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, 01 March 2018**

Time: **14:00**

Allister Short
Chief Officer

Contact:

Clerk Name: Mike Broadway
Clerk Telephone: 0131 271 3160
Clerk Email: mike.broadway@midlothian.gov.uk

Further Information:

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

1 Welcome, Introductions and Apologies

2 Order of Business

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

3 Declarations of Interest

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

5 Public Reports

6 Private Reports

No private reports to be discussed at this meeting.

7 Date of Next Meeting

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

- Thursday 5 April 2018 at 2 pm – Development Workshop
- Thursday 3 May 2018 at 2 pm – Midlothian Integration Joint Board

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 11th January 2018	2.00pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Catherine Johnstone	John Oates (Chair)
Cllr Jim Muirhead	Tracey Gilles
Cllr Margot Russell (substitute for Cllr Derek Milligan)	Alison McCallum

Present (non voting members):

Allister Short (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Caroline Myles (Chief Nurse)
Fiona Huffer (Head of Dietetics)	Patsy Eccles (Staff side representative)
Keith Chapman (User/Carer)	Pam Russell (User/Carer)
Ewan Aitken (Third Sector)	

In attendance:

Tom Welsh (Integration Manager)	Morag Barrow (Head of Primary Care & Older People's Services)
Mike Broadway (Clerk)	Rosie Miller

Apologies:

Cllr Derek Milligan	Cllr Pauline Winchester
Alex Joyce	Cllr Janet Lay-Douglas (substitute for Cllr Pauline Winchester)
Hamish Reid (GP/Clinical Director)	Aileen Currie (Staff side representative)

Midlothian Integration Joint Board

Thursday 11 January 2018

1. Welcome and introductions

The Chair, John Oates, opened the meeting by expressing the Boards condolences to the family, friends and colleagues of Midlothian Councils' Provost, Councillor Adam Montgomery, who had passed away follow a short illness.

He then went on to welcome everyone to this Meeting of the Midlothian Integration Joint Board, in particular Morag Barrow, the newly appointed Head of Primary Care & Older People's Services and Councillor Margot Russell (who was substituting for Councillor Derek Milligan), following which there was a round of introductions.

2. Order of Business

The order of business was adjusted as follows - Agenda Item No 5.9 - Achieving Financial Balance in the IJB, would be taken along with Agenda Item No 5.2 - IJB 3 Three Year Financial Strategy as the first items of business. This would then be followed by Agenda Item No 5.8 - IJB Property Strategy, after that the remaining items would follow the running order as printed in the agenda.

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 7 December 2017 were submitted and approved.

4.2 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 5 October 2017 were submitted and noted.

4.3 Arising therefrom, and in response to questions regarding how progress in the actioning of decisions made by the Board was monitored, and the governance arrangements for the Audit and Risk Committee, the Board noted that any recommendations made by the Audit and Risk Committee would be fed into the Board either through the minutes, or by way of a formal report, if this was more appropriate. With regards the monitoring of the actioning of decisions, there was no formal mechanisms currently in place, it was the responsibility of individual officers to ensure that the necessary agreed actions were timeously carried out.

5. Public Reports

Report No.	Report Title	Presented by:
5.9	Achieving Financial Balance in the IJB	Allister Short

Midlothian Integration Joint Board

Thursday 11 January 2018

Executive Summary of Report

This paper set out the current challenges to achieving financial balance in 2018/19 for Midlothian IJB and set out some initial proposals for delivering efficiencies in support of a balanced budget. The report noted the challenging position and acknowledged that the scale, pace and quantum of savings that was required went beyond what had been achieved in previous years within the Partner organisations.

The report also highlighted that whilst the high-level areas for transformational change within Midlothian and acute services detailed in the report would provide savings, there remained a projected budget gap of £1m on the required levels of efficiencies within Midlothian to achieve financial balance and further work would be necessary to provide a detailed breakdown on the proposed high-level savings. A full report would be brought to the Midlothian IJB meeting in March 2018. This would also have the details of the revised settlement from Midlothian Council and NHS Lothian, which may impact on the overall budget position for the MIJB.

Summary of discussion

The Chief Officer in presenting the report highlighted that there was a need to remain focused on the overall aim of Integration and to deliver new models of care that better supported the population of Midlothian and improved outcomes. There was also a need to ensure that data was used to drive forward service improvements and to benchmark activity both internally and externally to better understand the capacity and capability for change. Additionally, it was important that there was engagement with both the public and the voluntary sector, which was an area that it was acknowledged still required more work.

The Board, in discussing the budgetary pressures, welcomed the ongoing dialogue with NHS Lothian and Midlothian Council seeking ways to address the current position, expressed some reservations about the prospect of potentially introducing charging for some services, particularly in terms of the impact this might have, and emphasised the importance of getting the public engagement process right.

Decision

The Board:

- **Noted the projected deficit of the 'do nothing' option as a result of the growth and demand pressures across health and social care;**
- **Noted that the current projections are based on information provided by Midlothian Council and NHS Lothian in advance of the Scottish Government's announcement of their financial settlement for 2018/19;**
- **Noted the options available to the MIJB and the proposed high-level areas for transformational change and disinvestment to achieve financial balance;**
- **Noted the need for greater public engagement and welcomed plans to report on this in more detail to the March 2018 MIJB meeting; and**

Midlothian Integration Joint Board

Thursday 11 January 2018

- **Agreed to receive detailed information on all efficiency programmes at the March 2018 meeting of the MIJB.**

Action
Chief Officer/Chief Finance Officer

Report No.	Report Title	Presented by:
5.2	IJB – Outline Three Year Financial Plan - 2018/19, 2019/20 and 2020/21	David King

Executive Summary of Report

With reference to paragraph 5.1 of the Meeting of 24 August 2017, there was submitted a report which further developed the MIJB's financial strategy and provided a high level outline of the MIJB's three year financial plan that had been prepared to support the Strategic Plan.

The report advised that the multi-year outline financial plan started to lay out both the financial challenges and how these might be resolved over the next three years, and how the MIJB intended to use the financial resources available to deliver its Strategic Plan. This outline financial plan was presented both to inform the MIJB's partners of the MIJB's plans in financial terms and also to stimulate discussion around the solutions presented. It was important to note that the plan did not differentiate between which partner would deliver services, it simply took the totality of the resource available to the MIJB and employed that resource to deliver the functions delegated to the MIJB expressed in terms of 'programmes'

There were three appendices attached to this report:–

- An revision of the MIJB's financial strategy;
- An outline financial plan for the next three financial years; and
- NHS Lothian's most recent proposal on the revised MIJB budget setting process.

Summary of discussion

Having heard from the Chief Finance Officer, who responded to Members questions/comments regarding underspends and links to community planning, the Board welcomed the ongoing development of the financial planning model and highlighted the importance of the transformation process in changing the way in which services were delivered.

Decision

The Board:

- **Supported the financial strategy;**

- **Supported the financial planning model; and**
- **Supported the continued development of the financial planning model.**

Action
Chief Officer/Chief Finance Officer

Report No.	Report Title	Presented by:
5.8	Midlothian IJB Property Strategy	Tom Welsh

Executive Summary of Report

This report explained the case for the MIJB developing a strategy for its future property requirements. Whilst the MIJB did not have any direct control over capital or housing revenue budgets it needed to be in a position to give clear advice to Midlothian Council and NHS Lothian about investments required to enable the MIJB to fulfil its objectives regarding the delivery of health and social care. A copy of the proposed Property Strategy was appended to the report.

The report also provided an overview of current properties in use by the local Health and Social Care Partnership and an indication of the future requirements including special needs housing.

Summary of discussion

Having heard from the Integration Manager, the Board welcomed the development of a property strategy which it was felt would offer an opportunity to input into the forward planning for facilities such as Health Centres, Dental Practices and specialist needs housing in Midlothian.

Decision

The Board:

- **Noted this first version of a MIJB Property Strategy;**
- **Agreed that the issues raised in this Strategy be discussed within the relevant forums in Midlothian Council and NHS Lothian; and**
- **Agreed that a more developed Property Strategy be presented at a future meeting of the MIJB no later than early June 2017.**

Action
Chief Officer

Midlothian Integration Joint Board

Thursday 11 January 2018

Report No.	Report Title	Presented by:
5.1	Measuring Performance Under Integration	Allister Short/Tracey Gillies

Executive Summary of Report

With reference to paragraph 5.5 of the Meeting of 20 April 2017, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals.

Summary of discussion

The Chief Officer provided a brief introduction to the report, following which Tracey Gillies, Medical Director, NHS Lothian updated the Board on current pressures within acute services, which had seen a steep rise in admissions.

The Board, in discussing the pressures within acute, acknowledged the particular challenges which it presented, and the work that was going on to address these pressures.

Thereafter, the progress that had been made generally was considered, along with the emerging challenges that remained to be addressed. The need to continue to challenge existing ways of delivering health and care services, and the importance of ensuring that any changes were proportionate and maximised outcomes within the resources available were acknowledged, it being accepted that a balance need to be struck between what could be achieved in the community; through community facilities such as the Community Hospital; and via acute hospital provision, as each was seen as having a role to play in the process of change.

Decision

After further discussion, the Board:-

- **Noted the performance across the improvement goals;**
- **Noted the particular pressures currently being experienced with acute services;**
- **Noted the positive impact that stopping the use of Liberton Hospital had had on the overall unscheduled occupied bed days; and**
- **Noted the improvement in A&E 4 hour performance for people who were subsequently admitted into hospital.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.3	The General Medical Services Contract in Scotland	Allister Short

Midlothian Integration Joint Board

Thursday 11 January 2018

Executive Summary of Report
The purpose of this report was to provide the Board with a summary of the new General Medical Services (GMS) Contract proposals and timescales, and a proposal for implementation arrangements. The report explained that the contract was part of the Scottish Government's plans to transform primary care services in Scotland.

Summary of discussion
Having heard from the Chief Officer, the Board discussed the likely impact of the key principles contained in the proposals, and also the proposed structural approach to the implementation of the contract.

Decision
The Board: • **Noted the key content in the proposals for the new General Medical Services Contract in Scotland;** • **Noted that a poll of the profession will inform a vote on the contract proposals, the outcome of which would be known on 18 January 2018; and** • **Agreed to support the model for implementation as set out in the report.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.4	Carers (Scotland) Act 2016	Allister Short

Executive Summary of Report
The paper sets out the requirements for the need to review the Midlothian Integration Scheme as a result of the Carers (Scotland) Act 2016. The report explained that given that the Integration scheme was submitted less than 3 years ago, the main purpose of the review would be to focus on the legislative changes brought about by the new Act rather than a systematic review of the Integration scheme itself. In line with previous arrangements, the review would be subject to public consultation and governance sign-off by each Partner.

Summary of discussion
The Board, having heard from the Chief Officer, who responded to Members' questions, discussed the prospective timescale for the review, expressing support for the review focusing on the changes required as a result of the new legislation.

Midlothian Integration Joint Board

Thursday 11 January 2018

Decision
The Board: • **Noted the requirement to review the Integration scheme as a result of the Carers (Scotland) Act 2016 coming in to force on 1 April 2018, which places some new duties on Integration Joint Boards, for both adult and children's services;** • **Noted that NHS Lothian has since written to the Chief Executive of Midlothian Council setting out the intention to work collectively to review the Integration scheme;** • **Agreed that the focus of the review should be on the required adjustments arising from the Carers Act; and** • **Noted and agreed that the request asking for the revised Integration schemes being presented back to Scottish Government by 2 March 2018 is not achievable and that NHS Lothian will advise Scottish Government accordingly of an appropriate timeline.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.5	Regional Planning – Health & Social Care Delivery	Allister Short

Executive Summary of Report
The purpose of this paper was to update the Board on the progress being made in developing a regional plan for health and social care in the East region of Scotland and to seek agreement to support a regionalised approach to diabetes prevention. The report advised that the outline Regional Plan was due to be presented to Scottish Government shortly and further reports on progress on the regional plan would be presented to future meetings of the MIJB. The proposed regional partnership approach to diabetes prevention has been developed by the Chief Executive's from Scottish Borders Council and NHS Borders; a detailed copy of the proposals was attached as an appendix to the report.

Summary of discussion
The Board, having heard from the Chief Officer discussed the excellent work which had already been started on addressing and preventing diabetes, with a local partnership having already been established ensuring that Midlothian was well placed to contribute and influence the proposed Partnership as well as benefitting at a local level.

Midlothian Integration Joint Board

Thursday 11 January 2018

Decision
The Board: • **Noted the progress to date on developing and implementing the Health & Social Care Delivery Plan in the East region in relation to primary, community and social care;** • **Noted the work being done, led by Scottish Borders, to establish an East of Scotland Diabetes Prevention Partnership; and** • **Agreed that Midlothian IJB supports the establishment of a regional approach to the Diabetes Prevention Partnership and to confirm our commitment to being involved in this Partnership.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.6	Community Payback Order Annual Report 2016/17	Alison White

Executive Summary of Report
The purpose of this report was to bring to the IJB's attention the Community Payback Order (CPO) Annual Report 2016/17; a copy of which was appended to the report.

Summary of discussion
The Board, having heard from the Chief Social Work Officer discussed the excellent work undertaken by the Criminal Justice team in Midlothian.

Decision
The Board: • **Noted the content of the Community Payback Order Annual Report 2016/17.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.7	Chief Officer's Report	Allister Short

Executive Summary of Report
This report provided a summary of the key issues which had arisen over the past month in health and social care, highlighting in particular service pressures as well as recent service developments. The report highlighted in particular the work that had been undertaken in partnership with all Practice in Midlothian to review practice boundaries to ensure almost universal coverage of at least 2 Practices covering every area of Midlothian, which was good for patient choice but also means that Practices were not stretched too thinly.

Decision
The Board, having heard from the Chief Officer: • **Noted the issues and updates raised in the report.**

Action
Chief Officer

6. Any other business

No additional business had been notified to the Chair in advance.

7. Date of next meeting

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

- Thursday 8th February 2018 2pm Development Workshop
- Thursday 1st March 2018 2pm **Midlothian Integration Joint Board**

The meeting terminated at 4.17 pm.

Thursday 1st March 2018

IJB Directions 2018-19

Item number: **5.1**

Executive summary

This report outlines the proposed approach to Directions to be issued by the IJB to Midlothian Council and NHS Lothian. It goes on to outline the main areas to be addressed in 2018-19. These Directions are intended to provide clarity about the key changes which need to be made in the delivery of health and care services in Midlothian and should be considered alongside the Strategic Plan (2016-19) and the 2018-19 Delivery Plan.

Board members are asked to:

1. Approve a more focussed to approach to issuing Directions
2. Approve the key areas of priority for 2018-19

Report

Report title: Directions 2018-19

1 Purpose

1.1 This report introduces the proposed Directions to be issued to NHS Lothian and Midlothian Council for action in 2018-19.

2 Recommendations

2.1 As result of this report Members are asked to:-

I. Approve the approach outlined in Section 3.7
II. Approve the main Directions outlined in Section 3.9
III. Agree that the Chief Officer arrange for these Directions to be issued in the appropriate format to the Chief Executives of NHS Lothian and Midlothian Council no later than 31st March 2018

3 Background and main report

3.1 **Midlothian Strategic Plan**: 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 e.g. to reduce reliance on Acute Hospitals and Care Homes through strengthening Primary Care and Care at Home services. In order to respond to new challenges and opportunities the Strategic Plan is updated annually in the form of a Delivery Plan. The 2018-19 Delivery Plan will be submitted to a future IJB for information and approval.

3.2 **Legislation**: The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and also to issue Directions to NHS Lothian and Midlothian Council highlighting specific changes which need to be put in place to implement the Strategic Plan.

3.3 **Midlothian Policy**: Midlothian IJB approved its Directions Policy on 10th December 2015. This policy stipulates that Directions will be issued for all the functions that have been delegated to the IJB and that these will show the disposition of all the resources allocated to it.

3.5 **Directions 2017-18:** Following consideration at previous meetings of the IJB, formal Directions were issued on 31st March 2017 to NHS Lothian and Midlothian Council. A progress report on these Directions was considered by the IJB on 10th December 2017.

3.6 **Key Principles underpinning the 2018-19 Directions**

In developing Directions for 2018-19 there are a number of emerging principles which should inform the redesign of services. These include:

1. A stronger emphasis on prevention being adopted by all services
2. The development of a shared approach to risk across all parts of the pathway
3. An increased emphasis on people being supported and treated at home
4. A move towards more *Realistic Medicine* and *Realistic Care*
5. A move towards more open access and seeking to reduce waiting lists
6. Diagnosis and treatment being provided in hospitals where these can only safely be provided in hospital settings
7. Improved partnership working across all services

This approach to redesign health and social care will need to be reflected in a shift in resources as explained in the IJB Financial Strategy.

3.7 **A More Focussed Approach**

Legislation and Good Practice Guidance requires that the IJB issue Directions for each delegated function including the available resource and the key actions required. The drawback to this approach is that are there a wide range of functions and the resulting document outlining the Directions is unwieldy giving rise to the very real risk that Midlothian Council and NHS Lothian do not have sufficient understanding or focus upon the **key** areas of redesign being sought by the IJB. It is therefore proposed to focus upon the main priority areas alongside a more general statement about the continued delivery of high quality services in line with the Strategic Plan, the Annual Delivery Plan and those Directions, issued in March 2017, which are not yet fully completed.

3.8 **Addressing the Key Issues which impact upon Health and Wellbeing**

The IJB is only empowered to issue Directions regarding functions delegated to it as outlined in the Integration Scheme. However there is a very clear link between good health and wellbeing and ease of access to services which meet people's basic needs. These include good housing, income, employment and transport. Midlothian Community Planning Partnership has embraced this responsibility through its adoption of "Inequalities" as its key priority for 2016-19. It is proposed that, in writing to the Chief Executives about the Directions, this dependency is highlighted by the IJB with a request for even stronger partnership working on improved access to such services - which will ultimately improve the health and wellbeing of the people of Midlothian.

3.9 **Key Areas to be addressed in the Directions**

The proposed key directions are summarised below:

A. Primary Care:

Delivery of the Primary Care Implementation Plan for the new GMS Contract.

B. Acute Hospitals:

Implementation of a shared approach to reduce admissions and improving health in relation to people with diabetes, respiratory conditions and frailty.

Redesigned pathways to facilitate earlier discharge to appropriate settings in Midlothian.

These steps should be accompanied by a transfer of resources to strengthen care and treatment at home services.

C. Learning Disability:

Full delegation of Midlothian's share of NHSL Budgets.

Completion of the Programme of Case Reviews.

Implementation of Day Service Redesign.

These steps should enable more effective use of the overall budget and bring spend closer in line with the available resources.

D. Mental Health and Substance Misuse

Full delegation of Midlothian's share of NHSL Budgets

Develop a coordinated approach to responding to common mental health problems.

E. Care at Home

Delivery of a Public Engagement Programme that recognises and builds on community assets.

Reshape care at home services to ensure efficient operations and a quality workforce.

Implementation of new Models of Care including Extra Care Housing.

This should help achieve Best Value and ensure spend is in line with available resources

F. Prevention

Map current spend and develop a local Prevention Strategy.

Engage Community Planning partners on issues such as a diabetes strategy; physical disability strategy; and safer communities.

Develop a plan to reduce preventable hospital admissions as outlined in the specified list

There should be a demonstrable increase in the proportion of NHSL and Midlothian Council spend on prevention rather than failure demand

G. Unpaid Carers

Full implementation of the Carers Act and new Eligibility Criteria

4 Policy Implications

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

5 Equalities Implications

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 8th February 2016 and further changes were made to the Strategic Plan as a consequence.

