

# Notice of meeting and agenda



## Midlothian Integration Joint Board

**Venue:** Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ,

**Date:** Thursday, 15 June 2017

**Time:** 14:00

**Eibhlin McHugh**  
Chief Officer

**Contact:**

Clerk Name: Mike Broadway

Clerk Telephone: 0131 271 3160

Clerk Email: [mike.broadway@midlothian.gov.uk](mailto:mike.broadway@midlothian.gov.uk)

**Further Information:**

This is a meeting which is open to members of the public.

## **1 Welcome, Introductions and Apologies**

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## **2 Order of Business**

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Including notice of new business submitted as urgent for consideration at the end of the meeting

## **3 Declarations of Interest**

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Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

## **4 Minutes of Previous Meeting**

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**4.1** Minutes of the Meeting held on 20 April 2017 - For Approval **3 - 10**

## **5 Public Reports**

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**5.1** Membership of Integration Joint Board **11 - 18**

**5.2** Directions - Summary of progress to implement 2016-17 Directions **19 - 36**

**5.3** Sustainable and Affordable Social Care Services **37 - 72**

**5.4** National Mental Health Strategy 2017-27 **73 - 78**

**5.5** Carers (Scotland) Act 2016 **79 - 86**

**5.6** Measuring Performance Under Integration **87 - 100**

**5.7** Financial Update – 2016-17 and 2017-18 **101 - 114**

**5.8** Draft Annual Accounts 2016-17 **115 - 170**

## **6 Private Reports**

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No private reports to be discussed at this meeting.

## **7 Date of Next Meeting**

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The next meetings of the Midlothian Integration Joint Board will be held on:

- 24 August 2017 at 2 pm – Midlothian Integration Joint Board
- 14 September 2017 at 2 pm - Development Workshop

# Minute of Meeting



## Midlothian Integration Joint Board

Date	Time	Venue
Thursday 20 April 2017	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

### Present (voting members):

Cllr Catherine Johnstone (Chair)	Alex Joyce
Cllr Bryan Pottinger	John Oates
	Mike Ash (substitute for Alison McCallum)

### Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Hamish Reid (GP/Clinical Director)
Caroline Myles (Chief Nurse)	Patsy Eccles (Staff side representative)
Aileen Currie (Staff side representative)	Margaret Kane (User/Carer)
Keith Chapman (User/Carer)	Ruth McCabe (Third Sector)

### In attendance:

Ewan Aitken (Cyrenians)	Fiona Huffer (NHS Lothian)
Allister Short (Head of Primary Care & Older People's Services)	Jamie Megaw (Strategic Programme Manager)
Mike Broadway (Clerk)	

### Apologies:

Cllr Bob Constable	Cllr Derek Milligan
Peter Johnston (Vice Chair)	Alison McCallum
Dave Caesar (Medical Practitioner)	

# Midlothian Integration Joint Board

Thursday 20 April 2017

## 1. Welcome and introductions

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The Chair, Catherine Johnstone, welcomed everyone to this Meeting of the Midlothian Integration Joint Board in particular Ewan Aitken, who was taking over for Ruth McCabe as the Third Sector representative; Fiona Huffer, who would be acting as a substitute for Caroline Myles (Chief Nurse); and Mike Ash who was substituting for Alison McCallum.

The Board then joined the Chair in thanking Third Sector representative Ruth McCabe, for all her hard work in support of the Midlothian Integration Joint Board.

## 2. Order of Business

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The order of business was confirmed as outlined in the agenda that had been previously circulated.

## 3. Declarations of interest

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No declarations of interest were received.

## 4. Minutes of Previous Meetings

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4.1 The Minutes of (i) Meeting of the Midlothian Integration Joint Board held on Thursday 9 February 2017 and (ii) Special Meeting of the Midlothian Integration Joint Board held on Thursday 16 March 2017 were submitted and approved as correct records.

4.2 Matters Arising from previous Minutes:

With regards to paragraph 4.3 of the Special Meeting of the Midlothian Integration Joint Board held on Thursday 16 March 2017, the Chief Officer confirmed that the 2017/18 Directions had been issued to both Midlothian Council and NHS Lothian and that dialogue regarding their implementation was ongoing with both organisations. An update on any issues would be fed back to the June Board meeting.

4.3 The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on Thursday 15 December 2016 was submitted and noted.

## 5. Public Reports

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Report No.	Report Title	Presented by:
5.1	2017/18 Financial Recovery Programmes Outline	David King

# Midlothian Integration Joint Board

Thursday 20 April 2017

## Executive Summary of Report

With reference to paragraph 4.1 of the Special Meeting of 16 March 2017, there was submitted an update on the financial recovery plans that had been prepared by the IJB and its Partners for 2017/18. The report also considered if these plans impacted on the IJB's Strategic Plan and the outstanding recovery actions that had yet to be identified.

## Summary of discussion

The Chief Finance Officer in presenting the report reminded Members that in accepting the budgetary propositions from Midlothian Council and NHS Lothian, it had been noted that these budgets contained a significant financial challenge in that they were underpinned by an assumption of c. £4.8m of recovery actions for which c. £2.8m of plans had been developed leaving a projected financial gap of c. £2.0. It was clear from the current analysis that the projected gap had yet to be closed and the Chief Officer and the Chief Financial Officer would require to bring back further information to the IJB at its June meeting. That said, the encouraging thing was that the current plans did not appear to adversely impact on the IJB's ability to deliver its Strategic Plan.

The Board, in considering the current financial position and likely financial pressures, discussed the importance of affecting a positive shift in both expectations and also the models of service delivery in order to help deliver the savings required to close the projected financial gap. The protocols for sharing of additional NHS funding and the possible provision of current pan-Lothian services locally were also discussed.

## Decision

### The Board:

- **Noted the contents of this report; and**
- **Agreed to receive a further report on the recovery programmes at the MIJB's meeting in June.**

## Action

Chief Finance Officer

Report No.	Report Title	Presented by:
5.2	Delayed Discharge and Integrated Care Fund Update	Allister Short

## Executive Summary of Report

This report provided an update on the use of the Delayed Discharge and Integrated Care Fund (ICF) in Midlothian and laid out the proposed programme for 2017/18; details of which were set out in an appendix to the report.

# Midlothian Integration Joint Board

Thursday 20 April 2017

## Summary of discussion

The Head of Primary Care & Older People's Services reminded the Board that in recognition of the increasing pressures that were being experienced within Delayed Discharge and with the ambition to pump-prime transformational change within the (then new) partnerships the Scottish Government had made available additional funds for delayed discharge and for an Integrated Care fund. Although these funds were initially made available to the Health Boards, they now formed part of the delegated resource to the IJB and had also been made recurrent – that is permanently in the IJB's baseline. It had been agreed that the governance around these funds would be undertaken by the IJB and a three year programme was agreed by the then Shadow IJB in 2014. The value of these funds to Midlothian IJB was £432,000 for delayed discharge and £1,440,000 for the ICF and, fundamentally, this programme had been actioned along the lines of the original agreement.

The Board, in considering the Report, discussed the potential impacts arising from the living wage and how these pressures were being addressed.

## Decision

### The Board:

- **Noted the contents of this report; and**
- **Support the proposed use of the fund in 2017/18.**

## Action

Head of Primary Care & Older People's Services/Chief Finance Officer

Report No.	Report Title	Presented by:
5.3	Social Care Fund - Update 2016/17 and proposition for 2017/18	David King

## Executive Summary of Report

This report updated the IJB on the actual use of the social care fund in 2016/17 in comparison to the agreement and made a proposition for its use in 2017/18.

## Summary of discussion

The Chief Finance Officer in presenting the report reminded the Board that as part of the 2016/17 financial settlement the Scottish Government had announced the creation of the social care fund. This was a resource which was to be allocated to integration authorities to support the development and delivery of social care. The IJB had agreed with Midlothian Council on the use of this social care fund as part of their acceptance of the 2016/17 budget and this agreement was further revised at the IJB's meeting in August 2016. The 2017/18 settlement included a second tranche of the social care fund which was largely designed to tackle the issues of the delivery of the living wage which had not been fully addressed from the 2016/17 allocation.

# Midlothian Integration Joint Board

Thursday 20 April 2017

The Board, in considering the report, discussed the proposed use of the social care fund in 2017/18; details of which were set out in an appendix to the report.

## Decision

### The Board:

- **Note the contents of this report; and**
- **Support the proposed use of the social care fund in 2017/18.**

## Action

Chief Finance Officer

Report No.	Report Title	Presented by:
5.4	Developing a three year financial strategy	David King

## Executive Summary of Report

The purpose of this report was to lay out a projection of the financial challenges that would face the IJB over the three years commencing 2018/19 and consider how the IJB might manage that challenge whilst delivering the ambitions articulated in its financial plan.

## Summary of discussion

The Chief Finance Officer reminded the Board that the principles and themes behind its financial strategy had been considered by the IJB at its meeting in October 2016. In principle, the IJB should have a three year financial plan which would articulate both what the resources available to the IJB were and would be and how these resources would be used to deliver the IJB's Strategic Plan. There were some clear steps that would support the delivery of a three year plan – multi-year financial plans from the partners and a clear, agreed baseline – that remain to be delivered but this should not be seen as a reason why the three year plan should not be developed

The Board, in discussing the potential financial challenges, considered how these challenges could be managed whilst supporting the delivery of the strategic plan and how those partners in the voluntary and other sectors could contribute to that process.

## Decision

### The Board:

- **Noted the content of the report.**

## Action

Chief Finance Officer

# Midlothian Integration Joint Board

Thursday 20 April 2017

Report No.	Report Title	Presented by:
5.5	Measuring Performance Under Integration	Jamie Megaw

## Executive Summary of Report

With reference to paragraph 4.4 of the Special Meeting of 16 March 2017, there was submitted a report the purpose of which was to recommend that the IJB agree to the local improvement goals for the indicators agreed by the Ministerial Strategic Group for Health and Community Care in December 2016.

## Summary of discussion

Having heard from the Strategic Programme Manager, the Board discussed the proposed local improvement goals, in particular whether the performance goal to reduce Occupied Bed Days should be 15% or 10% by April 2019; and also retention of the 4 hour treatment targets for A&E patients.

With regards the Occupied Bed Days it was felt that it would be best to opt for 10% target, but aspire to achieve 15% rather than go for the higher 15% target and if only 12-13% was achieved it be deemed a 'failure'. The 4 hour treatment targets for A&E patients drew considerable discussion, it being felt on balance that there was perhaps a need to get away from the apparent disproportionate pressure which it created.

## Decision

**After further discussion, the Board:**

- **Approved the following local improvement goals:**
  - **Reduce unscheduled admissions by 5% by September 2018**
  - **By April 2018 over 95% of patients attending A&E via Ambulance are treated within 4 hours by April 2018**
  - **Maintain the current number of patients using A&E (ongoing).**
  - **Reduce the delayed discharge occupied bed days by 30% by April 2018**
  - **No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018**
  - **Reduce by 10% by April 2018 the number of OBD in the RIE/WGH during the last six months of life**
- **Agree that the performance goal to reduce Occupied Bed Days should be 10% by April 2019;**
- **Note the sixth proposed goal and that further information was required in Midlothian before the IJB could agree to it;**

# Midlothian Integration Joint Board

Thursday 20 April 2017

- **Agree to receive an update on progress on a quarterly-basis; and**
- **Note that the Midlothian Health and Social Care Partnership (MLH&SC partnership) would receive monthly updates at their Joint Management Team (JMT) meeting.**

## Action

Strategic Programme Manager

Report No.	Report Title	Presented by:
5.6	General Practice Strategic Programme - planned actions in 2017	Jamie Megaw

## Executive Summary of Report

The purpose of this report was to inform the IJB of the intended focus of work in 2017/18 to progress the Midlothian General Practice Strategic Programme to support, stabilise and develop primary care services in Midlothian.

## Summary of discussion

The Board, having heard from the Strategic Programme Manager discussed the considerable capacity and sustainability challenges facing General Practice. These were caused by a combination of patient factors, system factors and supply factors. In Midlothian over half the practices were operating with restricted lists as a result of increasing demand. The Strategic Programme improvement priorities, which were outlined in the report, aimed to support and stabilise general practice in Midlothian.

## Decision

### The Board:

- **Noted that General Practice remained under considerable pressure as a result of national and local factors and that priority should be given by the IJB to action that supports Practices to move to a sustainable position where services were resilient to current and future demand;**
- **Approved the actions that were planned in 2017 within the strategic programme;**
- **Agreed to the H&SCP and practices contacting patients in specific areas and inviting them to consider changing practices to either Loanhead or Newtongrange; and**
- **Agreed to the financial support to Loanhead with one LEGup funded from the H&SCP budget.**

## Action

Strategic Programme Manager

# Midlothian Integration Joint Board

Thursday 20 April 2017

Report No.	Report Title	Presented by:
5.7	Development of Midlothian Integration Joint Board	Eibhlin McHugh

## Executive Summary of Report

The purpose of this report was to consider the developmental needs of the Midlothian IJB in the light of recent and imminent changes to Board membership and the Board's evolving ambitions in relation to its expanding responsibilities and realising its potential to meet the strategic and resource challenges that lie ahead.

## Summary of discussion

The Board, having heard from the Chief Officer, welcomed the opportunity to review the development programme that had been provided and use the feedback gained from this exercise to develop a refreshed programme that would incorporate the needs of new and existing members as well as enabling the Board to revisit its ambitions and strengthen its capacity to provide strategic leadership and ensure that its governance arrangements were robust.

## Decision

### The Board noted:

- **The requirement to review the Boards development programme to take account of its changing membership and refresh the current approach to development and support.**
- **The Chair of the IJB will transfer to NHS Lothian for two years from August 2017.**

## Action

Chief Officer

## 6. Private Reports

No private business to be discussed at this meeting.

## 7. Any other business

No additional business had been notified to the Chair in advance

## 8. Date of next meeting

The next meeting of the Midlothian Integration Joint Board would be held on:

- Thursday 25<sup>th</sup> May 2017                      2pm    Development Session
- Thursday 15<sup>th</sup> June 2017                    2pm    **Midlothian Integration Joint Board**

The meeting terminated at 4.10 pm.

# Midlothian Integration Joint Board



Thursday 15 June 2017 at 2.00pm

## Membership of Integration Joint Board

Item number: 5.1

### Executive summary

This report provides information about the proposed Council nominations for membership of the Midlothian IJB following the Local Government Elections in May 2017. Further the report provides information in relation to proposed changes within the NHS membership of the Midlothian IJB. Further the report seeks nominations from the Board in relation to the vacant positions within the Audit and Risk Committee.

**Board members are asked to:**

- ***Endorse the Council nominations for voting members of the Midlothian Integration Joint Board including the position of Chair until August 2017;***
- ***Endorse the proposed changes within the NHS voting membership of the Midlothian Integration Joint Board including the position of Vice-Chair until August 2017;***
- ***Note and endorse that in August 2017, the Chair of the Midlothian Integration Joint Board confirmed at today's meeting will become the Vice Chair of the Midlothian Integration Joint Board and the Vice-Chair of the Midlothian Integration Joint Board confirmed at today's meeting will become the Chair of the Midlothian Integration Joint Board;***

- ***Note that under paragraph 3.2 of the Midlothian Integration Scheme the above appointments of Chair and Vice-Chair will be for two years from August 2017;and***
- ***Nominate members to fill the three vacant positions within the Audit and Risk Committee including the appointment of the Chair of the Committee.***

## Membership of Integration Joint Board

### 1. Purpose

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- 1.1 This report notes and seeks formal adoption of the nominations for Council voting members of the Midlothian Integration Joint Board following the Local Government Elections in May 2017 and in line with the Midlothian Integration Scheme and further seeks formal adoption of the proposed changes to the NHS voting membership of the Midlothian Integration Joint Board in line with the Midlothian Integration Scheme.

### 2. Recommendations

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- 2.1 Endorse the Council nominations for voting members of the Midlothian Integration Joint Board including the position of Chair until August 2017.
- 2.2 Endorse the proposed changes within the NHS voting membership of the Midlothian Integration Joint Board including the position of Vice-Chair until August 2017.
- 2.3 Note and endorse that in August 2017, the Chair of the Midlothian Integration Joint Board confirmed at today's meeting will become the Vice Chair of the Midlothian Integration Joint Board and the Vice-Chair of the Midlothian Integration Joint Board confirmed at today's meeting will become the Chair of the Midlothian Integration Joint Board.
- 2.4 Note that under paragraph 3.2 of the Midlothian Integration Scheme the above appointments of Chair and Vice-Chair will be for two years from August 2017.
- 2.5 Nominate members to fill the three vacant positions within the Audit and Risk Committee including the appointment of the Chair of the Committee.

### 3. Background and Main Report

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- 3.1 Under the Public Bodies (Joint Working) (Scotland) Act 2014, and associated Regulations, Local Authorities and Health Boards were required to jointly submit Integration Schemes for Ministerial approval by 1 April 2015. Midlothian's Integration Scheme was formally approved by Scottish Government on 27<sup>th</sup> June 2015.
- 3.2 The Integration Scheme outlines the arrangements for membership and chairing of the Midlothian IJB.(see appendix1)

## **Membership of the Midlothian Integration Board**

### **Voting Members, Chair and Vice-Chair**

- 3.3 Midlothian Council is required to nominate four Councillors, who will be voting members of the Integration Joint Board. There will also be four Board members nominated by NHS Lothian, who will likewise be voting members.
- 3.4 The Integration Joint Board will have a chairperson and a vice-chairperson appointed from among the members nominated by the Council and NHS Lothian.
- 3.5 The initial chairperson is to be appointed by Midlothian Council and the initial vice-chairperson by NHS Lothian. They will each serve for two years from the date on which the Integration Joint Board is established until the second anniversary of that date. At the end of that period the chairperson will be appointed by NHS Lothian and the vice-chairperson by Midlothian Council. The appointments will continue to alternate on a two yearly basis thereafter between the parties.
- 3.6 The Council and NHS Lothian can change its appointee as chairperson (or, as the case may be, vice chairperson) at any time and it is entirely at the discretion of the appointing parties to decide who it shall appoint.
- 3.7 If a nominated councillor is unable to attend a meeting of the Integration Joint Board then the Council is to use its best endeavours to arrange for a suitably experienced proxy councillor to attend the meeting in place of the voting member. Such proxies may vote on decisions put to that meeting. Likewise NHS Lothian will be expected to arrange suitably experienced substitutes. Non-voting members may arrange for a suitable substitute with prior agreement of the Chair.

### **Disqualifying Criteria**

- 3.8 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 specifies that persons will be disqualified from being a member of an Integration Joint Board if they:-
  - (a) have within the period of five years immediately preceding the proposed date of appointment been convicted of any criminal offence in respect of which they have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine);
  - (b) have been removed or dismissed for disciplinary reasons from any paid employment or office with a Health Board or L.A.

- (c) are insolvent;
- (d) have been removed from a register maintained by a regulatory body, other than where the removal was voluntary; or
- (e) have been subject to a sanction under section 19(1) (b) to (e) of the Ethical Standards in Public Life etc. (Scotland) Act 2000.

### **Midlothian Integration Joint Board-Voting Members**

- 3.9 Midlothian Council agreed on 23 May 2017 that the following Councillors would be nominations to serve on Midlothian IJB: Councillors Milligan, Muirhead, Johnstone and Winchester. Council also agreed that Councillors Russell, Hackett, Baird and Lay-Douglas would be proxies for these members.
- 3.10 Midlothian Council further agreed that Councillor Derek Milligan would be nominated to Chair the Midlothian IJB until August 2017 and following this would be the nomination for Vice Chair of the Midlothian IJB until August 2019.
- 3.11 Following the resignation of Peter Johnston from the Midlothian IJB, NHS Lothian have confirmed that John Oates (an existing voting member of the Midlothian IJB) will take up the position of Vice- Chair of the Midlothian IJB until August 2017 and following this would be the nomination for Chair of the Midlothian IJB until August 2019.
- 3.12 NHS Lothian have also confirmed that Tracey Gillies has been nominated to replace Peter Johnston as a voting member of the Midlothian IJB .

### **Audit and Risk Committee**

- 3.13 Under Standing Order 12.3, the Integration Joint Board shall appoint all committee members, as well as the chair of any committees.
- 3.14 The Audit and Risk Committee currently has three vacancies which require to be filled including the Chair of the Committee. Two of these positions were previously occupied by the voting Councillor members of the Board and the third was occupied by a voting NHS member of the Board.
- 3.15 The Board is invited to confirm the nominations for the vacant positions within the Audit and Risk Committee and to confirm the name of the Chair of the Committee.

## 4. Policy Implications

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- 4.1 The creation of Integration Joint Boards is intended to rebalance care towards community based health and social care services. In keeping with the Christie Report on the *Future Delivery of Public Services* the IJB will be expected to continue to develop approaches which are more effective in preventing ill health and in promoting recovery wherever possible.

## 5. Equalities Implications

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- 5.1 There is no direct impact on inequalities arising from this report although it is worth noting that the Midlothian IJB has as one of its primary objectives, responsibility for addressing health inequalities.

## 6. Resource Implications

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- 6.1 There are no resource implications arising from this report.

## 7. Risks

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- 7.1 It is essential that there is a clear and robust process for appointing voting and non-voting members to the IJB otherwise there is a risk that the new arrangements will not be compliant with regulations.

## 8. Involving People

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- 8.1 The regulations accompanying the Public Bodies Act (2014) are unequivocal about the importance of working with localities and involving, in a meaningful way, all key stakeholders. This includes staff, users, family carers, voluntary sector, housing and independent providers of health and social care. Locally, a Strategic Planning Group has been established in line with these regulations.

## 9. Background Papers

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- 9.1 There no background papers other than those included in the appendices

<b>AUTHOR'S NAME</b>	Kyle Clark-Hay
<b>DESIGNATION</b>	Democratic and Document Services Manager
<b>CONTACT INFO</b>	<a href="mailto:Kyle.Clark-Hay@midlothian.gov.uk">Kyle.Clark-Hay@midlothian.gov.uk</a> 0131 270 5796
<b>DATE</b>	30 May 2017

**Appendices:** Appendix 1 Extract from Midlothian Integration Scheme

## **Appendix 1 Extract from Midlothian Integration Scheme**

### **3. Local Governance Arrangements**

#### **3.1. Membership**

3.1.1. The IJB shall have the following voting members:

- a) 4 councillors nominated by the Council; and
- b) 4 non-executive directors nominated by NHS Lothian, in compliance with articles 3(4) and 3(5) of the Integration Joint Boards Order.

3.1.2. The Parties may determine their own respective processes for deciding who to nominate as voting members of the IJB.

3.1.3. Non-voting members of the IJB will be appointed in accordance with article 3 of the Integration Joint Boards Order.

3.1.4. The term of office of members shall be as prescribed by regulation 7 of the Integration Joint Boards Order.

#### **3.2. Chairperson and Vice Chairperson**

3.2.1. The IJB shall have a chairperson and vice-chairperson who will both be voting members of the IJB.

3.2.2. The term of office of the chairperson will be two years, with the Council appointing the first chairperson for the period from the date on which the IJB is established until the second anniversary of that date, and NHS Lothian appointing the second chairperson for the period from the second anniversary of the date on which the IJB is established until the fourth anniversary.

3.2.3. As from the fourth anniversary of the date on which the IJB is established, the power to appoint the chairperson will continue to alternate between each of the Parties on a two-year cycle.

3.2.4. The term of office of the vice chairperson will be two years, with NHS Lothian appointing the first vice chairperson for the period from the date on which the IJB is established until the second anniversary of that date. The provisions set out above under which the power of appointment of the chairperson will alternate between the Parties on a two-year cycle will apply in relation to the power to appoint the vice chairperson, and on the basis that during any period when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.

3.2.5. The Parties may determine their own processes for deciding who to appoint as chairperson or vice-chairperson.

3.2.6. Each Party may change its appointment as chairperson (or, as the case may be, vice chairperson) at any time; and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.





**Thursday 15 June 2017 at 2.00pm**

## **Directions: Summary of progress to implement 2016/17 Directions**

**Item number: 5.2**

### **Executive summary**

This report provides a summary of the progress made by Midlothian Council and NHS Lothian in delivering the Directions set by the IJB for 2016-17. These Directions were intended to provide further clarity about the key changes which need to be made in the delivery of health and care services in Midlothian as laid out in the Strategic Plan.

This is an update to the summary the IJB received in November 2016.

#### ***Board members are asked to:***

1. Note the progress made in achieving the Directions outlined in appendix 1
2. Consider whether any follow-up communication is required with Midlothian Council and NHS Lothian

## Directions

### 1. Purpose

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This report summarises the progress made in meeting the Directions issued to NHS Lothian and Midlothian Council on 31<sup>st</sup> March 2016. It provides an update to the report the IJB received on progress in November 2016.

### 2. Recommendations

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- 2.1 Note the progress made during 2016/17 in achieving the Directions outlined in appendix 1
- 2.2 Consider whether any follow-up communication is required with Midlothian Council and NHS Lothian

### 3. Background and main report

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- 3.1 The [Midlothian Strategic Plan 2016-19](#) outlines the direction of travel for the development of health and social care services in Midlothian. In many areas the Plan is described at a high level to allow further work to be undertaken with key partners about how to achieve the desired changes outlined in the Plan –for example reducing reliance on acute hospitals and care homes through strengthening Primary Care and community –based services.
- 3.2 The Strategic Planning Group maintains an overview of the progress being made in the delivery of the Strategic Plan.
- 3.3 NHS Lothian and Midlothian Council have been asked to develop and implement detailed action plans which enable the direction of travel outlined in the Strategic Plan. A Transformation Board has been established which oversees the implementation of these action plans.
- 3.3 The Public Bodies (Joint Working) (Scotland) Act 2014 not only places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control but includes a requirement for IJBs to issue Directions to one or both of the NHS Board NHS Lothian and the Local Authority. These Directions are intended to highlight specific changes which need to be put in place to implement the Strategic Plan.

- 3.4 Midlothian IJB approved a Directions Policy on 10<sup>th</sup> December 2015. This policy noted that monitoring systems for the delivery of Directions will be required by the IJB and by NHS Lothian and Midlothian Council.
- 3.5 The IJB has issued Directions for 2017/18 which have included Directions from the previous year which were not fully implemented before March 2017, either because this was planned or because there was delay in implementation
- 3.6 Progress in 2016/17 against the Directions is outlined in appendix 1.

## **4. Policy Implications**

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- 4.1 The requirement to issue Directions was considered and agreed by the IJB on the 10<sup>th</sup> December 2015 when a local policy was agreed.

## **5. Equalities Implications**

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- 5.1 The Strategic Plan has as one of its key objectives a commitment to address health inequalities. The Strategic Plan itself was subject to an Equality Impact Assessment on the 8<sup>th</sup> February 2016 and further changes were made to the Strategic Plan as a consequence.

## **6. Resource Implications**

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- 6.1 The resource implications of the Direction are specified within the individual template outlining the details of each Direction.
- 6.2 It is acknowledged that the financial context is a complicated one. The process for decision- making about the allocation of hospital (set-aside) and hosted services to each of the Lothian IJBs is complex and not yet complete. More generally the challenges facing both NHS Lothian and Midlothian Council in trying to meet increasing demand with reducing budgets will be equally felt by the IJB in planning how to deliver health and social care services in Midlothian.

## **7 Risks**

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- 7.1 There are a range of risks associated with the establishment of the IJB and these are considered in a separate report on the agenda. The risk attached to the Directions issued by Midlothian IJB, are that they are not yet specific enough to ensure delivery. This risk will be managed through the Strategic Planning Core Group (Transformation Board) which will monitor closely the progress being made in these key areas of service redesign. Regular meetings involving the Associate Director of Strategic Planning in NHS Lothian ensure good communication and ongoing clarification about the Directions.

## **8 Involving People**

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- 8.1 The development of the Strategic Plan was underpinned by an extensive consultation and engagement programme with both staff and the public. The Directions flow from the Strategic Plan and have not been subject to a further process of 'involving people'.

