

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 23 JANUARY 2018.

Present –

Voting Members – Martin Hill, Harry Cartmill, Martin Connor, Alex Joyce, Dave King, George Paul, Damian Timson.

Non-Voting Members – Ian Buchanan, Jim Forrest, Mairead Hughes, Jane Houston, Jane Kellock, James McCallum, Budget Meisak and Patrick Welsh.

Apologies – Lynsay Williams (Voting Member) and Elaine Duncan and Mary-Denise McKernan (Non Voting Member).

In Attendance – Marion Barton (Head of Health), Carol Bebbington (Senior Manager, Primary Care and Business Support), James Millar (Standards Officer), Lorna Kemp (Executive Project Officer).

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. MINUTE

The West Lothian Integration Joint Board approved the minute of its meeting held on 5 December 2017.

3. SCOTTISH DRAFT BUDGET 2018 - REPORT BY CHIEF FINANCE OFFICER

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update in relation to the Scottish Draft Budget presented to the Scottish Parliament on 14 December 2017.

The Board was informed that the Cabinet Secretary for Finance and the Constitution had announced the Scottish Draft Budget 2018/19. In overall terms Scotland's total proposed spending plans, as set out in the draft Budget 2018/19, amounted to £40,639 million, an increase of £1,261 million compared to the Scottish Budget 2017/18, and as updated for the Budget (Scotland) Act 2017 Amendment Regulations 2017. The allocations per portfolio were set out in a table within the report.

The report went on to set out the position in relation to Scottish Income Tax Rates.

In relation to public sector pay awards, it was noted that the cap had been lifted and replaced for 2018/19 with a 3% minimum increase for

employees earning less than £30,000 per annum. For staff earning between £30,000 and £80,000 per annum, a pay award of 2% was proposed. It was further proposed that public sector staff earning £80,000 or more would have their 2018/19 pay award capped at a maximum of £1,600. This only applied to staff under the Scottish Government's remit, subject to consultation with Independent Review Bodies. Additional funding for pay via UK consequentials were still to be determined. In terms of Local Government, trade unions had recently submitted a pay claim for 2018/19. The key element of which was a flat rate of £1,500 increase or a 6.5% increase, whichever was greater for staff.

The report provided commentary in relation to the implications for Local Government and West Lothian Council, together with Chief Finance Officer's assessment of the implications for NHS Boards/NHS Lothian.

The Chief Finance Officer recommended that the Board:-

1. Note the issue of the Scottish Draft Budget 2018/19, which included departmental spending plans for 2018/19.
2. Note the key economic and financial implications at a Scottish public sector wide level resulting from the Draft Budget.
3. Note the initial funding implications for Local Government and Health Boards resulting from the draft 2018/19 Scottish budget.
4. Agree that based on further confirmation on budget implications for the IJB, an update on the 2018/19 budget for IJB functions along with an update on the IJBs medium term financial plan should be presented to the Board Development Session on 19 February 2018.

Decision

1. To note the terms of the report and
2. To agree the terms of recommendation 4 and that, in addition, a report be brought to the next meeting of the Board.

4. THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND

The Board considered a report (copies of which had been circulated) by the Chief Officer providing the Board with a brief summary of the 2018 General Medical Services Contract proposals with timescales and a proposal for implementation arrangements.

The Board was informed that the Scottish Government and the Scottish General Practitioners' Committee of the British Medical Association had agreed the proposed terms of the 2018 General Medical Services contract offer (Blue Book), a copy of which was attached as Appendix 3 to the report. A brief initial summary of the sections of the Blue Book was attached as Appendix 2 to the report.

Appendix 1 to the report was a proposed structural approach to the implementation of the contract. It summarised the roles of the parts of the system.

The report provided links to the following documents:-

Appendix 4 – A draft Memorandum of Understanding (MOU) between the Integration Authorities (IA), the Scottish General Practitioners' Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government.

Appendix 5 – A national code for GP Premises setting out the Scottish Government's plan to facilitate the shift to a model which did not entail GPs providing their practice premises.

It was noted that overall the Scottish Government had committed at least £250m over the coming four years to the implementation of the contract. The financial offer to GPs was to be set out in two phases with a vote on each.

A Primary Summit would be held in May to support the development of West Lothian's Primary Care Improvement Plan

Going forward, the IJB would be responsible for local engagement and the NHS Board for Lothian wide engagement.

