

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, 20 April 2017

Time: 14:00

Eibhlin McHugh
Chief Officer

Contact:

Clerk Name: Mike Broadway

Clerk Telephone: 0131 271 3160

Clerk Email: mike.broadway@midlothian.gov.uk

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

- | | | |
|------------|--|----------------|
| 4.1 | Minutes of the Meeting held on 9 February 2017 - For Approval | 3 - 11 |
| 4.2 | Minutes of the Special Meeting held on 16 March 2017 - For Approval | 12 - 18 |
| 4.3 | Minutes of MIJB Audit and Risk Committee held on 15 December 2016 - For Noting | 19 - 24 |

5 Public Reports

- | | | |
|------------|---|----------------|
| 5.1 | 2017-18 Financial Recovery Programmes Outline | 25 - 30 |
| 5.2 | Delayed Discharge and Integrated Care Fund Update | 31 - 44 |
| 5.3 | Social Care Fund – Update 2016-17 and proposition for 2017-18 | 45 - 50 |
| 5.4 | Developing a three year financial strategy | 51 - 55 |
| 5.5 | Measuring Performance Under Integration | 56 - 62 |
| 5.6 | General Practice Strategic Programme – planned action in 2017 | 63 - 80 |
| 5.7 | Development of Midlothian Integration Joint Board | 81 - 84 |

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:

- 25 May 2017 at 2 pm - Development Workshop
- 15 June 2017 at 2 pm - Midlothian Integration Joint Board



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 9 February 2017	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Bob Constable	Peter Johnston (Vice Chair)
Cllr Bryan Pottinger	John Oates

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Dave Caesar (Medical Practitioner)
Patsy Eccles (Staff side representative)	Margaret Kane (User/Carer)
Keith Chapman (User/Carer)	Ruth McCabe (Third Sector)

In attendance:

Ewan Aitken (Cyrenians)	Suzanne McShane (Chief Officers Network)
Chris Lawson (Risk Manager)	Mike Broadway (Clerk)

Apologies:

Cllr Catherine Johnstone (Chair)	Cllr Derek Milligan
Cllr Andrew Coventry (substitute for Cllr Catherine Johnstone)	Alex Joyce
Alison McCallum	Hamish Reid (GP/Clinical Director)
Caroline Myles (Chief Nurse)	Aileen Currie (Staff side representative)

Midlothian Integration Joint Board

Thursday 9 February 2017

1. Welcome and introductions

The Vice-Chair, Peter Johnston, welcomed everyone to this meeting of the Midlothian Integration Joint Board, in particular Ewan Aitken (Cyrenians) and Suzanne McShane (Chief Officers Network).

2. Order of Business

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

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 Thursday 1 December 2016 was submitted and approved as a correct record.

4.2 The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on Thursday 8 September 2016 was submitted and noted.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Appointment of Standards Officer for the Midlothian Integration Joint Board	Eibhlin McHugh

Executive Summary of Report

The purpose of this report was to confirm the recommendation to the Standards Commission for Scotland in relation to the appointment of the Standards Officer to the Midlothian Integration Joint Board.

The report summarised the Standards Officer's key responsibilities and recommended that the Council's Legal Manager, Alan Turpie (who was also the Council's Monitoring Officer) be nominated to the Standards Commission as the Standards Officer for the Midlothian Integration Joint Board.

Decision

The Board agreed:

- To approve the remit of the Standards Officer as outlined in the report;
- To approve that Alan Turpie be recommended for the position of Standards Officer to the Midlothian Integration Joint Board to the Standards Commission for Scotland; and
- To instruct the Chief Officer to communicate the same to the Standards Commission for Scotland.