## 9 Additional Papers

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Appendix 1: Summary of progress

<b>AUTHOR'S NAME</b>	Jamie Megaw
<b>DESIGNATION</b>	Strategic Programme Manager
<b>CONTACT INFO</b>	0131 561 5204 <a href="mailto:jamie.megaw@nhslothian.scot.nhs.uk">jamie.megaw@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	30/05/2017

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Direction 1 - Midlothian Community Hospital (MCH)	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	Plan the relocation of Liberton Hospital services	(see Direction 2)	(see Direction 2)
	Review with the NHSL Outpatient Board which services could be provided in MCH including through video conferencing.	An action plan for MCH has been developed, based on staff and public engagement. This has been shared with the NHS Lothian Outpatients Board and work is now underway to explore options for future clinic delivery for key specialities within MCH.	New clinics commencing imminently at MCH include Adult Audiology and a Pain Management Clinic. Work has been undertaken across outpatient / community clinic space in Midlothian to audit use and identify availability. A funding application has been submitted to improve clinic space across Midlothian, including at MCH. If successful this will increase capacity for provision of outpatient and community services.
	Develop closer working relationships between MCH and Newbyres Care Home This will support the development of specialist dementia care at Newbyres and facilitate timely discharge from hospital for patients.	The proposed implementation date for the new specialist dementia care provision within Newbyres Care Home is January 2017. A small working group across health and social care has been established to oversee this work.	The two units to provide specialist dementia care are now open. New residents to these units appear to have settled in well.  A new nursing model has been established in Newbyres Care Home
Direction 2 - Liberton Hospital	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	20 East Lothian beds in Midlothian Community Hospital transferred in to ELIJB Services	In support of the establishment of post-acute care in MCH for Midlothian patients currently cared for in Liberton, there is a need to reprovide the East Lothian beds that are currently in Edenview Ward, MCH. This piece of work is being led by East Lothian IJB and will be concluded by March 2017.	All East Lothian patients within MCH have transferred to East Lothian.
	20 beds in Liberton to be transferred to MCH	Midlothian Project Team meets fortnightly to monitor progress against project plan that details 3 high level work packages. <ul style="list-style-type: none"> <li>Establish level of medical, nursing and AHP care to be delivered at post-acute ward at MCH</li> </ul>	All rehabilitation activity for Midlothian patients has stopped within Liberton and transferred to MCH and Highbank. The majority of medical, nursing and therapy staff are now in place within Edenview Ward in MCH, with the only outstanding actions

		<ul style="list-style-type: none"> <li>• Establish Edenview ward (20 bed HBCCC ward for reprovisioning) at MCH as post-acute ward to replace current provision at Liberton hospital</li> <li>• Produce 5- 10 year plan for post-acute rehabilitation care provision in Midlothian</li> </ul> <p>At present, the team are working to establish the nursing and AHP complement based on data from current provision and resource allocation at Liberton. This reflects a pragmatic approach to facilitating a more straight forward transition of patients being cared for in Liberton to being cared for in Edenview Ward. Staff engagement has commenced as part of a wider programme for all reprovisioning projects related to Liberton Hospital and one to ones are imminent for staff on Edenview Ward.</p> <p>In addition to the work with staff cohort, we have established an approach to monitoring the flow of patients through Liberton, MCH and Highbank (the community care rehabilitation service). This weekly review of patient flow will enable the team to prepare for the switch over planned for the beginning of March 2017. This monitor also provides information that, (along with other sources of information), enables the Midlothian IJB to strategically plan resource allocation over the coming 5 – 10 years to meet projected needs for different rehabilitation pathways and an ageing population in the medium term.</p>	<p>being the implementation of out of hours cover from August 2017, which is currently being progressed with the Hospital @ Night service within the RIE.</p>
	Resources transferred from Liberton to Midlothian Partnership	The resource allocation methodology has been agreed in principle across the Partnerships based on existing use of Liberton Hospital. The transfer of resources will take place in March 2017 when	The funding for the AHP staffing has now transferred to Midlothian and the nursing and admin funding is due to transfer in June 2017.

		the function moves to MCH.	
Direction 3 - Unscheduled Care	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	Review the services financed through Unscheduled Care funds and report back to the IJB. The objective is to identify additional funding to expand the MERRIT Service.	Whilst there has been no explicit review of services previously financed through Unscheduled Care funds, there is now a clear role for IJBs within the Unscheduled Care Committee. An initial piece of work has been to focus on Winter and the plan to put in place alternatives to a bed-based solution has resulted in investment for Homecare and MERRIT within Midlothian. Further funding from the Social Care monies in Midlothian has enabled capacity in MERRIT to be increased by 50%, thereby further reducing demands on unscheduled care within acute settings.	There has been no review of the services funded historically through the Unscheduled Care Fund.
Direction 4 - Primary Care	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	Wellbeing Services should be developed.	Two key objectives of the Health & Social Care Partnership are to provide preventative support to people with long term health conditions and to develop a much more effective approach to addressing health inequalities. Midlothian Health & Social Care Partnership has introduced the Wellbeing Service to two GP Practices in Midlothian and plans to extend the service to a further six practices. The Wellbeing Service offers person centred support and care to people to live well. The service is for people with or at higher risk of long term conditions who are 18 years and over. Wellbeing Practitioners facilitate a <i>Good Conversation</i> with the person to identify their personal outcomes and what is important to them, including the wider determinants of health such as social, financial and emotional factors. This approach recognises and makes use of	The Wellbeing Service is currently delivered in 8 GP practices (as of January 2017). They provide intensive person centred support to people who are identified by GPs and others across the system as being in need of support to improve aspects of their health and wellbeing.  Over 250 people received a service by December. Monitoring data indicates a 'highly significant' improvement noted in scores related to WEMWBS, confidence and best hopes as a result of engagement. (Analysis of data to end March which will reflect the expanded service is awaited.) A comprehensive evaluation process is in place led by Healthcare Improvement Scotland.

	people's own strengths and resources. The Wellbeing Practitioner's toolkit also includes social prescribing; people are also supported to access local services and facilities when appropriate, including local group work. The service will be delivered in eight GP practices by January 2017	In addition the Community Health Inequalities Team (1.2FTE nurses) is offering a similar service to people less likely to attend GP practices – homeless people at the hostels and B&Bs, travellers at the site in Whitecraig, people with mental health and substance misuse issues at the Orchard Centre and recovery Cafe, people attending the adult learning centre, and other people at different sites including a drop-in at MCH.
Skill mix should be enhanced with a particular emphasis on pharmacy	Two pharmacists in post working with the Bonnyrigg and Newbyres practices alongside further pharmacy support to Archview Care Home, MERRIT & Highbank.	The pharmacist input into practice teams has been extended into five practices across Midlothian.
A Public Education programme should be designed and delivered to ensure the public use services wisely".	High profile "advertorial" in local press during October as well as further meetings held with public groups and Community Councillors.	"Do I need to see a GP?" leaflet approved and in process printing 20,000 copies. To be distributed via GP practices and associated services, and through a primary school bag drop. Community meetings held / attended to promote key messages including Hot Topics, Federation of Community Councils and Midlothian Older People's Assembly. Staff "Bite Size" training session organised for September.
Preparation for the implementation of the GP contract and multi-disciplinary cluster working.	Cluster Quality Lead has been appointed in Midlothian and each of the Practices has appointed their Practice Quality Lead. A series of Quality Lead meetings have been arranged for the next 12 months and key priorities identified, including Frailty, Anticipatory Care Plans and Access.	
Review primary care capacity in the light of new housing developments in Midlothian to	Following agreement for a new Practice for Newtongrange, the procurement process is now underway with the intention of the new Practice	

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	inform the Lothian capital plan.	opening in Spring 2017.  Agreement in principle that Housing Developers will be expected to make a contribution to the cost of new Health Centre premises	
Direction 5 - Community Services to Older People	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	Midlothian Council is asked to continue to reshape Newbyres Care Home to ensure it is able to meet the shift towards providing care services to people at the more advanced stages of dementia and end of life care. This will require the support of NHS Lothian in the provision of nursing and specialist support services.	Newbyres: Nurses have been recruited with one nurse in post from 3 <sup>rd</sup> October, 1 in post from 10 <sup>th</sup> October and the last nurse due to start in November. A project team has been identified for the dementia units and there have been 2 meetings to take it forward. The manager has been recruited together with care staff, care practitioners and activity staff. The remaining vacancies including AUM posts are out to advert.	All staff now in post.
	Midlothian Council and NHS Lothian are asked to continue to give high priority to the strengthening of the intermediate care facilities in Highbank Care Home including the possibility of capital works being required.	Following a high-level review of the function and activity within Highbank, a Business Case is being developed that will present a range of capital options for consideration and agreement that will best meet the intermediate care needs of the Midlothian population.	A multiagency project group established designing a purpose built intermediate care facility.  Midlothian Council has funded a business case to commission architects. The project group is currently working on the building design with the architects. A new business case seeking capital funding from Midlothian Council will be taken to CMT later in 2017
	Rehabilitation and Reablement are critical to supporting the emphasis on prevention and reducing unnecessary dependency on health and care service. The Reablement Services should be reviewed to determine	Reablement Review: Data is currently being collated in terms of referrals, staff, outcome etc. This will allow us to map the service we currently have and the service we need. Complex Care will also form part of that review.  This Direction has been reissued to include all care at home services. Internal reviews of	A Booklet of key statements in the review has been circulated to key stakeholders. This sets the starting point for consultation.  Mapping of reablement visits and provider visits is required and will be progressed in 2017/18

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	what scope there is to improve its effectiveness through investment in capacity and/or redesign of processes.	reablement and complex care are underway whilst a Public Partnership Forum has been established to develop new models for delivering care at home	
	Midlothian Council and NHS Lothian should make tangible progress in developing strong partnership working at local levels.	This work will begin in earnest once the new care at home provider is operational.	This Direction was not progressed during 2016/17. Work has now started with support from NHS National Education Scotland to strengthen locality working. This work will focus on Penicuik and involve staff from NHS/General Practice/Midlothian Council and the Third Sector.
Direction 6 - Prescribing	What is to be done? NHS Lothian should implement measures which will support the reduction in spend. These will include "Script Switch"; the promotion of improved self-management through Wellbeing Services; the strengthening of pharmacy support in Health Centres and the provision of better information to patients on the efficacy of drugs.	Progress 01/10/2016 A Midlothian Prescribing Action Plan has been drafted, which sets out the key issues that need to be taken forward and implemented within Midlothian to address challenges within prescribing. This includes Script Switch, which has been implemented, and the recruitment of pharmacists to support primary care.	Progress end of 2016/17 -update on 30/5/17 The Prescribing Action Plan has been agreed and actions are in progress.
Direction 7 - Learning Disability Services	What is to be done? The new 12 person unit for people with complex care needs will become operational in late 2016. NHS Lothian and Midlothian Council will need to design and implement robust	Progress 01/10/2016 The build is on schedule and is due for completion in February 2017. The tender for care provision is underway. There is a robust project plan and team monitoring this work. The first tenants will begin to move in from late February.	Progress end of 2016/17 -update on 30/5/17 The building is due for completion at the end of June 2017. The care provider is in place and has recruited a number of the team. Intensive training begins 5 <sup>th</sup> June. First tenants will move in July 2017. There is active engagement with all prospective

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	arrangements for providing support services.		tenants to ensure a smooth transition.
	Plans will also be implemented to resettle the remaining 3 patients in learning disability hospital care with the commensurate transfer of resources to community services.	Plans are in place for all three patients with one moving to the new 12 person project. Timescales are tight for the moves but there is active management of the cases.	One of the individuals is due to move into the Penicuik Project and is in the first tranche of tenants. He has been visiting the project on a weekly basis and is looking forward to his move. The other two did have a property identified which had to be given up. A new property is identified and work is underway to ensure a provider is in place with a date of September to move.
	Midlothian will need access to 2 beds in the NHSL assessment and treatment service and more generally access to community based health services in keeping with the evolving redesign of specialist health services.	Work continues at the LD collaborative to ensure that plans for the redesign of inpatient services meets the needs of Midlothian. There have been no recent admissions to hospital from Midlothian.	Work continues at the LD collaborative to ensure that plans for the redesign of inpatient services meets the needs of Midlothian. A recent admissions to hospital from Midlothian was managed effectively with a smooth transition back into the community
	Midlothian Council and NHS Lothian should move towards more integrated and locally managed arrangements for specialist community based services.	Planning is underway within the NHS to ascertain who will be managed locally. The management review will be completed early 2017 and at this point the management arrangements will transfer over.	The CLDT moved management arrangements on 1 <sup>st</sup> April 2017. Work is underway to embed these arrangements. There is closer working between SW and NHS teams with regular meetings in place.
	The Challenging Behaviour Service provided by NHS Lothian should become more embedded in an integrated local community service. It may be possible to enhance such a service if new Social Care monies allow.	Work, on a Lothian Wide basis is beginning early 2017 to fully explore what the new challenging behaviour service will look like in each locality. Agreement is still to be reached on what this will mean in each locality.	Work, on a Lothian Wide basis is beginning has begun to fully explore what the new challenging behaviour service will look like in each locality. Agreement is still to be reached on what this will mean in each locality but there is a clear sense of direction locally.
	There should be no change to Midlothian's indicative share	Discussions regarding budget continue to take place at the <i>Lothian LD Collaborative</i> .	Discussions regarding budget continue to take place at the Lothian LD Collaborative.

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	of the NHSL Learning Disability budget without discussion with the local Partnership.		There is a clearer sense of totality of budget and current usage, plans are continuing to ensure a fair share.
Direction 8 - Mental Health	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	New services should be introduced using funding sources such as the Innovation Fund, the 3 streams of the National Mental Health Fund and monies applied for through Primary Care Transformation. Additionally, strong links should be developed with new Wellbeing Services introduced through the House of Care and the CHIT which are contributing to the support network for people with low level mental health problems.	Funding from the Innovation fund and NHS funding has enabled us to set up Access Points in two locations in Midlothian. This self referral service offers earlier access to psychological therapies or other appropriate community services.  Staff involved have already made links with the House of Care practitioners forum and will be involved in a joint learning event.	The Midlothian Access points are well established.  Between August 2016 and April 2017 there have been 72 Access Point clinics have been held and 608 people were seen. 71 different community services and resources were signposted/ referred to.
	Alongside this, alternative approaches to speeding up access to Psychological Therapies should be introduced. This activity should be led and managed by the local Joint Mental Health Strategic Planning Group through a service transformation programme that provides access to a full range of timely interventions to the local population.	A local group now monitors waiting list for psychological therapies. The differences between East and Midlothian are being investigated and lessons are being learned about more effective methods of service delivery. A more holistic approach for patients through including group work is in place but there continues to be a fair number of complex cases coming through and this is where the longest waits are. There are still some staff in Midlothian not qualified to deliver CBT (Cognitive Behavioural Therapy) however additional staff are being recruited. We have commissioned CAPS advocacy to carry	Improvements have been made and progress is being made towards targets. From over 300 on the waiting list the number has reduced to 141. Longest waits are for those who need to see a psychologist. There are still some recording issues and some personnel issues that are being addressed.

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		out some research on the views of people who have accessed and are waiting to access psychological therapies in Midlothian.	
	While services are already well integrated, further work is needed to strengthen joint work with substance misuse services. This is not just a matter for health and social work; the third sector is key. Co-location will be helpful to this objective if this can be achieved.	Work is underway to co-locate staff in shared accommodation A <i>Crossover</i> pilot has helped to give greater clarity of roles and share expertise.	The co-location of Substance Misuse services and the Joint Mental Health Team in a local hub will provide improved assessment and referral arrangements for people with problem substance use and mental health diagnosis. NHS, Council and Third sector staff are working with architectural services on the design of the new premises.
	The IJB supports the redevelopment plans for the Royal Edinburgh.	Local staff are involved in redevelopment plans.	No change from last update
Direction 9 - Substance Misuse Services	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	In light of reducing budgets for Substance Misuse, decisions will be required about disinvestment.	A local group has been established to oversee the reductions in budgets and disinvestment. This multi agency groups has engaged with users and carers to ensure that their voice is heard within this process.	A local group recommended a programme of savings for 2017/18 to the MELDAP Strategic Group. In January 2017, these savings were partially agreed and implemented for 2017/18. There is still ongoing work being undertaken to identify further savings. An event is being planned to update service users and carers in Midlothian in relation to the savings programme.
	It is vital that despite this difficult climate, services which support recovery are strengthened. This will include rolling out existing models of	Funding has been agreed to extend the GP peer support pilot into 6 additional practices for a 1 year period. Recovery remains the focus of the local delivery group.	An umbrella organisation "Recovery Connections" is now in place in Midlothian and East Lothian. This will further develop the Recovery responses in the community

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	peer support through both the recovery network model and work being undertaken in Health Centres.		<p>as an independent charity.</p> <p>Funding has been agreed to extend the GP peer support pilot into 6 additional practices for a 1 year period. This programme has been delayed due to key personnel moving on from positions within Midlothian.</p> <p>Recovery remains the focus of Midlothian and East Lothian Drugs and Alcohol Partnership [MELDAP].</p>
	Integration should be pursued to ensure key services work effectively together. This is not just a matter for health and social work; the third sector is key and links with the mental health services are vital. Co-location will be helpful to this objective if this can be achieved	Work is continuing to develop a recovery hub within Dalkeith where both health and social care staff across MH and SMS services can be collocated and jointly managed.	The co-location of Substance Misuse services and the Joint Mental Health Team in a local hub will provide improved assessment and referral arrangements for people with problem substance use and mental health diagnosis. NHS, Council and Third sector staff are working with architectural services on the design of the new premises.
Direction 10 - Services for Unpaid Carers	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	A new local Carers Strategy should be developed and widely cascaded.	Strategic planning meetings relating to the priority areas of the new strategy are nearing completion and a draft strategy will be developed for comment and consultation. The publication and passing of the Local Authority duties and responsibilities identified within the new Carers (Scotland) Act will also help identify issues and inform the Strategy and Action Plan for Adult and Children's services. The next Midlothian Carers Strategic Planning Group is scheduled for 06/10/16. A separate planning group meeting focussing on the needs of Young carers has been	The new strategy will be launched in June 2017

		established, and this will hopefully inform the wider Midlothian Carers Strategy and communicate areas for development within Children's Services.	
	The implications of the new Carers legislation should be widely disseminated to staff	Discussions are taking place with Team Leaders to find out the best format for staff to receive updates and to gain feedback re any additional training needs. Given the legislation and local strategy is for adults and children, updates will need to be given to staff groups covering Adult and Children's Services.	H&SCPs are still awaiting guidance from Scottish Government on implementation of the new legislation.  Midlothian has been selected as a pilot site for implementing the new legislation.
	A system of emergency planning for carers should be designed and implemented ensuring that all key agencies - GPs, Social Workers, specialist teams eg Dementia, MERRIT- and Acute Hospital staff. Links should be made as appropriate with existing Anticipatory Care Planning systems.	Emergency planning is a theme from the new legislation, but was an issue that was identified during earlier meetings with local carers. A working group is being established for Adult services and carers to develop an approach locally. Emergency planning is also an issue for Young carers and I have previously had introductory conversations with Children 1 <sup>st</sup> about this topic. Discussions re emergency planning for young carers is an issue that can be raised at the meetings of the Young Carers Strategic Planning group, with discussion to see if a separate working group is also required or whether this could be contained within the strategic group.	This will be addressed in part in pilot work through the carers support plans
Direction 11 - Utilisation of Specific Funding Streams- Delayed Discharge; Integrated Care Fund; Social Care	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	These funding streams help to support the transformation and strengthening of a wide range of functions some of which are closely interrelated. The key task is close monitoring and active management of spend and performance in order to	The monitoring, review and management of these funding streams is by the Midlothian H&SCP Transformation Board, chaired by the Joint Director. This ensures there is clear alignment and overview of these funds and to ensure effective delivery against the agreed outcomes of the funds.	No change from the last update

	maximise the impact of these monies.		
Direction 12 - Resource Transfer Funds	<p>What is to be done?</p> <p>Accountability for the application of these monies should now be treated in the same way as the use of all other resources deployed by the Council and NHS Lothian on behalf of Midlothian IJB. i.e.:</p> <ul style="list-style-type: none"> <li>• They should be utilised in ways which are consistent with the Strategic Plan.</li> <li>• Every effort should be made to identify potential savings through more efficient ways of working.</li> </ul>	<p>Progress 01/10/2016</p> <p>The IJB directed NHS Lothian to transfer these funds to Midlothian council and their use was governed by the principles laid out in the original resource transfer agreements. The principle being that the funds would be used to support the plans already agreed by the parties and that there should be no substitution by the council. The Chief Finance officer has confirmed that these funds have been made available to the Midlothian Social Care budget and thus fulfilling the principle of no substitution and given that the parties concerned are now represented by the Partnership, it is the Partnership's responsibility to allocate out these funds to operational budgets. This is acceptable to the IJB and described in the direction.</p> <p>As to the actual expenditure against these budgets that will be captured in the reply to the direction pertaining to the delivery of social care services by Midlothian Council.</p> <p>NHS Lothian has been transferring these funds to Midlothian council on a quarterly basis. Although it is worth noting that the indicative value laid out in the direction to NHS Lothian includes an element of uplift, this uplift is not reflected in the current payments being made. The IJB will have to issue further directions to reflect the NHS Lothian final offer for 2016/17 and the payments will be adjusted accordingly.</p>	<p>Progress end of 2016/17 -update on 30/5/17</p> <p>These funds have been transferred to Midlothian Council as directed and paid in quarterly instalments.</p>
Direction 13 -	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17

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Social Care Services	Services should be provided in accordance with legislation, policies and procedures.	The development of the health and social care QIT (Quality Improvement Team) ensures clear governance.	The QIT is now established. The three key members of the IJB (the Chief Social Work Officer, Chief Nurse and Clinical Director) are all members of the QIT and able to bring issues regarding quality to the IJB.
Direction 14 - Other Core and Hosted NHSL Services	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	Services should be provided in accordance with legislation, policies and procedures.	In the main, the core and hosted services within NHS Lothian continue to deliver against the key areas within the Midlothian Strategic Commissioning Plan. These will be further explored over the coming year. However, progress has been made on some specific areas, including Substance Misuse, Learning Disabilities and Psychological Therapies, which has resulted in closer alignment to local management arrangements, which is beginning to yield positive results. The development of alternative access routes for psychological support is enabling better connections to local services, particularly with third sector organisations.	Update as previous
Direction 15 - NHSL Set-Aside Services except Unscheduled Care	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	Services should be provided in accordance with legislation, policies and procedures.	The development of the NHS Lothian Hospital Plan for the 3 acute sites will support the delivery of this Direction. The plan is currently in draft form and there is an ongoing consultation and engagement process for the Plan, which will include input from the IJB.	The Hospitals Plan to support the delivery of this direction has not been published. An outline of the plan was taken to the NHS Lothian Strategic Planning Group in December 2016. Further consultation was required which has not happened.  The Midlothian Integration Scheme requires NHS Lothian to publish the Hospitals Plan by 1 <sup>st</sup> December 2015 and the plan is to encompass both functions delegated to the Lothian IJBs and functions that are not so delegated.

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**Thursday 15 June 2017 at 2.00pm**

## **Sustainability and Affordability of Social Care Services**

**Item number: 5.3**

### **Executive summary**

The growing pressures on social care, alongside the continuing budget reductions faced by Midlothian Council, mean it is essential that there is a radical overhaul of the approach to the delivery of social care services. This report summarises the work being undertaken to reshape services and notes two specific policies being considered by the Council to ensure a more robust approach to the equitable provision of social care.

#### ***Board members are asked to:***

- 1. Consider the impact of the budget pressures on Adult Social Care*
- 2. Agree the new policies proposed by the Council in relation to*
  - a. the allocation of resources for people with complex needs*
  - b. the provision of transport to social care users*

## Performance Information

### 1. Purpose

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This report summarises the work being undertaken to reshape services in social care in response to the growing budget pressures on Midlothian Council. In particular the report draws attention to two specific policies intended to ensure to the equitable provision of social care.

### 2. Recommendations

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The IJB is asked to:

1. Note the continuing severe pressures on Midlothian Council which require a significant programme of savings within Adult Social Care.
2. Note the proposed new policy intended to ensure a more equitable and affordable allocation of resources to people with complex needs.
3. Note the proposed new policy intended to ensure a more equitable and affordable allocation of resources for travel purposes.

### 3. Background and main report

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#### 3.1 Background

3.1.1 Demographic Pressures: As the diagram below illustrates, the overall population of Midlothian is growing rapidly and this will include people with care needs. Additionally, as is the case across the country, the population is ageing with the number of people in Midlothian over the age of 75 years set to double over the next 20 years. The number of people living considerably longer with long term health conditions and complex needs is also increasing, in part as a result of the improvements in health care.

Population Projections for Midlothian						
Population Projections 2014-based Midlothian	2014	2024	2034	2039	Total % Change	Scotland % Change
All Ages	86,220	95,359	104,399	108,369	26%	6.6%
0-15	16,365	18,568	19,972	20,460	25%	1.4%
16-29	13,837	13,771	15,463	16,284	18%	-7.6%
30-44	16,181	18,543	19,089	18,591	15%	-0.9%
45-59	18,879	18,562	19,464	21,611	14%	-6.8%
60-74	14,392	16,653	18,404	15,224	6%	15.6%
75+	6,566	9,262	12,007	13,542	106%	85.4%
85+	1,610	2,298	3,742	4,290	166%	131.1%

3.1.2 Growing Budget Pressures: The pressures facing the Council are well documented and are so severe that, despite growing demand, Adult Social Care must make a significant contribution to the savings programme. Reducing expenditure in care services is a major challenge, reflected by the additional investments made by Scottish Government in 2016-17 in social care, specifically in relation to the Living Wage.

3.1.3 Workforce Pressures: Despite changes to terms and conditions such as guaranteed hours for home carers and the delivery of the Living Wage, recruitment and retention is a growing problem, particularly in the field of care at home. This has led to situations where funding has been available but services could not be provided because of workforce shortages.

## 3.2 Social Care Redesign Programme

3.2.1 Culture of Transformation: Transformation has been a strong feature of the Midlothian Adult Care Service; between 2007-08 and 2014-15, through a combination of re-commissioning, restructuring and service redesign the service achieved annual savings of £5.35m.

3.2.2 Integration: In response to the projected threat to the long term sustainability of health and social care, the Scottish Government passed legislation requiring the creation of health and social care partnerships. In Midlothian the new Integration Joint Board assumed responsibility for health and care services from April 2016. This has been a major change in promoting more localised delivery and accountability. The Government's expectation is that through working together it will be possible to manage growing demand by adopting a greater emphasis on prevention and on strengthening community-based services.

**3.2.3 Realistic Care Realistic Expectations:** The level of savings required by the Council is such that a new approach to social care has been necessary. While the IJB retains overall control over policy and the allocation of resources it is incumbent upon the Council Adult Care Service to be as efficient as possible with the funding available. A new programme board- Realistic Care Realistic Expectations- has been established to oversee a range of initiatives designed to reduce expenditure. This programme of work includes further service redesign; a review of existing individual care packages; and the improvement of business processes. Areas of service redesign include a review of learning disability day services; remodelling of care at home services; and the expansion of extra care housing to reduce reliance upon care homes. The review of business processes includes financial commitment recording and the management of referrals and waiting lists.

### **3.3 Fair Allocation of Care Policy**

**3.3.1 Eligibility Criteria:** In 2008 the Council approved formal eligibility criteria based on the national “Fair Access to Care Policy”. Midlothian Council provides a range of community care support services to individuals with varying levels of support needs. Access to such support is determined by these agreed eligibility criteria, with funding being made available where an individual has been assessed as having critical or substantial care needs. Midlothian Council has responsibility to provide the best possible care within given levels of resource and also to ensure there is equitable allocation of available resource.

**3.3.2 People with Complex Needs:** Where an individual has complex needs there can be significant variation in the costs of supporting an individual depending upon the model of care used to support them. The ‘Fair Allocation of Care’ policy (appendix 1) outlines the models of care that will be considered when an individual requires a significant amount of support in their daily living and aims to ensure there is a fair allocation of resources to individuals who require such support. The overall purpose of the policy is to ensure an equitable allocation of council resources at a time when the Local Authority is experiencing significant financial pressures.

**3.3.3 Implications of Fair Allocation of Care Policy:** A consequence of this policy will be a change in how social care is provided and, for some individuals, may mean that there will be significant adjustment in their current package of care so that support is provided in a more cost-effective manner. Changes in care arrangements can create anxiety and it is vital that these changes are communicated effectively. This will be done with the reassurance that assessed need will continue to be met with a clear focus upon improving personal outcomes.

## 3.4 Transport

3.4.1 Current Arrangements: Midlothian Council currently organises a range of transport for people with community care needs to enable them to access their services, including welfare buses and taxis. The current arrangements are in many ways historical and inefficient.

The arrangements do not as a matter of course:

- Support and encourage people to be as independent as possible in their travel arrangements.
- Expect that people who are eligible for welfare benefits to help with travel should make use of these to access their service.
- Expect that people who qualify for concessionary travel use this benefit to travel more independently to their service, supported by 'travel training' if necessary.

3.4.2 Transport Policy for People who use Community Care: In order to support decision-making and ensure there is an equitable allocation of resource to provide transport within Adult Social Care, a policy has been developed (see appendix 2) which lays out a more consistent approach to the provision of transport for people who use adult social care services in Midlothian. This includes older people, people with physical and/or learning disabilities, and people with mental health difficulties.

3.4.3 Charges: The policy provides guidance on the introduction of charging for transport previously agreed by Council in December 2016.

3.4.4 Communication: A consequence of this policy will be changes in how transport is provided and, for some individuals, may mean there will be significant changes in their support arrangements. These changes may create anxiety for some service users and good communication will be vital. An easy read version of the policy has been developed and is attached at appendix 3.

## 3.5 New Technology

3.5.1 Services to People with a Learning Disability: Midlothian Council currently supports a significant number of people with learning disabilities to live independent lives within the community. It is incumbent upon the Health and Social Care Partnership to explore innovative ways in which to continue to meet the needs of these individuals in a more sustainable manner.