6 Resource Implications

6.1 The resource implications of the Directions will be specified within the individual template outlining the details of each Direction

6.2 It is acknowledged that the financial context is both complex and challenging. The budgets for 2018-19 are not yet finalised. The process for decision- making about the allocation of hospital (set-aside) and hosted services to each of the Lothian IJBs remains incomplete. 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.

6.3 A key objective to be achieved through the delivery of the Directions is to address the financial challenges facing the Partnership as outlined in an earlier report, Achieving Financial Balance, considered by the IJB on the 11th January 2018.

7 Risk

7.1 There are a range of risks associated with the IJB's ability to achieve its objectives and these are documented in the IJB Risk Register. The risk attached to the Directions issued by Midlothian IJB are that they are not fully delivered given the challenges that exist in quickly achieving real change in the provision of health and care services. This risk will be managed through both the Strategic Planning Group and the Strategic Planning Core Group which will monitor closely the progress being made in these key areas of service redesign, and by regular update reports to the IJB.

8 Involving people

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 other than the IJB Development Session on 8th February which was dedicated to this issue.

8.2 In recognition of the criticality of public understanding and support for the changes in health and care required in coming years a comprehensive and strengthened programme of community engagement is now being designed and delivered.

8.3 The delivery of new approaches to health and social care is entirely dependent on a skilled and committed workforce. The *Realistic Care Realistic Expectations Programme* includes a series of actions intended to inform and involve staff on a continuing basis.

9 Background Papers

9.1

AUTHOR'S NAME	Tom Welsh
DESIGNATION	Integration Manager
CONTACT INFO	Tom.welsh@midlothian.gov.uk 0131 271 3671
DATE	13th February 2018

1st March 2018

Financial Assurance – 2018/19 budget setting

Item number: **5.2**

Executive summary

The IJB requires to set a budget for 2018/19 and this budget flows from the budget offers to the IJB from Midlothian Council and NHS Lothian. Midlothian Council set a budget at its meeting on 13th February 2018 which included a proposed budget for the IJB. NHS Lothian has provided the IJB with a detailed financial plan although it has not yet set a final budget for 2018/19. The NHS Lothian element of the budget proposition below is based on the information provided to NHS Lothian's finance and resource committee at its January 2018 meeting.

The IJB undertakes a process of financial assurance which looks at the budget propositions from the partners and asks two key questions:-

- *Is it fair – is the proposed budget a 'fair' share of the partners overall resources to support the functions that the partner has delegated to the IJB*

- *Is it adequate – this raises the issue of the service delivery model. Clearly the budgets are not 'adequate' in the absolute sense of the word otherwise there would not be significant efficiency schemes to be delivered. The IJB has to consider that the efficiency schemes that are required to deliver a balanced financial position are deliverable and do not impact on the IJB's ability to deliver its strategic plan.*

Board members are asked to:

1. Accept the Midlothian Council's budget settlement
2. Accept NHS Lothian's indicative offer on the basis that :-
   - Any further revision to the NHS Lothian Financial Plan does not impact significantly on the IJB.
   - NHS Lothian resolves to the IJB's satisfaction the pressures with the Set Aside budget

Report

Financial Assurance – 2018/19 budget setting

1 Purpose

1.1 This report lays out the current position of the financial assurance exercise undertaken on the 2018/19 budgetary settlement and offers made by the IJB's partners.

2 Recommendations

2.1 Members are asked to:-

1 Accept the Midlothian Council's budget settlement
2 Accept NHS Lothian's indicative proposition on the basis that:-
- Any further revision to the NHS Lothian Financial Plan does not impact significantly on the IJB.
- NHS Lothian resolves to the IJB's satisfaction the pressures with the Set Aside budget

2 Background and main report

a. The IJB performs a process of financial assurance prior to considering the acceptance of the budget proposition from the partners. The Integrated Resources Advisory Group (a technical accounting group set up by the Scottish Government to provide guidance on integration) guidance states that :-

'An effective assurance process should enable the host body (whether an Integration Joint Board (IJB) in a corporate body arrangement; or a Health Board or Local Authority in a lead agency arrangement) to identify the resources delegated to it and the financial, legal or organisational risks involved; it should also help the delegating partners to quantify the risks to their respective operations. If planned and implemented in a logical sequence, it should allow the Health Board and Local Authority to maximise the benefits and minimise the risks from integration.'

b. The IJB's budget is simply the total of the budget propositions from the two partners – Midlothian Council and NHS Lothian. These partners have delegated a range of functions to the IJB and the IJB must satisfy itself that the resources made available by the partners will allow the IJB to deliver the delegated functions. That said, both partners have a further range of responsibilities outwith those delegated to the IJB and should reflect on the totality of their resources along with the totality of their responsibilities including those which support the objectives of the IJB.

c. The resources available to the partners are largely based on resources allocated by the Scottish Government. All of NHS Lothian's funding flows from the Scottish Government and although Midlothian Council raise income from the Council tax and make some charges to support the delivery of social care services, the largest element by far of Midlothian Council's income comes from the Scottish Government's revenue support grant. The Partners, and therefore, the IJB are dependent on the financial settlement made by the Scottish Government

d. The Scottish Government announced their draft budget for 2018/19 on 14th December 2017. This was later amended as part of an agreement between the Scottish Green Party and the government. The revised settlement (in summary is as follows) :-

- An uplift for all territorial health boards of 1.5%
- A further move to NRAC (the formula used in Scotland to distribute the total health budget over the territorial health boards) parity ensuring that all Boards are within 0.8% of their NRAC share
- £66m to the Councils to support social care pressures of which Midlothian Council's share was £0.98m
- A slight increase to the councils overall budget.

e. In addition to the above a series of further investments are planned by the Scottish Government in Primary Care (£110m nationally) and Mental Health (£47m nationally). These values are the overall investment in 2018/19 but non-recurrent investments were made in 17/18 and in total, there is a step-up of £67m in these two areas. These planned investments (and the non-recurrent elements in 2017/18) are not in the proposed budget to the IJB from NHS Lothian. As these allocations are made in 2018/19, further details will be provided to the IJB.

Budget Settlements

f. Midlothian Council set their budget for 2018/19 at their meeting on 13th February 2018. As part of that process they laid out the budget proposition for the IJB. This shows :-

	£m	Notes
2817/18 Baseline	**37.57**	
Service users transport	0.57	1
Uplifts :-		
Pay and Inflation	0.68	
Demographic Pressures	1.04	
Add'n Funding	0.98	2
Change Programme	-1.04	3
Add'n Savings	-0.05	4
2018/19 allocation	**39.75**	

Notes :-

1. This budget was held centrally but supports the delivery of social care. The Council have now agreed to delegate this resource to the IJB, it should be

noted that this resource is currently fully utilised and does not constitute an increase of resources available to the IJB.

2. This is the Midlothian Council's share of the national £66m to be invested in social care. Appendix 1 breaks down this value, the management teams are working through each element to ensure that they can deliver any additional obligations within the resource elements.
3. As part of the overall council service redesign programme, the partnership management team have committed to delivering c. £1.0m of efficiencies. The current plans are further detailed in Appendix 2.
4. As part of the final budget setting agreement, Midlothian Council have sought an additional saving of c. £44,000. This will be incorporated into the overall efficiency programme.

3.7 NHS Lothian have been developing their 2018/19 financial plan and this has been discussed at their Finance and Resources committee and their Board. The details behind the various iterations of the financial plan have been fully shared with the IJB's Chief Officer and its Chief Finance Officer. This work is not yet completed and a further revision to the overall financial plan is underway. That said, the analysis below is based on the information presented to the Finance and Resource Committee at its meeting in January 2018. It is important to recognise that this financial plan is not balanced – it shows (overall for all of NHS Lothian) a financial gap of £27.8m and an element of that gap is reflected in the analysis of the financial pressures in the health allocation. This is discussed further below.

3.8 The position within the health system is not as clear as that within the Council. The NHS are given a series of additional allocations during the financial year and those elements that are part of the IJB's delegated functions are added to the IJB's budget in year. In addition there have been further revisions to the Health Budget setting model (especially within the Set Aside service) and budgets from Liberton hospital being transferred to the IJB. For the purposes of this exercise, the year on year comparison is based on a restated budget

	£m
Restated 2017/18 baseline	84.7
Per January F&R position	87.3
Uplift	2.6

The Uplift consists of :-

- A reinstatement of the non-recurrent GP prescribing support made in 2017/18
- Pay awards that will support the staff costs in the operational budgets that constitute the IJB's allocation
- A further uplift for GP prescribing to take the opening 18/19 GP prescribing position to break-even.

Although the NHS Lothian budget is not yet finalised, NHS Lothian are proposing to provide additional recurrent resource to support capacity in primary care (c. £400,000 although £200,000 was invested non recurrently in 2017/18) and to support further developments in the delivery of GP prescribing (c. £200,000). As discussed above this does not include any further elements of the Scottish Government investments indicated in the 2018/19 settlement.

3.9 In principle, the IJB should negotiate with the partners as to the allocations that they make to the IJB. In practice this work is undertaken in the dialogue that the Chief Officer has in his role as Joint Director, the issues reflected by the Chief Finance Officer in his operational role and in discussions with the partners that IJB members have in their roles as members of NHS Lothian Board or as Councillors. The IJB has not undertaken a 'formal' set of negotiations as this is considered to be neither practical (given the timescales) nor in the spirit of partnership. That said, this will be reflected in the multi-year financial plan which is discussed further below.

3.10 The financial assurance can be considered to consist of two broad elements – is the allocation fair and is the allocation adequate.

3.11 The 'fair' element is addressed by examining the allocation proposals (laid out above) and considering if the IJB has received a fair share of the resources available to the partners.

3.12 Midlothian Council has passed on the additional resources made available to support Social Care by the Scottish Government, has made provisions for pay awards and demography and has not changed its previous announced savings plans as they impact upon the IJB. This position is considered to be fair.

3.13 NHS Lothian, although this is not yet a final position, has made a provision to uplift all the operational pay budgets that fall into the IJB's allocation and has reinstated the GP Prescribing support as above. Further investments will be provided to support capacity in Primary care along with further development work in GP prescribing. There will also be additional resources from the Scottish Government in year (18/19) which will pass onto the IJB. This position is considered to be fair

3.14 The adequacy test can be tested by looking at the indicative financial pressures that the financial analysis of the partners provides. The IJB is fully aware of the overall financial constraints and that the current services delivery model is unaffordable and is committed to redesigning that model. The principles behind that redesign are laid out in the IJB's Financial Strategy. That said, the IJB has to recognise the current position and to ensure itself that there are clear plans to manage any financial pressures.

3.15 The indicative position is as follows :-

	Budget	Projected Spend	Projected Variance
	£m	£m	£m
Social Care	39 .49	41 .29	-1 .80
Health - Core	58 .74	59 .00	- .27
Health - Hosted	10 .37	10 .45	- .08
Health - Set Aside	18 .19	18 .95	- .76
Total	126 .78	129 .69	-2 .90

3.16 As part of the budgetary proposition above, Midlothian Council had indicated that they would expect c. £1.09m of efficiencies to be delivered in 18/19 and this had been agreed by the partnership management team. The final out-turn position for social care is not yet finalised but it is clear that, even if the position reaches a break-even, the 17/18 position has been underpinned by a series of non-recurrent support, mostly through the release of reserves held by Midlothian Council on the IJB's behalf. It is estimated that, if no further actions are taken, this means that there is a recurrent pressure of c. £800,000 in the social care position. This gives a total pressure in 2018/19 of £1.8m and efficiency and recovery plans have been prepared to resolve this pressure. These are laid out in appendix 2.

3.17 It can be seen that the largest element of pressure within the Health position is within Set Aside. This is not managed by the Partnership and NHS Lothian has been approached by the Chief Officer and asked to provide plans to deliver a break-even position. As was discussed above, the NHS Lothian financial plan does not balance in this current iteration and this is one of the key elements of that overall gap.

3.18 The pressures within Hosted and Core appear to be relatively small, however further work is underway to review the Partnership's financial plan and it is likely that this pressure will increase. Accordingly, the efficiency programmes for the core element of the IJB's budget are greater than the position above and are also detailed in appendix 2. The presumption, at this time, is that the hosted pressures can be managed.

3.19 As was reported to the IJB previously, NHS Lothian is working through a new model for IJB budgets which would not only deliver a 'fair' IJB budget but also ensure that the charges against that budget represented the IJB's utilisation of these services rather than the current position which is based on notional shares.

3.20 Therefore in order to respond to the 'adequacy' issue the IJB has to consider if the efficiency plans will meet the financial pressures and if these plans do not impact on the IJB's ability to deliver its Strategic Plan. This does not seem unreasonable at this time with the very clear exception of the Set Aside position for which the IJB simply does not have adequate assurance. This matter is being actively progressed by the Chief Officer.

3.21 The discussion above relates only to the 2018/19 position. Clearly the IJB requires a three year financial plan and this is addressed by a separate report. The partners have been providing indicative three year allocations along with an analysis of the financial pressures and it is clear that the position in 2019/20 and 2020/21 will be significantly challenging.

4 Policy Implications

4.1 There are no new policy issues raised in this paper

5 Equalities Implications

5.1 Equality impact assessments will be undertaken by the partners as part of the delivery of the efficiency programmes

6 Resource Implications

6.1 The resource implications are laid out above

7 Risk

7.1 There are a range of risks which are noted in detail in the financial plans of the partners. However to summarise:-

- A risk that the efficiency plans and recovery plans cannot be fully delivered.
- A risk that the new resources (the £976,000 discussed above) will not be adequate to support the new obligations that have to be met by the IJB

The risk around the pressures on the financial resources available to the IJB is noted in the IJB's risk register

8 Involving people

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. Nevertheless the emerging financial challenges facing the partners, and therefore the budgets likely to be available to the IJB, require a concerted programme of public engagement. Transforming health and care services will only succeed if the people of Midlothian understand the changes being considered; are able to influence these; and are prepared to support them. With this in mind a communications and engagement plan is now being developed

9 Background Papers

9.1 January 2018 Report to the IJB – Financial Strategy and Financial Plan.

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DATE	February 2018

Appendices :-

1. Breakdown of the Midlothian share of the £66m.
2. Indicative efficiency plans.

Appendix 1 – Breakdown of the share of the £66m.

As was noted above, the Scottish Government's 2018/19 settlement made available £66m to Councils nationally to support pressures in social care. Midlothian's share of this allocation was £976,000 and the notional breakdown of this is as follows :-

Support to :-	Amount £000's	Note
Living Wage Uplift	444	The living wage will increase in 2018/19 for all care providers – this includes the costs of supporting home care providers and care home providers to deliver the living wage commitments. The National Care home uplift has been agreed at 3.33%. Its not yet clear if this cost can be covered from within this particular resource given the commitments with the home care providers
Sleepover Pressure	148	Staff providing 'sleepovers' will have to be paid at the living wage
Carer's Act	281	The Carer's Act brings further obligations to the IJB and its delivery partners. This is the estimated costs of providing these obligations
Free personal Care uplift	30	As described
Additional Uplift	73	Its likely that the additional costs incurred through the full delivery of the carers act may be greater than the provision above. Any proposed use for this element of funding will have to wait until a final analysis of the costs of delivering the carers act has been reached.
Total	976	

Appendix 2 – Indicative efficiency plans.

Service Area	Analysis of Issue	Proposed Saving
Reablement Service	Significant time spent on travel resulting in reduced productivity	£277,000
Prescribing	Costs are £6 per patient higher than Scottish average	£940,000
Homecare/Care at Home	External providers not delivering to the full contract	£900,000
Learning Disability Services	Reviews and assessments outwith recommended review period	£200,000
Bank & Agency (NHS)	Ongoing use of bank staff beyond vacancy coverage	£75,000
Agency & Standby (MLC)	Usage has reduced but still scope for further improvement	£75,000
Mental Health	Opportunity to move beyond bed-based model of care	£50,000
Acute Services	Redesign services to reflect shift in the balance of care - Frailty - Diabetes - Respiratory - End of life care	£540,000
Charging for Services	Scope to introduce charging to bring in to line with other areas	£300,000
Operational Management	Review and reduction of travel, non-pay and other costs	£50,000
Service Delivery	Service reviews to reflect changing models of care	£80,000
		£3,487,000

This plan was presented to the IJB at its December meeting as part of the Chief Officer's report 'Achieving financial balance for the IJB'.

1st March 2018

Financial Strategy and Financial Plan – Update March 2018.

Item number: **5.3**

Executive summary

At the January meeting, the IJB was presented with an updated financial strategy. This has been further updated and is submitted for approval

At the same IJB meeting the first version of a three year financial plan was presented. This has now been further developed in light of the settlements received by the partners, Midlothian Council and NHS Lothian. The report also lays out the next steps which now need to be taken to develop the three year plan and allow that plan to provide a clear view of the IJB's intentions.

Board members are asked to:

1. Note the updated 3 year baseline position
2. Note the updated financial strategy
3. Support the proposed actions detailed in paragraph 3.13 of the report.

Report

Financial Strategy and Financial Plan – Update March 2018

1 Purpose

1.1 This report is an update of the IJB's financial plan taking into account the Scottish Government's financial settlement for 2018/19 for the IJB's partners (Midlothian Council and NHS Lothian). The report also includes a further revision of the IJB's financial strategy.

2 Recommendations

2.1 As result of this report members are asked to:-

- Note the updated 3 year baseline position
- Note the updated financial strategy
- Support the proposed actions (Paragraph 3.13 below)

3 Background and main report

3.1 The IJB requires a multi-year financial plan which will lay out how it will use the financial resources available to it to deliver its Strategic Plan. It is clear that the increasing demand and expectations along with a reduction in total resources means that the IJB will have to manage a significant financial challenge. In order to address this challenge the IJB has prepared a Financial Strategy. This strategy lays out the principles (and some examples) of how the delivery of services will be redesigned and therefore how demand will be managed and the service delivery cost base will be reduced. This strategy underpins the delivery of the financial plan.

3.2 The first draft of the financial strategy was presented to the IJB at its October 2016 meeting. The underlying principles behind the strategy were agreed and the IJB was presented with an updated Financial Strategy at its January 2018 meeting. The financial strategy is a living document and, as service delivery redesign continues and the IJB continues to develop its strategic plan then the financial strategy will be updated.

3.3 The key themes of the financial strategy are :-

- Prioritising the Allocation of Resources
- Making more efficient use of resources
- A move from failure demand to prevention
- A move from hospital care or care homes to community based services
- A move to improved quality and access
- A move from working in silos to team working
- A move from reactive to anticipatory care planning

3.4 The financial strategy has been further updated since the January meeting and a revised version is attached to this report at appendix 2.

3.5 The financial plan presented to the January IJB was based on the financial information available from Scottish Government. The plan has now been updated to reflect the settlement announced on 14th December and further revisions made to the budget prior to the budget being approved by the Scottish Parliament. This is attached at appendix 1.

3.6 The plan is based on the principles laid out in the January paper, that is that the IJB takes the totality of its resources and then considers how that overall resource will be used to deliver the Strategic Plan. The plan addresses investment in broad programmes which were further described in the January paper. The IJB will then consider how much of its resources should be directed to each programme and then the service delivery teams of the partners will prepared detailed operational plans laying out how these resources will be used to deliver the IJB's outcomes.