Midlothian Integration Joint Board

Thursday 9 February 2017

Action
Chief Officer

Report No.	Report Title	Presented by:
5.2	Budget Setting, Financial Planning and Financial Management 2017/18 – Outline and Approach	David King

Executive Summary of Report
<p>This report provided a preparatory briefing for the finance paper that would be presented to the Special IJB Meeting on 16th March 2017, when agreement would be sought on the 2017/18 Budget and Directions.</p> <p>On 15th December 2016, the Scottish Government had announced its proposed budget settlements for both Local Authorities and the NHS in Scotland for 2017/18. The announcement had also contained further details about the social care fund and laid out the Government's clear ambitions for IJBs.</p> <p>In summary the Council's budget had been reduced and NHS Lothian had a net uplift of 0.4%.</p> <p>Both the Council and NHS Lothian had provided the IJB with estimates of expenditure in 2017/18, these forecasts based on current models of service delivery were considerably in excess of the budgetary resources that would be available.</p>

Summary of discussion
<p>The Chief Finance Officer in presenting the report emphasised that it was clear from the experience of 2016/17 that the IJB required a detailed financial management agreement with its partners to ensure that financial pressures and the proposed actions to resolve them were reported timeously to the Board. He also updated the Board on the position reached with regards the budgetary offers from the Council and NHS Lothian.</p> <p>The Board, in considering the current financial position and likely financial pressures, discussed the importance of affecting a positive shift in the models of service delivery.</p>

Decision
<p>The Board noted:</p> <ul style="list-style-type: none"> • the projected out-turn position for 2016/17; • the magnitude of the financial challenge facing the IJB in 2017/18; and • the issues surrounding the 2017/18 budget settlement and in particular the implications of Scottish Government's clear ambitions for IJBs which would require to be achieved within the financial resources available.

Midlothian Integration Joint Board

Thursday 9 February 2017

Action

Chief Finance Officer

Report No.

5.3

Report Title

Chief Officer's Report

Presented by:

Eibhlin McHugh

Executive Summary of Report

This report provided a summary of the key issues which had arisen over the past two months in health and social care, highlighting in particular service pressures as well as some recent service developments.

The report also provided an update on the progress made by the Council in addressing the new Direction issued by the Board at its meeting on 18th August 2016 requiring a review of the current design of care at home services and to develop proposals which address the current risks facing the service.

Summary of discussion

The Board, in considering the Chief Officer's Report, discussed the potential impacts arising from the service pressures and how these were being addressed.

Decision

The Board:

- **Noted the issues raised in the report.**

Report No.

5.4

Report Title

Risk Register

Presented by:

Chris Lawson

Executive Summary of Report

The purpose of this report was to invite comments on the risks and controls contained in the MIJB Risk Register and to seek formal approval of the Register. It also sought agreement that the Register be routinely monitored by the IJB Audit and Risk Committee.

The report explained that the development of the MIJB Risk Register followed on from the approval of initial proposals by the IJB on 20th August 2015 and built upon the consideration and approval of the formal Risk Management Policy at the IJB meeting on 11th February 2016. It also incorporated the high level risks identified at the Risk Management Workshop held on 14th January 2016, which had been further developed and considered initially by the IJB on 14th April 2016 and subsequently by the IJB Audit and Risk Committee on 9th June 2016.

Summary of discussion

The Board, having heard from the Risk Manager, discussed the Risk Register; a copy of which was appended to the report.

Midlothian Integration Joint Board

Thursday 9 February 2017

Decision

The Board:

- **Approved the Risk Register;**
- **Agree to remit the responsibility for monitoring the Risk Register to the IJB Audit and Risk Committee;**
- **Agree to receive regular reports on the risks facing the IJB to support informed and effective decision making; and**
- **Confirmed that the risks presented in this report reflect the current risks/opportunities facing the IJB.**

Report No.	Report Title	Presented by:
5.5	MAPPA Annual Report 2015/2016	Alison White

Executive Summary of Report

The purpose of this report was to bring to the IJB's attention the MAPPA Annual Report for 2015 – 2016; the final report of the national MAPPA Joint Thematic Review which had been published in November 2015; and the Lothian and Borders response to the areas for development identified in the Joint Thematic Review report. Copies of which were appended to the report.

Summary of discussion

The Board, having heard from the Chief Social Work Officer discussed the excellent work undertaken by MAPPA in Midlothian.

Decision

The Board:

- **Noted the content of this report and background papers.**

Report No.	Report Title	Presented by:
5.6	East Lothian and Midlothian Public Protection Committee Biennial Report 2014/16	Alison White

Executive Summary of Report

The purpose of this report was to explain the requirement that the Convener of East Lothian and Midlothian Public Protection Committee submit a Biennial Report to Scottish Government on the exercise of the Committee's functions under Section 42 of the Adult Support and Protection (Scotland) Act 2007.