The Board was asked to:

- Note the key content in the proposals for the new General Medical Services Contract in Scotland.
- Note the timescale for voting and if approved for implementation.
- Support the proposed model for implementation.
- Support 2nd Primary Care Summit to be held in May 2018 to develop the Primary Care Improvement Plan.

During discussion, it was acknowledged that much of the details had yet to come forward. The SPG had discussed the matter at its January meeting and had agreed that more discussion was required in relation to the proposed implementation structure.

Decision

1. To note the terms of the report.
2. To note the proposed model for implantation as outlined in the report.
3. To support plans for a Primary Care Summit to be held in May to support the development of West Lothian Primary Care Improvement Plan.

5. WORKFORCE DEVELOPMENT PLAN 2018

The Board considered a report (copies of which had been circulated) by the Director updating the IJB of progress made in relation to the development of the West Lothian Workforce Development Plan.

The report provided the following appendices:-

Appendix 1 – West Lothian HSCP Draft Workforce Development Plan

Appendix 2 – Flash Report from Stakeholder Engagement September 2017.

The report provided background information relating to the National Health and Social Care Workforce Plan. The report noted that Part 2 of the Plan outlined key recommendations from engagement between Scottish Government, COSLA and other key partners involved in the delivery of social care in Scotland and built on the framework for improving workforce planning across NHS Scotland contained within Part 1.

Delivery of these recommendations and improved national and local workforce planning across the health and social care sector could only be delivered through extensive partnership working across these sectors. This meant, in particular, working with the organisations that commissioned and provided services and/or their representative bodies.

The development of the first draft of the Workforce Plan was an iterative process and required further work to fully understand the shape and dimension of the future workforce and to incorporate the national guidance and recommendations as outlined in the report.

A further stakeholder event was planned for 26 January 2018 to focus on the recommendations, build on the learning from the initial event held in September 2017 and enable a detailed action plan to be developed.

It was noted that the 2018 GMS Contract in Scotland indicated the likely workforce changes required ahead of the published guidance. In light of the recently and soon to be published national guidance and GMS Contract in addition to existing workforce knowledge, it was necessary to revise the schedule for finalisation of the workforce plan to late 2018. Officers would continue to develop the draft plan as outlined in the report and would bring this back to the SPG and IJB for discussion and approval.

Finally, the report provided details of engagement and consultation undertaken in the development of the plan.

The Board was asked to:

- Note the content of the report and its attachment
- Support the key objectives of effective workforce planning

described in the report and Plan

- Note the key themes and recommendations emerging from the recently published National Health and social care Workforce Plan (Parts 1 and 2) and note that further recommendations would be forthcoming from Part 3 which was due to be published early 2018.
- Note this framework provided a foundation for the continuous work required in response to changing priorities, national and local drivers and challenges.
- Support the framework within the plan and associated actions.
- Support the stakeholder event planned in January 2018 and note that the output of this would further inform the development of the plan.
- Note the revised timescale for finalisation of the Workforce Plan taking account of the publication of national guidance.

There followed a discussion around some of the issues highlighted in the report. The Head of Health made a suggestion that a report examining sickness absence be brought to a future meeting of the IJB.

Decision

1. To note the terms of the report and to agree the recommendations contained in Section B of the report.
2. To agree that a report examining sickness absence be brought to a future meeting of the IJB.

6. COMMUNITY CARE ELIGIBILITY CRITERIA (NON-RESIDENTIAL SERVICES)

The Board considered a report (copies of which had been circulated) by the Director providing details of the proposed approach for a change to the criteria for eligibility for non-residential Community Care services for adults and older people; and seeking agreement that this change was required in order to manage demand within future available resources.

The report explained that, under Section 12 of the Social Work (Scotland) Act 1968, local authorities had a duty to assess any adult who might need community care services. This was a two stage process involving firstly an assessment of the adult's needs and, secondly, a decision on whether those needs required the provision of community care services. To ensure a fair and consistent process, local authorities set out how eligibility would be determined through the setting of eligibility criteria for receiving care.

The current mechanism for taking account of resource availability for care needs was through applying eligibility criteria in accordance with the Scottish Government Guidance on the National Standard Eligibility

Criteria. This was a framework that prioritised risk and care needs into four bands. These were Critical, Substantial, Moderate and Low.