3.7 Having agreed the operational plans the IJB will action this work through its Directions to the partners. The Directions for 18/19 are discussed further in a report which is also presented to this meeting of the IJB.

3.8 That said, the financial plan attached at appendix 1 takes the totality of the IJB proposed budgets (the allocations from both partners as considered in the financial assurance) and uses the current projected expenditure position supplied by the partners to illustrate the 'do nothing' position – that is what the financial pressures would be if the IJB did not progress with its service delivery redesign.

3.9 The financial information is the plan is derived from :-

- The budgetary settlement to the IJB from Midlothian Council. This is detailed in a letter to the IJB's Chief Officer which lays out the budget for 18/19 (discussed in the financial assurance paper) and provides indicative budgets for 2019/20 and 2020/21. It should be noted that the indicative budgets for the 19/20 and 20/21 have been revised from the previous position and now show significant increases in resources the previous efficiency targets having been removed.

- NHS Lothian financial plans for 2018/29 to 2022/23 which were presented to the Lothian Finance and Resource committee at its January 2018 meeting. This also indicates the non-recurrent support that NHS Lothian have currently proposed in 2018/19 to underpin the GP Prescribing position. At this time, that support will not be available in 19/20 and 20/21 and this has a significant impact on the increase in financial pressures in future years.

3.10 This plan does not include any further investments to be made by NHSil to support capacity in Primary Care nor does it include further investments in Primary Care or Mental Health which were announced by the Scottish Government as part of their 2018/19 settlement. These investments will become known later in the year.

3.11 It is important to note that this IJB plan is based on the partners who have different planning models. The Council must set a balanced budget and

therefore it is assumed that any in-year financial pressures are managed in that year. For the purposes of the forward planning any efficiency requirements are shown as pressures, so that the resolution to the pressures – the efficiency plans – can be examined. NHS Lothian does not, in this iteration of its financial plan, have a balanced budget for any of the three years (18/19, 19/20 and 20/21). NHS Lothian assumes that pressures not managed in year are carried forward and it also assumes a level of non-recurrent funding in the first year of the plan. This has the impact of having a significant financial pressure in the second and third years of the financial plan.

3.12 The revised plan shows an 'improvement' in the projected pressures over the next three years compared to that presented to the IJB in January. This is as a result of additional resources being made available to the partners through the Scottish Government's settlement, the reinstatement of the 2017/18 prescribing support discussed above and a reduction in the efficiency targets from Midlothian Council. However, the 'do nothing' position still has significant challenges in years two and three since the non-recurrent prescribing support in 18/19 will no longer be available, and is clearly not sustainable.

3.13 A detailed operational plan will be put together by September 2018 which will step through the actions discussed at a high level in the January IJB report. These are :-

- Further refinement of the IJB Health Budget setting model. This will allow the IJB to consider in detail not only the totality of its resources but also how they are currently being deployed. This will be critical to understanding the use of the Set Aside resources in the Acute Hospitals and therefore the impact of the IJB's plans to change that resource usage.

- A detailed examination of the programmes with the service delivery management teams to ensure that these are fully understood.

- A consideration by programme e.g. Older People, of how the IJB's overall resource should be prioritised. This will allow the IJB to consider how resources invested in these programmes should move over the years reflecting the delivery of the strategic plan.

- The production of detailed delivery plans that are affordable within the overall programme resource. This will be absolutely essential in the delivery of financial sustainability for the IJB.

4 Policy Implications

4.5 There are no new policy implications in this report.

5 Equalities Implications

5.1 Equality impact assessments will be undertaken by the partners as part of the delivery of the efficiency programmes.

6 Resource Implications

6.1 The resource implications are laid out above.

7 Risk

7.1 The key risk – that the IJB has inadequate financial resources to deliver its Strategic Plan is laid out in the IJB's risk register.

8 Involving people

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. Nevertheless the emerging financial challenges facing the partners, and therefore the budgets likely to be available to the IJB, require a concerted programme of public engagement. Transforming health and care services will only succeed if the people of Midlothian understand the changes being considered; are able to influence these; and are prepared to support them. With this in mind a communications and engagement plan is now being delivered

9 Background Papers

9.5 Outline 3 year Financial Plan and an updated Financial Strategy presented to the IJB in January 2018.

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DATE	February 2018

Appendix

1. Updated 3 year baseline position
2. Financial Strategy 2

Midlothian IJB - Budgets 2018/19, 2019/20 and 2020/21 Appendix

	2018/19 £m	2018/20 £m	2018/21 £m
Older Peoples Services	29,308	29,995	31,116
Children's Services	1,396	1,430	1,463
Learning Disabilities	16,477	17,680	18,477
Physical Disabilities	3,850	3,862	3,873
Mental Health	8,470	8,607	8,677
Primary Care	33,101	31,520	31,544
Other	8,968	9,063	9,157
Acute Set Aside	18,188	18,434	18,768
Social Care Fund/Integrated Care Fund	6,223	6,223	6,223
Substance Misuse	1,068	1,079	1,090
Total	127,048	127,892	130,389

Midlothian IJB - Indicative financial pressures 2018/19, 2019/20 and 2020/21

	2018/19 £m	2018/20 £m	2018/21 £m
Older Peoples Services	-866	-355	-444
Children's Services	-44	-50	-57
Learning Disabilities	-1,273	-98	-165
Physical Disabilities	11	6	2
Mental Health	-137	-238	-406
Primary Care	-655	-3,052	-3,880
Other	958	914	860
Acute Set Aside	-758	-1,153	-1,516
Social Care Fund/Integrated Care Fund	-113	-144	-175
Substance Misuse	-66	-82	-100
Total	-2,942	-4,250	-5,881

1

Midlothian

MIDLOTHIAN HEALTH AND CARE PARTNERSHIP

APRIL 2018

FINANCIAL STRATEGY

1. Purpose

The IJB and its partners face a very significant financial challenge over the next few years. This is driven by growing demand and increasing expectations for the delivery of health and social care along with a reduction in real terms of the financial resources available. This financial strategy lays out the principles and mechanisms through which the IJB will reduce its overall budget whilst managing increases in demand for the services provided on its behalf.

Alongside this overarching strategy the IJB will develop a three year financial plan which will explain in financial terms how the IJB will deliver its Strategic Plan. It is clear that if no changes are made to the current approach to delivering health and social care services then the inevitable increase in costs will significantly exceed the financial resources which are predicted to be available. This strategy lays out how that financial gap will be managed.

2. Vision

The vision and key objectives of the IJB are laid out in the 2016-19 Strategic Plan available at Strategic Plan

Integration is considered the most likely way of achieving the changes required to deliver this vision in spite of the reducing budgets available. While the move towards more integrated services has been a long standing aspiration the creation of IJBs was intended to ensure this process is greatly accelerated. The Midlothian IJB will continue to oversee the process of full integration of the service delivery teams, not just between NHS and Council delivered services but also moving pan-Lothian services into the locally managed and locally delivered services. The establishment of multi-disciplinary teams delivering care in a community based setting will generate operational and managerial synergies and should reduce costs. We will also look for opportunities to more fully integrate the voluntary sector services alongside health and social care teams in direct delivery of services and in making best use of our collective workforce and buildings estate.

3. Shifting the Use of Resources

The IJB will review the resources available and prioritise them to achieve the agreed outcomes (see section 8). Guidance on this process has been issued by the Scottish Government and the themes laid out in this guidance are those that flow through this paper (see appendix 2). The key principles guiding this movement are outlined in this report, along with specific plans which are being developed to achieve the required shifts in expenditure.

Key Changes in Our Use of Resources

We aim to achieve this ambitious vision by changing the emphasis of services, placing more importance and a greater proportion of our resources on the approaches outlined to the right.

These are intended to reduce preventable ill health through healthy lifestyles, immunisation, screening and early intervention. When people do become ill we will place emphasis on supporting their recovery rather than continuing treatment or care and support wherever this is possible. Where care and treatment are required we will try wherever possible to provide this to people in their own homes rather than in care homes or hospitals.

We will strengthen team working and we will work more closely with our community planning partners who can have a major positive impact on people's health and wellbeing through for example, access to good housing; support to take physical exercise; and opportunities to have company and meaningful activities

4 Making More Efficient use of Resources

There are immediate pressures on the IJB which require action to bring the expenditure in line with the monies now being made available by Midlothian Council and NHS Lothian

Social Care: The *Realistic Care Realistic Expectations Programme* is intended to identify significant savings through more efficient and more equitable ways of providing social care services. This is being overseen by the Council Business Transformation Group.

Prescribing: In response to major pressures upon the local prescribing budget GPs and the Pharmacy Service are implementing a series of changes to significantly reduce expenditure

Service Integration: The social care and health teams within the Partnership are being joined together into one overall team with a single management structure. This will generate operational synergies and stop 'double doing' – for example multiple assessments.

Alongside these programmes the IJB will consider annually a range of measures required to ensure it is able to achieve financial balance.

4 Public Engagement

The emerging financial challenges facing the partners, and therefore the budgets likely to be available to the IJB, require a concerted programme of public engagement. Transforming health and care services will only succeed if the people of Midlothian understand the changes being considered; are able to influence these; and are prepared to support them. With this in mind a communications and engagement plan is now being developed. A Communication and Engagement Plan in relation to Realistic Care has been developed and is now being implemented. The overall objectives of this communication and engagement plan are to:

- ***Inform**: People understand the current pressures on social care services in Midlothian and action being taken in response*
- ***Inform**: Service users and carers understand the specific pressures relating to services they receive*
- ***Engage**: Social care services understand the experience of service users, carers, the public and partner organisations and what is important to them*
- ***Engage**: We identify ways to work better together and make changes to our approach*

Effective communication and engagement reduces pressure felt by frontline staff

4 Key Shifts in Our Use of Resources

The financial strategy is based upon the premise that redesigning services as laid out in the Strategic Plan can be funded by moving resources from one model of care to another. Additionally, in time, these shifts in emphasis will result in less costly services.

Move from Failure Demand to Prevention. It has long been accepted that prevention programmes can deliver significant benefits to patients and to the use of health and social care resources. Further development of the prevention principle will be a key part of the IJB's strategy. Much preventative activity is delivered by partners within the broader Community Planning Partnership including employability support services, housing and leisure services. This reflects the findings of the Christie Commission on the future of public services.

Move from Hospital or Care Homes to Community Based Services: People wish to remain at home for as long as possible and only go into hospital where it is absolutely necessary. There is considerable scope to provide more services in the community which could lead to significant savings. The IJB has committed to a reduction in occupied bed days of 10% which if achieved should enable a significant transfer of resources to community services.

Move from Treatment and Support to Recovery and Reablement: There is a growing commitment to providing more intensive support to enable people to recover as far as possible. Emphasising recovery is reflected clearly in areas such as mental illness and substance misuse while a more proactive approach to rehabilitation is being adopted in areas such as stroke and in the delivery of care at home services more generally.

Move to Improved Quality and Access: Providing high quality services and enabling quick access to services is likely to lead to reduced costs across the system. People awaiting access to treatment for addiction or to psychological therapies are vulnerable to deteriorating further. People delayed in hospital are more likely to lose their independence skills.

Move from Working in Silos to Team Working: In order to provide holistic care we need to strengthen our approach to team working. This will be reflected in stronger working arrangements across health, social care and voluntary organisations through joint teams. We will also seek to create more effective working relations between based in local communities.

Move from Reactive to Anticipatory Care Planning People with long term health conditions and disabilities need to be supported to plan ahead in response to their condition or their life circumstances changing significantly. This includes Power of Attorney arrangements, emergency planning and anticipatory care planning.

5 Workforce

The Midlothian Health and Social Care Workforce Framework is essential to the successful implementation of the Health & Social Care Strategic Plan. The framework will provide a bedrock for the full Workforce Plan, made up of individual Service Plans. This Framework for Workforce Planning will:

- be primarily future-focused
- be integrated with strategic and financial planning
- be dynamic and responsive to the complex, changing and shifting landscape
- support the understanding of the need to link service outcomes and the workforce required to deliver these
- be relevant to all people who work across health and social care and provide the focal point for staff to develop their skills within the context of transformation
- involve planning and modelling sustainable, affordable approaches to support health and social care integration for the future

6 How the Key Shifts will Work in Practice

These plans are being continually developed and strengthened as we explore with staff and with the public about how these changes can be achieved and in a way which ensures long term sustainability. The following examples of the redesign of health and care services which if implemented effectively will be better for service users whilst also being more realistic than the current models of care both in terms of reducing finances and workforce availability. **The examples** provided below are primarily in services for older people and learning disabilities, our areas of greatest expenditure in social care, but this is a developing programme and the same shifts in resource usage will apply across all aspects of health and care services.

Move from Failure Demand to Prevention.

Learning Disability:

Strengthening and improving access to community based services such as Local Area Coordination rather than the default of formal day services by improving access to universal services such as Further Education and Employability.

Older People:

Preventing ill health depends upon strengthening access to opportunities and services which enable people to stay healthy physically and mentally. Working with and in

communities is being piloted in Penicuik through the Housebound Project. Stronger partnership working with the voluntary sector will be critical. A key issue in supporting older people is strengthening the opportunities for people to remain socially engaged given the health risks associated with loneliness.

Move from Hospital or Care Home Based to Community Based Services

Long Term Health Conditions

Diabetes services delivered by consultant led teams within the RIE, significant elements of which could transfer to GP practices and community services

Respiratory services being supported and delivered through physiotherapists and anticipatory care nurses, avoiding the need for admission to hospital in managing conditions such as COPD

Learning Disabilities

As Midlothian reduces its reliance upon inpatient beds and other specialist services there will be scope to strengthen community based services to people with complex needs.

Older People

The reliance upon care home services has reduced in recent years, their focus being increasingly on palliative care and dementia. It is vital that alternatives continue to be developed, particularly extra care housing.

The reduction in the reliance upon hospital beds depends upon strengthening services which avoid admission. This in turn requires the release of some resources tied up in acute settings.

Primary Care and the Community Hospital

In order to shift diagnosis and treatment out of hospital into the community there will be a need to strengthen primary care services. The development of Community Nursing, Physiotherapy and Wellbeing services will help reduce the demand upon GPs allowing this shift to take place. There are also opportunities to maximise the facilities at the Community Hospital and this work is underway with the outpatient board.

This will be dependent upon developing a better understanding of Midlothian's use of acute hospitals both for inpatient services and treatment clinics and thereafter developing affordable and clinically safe models of care in Midlothian.

Move from Treatment and Support to Recovery and Reablement

Substance Misuse

The shift from treatment to recovery services is most developed in substance misuse and mental health services. Within substance misuse the development of recovery focused services including the Recovery Cafes and the Recovery College have made an important

contribution to improved outcomes for individuals There has also been investment in peer support initiatives which recognises the unique contribution of peers and social inclusion in the journey of recovery.

Care at Home

The Reablement service focuses on helping home care clients to regain their daily living skills and reduce their ongoing dependency on care services. At present this approach is confined to a particular group of staff but there is considerable scope to extend this philosophy to all care at home services.

Learning Disabilities

Challenging behaviour leads to a significant draw upon health and social care resources. Greater investment is needed to support staff to work more effectively with people who present challenging behaviour at home and in day services. This will include achieving a more integrated approach with the NHS Lothian specialist services.

There are a number of people with mild learning disabilities who with support could reduce their reliance upon formal supports through further education, travel training and employability support

Improve Quality and Access

Delayed Discharge

The models of care can result in an inefficient use of resources. One of the most pressing examples is delayed discharge. Delayed discharge consumes resources in the system and delivers no benefit at all to the patients trapped in this process. Work on anticipatory care and hospital at home should support admission avoidance which will strike at some of the root causes of delayed discharge.

Learning Disabilities

Developing new approaches to supporting high levels of need will help ensure the most effective use of both money and workforce. Examples of these include overnight care and one to one support within day services. This work will be underpinned by the Fair Access to Care policy and will, for instance, lead to the development of more shared tenancies working to a set financial cap on care packages.

A number of people are provided with day services in Edinburgh. This wastes money on non-productive transport. Services should wherever possible be provided locally. Some people with mild learning disabilities are supported in expensive services such as Cherry Road. Steps will be taken through individual reviews to ensure people are receiving services appropriate to their needs.

Older People:
The delivery of care at home services in an efficient and yet outcome focused way is challenging. Key issues include effective workforce planning to recruit and retain skilled staff. There is also to organise more efficient models of care which minimise travel time and reduce down time. In relation to care home services shortcomings in quality of care can lead to increased expenditure through Large Scale Investigations and preventable admissions to hospital

Move from Working in Silos to Team Working

This shift is a key driver of the integration agenda aiming to both improve efficiency and more seamless services to individuals

Learning Disabilities
Building on the move to local management of the NHSL Learning Disability Service work is underway to integrate this service with the relevant social work staff.

Older People
Strengthening team working is more challenging in older people's services given the range of staff and services involved. Developments such as MERRIT and the Joint Dementia Team have demonstrated the value of doing so. This must be mirrored at the primary care level, particularly between district nursing and care at home services. The Penicuik Housebound Project may provide some pointers to the way ahead with the possibility that through more efficient team working resources can be freed up.

Primary Care
There is very clear scope for reducing duplication by creating a more coherent joined up approach to the delivery of community nursing and care at home services. This may include a move towards a more structured model of care coordination which will be tested through the Penicuik Housebound Project

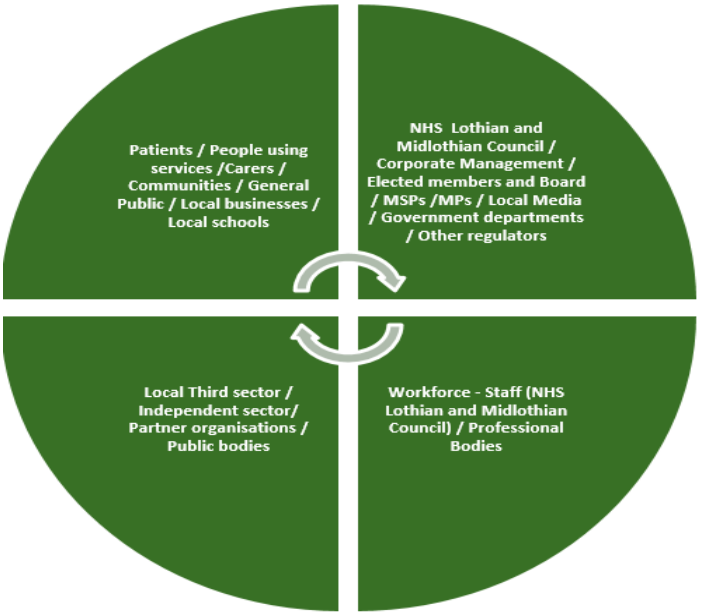
Move from Reactive to Anticipatory Care Planning

Learning Disabilities
The greatest additional demand on expenditure in learning disabilities arises from children moving into adulthood. Transition is a key stage in working with service users and their families to ensure that expectations are realistic and t opportunities for independence are planned and maximised as far as possible.

Older People
The value of supporting people to plan ahead has been reflected in the national profile given to developing more holistic approaches to anticipatory care planning; the importance of carers having emergency plans in place; and the promotion of the benefits of Power of Attorney arrangements.