The Biennial Report, a copy of which was appended to the report, reflected the work undertaken by the East Lothian and Midlothian Public Protection Committee during the period 2014 to 2016 thereby informing the IJB of its progress during that period.

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Summary of discussion

Having heard from the Chief Social Work Officer, the Board discussed the excellent work undertaken by the East Lothian and Midlothian Public Protection Committee.

Decision

The Board:

- **Noted the contents of the report; and**
- **Noted the progress made by the East and Midlothian Public Protection Committee during 2014/16.**

Report No.	Report Title	Presented by:
5.7	Reserves Policy	David King

Executive Summary of Report

The purpose of this report was to provide the IJB for consideration and approval, a draft Reserves Policy, which laid out what reserves would be held and how these would be reported.

The report explained that because governance of the IJB was under the local authority regulations, the IJB was permitted to hold a reserve. Put simply a reserve was a mechanism to carry forward from one financial year to another a balance of unused funds. These funds may be specifically earmarked for a particular purpose(s) or just held as a general financial buffer against unforeseen in year events or as part of a longer term financial plan. As the IJB had not the current capacity to build up a reserve there would not be any reserves in the current financial year.

Summary of discussion

The Board, having heard from the Chief Finance Officer discussed the draft Reserves Policy; a copy of which was appended to the report.

Decision

The Board:

- **Noted the content of this report; and**
- **Approved and agreed to adopt the reserves strategy.**

Report No.	Report Title	Presented by:
5.8	Development of IJB Strategic Indicators	Eibhlin McHugh

Executive Summary of Report

The purpose of this report was to make the IJB aware of national and local developments that would change the performance information received by the IJB.

Midlothian Integration Joint Board

Thursday 9 February 2017

The report advised that as a result of these developments a more detailed paper would be presented to the IJB meeting in March along with details of the new performance indicators and proposed improvement trajectories.

Summary of discussion

The Board, having heard from the Chief Officer, discussed the shift in the expectation on IJBs to improve system-performance.

Decision

The Board:

- **Noted the national and local developments that would change the performance information received by the IJB;**
- **Noted the plan to update the performance information that the IJB received to reflect the new directions and recent correspondence from Scottish Government; and**
- **Noted that a more detailed report would be presented to the IJB in March.**

Report No.	Report Title	Presented by:
5.9	Proposed Meeting Schedule and Workshop Dates 2017/18	Eibhlin McHugh

Executive Summary of Report

The purpose of this report was to set the dates for the Board meetings and Development Workshops for the Midlothian Integration Joint Board for 2017/18 as prescribed by Midlothian Integration Joint Board Standing Orders 5.2.

Summary of discussion

Having heard from the Chief Officer, the Board considered the proposed dates for 2017/18 it being noted that some fine tuning was required particularly with regards the Development Workshops dates for the latter part of 2017.

Decision

The Board agreed that subject to resolution of the above, to:

- **Approved the schedule of meetings of the Midlothian Integration Joint Board as outlined in the report;**
- **Approved the schedule of meetings of the Midlothian Integration Joint Board Audit and Risk Committee as outlined in the report;**
- **Approved the schedule of Development Workshops for the Midlothian Integration Joint Board as outlined in the report; and**
- **Noted the approach for service visits for the Midlothian Integration Joint Board.**

Midlothian Integration Joint Board

Thursday 9 February 2017

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

No additional business had been notified to the Chair in advance

8. Date of next meeting

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

- Thursday 16th March 2017 * 2pm **Special Midlothian Integration Joint Board**
- Thursday 20th April 2017 2pm **Midlothian Integration Joint Board**
- Thursday 25th May 2017 2pm Development Session

* Please note carefully that this date will now be a formal Board meeting.

The meeting terminated at 3.28 pm.