3.5.2 Developing Technological Solutions: The overall purpose of the paper-attached at appendix 4-is to ensure that housing and care models are linked with appropriate technological solutions. By exploring the best use of technology it is anticipated that new models of more cost-effective support can be delivered. There is a particular issue relating to the provision of sleep-over cover.

Consideration will be given as to how and in what circumstances technology may provide an alternative, more cost-effective solution to supporting people who may, on occasion, require support during the night.

3.5.3 New Technology Strategy: This work builds on a range of technology initiatives already underway such as the provision of videoconferencing in Midlothian Care Homes to provide easier access to training for care staff. A Technology Enabled Care Strategy Group oversees such developments.

## 4. Policy Implications

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- 4.1 The proposed policies fit with the Health and Social Care priorities in relation to setting and maintaining a balanced budget position.

Midlothian Partnership takes an outcomes-focussed approach in the provision of social care services. This approach is not altered by these policies, but rather will ensure there is equity and transparency when meeting individuals' needs.

The proposed policies identify the need for and support the application of preventative approaches in the provision of social care support.

## 5. Equalities Implications

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- 5.1 Equalities Impact Assessments have been completed and no issues of concern have been identified. A greater level of equity of service will be result from their implementation.

## 6. Resource Implications

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- 6.1 Implementation of the 'Fair Allocation of Care' and 'Transport' policies will ensure there is more robust and consistent decision-making in the allocation of social care resources. This will ensure that there is an equitable allocation of resources to individuals with similar needs.

The Scottish Government has a stated ambition that all hours of work, including sleepovers, should be paid at Scottish Living Wage rates, and the UK government has committed to ensuring national minimum wage compliance, with enforcement from HMRC. It is hoped that by exploring the best use of technology new models of more cost-effective support can be implemented reducing sleepover costs.

## 7 Risks

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- 7.1 There are a number of risks associated with not taking steps to implement the policies on transport and allocation of resources:
- There is a continued inequity in the allocation of resources between individuals who have similar levels of need
  - Increased budget pressures arising from inconsistent decision making regarding cost effective provision of support

The key risks associated with implementation of these policies, alongside the further application of technology, are:

- Anxiety for individuals who are experiencing a change in their support as a result of the change in policy. This however will be mitigated by ensuring services continue to work in a person-centred manner and enabling people to have access to independent advocacy.
- The implementation of these and other changes being developed in the Realistic Care Realistic Expectations programme may be challenging for staff. In practice, for social care staff, there will be much stronger emphasis on working in teams and on a more flexible and structured career path. This should result in a more rewarding and less isolated working environment.

## 8 Involving People

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8.1 The programme of Realistic Care Realistic Expectations will only be successful if there is effective and meaningful staff and public engagement.

The IJB is asked to approve a specific policy on Fair Access to Care which remain consistent with existing eligibility criteria and has been reviewed by the Council's Legal Services to ensure it is consistent with legislative responsibilities.

The IJB is also asked to approve a Transport policy which does not change eligibility but provides greater clarity about how decisions are reached regarding the most appropriate method for people to travel to services.

As part of the implementation of these policies and the development of technological solutions there will be discussion at the IJB Strategic Planning Group and with all of the joint planning groups including in Mental Health, Learning Disability, Physical Disability and Older People. All of these groups have user and carer representation.

More broadly while these new policies are intended to clarify decision-making processes within existing eligibility criteria they will remain live documents which will be amended and updated in the light of experience and user feedback.

## 9 Background Papers

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<b>AUTHOR'S NAME</b>	Tom Welsh
<b>DESIGNATION</b>	Integration Manager
<b>CONTACT INFO</b>	0131 271 3671
<b>DATE</b>	29 May 2017

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Appendices: Appendix 1 Proposed Fair Allocation of Care Policy  
Appendix 2 Transport for People who Use Community Care Services  
Appendix 3 Easy Read version of Transport Policy  
Appendix 4 Housing Support for People with a Learning Disability



Midlothian



# **Fair Allocation of Care Policy (Adults)**

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**DRAFT DOCUMENT**

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## 2 Introduction

Midlothian Council provides a range of Community Care support services to individuals with varying levels of support needs. Access to this support is determined by agreed Eligibility Criteria, with funding being made available where an individual has been assessed as having critical or substantial care needs. Midlothian Council has a responsibility to provide the best possible care within given levels of resource and also to ensure there is equitable allocation of the available resource.

Where an individual has complex needs<sup>1</sup> there can be significant variation in the costs of supporting that individual depending upon the model of care used to provide their support. This policy aims to ensure there is a fair allocation of resources to individuals who require support by outlining the models of care that will be considered when an individual requires a significant amount of support in their daily living.

## 3 Legislative Context

The main duty to provide community care services derives from Section 12A of the Social Work (Scotland) 1968 Act.

“Where it appears to the local authority that any person for whom they are under a duty, or have a power, to provide community care services may be in need of any such services the local authority must:

- Assess the need of that person for support
- Decide on the basis of the assessment whether services should be provided taking account of:
  - Whether there is a carer providing substantial amount of care on a regular basis; and
  - Both the views of the person whose needs are being assessed and the views of the carer”

The Social Care (Self Directed Support) (Scotland) Act 2013 introduced choice and control in the provision of social care support. The Act places a duty on local authority social work departments to offer people who are eligible for social care a range of choices over how they receive their social care and support. It allows people to choose how their support is provided to them, and enables people, if they wish to do so, to organise this support themselves under option 1 or 2. It also requires that the local authority must provide information, including the available budget, to individuals to assist with their decision. If an individual chooses options 1 or 2, the local authority must make payment of a relevant amount to enable them to arrange the provision of support. It

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<sup>1</sup> As a general rule someone will be assessed as having complex needs when in addition to support with specific tasks to meet their outcomes an individual requires support on a regular or ongoing basis for their safety and wellbeing or the safety and wellbeing of others.

should be noted that payment made by the Local Authority should be an amount that the local authority considers to be a reasonable estimate of the cost of securing the provision of support.

Midlothian Council is accordingly required to perform its statutory duties under the terms of the 1968 and 2013 Acts, while exercising its discretion in performing these duties. Midlothian Council must ensure that an assessed need is being met, and must take into account the views of the individual and their carer but they do not have to fund the care requested by an individual or their carer if the assessed need can be met in a more cost effective manner. The local authority is not required to fund more expensive models of care where support can be provided effectively by alternative models of care.

## 4 Types of Support

Social Care support can be divided into two main categories:

- **Task Based Support** – This support considers tasks in the broadest sense. Tasks that someone may need support with would include:
  - Personal care
  - Housing support
  - Support to engage in meaningful activity
- **Support to Stay Safe and Well** – This is support that is necessary to mitigate risk to the individual, or others, that would arise if an individual was left on their own (for example risks relating to neglect or physical or mental health). This support may include an element of encouraging and supporting individuals to engage in positive recreational activities, directing them in general daily living tasks, or managing their behaviour or anxiety.

There is a general principle that all support must be purposeful and seek to promote independence. It is recognised that being independent is not solely living without support, but would include developing skills to manage with less support (for example being able to participate in a social group where support is shared between several people rather than having 1-1 support).

There are a number of ways that support that can be provided to individuals:

- **Natural Support** – Support provided by family, friends and neighbours
- **Community supports** – support that is available through clubs and activities in the community
- **Universal Support** – Support that is available to all citizens. This would include services such as health and education, as well as services that individuals can self refer to such as some day-services
- **Shared Support** – Support where an individual will need access to support, but the level of support required means that individual support is not needed all the times (but maybe required intermittently) and / or the support can provided to several individuals together

- **1-1 Support** – Where an individual's needs are such that they need individual support at all times from a dedicated support worker
- **2-1 Support** – Where an individual's needs are such that 2 workers are required to provide support in order to manage risk and keep the person and others safe. When assessing the need for 2-1 support the provision of a combination of 1-1 support and shared support should be considered. In exceptional cases 3-1 support may be required for specific tasks, e.g. moving and handling.<sup>2</sup>

There is an inherent risk in all aspects of daily living and therefore it is not always possible, or appropriate, to completely reduce or eliminate risk in every situation. Consequently, while assessments will identify and assess the level of risk, Midlothian Council will provide support necessary in order to mitigate the risk and reduce it to an acceptable level.

## 5 Types of Living Arrangements

Where an individual requires significant levels of support this will usually be in one of four types of living arrangements:

### 5.1 Living with Family

It is recognised that many individuals with disabilities continue to live in the family home with family members providing informal support. In some cases individuals who meet eligibility criteria will receive support to engage in meaningful activity and to participate in community life. Where an individual is living with family, additional support may be provided at times when support cannot be provided by family members, or to provide family members with respite from their caring role. This may include some night time support.

While in most circumstances Midlothian Council will support individuals to live with family there may be circumstances where supported living may be more appropriate:

- The cost of providing support in the family setting exceeds the cost of providing shared support within a supported living setting. This would only be likely to occur if an individual required high amounts of individual support as opposed to the shared support that could be provided in a supported living environment

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<sup>2</sup> This document will refer to 2-1 support, but this should be read to include 3-1 support in exceptional circumstances, e.g. for bariatric care.

- The nature of the support that would be required in the family setting cannot be provided effectively. This would typically be as a result of fluctuating needs or high levels of support being needed at short notice
- An assessment identifies that it is not in an individual's best interest to remain at home

### ***Leaving a Family Home***

Should an individual, or a Power of Attorney / Guardian acting on their behalf, decide the individual should make plans to leave a family home, they should both contact the local authority housing section and register an application for local authority housing. They should also make a referral to Adult Social Care for an assessment of the most appropriate housing options and support required for daily living. Advice should be given at this stage that making a housing application does not necessarily mean that care and support will be provided in any preferred housing option.

The individual or their guardian may choose to find their own owner / occupier or privately rented property, however, this should be discussed with Adult Social Care to ensure their assessed care and support needs can be met in this property.

Any housing application will be progressed in line with the Local Authority's housing allocation policy and will take into consideration factors such as the age of the individual, housing need, type of accommodation requested and their support needs. Concurrently a social care assessment will be conducted to determine the level of support an individual requires, whether there is a need for supported living, and the appropriate model of care. As there will be a need to match to suitable housing there will the allocation of housing may take some time particularly for younger adults. All requests for housing with support will be considered by the Adult Social Care Housing Panel before an allocation is made.

Any urgent housing requests, including circumstances where an individual has been advised they must leave the family home, would require the individual to present as homeless in order to access priority housing.

## **5.2 Independent Living with Support**

An individual is considered to be living independently when they do not require significant amounts of support, and can manage on their own for significant periods of time.

Where support is required it would be for specific tasks. General support to keep an individual safe would normally be incorporated into this support, with Telecare being provided in case the individual requires immediate access to support.

With this model of support there will be little or no overall difference between costs of shared support or individual support and therefore an individual living independently with support would be able to choose whether or not to share accommodation.

## 6 Supported Living Care Models

There are four models of care for the provision of supported living that are detailed below. These models are characterised by the need for more significant levels of support to keep an individual or others safe.

- **Shared or Clustered Living** – This is the default model of support where an individual will share a property with others or live in a property in close proximity to other individuals who require similar support so that support can be shared. This would include extra care housing.
- **1-1 Tenancies** – A single tenancy would only be considered when a individual is assessed as not being able to share a social space with others (for example by consistently becoming distressed or aggressive in the company of others) or an assessed need for continuous individual supervision means a clustered model of support would be cost neutral. Social contact would be provided by day services.
- **Specialist Care** – The individual's needs are such that a specialist staff team is required to provide support to the individual.
- **Residential Care** (including nursing care)– Specialist care needs that require 24/7 care in a specialist setting due to medical, behavioural or age related physical or sensory needs that cannot be met in a non residential environment. Deteriorating conditions that require increasing reliance on high levels of support that are usually best provided in a residential care setting. This should also include people whose needs are volatile and fluctuate and are at risk of frequent hospital admissions.

### 6.1 Assessment of Supported Living Care Model

An individual's assessment will determine the appropriate supported living care model that would be funded by the local authority. While principles of choice and control should be considered within the assessment, the local authority cannot provide desired support irrespective of cost due to the finite resources available. Assessments should reflect the views and wishes of individuals and, where appropriate, their carers and legal guardians. However Midlothian Council will take the cost of providing any support requested by the family into consideration in its decision making. If that request is more expensive than the individual is assessed as requiring and the Council are able to provide, then the Council may not meet the request. The local authority will determine the funding available based on the most appropriate supported living care model that will meet needs in the a cost effective manner.

This approach does not preclude funding being used develop a support package based on an alternative model providing it is safe, meets individual needs, and can be sustained in the long term. Should an individual wish to fund extra support, or have regular informal support provided as part of their care package, they are able to do so, provided that they are aware that funding for this cannot be made by the local authority.

## **6.2 Existing Care Packages**

Changing circumstances and historical decision making may mean that individuals are provided with a level of support that exceeds their assessed needs. In these circumstances an individual's assessment and plan should identify the appropriate model of care and need to transition to this model.

## **6.3 Residential Care**

There is a general policy not to commission models of support for life long or long term institutional living. There will however be a small number of individuals where there will be an assessment that their needs cannot be met in a community based environment and there will be a requirement for specialist residential care.

Residential care or nursing care may be appropriate for individuals with declining health who require a model of care that can respond to fluctuating and increasing needs that cannot be effectively, or affordably, be provided in a non residential setting. In meeting the support needs of older people with a learning disability, consideration will need to be given as to whether increasing age related support needs mean they are best met within a care home environment specialised in meeting such care needs.

## **6.4 Out of Area Placements**

Midlothian Council will not normally consider out of area placements. This is both because of the principle that Midlothian citizens should be supported to live in Midlothian wherever possible, and to mitigate specific risks to individuals that arise from out of area placements. The risks are:

- Individuals may become disconnected from their local community (this risk increases with the length of time the individual is in an out of area placement)
- Distance from family, friends and peer support networks leaving individuals socially isolated
- Additional direct and indirect costs related to the provision of support
- Supervision of support being provided can be less rigorous due to geographic distance
- Can lead to inequity of service provision due to cost of service provision

There may however be circumstances where an out of area placement needs to be considered. Out of Area Placement should only be considered when:

- There is an assessed need for a specialist service to provide support or care that cannot be provided locally

- The service cannot be provided economically locally
- An emergency placement is required and the need cannot be met locally. (In these cases there should be a plan to provide an alternative placement within Midlothian as soon as is reasonably practical)
- There is an assessed need for the individual to move from the local area because of specific risks to themselves or others as a result of them continuing to live in Midlothian

Midlothian Council recognises that individuals may wish to move to other areas and the services that may be available in another area may be part of their decision in relation to this. Midlothian Council would consider a decision to relocate as a personal decision and, would provide assistance, but not necessarily funding to facilitate this. This would be considered on a case by case basis.

## **6.5 Support with Education & Learning**

### **6.5.1 Formal Education**

Local authorities have responsibility for education provision up until school leaving age. Provision of education beyond school leaving age is the responsibility of further education bodies not funded by Midlothian Council. Access to courses is determined by colleges themselves. Where, due to a disability, additional support is needed for learning within the classroom setting this should be provided by the education establishment. Midlothian Council may still however have responsibility for funding personal care (e.g. personal care support at lunchtimes).

Support will normally only be provided to attend local colleges. Individuals or families choosing not to attend a local college would be required to meet additional support and travel costs themselves. In the case of higher (university) education it is accepted that there may be a need move away from the local area to access specific courses. Any such requests will be considered on a case by case basis.

### **6.5.2 Informal Learning & Independent Living Skills**

It is recognised that individuals with disabilities will require support with informal learning and developing independent living skills throughout their life. This should be built into individual's support plan. In some circumstances it may be appropriate to provide additional short term support to reduce the need for longer term support.

## 6.6 Preventative Support

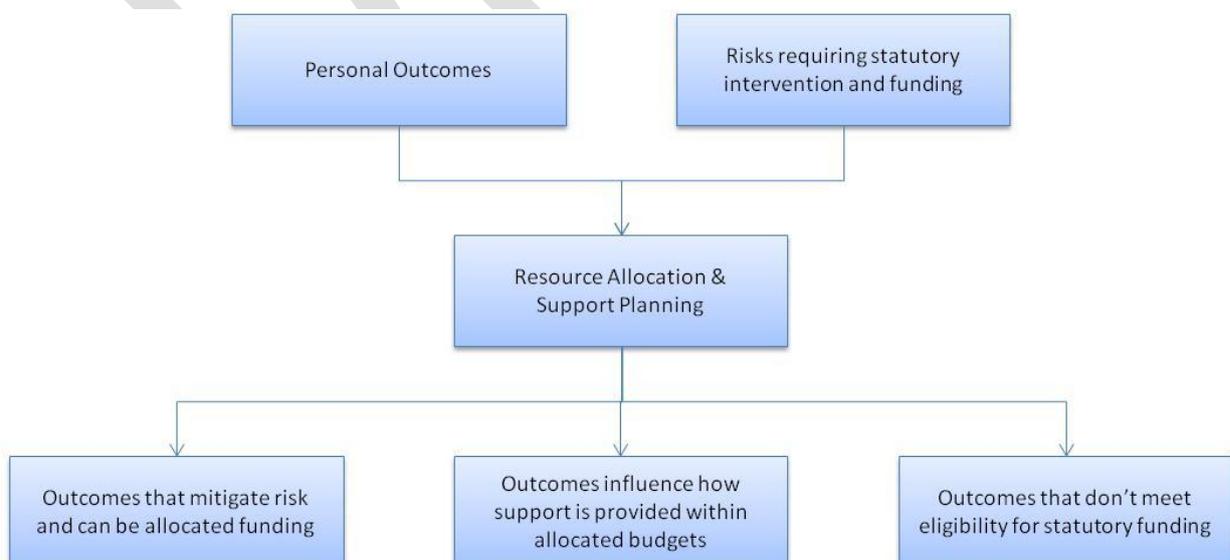
In some circumstances the provision of preventative support or support to build an individual's resilience and independence can result in reduced long term expenditure. Where an assessment identifies this situation, additional preventative support can be requested. Preventative support will always be time limited and subject to regular review.

## 7 Guidance on Assessment and Allocation of Budget

### 7.1 Assessment

Midlothian Council takes an outcome based approach to assessment which focuses on conversation around 'What matters to me' and 'What would I like to achieve'. It is recognised that an outcomes assessment will identify a range of outcomes for an individual not all of which will meet eligibility criteria for statutory funding. This is illustrated in the diagram below.

The eligibility criteria in Midlothian Council are based on risk around a number of key areas and outcomes that mitigate risk can be allocated budget. The assessment may also identify outcomes that will influence how support is provided if this can be achieved within allocated budgets. Assessments may also identify outcomes that don't meet eligibility criteria for statutory funding. Where it is possible individuals will be assisted to meet these outcomes, but it should be recognised the local authority has no statutory responsibility to fund assistance for this.



There are 5 main categories of support that the local authority will, where eligibility criteria are met, provide resource to meet outcomes. These categories are:

- Personal care
- Housing support
- Support to engage in meaningful activity to participate in community life
- Support to be safe during the day
- Support to be safe during the night

The following table outlines how the ‘talking points’ headings in the community care assessment relate to the eligibility criteria and support that is eligible for statutory funding.

Overall Outcome (as in CC Assessment)	Risk meeting Eligibility Criteria	Categories of Support to Mitigate Risk
Feeling safe	Risks relating to neglect or physical or mental health <ul style="list-style-type: none"> <li>• Major or significant health problems which cause life threatening harm or danger to client or others</li> </ul>	Support to be safe during the day Support to be safe at night
Having things to do	Risks relating to participation in community life <ul style="list-style-type: none"> <li>• Severe loss of independence caused by being unable to sustain involvement in vital or many aspects of work/ education/ learning</li> </ul>	Support to engage in meaningful activity
Seeing people	Risks relating to participation in community life <ul style="list-style-type: none"> <li>• Loss of independence caused by being unable to sustain involvement in vital or many aspects of family/ social roles and responsibilities and social contact</li> </ul>	Support to engage with others in a community context
Staying as well as I can	Risks relating to personal care <ul style="list-style-type: none"> <li>• Major or significant harm or danger to client or others or major risks to independence caused by inability to manage vital or most aspects of personal care</li> </ul>	Support with personal care
Life as I want (including where I live)	<i>This section does not link specifically to the eligibility criteria but the outcomes identified in this section would be used to inform how the eligible support, identified in other sections could be met.</i>	
Life Skills	Risks relating to domestic routines / home environment <ul style="list-style-type: none"> <li>• Major or significant harm or danger to client or others or major risks to independence caused by inability to manage vital or most aspects of domestic routines</li> <li>• Substantial loss of choice and control managing home environment</li> </ul>	Housing support  <i>(Would also be used to inform meaningful activity)</i>
Mobility	Risks relating to domestic routines / home	Aids and Adaptations

Overall Outcome (as in CC Assessment)	Risk meeting Eligibility Criteria	Categories of Support to Mitigate Risk
	environment <ul style="list-style-type: none"> <li>Major or significant harm or danger to client or others or major risks to independence caused by inability to manage vital or most aspects of domestic routines</li> </ul> Substantial loss of choice and control managing home environment	Transport
Health (including medical history/medication)	<i>This section does not link specifically to the eligibility criteria but the outcomes identified in this section would be used to inform how the eligible support, identified in other sections could be met.</i>	
Dealing with stigma/discrimination	Risks relating to neglect or physical or mental health <ul style="list-style-type: none"> <li>Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination)</li> </ul>	Specific invention and support as required under Adult Support and Protection
Finances	Risks relating to domestic routines / home environment <ul style="list-style-type: none"> <li>Major or significant harm or danger to client or others or major risks to independence caused by inability to manage vital or most aspects of domestic routines</li> </ul>	Housing support

## 7.2 Maximum Level of Task Based Support

The purpose of providing support to an individual is to reduce risk to an acceptable level and as outlined above in Section 4, it may not always be possible to provide support to eliminate risk entirely. It is also recognised that finite resources mean that the local authority may not be able to provide the level of support an individual or their family may wish.

For large packages of care there is a balance between the amount of task based support to mitigate risks associated with personal care and participation in community life and support to stay safe.

Whilst each package is assessed on a case-by-case basis with reference to an individual's assessed needs, there are generally accepted maximum levels of task based support necessary to reduce risks associated with personal care / domestic routines / home environment or risks relating to participation in community life to an acceptable level.

Where an individual cannot safely be on their own the remaining support should be for supervision with the staffing ratios appropriate for this activity. For most individuals supervision would be shared with others, however for some individuals with complex behavioural problems there may be an assessed need for structured and planned activity during this time to allow them to be supervised safely.

### **7.3 Support to be Safe**

In addition to task based support to mitigate risks associated with personal care / domestic routines / home environment, or risks relating to participation in community life, there may be a need for an individual to be supported to be safe. In many circumstances it is likely that the level of support required by an individual will be less than the level of support required for task based support as less directive or individual support is required. In practical terms this means that it is more likely that shared support can meet an individual's need to be safe.

The following points should be considered when assessing how much, and what type of support will meet an individual's need to be safe:

- Is the support needed at all times, or can intermittent support at key times meet the assessed need?
- Can the support be shared with others?
- Is the level risk and the support required different at night compared with daytime?
- Are the assessed needs of an individual such that risks associated with their safety or the safety of others requires a dedicated member or members of staff to support them?

Where support is provided to meet an individual's need to be safe this support should also be purposeful. Support should be approached with the aim of supporting the individual to develop skills to be able to keep themselves safe in the future. While this may take time or may not be achievable in all cases, support should be provided with this ambition in mind where possible.

When assessing the level of risk and the support needed to mitigate the risk consideration needs to be given risk enablement principles that recognise that taking risk can have benefits and risk adverse approaches should not prevent individuals from choosing to take reasonable risks.

### **7.4 Allocation of Budget**

In line with the principles of Self Directed Support (SDS) the allocation of budget for all packages of care should be determined using resource allocation guidelines. Following assessment, and prior to detailed support planning, the indicative budget should be presented to the resource panel for approval. The indicative budget would also be provided to the individual (or guardian / power of attorney) and the SDS options for organising support explained.

## 7.5 Preventative Support

It is recognised that in some circumstances providing preventative support or support to build and individual's resilience and independence can result in reduced long term expenditure. Where an assessment identifies this situation, additional preventative support can be requested. Preventative support will always be time limited and subject to regular review.

## 7.6 Providing Support beyond Assessed Need

Support will only be provided beyond assessed need to mitigate risk in the following situations:

- Transitional arrangements – short term arrangements that are necessary while longer term support arrangements are being put in place. (e.g. An individual who needs shared support receiving 1-1 support while an individual to share support is being identified)
- Exceptional Circumstances – there are exceptional circumstances that make this appropriate
- 'Investment' Support – additional support being provided in order to assist an individual gain new skills that will reduce support in the long term (e.g. travel training, enhanced support with independent living skills)
- Intermittent Support Needs – the intermittent support needs mean that support above assessed needs has to be provided at certain times to ensure assessed need can be assessed at other times.

When support beyond assessed need is provided regular reviews should be scheduled to determine if this level of resource is still required.

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## **POLICY ON PROVISION OF TRANSPORT FOR PEOPLE WHO USE COMMUNITY CARE SERVICES IN MIDLOTHIAN**

### **1. INTRODUCTION**

This policy describes the approach to the provision of transport for people who use Adult Social Care Services in Midlothian. This includes older people, people with physical or learning disabilities, and people with mental health difficulties.

The policy is consistent with Midlothian Health and Social Care Partnership aims and strategic outcomes and outlines how we will ensure a consistent and equitable approach to providing transport that makes best use of physical and financial resources.

It sets out the criteria that we will use to assess how people qualify for transport, and how we will assess what option is best for each person.

The policy rests on the assumption and expectation that people will make their own transport arrangements to access community care services, and that funded transport will only be provided if there is no other reasonable way to safely access the services for which they are eligible.

### **2. SCOPE**

The policy applies to adults who have been assessed as eligible for support from Adult Social Care services in Midlothian.

It applies to transport to and from any service that has been identified or organised to meet this assessed need.

### **3. PRINCIPLES**

Any decision to provide transport will be based on needs, risks, outcomes and the promotion of independence.

We will:

- make sure that people who need it the most get help with transport.
- support and encourage people to travel independently and use local services.
- expect people to use ordinary public transport if they can.
- make sure that any transport we provide is safe and good value for money.
- support transport that is efficient and good for the environment.

#### **4. DECISIONS ABOUT WHO CAN GET HELP WITH TRANSPORT**

The need to attend a Community Care service will be identified as part of the Midlothian Health and Social Care Partnership Assessment and Care Planning process.

The need for transport to access such a service will be part of this assessment and any subsequent reviews.

Any decision to provide transport will follow a full assessment of needs including mobility and the risks associated with getting to and from community services as part of the care and support planning process.

The need for, and purpose, of the transport will be clearly stated in the person's Care and Support Plan.

If it is established during the assessment process that the person can travel independently or with assistance from support providers, family, or friends there will be no allocation of budget towards transport. This does not prevent people from using their overall personal budget to pay for transport should they choose to do so, providing that agreed outcomes are met.

The provision of transport will be considered a need if there is no reasonable way that a person can access their community care service safely.

People who qualify for benefits (DLA, PIP) to help with travel will be expected to use these to pay towards their travel costs. People in receipt of the mobility component of Disability Living Allowance will only be eligible for transport if they are assessed as not capable of independent travel, or if the payment does not fully cover their needs because of the nature of their disability or distance from services.

People with Motability cars driven by either themselves or family, friends, or carers will not be eligible for transport unless it is assessed that it would be unreasonable to expect that the person would use the vehicle to access their care service. They will be expected to use their entitlement to contribute to costs.

People who qualify for concessionary travel will be expected to apply for and use these schemes, as and when appropriate, and according to assessed need.

The provision of transport is subject to a financial assessment under the Midlothian Health and Social Care Partnership Charging Policy.

#### **5. THE TRANSPORT ASSESSMENT**

The Transport Assessment has four stages.

##### **(i) Access to Transport**

We will look at what transport people have currently. This could be a Mobility Car or a Concessionary Travel pass, or benefits to cover transport costs.

## **(ii) Independent Travel**

We will look people's ability to travel independently and assess:

- Their mobility
- Their safety travelling
- Their communication
- The risk to the person or other people of travelling independently
- Psychological factors or conditions including mental health issues and confidence
- The risk of harassment
- The availability of family or carers to support travel
- The distance of the journey and the Public Transport available

This assessment will decide if:

- a person can travel independently
- they can travel independently with some training, support, or help
- they cannot travel independently

Transport will be provided for people who would not be able to get to their Community Care Service any other way.

## **(iii) Deciding on the right transport**

We will decide what transport people are eligible for and support them to decide what is best for them.

The options are:

- Help using public transport
- Training to travel independently
- An individual or shared taxi
- Transport in a Council car or bus

## **(iv) Working out the cost of transport**

There will be a financial assessment to work out if the person should pay for their transport.