7 Who will make this Strategy Work in Practice

The redesign of health and care services requires the development of a consensus about how we use our limited resources. Inevitably this will pose challenges for decision-makers; staff; partner agencies and people who use services but if we take the time to communicate effectively with one another we will be better placed to reshape our services effectively:



8 Impact of the Financial Strategy

The scale and pace of change required cannot be overestimated. However if we can be brave and think differently about health and care there are strong grounds for trusting that we all stand to benefit. We will place more emphasis upon staying healthy; on recovering; on living well in old age or with long term health conditions; and on being more confident about managing our health now and in future: Shifting resources in line with this strategy will increase the likelihood that the people of Midlothian will experience improved outcomes as outlined in the diagram below:

Chief Officer's Report

Item number:	5.4

Executive summary

The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous 4 weeks and looks ahead to the following 4 weeks.

Board members are asked to:

1. **Note the issues and updates raised in the report**
2. **Note and approve the appointment of Jill Stacey as Chief Internal Auditor to Midlothian Integrated Joint Board**

Report

Chief Officer's Report

1. Purpose

1.1 This report provides a summary of the key activities within health and social care over the previous month and future key developments.

2. Recommendations

2.1 To note the issues and updates raised in the report.

3. Background and main report

3.1 Service Pressures

Delayed Discharge

As previously reported, ensuring patients are discharged from hospital when they are medically ready continues to be challenging within Midlothian. A separate report has been prepared for Midlothian IJB setting out the current position and the agreed actions to improve performance going forward.

3.2 Service Developments

Primary Care

The new Practice at Newtongrange is planned to open by the end of February and this represents a strong partnership between the Health & Social Care Partnership and Newbattle Medical Practice. At times of increasing pressures within primary care, the commitment from the partners and staff at Newbattle Medical Practice has been greatly appreciated and this new Practice will provide much needed capacity within the area. An official opening of the Practice will be arranged for the end of March.

3.3 Quality Issues

The Quality Governance Meeting (QIT) meet quarterly to share and learn from quality issues. The meeting is chaired by the Clinical Director and ensures governance and quality improvement and shared learning. There were three issues from the most recent meeting that it was felt should be escalated to the IJB.

Springfield Bank Care Home – the home is currently being monitored under a Large Scale Investigation (LSI) as part of our Adult Support and Protection

Procedures. Their most recent Care Inspection has given them grades of 1 (unsatisfactory) across three themes, Management and Leadership, Care and Support and Staffing. They have a grade 2 (weak) for the environment theme. The LSI is leading on a multi-agency response to support the home to make improvements which will protect the residents. There is daily contact with the care home to monitor and review improvement work. We work closely with the Care Inspectorate to share information. There is currently a moratorium on admissions. A meeting with family members has been held and individual reviews are underway to ensure that people's needs are being met.

Newbyres – following a recent Care Inspection we are pleased to advise that the home has seen improvements across all four themes, with all now graded as 5 (very good). This is the first time since Newbyres opened that we have seen grades at this level and it is a testament to the manager and his team that we have seen this improvement. The service has seen a number of changes over the last couple of years including the introduction of nurses and the development of two dementia units.

Midlothian Community Hospital – in response to a request from Health Improvement Scotland to test out their inspection processes, it was agreed to volunteer MCH as a test site. Whilst not a formal inspection, it was treated as such by the service and the feedback from HIS was very positive – some key points are outlined below:

- Calm, welcoming and bright environment
- Got a real sense of the patient and their journey
- Joined up site approach with good leadership evident
- SCN took pride in their team and valued team members
- Good staff engagement with patients
- Activities showed good socialisation between staff and patients

The suggested learning points were:

- Care Rounding booklet doesn't include oral hygiene assessment
- Some care plans reviewed but when plan says 'no change' it is sometimes difficult to look back at what the original care plan stated.
- Oral supplements prescribed and signed as given but no record of how much the patient actually consumed.
- Patient's weight and MUST – need to see the original scores to evidence any change

3.4 Integration

Recovery Hub

Following agreement of capital costs to refurbish Dalkeith Social Work Centre to develop a recovery hub where staff from Mental Health, Substance Misuse and

Criminal Justice are co-located, work has been underway to ensure that we make best use of this opportunity to change the way that we deliver services. An engagement session was held on 7th February where service users, carers and community groups came together to talk about the service. There were 25 participants. A number of key themes raised are now being explored and developed to ensure that the building designs enables the flexible use of space as the service develops. Further consultation sessions are planned.

Staff are already working together to improve service development and a learning and development plan is near finalisation which will both improve practice and increase team cohesion.

Voluntary Sector Summit

Following discussions with the voluntary sector reference group, there was strong support for a voluntary sector summit to create a space for the third and public sectors to explore new ways of working together to make the best use of available resources. In recognising the challenges ahead and the need for transformational change, both the public sector and the third sector need to be willing to stop doing some things and use the capacity this creates to work together to start creating new asset based, community led services. The provisional date for this event is Wednesday 30 May.

Staffing

The wider integration of the Health & Social Care Partnership continues to progress, with the new management structure having been agreed through the appropriate governance routes within Midlothian Council and NHS Lothian. The implementation of this new structure is now underway. Further to this, the new Head of Primary Care & Older People's Services, Morag Barrow, started on 5 February and has been meeting staff and services across Midlothian.

Communications

Following the departure of Catherine Evan's, arrangements have been put in place to ensure ongoing engagement and communication within the Partnership. As part of this work, we will be progressing options for developing a website, logo and possible social media presence. Further information will be brought back to a future IJB for discussion and agreement.

Chief Internal Auditor

Following the joint appointment of Jill Stacey as Chief Internal Auditor across Midlothian and Scottish Borders, Jill will provide this role for Midlothian IJB. Therefore, approval is sought from the IJB in support of this appointment.

4 Policy Implications

4.1 The issues outlined in this report relate to the integration of health and social care services and the delivery of policy objectives within the IJBs Strategic Plan.

5 Equalities Implications

5.1 There are no specific equalities issues arising from this update report.

6 Resource Implications

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

7 Risks

7.1 The key risks associated with the delivery of services and programmes of work are articulated and monitored by managers and, where appropriate, reflected in the risk register.

8 Involving People

8.1 There continues to be ongoing engagement and involvement with key stakeholders across the Partnership to support development and delivery of services.

9 Background Papers

None

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DATE	14 February 2018

Midlothian Integration Joint Board

1 March 2018, 2.00 pm

Measuring Performance Under Integration

Item number:	**5.5**

Executive summary

The purpose of this report is to provide information to the IJB on performance and improvement towards the Local Improvement Goals agreed by the IJB in April 2017

Board members are asked to:

- Discuss performance across the improvement goals.
- Note that information on Goal 8 and 9 has changed and improved to more accurately record performance.
- Note that Scottish Government requested in January an update on performance from all IJBs for the Ministerial Strategic Group and that response from Midlothian is attached in Appendix 2.

Report

Measuring Performance Under Integration

1. Purpose

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

2. Recommendations

- Comment on performance across the improvement goals.
- Note that information on Goal 8 and 9 has changed and improved to more accurately record performance.
- Note that Scottish Government requested an update on performance from all IJBs and the response from Midlothian is attached in Appendix 2.

3. Background and main report

3.1 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.

Midlothian IJB Local Improvement Goals
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.

3.2 The IJB agreed in April 2017 to receive a quarterly update on progress towards the Midlothian IJB Local Improvement Goals. It is recommended that this frequency of the reporting is increased so that IJB members receive reports at each IJB meeting.

3.3 Appendix One provides technical detail of how these goals are measured and how the baselines were calculated.

4. Summary of what the data shows in Midlothian (all tables in this section use data from January to November unless stated).

This section has been updated since the January IJB meeting where possible to include data for all of 2017.

- **Unscheduled hospital admissions have changed little over the last three years**

2015	2016	2017
7,898	7,268	7,851

- **There has been a more significant decrease in unscheduled occupied bed days and this is driven by a change in use of Liberton Hospital**

2015	2016	2017
62,802	61,732	58,704

The factors affecting hospital attendance and OBD are multifaceted and complex and it can be difficult to make direct conclusions as to the reason behind this fall in activity. One significant factor though is the change in use of Liberton by Midlothian residents. During the last three years the use of Liberton has reduced though planned changes to the pathway. In Liberton there were 7696 OBD in 2015, 5,991 in 2016 and 1,578 in 2017. There have been no Midlothian patients in Liberton since July 2017.

- **The number of people attending A&E by ambulance who are discharged home from A&E has increased from 2015 (data for Jan – Oct)**

2015	2016	2017
2,305	2,602	2,363

- **A&E activity is increasing**

2015	2016	2017
20,757	21,500	21,894

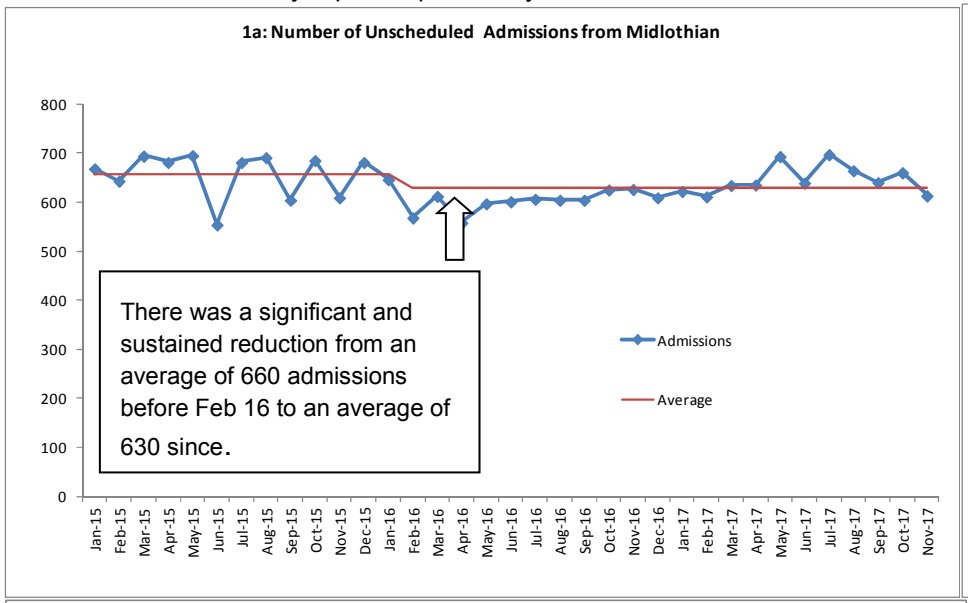
- **OBD as a result of a delayed discharge has increased (Jan to Nov)**

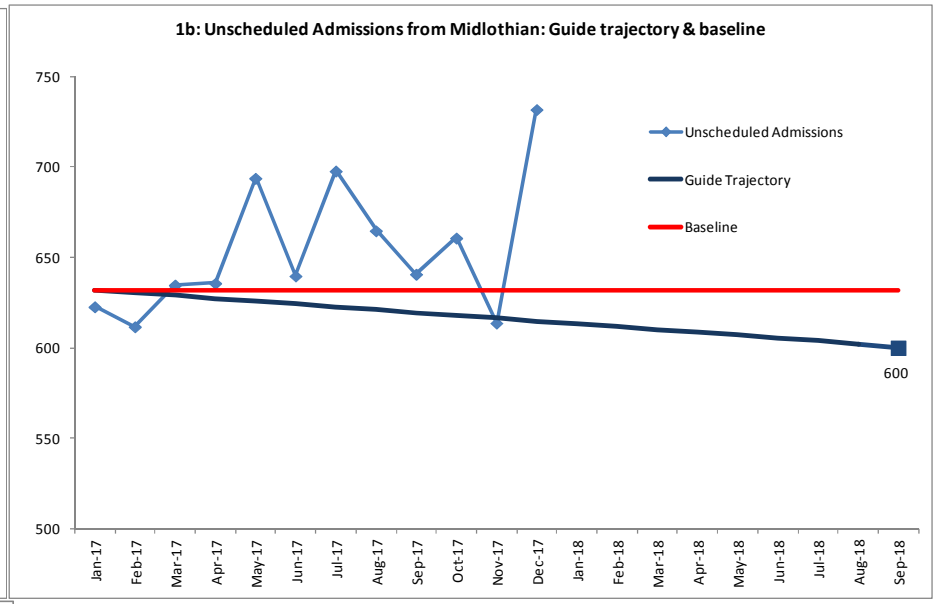
2015	2016	2017
8,418	8,587	10,085

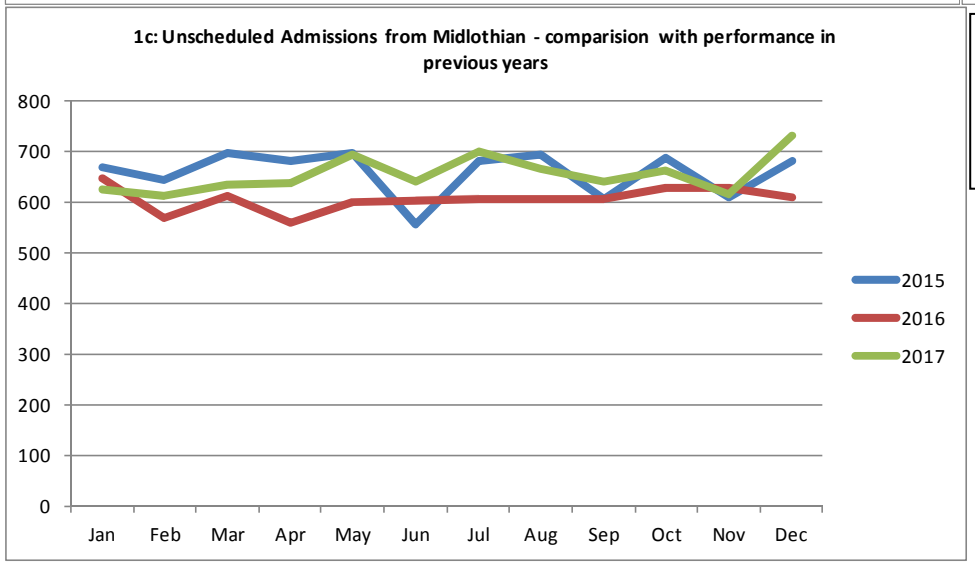
1: Reduce Unscheduled Admissions by 5% by September 2018

Baseline: 662 admissions per month*

* This was incorrectly reported previously to the IJB as 640





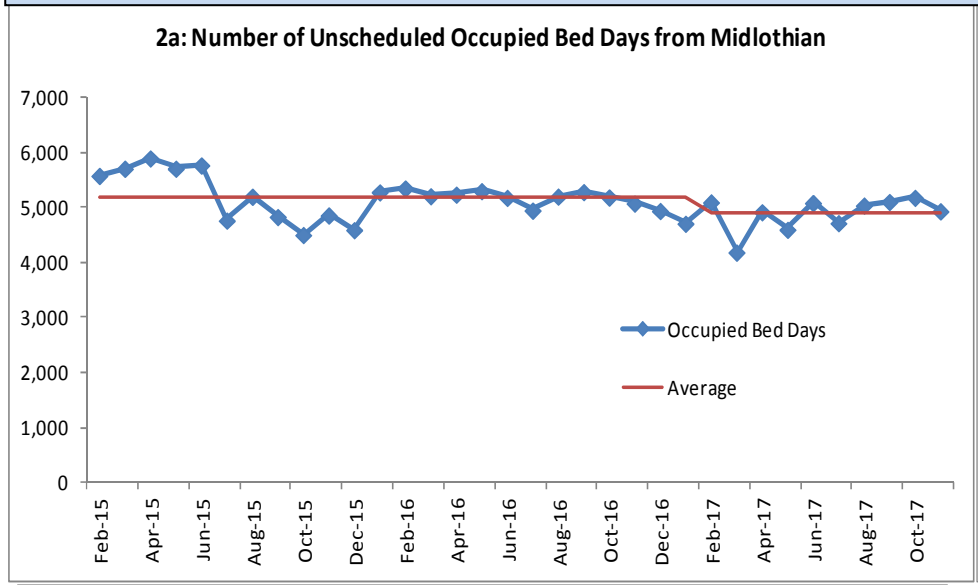


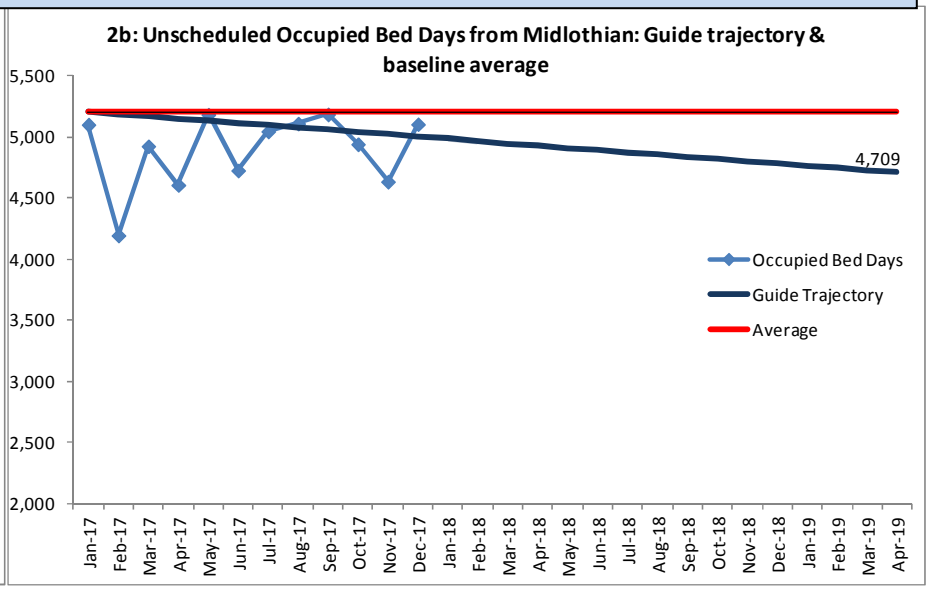
The baseline of 662 unscheduled admissions from Midlothian per month was calculated from performance in 2015 and 2016