Appendix

(relative to paragraph 5.9)

Midlothian Integration Joint Board Meeting Schedule and Development Workshops Dates 2017-18

MIJB Meetings

- Thursday 16th March 2017, 2pm - Special
- Thursday 20th April 2017, 2pm
- Thursday 15th June 2017, 2pm
- Thursday 24th August 2017, 2 pm
- Thursday 5th October 2017, 2pm
- Thursday 7th December 2017, 2pm
- Thursday 11th January 2018, 2pm
- Thursday 1st March 2018, 2pm
- Thursday 3rd May 2018, 2pm

Development Workshops

- *Thursday 25th May 2017, 2pm
- *Thursday 14th September 2017, 2pm
- *Thursday 16th November 2017, 2pm
- Thursday 8th February 2018, 2pm
- Thursday 5th April 2018, 2pm
- Thursday 7th June 2018, 2pm

* Please note that the three dates marked with an asterisk have been adjusted as agreed by the Board meeting (paragraph 5.9 refers).

Service Visits

Further service visits will be scheduled as required or at the request of members of the Midlothian Integration Joint Board.

MIJB Audit and Risk Committee Meetings

- Thursday 9th March 2017, 2pm
- Thursday 8th June 2017, 2pm
- Thursday 7th September 2017, 2pm
- Thursday 14th December 2017, 2pm
- Thursday 22nd March 2018, 2pm

Minute of Special Meeting

Midlothian Integration Joint Board

Thursday 20 April 2017

Item 4.2

Item 4.2



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 16 th March 2016	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Peter Johnston (Vice Chair)
Cllr Bob Constable	Alex Joyce
Cllr Bryan Pottinger	Alison McCallum
	John Oates

Present (non voting members):

Eibhlin McHugh (Chief Officer)	David King (Chief Finance Officer)
Hamish Reid (GP/Clinical Director)	Patsy Eccles (Staff side representative)
Aileen Currie (Staff side representative)	Keith Chapman (User/Carer)
Margaret Kane (User/Carer)	Ewan Aitken (Third Sector) (substitute for Ruth McCabe)
Fiona Huffer (substitute for Caroline Myles (Chief Nurse))	

In attendance:

Gary Fairley (Head of Finance and Integrated Service Support, Midlothian Council)	Allister Short (Head of Healthcare, Midlothian Council)
Jamie Megaw (Strategic Programme Manager)	Mike Broadway (Clerk)

Apologies:

Cllr Derek Milligan	Ruth McCabe (Third Sector)
Alison White (Chief Social Work Officer)	Dave Caesar (Medical Practitioner)
Caroline Myles (Chief Nurse)	

Midlothian Integration Joint Board

Thursday 16 March 2017

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to this Special Meeting of the Midlothian Integration Joint Board in particular Ewan Aitken, who was substituting for Ruth McCabe (Third Sector) and Fiona Huffer, who was substituting for Caroline Myles (Chief Nurse).

2. Order of Business

The Chair advised the meeting that –

- (a) the follow paper - “Budget Setting 2017/18” which relating to Agenda Item 4.1 Finance Paper had been circulated electronically under separate cover;
- (b) an additional item of business had been tabled, namely a report by the Chief Officer, entitled “Midlothian Integration Joint Board – Publication Scheme” which would be considered as Agenda Item 4.6; and
- (c) Agenda Item 4.4 would be taken as the second item of business immediately after the Finance Paper.

3. Declarations of interest

No declarations of interest were received.

4. Reports

Report No.	Report Title	Presented by:
4.1	Budget Setting 2017/18	David King

Executive Summary of Report

The purpose of this report was to set out the 2017/18 budget propositions from Midlothian Council and NHS Lothian to the IJB, and to examine the projected financial pressures for 2017/18 which had been developed by Midlothian Council, NHS Lothian and the IJB.

The report explained that the IJB required financial resources to allow it to deliver its Strategic Plan. These resources were provided by the IJB’s partners – Midlothian Council and NHS Lothian. Midlothian Council had set its 2017/18 budget and made a proposition to the IJB and NHS Lothian had provided an indicative position which would be formally agreed by the NHS Lothian Board at its meeting in April 2017. These two propositions represented the total of the financial resources available to the IJB in 2017/18.

Both NHS Lothian and Midlothian Council in collaboration with the IJB had also considered the potential financial pressures inherent in these budgetary offers and it was clear that without a significant change to the current model of the delivery of services there would be a significant gap between the resources available and the projected expenditure.