What people will be expected to pay will depend on the financial assessment and this is worked out using the Midlothian Charging Policy.

The full charge for transport to a Community Care Service is £1 per journey.

## 5. ARRANGING TRANSPORT

If the person is assessed as eligible for support with transport we will arrange this within a reasonable timescale.

If the person does not qualify for support with transport we will inform them of the reasons for our decision.

Travel arrangements will be regularly reassessed at review or reassessment of the individual's needs.

Any review and proposed change to, or removal of, transport will be discussed with the individual

If the person disagrees with the assessment they have the right to appeal through the Midlothian Health and Social Care Partnership Appeals process by writing to:

Midlothian Health and Social Care  
Fairfield House  
8 Lothian Road  
Dalkeith  
Midlothian  
EH22 3AA

Or sending an e mail to: [social.work@midlothian.gov.uk](mailto:social.work@midlothian.gov.uk)

Or telephoning: 0131 271 3645

**TRANSPORT FOR PEOPLE WHO USE COMMUNITY CARE SERVICES IN MIDLOTHIAN**  
**DRAFT FOR DISCUSSION**

**The Policy says how Midlothian Health and Social Care will support people to get to their community care service.**

**The Policy says who can get help with transport to their Community Care Service.**

**It says what this help will be.**



**PRINCIPLES**

**We will make sure that people who need it the most get help with transport.**

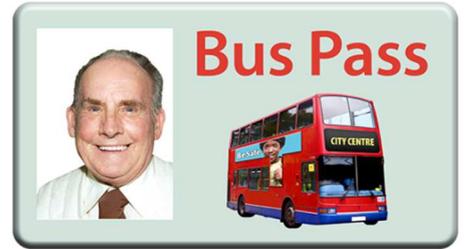


**We will support people to travel independently if they can.**



**We will support people to use ordinary public transport if they can.**

**If you get benefits to help with travel or have a bus pass we will encourage you to use these.**



**We will make sure that any transport we provide is safe and good value for money.**



**We will support transport that is efficient and good for the environment.**

### **THIS IS HOW WE DECIDE WHO CAN GET HELP WITH TRANSPORT**

**There will be an assessment of your transport needs.**

**The assessment will help to decide if we can support you with transport.**



## **THERE ARE FOUR STAGES TO THIS ASSESSMENT**

**1/ It will look at what transport you have at the minute. This could be a Mobility Car or a Bus Pass or money from Disability Living Allowance to cover transport costs.**



**2/It will look at your ability to travel independently and assess**

- **Your mobility**
- **Your safety**
- **Your communication**
- **The risk to you or other people of you travelling independently**
- **Psychological factors or conditions including mental health issues, loss of confidence**
- **The risk of harassment**
- **The availability of family or carers to support you**
- **The distance of your journey and the Public Transport available to you**



**This assessment will decide:**

- **If you can travel on your own**
- **If you can travel on your own with some training, support, or help**

- If you are not able to travel on your own

Transport will be provided for people who would not be able to get to their Community Care Service any other way.



### 3/ Deciding on the right transport

You and the person doing the assessment will decide what transport you are eligible for and what is right for you.

The options are:

- Help using public transport
- Training to help you to travel independently
- A taxi on your own or sharing with other people
- Transport in a Council car or bus



There will be a review of your transport at the same time as your Care Plan review.



#### 4/ Working out the cost of transport to you

There will be a financial assessment to work out the cost of your transport.

What you pay will depend on the financial assessment and this is worked out using the Midlothian Charging Policy.

The full cost of transport to your Community Care Service is £xxxx per journey/ per day?



#### WHAT HAPPENS NEXT?

If you qualify for support with transport we will arrange this for you within -- weeks.

If you do not qualify for support with transport we will tell you the reasons for our decision.



If you do not agree with the decision about transport you can appeal by contacting

0131 270 XXXX

[transport@midlothian.gov.uk](mailto:transport@midlothian.gov.uk)

Midlothian Health and Social Care

Fairfield House

Dalkeith

EH22 3ZH





## **HOUSING SUPPORT SERVICES FOR PEOPLE WITH A LEARNING DISABILITY INCORPORATING TECHNOLOGY ENABLED CARE**

The paper highlights developments towards sustainable and good quality Housing Support services for people with a Learning Disability and outlines where there appear to be options to improve effectiveness and efficiency of Supported Living Services, particularly in relation to use of sleepovers.

### **Background**

The Scottish Government has a stated ambition that all hours of work, including sleepovers, should be paid at Scottish Living Wage rates, and the UK government has committed to ensuring national minimum wage compliance, with enforcement from HMRC.

As a consequence, it is important that Midlothian Health and Social Care considers new models of care for people with a Learning Disability and generates ideas around alternatives to overnight support/sleepovers while maintaining safe and quality support for people who need it. The current model of overnight support is sustainable in terms of neither financial nor workforce resources. This paper considers the use of equipment, incorporating Technology Enabled support approaches, to monitor changing needs and risks to people with a Learning Disability in their home, and to provide alerts and information that enables improved and informed responses to those needs and risks.

Technology can be a valuable tool which has the potential to help people to maintain their independence and enhance their freedom. Where new technology can provide assistance without unduly restricting the individual, or increasing the risks that he or she may face, its use is to be welcomed. At its best it will be adapted to individual circumstances and complement direct contact with carers.

Technology Enabled Care (TEC) is an emerging term associated with Telehealthcare service planning and can be defined as “being where the quality of care in home or community setting is either enhanced and/or made more efficient through the application of technology as an integral part of the care process”. Such technology can be operated by the person them self or passively operated. It can also be a combination of the two. Some technological devices are ‘stand alone’ but others are connected to other systems. The functions that technology can have include:

- alerting and summoning assistance
- prompting and reminding
- monitoring and checking
- modifying the environment
- connecting and engaging
- educating and including
- providing reassurance and contact

A recent programme of visits to Telecare pilot projects have confirmed that technology on its own is not the answer to the resource challenges that we are currently facing and that other supporting system changes need to be addressed concurrently. These include

- Housing Options including design, core and cluster, grouping by location, and built in safety features.

- Outcomes and solutions optimised around individuals and their families in the recognition that technological solutions will vary dependent upon individual circumstance.
- Consistent Care Management and Review including consideration of time limited interventions to build trust and confidence.
- Individualised Risk Assessment taking account of technological solutions.

There are broadly two groups of people in Midlothian for whom technology and reviewed care arrangements have been, or might be, considered.

- Supported Living Services that originated in the hospital discharge programme for people from St Joseph's and Gogarburn Hospitals. At the time there was concern about the risks of leaving adults, who had previously lived in institutions, alone. As a consequence a large proportion of such services were developed with waking night cover or sleepovers.
- People who have moved into supported living services since 1997, often as a transition from having lived with parents. This group have no such experience of institutional care.

### **Current Local Work**

Work is underway in Midlothian to analyse existing supported living arrangements for people with a Learning Disability and to:

- review whether the assessment of risk for an individual now necessitates the provision of overnight cover. This may include the use of systems like 'Just Checking'.
- Explore the opportunities with providers of care for sharing of overnight cover across services with the support of appropriate technology.

This work has the benefit of considerable local intelligence around users of Housing Support Services and their support arrangements, amongst local providers, the review team, and care managers. The implications of this knowledge are that many of the 'quick wins' have been, or are in the process of being, achieved although there remains considerable scope for further work in this area.

### **Current National Work**

Telecare is well established across Scotland although considerable local variation exists and there continues to be patchy adoption of telecare as a routine response to the needs of people with a Learning Disability. Services are not mainstreamed and sustainability is often dependant on external funding with savings and efficiencies not resulting in enhanced core budgets.

The Scottish Government Technology Enabled Care Programme is focussing on the development and sharing of new models of care and generation of ideas around alternatives to overnight support/sleepovers while maintaining safe and quality support for people who need it.

The Social Work Scotland Learning Disability sub group have committed to working with the Technology Enabled Care Programme over the course of 2017 to work on the development of new models and to share practice across Health and Social Care Partnerships.

### **Consideration of Assessed Need and Models of Support**

Decisions about appropriate Models of Care for an individual will largely be dependent upon their needs and circumstances. A thorough approach to assessment of risks to individuals should be

encouraged and carefully detailed measures to mitigate identified risks developed and subsequently reviewed.

The following table is an attempt to match Housing, Models of Care and potential technological solutions related to complexity of need.

Group	Housing	Model	Response	Technology
Complex Learning Disability related to PMLD, Complex Autism, Mental Health, Forensic	Cluster of purpose built housing on one site with one support provider (like Eastfield)	Waking night shift on site for both planned and unplanned responses	Immediate direct assistance.	Nurse call type system.
Moderate to Complex Learning Disability	Flats/ houses in close proximity.  Environmental controls.	On Call across individuals in one neighbourhood  Shared Waking Night/Sleepover	Five minutes direct assistance, or advice, monitoring, prompting or assistance remotely.  Responses to Smart Tech.	Telecare with response from dedicated service providers.  Smartphones.  Broadband core infrastructure.
Mild to Moderate Learning Disability	Multiple sites	On Call across individuals and multiple locations	Advice, information, prompts.  Responses to Smart Tech. Half an hour direct response.	VC/audio to reassure and advise.  Electronic Tablets.

### **Recommendations**

The review of sleepover and waking night arrangements for people with a Learning Disability in Midlothian, and the analysis existing supported living arrangements, should continue.

A short life Project Group should be established to provide structure to this work and move things on more quickly. The group should:

- Devise a project plan coordinating with the review team to draw up a priority list of 10 people.
- Initiate work with two previously identified people using the 'Just Checking' system to monitor and analyse how the person naturally behaves in their own home during the night to assist with the assessment of risk and care planning.
- Make recommendations in respect of charging for telecare for this group of people.

The group should include:

- Service Manager Adults
- Review Team Leader
- Telecare Planning Officer
- Team Supervisor Telecare
- Review Officer Adults
- Learning Disability Planning Officer

The completion of the Eastfield Housing Complex in Penicuik in April 2017 will offer the opportunity for the testing and development of technological solutions to support the care for people with very Complex Care needs.

The development of further cluster type arrangements for people with less complex needs should be considered with Housing colleagues. This could include allocation of properties in close proximity to each other within communities and an agreed criteria for response times, whilst remaining alert to the dangers of stigmatising people through congregating people on the basis of need.

Further work should be undertaken to link housing and care models with appropriate technological solutions and, alongside agreed risk assessment thresholds, used to inform decisions about the use of technology for individual or grouped packages of care.

Duncan McIntyre 3<sup>rd</sup> April 2017.



## National Mental Health Strategy 2017- 2027

**Item number:** 5.4

### **Executive summary**

This report provides a summary of the new national 10 year mental health strategy. The strategy highlights how common it is for people to experience mental health problems during their lifetime. Considerable emphasis is placed on both prevention and recovery from periods of mental ill-health. The report provides some commentary upon what the situation is currently in Midlothian in relation to the key recommendations of the Strategy.

### ***Board members are asked to:***

- 1. Note the new national strategy on Mental Health*
- 2. Agree that the implementation of the strategy in Midlothian will be through the local Strategic Planning Group for mental Health reporting to the IJB Strategic Planning Group*

## National Mental Health Strategy 2017- 2027

### 1. Purpose

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On 30 March 2017 the Scottish Government published a ten-year Mental Health Strategy for Scotland. This report provides a summary of the objectives and key actions outlined in the Strategy.

### 2. Recommendations

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The IJB is asked

- i. to note the new Mental Health Strategy and
- ii. to agree to delegate the implementation of the Strategy to the local Strategic Planning Group for Mental Health

### 3. Background and main report

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- 3.1 There has been a wide range of national strategies and guidance intended to inform practice and service delivery in mental health most recently “*Good Mental Health for All*”. The National Mental Health Strategy 2017-2027 provides a long-term plan outlining how to improve the prevention and treatment of mental health problems.
- 3.2 The strategy places particular emphasis on the strong link to Inequalities highlighting the need to address poverty and access to employment. It also recognises that mental health problems are frequently a factor affecting people who become involved with the Justice System including those in prison.
- 3.3 A third key area of the strategy is that of the growing concern about the incidence of mental health issues amongst children and young people. 16 of the 40 Actions have particular relevance for children and young people. In Midlothian many of these actions will be the responsibility of the GIRFEMC Board (Getting it Right for Every Midlothian Child).
- 3.4 There is a clear acknowledgement that while mental health problems are very common and can have a significant impact on both quality of life and demand on services, there remains a need to “*prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems*”.
- 3.5 The strategy has been issued by Scottish Government with COSLA deciding not to be a joint signatory to the strategy. There are some continuing concerns that the respective roles and responsibilities of Integration Authorities and Scottish Government require further clarification.

3.6 The strategy <http://www.gov.scot/Publications/2017/03/1750> outlines 40 actions to be addressed by local Partnerships under the following themes:

- i. Prevention and Early Intervention
- ii. Access to treatment and joined up accessible services
- iii. The physical wellbeing of people with mental health problems
- iv. Rights, information use and planning

3.7 A number of the National Strategy actions reference the need to develop and enhance the mental health workforce. A local Midlothian Workforce Strategy across Health and Care including the Third and Independent Sectors is being developed. More specifically a group has been established by NHS Lothian to consider workforce issues including potential initiatives and solutions to improve recruitment and retention on non-professional workforce who deliver care and treatment in a number of community, care home and hospital settings.

3.8 Locally many of the actions set out in the new strategy are already being addressed. For example

- A local working group is considering the best possible out of hours care for people with mental health issues.
- The physical health of people with mental health issues is being addressed by clinics at the Joint Mental Health team offices and in the community through the Community Health Inequalities Team as well as by projects such as Midlothian Active Choices.
- The strategy mentions developing mental health support systems in primary care and there are already a wide range of “social prescribing” initiatives within Midlothian.
- The Midlothian Access Points and the Wellbeing projects 8 GP practices are assisting many people to access self-help resources and quicker access to psychological therapies.
- The co-location of Substance Misuse services and the Joint Mental Health Team in a local hub will provide improved assessment and referral arrangements for people with problem substance use and mental health diagnosis.

More generally planning mental health services for adults is overseen by the Strategic Mental Health Planning Group while a working group has recently been established to consider the mental health needs of children and young people in Midlothian.

3.9 The Strategy has implications for a range of agencies beyond health and social care. In this regard the Strategy will be brought to the attention of Midlothian Council given its wider role in helping to strengthen prevention and in addressing inequalities linked to mental health difficulties.

## **4. Policy Implications**

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4.1 The emphasis on prevention is consistent with the Christie Report on the reshaping of public services. It also mirrors the more general evolving approach

of the Midlothian Partnership towards the delivery of health and care, with priority being given to prevention and recovery.

## 5. Equalities Implications

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- 5.1 It is well recognised that people with mental health needs are much more vulnerable to experiencing inequalities in health, income and access to employment. The implementation of the strategy will help to address such inequalities.

## 6. Resource Implications

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- 6.1 The Minister is quoted as stating that over the next five years the Government will increase investment to a further £35 million for 800 additional mental health workers in key settings such as A&E, GP surgeries, custody suites, and prisons. She went on to say that the £35 million to increase the mental health workforce is on top of an additional £150 million over five years announced in 2016 for improvement and innovation. This means that over the next five years the total Scottish Government direct investment in mental health will be more than £300 million.

Nevertheless concerns about resources have been raised. Much of this investment in mental health is through NHS services. Local Authorities have pointed to their shrinking budgets and voiced their frustration through their umbrella organisation COSLA. In principle it should be possible to address this concern through the IJB which has the authority to decide how best to allocate new monies across the Partnership.

## 7 Risks

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- 7.1 Mental health is a major health concern. It is for instance, a very frequent reason for people going to their GP; for being absent from work due to ill-health; and is a common factor for people who become involved in the Criminal Justice system.

## 8 Involving People

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- 8.1 This report concerns a new national strategy and therefore has not yet been subject to local discussion with staff or the public. Prior to the publication of the national strategy, the local Strategic Mental Health Planning Group submitted its views on the proposals.

## 9 Background Papers

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<b>AUTHOR'S NAME</b>	Martin Bird
<b>DESIGNATION</b>	Planning Officer Mental Health
<b>CONTACT INFO</b>	0131 271 3680 <a href="mailto:martin.bird@midlothian.gov.uk">martin.bird@midlothian.gov.uk</a>
<b>DATE</b>	29 May 2017

## **Appendix 1 40 Key Actions in Mental Health Strategy 2017-2027**

- 1** Review Personal and Social Education (PSE), the role of pastoral guidance in local authority schools, and services for counselling for children and young people
- 2** Roll out improved mental health training for those who support young people in educational settings.
- 3** Commission the development of a Matrix of evidence-based interventions to improve the mental health and wellbeing of children and young people.
- 4** Complete the rollout of national implementation support for targeted parenting programmes for parents of 3- and 4-year olds with conduct disorder by 2019-20.
- 5** Ensure the care pathway includes mental and emotional health and wellbeing, for young people on the edges of, and in, secure care.
- 6** Determine and implement the additional support needed for practitioners assessing and managing complex needs among children who present a high risk to themselves or others.
- 7** Support an increase in support for the mental health needs of young offenders, including on issues such as trauma and bereavement.
- 8** Work with partners to develop systems and multi-agency pathways that work in a co-ordinate way to support children's mental health and wellbeing.
- 9** Support the further development of "Think Positive" to ensure consistent support for students across Scotland.
- 10** Support efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system.
- 11** Complete an evaluation of the Distress Brief Intervention by 2021 and work to implement the findings from that evaluation.
- 12** Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation.
- 13** Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them.
- 14** Work with NHS 24 to develop its unscheduled mental health services to complement locally based services.
- 15** Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.
- 16** Fund the introduction of a Managed Clinical Network to improve the recognition and treatment of perinatal mental health problems
- 17** Fund improved provision of services to treat child and adolescent mental health problems.
- 18** Commission an audit of CAMHS rejected referrals, and act upon its findings.
- 19** Commission Lead Clinicians in CAMHS to help develop a protocol for admissions to non specialist wards for young people with mental health problems.
- 20** Scope the required level of highly specialist mental health inpatient services for young people, and act on its findings.

- 21** Improve quality of anticipatory care planning approaches for children and young people leaving the mental health system entirely, and for children and young people transitioning from CAMHS to Adult Mental Health Services.
- 22** Support development of a digital tool to support young people with eating disorders.
- 23** Test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019.
- 24** Fund work to improve provision of psychological therapy services and help meet set treatment targets.
- 25** Develop more accessible psychological self-help resources and support national rollout of computerised CBT with NHS 24, by 2018.
- 26** Ensure the propagation of best practice for early interventions for first episode psychosis, according to clinical guidelines.
- 27** Test and learn from better assessment and referral arrangements in a range of settings for dual diagnosis for people with problem substance use and mental health diagnosis.
- 28** Offer opportunities to pilot improved arrangements for dual diagnosis for people with problem substance use and mental health diagnosis.
- 29** Work with partners who provide smoking cessation programmes to target those programmes towards people with mental health problems.
- 30** Ensure equitable provision of screening programmes, so that the take up of physical health screening amongst people with a mental illness diagnosis is as good as the take up by people without a mental illness diagnosis.
- 31** Support the physical activity programme developed by SAMH.
- 32** Use a rights-based approach in the statutory guidance on the use of mental health legislation
- 33** Commission a review of whether the provisions in the Mental Health (Care and Treatment) (Scotland) Act 2003 Act fulfil the needs of people with learning disability and autism, taking forward new legislative measures if necessary.
- 34** Reform Adults With Incapacity (AWI) legislation.
- 35** Work with key stakeholders to better understand Mental Health Officer capacity and demand, and to consider how pressures might be alleviated.
- 36** Work with employers on how they can act to protect and improve mental health, and support employees experiencing poor mental health.
- 37** Explore innovative ways of connecting mental health, disability, and employment support in Scotland.
- 38** Develop a quality indicator profile in mental health which will include measures across six quality dimensions – person-centred, safe, effective, efficient, equitable and timely.
- 39** Establish a bi-annual forum of stakeholders to help track progress on the actions in this Strategy, and to help develop new actions in future years to help meet our ambitions.
- 40** Carry out a full progress review in 2022, the halfway point of the Strategy, to ensure that lessons are learnt from actions to that point.



**Thursday 15 June 2017 at 2.00pm**

## **Carers (Scotland) Act 2016**

**Item number: 5.5**

### **Executive summary**

The Carers (Scotland) Act 2016 is a key piece of new legislation that promises to 'promote, defend and extend the rights' (Scot Gov.) of adult and young (unpaid) carers across Scotland. The Act aims to "ensure better and more consistent support for carers and young carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring" (Scot Gov.). This legislation has implications for Adult Health and Social Care Services and both Education and Children's Services.

#### ***Board members are asked to:***

Consider the implications of the new legislation for the Partnership

Request a full report on the planned implementation of the Act in Midlothian

## Carers (Scotland) Act 2016

### 1. Purpose

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This report provides the IJB with information about the Carers (Scotland) Act (2016) and new duties under the legislation.

### 2. Recommendations

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The IJB is asked to note and consider the implications of the new legislation

The IJB is asked to agree to receive a full report on the planned implementation of the Act in Midlothian

### 3. Background and main report

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- 3.1 The Carers Bill was passed as law on 4th February 2016 and the Act will be implemented on 1st April 2018, though there is potential for key provisions to be implemented earlier; hospital discharge arrangements may be such an area. The Scottish Government recognises that implementation will require a significant programme of development of regulations and statutory guidance alongside the development of systems to provide monitoring and evaluation of the Act. A Scottish Government Implementation Steering Group involving key stakeholders has been established to provide strategic advice and guidance. In addition, subject-specific expert sub-groups have formed and have started meeting to work on specific issues.
- 3.2 The new Act will require local authorities and health boards to prepare for implementation by addressing the new duties and responsibilities placed upon them, including how carer support plans/assessments are under-taken and delivered. The Scottish Government has invited Midlothian Health and Social Care Partnership to be one of eight integrated authorities to participate in pilot work based on tests of change in relation to different provisions in the Carers Act. The focus of the pilot work in Midlothian is yet to be finalised but is likely to focus upon the preparation of Adult Carer Support Plans; the pilot work will take place between April and October 2017 and will receive £10,000 of financial support (allocated to the relevant NHS Board in the first instance for onward transmission to the Integration Authority).

## 4. Policy Implications

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### 4.1 New Duties

The Carers Act places new duties and responsibilities on Local Authorities and/or health boards. The duties outlined in the new Act build on previous carers' legislation and national strategy documents such as Caring Together: The Carers Strategy for Scotland 2010 – 2015 and *Getting It Right for Young Carers*).

1. Duty to prepare and review Adult Carer Support Plans and Young Carer Statements.
2. Establishment of Local Eligibility Criteria for Services for Young and Adult Carers.
3. Duty to provide support.
4. Duty to involve carers in carer's services.
5. Duty to prepare a carers strategy.
6. Each local authority must establish and maintain an information service for carers, and produce a short breaks service statement.

These duties and local actions required are described in detail in appendix 1.

### 4.2 Implementation Group

Adult and Children's Services staff have been invited to participate in implementation meetings taking place in Edinburgh. This will enable staff to better understand what issues require development across Lothian (e.g. hospital discharge) and what aspects of implementation are likely to benefit from a local response (e.g. arrangements for advice and support services). The intention is to establish a local implementation group to take forward developments to meet legislative requirements.

### 4.3 Impact on Performance and Outcomes

Performance monitoring frameworks are still in development at a national level. Scottish Government is currently engaged in a consultation with Local Authorities regarding the development of a new data collection Carers Census that was initiated by The Carers Bill Finance Advisory Group. This data will be

used to monitor the impact of the Carers Act and requires the establishment of a baseline position in respect of current spend and related activity on adult and young carers. The Government are therefore looking to gather baseline data, - e.g. number of carers who have received an assessment of their needs; length of time support has been provided by unpaid carer; number of hours spent caring each week - for the year ahead of implementation of the Act (from January 2017), and will continue to collect data annually thereafter. The impact of the Carers Act will be more widely monitored through research and evaluation.

#### 4.4 Adopting a Preventative Approach

Providing support to carers can save resources in the longer term. Appropriate support can reduce the impact of caring on the lives of carers and may enable them to undertake their caring role for longer and in better circumstances (physically, emotionally and financially). A lack of support to carers can affect the service needs of the person they care for. Statutory services cannot provide or replicate the type and amount of support that is delivered by unpaid carers in Midlothian, therefore it is imperative that we support carers to keep doing what they do, for as long as they want and are able to do so. A local Carers Strategy Group takes responsibility for developing and implementing new approaches to identifying and supporting carers in Midlothian

## 5. **Equalities Implications**

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- 5.1 Action plans and the development of policies and procedures will be subject to Equalities Impact Assessment.

## 6. **Resource Implications**

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- 6.1 Financial memorandums to accompany the implementation of the Act are not yet available and therefore the future funding situation remains unclear. Current work continues under existing budgets until April 2017. There has been confirmation of the availability of Carer Information Strategy (CIS) funding from the Scottish Government for 2017-18 although the actual amount for distribution has yet to be confirmed. In Midlothian CIS monies of £66,008 help fund three areas of work relating to carer support, information and advice and income maximisation.

## 7 **Risks**

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- 7.1 The financial impact of implementation and financial support accompanying the legislation are both unknown at this time. Changes to local

policy and procedures will be required in response to guidance and regulations from the Scottish Government. See appendix 2 for more detail.

## 8 Involving People

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8.1 Consideration is being given to developing a local Joint Implementation Group involving health and social care professionals (Adult and Children & Families), education, voluntary sector colleagues, and users and carers (representation from Carers Action Midlothian (CAM)).

## 9 Background Papers

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Appendix 1 – Duties on Local Authorities and Health Boards

Appendix 2 – Risk/Implementation Issues

<b>AUTHOR'S NAME</b>	Shelagh Swithenbank
<b>DESIGNATION</b>	Planning Officer (Carers)
<b>CONTACT INFO</b>	0131 271 3645 <a href="mailto:shelagh.swithenbank@midlothian.gov.uk">shelagh.swithenbank@midlothian.gov.uk</a>
<b>DATE</b>	18 May 2017

## Appendix 1 – Duties on Local Authorities and Health Boards

1. Duty to prepare and review Adult Carer Support Plans and Young Carer Statements. Act includes direction regarding the means of identification of outcomes and needs for support.

Actions in progress: Midlothian Council offer Carers Conversations to Adult Carers; currently the support needs of parent carers are addressed through support provided to a family through an assessment of a child (with additional support needs or disability). Further exploration required in the development of Young Carer Statements and agreement with which service these assessments best lie, e.g. universal services, C&F, voluntary sector partners, etc. Emergency planning is to be included in the Support Plans and Statements.

2. Provision of Support to Carers. Establishment, publication and review of Local Eligibility Criteria for services for Young Carers and Adult Carers. The Scottish Government may later choose to produce national eligibility criteria.

Actions in progress: There is working Eligibility Criteria already in place for Adult Carers that has been developed in light of SDS legislation. These criteria may need further development and will have to be published within the 6-month period prior to implementation in April 2018. Eligibility Criteria for Young Carers requires to be developed, and a range of support options explored.

3. Duty to Provide Support. To provide support where identified needs indicate that support cannot be provided through general services, including the consideration of “Breaks from Caring” on a temporary, planned and/or regular basis.

Actions in progress: Carer support services are available for Adult and Young Carers within Midlothian. The Short Breaks Scheme operated by VOCAL offers advice and support for Adult Carers to have a break from caring; a similar service/scheme could be investigated to consider the suitability of a similar scheme for Young Carers.

4. Duty to involve carers in carers services; involve carers in the discharge of cared for persons; and, in the care assessments of the cared-for person, take account of care and views of carers.

Actions in progress: Discharge planning and carer involvement is an area for practice improvement for health and social care services. The impact or involvement of young carers is an area that requires further clarification from government. Emergency planning is an area that requires development for both Adult and Young Carers.

5. Duty to prepare, publish and review a local carer's strategy including the needs/issues pertaining to both Adults and Children (as Young Carers).

Actions in progress: Planning for the next local carer's strategy is nearing completion and will be drawn up for consultation in the coming months. The content of the strategy will be directed by the legislation. The strategy is representative of Adult and Young Carers, but will require further development to represent specific issues relating to Parent Carers.

6. Each local authority and health board must establish and maintain an information service for carers, and produce a short breaks service statement.

Actions in progress: There is potential to expand on the information service provided by the Short Breaks Bureau operated by VOCAL, though there would be resource implications in relation to this.