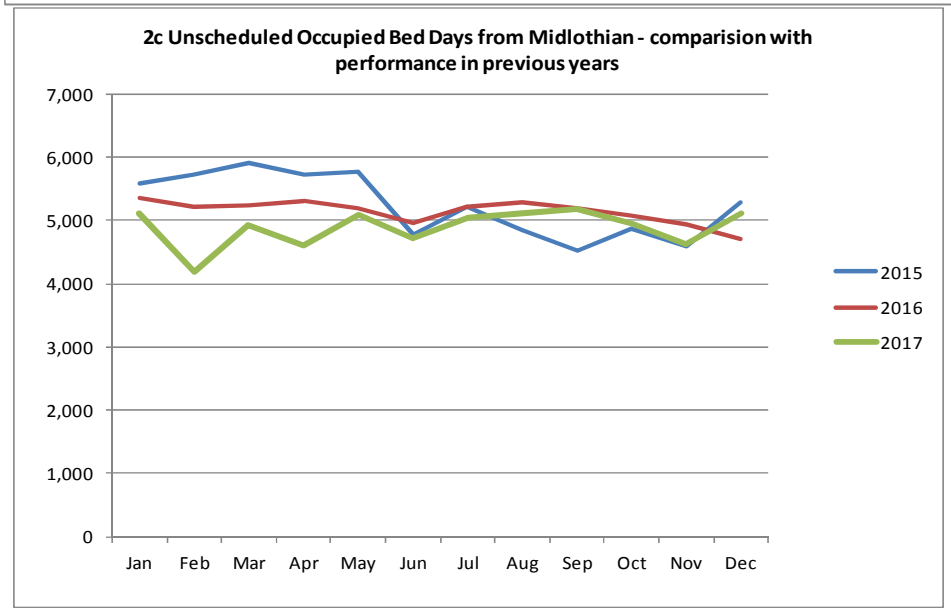
Direction for improvement

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

Baseline: 5,122 OBD per month





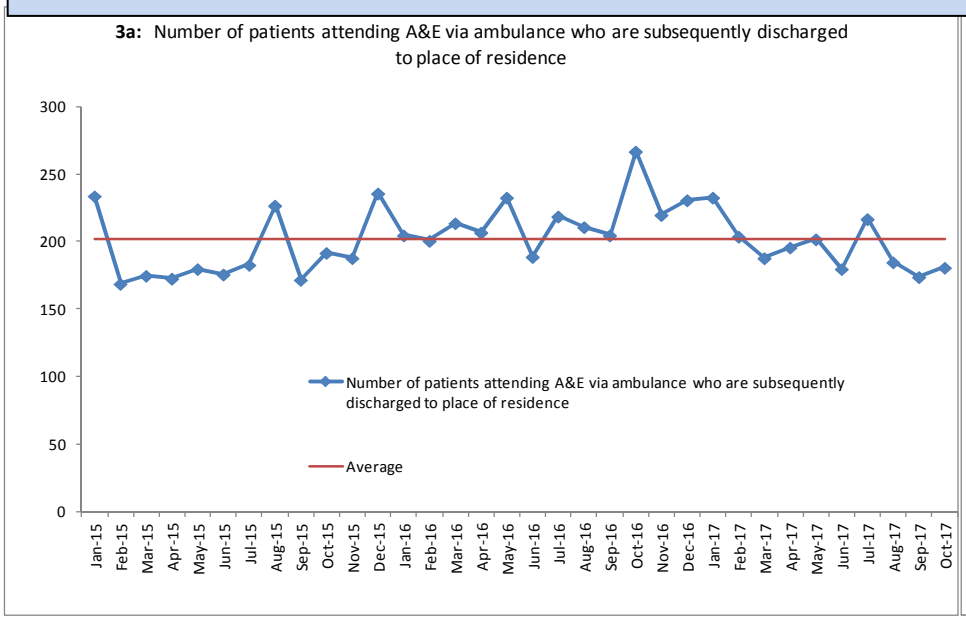


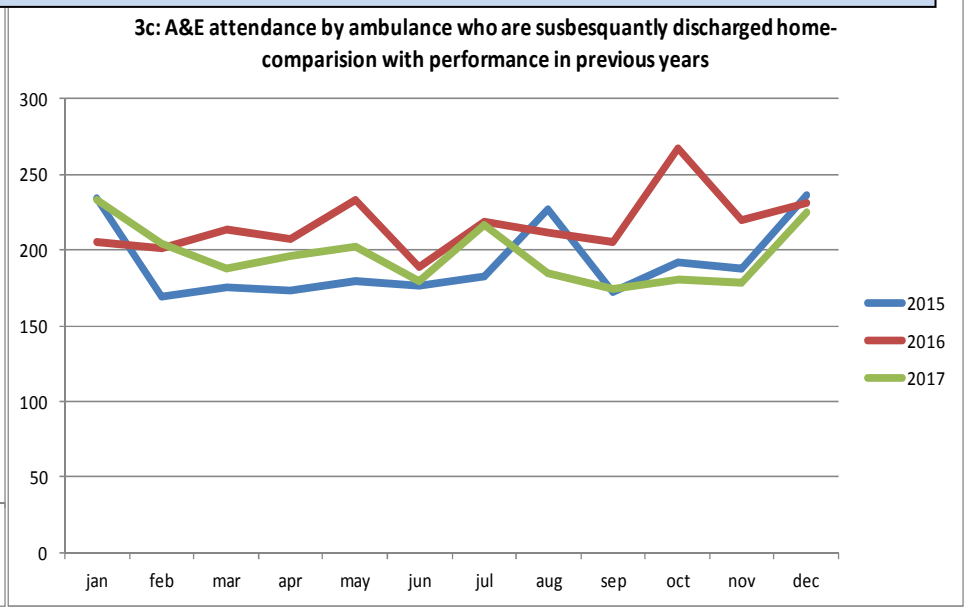
The baseline of 5,122 unscheduled OBD from Midlothian in each month was calculated from performance in 2015 and 2016

There is seasonally variation apparent in chart 2a.

Direction for improvement

3. Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home Baseline: 206



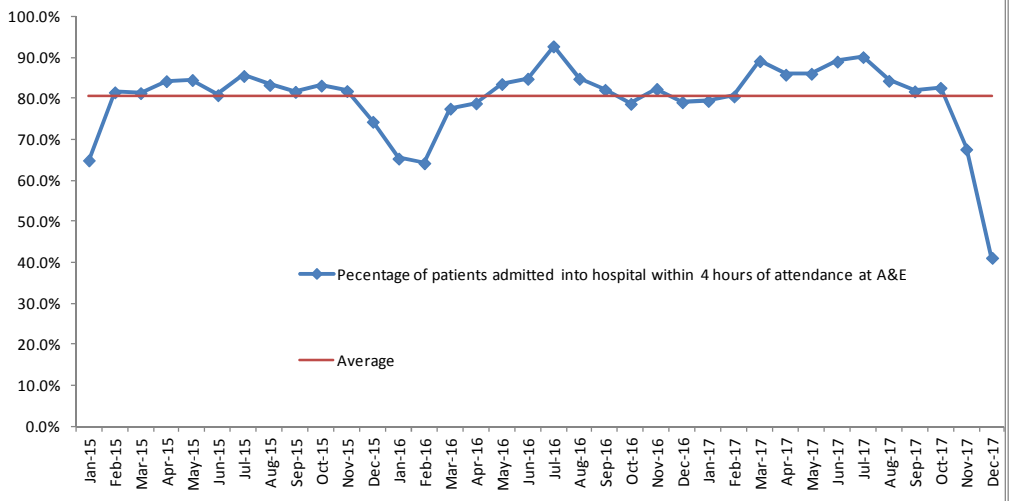


Direction for improvement

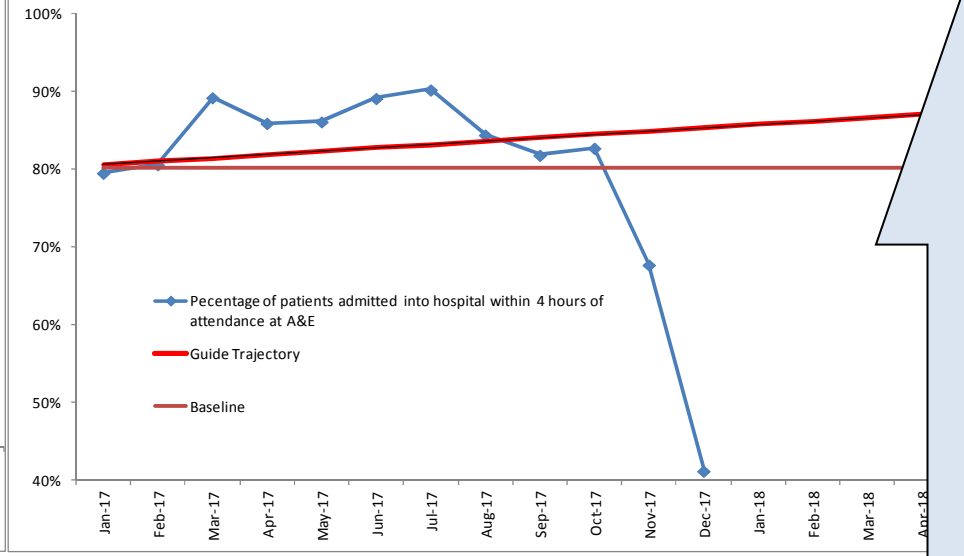
The baseline is 206 patients per month who attended A&E via Ambulance who were subsequently discharged to their place of residence during 2015 and 2016.

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

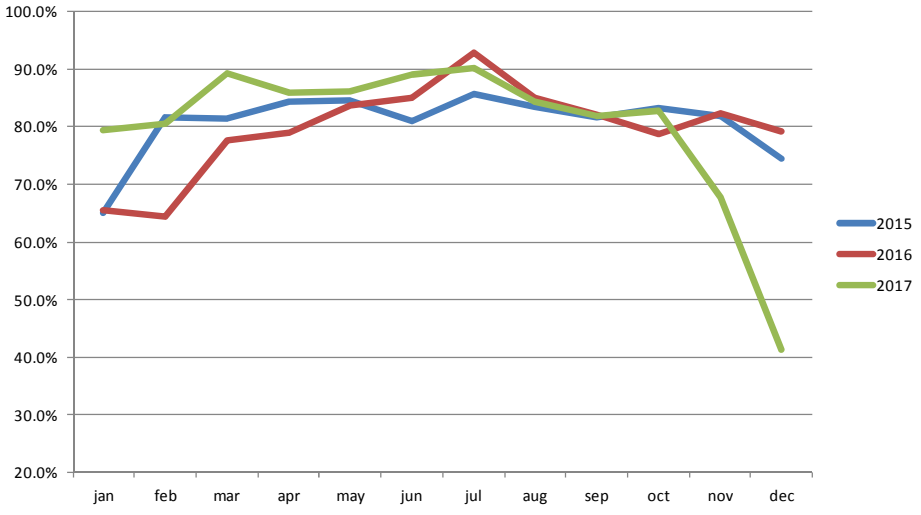
4a: Percentage of patients who are subsequently admitted into hospital from A&E within the 4 hour standard:



4b: Percentage of patients who are subsequently admitted into hospital from A&E within the 4 hour standard: Guideline trajectory and baseline



4c: A&E patients admitted into hospital- comparision with performance in previous years



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.

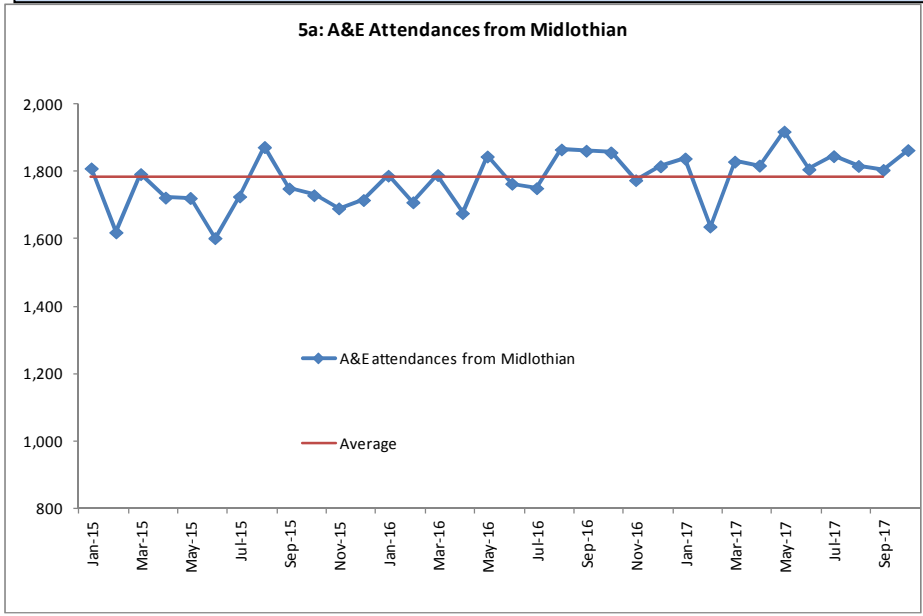
There is seasonally variation apparent in chart 4a.

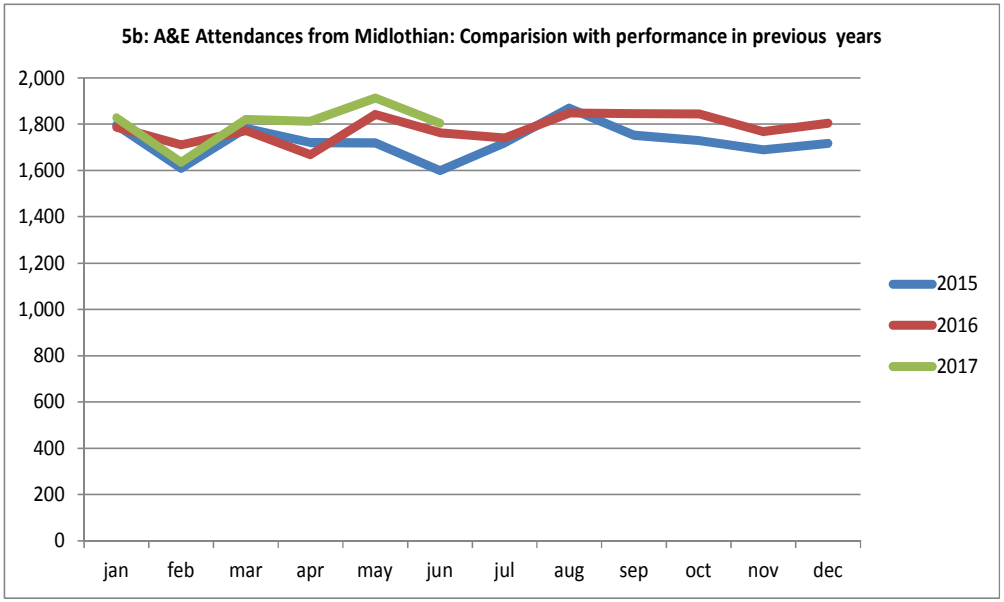
The lower performance in November and December is indicative of the considerable pressure that hospital services were experiencing in Lothian and across the UK.

Direction for improvement

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

Baseline: 1,756 A&E attendances

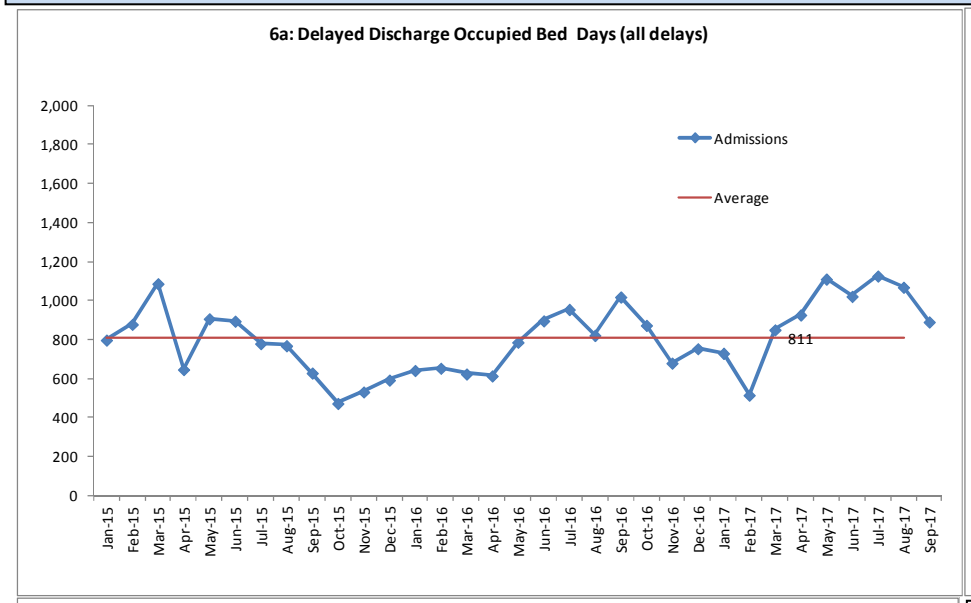


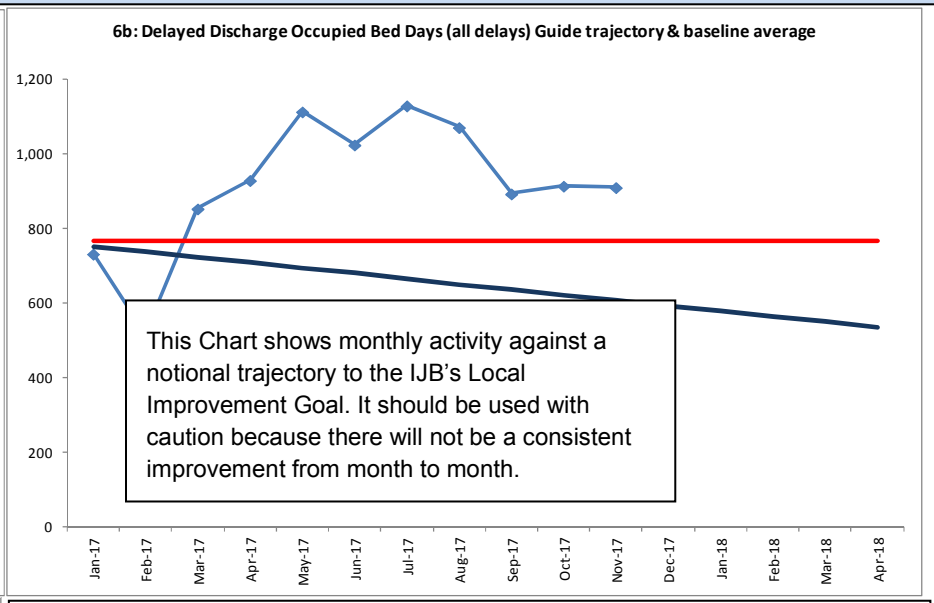


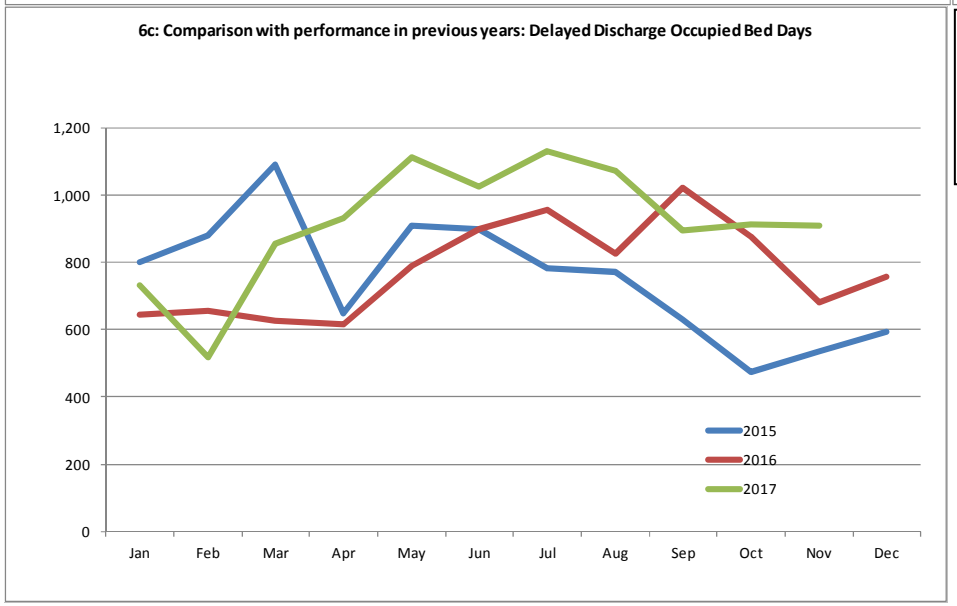
The baseline for this goal is 1,756 A&E attendances which was the average number of monthly attendances in 2015 and 2016.