As part of the council's Transforming Your Council consultation in 2017, a draft saving proposal of £8.8 million, over the five year period 2018/19 to 2022/23, was included in relation to changing the assessment criteria for adults. This largely related to changing the threshold at which care would be provided to substantial and critical need. This would bring the council into line with the vast majority of Scottish councils who had already set the eligibility threshold at the substantial level or above. Appendix 1 to the report provided information relating to all Scottish councils.

The Director reported that social care was experiencing unprecedented growth in demand and increase in costs. West Lothian had the fastest growing elderly population in Scotland and was also facing an increase in the population. A table within the report illustrated the percentage growth in expenditure in social care client groups over the previous three years.

The Board was informed that eligibility criteria for adults had to be set under the parameters of s12A of the Social Work (Scotland) Act 1968 – duty to assess. This was a delegated function to the IJB and, therefore, the IJB was required to agree to any proposed change in eligibility thresholds before the council set its budget for 2018/19 and agree its medium term financial plan.

The Director concluded that the current provision of funded support to those with moderate care needs was not sustainable based on increasing demands and constrained funding resources. The eligibility level at which care was provided was the main driver of social care costs and the vast majority of councils already only provided direct funded care to clients assessed as having substantial or critical needs. Based on this, draft savings had been proposed in relation to eligibility but the IJB was required to agree there was a need to change the eligibility threshold to allow for these savings to be implemented.

West Lothian Council would consider the saving proposal at its budget setting meeting and the outcome would be reported to the IJB on 13 March when it set its Directions to the council and the health board for 2018/19.

It was recommended that the Board:

1. To note the Scottish Government Guidance on the National Standard Eligibility Criteria and Waiting Times for Free Personal and Nursing Care, September 2009, as the established framework to determine who should receive specific public funding to address their support need.
2. To note that the threshold for funded support for social care needs was now set at substantial for the vast majority of Scottish local authorities.
3. To note that West Lothian Council included a saving proposal for 2018/19 to 2022/23 directly linked to setting eligibility criteria at

substantial and above in its Transforming Your Council consultation in 2017.

4. To agree to set the eligibility threshold for which direct funded support for non-residential adult social care to the level of substantial and above, taking account of increasing demand and financial constraints.
5. To note that the council would consider the saving proposal at its budget setting meeting and that the outcome would be reported to the IJB on 13 March when it set its Directions for 2018/19.
6. To note that work was progressing on reviewing and updating the assessment processes within the council to take account of the proposed change to the eligibility threshold for funded social care support to be introduced from 1 April 2018.

Decision

1. To note the terms of the report and
2. To agree to set the eligibility threshold for which direct funded support for non-residential adult social care to the level of substantial and above, taking account of increasing demand and financial constraints.

7. WEST LOTHIAN ELIGIBILITY CRITERIA FOR CARER SUPPORT

The Board considered a report (copies of which had been circulated) by the Director informing the Board of its duties under the Carers (Scotland) Act 2016 in relation to setting eligibility criteria for carer support and consulting carers and representatives of carers on the proposed eligibility criteria; and to present the draft eligibility criteria for consideration.

The Board was informed that the Carers (Scotland) Act 2016 came into effect on 1 April 2018. The Act detailed the advice, information and support which carers were entitled to in order to support them in their caring role enabling them to maintain their health and well-being and to have a life alongside caring.

From 1 April 2018, the council must:

- Identify the support needs of carers
- Prepare an adult carer support plan or a young carer statement if someone asks for one
- Provide support to carers based on local eligibility criteria
- Involve carers in planning services
- Establish information and advice services for carers

The health service must:

- Involve carers in the hospital discharge planning of the people they cared for
- Partnerships must also prepare a local Carers; Strategy and a Short Breaks Services Statement.

The council had developed draft local eligibility criteria to determine what type of support carers would be offered. The draft West Lothian eligibility criteria for unpaid carers were based on the National Carer Organisations best practice framework as included in statutory guidance and consider:

- The impact of caring on the carer
- The level of need for support
- The thresholds to be met to be eligible for support.

The draft criteria were attached as Appendix 1 to the report.

The Director concluded that both the IJB and the council had a duty to set eligibility for carer support ahead of the Carers (Scotland) Act 2016 coming into effect in April 2018. For adult carers, this duty rested with the West Lothian IJB but the statutory guidance recommended that joint criteria were appropriate.