## Appendix 2 – Risk/Implementation Issues

Risk	Actions being taken to mitigate risk
A financial memorandum to accompany the legislation has not yet been produced; therefore, there is no clarity on the funding available and how it will meet the demands on the LA.	Requirement to monitor
Ensuring that we are prepared in our development of policy and practice to deliver on the LA duties.	Watching brief over national guidance. Implementing work ourselves.
Communication and dissemination of information and guidance from the Scottish Government comes through at a pace that hampers progress.	Monitoring communication from Scottish Government and agreeing the staging of actions with wider service colleagues to ensure that possible actions are progressed, and others are taken when adequate information/guidance is given.
Successful delivery will require a coordination of strategy and work plans from multiple departments within the local authority.	Delivery will require input from wider universal services – attendance at meetings to ensure coordinated action/response.
Delayed guidance or dependence on statistical/financial guidance may influence response and delivery, making development more difficult.	Discussions re progression of actions on a local basis. Agreement on what actions need to be started and those that can wait for clarification.
Wider organisational pressures potentially affect capacity to manage change.	Work to be appropriately prioritised.

# Midlothian Integration Joint Board



Thursday 15 June 2017 at 2.00pm

## Measuring Performance Under Integration

Item number: 5.6

### Executive summary

To update the IJB on progress towards achieving the Local Improvement Goals that the IJB agreed in April 2017.

#### ***Board members are asked to:***

- Note the baselines that will be used to measure performance against the Local Improvement Goals.
- Note that at this time it is not possible to draw meaningful conclusions on progress towards the goals.
- Note that the IJB will receive an update on progress every three months. The next update will be in September 2017

## Measuring Performance Under Integration

### 1. Purpose

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- 1.1. To update the IJB on progress towards achieving the Local Improvement Goals that the IJB agreed in April 2017.

### 2. Recommendations

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- 2.1 Note the baselines that will be used to measure performance against the Local Improvement Goals.
- 2.2 Note that at this time it is not possible to draw meaningful conclusions on progress towards the goals.
- 2.3 Note that the IJB will receive an update on progress every three months. The next update will be in September 2017

### 3. Background and main report

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- 3.1 Scottish Government has invited all IJBs to set local goals for each of the indicators. The context for these improvement objectives is the IJB Strategic Commissioning Plan and the IJB's Directions that are issued to NHS Lothian and Midlothian Council. The three products are interdependent – the Strategic Commission Plan sets the vision for change in Midlothian, the Directions describe the actions to work towards this vision and the indicators will demonstrate progress of the actions and towards the vision.
- 3.2 The IJB will demonstrate progress against the national health and wellbeing outcomes which have a much wider focus than the Local Improvement Goals described in this paper which are predominantly about change in how hospital- based services are utilised. Progress on the health and wellbeing outcomes will be reported to the IJB within its Annual Report.
- 3.3 In addition the Joint Management Team of the Midlothian Health and Social Care Partnership receives a more detailed operational report which provides a deeper understanding on progress to achieving the IJB's local improvement goals.
- 3.4 The purpose of the integration of health and social care and the establishment of Integration Joint Boards is to drive forward the changes required that have not been possible to achieve under previous governance and organisation configurations.

- 3.5 The IJB must be ambitious in the scale and pace of change it demands across the system. The rapid demographic change and the current overreliance on hospital-based care are incompatible. The IJB must provide strong leadership through its vision and directions. The performance improvement goals quantify the scale and pace that the IJB requires Midlothian Council and NHS Lothian to deliver.
- 3.6 The IJB agreed to use the following local improvement goals to measure improvement across the health and care system. These goals are based on indicators that the Ministerial Strategic Group for Health and Community Care agreed in December 2016.

<b>Midlothian IJB Local Improvement Goals</b>
1: Reduce unscheduled admissions by 5% by September 2018
2: Reduce unscheduled hospital occupied bed days by 10% by April 2019
3: Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home
4: By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard
5: Maintain the current number of patients using A&E (ongoing)
6: Reduce delayed discharge occupied bed days by 30% by April 2018
7: No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018
8: Reduce by 10% by April 2018 the number of occupied bed days in the RIE and WGH during the last six months of life*
9: Reduce the percentage of patients over 75 who are in a larger hospital from 1.9% to 1.6% and in an care home from 6.8% by TBD*

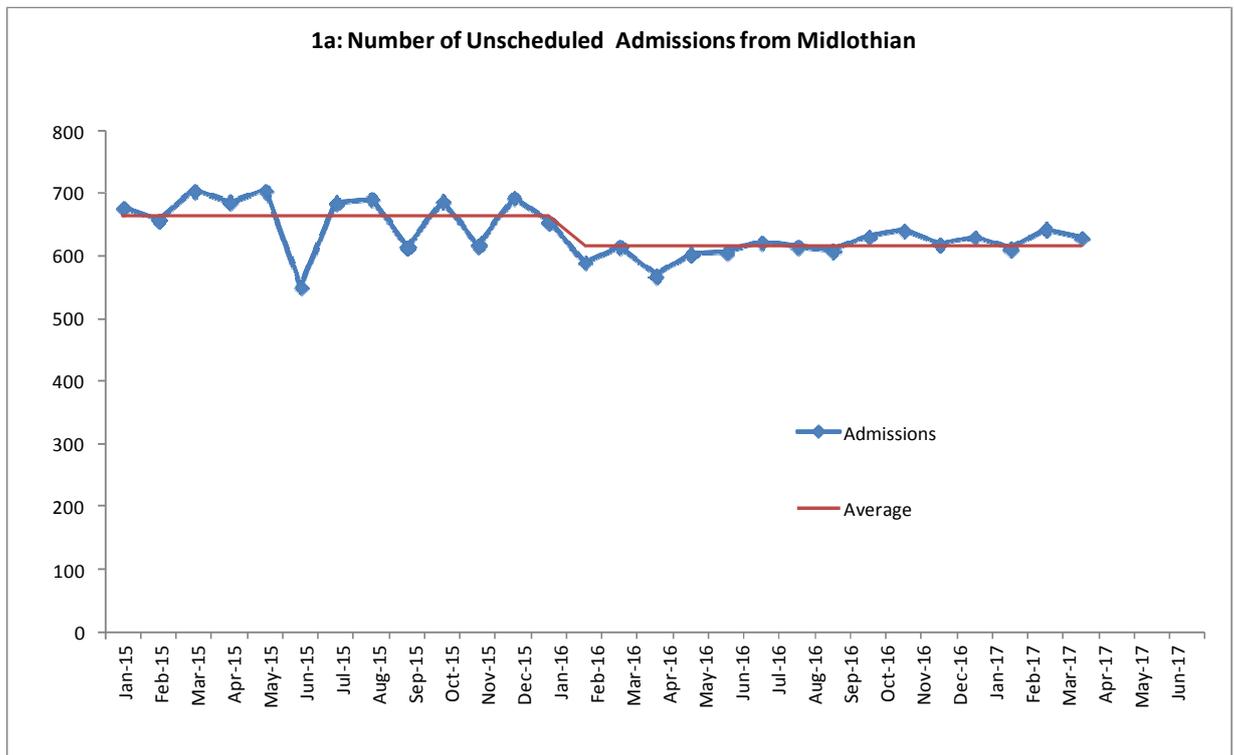
\*further work required to finalise the goal target or date.

- 3.7 The IJB agreed in April 2017 to receive a quarterly update on progress towards the Midlothian IJB Local Improvement Goals. This is the first of these reports. The next report will be presented to the IJB in September 2017.
- 3.8 There is work underway in NHS Lothian and ISD Scotland to develop systems to ensure that accurate data is provided to the IJBs. Currently information is available for most of the IJB's Local Improvement Goals. Information for all indicators will follow.
- 3.9 Appendix One provides technical detail of how these goals are measured and how the baselines were calculated.

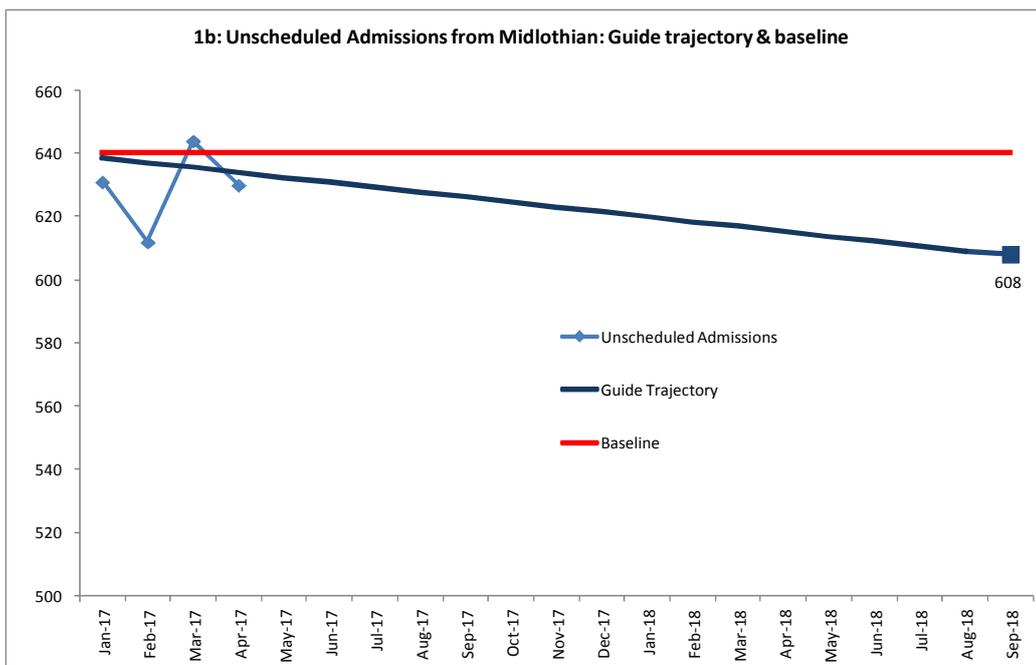
**1. Reduce Unscheduled Admissions by 5% by September 2018**

1.1. The baseline for this goal is **640 admissions** each month which was the average number of unscheduled admissions each month during 2015 and 2016.

1.2. Chart 1A shows that there was a significant change in admissions activity from February 2016. Before then the average month admissions was 664 and subsequently was 616. This means there are now about 1.6 fewer unscheduled admissions each day from Midlothian. The cause for this is not understood.



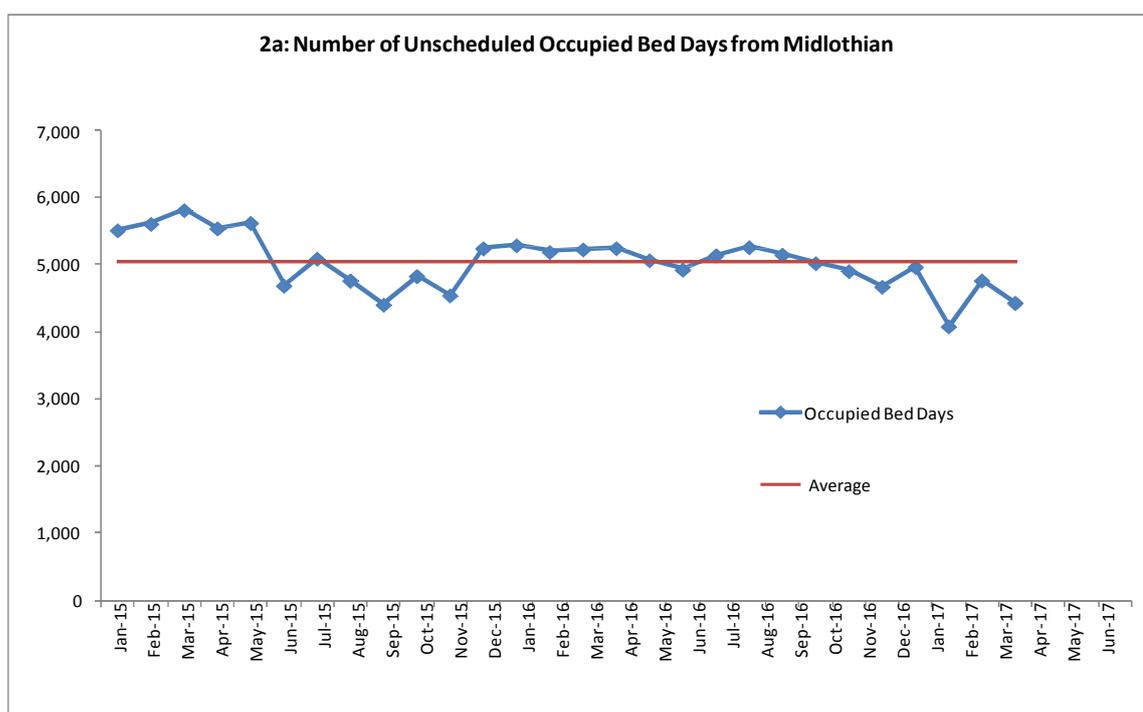
1.3. Chart 1b shows monthly activity against a notional trajectory to where the IJB’s Local Improvement Goal. It should be used with caution because there will not be a consistent improvement from month to month.



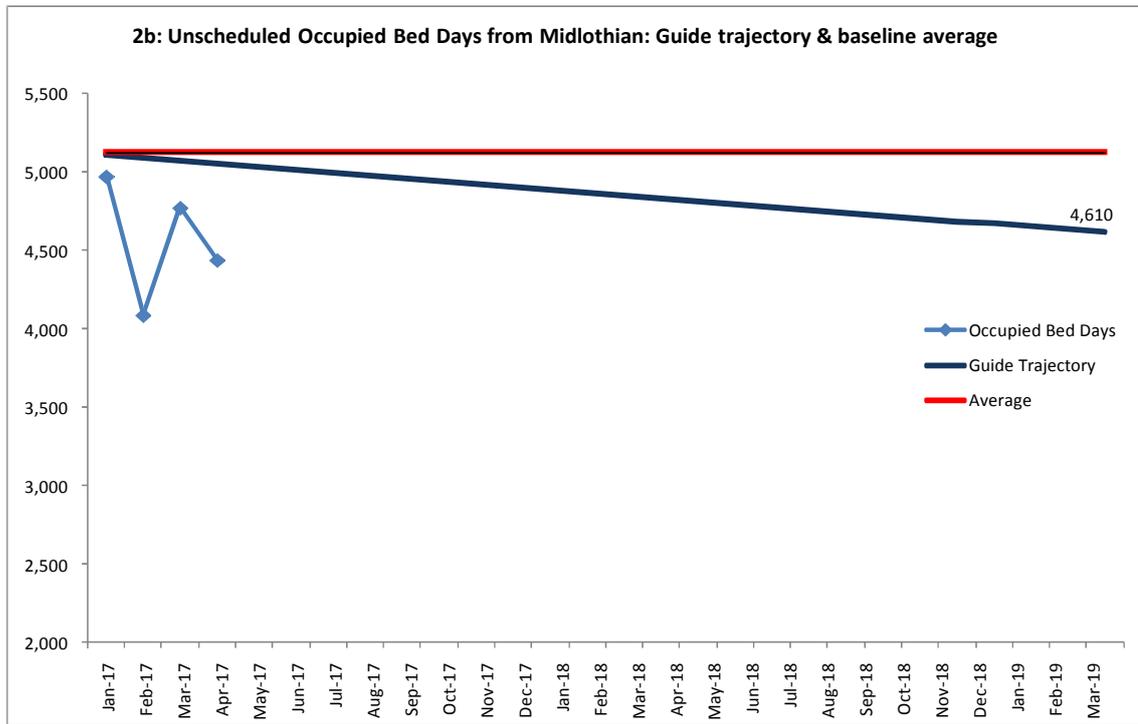
**2. Reduce unscheduled hospital occupied bed days (OBD) by 10% by April 2019**

2.1. The baseline for this goal is **5,122 unscheduled occupied bed days (OBD)** each month which was the average number of unscheduled OBD each month during 2015 and 2016.

2.2. Chart 2a plots the monthly Midlothian unscheduled OBD. There is seasonally variation apparent in the chart.

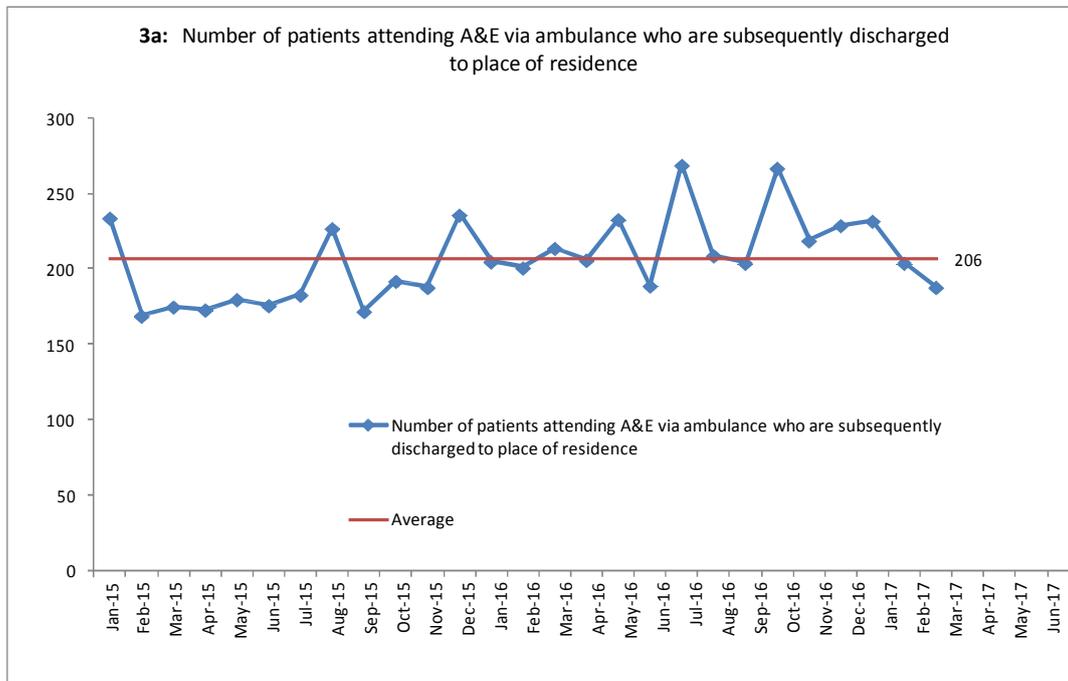


2.3. Chart 2b shows monthly activity against a notional trajectory to where the IJB's Local Improvement Goal. It should be used with caution because there will not be a consistent improvement from month to month.



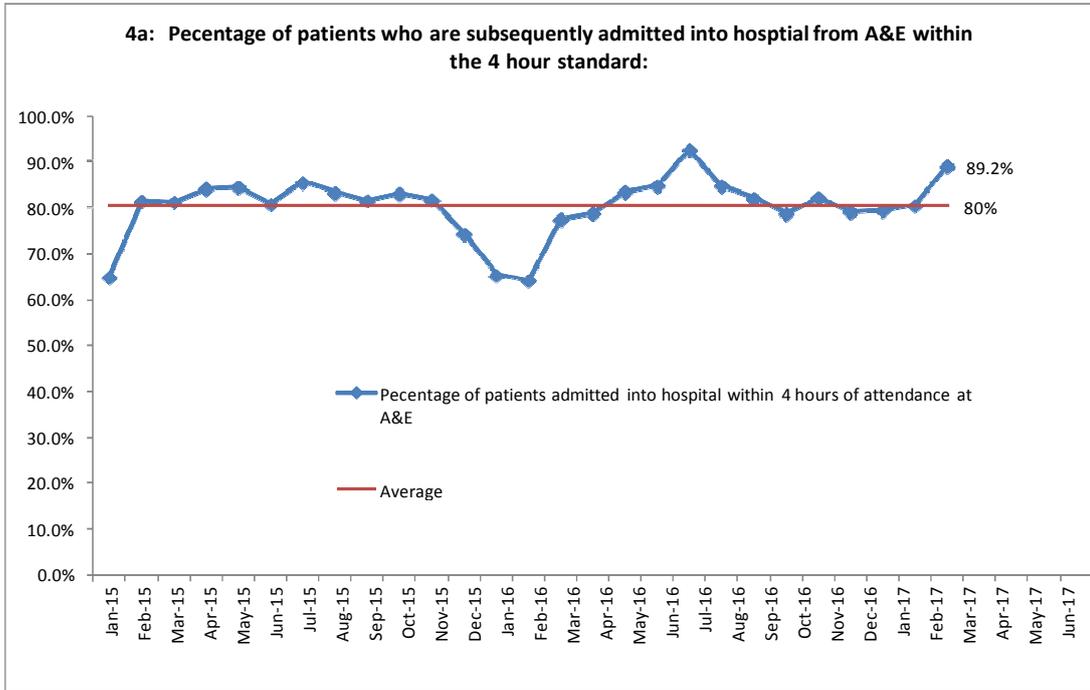
**3. Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home**

3.1 The baseline for this goal is **206 patients per month who attend A&E via Ambulance who were subsequently discharged to their place of residence**. This was the average number of attendances each month during 2015 and 2016.

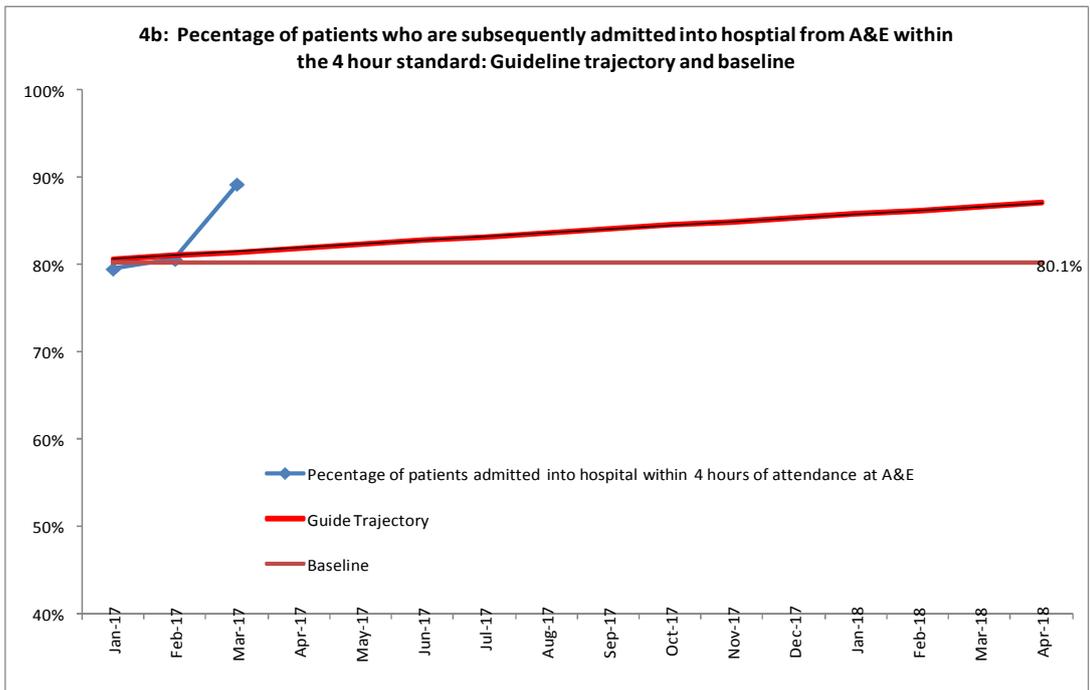


**4. By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard.**

4.1 The baseline for this goal is **80.1%** each month which was the average percentage each month during 2015 and 2016 against the 4 hour A&E standard for patients who were subsequently admitted to hospital.

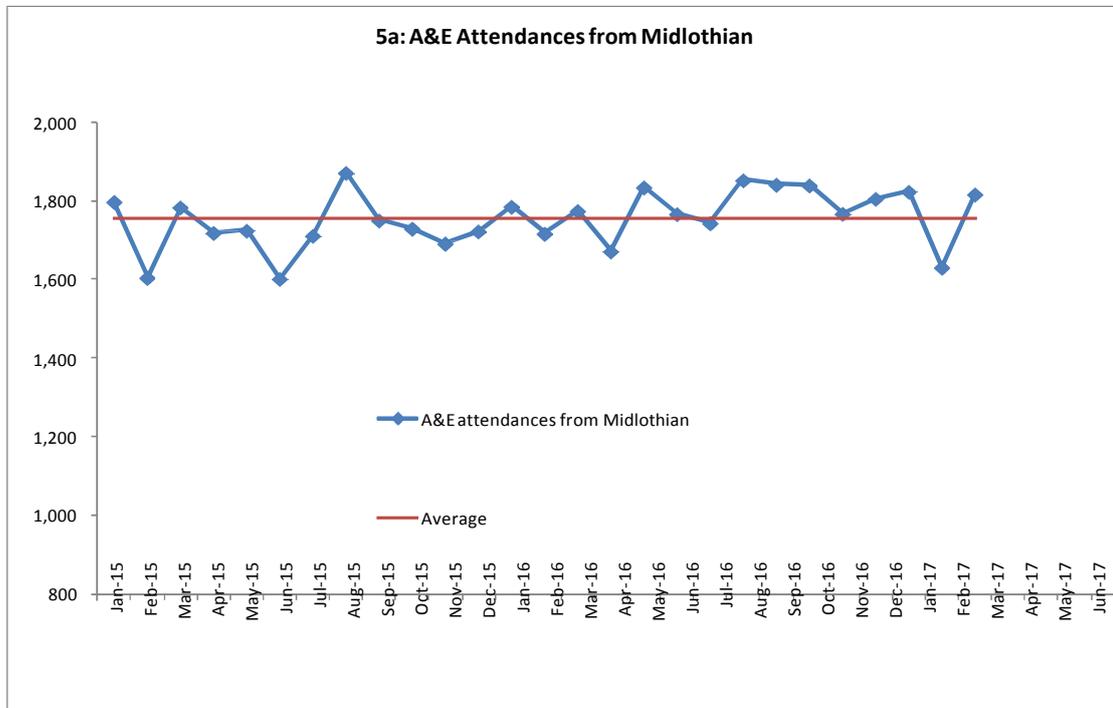


4.2 Chart 5b shows monthly activity against a notional trajectory to where the IJB's Local Improvement Goal. It should be used with caution because there will not be a consistent improvement from month to month.



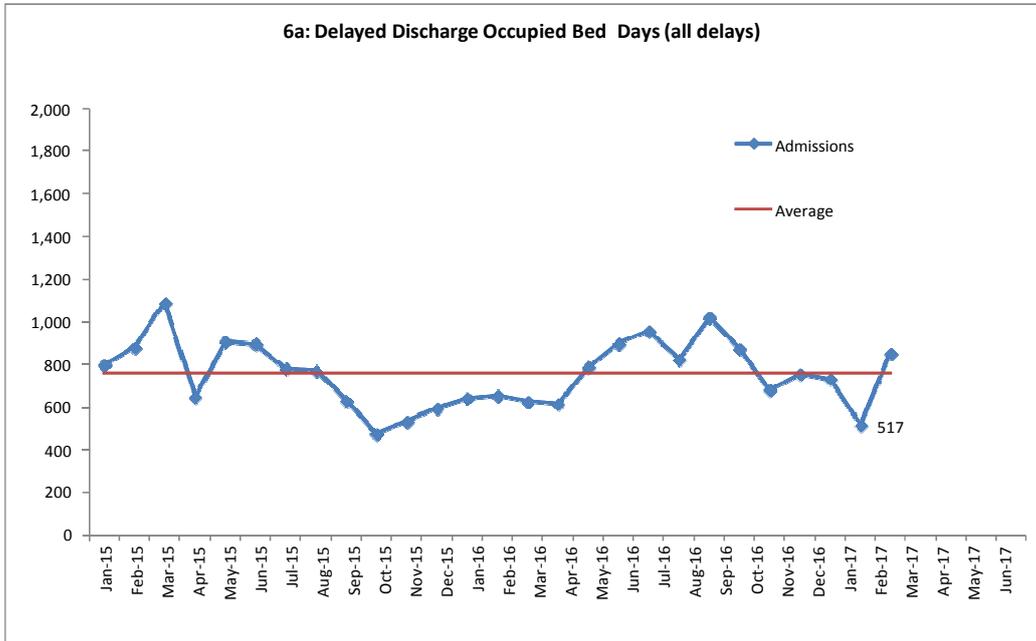
5. Maintain the current number of patients using A&E (ongoing)

5.1 The baseline for this goal is **1,756 A&E attendances** each month which was the average number of attendances each month during 2015 and 2016.

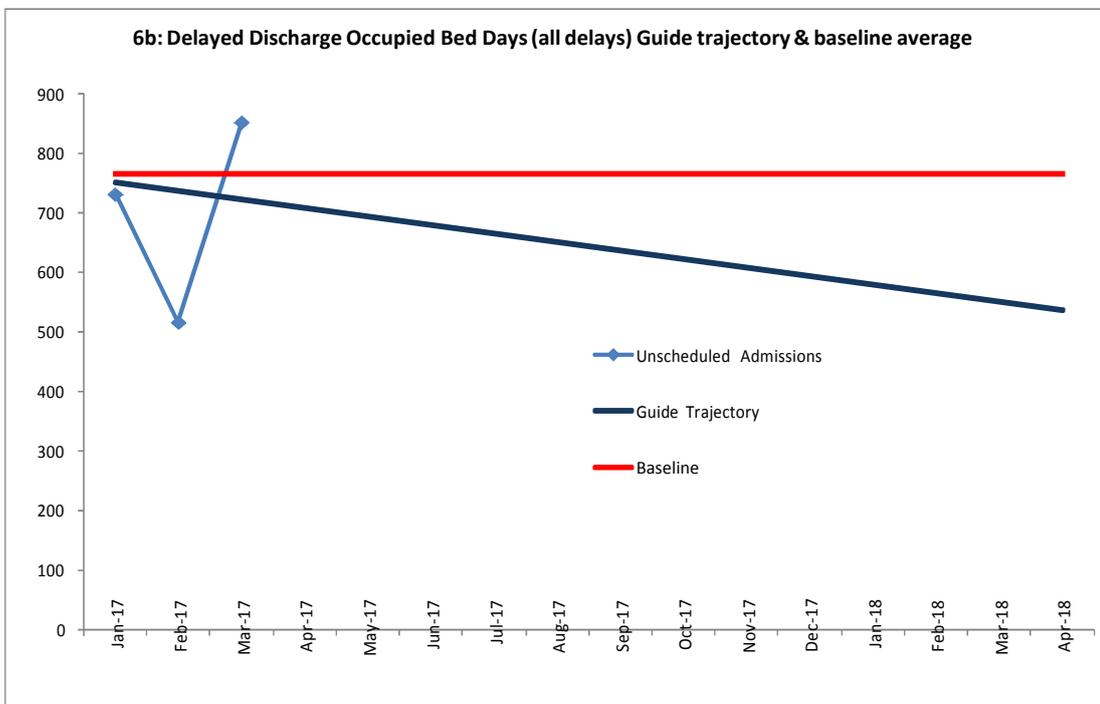


**6. Reduce delayed discharge occupied bed days by 30% by April 2018**

6.1 The baseline for this goal is **765 Delayed Discharge Occupied Bed Days (OBD)** each month which was the average number of OBD as a result of all delays each month during 2015 and 2016.



6.2 Chart 6b shows monthly activity against a notional trajectory to where the IJB’s Local Improvement Goal. It should be used with caution because there will not be a consistent improvement from month to month.



- 7. No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018**
- 7.1 *System is not in place yet to report on this goal. Data will be available from end of June 2017*
- 8. Reduce by 10% by April 2018 the number of occupied bed days in the RIE and WGH during the last six months of life.**
- 8.1 *System is not in place yet to report on this goal. Data will be available from end of June 2017*
- 9. Reduce the percentage of patients over 75 who are in a larger hospital from 1.9% to 1.6% and in a care home from 6.8% by TBD**
- 9.1 *System is not in place yet to report on this goal. Data will be available from end of June 2017*

#### **4. Policy Implications**

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The performance improvement goals will support the implementation of the IJB Strategic Plan.

#### **5. Equalities Implications**

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There are no equality implications from focussing on these goals but there may be implications in the actions that result from work to achieve them.

The focus of most of the goals is on reducing hospital activity and hospitals are not used equally by the population. There are population groups that make more use of hospitals than other groups – for example older people or people living in areas of deprivation.

There has not been an EQIA undertaken for the establishment. Specific actions resulting from work to achieve this goals will have an EQIA completed as part of the establishment and evaluation of the action.

#### **6. Resource Implications**

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There are no immediate resource implications as a result of the recommendations in this paper

## 7 Risks

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The main risk is that the IJB fails to set a suitable ambitious pace of change across the health and care system to reduce hospital utilisation and respond to the changing demographics

## 8 Involving People

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The Strategic Planning Group has been consulted in agreeing the Local Improvement Goals.

## 9 Background Papers

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None

<b>AUTHOR'S NAME</b>	Jamie Megaw
<b>DESIGNATION</b>	Strategic Programme Manager
<b>CONTACT INFO</b>	<a href="mailto:Jamie.megaw@nhslothian.scot.nhs.uk">Jamie.megaw@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	25 <sup>th</sup> May 2017

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## Appendix 1:

Midlothian IJB Local Improvement Goals	Technical information on data used to monitor the goal
1: Reduce unscheduled admissions by 5% by September 2018	<ul style="list-style-type: none"> <li>• Data Source: TRAK (Oracle Analytical Database), NHS Lothian</li> <li>• Ages Included: 20+</li> <li>• Hospitals Included: RIE, WGH, STJ, REAS, Liberton, Royal Alexander Eye Pavilion</li> <li>• IJB area of residence: Midlothian</li> <li>• Admission Type: Unplanned</li> </ul>
2: Reduce unscheduled hospital occupied bed days by 10% by April 2019	<ul style="list-style-type: none"> <li>• Data Source: TRAK (Oracle Analytical Database), NHS Lothian</li> <li>• Ages Included: 20+ (report does not allow 18+ to be selected)</li> <li>• Hospitals Included: RIE, WGH, STJ, REAS, Royal Alexander Eye Pavillion</li> <li>• IJB area of residence: Midlothian</li> <li>• Admission Type: Unplanned</li> </ul>
3: Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home*	<ul style="list-style-type: none"> <li>• Data Source: NSS Discovery Level 2 A&amp;E Waiting Target Residence</li> <li>• Ages Included: 20+ (report does not allow 18+ to be selected)</li> <li>• IJB area of residence: Midlothian</li> <li>• Arrival Mode: 'Ambulance –Road', 'Ambulance – air', 'ambulance + A&amp;E retrieval tea,'</li> <li>• Discharge Destination: 'Place of Residence'</li> </ul>
4: By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard	<ul style="list-style-type: none"> <li>• Data Source: NSS Discovery Level 2 A&amp;E Waiting Target Residence</li> <li>• Ages Included: 20+ (report does not allow 18+ to be selected)</li> <li>• IJB area of residence: Midlothian</li> <li>• Discharge Destination: 'Admitted'</li> </ul>
5: Maintain the current number of patients using A&E (ongoing)	<ul style="list-style-type: none"> <li>• Data Source: TRAK (Oracle Analytical Database), NHS Lothian</li> <li>• Ages Included: All</li> <li>• A&amp;E/MIU included: RIE, WGH, STJ. The A&amp;E in Sick Kids is excluded</li> <li>• IJB area of residence: Midlothian</li> </ul>

6: Reduce delayed discharge occupied bed days by 30% by April 2018	<ul style="list-style-type: none"> <li>• Monthly data release by SOURCE team for Measuring Performance Under Integration</li> <li>• 'All' Delayed Discharges included</li> </ul>
7: No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018	
8: Reduce by 10% by April 2018 the number of occupied bed days in the RIE and WGH during the last six months of life	
9: Reduce the percentage of patients over 75 who are in a larger hospital from 1.9% to 1.6% and in an care home from 6.8% by TBD*	



**Thursday 15 June 2017 at 2.00pm**

## **Financial Update – 2016/17 and 2017/18**

**Item number: 5.7**

### **Executive summary**

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This report lays out the IJB's final out-turn position for 2016/17, considers what lessons can be learnt from that position and continues to reflect and refine the financial planning and management for 2017/18. It should be noted that the IJB is required to break-even in 2017/18

#### **Board members are asked to:**

- 1. Note the IJB's financial position at the end of 2016/17*
- 2. Accept the financial budget proposition from NHS Lothian*
- 3. Note the further update on the financial planning and management process for 2017/18.*

## Financial Update 2016/17 and 2017/18

### 1. Purpose

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- 1.1 This report lays out the financial out-turn for 2016/17 and updates the financial projections and planning for 2017/18

### 2. Recommendations

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The IJB is asked to :-

- 2.1 Note the financial out-turn for 2016/17  
2.2 Accept the final budget proposition from NHS Lothian for 2017/18  
2.3 Note the funds carried forward on behalf of the IJB by Midlothian Council from 2016/17 to 2017/18.  
2.4 Note the financial update for 2017/18 and the expectation that the IJB will break-even.

### 3. Background and main report

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#### 2016/17 Out-turn

- 3.1 During the financial year 2016/17, the IJB had a financial risk sharing agreement with its partners – Midlothian Council and NHS Lothian. In essence this agreement was that any overspends against the IJB's budgets would be covered by the appropriate partner. That is that Midlothian Council would support overspends in social care services and NHS Lothian would support overspends in health services.
- 3.2 NHS Lothian wrote to the IJB on 22<sup>nd</sup> April 2017, laying out the charges to the IJB for the delivery of the IJB's functions that had been incurred by NHS Lothian in 2016/17. The charges being a net cost to the IJB of £96.3m which included a charge for the non-cash limited functions (General Ophthalmic Services, General Pharmaceutical Services and General Dental Services) of £8.7m. As agreed, NHS Lothian have made income available to the IJB to cover this charge.
- 3.3 At its May 2017 meeting, a report was agreed by Midlothian Council laying out the net charge from Midlothian Council to the IJB of £38.2m. Again, as agreed, Midlothian Council have made income available to cover this charge.

- 3.4 The NHS budget charge for 2016/17 included £8.7 m for what are called non cash limited functions (General Ophthalmic Services, General Pharmaceutical Services and General Dental services) These non-cash limited functions do not have budgets as such and the cost of delivering these functions is met in full by the Scottish Government. Therefore the IJB has no budgets for these services although they are delegated functions to the IJB and require to be reported as part of the 2016/17 out-turn. NHS Lothian has, accordingly, assumed income to cover the costs of these services.
- 3.5 The charge made by Midlothian Council to the IJB are the net direct costs incurred in the delivery of social care services in Midlothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the Core services are based on the net direct actual costs incurred in Midlothian but charges for hosted and set aside services are based on the total actual costs for these service shared across the IJBs per the budget setting model. Midlothian's share of the total actual costs incurred in 2016/17 for hosted services is 10% and, generally, 10% of the Lothian element of the set aside budgets.
- 3.6 That said, and as reported in previous finance paper to the IJB, the IJB has broken even in 2016/17. However that breakeven position has been delivered through additional support from the partners as follows :-

	MLC	NHSIL
	£m	£m
Opening Budget	37.25	78.69
Social Care Fund		3.59
Add'n budget in year	0.41	4.41
2016/17 budget	37.66	86.69
NCL		8.70
Additional n/r Support	0.74	0.86
<b>Net charge to IJB</b>	<b>38.24</b>	<b>96.25</b>

In total the partners have allocated additional non-recurrent support to the IJB of £1.6m.

It should be noted that the additional budget in year from MLC came from funds that MLC had carried forward on behalf of the IJB from 2015/16. In NHS Lothian the additional resources came from Scottish government in year allocations and further revisions to the health budget setting model. Much of the apparent increase in budget was an improvement in the quality of the mechanism to derive the health budget.

- 3.7 The out-turn forecast for 2016/17 reported during the financial year projected that the IJB's budget would be overspent. However the actual out-turn position is better than both the NHS and MLC quarter three forecasts. This is especially significant in the case of the social care element of the budget wherein the quarter three forecast showed a projected overspend of c. £1.4m where as the out-turn position was actually an overspend of £0.74m.

- 3.8 The pressures driving these overspends fall into three broad areas :
- Significant cost pressures in the delivery of social care for adults.
  - Significant overspends against the GP prescribing budget
  - A lack of recurrent delivery of efficiency schemes and recovery plans both within those services managed by the partnership and the services managed by other management teams within NHS Lothian.
- 3.9 These matters are addressed in the 2017/18 financial planning process in that the Partnership is considering a fundamental redesign of the delivery of social care services for adults and the budget for GP prescribing has been reset at the closing position for 2016/17 with a more prudent financial model for 17/18. There remains a significant pressure from efficiency and recovery plans and this will be a key issue that the IJB will have to take assurance on during this financial year.

### **2017/18 Update**

- 3.10 At its March 2017 meeting the IJB accepted an indicative budget proposition from NHS Lothian in order to progress the issuing of Directions for 2017/18. NHS Lothian wrote to the IJB on 2<sup>nd</sup> May 2017 finalising its budget proposition for 2017/18. This indicated a total budget of £84.8m plus an additional £1.45m for the opening element of the 2017/18 social care fund. This is c. £0.14m greater than the indicative number and reflects some minor late changes to the NHSiL budget model.
- The letter from NHS Lothian along with a proposed reply is attached as appendix 1 and 2 to this report and the IJB is asked to support this response
- 3.11 The report to the IJB in March 2017 also laid out the financial pressures that the financial assurance process had identified for 2017/18 It was noted that the total pressures identified were c. £5.0m of which plans had been developed for c. £3.0. This left c. £2.0m of pressures for which plans had not, at that time been identified. These pressures being c. £0.5m in the set aside services and c. £1.5m in social care services.
- 3.12 The letter responding to NHS Lothian's 2017/18 budget offer seeks further clarity around the set aside services. Roughly half the pressure within social care services was driven by an underlying overspend, reflected in the quarter 3 projected out-turn of c. £1.4m. Given the improved out-turn in social care – although not all of that is recurrent, see below - it is likely that the underlying pressure in social care is now c. £1.0m and this has the potential to improve the 17/18 position.
- 3.13 A report was presented to the IJB in April indicating the projected out-turn within the social care fund in 2016/17. This showed c. £0.26m of slippage which, it was agreed, would support the social care position in year and that has been actioned. Further work is required to finalise the Social Care Fund position but its clear that the slippage was greater than originally planned and Midlothian Council has agreed to carry forward £0.2m of slippage in the social care fund on behalf of the IJB from 2016/17 to 2017/18.

3.14 In total, as laid out in the report to the Council meeting of May 2017, Midlothian Council is carrying forward funds on behalf of the IJB from 2016/17 of £.1.18m. This is made up as follows :-

3.15

<b>Committed Project Funds</b>	<b>£000's</b>
SG Self directed support	316
MELDAP	278
SG Funding TEC	85
SG (via NHS) Dementia	77
7 Pillars (MH)	27
Criminal Justice	39
Other	73
<b>NHS Funding</b>	<b>895</b>
SCF	200
Integrated Care Fund	34
Resource Transfer	51
	<u>1180</u>

Much of these funds are earmarked for individual projects however there may be an element of flexibility. That flexibility will be used to enhance the social care delivery allowing improvements in delayed discharge and admission avoidance as laid out in the IJB's Strategic Plan. These funds will be available to the IJB in 2017/18.

3.16 The IJB continues to work with its partners to develop a multi-year financial plan which will support the delivery of the Strategic Plan and also the redesign and transformation of services that underlie that plan.

3.17 In the longer term this will entail finalising the redesign of a new delivery model for the delegated functions and thus creating a 'future service model'. This model then requires to be fully costed to allow the IJB to compare the costs of its redesigned services against the budget that will be available to it.

3.18 In the short term, and as a key part of the path to that future position, the following areas require to be further developed :-

- Services directly managed by the Partnership should continue to move towards a fully integrated, multi-disciplinary team model. This has already been started and work continues.
- The 'our share' model for hosted services requires to be further developed. This would mean that the IJB's fair share of the hosted services' budget becomes available to the IJB and the IJB will use that resource to transform the delivery model for these services. Where appropriate a locally managed delivery model will be used and where a continuation of a pan lothian model is the agreed model, the IJB will work with partners to ensure that the service is sensitive to local needs and

supports the delivery of the Midlothian Strategic Plan. In many areas Work is already underway to transform both pan lothian Learning Disability and of Substance Mis-use Services.

- The IJB needs to further understand the set aside services and to explore how these services could be delivered in a different way that is more community based. The IJB is working closely with NHS Lothian in this area and has indicated this in its directions.

#### **4. Policy Implications**

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- 4.1 There are no further policy implications arising from any decisions made on this report.

#### **5. Equalities Implications**

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- 5.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper. However, as services are redesigned as discussed above equalities impacts will require to be undertaken

#### **6. Resource Implications**

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- 6.1 The resources implications are laid out above

#### **7 Risks**

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- 7.1 The issue of financial sustainability is already identified in the IJB's risk register

#### **8 Involving People**

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- 8.1 This report is based on the IJB's Strategic Plan which itself has been consulted on with both the general population and staff.

#### **9 Background Papers**

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- 9.1 Previous finance reports to the IJB discussed above.

<b>AUTHOR'S NAME</b>	David King
<b>DESIGNATION</b>	Chief Finance officer
<b>CONTACT INFO</b>	<a href="mailto:David.king@nhslothian.scot.nhs.uk">David.king@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	May 2017

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#### Appendices

1. Budget for 2017/18 from NHS Lothian
2. Reply to Budget proposition from NHS Lothian

**Lothian NHS Board**

*By Email Only*

Finance Director's Office  
Waverley Gate  
2-4 Waterloo Place  
Edinburgh  
EH1 3EG  
Telephone 0131 536 9000  
Fax 0131 536 9088



[www.nhslothian.scot.nhs.uk](http://www.nhslothian.scot.nhs.uk)

*Chair and Chief Officer of IJB*

Date 2 May 2017  
Your Ref  
Our Ref  
Enquiries to Susan Goldsmith  
Extension 35810  
Direct Line 0131 465 5810  
Email - Susan.Goldsmith@nhslothian.scot.nhs.uk

Dear Colleague

**BUDGET AGREEMENT 2017/18 – MIDLOTHIAN INTEGRATION JOINT BOARD (IJB)**

Further to my letter of 10th February 2017 and the submission of NHS Lothian's Local Development Plan to the Scottish Government on 11th April 2017, I am now in a position to confirm the resource allocation for your IJB. Your total budget for 2017/18 is £84.8m.

In addition to the delegated budget shown as part of your financial plan, a further £1.45m will be passed through from Health directly to your IJB from the Social Care fund and is your IJB's share of the £14.2m which is part of NHS Lothian's base uplift. This will be in addition to the budget allocation above.

At this stage NHS Lothian is planning on the assumption that there will be no base uplift in 2018/19 and therefore the IJB budget allocation for next year will be in line with this year. However, recognition needs to be made that some of the funding sources for this year's financial plan are non recurring in nature and at this stage no guarantee can be given that this level of funding will be available in future years.

The budget allocation excludes a contribution from the £2m investment to support Primary Care. The utilisation of this fund will be determined through the Primary Care Board, co-chaired by Tracey Gillies and David Small. The allocation also excludes a contribution from the £2m investment to support a quality improvement approach to elimination of unwarranted variation and waste in Primary Care prescribing proposals. To take this forward proposals will be considered, and agreed, by the Effective Prescribing Group.

Finally the Scottish Government has funding available for investment in IJB delegated functions, and these will be allocated to IJBs once available. The level of this funding is not yet clear by Board/IJB.

The methodology for apportioning budgets and allocating uplift is summarised below:



Headquarters  
Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

Chair Mr Brian Houston  
Chief Executive Mr Tim Davison  
*Lothian NHS Board is the common name of Lothian Health Board*

- **GP Prescribing budgets** – This budget is set based on the estimated 16/17 expenditure. To be able to achieve this NHS Lothian has allocated £8.5m of non-recurring resource to the prescribing budgets. In recognition of future growth, NHS Lothian has laid aside £2m for pump priming of quality improvement prescribing initiative schemes to help manage the pressure referenced above;
- **Pay Uplift** – The importance of maintaining integrity of pay budgets has been recognised by the Board and the balance of the 17/18 uplift along with other recurring resources have been allocated across all recurring pay budgets to meet pay awards;
- **Primary Care Investment** – the £2m recurring Investment in Primary care included in the Financial Plan is still to be allocated across the partnerships and once agreed will form part of the in year adjustments to the budget, referenced above;
- **NRAC** – The additional 16/17 NRAC £6m and the anticipated 17/18 NRAC £19m parity funding have, along with recurring reserves, been allocated to those cost pressures previously agreed by the Board as a funding priority in the 16/17 Financial Plan but had only a non-recurrent funding solution to support them up to this point;
- **Social Care Fund** – The additional funding will be allocated as directed by the Scottish Government and does not form part of this budget allocation;
- **Efficiencies** - Chief Officers in their capacity as managers of NHS Lothian services have developed financial recovery plans to demonstrate how financial balance can be achieved for those services for which they have responsibility. IJBs will need to be assured that those recovery actions identified do not impact on their ability to deliver strategic direction. As plans are agreed this may result in the reallocation of budgets to reflect the consequent service change. This will be agreed with IJBs.

IJBs will be expected to deliver financial balance through their Directions to the Board and through the Partnerships, and working with Acute Services to reduce estimated expenditure on a recurring basis to deliver a balanced ongoing position across all delegated services of the IJB.

For 2016/17 NHS Lothian agreed with IJB Partners that a year end financial adjustment would be made, non recurrently, in order that the Health component of the IJBs budgets

would be able to deliver a balanced outturn. This has been achieved largely through the use of flexible resources in reserves which were explicitly not included in last year's plan.

However, NHS Lothian's reserves have already been deployed in the financial plan this year and as a consequence no further resources are available, with the exception of those referenced above. Therefore each IJB will be required to explicitly set out cost reduction plans through their directions in order to ensure the IJB can achieve a balanced outturn at the end of the year.

### **Performance Metrics**

During the final quarter of 2016/17 NHS Lothian introduced a framework to measure performance under integration. This suite of measures will allow each Integration Authority's performance to be monitored and improvement opportunities identified. The development of this framework is seen as iterative and will be further refined and developed throughout the coming months and years and our expectation is that you will identify clear measures for these and work with Jim Crombie on monitoring of these.

To date, the performance framework has included data by each IJB on;

- Number of front door attendances & admissions – for the IJB
- Number of front door attendances & admissions – broken down by GP practice and referral type
- Front door inpatient conversion rate
- Analysis of the acuity of attendances
- Age profiling of front door attendances and admissions
- Performance against the 4 hour target
- Unplanned inpatient total occupied bed days
- No of delayed discharges vs. trajectory
- No. of packages of care against locally set trajectory
- Delayed discharges by length of delay
- Total occupied bed days for delayed discharges

The letter from Geoff Huggins received in January detailed plans to measure performance under integration at a national level. This added a further two measures that would be monitored for each IJB:

- End of life care
- Balance of care

Further work analysing each IJB performance over time will allow the development of improvement trajectories to support the delivery of the milestones set out by Scottish Government, and to deliver financial balance on the set aside budget.

Finally we have agreed that during 17/18 we should jointly revisit the cost model utilised to allocate set aside and hosted services budgets. This will consider the utilisation of the NRAC formula. I propose that we do not make any allocation formula changes in 17/18 but plan to implement in 18/19.

Yours sincerely

**Susan Goldsmith**  
**Director of Finance**

## Midlothian Integration Joint Board



Chief Officer :- Eibhlin McHugh

### By Email Only

Mrs Susan Goldsmith  
Director of Finance  
NHS Lothian  
Waverley Gate

Dear Mrs Goldsmith,

### **BUDGET AGREEMENT 2017/18 – MIDLOTHIAN INTEGRATION JOINT BOARD (IJB)**

Thank you for your letter of 2 May 2017.

At its March 2017 meeting I presented an indicative NHS Lothian budget to the IJB for 2017/18 as part of the process of agreeing the overall IJB budget. This indicative value was based on the latest iteration of the NHSiL financial plan and is only c. £140,000 different from the budget in your letter which is, simply the product of a few further minor adjustments. This difference is clearly not material. The IJB is content to accept this budget and grateful for the support that the Health Board has given and continues to give to the IJB around the budget setting process.

I note your comments around the further investments in primary care, GP prescribing support programmes and any future Scottish Government investments

The IJB's Integration Scheme lays out a model for financial management which, in effect, expects a break-even position. I appreciate that NHS Lothian has no further resources but the IJB is not, as you know, an operational unit

with its own management capacity and I am anxious about resolving financial issues outwith the Partnership's direct control. I would be grateful for further discussion as to how the IJB and NHSiL can work together to support financial delivery in both set aside and other budgets outwith the partnership. It would be useful, therefore, to get an early detailed understanding of the financial pressures projected in the current financial plan against the set aside budgets.

Of course what will help to resolve a range of financial management issues is a clearer understanding of the IJB's use of the pan-Lothian resources, as you discuss in your letter. I would support a detailed analysis of the use by the IJB of the set aside beds (and other acute services as appropriate) and the hosted services. This can become part of the more thorough review of the IJB health budget setting model as we now need to move towards a proposition for the IJBs in Lothian as to what constitutes a fair share of the Lothian resources for delegated functions for each IJB. I am copying this response to the Chief officers in the other Lothian IJBs in that we will all have to work together to finalise an appropriate resource sharing mechanism. I am happy to support your proposal that any changes to the current model suggested by this work are not actioned until 2018/19.

I also appreciate your concern around the performance targets for each IJB as indicated by the recent Scottish Government letter. It is important to recognise that the IJB has set targets along the lines of the Scottish Government's recommendations which are encapsulated in the IJB's directions to NHS Lothian and I'm pleased that NHS Lothian is developing performance systems that will allow the IJB to understand if NHS Lothian is delivering against these targets. That said, such delivery is, like everything else the IJBs undertake, a partnership between the IJB(s) and NHS Lothian and we need to be clear as to how this partnership will work in operational terms, especially considering that this financial year is now nearly three months old.

The other issue the IJBs are keen to drive forward is that of a multi-year financial plan. I appreciate your comments around the proposed position for 18/19 and it would also be useful to consider how we might work together to develop a financial plan for future years. In principle, NHSiL would indicate to the IJB the resources available to it in future years and the IJB would then decide how to deploy these resources to deliver its strategic plan. However, this may be very difficult to do in practice, especially in the next couple of years and we need to consider how to best drive this change in the financial planning process forward.

In terms of in year budget setting and management, I would appreciate your thoughts on how we can reflect any changes to the IJB's budget arising from further SG allocations. It would be useful to know what the current assumptions on SG allocations are in the base budget and how we will ensure that the IJB receives its share of any in-year allocations that support delegated functions.

We have set up meetings to discuss these finance issues between the IJBs and NHSiL and I am keen that we get the matters discussed above on the agenda for these meetings.

Yours sincerely,

Eibhlin McHugh  
Chief Officer

On behalf of Midlothian Integration Joint Board





**Thursday 15 June 2017 at 2.00pm**

## **Draft Annual Accounts – 2016/17**

**Item number: 5.8**

### **Executive summary**

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The IJB is required to prepare a set of annual accounts for the financial year 2016/17. A draft of these accounts must be agreed by the IJB before 30<sup>th</sup> June whereupon the draft must be published on the IJB's website and presented to the IJB's auditors for review.

This process is in three parts :-

1. The IJB's Chief Internal Auditor must deliver her audit opinion on the IJB's governance
2. The IJB must approve its annual governance statement (AGS) (this is included in the annual accounts)
3. The IJB must approve the draft annual accounts for audit

### **Board members are asked to:**

1. *Note the Chief Internal Auditor's audit opinion*
2. *Approve the AGS*
3. *Approve the outline draft Annual Accounts for 2016/17.*

## IJB Draft Annual Accounts 2016/17

### 1. Purpose

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- 1.1 This report brings together the elements required to present for approval the draft annual accounts for the IJB for the year ending 31<sup>st</sup> March 2017. This includes the presentation of the Chief Internal Auditors opinion on the governance of the IJB and the Annual Governance statement for the IJB which itself forms part of the IJB's annual accounts.,

### 2. Recommendations

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The Board is asked to:-

- 2.1 Note the CIA's audit opinion – see appendix I
- 2.2 Approve the Annual Governance Statement
- 2.3 Approve the outline draft annual accounts for 2016/17

### 3. Background and main report

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- 3.1 The IJB is constituted under section 106 of the local government (Scotland) Act and as such must prepare a set of annual accounts. These accounts must be presented in draft for approval to either the IJB or a committee of governance of the IJB by 31<sup>st</sup> June whereupon the accounts will be presented for audit by the IJB's auditors.
- 3.2 As part of this process the IJB's Chief Internal Auditor will prepare a report for the IJB presenting their opinion on the governance of the IJB. This report is attached as appendix I.
- 3.3 This report identifies a number of governance issues that require to be addressed – these are discussed further in the Annual Governance Statement – but the option shows that overall the IJB's framework of governance, risk management and control is adequate
- 3.4 An Annual Governance Statement must also be prepared as part of the annual accounts . This is attached as appendix 2 for convenience but is also part of the annual accounts. This statement must lay out the governance of the IJB and provide an action plan for addressing any governance issues identified. The IJB is required to approve the AGS.

- 3.5 These matters having been done, the IJB is then asked to approve the draft annual accounts which are then passed to the IJB's external auditors for review. These are attached as appendix 3.
- 3.6 The annual accounts contain range of sections but break down into three main areas :-
- The Management Commentary. This provides a statement of the IJB's purpose and its performance against that purpose in the financial year along with a reflection on the challenges facing the IJB in the next financial year.
  - The Annual Governance Statement – as discussed above
  - A range of financial statement showing the financial position of the IJB. At this time these have not yet been completed in full but the IJB has broken- even in 2016/17

The financial statements still require to be finalised and the final draft position will be distributed to the IJB's members before the 31<sup>st</sup> June 2017.

- 3.7 That said, the IJB is asked to approve this outline schedule reflecting on the Management commentary, the AGS and that the financial statements will show a break-even position for the IJB.

#### **4. Policy Implications**

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- 4.1 There are no new policy implications arising from this report.

#### **5. Equalities Implications**

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- 5.1 There are no equalities implications arising from this report.