Midlothian Integration Joint Board

Thursday 16 March 2017

The paper then discussed two issues :-

- a) Whether the budget proposals from the Partners were a fair share of the resources available to them; and
- b) The risks inherent in the delivery of a balanced financial position given that the forecasts suggest a significant overspend and thus a significant financial recovery plan would have to be delivered.

Summary of discussion

The Chief Finance Officer advised that a great deal of work had already been carried out by both partners, individually and collectively, in developing the financial propositions put forward to the IJB and that whilst it was acknowledged that there were significant challenges ahead, it was nonetheless considered extremely important that the process be allowed to continue, in order that the changes that needed to be made were allowed to take place.

The Board, in discussing some of the key challenges likely to be faced in the coming year(s), acknowledged that although the current position was not entirely satisfactory, it was extremely important that the process of change was allowed to continue.

Decision

After further discussion, the Board agreed to:-

- **Accept the formal budget proposition from Midlothian Council.**
- **Accept the indicative budget proposition from NHS Lothian.**
- **Receive a further report at the April IJB meeting laying out the financial risk mitigating propositions.**

Action

Chief Finance Officer

Report No.	Report Title	Presented by:
4.4	Measuring Performance under Integration – Agreeing the IJB's Performance Measurements	Jamie Megaw

Executive Summary of Report

The purpose of this report was to present to the Board the emerging draft objectives for the IJB to monitor progress against the indicators agreed by the Ministerial Strategic Group for Health and Community Care, namely:- unplanned admissions; occupied bed days for unscheduled care; A&E performance; delayed discharges; end of life care; and the balance of spend across institutional and community services.

Midlothian Integration Joint Board

Thursday 16 March 2017

The report explained that all IJB's had been asked to set local objectives for each indicator and to describe expected performance per quarter during 2017/18. Details of the proposed objectives for the Midlothian IJB were appended to the report.

Summary of discussion

The Board, heard from the Strategic Programme Manager, who advised that the IJB needed to consider its ambitions for change across the system and ensure that these were reflected in its objective for each target. An un-ambitious objective may fail to keep up with increasing demand on services from an ageing population but an over-ambitious objective may be impossible to deliver within system constraints. It was also important to consider the ownership of the objectives because system-level change would require all parts of the system to be working towards each goal and share ownership of it.

Members of the IJB, in considering the emerging local objectives, discussed the means by which appropriate targets could best be set. The view being that whatever targets were finally agreed upon needed to reflect the IJB's aspirations as set out in both the Strategic and Delivery Plans. There also needed to be a clear understanding of established baselines and also the potential impact of any interventions.

Decision

The Board:

- **Noted the emerging objectives for the Midlothian IJB to monitor progress using the indicators agreed by the Ministerial Strategic Group for Health and Community Care;**
- **Noted that discussions regarding the emerging objectives with the Joint Management Team were ongoing; and**
- **Agreed to receive a further report updating the emerging objectives as a result of these and other discussions.**

Action

Chief Officer

Report No.	Report Title	Presented by:
4.2	2017-18 Delivery Plan for Health and Social Care	Eibhlin McHugh

Executive Summary of Report

The purpose of this report was to introduce and seek approval of the 2017-18 Delivery Plan; a copy of which was appended to the report.

Midlothian Integration Joint Board

Thursday 16 March 2017

The report summarised the development of the 2017-18 Delivery Plan, which was based upon the Strategic Plan 2016-19, providing an update on the progress made in implementing the 2016-19 Strategic Plan and summarising the key actions planned for 2017-18.

Summary of discussion

The Board, having heard from the Chief Officer, who responded to questions from Members of the IJB, considered the key issues addressed in the Delivery Plan, namely: increasing the capacity and managing the demands upon Primary Care; Reducing the use of acute hospitals particularly in relation to delayed discharge and preventable admissions; Improving mental health wellbeing given the high levels of prescribed medication and the links to offending and substance misuse; Reducing the cost of Learning Disability services and Strengthening the multi-agency approach to Health Inequalities.

