and is anything missing?

Further information on transitional arrangements (including financial) as service delivery to patients and clients must be maintained during any period of service transfer/shadow arrangements. The lack of certainty may have a destabilising effect on commercial care and care at home providers and may precipitate withdrawal by some of these from the market. This possibility needs to be fully assessed for its impact.

More information is needed on the planned parallel developments to deliver the elements of the Bill and the changes that other organisations, such as Health Improvement Scotland/Care Inspectorate will need to make to provide support to the NCS and the LCBs.

Uncertainty over the period of moving from current arrangements to the CBs may delay IJB decisions on necessary service development/investment.

There needs to be more commitment to providing funding that reflects local need and local population growth/population characteristics.

There also need to be more of a commitment to solving the workforce crisis across health and social care, starting with how training and skills development will be supported to bring people into the care professions.

5. The Scottish Government proposes that the details of many aspects of the proposed National Care Service will be outlined in future secondary legislation rather than being included in the Bill itself. Do you have any comments on this approach? Are there any aspects of the Bill where you would like to have seen more detail in the Bill itself?

All elements of the Bill would have benefitted from more information based on thorough assessments. It is difficult to assess the Bill when little has been said about plans to deliver its various complex elements.

There are concerns that the absence of detail to accompany the Bill suggests it has been rushed. There should have been more consultation in its drafting and in the development of supportive documentation.

6. The Bill proposes to give Scottish Ministers powers to transfer a broad range of social care, social work and community health functions to the National Care Service using future secondary legislation. Do you have any views about the services that may or may not be included in the National Care Service, either now or in the future?

There is insufficient detail on this open-ended option to comment. As noted above, the Bill would have benefitted greatly from having accompanying information on the likely scope of change to better inform consultation responses.

7. Do you have any general comments on financial implications of the Bill and the proposed creation of a National Care Service for the long-term funding of social care, social work and community healthcare?

This is covered under the Financial Memorandum Questions

Impact Assessments

8. Do you have any comments on the contents and conclusions of the further impact assessments or about the potential impact of the Bill on specific groups or sectors?

No Comments

Financial Memorandum Questions

9. Did you take part in any consultation exercise preceding the Bill and if so, did you comment on the financial assumptions made?

The East Lothian IJB Chief Finance Officer contributed to the CIPFA IJB Chief Finance Officer response, this included additional commentary on financial assumptions, opportunities and risks concerning, data, charging, commissioning, and workforce. These additional comments are not reproduced here.

10. If applicable, do you believe your comments on the financial assumptions have been accurately reflected in the Financial Memorandum?

It is a concern that there remains a lack of robust information to allow the Chief Finance Officer to provide a reasonable professional opinion about the adequacy of the resource associated with the Bill to ensure services are effective. More finance information is needed to better assess implications of the Bill.

Other concerns that remain, as articulated in commentary on the preceding NCS consultation, are a lack of recognition of the importance of strong financial leadership, lack of detail on treatment of existing and future assets, how control over revenue and capital will be managed, and borrowing and debt repayments on assets. It is also unclear what type of legal body LCBs and indeed SCBs will be.

At this stage of development it is regrettable that more financial information is not available. This greatly affects how well informed the opinions being sought can be.

11. Did you have sufficient time to contribute to the consultation exercise?

The timescale given for consideration of the proposals was not sufficient to allow for time to consider the full implications of each section of the consultation paper. Some of this arises from the Chief Finance Officer and finance teams being necessarily focussed on Covid recovery.

12. If the Bill has any financial implications for you or your organisation, do you believe that they have been accurately reflected in the Financial Memorandum? If not, please provide details.

There is insufficient information to determine if the financial implications of the Bill have been accurately reflected. Where figures have been provided there is a lack of clarity of information for robust assessment, there are also inaccuracies in some of the statements and gaps.

The Financial Memorandum is not aligned with the Resource Spending Review, e.g. figures have been projected using inflation when that is not reflective of the flat cash settlement. In addition, figures are based on current service provision and not the desired service provision of the NCS. Changes to meet unmet need, change/remove eligibility criteria and the removal of non-residential charging will all have an impact on the size and scale of service delivery and therefor the cost of service delivery and workforce required.

Many unknowns remain which have not been detailed within the financial memorandum and which significantly impact the potential financial implications, for example:

- The type of public bodies Care Boards will be and the effect that will have on reserves, VAT etc.
- The treatment of assets and liabilities.
- The impact on employees in integrated roles, who may not transfer to Care Boards under TUPE arrangements, with potential redundancy costs. The treatment/funding of such costs is unclear.

13. Do you consider that the estimated costs and savings set out in the Financial Memorandum are reasonable and accurate?

There is considerable uncertainty about the accuracy of the costs and savings included in the financial memorandum. Much more work is needed on this front to carry out due diligence, and to ensure all potential risks have been fully considered and approaches meet best value requirements.

One example is removal of eligibility criteria for care. If introduced, there will be a significant increase in demand, and for associated staffing which has not been costed. Social care services will need to grow to meet this demand. To do so requires adequate financial resource and the workforce to deliver. Such workforce increases will be highly challenging to deliver.

14. If applicable, are you content that your organisation can meet any financial costs that it might incur as a result of the Bill. If not, how do you think these costs should be met?

Without more information on potential costs and funding, at a time when services already face growing demand and demographic pressures, it is not possible to assess if financial costs can be met.

The financial implications for partner organisations has a likelihood of impacting on the IJB as the health and social care system moves into a transitional period and as potential double-running costs appear. Such extra costs need to be covered by adequate funding if services to patients and clients are not to suffer.

Risks may arise during the transition to the NCS. For example, support service budgets and planned investments, such as replacement social care recording systems, may be reduced. To mitigate this risk the Scottish Government should agree and enforce mechanisms that prevent reallocation of budgets from those services delegated to IJBs.

15. Does the Financial Memorandum accurately reflect the margins of uncertainty associated with the Bill's estimated costs and with the timescales over which they would be expected to arise?

The use of large ranges in the costing demonstrates the uncertainties in the financial memorandum. Although the costings are acknowledged to be estimates, the lack of more detailed information does not assist in understanding if the margins used reflect the true level of uncertainty.

In view of this, the financial memorandum is of very limited use. It is essential that much more robust costings and timeframes are provided as the Bill progresses to give confidence that the NCS is best value for money and the most effective way of delivering care for service users.