#### **6. Resource Implications**

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- 6.1 There are no further resources implications arising from this report.

#### **7 Risks**

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- 7.1 No further risks arise from this report.

#### **8 Involving People**

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- 8.1 This report is part of the regulations that support the IJB and is part of the overall communication between the IJB, staff and the general public.

## 9 Background Papers

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9.1 None

<b>AUTHOR'S NAME</b>	David King
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	<a href="mailto:David.king@nhslothian.scot.nhs.uk">David.king@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	May 2017

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Appendices: **Appendix 1** Midlothian IJB Annual Assurance Report – 2016/17  
**Appendix 2** Annual Governance Statement  
**Appendix 3** Outline draft annual accounts 2016/17

# Midlothian Integration Joint Board



**Thursday 15 June 2017 at 2.00pm**

## **MIJB Annual Assurance Report 2016/17**

**Item number:**

### **Executive Summary**

The Local Authority Accounts (Scotland) Regulations 2014 requires the IJB to conduct a review, at least once in a year, on the effectiveness of its system of internal control and include a statement of this review in the Annual Governance Statement.

The purpose of this paper is to report on the audit work undertaken for the Midlothian Integration Joint Board (MIJB) during the financial year 2016/17 and to provide an overall assessment of the adequacy and effectiveness of the MIJB's framework of governance, risk management and control based on that work.

The MIJB is invited to:

- note the contents of the Annual Assurance Report; and
- note that the weaknesses identified with internal controls in 2016/17 will be followed up in 2017/18 and updates will be provided to the MIJB Audit and Risk Committee.

## MIJB Annual Assurance Report 2016/17

### 1. Introduction

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The purpose of this paper is to report on the audit work undertaken for the Midlothian Integration Joint Board (MIJB) during the financial year 2016/17 and to provide an overall assessment of the adequacy and effectiveness of the MIJB's framework of governance, risk management and internal control based on that work.

### 2. Background and main report

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#### 2.1 Public Sector Internal Audit Standards (PSIAS)

The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor provides an annual Internal Audit opinion and report that can be used to inform the IJB's overall Annual Governance Statement which is included in the published financial statements. The annual Internal Audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The Standards require that an external assessment be conducted at least once every 5 years by a qualified, independent assessor from outside the organisation over the level of compliance against PSIAS. An external assessment was not undertaken in 2016/17 but will be undertaken in 2017/18 as part of the reciprocal assessments by the Scottish Local Authority Chief Internal Auditors' Group (SLACIAG), which is a sub group of CIPFA.

#### 2.2 Self Assessment of Internal Audit against the Standards

On behalf of the MIJB, the assessment and responsibility for the adequacy of internal controls, governance and risk management arrangements for the operational delivery of services will remain with the Health Board and Council.

A self evaluation of compliance with the Public Sector Internal Audit Standards was undertaken by the Chief Internal Auditor of the MIJB in 2016/17. This evaluation demonstrated that the key elements of the Standards were complied with during the year, but identified a small number of areas where performance could be improved. An action plan has been developed to address these issues and the majority have already been acted upon. It should be noted that the MIJB Audit Plan was limited in scope and therefore the assessment was based on a very restricted number of completed reviews.

#### 2.3 Balanced Scorecard

Performance indicators relating to work undertaken for the MIJB were developed for 2016/17 and these are detailed in Appendix 2.

## **2.4 Organisational Independence**

The Standards state that the Chief Internal Auditor is required to report to the IJB Audit and Risk Committee and have free and unfettered access to the Chief Officer and the Chair of the IJB Audit and Risk Committee. He/she must report to a level within the organisation that allows the Internal Audit activity to fulfil its responsibilities and the Chief Internal Auditor must confirm to the IJB Audit and Risk Committee, at least annually, the organisational independence of the Internal Audit activity.

The reporting line for the Chief Internal Auditor is functionally to the MIJB Audit and Risk Committee. The Chief Internal Auditor met the Chair of the MIJB Audit and Risk Committee, on a one to one basis, on 4 separate occasions during the year, before each MIJB Audit and Risk Committee meeting. Regular meetings have also been held with the MIJB Chief Finance Officer, the MIJB Chief Officer, the Chief Internal Auditor of NHS Lothian and the Chief Executive of Midlothian Council to discuss governance, risk management and internal control matters relevant to the MIJB.

There have been no threats to the independence of the internal audit activity during the period.

## **2.5 Proficiency and Due Professional Care**

The Standards state that internal auditors must possess the knowledge, skills and competencies needed to perform their individual responsibilities and are encouraged to demonstrate their proficiency by obtaining appropriate professional certifications and qualifications. The Chief Internal Auditor must hold a relevant professional qualification (CMIIA, CCAB or equivalent) and be suitably experienced.

The role of Chief Internal Auditor during this period was undertaken, on a job share basis, by a CIMA (Chartered Institute of Management Accounts) qualified accountant and a CMIIA (Chartered Member of the Institute of Internal Auditors) qualified auditor. Both managers have public sector and financial services experience.

## **2.6 Internal Audit Resource**

With the current resource, the Chief Internal Auditor is unable to review the entire Audit Universe on a 3 year cycle and therefore concentrated resource on the higher risk areas. One of the job share Chief Internal Auditors left the Council in March 2017 and this post remains vacant. The Council's Internal Audit and Corporate Fraud team are undergoing a service review as part of the Delivering Excellence Programme and this may result in reduced resource going forward. Any changes to the MIJB Internal Audit plan, as a result of the review, will require approval by the MIJB Audit and Risk Committee.

## **2.7 Internal Audit Work**

The internal audit plan for 2016/17 was approved by the MIJB Audit and Risk Committee on 17 March 2016. The Internal Audit Plan was restricted to the following key risk areas:

- Financial Assurance;
- Follow up of outstanding recommendations;
- Follow up of completed recommendations;
- Monitoring of Performance;
- Review of Corporate Governance; and
- Directions to the NHS and Midlothian Council (being undertaken by NHS Lothian Internal Audit Section).

The Internal Audit activities undertaken during 2016/17 and the conclusions arising from that work are set out at Appendix 1. As at the date of writing this report, 4 of the planned audits had been completed and 2 audits are underway (Monitoring of Performance and Directions to the NHS and Midlothian Council). The audit on Directions is being undertaken, on behalf of the MIJB, by NHS Lothian Internal Audit section and is expected to be completed by the end of June 2017. The audit on Performance cannot be concluded until the Annual Performance Report (setting out how effectively the MIJB has improved the National Health and Wellbeing Outcomes described within the Strategic Plan) has been reported. This is due to be reported to the Scottish Government by the end of July 2017.

From the audit work undertaken in 2016/17, we have identified a number of areas that required improvement to internal controls. A review of overdue audit recommendations was undertaken and this highlighted that from a total of 43 recommendations, 20 were overdue. It was reported that the original expected completion dates were too optimistic and new implementation dates were agreed.

The results of our audits were reported to management and the MIJB Audit and Risk Committee and action plans for improvement over controls were agreed on the conclusion of each audit. The recommendations arising from the action plans were loaded into the Council's Covalent system and progress with their implementation is recorded on the system by management. In 2017/18 we will monitor the MIJB's performance in closing the issues raised.

## **2.8 Code of Corporate Governance**

Each year, Internal Audit undertakes a review of the MIJB Code of Corporate Governance and tests a sample of the key elements listed as controls to determine whether they are working in practice. Our testing identified that the control elements were working effectively although we did identify the following:

- the 'Delivering Good Governance in Local Government: Framework' was updated by CIPFA/SOLACE in 2016 but this has not yet been fully embedded;
- the MIJB will have to develop its workforce plans with an emphasis of moving from specialised institution based workforce into a generalised community based workforce;
- the MIJB will need to improve financial planning timescales by moving to a 3 year plan rather than the current position of a detailed 1 year plan with indicative values for the next 2 years;
- 2016/17 is the first full year of operation for the MIJB and performance reports are still being developed; and

- the Scottish Government recommends that the arrangements for the Internal Audit Service provided to the IJB should be set out in a Service Level Agreement. This has not as yet been approved by NHS Lothian.

## **2.9 Risk Management**

A strategy, reporting regime and risk register highlighting the MIJB risks, mitigating controls, residual risk and accompanying actions have been developed and reported to the MIJB and the MIJB Audit and Risk and Committee. Development work continues on the risk management process and this should ensure that the risk register is fully complete, kept up to date and is reported on a regular basis to the MIJB Audit and Risk and Committee.

## **2.10 Fraud**

Midlothian Council and NHS Lothian have a number of controls in place to limit the risk of fraud and to highlight where fraud may have occurred. Both organisations have specialist fraud officers and this resource can be called on if required. Internal auditors also undertake an assessment of fraud during each assigned review. The risks are not however regarded as material for the MIJB since it has no direct access to funds and no authority to contract with any bodies.

## **2.11 Annual Governance Statement**

We have made recommendations for improvement which are to be incorporated into the MIJB Annual Governance Statement as follows:

- the 'Delivering Good Governance in Local Government: Framework' was updated by CIPFA/SOLACE in 2016 but this has not yet been fully embedded;
- the MIJB will have to develop its workforce plans with an emphasis of moving from specialised institution based workforce into a generalised community based workforce;
- improve financial planning timescales by moving to a 3 year plan rather than the current position of a detailed 1 year plan with indicative values for the next 2 years;
- develop performance reports; and
- gain approval from NHS Lothian of the Service Level Agreement between the Internal Audit Services of Midlothian Council, NHS Lothian and the Midlothian Integration Joint Board.

## **2.12 Internal Audit Opinion**

I am of the opinion that the MIJB has taken steps to develop a framework of governance, risk management and control in 2016/17 and that these will be further developed in 2017/18.

Based on the work undertaken in 2016/17, I am of the opinion that overall, the MIJBs framework of governance, risk management and control is adequate. Work however needs to be continued in 2017/18 to further develop the governance arrangements through the development of performance reports, workforce plans and improved financial planning.

### 3 Policy Implications

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There are no policy implications arising from any decisions made on this report.

### 4 Equalities Implications

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There are no equalities implications.

### 5 Resource Implications

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There are no resource implications arising from this report.

### 6 Risks

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Lack of effective governance, risk management, internal control compliance and assurance in the finances of the partnership would put the success of the MIJB in achieving its objectives at risk.

### 7 Involving People

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This involved the Internal Audit services of both Midlothian Council and NHS Lothian.

### 8 Background Papers

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<b>AUTHOR'S NAME</b>	Elaine Greaves
<b>DESIGNATION</b>	Chief Internal Auditor
<b>CONTACT INFO</b>	0131 271 3285
<b>DATE</b>	30 May 2017

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**Appendices:** Appendix 1 MIJB Audit Activity during 2016/17  
Appendix 2 Summary of Balanced Scorecard Measures

**MIJB Audit Activity during 2016/17**

The following work was undertaken in 2016/17 in relation to the Midlothian Integration Joint Board:

No	Audit Activity	Date reported to Audit & Risk Committee	Comment
1	IJB Internal Audit Charter	June 2016	This report presented the Internal Audit Charter, specified for the Integration Joint Board, to the Audit and Risk Committee for approval.
2	Strategic plan	June 2016	This audit reviewed the processes used to develop the IJB Strategic Plan and Directions. It concluded that generally these processes were adequate and operating effectively.
3	Financial Assurance	August 2016	The objective of this audit was to provide an opinion on the Financial Assurance paper from the Chief Finance Officer of the MIJB. Recommendations were made in relation to agreement of overspends, performance reporting, the budgeting process and the use of the Social Care fund.
4	Internal Audit Recommendations Performance report	December 2016	A review of overdue recommendations was undertaken and this highlighted that Internal Audit had raised a total of 43 recommendations. 20 of these had been completed, 3 had not yet reached their due date and 20 were overdue. It was reported that the original expected completion dates were too optimistic and new implementation dates were agreed.
5	Progress report against the Internal Audit Plan	December 2016	Noted progress on the plan and provided indicative dates for completion of outstanding tasks.
6	Self- Directed Support	December 2016	This report was provided to the MIJB for information.
7	Review of controls operating over Care at Home	December 2016	This report was provided to the MIJB for information.
8	Follow up of Completed Internal Audit	March 2017	A follow up review was undertaken of a sample of previously raised recommendations made by Internal Audit.

No	Audit Activity	Date reported to Audit & Risk Committee	Comment
	Recommendations		A sample of 10 recommendations recorded as 'completed' by management on the Covalent system was reviewed to confirm the adequacy of the actions taken. 9 were found to have been implemented satisfactorily and 1 was not implemented (related to resource allocation at locality level).
9	Review of Corporate Governance and support for the Annual Governance Statement	June 2017 IJB	An audit of a sample of controls listed in the Code of Corporate Governance was reviewed for operational effectiveness. Testing identified that the key elements were in place and operating effectively. Issues raised are recorded within the Chief Internal Auditor's Annual Assurance report.
10	Chief Internal Auditor's Annual Assurance report	June 2017 IJB	A high level summary of the control environment of the MIJB by the Chief Internal Auditor. The statement is also used to inform the Annual Governance Statement.
11	Assessment against PSIAS	June 2017 IJB	This will be incorporated into the Annual Assurance report.
12	Monitoring of Performance	Fieldwork underway	Fieldwork has commenced but awaiting drafting of the Annual Performance report before this can be reviewed.
13	Directions to the NHS and Midlothian Council	Fieldwork underway	This is being undertaken by NHS Lothian Internal Audit. The Terms of reference has been agreed and the audit is planned to be concluded by 23 June 2017.
14	Help Desk / Administration	N/A	Internal Audit has provided guidance and advice to management on internal control in 2016/17 which included: a comparison of other Lothian IJB Risk Frameworks; assistance with development of a Code of Corporate Governance and Annual Governance Statement; and monitoring for submission of relevant Audit Scotland Reports to the MIJB Audit and Risk Committee.

Target / Measure	Performance
To hold at least quarterly one to one meetings with the Chair of the MIJB Audit and Risk Committee	4 meetings held. Met.
To hold at least quarterly one to one meetings with the Chief Officer	4 meetings held. Met.
To Audit all Strategic Risks on a three year cycle	Insufficient resource to look at all areas over a 3 year cycle however elements will be picked up through the governance reviews. Off target.
To follow up of recommendations. Two reports per year and specific follow up reviews.	Met.
Adoption of PSIAS	Self assessments show a good level of overall compliance. This will be subject to external scrutiny in 2017/18. Met.
Percentage of qualified staff	All internal auditors hold a relevant professional qualification. The two fraud officers hold accredited fraud qualifications. Met.
Training provided to Internal Audit Staff	Budget available / training needs identified as part of performance management framework. All staff are members of professional bodies and must undertake continual professional development. Development plans / training logs maintained. Met.
Satisfaction rates from client surveys	Post Audit Questionnaires are being reviewed and were therefore not issued during 2016/17. Off target.
Involvement of Internal Auditors in major change initiatives	Involved in set up of MIJB including governance and financial assurance. Met.
Compliance with Internal Audit strategy	Audit strategy is to review strategic risks, key processes and systems, and to have time set aside for investigations and consultancy. This approach has been followed in 2016/17. Met.



## Annual Governance Statement

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

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

In order to achieve this, the IJB has developed a Code of Corporate Governance based on the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives' (SOLACE) framework and guidance on Delivering Good Governance in Local Government: Framework (2016).

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

- Ensuring members behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the IJB;
- Creating the conditions to ensure that all IJB members and the IJB's partners (Midlothian Council and NHS Lothian) are able to fulfil their responsibilities in accordance with legislative and regulatory requirements;
- Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear;
- Developing formal and informal partnerships to allow resources to be used more efficiently and outcomes achieved more effectively;
- Having a clear vision, which is an agreed formal statement of the IJB's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the IJB's overall strategy, planning and other decisions;
- Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision;
- Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided;
- Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets;
- Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints;

- Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources;
- Implementing robust and integrated risk management arrangements and ensuring that they are working effectively;
- Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the IJB's financial position and outlook;
- Aligning the risk management strategy and policies on internal control with achieving objectives;
- Evaluating and monitoring risk management and internal control on a regular basis;
- Ensuring effective counter fraud and anti-corruption arrangements are in place;
- Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor;
- Ensuring an audit committee or equivalent group/ function, which is independent of the executive and accountable to the governing body: provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment and that its recommendations are listened to and acted upon;
- Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance;
- Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and publishing the results on the assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement);
- Ensuring that recommendations for corrective action made by the external auditor are acted upon.

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

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

- The work of the IJB, the Strategic Planning Committee and the Audit & Risk Committee;
- The annual assurance questionnaires that are provided by the Chief officer and the Chief Finance officer;
- An annual review, by the Chief Internal Auditor, of compliance with the IJB's Local Code of Corporate Governance;
- The Chief Internal Auditor's annual report which is based on internal audit work completed during the year;
- Reports from the IJB's external auditor – the only one currently available being that on the 2015/16 IJB's accounts;
- Reports from other external review bodies, agencies and inspectorates.

The key governance arrangements and controls are set out in the local Code of Corporate Governance. Each year, using an assurance template, the Chief Internal Auditor samples elements in the code to determine whether these are working effectively and that therefore the governance framework is working effectively.

In addition, the Chief Officer and the Chief Finance Officer are required to undertake an annual self assessment of their area of responsibility using an assurance template where key elements of governance are examined.

Neither of these assessments highlighted any issues that would impact on the level of effectiveness of the IJB's governance framework. A number of improvements were identified and these are noted below in the action plan.

The statement has also been informed by the work undertaken by the Chief Internal Auditor who, following the requirements of the Local Authority Accounts (Scotland) Regulations 2014, conducted an annual review of the effectiveness of the IJB's system of internal control. The Chief Internal Auditor concluded that based on the work undertaken in 2016/17 that overall, the MIJB's framework of governance, risk management and control is adequate but noted areas for further development in 2017/18. These improvements are reflected within the action plan detailed below.

The Chief Internal Auditor has responsibility for the IJB's Internal Audit function and reports functionally to the Audit and Risk Committee to allow appropriate independence. The Chief Internal Auditor is professionally qualified and suitably experienced to lead and direct the Internal Audit team.

The Public Sector Internal Audit Standards (PSIAS) require that an external assessment be conducted at least once every five years by a qualified, independent assessor from outside the organisation over the level of compliance against PSIAS by the Internal Audit Section. An external assessment was not undertaken in 2016/17 but will be undertaken in 2017/18 as part of the reciprocal assessments by the Scottish Local Authority Chief Internal Auditors' Group (SLACIAG), which is a sub group of CIPFA. However a self evaluation of compliance with the Public Sector Internal Audit Standards was undertaken by the Chief Internal Auditor. This evaluation demonstrated that the key elements of the Standards were complied with during the year.

### **Statutory and other Compliance**

The Midlothian IJB was established by parliamentary order in June 2015 following approval of the Midlothian Integration Scheme by the Scottish Ministers. It is a body corporate, a legal entity in its own right, but it relies on support from officers employed by Midlothian Council and NHS Lothian in relation to the conduct of its business. It is subject to the Public Bodies (Joint Working) (Scotland) Act 2014 and secondary legislation directly relating to the integration of health and social care services, and indirectly in relation to regulatory regimes affecting devolved public bodies in Scotland.

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

- Membership - its minimum membership (voting and non-voting) is set by statutory instrument, with the power to appoint additional members as it sees fit. The Board's membership is fully populated.
- Standing Orders - the Board is required by statutory regulations to have Standing Orders to regulate its business, with some aspects stipulated in those regulations. Standing Orders were adopted at its inaugural meeting. They comply with statutory requirements.
- Committees - the Board has established an Audit & Risk Committee with a detailed remit and powers and with the membership clearly defined. This complies with statutory requirements and with the Board's Standing Orders.
- Meetings - the Standing Orders adopted by the Board allow the public to have prior access to meeting agendas and reports, and to attend meetings of the Board and its committees, except in clearly defined and limited circumstances.
- Strategic Plan - the Board established its Strategic Planning Committee as required by legislation, with Terms of Reference approved by the Board covering membership, meetings and meetings procedures.
- Officers - the Board appointed a Chief Officer and a Chief Finance Officer as required by the legislation. A Chief Internal Auditor has been appointed to carry out the Board's internal audit requirements and assist its Audit & Risk Committee.
- Finance - the Board received reports in relation to financial assurance prior to the setting of budgets (for both 2016/17 and 2017/18) for the functions delegated by Midlothian Council and NHS Lothian, and adopted Financial Regulations in relation to the conduct of its financial affairs, the maintenance of its accounting and financial records, and its annual accounts and financial statements.
- Code of Conduct - pending finalisation of arrangements for a Code of Conduct for Members, the Board adopted an interim Code based on the existing Model Code for Members of Devolved Public Bodies in Scotland, and members have registered their interests according to that Code. The Scottish Government approved the IJB's code of conduct on 1 June 2016.

Through the Board and the Audit & Risk Committee, further work will be progressed and will be carried out in relation to governance of these particular aspects of the Board's statutory duties and powers.

### **Action Plan**

A number of governance improvements were highlighted in the 2015/16 self assessment and progress has been made in 2016/17 on the following:

Area for Improvement identified in 2015/16	Action Undertaken in 2016/17
<p><b>IJB's Vision</b></p> <p>Develop and promote our purpose and vision.</p>	<p>The IJB has continued to develop and share its vision as laid out in its Strategic Plan. Papers have been presented to the IJB for discussion and a series of workshops have been conducted with the IJB to develop and promote the purpose and vision. The IJB has consulted widely through its Strategic Planning Group and its series of 'hot topics' meetings and has published a series of newsletters and other communications with its partners and the public.</p>
<p><b>Code of Conduct</b></p> <p>Finalisation of the Code of Conduct.</p>	<p>This was approved by the Scottish Government in June 2016.</p>
<p><b>Effective Scrutiny</b></p> <p>Ensure effective scrutiny arrangements.</p>	<p>An independent member of the Audit and Risk Committee was appointed at the June 2016 meeting. The Audit and Risk committee met four times in 2016/17.</p>
<p><b>Complaints</b></p> <p>Ensure appropriate arrangements are in place to deal with complaints.</p>	<p>The IJB is working with NHS Lothian, Midlothian Council and the other Lothian IJBs to finalise a process to deal with complaints. It is expected that this will be completed before the end of the 2017 calendar year.</p>
<p><b>Corporate support to the IJB</b></p> <p>Ensure appropriate corporate support and information is provided to the IJB.</p>	<p>The IJB has been appropriately supported by its Partners. The CO and the CIA is provided by Midlothian Council and the CFO is provided by NHS Lothian. Midlothian Partnership's resources have been enhanced by NHS Lothian and the Partnership supports the IJB on a day to day</p>

Area for Improvement identified in 2015/16	Action Undertaken in 2016/17
	basis.
<p><b>Risk register</b></p> <p>Ensure risk management is embedded.</p>	<p>The IJB's risk register was formally adopted by the Audit and Risk Committee and has been updated for the Audit and Risk Committee meetings.</p>
<p><b>Performance Information</b></p> <p>Ensure that appropriate performance management systems are available to the IJB which will include the demonstration of best value and following the public pound requirements.</p>	<p>See below</p>
<p><b>Recording of financial transactions</b></p> <p>Finalise arrangements for the recording of financial transactions of the IJB.</p>	<p>As agreed in the Integration Scheme, Midlothian Council are recording the financial transactions of the IJB in an appropriate financial ledger system</p>
<p><b>Financial Risk Sharing</b></p> <p>Agreement to a financial risk sharing agreement between the IJB and its partners.</p>	<p>A financial risk sharing agreement was reached for 2016/17. This is discussed in the management commentary.</p>
<p><b>SLA for Internal Audit</b></p> <p>Agreement by NHS Lothian to the IJB's Internal Audit SLA.</p>	<p>Midlothian Internal Audit has made resources available and NHS Lothian IA has made 25 days available to the IJB for IA work. A SLA is in the process of being finalised.</p>
<p><b>Document Retention Policy</b></p> <p>The IJB does not have a retention policy in place.</p>	<p>The IJB, working with its partners and the other Lothian IJBs, is finalising a policy on document management based on the Scottish Government's model scheme. This will cover the retention policy.</p>

<b>Area for Improvement identified in 2015/16</b>	<b>Action Undertaken in 2016/17</b>
<p><b>Business Continuity</b></p> <p>The IJB does not have a business continuity plan.</p>	<p>The IJB does not provide any operational services directly, all of its functions are either delivered by NHS Lothian or Midlothian Council. The IJB therefore relies on the business continuity plans of its partners.</p>
<p><b>Financial planning</b></p> <p>Improved financial planning process over amounts to be delegated to the IJB.</p>	<p>See below</p>
<p><b>Revised code of Corporate Governance</b></p> <p>Update the existing Code of Corporate Governance following issue of the new International Framework of Good Governance in the Public Sector.</p>	<p>The IJB is preparing a revised code in line with the new model code of corporate governance.</p>
<p><b>Fraud</b></p> <p>Undertake a risk assessment of the fraud related risks relevant to the IJB.</p>	<p>An assessment of fraud related risk has now been undertaken with the assistance of the Internal Audit Section. Given that the IJB has no direct access to funds and no authority to contract with any bodies, the risks of frauds are considered to be very low.</p>
<p><b>Registration with the Information Commissioner</b></p> <p>Obtain legal opinion on the requirement to register the IJB with the Information Commissioner (and if confirmed then to register).</p>	<p>A legal opinion has been sought and the IJB does not have to be registered with the Information Commissioner at this time. This will be continuously reviewed.</p>
<p><b>Information Sharing Agreement</b></p> <p>Following Legal approval of the Information Sharing Agreement to obtain the appropriate signatures on the agreement.</p>	<p>The IJB is a signatory to the pan-Lothian data sharing agreement. This is an agreement between NHS Lothian, the four Councils in the</p>

Area for Improvement identified in 2015/16	Action Undertaken in 2016/17
	Lothian area and the four IJBs in the Lothian area.
<p><b>Record audit issues raised</b></p> <p>Log issues identified from Internal and External Assurance providers onto an appropriate system to allow tracking for implementation (for example the Audit Scotland Report on Integration Joint Boards).</p>	<p>All issues raised by Internal and External audit are logged on Covalent (the Council's Internal Audit issue tracking system) for tracking purposes. This information is updated regularly and presented to the IJB's Audit and Risk Committee.</p>
<p><b>Compliance with regulations on the recording and presentation of the IJB's accounts</b></p> <p>Through the Finance Officer, the Board will require to agree an annual process to secure compliance with the legislation and accounting practices which apply to its annual accounts and financial statements.</p>	<p>This was agreed as part of the annual accounts process and sign-off for 2015/16. This matter will be fully dealt with as part of the 2016/17 annual accounts.</p>
<p><b>Information and data protection</b></p> <p>As a devolved public body, the Board is subject to a variety of statutory regimes, such as freedom of information and data protection, and appropriate policies and procedures will require to be developed and approved to secure compliance.</p>	<p>This is covered by the Public Records Act actions and the IJB is developing its plan in 2017/18 in cooperation with its partners.</p>
<p><b>Standards officer</b></p> <p>A standards officer has not yet been appointed for the IJB.</p>	<p>A standards officer has been appointed, Alan Turpie the Principle Solicitor for Midlothian Council.</p>
<p><b>IJB Web Site</b></p> <p>An IJB Web site needs to be developed.</p>	<p>The IJB continues to use the Midlothian Council's website wherein the IJB has its own specific area. The IJB is still developing its own distinct web site.</p>

<b>Area for Improvement identified in 2015/16</b>	<b>Action Undertaken in 2016/17</b>
<p><b>Financial Planning</b></p> <p>Improvements in the financial planning processes including financial plans from the Partners for future years.</p>	<p>Financial planning processes continue to be developed with the partners. A report laying this out was presented to the IJB at its October 2016 meeting.</p>

The following table sets out improvements to the governance framework which are to be progressed in 2017/18:

<b>Areas for improvement Identified in 2016/17</b>	<b>Actions proposed in 2017/18</b>
<p><b>Updated code of corporate governance</b></p> <p>The 'Delivering Good Governance in Local Government: Framework' was updated by CIPFA/SOLACE in 2016 but this has not yet been fully embedded.</p>	<p>See above under 'revised code of corporate governance'.</p>
<p><b>Workforce Planning</b></p> <p>The MIJB will have to develop its workforce plans with an emphasis of moving from specialised institution based workforce into a generalised community based workforce.</p>	<p>The IJB is working with NHS Lothian and Midlothian Council on the development of a workforce plan.</p>
<p><b>Improvement of Financial Planning</b></p> <p>Improve financial planning timescales by moving to a 3 year plan rather than the current position of a detailed 1 year plan with indicative values for the next 2 years.</p>	<p>The IJB is working with Midlothian Council and NHS Lothian to develop a multi-year financial plan. A financial strategy incorporating this multi-year principle was outlined in a report to the IJB at its October 2016 meeting.</p>
<p><b>Performance Reporting</b></p> <p>The IJB should develop performance reports.</p>	<p>The IJB continues to develop its process to ensure that the Directions are being fully delivered by its partners and that the IJB is fully informed on its performance. Papers have been presented to the IJBs to</p>

Areas for improvement Identified in 2016/17	Actions proposed in 2017/18
	develop this model along with a workshop on performance management (April '17).
<b>Internal Audit SLA</b> Gain approval from NHS Lothian of the Service Level Agreement between the Internal Audit Services of Midlothian Council, NHS Lothian and the Midlothian Integration Joint Board.	See above under 'SLA for Internal Audit'.