A council consultation on the draft eligibility criteria was ongoing, after which, it was proposed that a further report was presented to Council Executive on 6 March 2018 to approve the eligibility criteria in relation to young carers and carers of children with additional care needs. The same eligibility criteria would be presented to the West Lothian IJB for approval on 13 March 2018, in relation to adult carers.

It was recommended that the Board:

1. Note the IJB's duties in relation to setting eligibility criteria for carer support.
2. Note the IJB's duties in relation to setting eligibility criteria for carer support where functions were delegated.
3. Note the draft eligibility criteria.
4. Note that a consultation was underway with carers and representatives of carers on the proposed eligibility criteria; and
5. Agree a further report on 13 March 2018 following the council's consultation period to approve the eligibility criteria for adult carers who provided unpaid care for adults.

Decision

To note the terms of the report and to agree that a further report be brought to the Board on 13 March 2018 following the council's

consultation period to approve the eligibility criteria for adult carers who provided unpaid care for adults.

8. MSG INDICATORS

The Board considered a report (copies of which had been circulated) by the Chief Officer providing a summary of the progress to date made against the six Ministerial Strategic Group Indicators for Health and Community Care and the proposed objectives for 2018/19.

The Board was informed that the Integration Authority was asked to provide an update overview of local objectives and ambitions relating to the following six indicators for 2018/19 by 31 January 2018 as follows:-

1. Number of emergency admission into Acute (SMR01) specialties.
2. Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.
3. Number of A&E attendances and the percentage of patients seen with 4 hours.
4. Number of delayed discharge bed days. An objective could be provided to cover all reasons for delay or separate objectives for each reason type i.e Health and Social Care, Patient/Carer/Family Related, Code 9.
5. Percentage of last 6 months of life spent in the community.
6. Percentage of population residing in non hospital setting for all adults and 75+. A suggested further breakdown would be: care home, at home (supported) and at home (unsupported).

Appendix 1 to the report provided the proposed summary and objectives for West Lothian. Once approved by the IJB these would be returned to the Scottish Government by 31 January 2018.

It was recommended that the Board:

- Note the requirements on the Ministerial Strategic Group for Health and Community Care (MSG).
- Note the progress against the 6 key indicators in 2016/17.
- Support the proposed objectives for 2018/19 which were to be returned to the MSG by 31 January 2018.

During discussion, officers undertook to check the figure shown (50.9%) for “reduction in GLS bed days in 1st quarter compared to same quarter in 2015/16” and to include a note as appropriate against this data.

At this point in the meeting, the Director provided a verbal update

concerning the number of Delayed Discharges over December and January and the action being taken by management team and staff to manage demand for hospital beds.

Decision

1. To note the terms of the report; and
2. To support the proposed objectives for 2018/19 which were to be returned to the MSG by 31 January 2018.

9. NHS Lothian Budget and Cost Allocation Model for Integrated Joint Boards

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on work agreed by NHS Lothian to explore the modification of the budget setting model for functions delegated to Lothian Integrated Joint Boards.

The Chief Finance Officer advised that a report on the proposal to update the IJB budget and cost allocation model for Health functions had been agreed by NHS Lothian Finance and Resources (F&R) Committee on 15 November 2017 and it was intended that a further update on progress would be provided to F&R in early 2018.

The report contained details of the current allocation model for health functions delegated to the IJB, together with the proposed new approach to budget and cost allocation. The proposal was summarised as follows:-

Budgets – The allocation model would be revised to recognise proportionate shares of the total resource included within delegated functions. This would result in an NRAC share of Core, Hosted and Set Aside budgets being allocated to each IJB.

Costs – Patient level data would be used to create a new proxy for resource utilisation where possible. Costs associated with a specialty would be split across each IJB based on an appropriate usage related weighting, such as occupied bed days for a ward cost. It was recognised that patient level data might not be available across all services, and where this was unavailable an agreement to use NRAC to split actual cost would be pursued as an interim measure.

The Chief Finance Officer considered that allocating costs to an IJB on the basis of usage would reflect the use of services from the relevant population and would allow a better understanding of how resources should be deployed in the future.

It was noted that, following agreement by the F&R Committee and support from each IJB, a number of strands of work were proposed to be progressed. These were:-

- Application and review of NRAC shares to overall delegated (and agreed) budgets.