Decision

The Board:

- **Approved the 2017-18 Delivery Plan; and**
- **Agreed to the preparation of a summary version.**

Action

Chief Officer

Report No.	Report Title	Presented by:
4.3	IJB Directions 2017/18	Eibhlin McHugh

Executive Summary of Report

The purpose of this report was to introduce a draft version of the 2017-18 Directions to be issued by the IJB to Midlothian Council and NHS Lothian.

The report explained that the Directions were intended to provide greater clarity about the key changes which need to be made during 2017-18 in the delivery of health and care services in Midlothian, and should be considered alongside the Strategic Plan 2016-19 and the Delivery Plan 2017-18.

Summary of discussion

The Board, having heard from the Chief Officer, who responded to Members questions, discussed the topics covered in the Directions in particular, the involvement of the third sector, the provision of pan-lothian services and health inequalities.

Midlothian Integration Joint Board

Thursday 16 March 2017

Decision

The Board:

- Noted the current position on the development of the IJB's Directions;
- Noted that the Directions would flow from the IJB's agreed Strategic Plan;
- Agreed to delegate the authority to (i) finalise the detail in terms of financial information and performance data related to each Direction; and (ii) issue the Directions for 1st April 2017 to the IJB's Chief Officer;
- Agreed to receive a further report detailing the Directions issued by the Chief Officer; and
- Agreed that a summary paper be provided to ensure there is no dubiety about the key changes which need to be made

Action

Chief Officer

Report No.	Report Title	Presented by:
4.5	Chief Officer's Report	Eibhlin McHugh

Executive Summary of Report

This report provided a summary of the key issues which had arisen over the past two months in health and social care, highlighting in particular service pressures as well as some recent and forthcoming key service developments.

Summary of discussion

Having heard from the Chief Officer and the Head of Healthcare, Midlothian Council, the Board acknowledged that the development that from 1 April 2017, no further Midlothian patients would be admitted to Liberton Hospital for post-acute rehabilitative care, marked an important milestone in achieving the IJB's stated aim of rebalancing care from acute to community settings.

Decision

After further discussion, the Board:

- Noted the issues outlined in the report.

Report No.	Report Title	Presented by:
4.6	Midlothian Integration Joint Board – Publication Scheme	Eibhlin McHugh

Midlothian Integration Joint Board

Thursday 16 March 2017

Executive Summary of Report

The purpose of this report is to confirm the requirement of the Midlothian Integration Joint Board to adopt and maintain a publication scheme under the Freedom of Information (Scotland) Act 2002 which has the approval of the Scottish Information Commissioner and further to publish information in accordance with the scheme.

Decision

The Board, having heard from the Chief Officer, agreed:

- To note the requirement to adopt and maintain a publication scheme under the Freedom of Information (Scotland) Act 2002;
- To delegate and instruct the Chief Officer to prepare the Midlothian Integration Joint Board publication scheme in line with the Model Publication Scheme prescribed by the Information Commissioner for Scotland;
- To delegate and instruct the Chief Officer to submit this scheme to the Information Commissioner for Scotland for formal approval; and
- To delegate and instruct the Chief Officer to submit information to the Information Commissioner in line with the requirements under Freedom of Information commencing in April 2017.

Action

Chief Officer

5. Date of next meeting

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

- | | | |
|--|-----|---|
| • Thursday 20 th April 2017 | 2pm | Midlothian Integration Joint Board |
| • Thursday 25 th May 2017 | 2pm | Development Workshop |
| • Thursday 15 th June 2017 | 2pm | Midlothian Integration Joint Board |

The meeting terminated at 3.42pm.



Midlothian Integration Joint Board Audit and Risk Committee

Date	Time	Venue
Thursday 15 th December 2016	2.00pm	Meeting Room 5, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

Present:

Cllr Derek Milligan (Chair)	John Oates
Jane Cuthbert (Independent Member)	

Present (non-voting):

Eibhlin McHugh (Chief Officer)	David King (Chief Finance Officer)
Graham Herbert (Chief Internal Auditors)	Elaine Greaves (Chief Internal Auditors)

In attendance:

Mike Broadway (Clerk)	

Apologies:

Cllr Bob Constable	Peter Johnston

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 15th December 2016

1. Welcome and introductions

The Chair, Derek Milligan, welcomed everyone to this Meeting of the Midlothian Integration Joint Board Audit and Risk Committee, in particular John Oates who had taken over from Alison McCallum as one of the two NHSL Board representatives.