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

Baseline: 765 delayed discharge OBD





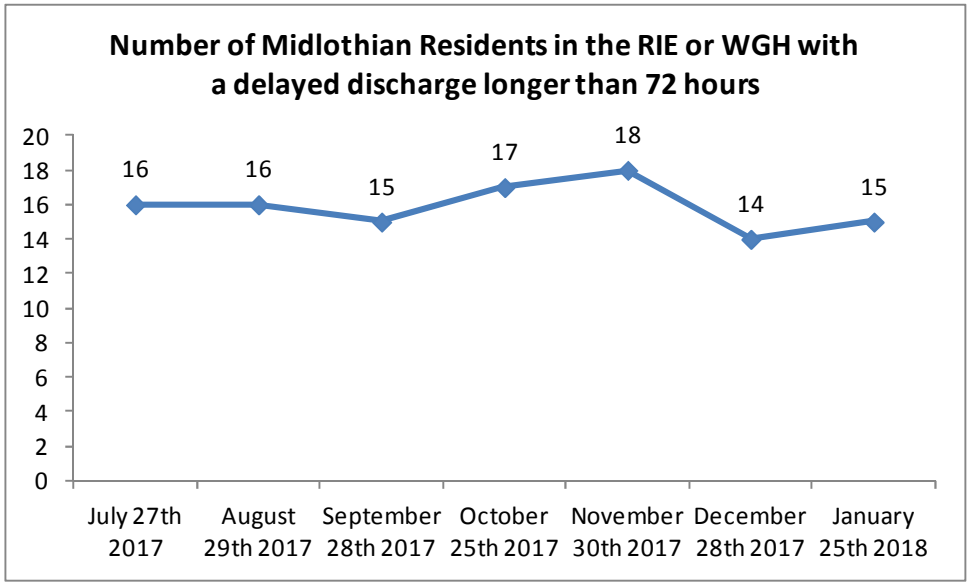


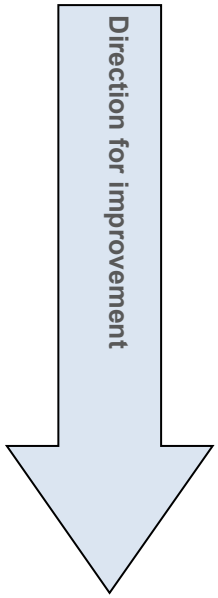
The baseline for this goal is 765 OBD per month. This was average number of occupied bed days per month in 2015 and 2016 as a result of a delayed discharge.

Direction for improvement

7: No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018

The information for this Improvement Goal is captured on the Delayed Discharge census date (last Thursday of the month).





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.

	2013/14	2014/15	2015/16	2016/17
Midlothian IJB*	***14,325***	***15,333***	***15,934***	***14,704***

** the information in this table has changed from previous IJB performance reports because previously OBD in Midlothian Community Hospital was included in the total OBD for large hospitals. This has now been fixed and the data presented here is only for OBD in 'large hospitals'.*

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% to 6.2% by TBD

	2013/14	2014/15	2015/16	2016/17

Large Hospital	***1.6%***	***1.6%***	***1.4%***	**1.3%**
Care Home	**6.9%**	**6.7%**	**6.8%**	**6.6%**

Further work is required to confirm a timeframe for this goal.
The information in this table has changed from previous IJB performance reports because previously OBD in Midlothian Community Hospital was included in the total OBD for large hospitals. This has now been fixed and the data presented here is only for activity in 'large hospitals' like for example the RIE or WGH.

5. Policy Implications

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

6. Equalities Implications

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.

7. Resource Implications

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

7 Risks

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

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

9 Background Papers

None

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DATE	03/01/2018

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	• Data Source: TRAK (Oracle Analytical Database), NHS Lothian • Ages Included: 20+ • Hospitals Included: RIE, WGH, STJ, REAS, Liberton, Princess Alexander Eye Pavilion • TRAK Admissions • IJB area of residence: Midlothian • Admission Type: Unplanned
2: Reduce unscheduled hospital occupied bed days by 10% by April 2019	• Data Source: TRAK (Oracle Analytical Database), NHS Lothian • Ages Included: 20+ (report does not allow 18+ to be selected) • Hospitals Included: RIE, WGH, STJ, REAS, Princess Alexander Eye Pavilion, Liberton • IJB area of residence: Midlothian • Admission Type: Unplanned
3: Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home*	• Data Source: NSS Discovery Level 2 A&E Waiting Target Residence • Ages Included: 20+ (report does not allow 18+ to be selected) • IJB area of residence: Midlothian • Arrival Mode: 'Ambulance –Road', 'Ambulance – air', 'ambulance + A&E retrieval tea,' • Discharge Destination: 'Place of Residence'
4: By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard	• Data Source: NSS Discovery Level 2 A&E Wait Target Residence • Ages Included: 20+ (report does not allow 18+ to be selected) • IJB area of residence: Midlothian • Discharge Destination: 'Admitted'
5: Maintain the current number of patients using A&E (ongoing)	• Data Source: TRAK (Oracle Analytical Database), NHS Lothian • Ages Included: All • A&E/MIU included: RIE, WGH, STJ. The A&E in Sick Kids is excluded • IJB area of residence: Midlothian
6: Reduce delayed discharge occupied bed days by 30% by April 2018	• Monthly data release by SOURCE team for Measuring Performance Under Integration • 'All' Delayed Discharges included
7: No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018	• Data Source: TRAK, NHS Lothian • TRAK and Admissions Report on monthly census day (last Thursday of the month) • All delayed discharges included which are longer on census day than 72 hours

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	• Monthly data release by SOURCE team for Measuring Performance Under Integration
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*	• Monthly data release by SOURCE team for Measuring Performance Under Integration

Appendix 2:
MSG Improvement Objectives – summary of objectives for Midlothian Integration Joint Board – January 2018

Midlothian IJB	Unplanned admissions	Unplanned bed days	A&E attendances	A&E attendance via SAS who are discharged home	A&E admissions	Delayed discharge bed days	Delayed Discharge in RIE or WGH	Last 6 months of life	Balance of Care
Baseline	2015 and 2016 average unscheduled admissions per month Baseline = 662	2015 and 2016 average unscheduled OBD per month Baseline = 5,122	2015 and 2016 average A&E attendance by month Baseline=1,756	2015 and 2016 average A&E attendance by month Baseline=206	2015 and 2016 average performance by month Baseline=80.1%	2015 and 2016 average performance by month Baseline=765	Baseline was started in July 2017 Baseline = 16	2014/15 and 2015/16 average performance by month Baseline= 1727	% of patients over 75 who are in a large hospital: 1.9% and in a care home: 6.8%
Objective	Reduce unscheduled admissions by 5% by September 2018 Expected average unscheduled admissions to be 600 per month from September 2018	Reduce unscheduled hospital OBD by 10% by April 2019 Expected average monthly unscheduled OBD to be 4,709 from April 2019	Maintain the current baseline of patients using A&E (prevent future growth)	Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home	By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are treated within the 4 hour standard	Reduce delayed discharge OBD 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 OBD in the RIE and WGH by April 2018	Reduce the % of patients over 75 who are in a large hospital from 1.9% to 1.6% and in a care home from 6.8% to 6.2% by TBD
How will it be achieved	• Reduce A&E attendances and admissions from Care Homes • Reduce out-of-hours admissions from LUCS through development of Out-of-hours services as per Ritchie • Reduce	• Achieve a 5% reduction in emergency admissions as per objective 1 • No delayed discharge in an acute hospital bed • Reduce the LOS for patients on an acute site through actions including locality-based admission policy for frail older patients	• Achieve a 5% reduction in emergency admissions as per objective 1 • Make progress towards achieving the 10% reduction in OBD as per objective 2 • Increase access to General Practice through the Midlothian General Practice Strategic Programme to reduce inappropriate use of A&E • Develop a process between RIE A&E, SAS and General Practices in Midlothian to redirect patients. • Reduce inappropriate A&E attendances by patients with care homes • Joint work between MELDAP and the RIE Alcohol Liaison Service to reduce inappropriate use on A&E by patients with problematic substance use • Better use of Anticipatory Care Planning			Redesign of care at home services to ensure a more sustainable service delivery Increased joint working between district nursing and care at home to support discharge Introduce new approach for patients awaiting	Improved rehab pathway between acute and community to maximise use of Edenview Ward in MCH Increase the number of assessment and rehab beds within Highbank Intermediate Care	Facilitating patient discharge through integrated working between DN service and re-ablement teams Working closely with H@H who may identify deteriorating patients who are no longer responding to active treatment Further developing our local Palliative and End	The overall shift in the balance of care will be achieved through the delivery of the actions set out in the table and through the implementation of the Midlothian

	preventable admissions specifically for patients with COPD and Type 2 Diabetes • Reduce admissions relating to falls • Reduce admissions relating to frailty through improved anticipatory care supported by the efrailty project • Maximise capacity of the Hospital at Home service by 50%	and development of community services and facilities at Highbank and MLCH				Guardianship to reduce delays Establish Midlothian Discharge Hub to co-ordinate and support early discharge Further work with care homes to ensure quicker assessment and admissions, in partnership with patients & families Establish 'family first' approach to supporting discharge home, moving away from paid care in the first instance	Implement Discharge to Assess within acute settings Joint working between AMU and Hospital at Home to pull patients from the front door Partnership with British Red Cross for assisted discharge home for patients in acute settings awaiting support at home	of Life Care Partnership Group which includes working closely with other agencies Ensuring actions from the above group are completed, which includes: Shared learning project; Progressing use of ACP in Newbyres Care Village; Video conferencing to facilitae education sessions between all Midlothian care homes; Family feedback system introduced in Newbyres Care Village; Closer working with Marie Curie, including a link Marie Curie nurse for Newbyres Care Village and closer working between VOCAL and Marie Curie.	Health & Social Care Delivery Plan
Progress (updated by ISD)	Trajectory is used to view monthly progress. As an indicator of progress the total admissions from January to September for 2015, 2016,2017 is included below: J-S 2015: 7,217 J-S 2016: 6,662 J-S 2017: 7,114	Trajectory is used to view monthly progress. As an indicator of progress the total unscheduled OBD from January to September for 2015, 2016,2017 is included below: J-S 2015: 57,507 J-S 2016: 57,086 J-S 2017: 53,552	Trajectory is used to view monthly progress. As an indicator of progress the total A&E attendances from January to September for 2015, 2016,2017 is included below: J-S 2015: 19,042 J-S 2016: 19,696 J-S 2017: 19,975	Trajectory is used to view monthly progress. As an indicator of progress the total A&E attendances in this pathway from January to September for 2015, 2016,2017 is included below: J-S 2015: 1,881 J-S 2016: 2,151 J-S 2017: 1,960	Trajectory is used to view monthly progress. Performance has been above trajectory in 2017 in 6/10 months	Trajectory is used to view monthly progress. As an indicator of progress the total OBD due to a DD from January to September for 2015, 2016,2017 is included below: J-S 2015: 7,409 J-S 2016: 7,030 J-S 2017: 8,261	Trajectory is used to view monthly progress. Since July 2017 there has not been fewer than 16 patients in the RIE or WGH with a delayed discharge over 72 hours.	Data is provided annually by ISD Scotland In 2016/17 there were 19,473 OBD (1662 OBD per month). This is a reduction of 7% from the baseline.	Data is provided annually by ISD Scotland

Notes	Data Source: TRAK (Oracle Analytical Database), NHS Lothian Ages Included: 20+ Hospitals Included: RIE, WGH, STJ, REAS, Liberton, Princess Alexander Eye Pavilion TRAK Admissions IJB area of residence: Midlothian Admission Type: Unplanned	Data Source: TRAK (Oracle Analytical Database), NHS Lothian Ages Included: 20+ (report does not allow 18+ to be selected) Hospitals Included: RIE, WGH, STJ, REAS, Princess Alexander Eye Pavilion, Liberton IJB area of residence: Midlothian Admission Type: Unplanned	Data Source: TRAK (Oracle Analytical Database), NHS Lothian Ages Included: All A&E/MIU included: RIE, WGH, STJ. The A&E in Sick Kids is excluded IJB area of residence: Midlothian	Data Source: NSS Discovery Level 2 A&E Waiting Target Residence Ages Included: 20+ (report does not allow 18+ to be selected) IJB area of residence: Midlothian Arrival Mode: 'Ambulance –Road', 'Ambulance – air', 'ambulance + A&E retrieval tea,' Discharge Destination: 'Place of Residence'	Data Source: NSS Discovery Level 2 A&E Waiting Target Residence Ages Included: 20+ (report does not allow 18+ to be selected) IJB area of residence: Midlothian Discharge Destination: 'Admitted'	Monthly data release by SOURCE team for Measuring Performance Under Integration 'All' Delayed Discharges included	Data Source: TRAK, NHS Lothian TRAK and Admissions Report on monthly census day (last Thursday of the month) All delayed discharges included which are longer on census day than 72 hours	Monthly data release by SOURCE team for Measuring Performance Under Integration NB: data does not allow HSCP to separate Midlothian Community Hospital from Larger Hospital which is necessary	Monthly data release by SOURCE team for Measuring Performance Under Integration NB: data does not allow HSCP to separate Midlothian Community Hospital from Larger Hospital which is necessary

Carers (Scotland) Act 2016

Item number: **5.6**

Executive summary

The Carers (Scotland) Act 2016 is a key piece of new legislation that promises to '*promote, defend and extend the rights'* 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 introduces new duties and responsibilities, and has implications for Adult Health & Social Care Services and both Education and Children's Services. The Carers (Scotland) Act 2016 puts a duty on Councils and Integrated Authorities to provide support to young and adult carers, where identified needs meet agreed local eligibility criteria.

The public consultation process was undertaken during January 2018, and the Eligibility Criteria for Carers document, which applies to both young and adult carers, has been updated in response to consultation feedback.

Board members are asked to:

Note the proposed Eligibility Criteria which will be considered for formal approval by Midlothian Council

Report

Carers (Scotland) Act 2016

1. Purpose

This report is submitted for information new Eligibility Criteria for Carers within Midlothian, as is required by the Carers (Scotland) Act 2016.

2. Recommendations

The IJB is asked to note and consider the requirements under the legislation to produce, consult and publish eligibility criteria for young and adult carers prior to implementation of the Act in April 2018

3. Background and main report

3.1 The Carers Bill was passed as law on 4th February 2016 and the Act will be implemented on 1st April 2018.

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 a "duty" to provide support to carers of all ages where identified needs meet agreed local eligibility criteria thresholds. The local authority also has a "power" to provide support to meet other identified needs.

3.3 The Scottish Government have produced near-final draft guidance on Carers Eligibility Criteria, which proposes that all local authorities use the same suite of indicators as the basis of their eligibility criteria, though the threshold for support will be agreed and set locally. In Midlothian these indicators closely link to the outcomes which form the basis of Midlothian's Adult Carer Support Plan (ACSP) and the wellbeing indicators for young carers. The indicators and model of assessing impact and risk to sustainability was developed by National Carer Organisations. Prevention and a reduction in the impact of caring are key to this approach.

4. Policy Implications

4.1 <u>Requirement to produce, consult and publish eligibility criteria for carers</u>
Using the suite of indicators that were provided by the Scottish Government, and adopting the scale of measuring impact of caring/risk, these have been broadly applied to the outcome areas that form the basis of the Adult Carer Support Plan, and the wellbeing indicators for young carers. In Midlothian it has been possible to align existing outcomes focused assessments with the eligibility criteria for support.

As a result it is possible to identify

Universal services - those accessed without referral, available to members of the public,
Targeted services - those universal services which might need additional referral or screening, and
Individualised budgets for support for carers whose levels of need warrant such intervention

4.2 Thresholds

The indicators and scale of impact/risk were provided by the Scottish Government: it was threshold levels that required to be established at a local level. Within adult services in Midlothian, eligibility for individualised budgets requires needs to be assessed at a substantial or critical level before an individualised budget would be considered. This eligibility threshold is also the level at which the local authority decides that it has a "duty" to provide support, as opposed to a "power". As referenced in the Eligibility Criteria for Carers document, the carer will participate in the development of an Adult Carer Support Plan or a Young Carer Statement. Outcomes and needs will be identified and the worker and carer will look to see how these will be achieved. In the first instance universal and targeted supports will be considered. It is only after investigating these sources of support would any remaining needs (which also meets the threshold of eligibility) would be considered for individualised support.

The Partnership continues to demonstrate its "power" to provide support by committing funding to services which may be considered universal or targeted, and may be provided or delivered by voluntary sector partners through for example the contract with VOCAL for Carer Support Services.

4.3 Consultation

The Eligibility Criteria for Carers document was available for public consultation from late December 2017 until 5th February 2018. The document was available on the Midlothian Council website and social media channels, and was also shared with voluntary sector partners such as: VOCAL Midlothian; Children 1st; Grassy Riggs; and Alzheimer Scotland. During the consultation period there were two consultation events at VOCAL Carer Centre – it was hoped that similar events would be facilitated for young carers in contact with Children 1st, however due to the timing of the consultation period within the service cycle there were no young carer groups operating and the service could notidentify young carers available to participate. There were 3 consultation sessions for Health and Social Care staff and there was feedback from members of the public and voluntary sector partners. The feedback has been incorporated into the final document.

5. Equalities Implications

Services delivering support to unpaid carers aim to improve outcomes relating to physical and mental health, and economic and financial wellbeing. The Eligibility Criteria are for young (aged under 18) and adult carers (aged 18 and over) Carers have status under the Equality Act 2010 and have protections against direct discrimination or harassment because of their caring responsibilities. Carers are considered as being 'associated' with someone who is protected by the law because of their age or disability. The Eligibility Criteria are designed to provide clear and equitable access to the appropriate level of care and as a result there should be no detrimental impact on carers (or on the person they are supporting) who have a protected characteristic(s).

6. Resource Implications

6.1 Funding is being provided by Scottish Government to support the implementation of the Act. At this point in time it is uncertain whether this funding will cover the additional costs associated with the implementation of the Act. This will be dependent upon:

- The level of increase in demand for carers support services resulting from the introduction of the Act
- Detailed guidance on the waiving of charges for carers which is yet to be finalised

7 Risks

7.1 The most significant risk associated with the implementation of the Act is the financial risk to the Midlothian Council if the funding provided to support the implementation of the Act is insufficient to meet the increased demand.

8 Involving People

8.1 Consultation has been open to the public and to members of staff, closely involving voluntary sector partners some of who provide specialist carer support within their service. A meeting of the carers' lobbying group, Carers Action Midlothian (CAM), formed the basis of one of the consultation events held at VOCAL Carer Centre. Members of the public were invited to provide feedback directly to the Carers Planning Officer, or the option to do this at a publicised consultation event. Young carers who have had previous contact with the Young Carers Service at Children 1st were approached directly to participate, but unfortunately it was not possible to gain participation for this. Health and Social Care staff consultation events were organised and attended, providing further feedback.

9 Background Papers

Appendix 1 – Duties on Local Authorities and Health Boards (relevant to Eligibility Criteria for Carers)

Appendix 2 – Risk/Implementation Issues

Appendix 3 – Midlothian Carers Eligibility Criteria

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DATE	13th February 2018

Appendix 1 – Duties on Local Authorities and Health Boards (relevant to Eligibility Criteria for Carers)

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: Work is progressing in relation to both these assessment tools. It is the needs/outcomes identified within these assessments that supports will be considered and the application of eligibility criteria to assist in determining the level of service or individualised budget (if any) that is required.

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: In Midlothian, prior to the establishment of this duty, there were eligibility criteria in place for adult carers that were developed in light of Self Directed Support legislation. These criteria have been revised in light of the requirement within guidance supporting the new act, that a suite of indicators be adopted and consideration of impact/risk form the basis of the application of the eligibility criteria. These requirements have been applied to existing criteria and assessment frameworks to ensure compliance with requirements. Consultation has taken place and feedback applied to the Eligibility Criteria for carers' document. Agreement is required by management structures to enable adoption within services and legislative requirements.

Appendix 2 – Risk/Implementation Issues

Risk	Actions being taken to mitigate risk
Emerging information re financial information to accompany the legislation : Further examination required to establish if anticipated funding allocation to authorities will meet duties and responsibilities under the Act	Requirement to monitor and make further investigation where necessary
Local eligibility criteria will be impacted by national guidance in relation to the provision and payment of care, e.g. waiving of charges for carers. Consideration if policy is manageable with respect to funding from the Scottish Government to support implementation of the act.	Requirement to be aware of national guidance, but also participate in debate and discussion as to interpretation and application of this guidance.

MIDLOTHIAN COUNCIL

HEALTH & SOCIAL CARE DIRECTORATE

EDUCATION COMMUNITIES and ECONOMY DIRECTORATE

Carers Eligibility Criteria

POLICY & PROCEDURES

This Policy is authorised by:	DRAFT
This Policy was issued on:	DRAFT
This Policy supersedes:	DRAFT
This Policy was circulated to:	All Adult Social Care Staff & Children's Services Staff
Date of circulation:	DRAFT

Contact for further information: Shelagh Swithenbank

Review Date (Maximum of 2 Years from Issue): 12 September 2019

1 Contents

2 Background

The Carers (Scotland) Act 2016, implemented from 1 April 2018 is designed to support carers' health and wellbeing. It places a duty on the Midlothian Health & Social Care Partnership and Midlothian Council to provide support to carers of all ages, where identified needs meet agreed local eligibility criteria. The local authority also has a power to provide support to meet other identified needs as laid out in this document.

The statutory guidance proposes that all local authorities use the same suite of indicators set out by the Scottish Government as the basis of their eligibility criteria but that there be local discretion in establishing the threshold for support. In Midlothian these indicators have been set within a local context and closely linked to the Outcomes which form the basis of Midlothian's Adult Carer Support Plan (ACSP) and Young Carer Statement (YCS) and the wellbeing indicators for young carers.

In the case of young carers, they are entitled to be children first and foremost, and should be aware of GIRFEC the national approach to improving outcomes and supporting the wellbeing of our children and young people.

To achieve this, a framework of eligibility criteria has been developed which sets out:

- The definition of levels and types of need for support.
- The thresholds that must be met to be eligible for support.

3 Definitions

The full definition of 'Carer', 'Young Carer' and 'Adult Carer' are contained in the Carers (Scotland) Act 2016 but in general terms are summarised below:

Carer

- *An individual who provides or intends to provide care for another individual (the "cared-for person") except*
    - *Where the cared for person is under 18 and is receiving care proportionate to their age*
    - *The carer is paid to provide care or the care is provided through voluntary work*[1]

Young Carer

- A carer who is under 18 or over 18 but still attending school

Adult Carer

- A carer who is at least 18 years old and is not attending school

[1] The Local Authority does have the discretion to consider this person a carer if it deems appropriate.

4 Assessment and Support Planning

The Adult Carer Support Plan or Young Carers Statement is designed to be accessible and available to all carers regardless of the severity of the impact of the caring role. This is in recognition of the importance of investing in early intervention and prevention. The ACSP/YCS are also at the core of the eligibility decision making process.

The 2016 Act sets out a process to be worked though before it is concluded whether or not a local authority has a duty to provide support to a carer to meet their identified needs. The duty (as opposed to the power) to provide support to a carer depends on the extent to which a carer's need for support meets the local eligibility criteria. This can be broken down into five main steps:

Step One

A carer wishing to access support requests an Adult Carer Support Plan or Young Carers Statement. This will involve conversations between the appropriate professional/practitioner and the carer to jointly assess their caring situation and needs. The conversation aims to identify personal outcomes (what is important to the carer) and what needs to happen to help them achieve these outcomes.

Step Two

Once this is complete the carer's needs, outcomes and actions are recorded in an Adult Carer Support Plan or Young Carers Statement and the carer receives a copy.

Step Three

Consideration is given to whether the identified needs can be met wholly or partially through informal supports, generally available services or through services or assistance to the cared-for person[2]. If this does not fully meet the carer's needs the eligibility criteria is applied to the 'remaining' needs.

Step Four

If the 'remaining' needs meet the eligibility criteria threshold whereby there is a duty to provide support the carer decides how they would prefer to arrange their support. They do this by choosing from one of the four self-directed support options[3]. Carers are involved in each stage of the process and in all decision making. If the 'remaining' needs do not meet this threshold it must be decided whether the discretionary power to provide support should be used.

Step Five

Once the Adult Carer Support Plan or Young Carers Statement has been completed and the supports have been agreed an initial review date is set. The purpose of this is to review how supports are enabling/have enabled carers to achieve their personal outcomes.

[2] other than 'replacement care' to provide a break from caring.
[3] unless ineligible to receive direct payments **(*Social Care (Self-directed Support) (Scotland) Act 2013)***

5 Overview of Eligibility

The eligibility criteria focuses on the impact of caring on the carer and the associated risks if that impact is not reduced. The impact of the caring role on the carer need only meet the threshold for one indicator in order that Midlothian Council have a duty to provide support appropriate to that indicator.

Future planning is the one nationally recognised exception to this. It will be considered alongside other indicators rather than on its own. Locally Midlothian Council's ACSP/YCS consider the relationship (partnership) between the carer and services. The impact of this will, likewise, be considered alongside the other national indicators.

The following questions should be considered when assessing the impact of caring:

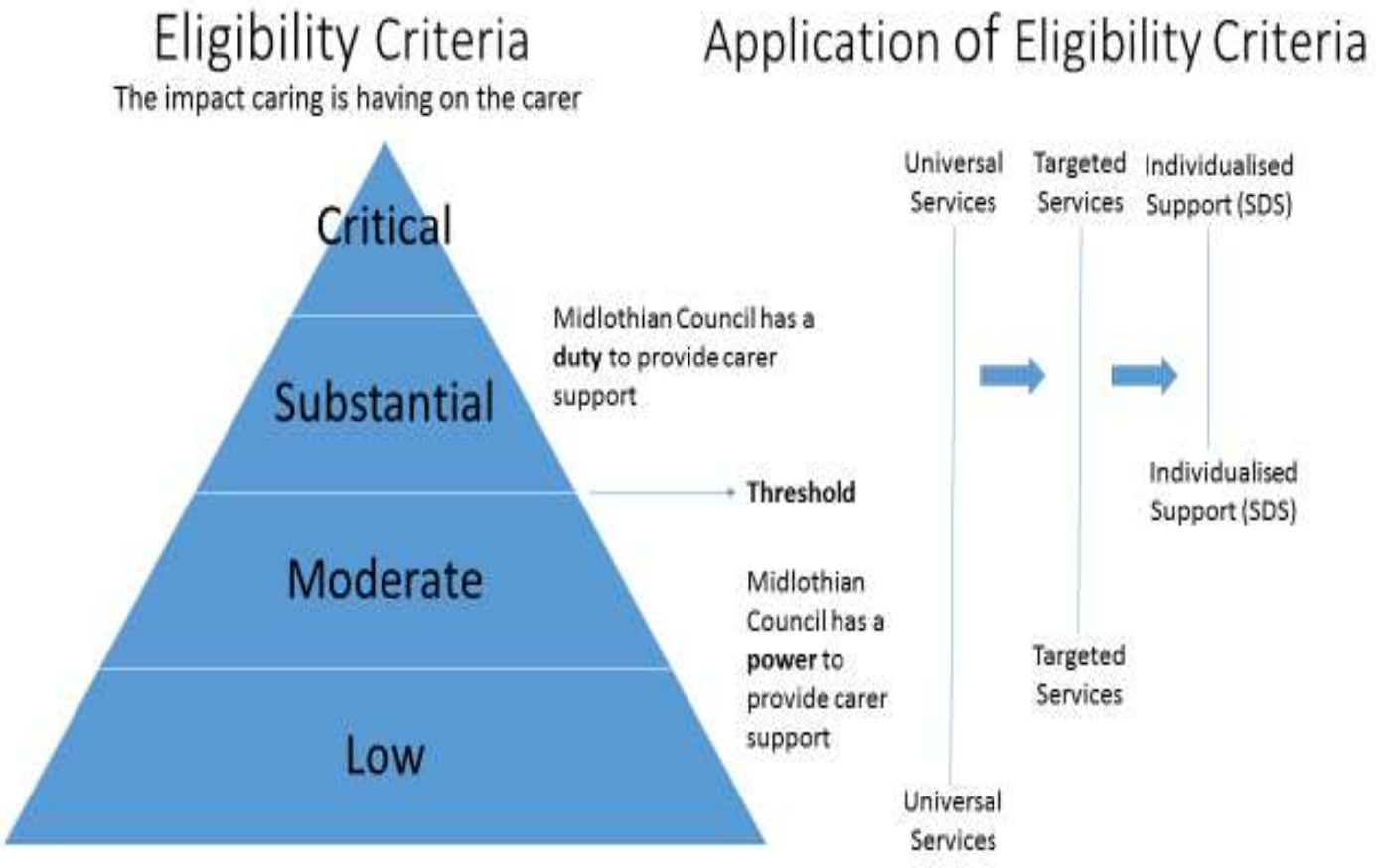
- Is the caring role sustainable?
- How great is the risk of the caring role becoming unsustainable?

Local Eligibility Threshold

In Midlothian there is a duty to provide support when the level of impact/risk is 'Critical' or 'Substantial'. The purpose is to reduce this to a manageable level. Carers can request a new ACSP or or YCS where they believe their circumstances have changed.

Midlothian Council recognises the importance of preventative support and have a power to provide support at all other levels of impact. Midlothian Council uses this power to fund third-sector and charitable organisations that provide universal and/or targeted supports to carers. Midlothian Council can also use this power to consider individualised support when the substantial threshold has not been met but where there is clear evidence that without individualised support the impact of caring would reach a critical level within a short space of time (normally considered to be within 6 months).

6 Illustrative threshold for carer support



6 Midlothian Indicators of Carer's Eligibility (Eligibility Criteria)

The term carer in the table below should be read to include both adult and young carers.

National Indicator	Outcome (Adults) Wellbeing Indicators (young people) (what the national indicators relate to locally)	Caring has no impact on the carer NO RISK (no impact means zero risk of harm/danger to themselves or others)	Caring has low impact on the carer LOW RISK (low impact means a potential risk of harm/ danger to themselves or others	Caring has moderate impact on the carer MODERATE RISK (moderate impact means a likely risk of harm/danger to themselves or others)	Caring has substantial impact on the carer SUBSTANTIAL RISK (substantial impact means serious risk of harm/danger to the person or others)	Caring has critical impact on the carer CRITICAL RISK (critical impact means life threatening risk of harm/danger to the person or others)
Health and wellbeing	**Maintaining my health and wellbeing** **Healthy**	Carer has no health/ emotional wellbeing or development difficulties as a result of their caring role.	Carer's health/ emotional wellbeing/ development is beginning to be affected as a result of their caring role.	Carer's health/ emotional wellbeing/ development is at risk as a result of their caring role.	Carer has or is at risk of developing significant health/ emotional wellbeing/ development difficulties as a result of their caring role.	Carer has or is at risk of developing severe health/ emotional wellbeing/ development difficulties due to the impact of their caring role.
Relationships	**A positive relationship with the person I care for** **Healthy, Safe and Nurtured**	Carer has a healthy relationship with the person they care for and is able to maintain relationships with other key people in their life.	Due to their caring role, the carer has some concerns about their relationship with the person they care for and/or their ability to	Due to their caring role, the carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it	Due to their caring role, the carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships	Due to their caring role, the carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or their relationship with other

National Indicator	Outcome (Adults) Wellbeing Indicators (young people)	Caring has no impact on the carer NO RISK	Caring has low impact on the carer LOW RISK	Caring has moderate impact on the carer MODERATE RISK	Caring has substantial impact on the carer SUBSTANTIAL RISK	Caring has critical impact on the carer CRITICAL RISK
			maintain relationships with other key people in their life.	difficult to maintain relationships with other key people in their life.	with other key people in their life.	key people in their life has broken down.
Living Environment	**A life of my own** **Maintaining my health and wellbeing** **Feeling informed/skilled/ equipped in my caring role** **Safe**	Carer's living environment is suitable in relation to their caring role. It poses no risk to the physical health and safety of the carer.	Carer's living environment is mostly suitable in relation to their caring role but could pose a risk to the health and safety of the carer in the longer term.	Carer's living environment is unsuitable in relation to their caring role but no identifiable immediate risks to the carer.	Carer's living environment is unsuitable in relation to their caring role and poses an immediate risk to the health and safety of the carer.	Carer's living environment is unsuitable in relation to their caring role and there are immediate and severe risks to the health and safety of the carer.
Employment and Training (caring role specific)	**Feeling informed/skilled/ equipped in my caring role** **A life of my own**	Carer has no difficulty in managing caring and employment and/or education. Carer does not want to be in paid work or	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term.	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term.	Carer has significantly difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term.	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education.

National Indicator	Outcome (Adults) Wellbeing Indicators (young people)	Caring has no impact on the carer NO RISK	Caring has low impact on the carer LOW RISK	Caring has moderate impact on the carer MODERATE RISK	Caring has substantial impact on the carer SUBSTANTIAL RISK	Caring has critical impact on the carer CRITICAL RISK
	Achieving and Responsible	education (to be applied appropriate to age).	Carer is not in paid work or education but would like to be in the long term (to be applied appropriate to age).	Carer is not in paid work or education but wants to be in the medium/short term (to be applied appropriate to age).	Carer is not in paid work or education but wants to be in the short term (to be applied appropriate to age).	Carer is not in paid work or education but wants to be now (to be applied appropriate to age).
Finances	**Feeling financially secure** **Included**	Caring is not causing financial hardship e.g. carer can afford housing cost and utilities.	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.	Caring is having a significant financial impact on the carer e.g. unable to meet housing costs AND utilities.	Caring is causing severe financial hardship e.g. carer cannot afford household essentials and/or to make housing payments and utility payments.
Life Balance	**A life of my own** **My choices in caring, including the limits of caring** **My satisfaction in caring**	Carer has regular opportunities to achieve the balance they want in their life. This includes their ability to engage in activities which are meaningful to	Carer has some opportunities to achieve the balance they want in their life. This includes their ability to engage in activities which are meaningful to	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. This includes their ability to engage	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. This includes their ability to engage in activities which are	Due to their caring role, the carer has no opportunities to achieve the balance they want in their life. This includes their ability to engage in activities which are meaningful to them, maintain social links or

National Indicator	Outcome (Adults) Wellbeing Indicators (young people)	Caring has no impact on the carer NO RISK	Caring has low impact on the carer LOW RISK	Caring has moderate impact on the carer MODERATE RISK	Caring has substantial impact on the carer SUBSTANTIAL RISK	Caring has critical impact on the carer CRITICAL RISK
	Active, Achieving and Included	them, maintain social links or to meet other obligations they may have.	them, maintain social links or to meet other obligations they may have.	in activities which are meaningful to them, maintain social links or to meet other obligations they may have.	meaningful to them, maintain social links or to meet other obligations they may have.	to meet other obligations they may have.
Future planning	**Plans for the future care of the person I care for** **My satisfaction in caring** **My choices in caring, including the limits of caring** **Achieving**	Carer is confident about planning for the future and has no concerns about managing caring.	Carer is largely confident about planning for the future but has minor concerns about managing caring.	Carer is not confident about planning for the future and has some concerns about managing caring.	Carer is anxious about planning for the future and has significant concerns about managing caring.	Carer is very anxious about planning for the future and has severe concerns about managing caring/is clear they cannot manage caring.
No national Indicator	**Partnership between services and Carer**	The carer feels their knowledge and expertise is valued by services/professionals involved in	The carer feels their knowledge and expertise is generally valued by services/professio	The carer feels their knowledge and expertise is not regularly valued by services/professio	The carer feels there has been a significant break-down in the relationship between themselves and services/professionals	The carer feels there has been a complete break-down in the relationship between themselves and services/professionals

National Indicator	Outcome (Adults) Wellbeing Indicators (young people)	Caring has no impact on the carer NO RISK	Caring has low impact on the carer LOW RISK	Caring has moderate impact on the carer MODERATE RISK	Caring has substantial impact on the carer SUBSTANTIAL RISK	Caring has critical impact on the carer CRITICAL RISK
		the life of the person they care for. They feel they are treated as a key partner.	nals involved in the life of the person they care for. They feel they are, on the whole, treated as a key partner.	nals involved in the life of the person they care for. They feel that they are often not treated as a key partner.	involved in the life of the person they care for. They do not feel that their knowledge or expertise is valued by key partners.	involved in the life of the person they care for. They do not feel that their knowledge or expertise is valued by key partners. .

7 Application of Eligibility Criteria

The right type and level of support will be shaped by the identified needs and outcomes which if achieved would reduce the impact of caring and the associated risks thus enable a carer to provide, or continue to provide, care for the cared for person. There are 3 broad categories of support which are detailed below with examples[4]:

7.1 Universal/preventative & existing support

Identifying and making best use of existing strengths, capabilities and supports alongside generally accessible services will be the norm across all levels of impact and risk.

Examples of Universal Supports

Adult Carers	Young Carers
• Preventative and community support e.g. GP services • Access to local carer centre • Peer support • Advocacy • Community groups • Training • Supported self-care • Signposting to social and leisure opportunities • Income maximisation • Emergency plan	• Preventative and community support (e.g. GP services, School, community groups. • Signposting to social and leisure opportunities and for • Signposting to information and support from local support groups, libraries etc. • Emergency plan

7.2 Targeted supports

If a carer's needs are either not met, or not fully met through universal and or informal supports then full consideration should be given to more targeted sources of support. This includes generally commissioned services for which there is often a referral and or screening process prior to accessing support.

[4] Please note the examples do not provide an exhaustive list. Individual need and desired outcome will determine the most appropriate support.

Table 2 Examples of Targeted Supports

Adult Carers	Young Carers
• Referral via GP for Midlothian Active Choices Card for access to gym • Referral via GP for the Wellbeing Service • Mediation services i.e. family group conferencing (dementia specific) • Specialised support programmes i.e. New Beginnings/ SPRING • Support to access opportunities to further career studies i.e. grants bursaries • More targeted support through local carers centre i.e. counselling • Financial support via a Crisis Grant, Budgeting Loan or Community Care Grant	• Referral to Young Carer's support group. • Referral via GP for Midlothian Active Choices Card for access to gym – age appropriate • Access to breakfast club at school. • Soft start at school to allow young person to be flexible with start time • Support to have time to "be a child" out with the caring role and have access to opportunities other young people have • Referral to careers advisor or LLE worker, support from school with job/college or university applications

7.3 Individualised supports

Individualised supports introduces personalised funding under self-directed support. This applies to the 'remaining' needs where there is legal duty to provide support. If the 'remaining' needs do not meet the eligibility threshold it must be decided whether the discretionary power to provide support should be used.

The purpose of individualised support is to reduce the impact of caring and the associated risks to below the threshold (moderate). Funding is agreed on a case by case basis and in line with what would be considered a reasonable cost to reduce the risk(s).