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

IJB Chair

**Eibhlin McHugh**  
 Chief Officer

# **Midlothian Integration Joint Board**

## **Draft Annual Accounts 2016/17**

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**Audit Arrangements**

Under arrangement approved by the Accounts Commission of Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the accounts of Midlothian Integration Joint Board for the period 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017 is Ernest and Young LLP, 10 George Street, Edinburgh, EH2 2DZ

## Management Commentary

### **The Role and Remit of the IJB**

The Public Bodies (Joint Working) Act (2014) directs the creation of Integration Authorities to which a range of functions are to be delegated by NHS Lothian Board and Midlothian Council the ‘partners’. Midlothian Integration Joint Board (the ‘IJB’) was created pursuant to section 1(4)(a) of the Act being a body corporate. The IJB is constituted through its Integration Scheme which was prepared by Midlothian Council and NHS Lothian and presented to Scottish Ministers in March 2015. The Integration Scheme was approved by the Scottish Parliament in June 2015 and the first meeting of the IJB took place on 20<sup>th</sup> August 2015.

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

These accounts cover the period from 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017.

The IJB met eight times during the financial year 2016/17, the members of the IJB in March 2017 were as follows :-

<b>Member</b>	<b>Nominated/Appointed by</b>	<b>Role</b>
Catherine Johnstone	Nominated by Midlothian Council	Voting Member, Chair
Peter Johnston	Nominated by NHS Lothian	Voting member, Vice Chair
Bob Constable	Nominated by Midlothian Council	Voting Member
Bryan Pottinger	Nominated by Midlothian Council	Voting Member
Derek Milligan	Nominated by Midlothian Council	Voting Member, Chair of Audit and Risk Committee
Alex Joyce	Nominated by NHS Lothian	Voting Member
John Oates	Nominated by NHS Lothian	Voting Member
Alison McCallum	Nominated by NHS Lothian	Voting Member
Eibhlin McHugh	Appointed by the IJB	Chief Officer
David King	Appointed by the IJB	Chief Finance Officer
Alison White	Nominated by Midlothian Council	Chief Social Worker
Caroline Miles	Nominated by NHS Lothian	Chief Nurse
David Caesar	Nominated by NHS Lothian	Consultant
Hamish Reid	Nominated by NHS Lothian	General Practitioner
Patsy Eccles	Appointed by the IJB	NHS Staff Representative
Aileen Currie	Appointed by the IJB	MLC Staff Side Representative
Margaret Kane	Appointed by the IJB	User/Carer representative

Ewan Aitken	Appointed by the IJB	Voluntary Sector Representative
Keith Chapman	Appointed by the IJB	User representative

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

### **The IJB's Operations for the Year**

2016/17 was the first year in which the IJB received financial resources ('budget') to support the delivery of its delegated functions. These resources were made available by NHS Lothian and by Midlothian council as described in the Integration scheme. The financial models to generate the IJB's budget were proposed by Midlothian Council and NHS Lothian and agreed by the IJB as part of its financial assurance process.

At its March 2016 meeting, the IJB agreed the budget proposed by Midlothian Council which was based on the budget agreed by the Council for its social work services at the Council meeting in February 2016. The IJB also agreed an indicative budget from NHSiL based on outline values presented to the IJB as part of the overall NHSiL budget setting process. Having agreed these budget propositions this budget was the basis of the directions which the IJB issued to NHS Lothian and Midlothian Council in line with the IJB's agreed directions policy in March 2016.

NHS Lothian formally proposed a budget in June 2016, the IJB undertook a further financial assurance process and accepted that Budget at its August meeting. The IJB's budget from both NHSiL and Midlothian Council has been subject to changes during the financial year. MLC had carried forward resource on behalf of its social care from 2015/16 and released these resources to the IJB as required during 2016/17. NHS Lothian both continued to revise its health budget setting model in collaboration with the IJB and also received further allocations from the Scottish Government in year. Some of these further Scottish Government in year allocations supported delegated functions with the budgets being made available to the IJB.

Both partners agreed to a financial risk sharing model for 2016/17 which would mean that overspends would be supported by the partners as appropriate – that is that Midlothian Council would support any net overspends in social care services and NHS Lothian would support any net overspends in health services.

### **The IJB's Position at 31 March 2017**

For the year ending 31<sup>st</sup> March 2017, the IJB has broken even. That is the costs incurred in delivering the IJB's functions by Midlothian Council and NHS Lothian are equal to the income that the IJB received from NHS Lothian and Midlothian Council. This is in line with the risk sharing agreement above.

The charges for the delivery of the delegated functions by the partners are Midlothian Council (net) - £38.24m and NHS Lothian (net) - £96.25m.

It should be noted that the charge from NHS Lothian includes the notional Midlothian share of the ‘non-cash limited’ services being General Ophthalmic Services, General Pharmaceutical Services and General Dental services.

The non-cash limited functions do not have budgets as such and the cost of delivering these function is met in full by the Scottish Government. Therefore the IJB has no budgets for these services although they are delegated functions to the IJB and require to be reported as part of the 2016/17 out-turn. NHS Lothian has, accordingly, assumed income to cover the costs of these services.

The charges made by Midlothian Council to the IJB are the net direct costs incurred in the delivery of social care services in Midlothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the Core services are based on the net direct actual costs incurred in Midlothian but charges for hosted and set aside services are based on the total actual costs for these service shared across the IJBs per the budget setting model. The Midlothian share of the total actual costs incurred in 2016/17 for hosted services is 10% and, generally, 10% of the Lothian element of the set aside budgets.

In 2016/17Per the risk sharing agreements both Midlothian Council and NHS Lothian have made additional, non-recurrent resources available to the IJB as follows :

	MLC £m	NHSiL £m
Opening Budget	37.25	78.69
Social Care Fund		3.59
Add'n budget in year	0.41	4.41
2016/17 budget	37.66	86.69
NCL		8.70
Additional n/r Support	0.74	0.86
<b>Net charge to IJB</b>	<b>38.24</b>	<b>96.25</b>

The Integration scheme is clear that the partners will provide corporate and other support to the IJB as required and will not charge for these services. These costs are not, therefore, included above.

Midlothian Council is carrying forward (from 2016/17 to 2017/18) £1.2m on behalf of the IJB in line with its previous policies. These funds will be available to the IJB in 2017/18.

## **The IJB's Strategy and Business Model**

The IJB's remit and goals are laid out in the IJB's Strategic Plan. These are in line with the Scottish Government's nine national outcomes and will be delivered through :-

- Shifting the balance of care to provide more care delivered at home or in a homely setting rather than in hospital or other institutions
- Ensuring care is person centred, with a focus on the individual and not just specific health and social care needs
- Further improving the joined up approach to working across professions and bodies delivering health and social care functions
- Ensuring citizens, communities and staff involved in providing health and social care services will have a greater say in how these services are planned and delivered.

The Strategic Plan, having been consulted on as required by the regulations, was agreed by the IJB at its meeting of 10<sup>th</sup> December 2015.

The IJB issued directions in March 2016 based on an indicative budgetary position as described above in line with the IJB's policy on directions.

The IJB's long term plan is to redesign the delivery of the functions delegated to it in order to :-

- Increase capacity – to manage the pressures resulting from an aging and increasing population
- Improve the quality of care – by supporting a more individual centered, holistic approach
- Reduce the costs of the delivery of the functions in line with the projected reduction in the financial resources available to the IJB

## **Key Risks and Uncertainties**

The challenge if the IJB is to transform the delivery of its delegated functions whilst supporting the delivery of financial balance with an (in real terms) reduction in the financial resources available. There remain a series of uncertainties :-

1. The local elections scheduled for May 2017 will change the membership of the IJB and this may cause issues with continuity of both knowledge and purpose
2. It remains difficult for the partners to recruit elements of the workforce to deliver the IJB's functions – GPs, District Nurses and Care workers.
3. The increasing population in Midlothian remains a challenge which may exacerbate the staffing pressures above.
4. The financial position for the UK and Scotland remains uncertain and this will provide a challenge to the amount of financial resources available to the IJB

## **Analysis of the Financial Statements**

The financial statements are all presented on a net basis.

### **Income and Expenditure**

As was discussed above the partners provided additional non-recurrent resources to support the IJB's position in year. This was to underpin three main pressure areas :-

- Significant cost pressures in the delivery of social care for adults.
- Significant overspends (both historical and in year) against the GP prescribing budget
- A lack of recurrent delivery of efficiency schemes and recovery plans both within those services managed by the partnership and the services managed by other management teams within NHS Lothian.

Each of these pressures is being addressed by management and actions are detailed in the IJB's financial plan for 2017/18

This position is further analysed in detail in section 5 of the notes to the financial statements

### **Balance Sheet**

Given that the IJB has broken even in 2016/17 and that there are no outstanding balance either carried into this financial year not brought forward into future years (the IJB has no assets per its Integration Scheme) there are no entries in the IJB's balance sheet for 2016/17.

### **Reserves**

The IJB has not reserves at the end of 2016/17. However, as noted above Midlothian Council has carried forward resources that will be made available to the IJB in 2017/18.

IJB Chair

**Eibhlin McHugh**  
Chief Officer

**David King**  
Chief Financial  
Officer

## **Statement of Responsibilities**

### **Responsibilities of the Integration Joint Board**

The Integration Joint Board is required to:

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

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

Signed on behalf of the Midlothian IJB

### **Responsibilities of the Chief Financial Officer**

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

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

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

The chief financial officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Midlothian Integration Joint Board as at 31 March 2017 and the transactions for the year then ended.

**David King**  
Chief Financial  
Officer

## **Remuneration Report**

### **Introduction**

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

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

### **Remuneration: IJB Chair and Vice Chair**

The voting members of the IJB are appointed through nomination by Midlothian Council and NHS Lothian Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. Neither the Chair nor the Vice Chair appointments had any taxable expenses paid by the IJB in 2016/17.

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

### **Remuneration: Officers of the IJB**

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

#### **Chief Officer**

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

#### **Other Officers**

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

<b>Total 2015/16 £</b>	<b>Senior Employees</b>	<b>Salary, Fees &amp; Allowances £</b>	<b>Total 2016/17 £</b>
	<b>TBC</b>		

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

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

<b>Senior Employee</b>	<b>In Year Pension Contributions</b>		<b>Accrued Pension Benefits</b>		
	For Year to 31/03/16 £	For Year to 31/03/17 £		Difference from 31/03/16 £000	As at 31/03/17 £000
<b>TBC</b>					

### Disclosure by Pay Bands

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

<b>Number of Employees in Band 2015/16</b>	<b>Remuneration Band</b>	<b>Number of Employees in Band 2016/17</b>
<b>0</b>	£55,000 - £59,999	
<b>0</b>	£60,000 - £65,000	

## **Exit Packages**

The IJB did not support nor did it direct to be supported by its partners any exit packages during 2016/17

IJB Chair

**Eibhlin McHugh**  
Chief Officer

## **Annual Governance Statement**

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

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

In order to achieve this, the IJB has developed a Code of Corporate Governance based on the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives' (SOLACE) framework and guidance on Delivering Good Governance in Local Government: Framework (2016).

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

- Ensuring members behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the IJB;
- Creating the conditions to ensure that all IJB members and the IJB's partners (Midlothian Council and NHS Lothian) are able to fulfil their responsibilities in accordance with legislative and regulatory requirements;
- Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear;
- Developing formal and informal partnerships to allow resources to be used more efficiently and outcomes achieved more effectively;
- Having a clear vision, which is an agreed formal statement of the IJB's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the IJB's overall strategy, planning and other decisions;
- Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision;
- Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided;
- Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets;
- Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints;

- Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources;
- Implementing robust and integrated risk management arrangements and ensuring that they are working effectively;
- Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the IJB's financial position and outlook;
- Aligning the risk management strategy and policies on internal control with achieving objectives;
- Evaluating and monitoring risk management and internal control on a regular basis;
- Ensuring effective counter fraud and anti-corruption arrangements are in place;
- Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor;
- Ensuring an audit committee or equivalent group/ function, which is independent of the executive and accountable to the governing body: provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment and that its recommendations are listened to and acted upon;
- Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance;
- Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and publishing the results on the assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement);
- Ensuring that recommendations for corrective action made by the external auditor are acted upon.

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

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

- The work of the IJB, the Strategic Planning Committee and the Audit & Risk Committee;
- The annual assurance questionnaires that are provided by the Chief officer and the Chief Finance officer;
- An annual review, by the Chief Internal Auditor, of compliance with the IJB's Local Code of Corporate Governance;
- The Chief Internal Auditor's annual report which is based on internal audit work completed during the year;
- Reports from the IJB's external auditor – the only one currently available being that on the 2015/16 IJB's accounts;
- Reports from other external review bodies, agencies and inspectorates.

The key governance arrangements and controls are set out in the local Code of Corporate Governance. Each year, using an assurance template, the Chief Internal Auditor samples elements in the code to determine whether these are working effectively and that therefore the governance framework is working effectively.

In addition, the Chief Officer and the Chief Finance Officer are required to undertake an annual self assessment of their area of responsibility using an assurance template where key elements of governance are examined.

Neither of these assessments highlighted any issues that would impact on the level of effectiveness of the IJB's governance framework. A number of improvements were identified and these are noted below in the action plan.

The statement has also been informed by the work undertaken by the Chief Internal Auditor who, following the requirements of the Local Authority Accounts (Scotland) Regulations 2014, conducted an annual review of the effectiveness of the IJB's system of internal control. The Chief Internal Auditor concluded that based on the work undertaken in 2016/17 that overall, the MIJB's framework of governance, risk management and control is adequate but noted areas for further development in 2017/18. These improvements are reflected within the action plan detailed below.

The Chief Internal Auditor has responsibility for the IJB's Internal Audit function and reports functionally to the Audit and Risk Committee to allow appropriate independence. The Chief Internal Auditor is professionally qualified and suitably experienced to lead and direct the Internal Audit team.

The Public Sector Internal Audit Standards (PSIAS) require that an external assessment be conducted at least once every five years by a qualified, independent assessor from outside the organisation over the level of compliance against PSIAS by the Internal Audit Section. An external assessment was not undertaken in 2016/17 but will be undertaken in 2017/18 as part of the reciprocal assessments by the Scottish Local Authority Chief Internal Auditors' Group (SLACIAG), which is a sub group of CIPFA. However a self evaluation of compliance with the Public Sector Internal Audit Standards was undertaken by the Chief Internal Auditor. This evaluation demonstrated that the key elements of the Standards were complied with during the year.

### **Statutory and other Compliance**

The Midlothian IJB was established by parliamentary order in June 2015 following approval of the Midlothian Integration Scheme by the Scottish Ministers. It is a body corporate, a legal entity in its own right, but it relies on support from officers employed by Midlothian Council and NHS Lothian in relation to the conduct of its business. It is subject to the Public Bodies (Joint Working) (Scotland) Act 2014 and secondary legislation directly relating to the integration of health and social care services, and indirectly in relation to regulatory regimes affecting devolved public bodies in Scotland.

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

- Membership - its minimum membership (voting and non-voting) is set by statutory instrument, with the power to appoint additional members as it sees fit. The Board's membership is fully populated.
- Standing Orders - the Board is required by statutory regulations to have Standing Orders to regulate its business, with some aspects stipulated in those regulations. Standing Orders were adopted at its inaugural meeting. They comply with statutory requirements.
- Committees - the Board has established an Audit & Risk Committee with a detailed remit and powers and with the membership clearly defined. This complies with statutory requirements and with the Board's Standing Orders.
- Meetings - the Standing Orders adopted by the Board allow the public to have prior access to meeting agendas and reports, and to attend meetings of the Board and its committees, except in clearly defined and limited circumstances.
- Strategic Plan - the Board established its Strategic Planning Committee as required by legislation, with Terms of Reference approved by the Board covering membership, meetings and meetings procedures.
- Officers - the Board appointed a Chief Officer and a Chief Finance Officer as required by the legislation. A Chief Internal Auditor has been appointed to carry out the Board's internal audit requirements and assist its Audit & Risk Committee.
- Finance - the Board received reports in relation to financial assurance prior to the setting of budgets (for both 2016/17 and 2017/18) for the functions delegated by Midlothian Council and NHS Lothian, and adopted Financial Regulations in relation to the conduct of its financial affairs, the maintenance of its accounting and financial records, and its annual accounts and financial statements.
- Code of Conduct - pending finalisation of arrangements for a Code of Conduct for Members, the Board adopted an interim Code based on the existing Model Code for Members of Devolved Public Bodies in Scotland, and members have registered their interests according to that Code. The Scottish Government approved the IJB's code of conduct on 1 June 2016.

Through the Board and the Audit & Risk Committee, further work will be progressed and will be carried out in relation to governance of these particular aspects of the Board's statutory duties and powers.

### **Action Plan**

A number of governance improvements were highlighted in the 2015/16 self assessment and progress has been made in 2016/17 on the following:

<b>Area for Improvement identified in 2015/16</b>	<b>Action Undertaken in 2016/17</b>
<p><b>IJB's Vision</b></p> <p>Develop and promote our purpose and vision.</p>	<p>The IJB has continued to develop and share its vision as laid out in its Strategic Plan. Papers have been presented to the IJB for discussion and a series of workshops have been conducted with the IJB to develop and promote the purpose and vision. The IJB has consulted widely through its Strategic Planning Group and its series of 'hot topics' meetings and has published a series of newsletters and other communications with its partners and the public.</p>
<p><b>Code of Conduct</b></p> <p>Finalisation of the Code of Conduct.</p>	<p>This was approved by the Scottish Government in June 2016.</p>
<p><b>Effective Scrutiny</b></p> <p>Ensure effective scrutiny arrangements.</p>	<p>An independent member of the Audit and Risk Committee was appointed at the June 2016 meeting. The Audit and Risk committee met four times in 2016/17.</p>
<p><b>Complaints</b></p> <p>Ensure appropriate arrangements are in place to deal with complaints.</p>	<p>The IJB is working with NHS Lothian, Midlothian Council and the other Lothian IJBs to finalise a process to deal with complaints. It is expected that this will be completed before the end of the 2017 calendar year.</p>
<p><b>Corporate support to the IJB</b></p> <p>Ensure appropriate corporate support and information is provided to the IJB.</p>	<p>The IJB has been appropriately supported by its Partners. The CO and the CIA is provided by Midlothian Council and the CFO is provided by NHS Lothian. Midlothian Partnership's resources have been enhanced by NHS Lothian and the Partnership supports the IJB on a day to day</p>

<b>Area for Improvement identified in 2015/16</b>	<b>Action Undertaken in 2016/17</b>
	basis.
<p><b>Risk register</b></p> <p>Ensure risk management is embedded.</p>	<p>The IJB's risk register was formally adopted by the Audit and Risk Committee and has been updated for the Audit and Risk Committee meetings.</p>
<p><b>Performance Information</b></p> <p>Ensure that appropriate performance management systems are available to the IJB which will include the demonstration of best value and following the public pound requirements.</p>	<p>See below</p>
<p><b>Recording of financial transactions</b></p> <p>Finalise arrangements for the recording of financial transactions of the IJB.</p>	<p>As agreed in the Integration Scheme, Midlothian Council are recording the financial transactions of the IJB in an appropriate financial ledger system</p>
<p><b>Financial Risk Sharing</b></p> <p>Agreement to a financial risk sharing agreement between the IJB and its partners.</p>	<p>A financial risk sharing agreement was reached for 2016/17. This is discussed in the management commentary.</p>
<p><b>SLA for Internal Audit</b></p> <p>Agreement by NHS Lothian to the IJB's Internal Audit SLA.</p>	<p>Midlothian Internal Audit has made resources available and NHS Lothian IA has made 25 days available to the IJB for IA work. A SLA is in the process of being finalised.</p>
<p><b>Document Retention Policy</b></p> <p>The IJB does not have a retention policy in place.</p>	<p>The IJB, working with its partners and the other Lothian IJBs, is finalising a policy on document management based on the Scottish Government's model scheme. This will cover the retention policy.</p>

<b>Area for Improvement identified in 2015/16</b>	<b>Action Undertaken in 2016/17</b>
<p><b>Business Continuity</b></p> <p>The IJB does not have a business continuity plan.</p>	<p>The IJB does not provide any operational services directly, all of its functions are either delivered by NHS Lothian or Midlothian Council. The IJB therefore relies on the business continuity plans of its partners.</p>
<p><b>Financial planning</b></p> <p>Improved financial planning process over amounts to be delegated to the IJB.</p>	<p>See below</p>
<p><b>Revised code of Corporate Governance</b></p> <p>Update the existing Code of Corporate Governance following issue of the new International Framework of Good Governance in the Public Sector.</p>	<p>The IJB is preparing a revised code in line with the new model code of corporate governance.</p>
<p><b>Fraud</b></p> <p>Undertake a risk assessment of the fraud related risks relevant to the IJB.</p>	<p>An assessment of fraud related risk has now been undertaken with the assistance of the Internal Audit Section. Given that the IJB has no direct access to funds and no authority to contract with any bodies, the risks of frauds are considered to be very low.</p>
<p><b>Registration with the Information Commissioner</b></p> <p>Obtain legal opinion on the requirement to register the IJB with the Information Commissioner (and if confirmed then to register).</p>	<p>A legal opinion has been sought and the IJB does not have to be registered with the Information Commissioner at this time. This will be continuously reviewed.</p>
<p><b>Information Sharing Agreement</b></p> <p>Following Legal approval of the Information Sharing Agreement to obtain the appropriate signatures on the agreement.</p>	<p>The IJB is a signatory to the pan-Lothian data sharing agreement. This is an agreement between NHS Lothian, the four Councils in the</p>

<b>Area for Improvement identified in 2015/16</b>	<b>Action Undertaken in 2016/17</b>
	Lothian area and the four IJBs in the Lothian area.
<p><b>Record audit issues raised</b></p> <p>Log issues identified from Internal and External Assurance providers onto an appropriate system to allow tracking for implementation (for example the Audit Scotland Report on Integration Joint Boards).</p>	<p>All issues raised by Internal and External audit are logged on Covalent (the Council's Internal Audit issue tracking system) for tracking purposes. This information is updated regularly and presented to the IJB's Audit and Risk Committee.</p>
<p><b>Compliance with regulations on the recording and presentation of the IJB's accounts</b></p> <p>Through the Finance Officer, the Board will require to agree an annual process to secure compliance with the legislation and accounting practices which apply to its annual accounts and financial statements.</p>	<p>This was agreed as part of the annual accounts process and sign-off for 2015/16. This matter will be fully dealt with as part of the 2016/17 annual accounts.</p>
<p><b>Information and data protection</b></p> <p>As a devolved public body, the Board is subject to a variety of statutory regimes, such as freedom of information and data protection, and appropriate policies and procedures will require to be developed and approved to secure compliance.</p>	<p>This is covered by the Public Records Act actions and the IJB is developing its plan in 2017/18 in cooperation with its partners.</p>
<p><b>Standards officer</b></p> <p>A standards officer has not yet been appointed for the IJB.</p>	<p>A standards officer has been appointed, Alan Turpie the Principle Solicitor for Midlothian Council.</p>
<p><b>IJB Web Site</b></p> <p>An IJB Web site needs to be developed.</p>	<p>The IJB continues to use the Midlothian Council's website wherein the IJB has its own specific area. The IJB is still developing its own distinct web site.</p>

<b>Area for Improvement identified in 2015/16</b>	<b>Action Undertaken in 2016/17</b>
<p><b>Financial Planning</b></p> <p>Improvements in the financial planning processes including financial plans from the Partners for future years.</p>	<p>Financial planning processes continue to be developed with the partners. A report laying this out was presented to the IJB at its October 2016 meeting.</p>

The following table sets out improvements to the governance framework which are to be progressed in 2017/18:

<b>Areas for improvement Identified in 2016/17</b>	<b>Actions proposed in 2017/18</b>
<p><b>Updated code of corporate governance</b></p> <p>The 'Delivering Good Governance in Local Government: Framework' was updated by CIPFA/SOLACE in 2016 but this has not yet been fully embedded.</p>	<p>See above under 'revised code of corporate governance'.</p>
<p><b>Workforce Planning</b></p> <p>The MIJB will have to develop its workforce plans with an emphasis of moving from specialised institution based workforce into a generalised community based workforce.</p>	<p>The IJB is working with NHS Lothian and Midlothian Council on the development of a workforce plan.</p>
<p><b>Improvement of Financial Planning</b></p> <p>Improve financial planning timescales by moving to a 3 year plan rather than the current position of a detailed 1 year plan with indicative values for the next 2 years.</p>	<p>The IJB is working with Midlothian Council and NHS Lothian to develop a multi-year financial plan. A financial strategy incorporating this multi-year principle was outlined in a report to the IJB at its October 2016 meeting.</p>
<p><b>Performance Reporting</b></p> <p>The IJB should develop performance reports.</p>	<p>The IJB continues to develop its process to ensure that the Directions are being fully delivered by its partners and that the IJB is fully informed on its performance. Papers have been presented to the IJBs to</p>

<b>Areas for improvement Identified in 2016/17</b>	<b>Actions proposed in 2017/18</b>
	develop this model along with a workshop on performance management (April '17).
<b>Internal Audit SLA</b> Gain approval from NHS Lothian of the Service Level Agreement between the Internal Audit Services of Midlothian Council, NHS Lothian and the Midlothian Integration Joint Board.	See above under 'SLA for Internal Audit'.

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

IJB Chair

**Eibhlin McHugh**  
 Chief Officer

**External Auditor's Report**

### **Comprehensive Income and Expenditure Statement**

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

2016/17 Net Expenditure £m	2016/17 Net Expenditure £m
0 NHS Lothian	96.25
Midlothian Council	38.24
<b>0 Cost of Services</b>	<b>134.49</b>
0 Taxation and Non-Specific Grant Income (Note x)	134.49
<b>0 Surplus or Deficit on Provision of Services</b>	<b>0.00</b>
<b>0 Total Comprehensive Income and Expenditure</b>	<b>0.00</b>

*“The IJB was established on 01 April 2016. Integrated delivery of health and care services did not commence until 01 April 2016. Consequently the 2016/17 financial year is the first fully operational financial year for the IJB and the figures above reflect this.”*

**Movement in Reserves Statement**

The IJB had no reserves in 2016/17 nor does it hold any reserves in 2017/18

**Balance Sheet**

The IJB has neither assets or liabilities at 31<sup>st</sup> March 2017

**David King**  
Chief Financial  
Officer

Usable reserves may be used to provide services, subject to the need to maintain a prudent level of reserves and any statutory limitations on their use. Unusable Reserves includes reserves relating to statutory adjustments as shown in the Movement in Reserves Statement.

## **Notes to the Financial Statements**

### **1. Significant Accounting Policies**

#### General Principles

The Financial Statements summarises the authority's transactions for the 2016/17 financial year and its position at the year-end of 31 March 2017.

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

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

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

#### Accruals of Income and Expenditure

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

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

#### Funding

The IJB is wholly funded through funding contributions from the statutory funding partners, Midlothian Council and NHS Lothian. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Midlothian.

#### Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB

does not present a 'Cash and Cash Equivalent' figure on the balance sheet. There are no outstanding funding balances from either partners at 31<sup>st</sup> March 2017.

### Employee Benefits

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

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

### Provisions, Contingent Liabilities and Contingent Assets

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

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

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

### Reserves

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

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

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

### Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. The NHS Lothian and Midlothian Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

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

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

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

## **2. Critical Judgements and Estimation Uncertainty**

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

**to be completed**

The Financial Statements include some estimated figures. Estimates are made taking into account the best available information, however actual results could be materially different from the assumptions and estimates used. The key items in this respect are listed below.

### Provisions

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

## **3. Events After the Reporting Period**

The Annual Accounts were authorised for issue by the IJB on by 31<sup>st</sup> June 2017. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2017, the figures in the

financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

The financial statements and notes have not been adjusted for the following events which took place after 31 March 2017 as they provide information that is relevant to an understanding of the authority's financial position but do not relate to conditions at that date:

**4. Expenditure and Funding Analysis**

To be completed

**5. Expenditure and Income Analysis by Nature**

*To be completed*

**6. Taxation and Non-Specific Grant Income**

To be completed

**7. Debtors**

To be completed

**8. Creditors**

*To be completed*

**9. Provisions**

To be completed

**10. Usable Reserve: General Fund**

To be completed

**11. Unusable Reserve: Employee Statutory Adjustment Account**

To be completed

**12. Agency Income and Expenditure**

To be completed

**13. Related Party Transactions**

To be completed

**14. Contingent Liabilities**

To be completed

**15. Contingent Assets**

There are none

**16. VAT**

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

**Where to find more information**

**In this Document**

**On Our Website**

**Acknowledgement**