- Application of Patient level data to delegated costs to provide an updated share of resources.
- Agreement on the arrangements for monitoring performance.
- Agreement with IJBs on any interim arrangements required to mitigate against turbulence created from the new model;
- Agreement on the protocols for budget reallocation based on IJB requirements.

Finally the report provided a summary of West Lothian IJB considerations and potential implications.

It was recommended that the Board:

1. Note that NHS Lothian Finance and Resources Committee had agreed that the IJB budget setting model should be explored further using NRAC as the basis of resource allocation and patient level data as the basis for allocating costs.
2. Note the proposed changes to modelling and allocating budget and costs that were intended to reflect more fairly the resources delegated to and utilised by each IJB.
3. Note that further work was ongoing to progress the revised budget setting model and it was proposed that any changes to the budget model and associated implications would need to be considered and agreed by IJBs.

Decision

To note the terms of the report.

10. IJB FINANCE UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2017/18 budget position for the IJB delegated health and social care functions, including an update on key risk areas.

The forecast position in the report reflected the most recent NHS and council outturn position. West Lothian Council was forecasting an overall breakeven budget position for 2017/18 while NHS Lothian was forecasting an overspend of £1.102 million. Further detail on the forecast position was contained in Appendix 1 to the report.

The position took account of a number of significant pressures across both West Lothian Council and NHS Lothian such as prescribing, junior medical staff costs and the cost of care home placements for older people. It was important that plans were put in place to address the areas of overspend part of prioritising and planning future resource use.

Management actions were being progressed within the West Lothian Health Social Care Partnership and at a wider NHS Lothian level to manage spend within available resources. A summary of the key risks and service pressures along with actions being progressed to mitigate the risks had been identified as well as a review of in year and future year strategic risks. These were attached at Appendix 2 to the report.

The report provided commentary on the quarter 3 budget monitoring exercise.

It was recommended that the IJB:

- Note the forecast outturn for 2017/18 in respect of IJB Delegated functions taking account of saving assumptions.
- Note that further management action was required by Partner bodies in partnership with the IJB to manage the 2017/18 budget pressures.
- Note the key risks associated with the 2017/18 forecast position.

Decision

To note the terms of the report.

11. IJB DEVELOPMENT SESSION

The Board considered a report (copies of which had been circulated) by the Chief Officer providing a brief summary of the IJB Development Day on 30 November 2017 and outlining proposed development plan with timescales.

The report recalled that the IJB had held a development event on 30 November 2017 to discuss the financial context and to consider the impact the financial challenges would have on the delivery of health and social care and what needed to be included in the Strategic Plan, Commissioning Plans and Directions to NHS Lothian and West Lothian Council.

It was noted that brief presentations had been given on:-

- Members Code of Conduct
- The Financial Context and Planning 2018/19
- Strategic Planning and Commissioning

It was noted that there were current issues in relation to market capacity affecting health and social care provision both in hospital and community with a large proportion of delayed discharges due to lack of capacity in care at home and care home provision.

The increasing population, especially amongst the over 65s would place a greater demand on services. At the same time, the economic constraints would mean that this demand needed to be prioritised and managed within constrained resources. This challenging environment, as well as advances in technology, would mean that the way services were currently delivered would need to change.

The report went on to provide commentary on Transformational Change, Enabling Change, Realistic Medicine and Directions.

The report also provided an Appendix setting out a proposed schedule for development and delivery of the revised plans.

In response to a question raised, the Board was informed that the Strategic Planning Group had been given an update relating to slippage in Phase1 engagement on the Locality Plan.

It was recommended that the Board:-

1. Note the contents of the report.
2. Acknowledge the challenges being faced in delivery of health and social care that were driving the need for change.
3. Consider a review of the membership of the Board and SPG to ensure appropriate and adequate representation and support wider stakeholder engagement in development and delivery of the Health and Social Care Delivery Plan.
4. Support review of criteria and thresholds for service provision taking account of statutory responsibilities.
5. Support review of early intervention and preventative approaches to inform priorities for Strategic Plan.
6. Support the development of more detailed and explicit Directions to support service redesign and transformational change programmes.
7. Consider the proposed planning cycle and agree schedule for delivery.

Decision

To note the terms of the report and to approve the recommendations set out in Section B of the report.

12. WORKPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan.