MIDLOTHIAN INTEGRATION JOINT BOARD:

DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS LOTHIAN 2017-18

6 MONTHLY PROGRESS REPORT

APRIL-OCTOBER 2017

No.	Direction	Key Actions	Performance	Progress September 2017
1	Midlothian Community Hospital	Plan the relocation of Liberton Hospital services (see Direction 2)	KPI 1: Reduce to zero use of Liberton Hospital	Completed July 2017
		b) Review with the NHSL Outpatient Board which services could be provided in MCH	KPI 2: : Review complete and proposals developed	Mapping of all out patients clinics in Midlothian complete. Audit of use of all rooms in MCH complete. A streamlined booking system for Out Patient Clinics required
		c) Develop closer working relationships between MCH and Newbyres Care Home.	KPI 3: Number of regular interactions between the two services	Work shadowing scheme being introduced for staff to learn how both services operate and strengthen working relationships
2	Liberton Hospital	a) Transfer 20 beds in Liberton to MCH	KPI 1: Reduce to zero use of Liberton Hospital	Completed July 2017
		b)Resources transferred from Liberton to Midlothian Partnership to replace 24 beds in Liberton	KPI 4: No corresponding increase to activity as a result of Liberton move	Complete-budget transferred
3	Unscheduled Care	a)Review the services financed through Unscheduled Care funds	KPI 5: Reduce unscheduled admissions by 5% by September 2018 KPI 6 Reduce unscheduled hospital occupied bed days by 10% by April 2019	Not possible as monies now included within Acute base budgets.
		b)Develop plans to deploy more AHPs from Acute Settings to the community to support hospital discharge		Midlothian represented on AHP transformation Board Discussions between AHP Lead and Chief Officer Midlothian part of stakeholder event 2/10 Findings and next steps considered at Midlothian Cost Quality Group
		c)Consideration to be given to reducing the provision of acute medical receiving services to one Unit for Edinburgh EL and Midlothian		Meetings held with WGH & RIE site management teams – Medical Specialties Board leading review of receiving units

		d) Explore feasibility & benefits of a locality based admission policy for frail elderly patients.		This has been agreed in principle and it is now the responsibility of the Medical Specialist Board to implement leading to frail older people only being admitted to the RIE unless they require specialist services only available in WGH
4	Primary Care .	a) Wellbeing Services should be fully established in 8 GP Practices	KPI 7: Wellbeing Services in 8 GP practices and evaluation report	Service established. Initial evaluation complete. Full report by end December 2017
		b)Skill mix should be enhanced with a particular emphasis on pharmacy	KPI 8: General Practice Strategic Programme agreed by IJB before May 2017 and then implemented	Physiotherapy Clinical Lead and band 7 post being recruited to before Xmas 2017 There are now 4 Pharmacists working with GPs across Midlothian
		c)A Public Education Programme should be delivered to ensure the public "use services wisely"	KPI 9 Reduction in inappropriate GP appts	Leaflet "Do I need to see a GP" widely distributed. Public meetings held
		d)The GP Cluster arrangements should be fully implemented	KPI 10: Quality Cluster fully established	Complete
		e)The new GP Practice in Newtongrange should be fully established	KPI 11: Newtongrange Clinic established by October 2017	Staff recruited and working from Newbattle HC. Premises in Newtongrange will be ready by January 2018
		f)Midlothian Primary Care Strategy should be finalised and implemented	KPI 8: General Practice Strategic Programme agreed by IJB before May 2017 and then implemented	Strategy agreed. Progress includes work by the Cluster on eFrailty; review of catchment areas; and completion of Section 75 policy(Developer Contributions)
		g)The development of Anticipatory Care Planning should be prioritised	KPI 12: Number of ACPs	**Penicuik Locality Working Group** in place (see 5d). Plan to identify a cohort of housebound patients in receipt of a package of care and on the DN caseload, Consideration will be given to completion of multiagency ACPs. **Newbyres Care Home** Majority of staff trained. Residents and families attended information sessions. Discussions held with the GP Practice. ACPs will be prepared for all residents from December. Paper

				copies will be kept in Newbyres and uploaded to KIS for NHSL
		h)The Partnership will develop a plan to utilise the additional monies ring-fenced for developments in Primary Care	KPI 13: plan in place to use ring fenced funding	Developments in physiotherapy agreed (see 4b) Funding of strategic development sessions for Practices across Midlothian to support future service delivery
5	Services to Older People	a) Reshape Newbyres Care Home to ensure it is able to meet the shift towards providing services to people at the more advanced stages of dementia and end of life care.	KPI 14: New service model in place in Newbyres Care Home	New staff model and 24 dementia beds in place from April 2017
		b)Midlothian Council and NHS Lothian are asked to give priority to strengthening intermediate care facilities in Highbank including the possibility of capital works being required	KPI 15: Highbank Care Home model strengthened and plan agreed for capital works	Full feasibility study being arranged through the Council Capital Programme Board
		c)The Reablement Services should be reviewed to determine what scope there is to improve its effectiveness through investment in capacity and/or redesign	KPI 17: Review completed on how care at home services are commissioned and delivered	The Care Inspectorate report on the in-house team has resulted in an action plan to improve the quality of the Reablement service The review of Reablement is linked to the review on the remodelling of care at home (5g) below.
		d) Midlothian Council and NHS Lothian should make tangible progress in developing strong partnership working at local levels.	KPI 18 Report on outcome of project	A Penicuik Housebound Project was established in August 2017 supported by the national Collaborative Leadership Programme. Good engagement across social care, NHS and third sector. Key areas include medication, user/carer involvement and improving communication.
		e)The approved policy on extra care housing should be progressed as quickly as possible	KPI 19: Implementation Plan of the extra-care housing policy	Housing Plan (SHIP) agreed by Council in November 2017. Gore Avenue project team is in place. The Capital Programme Board considering ECH on former the Dalkeith HS site.
		f)A full review of our approach to care homes should be undertaken within the wider	KPI 20: Review of care home model within national	Quality issues being addressed in 4 local care homes.

		national context	context	Full review of care home provision is outstanding
		g) Work commenced in 2016-17 to review how care at home services are commissioned and delivered should be completed.	KPI 17: Review completed on how care at home services are commissioned and delivered	Report to October IJB on progress, approach and future actions on delivering business improvement and remodelling of care at home services.
6	Prescribing	a) NHSL to implement measures to reduce spend including Script Switch"; promotion of self-management through Wellbeing Services; strengthening of pharmacy support; better information to patients on the efficacy of drugs	KPI 20: Implement the local Prescribing Plan. KPIs within plan to be identified	Local Prescribing Plan is being overseen by a local NHSL Group including two GPs. Prescribing expenditure is reducing. There are 4 pharmacists working with GPs in Health centres across Midlothian. NHSL put in an additional £2.0m for prescribing developments across the IJBs.
7	Learning Disability Services	a) Establish a fully integrated Midlothian Learning Disability Service to strengthen services to support people with complex needs through the development of new models of care and improvements in the planning and co-ordination of care delivery.	KPI 21: Create fully integrated Midlothian Disability Service	A local joint management team for LD services has been established and the NHSL LD Team is now managed locally
		b) A programme of case review to support the implementation of new models of care and ensure an equitable and sustainable allocation of resources across people who use services.	KPI 22: Case Review programme established	The review team is fully established, new policies have been approved and savings are being achieved justifying the costs of the Team
		c) Plans will be implemented to resettle the remaining 3 patients in learning disability hospital care with the commensurate transfer of resources to community services.	KPI 23: Resettle remaining 3 patients in LD hospital care	One person has moved to Penicuik while two others will move to a property in Woodburn in January 2018

		d) Midlothian will need access to 2 beds in the NHSL Learning Disability assessment and treatment service.	KPI 24: Midlothian has access to 2 beds within the NHS Lothian assessment and treatment service	This is still subject to financial remodelling of the total service
		e) LD Community Team management and budget should shift to Midlothian by April 2017	KPI 25 Budget transferred	Request made for budget transfer.
		f) The Midlothian share of the pan Lothian Challenging Behaviour Team should be used to augment the Community Team	KPI 26: Mid share of Lothian Challenging Behaviour Team used to augment the Community Team	This is part of a broader 12 month disaggregation of central LD budgets
		g) The Midlothian share of the housing support element of the Forensic Service should be transferred to the Partnership's budget.	KPI 27: Budget transferred	Request made for budget transfer
		h) We are unclear how Mental Health Liaison Service benefits Midlothian patients and are minded to seek the transfer of Midlothian's share of the resource to the Partnership	KPI 28: Decision taken on the Lothian Mental Health Liaison service and whether to transfer resource to Midlothian.	Outstanding
		i) Midlothian is opening its own complex care unit and will not pursue pan Lothian proposals for a complex unit. Midlothian's share of the NHS funding identified for this development should be made available to strengthen local services.	KPI 29: Budget transferred	The complex care service is now open in Penicuik The funding issue is part of a broader 12 month disaggregation of central LD budgets

		j) Primrose Lodge in Loanhead should be considered for development of services for PMLD coming through transition enabling Midlothian to develop a local service utilising its share of Murray park resources.	KPI 30: Review concluded of use of Primrose Lodge got development of PMLD	A report has been submitted to NHSL Capital Group
		k)There should be no change to Midlothian's indicative share of NHSL Learning Disability budget without discussion with the IJB		This is part of a broader exercise to determine fair shares of NHSL budgets to the IJBs
		l) As the current institutional Learning Disability Services are decommissioned a clear, transparent mechanism will require to be put in place to transfer the appropriate proportion of the budget	KPI 31: Midlothian's fair share will be transferred	It has been agreed that funds will follow the patient until fair share calculations agreed
8	Community-based Mental Health .	a) New services introduced in 2016-17 should be evaluated. These include services funded through the Innovation Fund, the National Mental Health Fund, monies through Primary Care Transformation, the Wellbeing Services and CHIT which are contributing to the support network for people with low level mental health problems.	KPI 32: Decision made after evaluation concluded of new services in introduced in 2016/17	Evaluation of Wellbeing is in progress supported by Healthcare Improvement Scotland. CHIT six month report is being prepared by LAS. Formal evaluation of the Access Point is underway including the impact of the project on the Psychological Therapies Service
		b) There is a need to develop a more robust response to people in crisis particularly out of hours, building on the work already undertaken with the Police	KPI 34: Develop robust model for responding to people in crisis	A triage project with the police to ensure people in crisis get the right type of support has been running since May- meeting Nov to look at evaluation. Work between Orchard Centre and the NHSL Intensive Home Treatment Team has taken place to review out of hours arrangements. Next stage is a workshop with all stakeholders
		c) Alternative approaches to speeding up	KPI 35: Improve access to	Currently 66 waiting over 18 weeks but improvements in other

		access to Psychological Therapies should be introduced. This should be led by the Joint Mental Health Strategic Planning Group through a service transformation programme that provides access to a full range of interventions	psychological therapy services	areas- total number waiting has reduced by over 50% and all assessments now taking place within 6 weeks
		d) Further work is needed to strengthen joint work with substance misuse services. This includes health, social work and the third sector. Co-location will be helpful to this objective if this can be achieved.	KPI 36: Develop better joint working between MH and SMD services	Council has agreed to capital investment for a Recovery Hub in Dalkeith
		e) There is a need to review the placement of Midlothian patients in the Royal Edinburgh; including the arrangements for Midlothian patients to be treated in the Midlothian/East Lothian ward. There is also a need to review Midlothian's use of rehabilitation beds and other specialist services	KPI 37: Review placement of Midlothian patients in REAS.	Discussions on bed numbers and financial implications ongoing. Final decisions can only finalised when all IJBs have concluded discussions with NHS Lothian.
		f) The local Partnership will work with other IJBs to design/ implement new approaches to specialist pan-Lothian services including the R.E. Midlothian will not participate in a *Sense of Belonging 2* Midlothian's share of strategic resources for MH should be directed to the Partnership in 2017-18	KPI 38: Budget transferred	Discussions underway to clarify support in Midlothian from MH Strategic Team
9	Substance Misuse Services	a) Services which support recovery should be strengthened. This will include rolling out existing models of peer support through both the recovery network model and work being undertaken in Health Centres.	KPI 39: Continue to maintain access to services within the 3 weeks target.	A Peer Support Co-ordinator's post will be recruited to. Midlothian SMS still have challenges in their attempt to meet Access Standards and an improvement plan is being developed

		b) Integration should be pursued to ensure key services work effectively together. This is not just a matter for health and social work; the third sector is vital and links with the mental health services are vital. Co-location will be helpful if this can be achieved	KPI 40: Co-location of integrated mental health and substance misuse services	Council has agreed to a capital investment for a Recovery Hub in Dalkeith
		c) Midlothian's pro-rata share of funds relating to substance misuse will be used to redesign the Substance Misuse Directorate services moving service delivery into the Partnership and reducing the use of "central" bed-based services	KPI 41: Reduce use of bed-based services (eg Ritson Clinic)	Chief officers agreed to keep the same funding arrangements for 2017/18 working towards a disaggregation of monies, in 2018/19.. The Ritson Clinic is currently in a redesign phase as NHSL have been asked by Staff Partnership to reconsider skills mix and staffing ratios for the redesigned Clinic
		d) Midlothian Council and NHS Lothian should work together to support the establishment of a Community Recovery Hub and the co-location of integrated mental health and substance misuse services	KPI 42 Business case developed and approved	Council has agreed to a capital investment for a Recovery Hub in Dalkeith
10	Services to Unpaid Carers	a) The new local Carers Strategy should be implemented addressing key issues such as income, employment and health and wellbeing.	KPI 43: Carers Strategy is implemented and KPIs in it identified	New Strategy approved by Strategic Planning Group in October. Implementation will be overseen by local Carers Strategy Group
		b) A system of emergency planning for carers should be designed and implemented ensuring that all key agencies- GPs, Social Workers, specialist teams e.g. Dementia, MERRIT-and Acute Hospital staff. Links should be made as appropriate with existing ACP systems.	KPI 44: Emergency Planning System for carers is implemented	The local pilot of the *Enable* documentation has been completed as part of the national work on new Carers Support Plans. This has been well received by both carers and staff. Work is required to determine how best to share the plans with GPs and NHSL staff
		c) An implementation plan for the new Carers legislation should be developed and put in place.	KPI 45 Implementation plan and progress report	A local implementation group has been formed to respond to recent national guidance issued on the basis of a range of pilot projects

11	Utilisation of I.C. Fund; Delayed Discharge & Social Care Funding	Midlothian Council and NHS Lothian are asked to ensure that the monies continue to be applied with the objectives of reducing delayed discharge; addressing the needs of people with long term health conditions; and strengthening preventative service delivery		Report submitted to IJB in April on the use these funds **Complete**
12	Resource Transfer Funds	Accountability for the application of these monies should now be treated in the same way as the use of all other resources deployed by the Council and NHS Lothian on behalf of Midlothian IJB.	KPI 46: RT used in ways consistent with the Strategic Plan	These funds no longer require accountability between the Council and NHSL as they are part of the IJB budget
13	Social Care services	Services should be provided in accordance with legislation, policies and procedures.	KPI 47: Services provided in accordance with legislation, policies and procedures	A range of systems are in place including supervision, case audits and quality assurance. The Joint Governance Team retains an overview including feedback from Care Inspectorate inspections. Systems continue to be strengthened e.g. arrangements for monitoring and supporting care homes
14	Core and Hosted NHSL Services	Services should be provided in accordance with legislation, policies and procedures.	KPI 48: Services provided in accordance with legislation, policies and procedures	Joint Governance Group in place alongside local service Quality Improvement Teams and clinical governance arrangements
15	NHSL Services - Set-Aside Funds	Services should be provided in accordance with legislation, policies and procedures	KPI 49: Services provided in accordance with legislation, policies and procedures	Clinical governance arrangements are in place. The Quality Improvement Team retains an overview
16	Diabetes Services	a) Clinics should be undertaken in Midlothian and will require consultants to become more community-based.		Clinical Lead and other reps from the Health & Social Care Partnership met with the lead Clinician for the Royal Infirmary. A local clinic model isn't feasible at this time however but better working arrangements between secondary & primary care are being developed.

		b) As 16% of acute hospital beds are occupied by people who have diabetes it should be possible to reduce bed numbers as preventative actions take effect.		Local planning group established. Work progressing to develop a local strategy
		c) Resources should be redirected from Acute Hospital to community based services.	KPI 50: measurement in the shift of care	This will only take place when a clear agreed action plan has been developed regarding treatment feasible in Primary Care
17	Health Inequalities	a) The appropriate proportion of the NHS Lothian *Preventative Spend* budget should be allocated to the IJB to reflect resources required to deliver this delegated function.	KPI 51: Stronger pathway in place to support young adults attending hospital KPI 52: Diabetes care is locally-based and preventative-focussed KPI 53: Weight Management programme.	NHSL Public Health have provided details of preventative spend budgets. NHSL are of the view that these resources must be retained at the Centre to provide capacity to meet Government targets e.g. smoking cessation.
		b) The IJB will direct its share of these resources to support the CHIT team.	KPI 54: plan in place to use ring fenced funding	This remains an area of considerable risk with the service currently being underwritten by the local Health budget
18	Palliative Care	a) Strengthen partnership working between local nursing services, Marie Curie and care at home staff	KPI 55:Numbers of cases where joint working evident	Shared learning scheme underway. Marie Curie are involved in the local PC group
		b) Strengthen care provided in care homes	KPI 56: Improve care provided in care homes	Staff training provided including use of video-conferencing Family feedback questionnaires used in in Newbyres Marie Curie have strengthened their links to local Care Homes
		c) Strengthen bereavement support available within Midlothian	KPI 57: Strengthen bereavement service	Working group established to collate, review and strengthen the supports available in Midlothian

		d)Review the support provided to family carers	KPI 58: Complete review of support provided to family carers	VOCAL provide a training programme for dealing with loss Carers staff participate in the Palliative Care planning group
19	Public Engagement	Design and Develop a Public Engagement Strategy	KPI 59: Develop and implement a public engagement strategy.	A local Public Engagement Strategy is in place. A local group is developing ways of ensuring a more systematic approach to learning from the wide range of user/carer feedback we receive