Examples of Individualised Supports (the National Indicators have been included to illustrate the types of support available in Midlothian under each indicator).

There is a large degree of flexibility in the individualised supports that can be provided however, to be agreed, this support must reduce the risks that result in the eligibility thresholds being met. The examples below are for illustrative purposes only.

National Indicator	Adult Carers	Young Carers
Health and wellbeing	• Respite/ a 'break from caring' • Support to pursue a particular hobby/interest • Membership of a group/activity	• Respite/ a 'break from caring' • Support to pursue a particular hobby/interest • Membership of a group/activity
Relationships	• Replacement care to allow a break from caring. • Support to reduce carer stress for example funding to enable the carer to pursue an interest which	• Replacement care to allow a break from caring. • Support to reduce carer stress for example funding to enable the carer to pursue an interest which reduces

National Indicator	Adult Carers	Young Carers
	reduces the impact of caring on their relationships.	the impact of caring on their relationships.
Living Environment	• Individualised funding in most circumstances would fall within the remit of an assessment relating to the needs of the cared for person. • Individualised support may be appropriate specific to the carer i.e. to create a 'safe/calm space' in the carer's home providing either a break from caring or reducing the impact of caring.	• Individualised funding in most circumstances would fall within the remit of an assessment relating to the needs of the cared for person. • Individualised support may be appropriate specific to the carer i.e. to create a 'safe/calm/fun space' at home providing either a break from caring or reducing the impact of caring.
Employment and Training	• Training specific to the caring role i.e. manual handling, condition specific training. • Individualised funding is not generally available to assist with the payment of further education. This is the responsibility of educational services.	• Individualised funding is not generally available to assist with the payment of further education. This is the responsibility of school/ educational services. • Training specific to the caring role i.e. manual handling, condition specific training (age appropriate). • Individualised support may be appropriate specific to the young carer i.e. to purchase a laptop to ensure they are able to stay on top of school work
Finances	• Individualised funding is not generally available to assist with the payment of household/utility bills. • Individualised support may be appropriate specific to the carer such as paying for a bus pass to alleviate the financial impact of travel to and from the cared for person's house.	• Individualised funding is not generally available to assist with the payment of household/utility bills and this would generally not be a responsibility for most young carers, although may be relevant to those aged 16-18. • Individualised support may be appropriate specific to the carer such as paying for a bus pass to alleviate the financial impact of travel required as part of caring role.
Life Balance	• Respite/ a 'break from caring'. • Funding to pursue a particular hobby/interest. • Membership of a group/activity. • Equipment to enable a carer to continue with an interest.	• Respite/ a 'break from caring'. • Funding to pursue a particular hobby/interest. • Membership of a group/activity. • Equipment to enable a carer to continue with an interest.

National Indicator	Adult Carers	Young Carers
Future planning	• Individualised funding for Future Planning for the care of the cared for person would usually fall within the remit of an assessment relating to the needs of the cared for person. • Circumstances may exist whereby future planning may be considered in relation to other indicators with regards to individualised funding for the carer.	• Individualised funding for Future Planning for the care of the cared for person would usually fall within the remit of an assessment relating to the needs of the cared for person i.e. if the young carer decides to move away from home or reduces their caring role. • Circumstances may exist whereby future planning may be considered in relation to other indicators with regards to individualised funding for the carer.

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Thursday 1 March 2018

Delayed Discharge

Item number:	**5.7**

Executive summary

The Midlothian Partnership has consistently been a good performer in addressing delayed discharge and ensuring that patients are discharged in a timely manner to an appropriate setting. Over the previous 9 months, this performance has deteriorated as a result of a number of factors that are set out in more detail within the paper. The report also sets out a range of actions that are either now in place or being implemented to address this performance and ensure safe discharge for patients along with work around admission avoidance.

Board members are asked to:

1. *Note the current admission profile and corresponding delayed discharge performance in Midlothian*
2. *Discuss and support the detailed actions in place to address and reduce the number of patients who are delayed in hospital*
3. *Agree to receive a further report to provide assurance that performance has improved*

Report

Delayed Discharge

1. Purpose

1.1 The purpose of this report is to highlight the continuing challenges within Midlothian in addressing delayed discharge, setting out the actions that are being taken to ensure patients are discharged at the earliest opportunity in their care pathway and ongoing work on admission avoidance.

2. Recommendations

2.1 Note the current admission profile and corresponding delayed discharge performance in Midlothian.

2.2 Discuss and support the detailed actions in place to address and reduce the number of patients who are delayed in hospital.

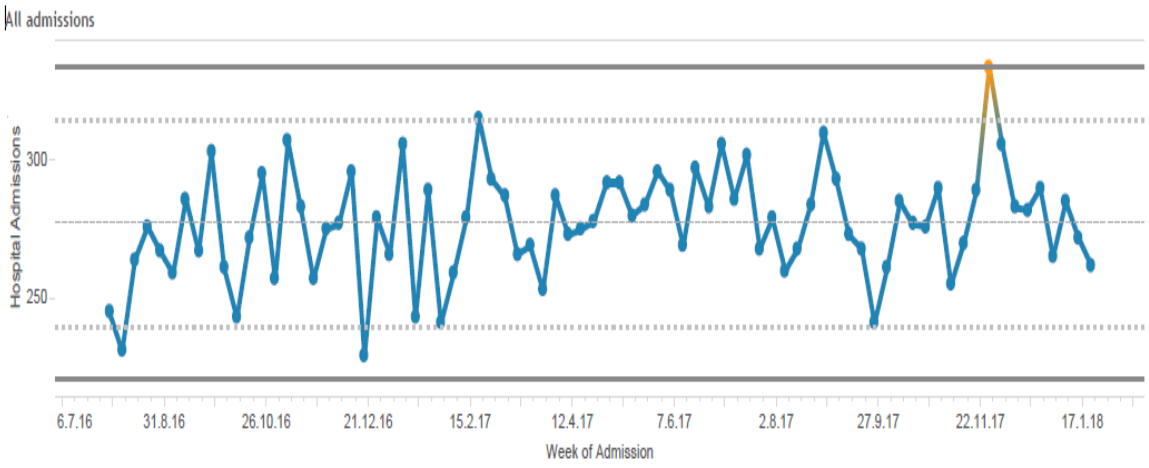
2.3 Agree to receive a further report to provide assurance that performance has improved.

3. Background and main report

3.1 Reducing and eliminating the number of patients whose discharge is delayed has been, and continues to be, a key priority within Midlothian. It is well evidenced there is a negative impact on patients as a result of an extended stay in hospital, with significant loss of mobility, confidence and function common outcomes as well as increased risk of hospital acquired infection.

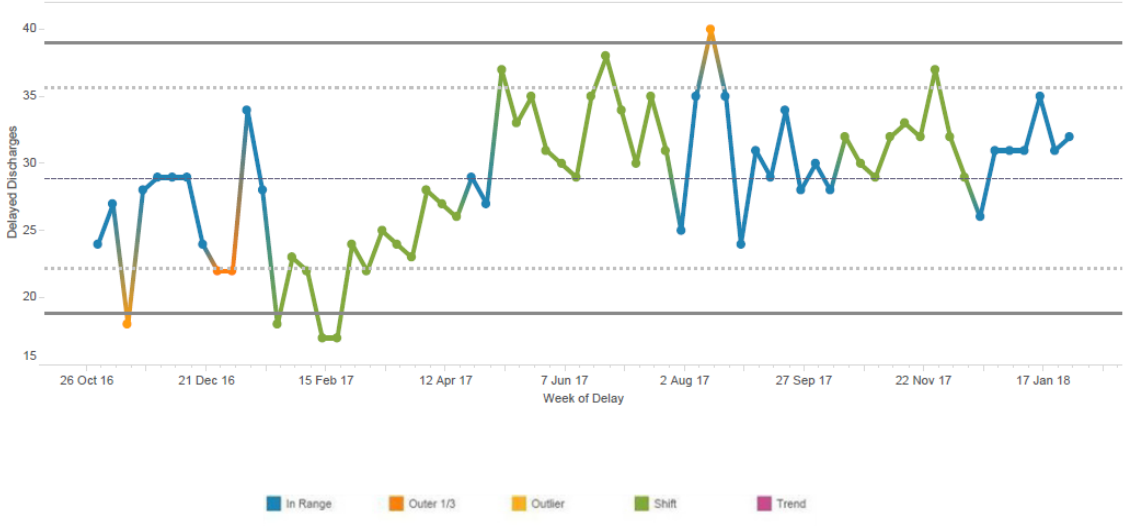
3.2 The number of patients delayed is representative of how well the overall health and social care system is operating, demonstrating effective or ineffective patient flow. As expected, there is a direct relationship between hospital admissions and the number of patients who are delayed. There is a corresponding impact on the capacity for elective activity, with beds being unavailable across the hospital sites, result in delayed admissions and cancelled operations.

3.3 There has been an increase in the number of Midlothian admissions during November and December, which is set out in the table below.



3.4 There continues to be a range of actions to support admission avoidance through MERRIT (Midlothian Enhanced Rapid Respond & Intervention Team) but this is against a backdrop of increased activity. For example, Hospital at Home is currently experiencing high demand with 32 patients accepted in to the virtual ward by mid-January – the average monthly number is 36 patients.

3.5 The table below sets out the current delayed discharge position within Midlothian.



3.6 This increased activity is being experienced across Lothian, with ongoing pressures at the front door of the main hospital sites. This has resulted in regular teleconferences involving all sites and Partnerships to monitor the position and to agree what further work can be done. This issue has been escalated via the Deputy Chief Executive of NHS Lothian to the Chair and Chief Officer of Midlothian IJB, with a subsequent teleconference held to explore further options for improving performance.

3.7 In order to improve this performance, a series of actions have been progressed over and above what is already in place to support discharge:

- Increased bed facility again at Highbank by utilising another respite bed for interim/assessment/rehab.
- Re- examined all POC (Package of Care) referrals from hospital to see whether they could be discharged with a smaller POC.
- Re-examination of in house service to identify areas for improved runs for carers to increase capacity.
- Increased support/input from Planning officer to provide better analysis on care at home data to improve locality working
- Direct communication with all Care at Home providers to see what increased movement there might be to take on POCs and stressed the severe challenges we are under.
- Held an “alternatives to care at home” workshop with health and social care staff (over 60 staff in attendance) to provide context, the challenge and information on how to support people at home with care at home being the “top up” not the default.

- Communication to all allocated workers of those clients in Highbank to increase the flow pathway from Highbank to either home with POC or to care home as appropriate.
- Daily review of all clients on delayed discharge list by senior managers.
- Review of Edenview Ward to ensure better flow for patients who are requiring post acute rehabilitation

3.8 There have also been challenges over the previous months which has included:

- Highbank Intermediate Care Home closed with Norovirus
- Springfield Bank closed to admission since 01/01/2018 (LSI) – 70 beds unit
- Drummohr NH temporarily closed to Midlothian admissions 09/01/2018

3.9 These actions and the regular review of package of care availability, Highbank & MCH occupancy levels, care home vacancies and case management of patients, will support a reduction in the number of delays. The weekly bed meeting provides oversight of these actions to ensure implementation.

3.10 Given the overall position in relation to delayed discharge and to provide assurance to the IJB, a further update report will be presented to the May IJB Board meeting.

4. Policy Implications

4.1 The establishment of the Integrated Joint Boards was to implement and accelerate change to shift the balance of care from institutional to community settings. A key performance metric for the IJB is to reduce the delayed discharge occupied bed days by 30% by September 2017.

5. Equalities Implications

5.1 The majority of delays are older people therefore there is a need to ensure timely discharge to support independent living and to prevent loss of function.

6. Resource Implications

6.1 There is both a financial and broader clinical costs associated with delayed discharge. The occupied bed results in waste within the hospital environment, preventing the bed being used by another patient, which may include elective activity. Furthermore, there are evidenced clinical impacts on patients who have an extended stay in hospital as a result of being delayed. This includes potential reduction in overall function, ongoing exposure to hospital acquired infection and loss of confidence when returning home.

6.2 There has been investment to increase community capacity through Scottish Government Delayed Discharge Funding and whilst this has had a positive impact to provide additional capacity within Highbank, the ongoing pressures in care at home is limiting this being fully realised.

7 Risks

7.1 There is a risk that patients will have their discharge delayed because there is insufficient community supports to enable timely discharge leading to deterioration in their health, beds being blocked and elective operations potentially being cancelled.

7.2 The actions as set out above will address these risks however there is a need to ensure effective monitoring to provide assurance around implementation and impact.

8 Involving People

8.1 The wider issue of shifting the balance of care from institutional to home or homely settings has been discussed widely within the Midlothian Older People's Assembly and Hot Topics, with overwhelming support for this approach.

8.2 In taking forward the Care at Home review, there is ongoing consultation and engagement with service users, carers and families to explore future models as well as exploring opportunities for how families can be better supported to provide care.

9 Background Papers

None

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1st March 2018 at 14.00

Health Visiting Services in Midlothian

Item number:	5.8

Executive summary

This report sets out the actions taken to address the key pressures within the health visiting service in Midlothian HSCP. In February 2016 we reported the significant vacancies we were experiencing and the risks this presented for our children and families. The report outlines the actions taken in order to mitigate these risks and gives an account of the current situation within Midlothian HSCP health visiting service.

Board members are asked to:

- **Note the position of Midlothian health visiting services in 2015.**
- **Note the actions taken to ensure a safe and effective health visiting service.**
- **Note the current position within Midlothian health visiting service and note the need for ongoing collaboration across Lothian.**

Report

Health Visiting Services in Midlothian

1 Purpose

1.1 This report sets out the current position of the health visiting service in Midlothian HSCP, and details some of the actions taken to ensure the delivery of a safe and effective health visiting service within Lothian.

2 Recommendations

2.1 Note the position of Midlothian HSCP health visiting services in 2015.

2.2 Note the actions taken to ensure a safe and effective health visiting service.

2.3 Note the current position within Midlothian HSCP health visiting services.

2.4 Note the need for ongoing collaboration across Lothian.

3 Background and main report

3.1 In October 2015 the Health Visitor staffing position in Midlothian HSCP was escalated to the Executive Nurse Director as a significant concern. Low numbers of qualified Health Visitors in Midlothian had occurred as a result of a number of factors including: Age profile of the Health Visitors and many reaching retirement; National shortage of qualified Health Visitors; Inability to maintain a consistent Team Manager; A culture resulting in student Health Visitors choosing to work elsewhere in Lothian; High vacancy rates impacting on remaining staff; A very challenging workload.

3.2 The staffing position led to an exacerbation of sickness levels, which in turn added to an already unsustainable situation.

3.3 It is important to note that although there were significant pressures in Midlothian, there were also staffing pressures to varying degrees across Lothian.

3.4 In December 2015 the health visiting vacancy rate across Lothian was 19%, but in Midlothian was 44%.

3.5 Key risks were recorded on the NHS Lothian Risk Register and on the Health and Social Care Partnership's Risk Register. The main risks identified an unsustainable workload for existing staff and the potential for a sub-optimal service for children and families, particularly those who are vulnerable.

3.6 Immediate actions were taken to mitigate the identified risks. These included:

- Risk assessment of cases and workload and redistribution of existing staff according to identified need.
- Existing and recently retired staff offered additional hours.
- Utilisation of NHS Lothian Staff Bank
- Recruitment of additional skill mix team members, admin and clinical.
- Staffing and management support from Edinburgh and East Lothian.
- Recruitment of 3 Family Support Workers from Midlothian Council.
- Support from specialist roles across Lothian – Child Protection Advisors, Looked After Children Nurses and Midwifery services.
- Appointment of an additional Team Manager.

3.7 In recognising the wider issues facing the service across Lothian a corporate approach was agreed and a steering group of Chief Nurses and Managers was brought together and a weekly telephone huddle was put in place. The Associate Director and Child Health Commissioner had a strategic role in relation to this group to ensure a co-ordinated approach across Lothian.

3.8 The approach across Lothian has seen further corporate actions put in place. These have included:

- A national recruitment campaign, advertising through a range of media.
- Funding of additional training places for Lothian
- The establishment of a generic recruitment process within Lothian whereby newly appointed staff are allocated to posts within areas of highest need.
- Application of the national Health Visiting Caseload Weighting Tool to establish appropriate numbers of Health Visitors across all areas of Lothian while ensuring equitable services.

3.9 Within Midlothian the Chief Nurse has led the team to overcome some of the cultural difficulties and create an environment where staff feel valued and supported. This has resulted in Midlothian regaining its reputation as a rewarding and enjoyable place for Health Visitors to work.

3.10 As part of the Getting it Right for Every Child agenda (GIRFEC) health visiting services are moving to a new universal pathway providing an equitable service for all children in Scotland. The original funded establishment for health visiting in Midlothian was 15.92 wte but with the Scottish Government funding allocated to this agenda, the Midlothian health visiting funded establishment will increase to 26.73 wte by 2020.

3.11 The current health visiting staffing levels in Midlothian are 20.04 wte which is 26% above the old establishment figures. This is a considerable improvement from the 44% vacancy rate reported in December 2015. Recognising the levels of need in Midlothian, in addition to the vacancy rates, additional new staffing was allocated in January 2018. Staffing numbers will continue to increase until the new funded establishment is reached.

3.12 The Universal Pathway for health visiting services is being implemented in line with the NHS Lothian agreed phased programme. The implementation started for all pregnancies booked with the midwifery services in October 2016, with babies due to be born in May 2017. The full pathway will be implemented by 2020 in line with the increasing Health Visitor numbers.

3.13 Team Managers are now focussing on support and mentorship for the many newly qualified Health Visitors. Also on systems and processes to ensure quality of service provision.

3.14 Midlothian HSCP has employed a GIRFEC administrator in anticipation of the Scottish Government's implementation of Children & Young People's Act and GIRFEC. This post has supported the Health Visitors if there are wellbeing concerns about a child. The administrator arranges multi agency meetings and takes a minute of these which aids a co-ordinated approach to the formation of an action plan for these children and their families.

3.15 The health visiting service remains vulnerable to staff absence, movement and retirements. For this reason it is essential we continue with a Lothian-wide corporate approach to the service in terms of recruitment and allocation of new Health Visitors

4 Policy Implications

4.1 The Health Visiting Service has a central role to play in the implementation of the Children and Young People (Scotland) Act, Named Person and Child Planning requirements. The ongoing recruitment of additional Health Visitors is crucial to this agenda.

5 Equalities Implications

5.1 There is no identified need for an Equality Impact Assessment for this report. It is worth noting that the Health Visiting Service supports primary care and local authorities in reducing inequalities, particularly for vulnerable children and their families.

6 Resource Implications

6.1 As part of the wider work around GIRFEC, the Scottish Government made funding available to train an additional 500 Health Visitors in Scotland, in line with their commitment to recruit an additional 500 Health Visitors. We have started to recruit our allocation of Health Visitors within Midlothian and necessary funding is being made available locally as this recruitment takes place.

7 Risk

7.1 Some risk still exists due to the vulnerabilities of the services across Lothian. This includes risk of absence, movement and retirements. This continues to be managed locally by the Chief Nurse and Team Managers, with a corporate approach across NHS Lothian. In addition there continues to be close liaison with social work colleagues to ensure appropriate support is in place.

8 Involving people

8.1 There is ongoing engagement with health visiting teams, social work and General Practice around the pressures within the health visiting service, both locally and across Lothian.

9 Background Papers

9.1 None

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