2. Order of Business

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

3. Declarations of interests

No declarations of interest were intimated.

4. Minutes of Meeting

- 4.1 The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 8th September 2016 were submitted and approved.
- 4.2 Arising from the minutes, the Committee noted the positive feedback received from the External Auditors in respect of the Annual Accounts.

5. Reports

Report No.	Report Title	Presented by:
5.1	Audit Reports from other Bodies of interest to the MIJB	David King

Executive Summary of Report

The report explained that both the MIJB's partners – NHS Lothian and Midlothian Council – had their own Audit and Risk Committees which provided scrutiny and governance to their respective organisations. Some of the matters discussed by these Committees related to functions that had been delegated to the IJB and the Integration Scheme laid out that such reports should be shared with the IJB's Audit and Risk Committee. This paper summarised for the Committee those reports of interest to the IJB.

The report also considers reports from Audit Scotland that related to functions delegated to the IJB.

Summary of discussion

The Chief Finance Officer in presenting the report to the Committee highlighted some of the key issues arising from the various audit reports and also responded to Members questions/comments.

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 15th December 2016

The Committee whilst welcoming the report, felt it would be useful in assisting their consideration of any issues, if information could be included of any actions that had been taken, or had been agreed to be taken, by either partner to address issues arising from the audit reports.

Decision

After further discussion the Audit and Risk Committee agreed to

- **Note the contents of this report**
- **Note that further reports arising from issues raised in the various audit reports referred to in this report would be brought forward to either the MIJB or this Committee in due course.**

Report No.	Report Title	Presented by:
5.2	Progress Update against the 2016-17 Internal Audit Plan	Graham Herbert

Executive Summary of Report

The report explained that Internal Audit was required under the Public Sector Internal Audit Standards to provide periodic updates to the Audit and Risk Committee on progress with the current year's audit plan, which had been approved by the Audit and Risk Committee on 17 March 2016 (paragraph 5.2 refers).

The purpose of this report therefore was to provide Members of the Audit and Risk Committee with an update on progress with the current year's audit plan

Summary of discussion

The Committee heard from the Chief Internal Auditor, who confirmed that based on the remaining work and current Internal Audit resource, there should be sufficient time remaining before the end of June 2017 to complete the 2016/17 plan.

Decision

After discussion the Audit and Risk Committee

- **noted the progress with the current year's plan;**
- **noted that based on the remaining work and current Internal Audit resource, there should be sufficient time remaining before the end of June 2017 to complete the 2016/17 plan; and**
- **agreed that the Chief Internal Auditor continue to provide updates to the Audit and Risk Committee, particularly if there was a risk of non delivery of the plan.**

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 15th December 2016

Report No.	Report Title	Presented by:
5.3	Internal Audit Recommendations	Graham Herbert

Executive Summary of Report

The purpose of this report was to:

- inform the Audit and Risk Committee of the number of recommendations raised by Internal Audit since the IJB was formed in August 2015;
- to note the IJB's reported performance in addressing these issues by the agreed implementation date; and
- to highlight the main governance and financial risks where recommendations were found to be outstanding.

The report highlighted that a number of the recommendations raised by Internal Audit had not been fully implemented by the agreed implementation dates. Many of the risks identified were therefore not fully addressed. These include a number of significant governance and financial assurance issues. Having discussed the position with the Chief Officer and Chief Finance Officer the view was that too short a timescales were agreed for a number of the issues raised. There had in addition, been some uncertainty on long term national and local financing for the IJB which had impacted on a number of the recommendations raised. A revised schedule had therefore been agreed with updated target dates; a copy of which was appended to the report.

Summary of discussion

Having heard from the Chief Finance Officer, the Committee in discussing the revised schedule and updated target dates, acknowledged the reasoning behind the proposed changes and accepted that there was a need to ensure that the due dates were realistic and reflected what was achievable within the timescales that had been set. In this regard, the Committee suggested that it might be valuable to review the process for setting the timescales and who was responsible for the various actions. The Committee also felt that a further review would be beneficial of the proposed revised implementation dates.

Decision

After discussion the Audit and Risk Committee

- **noted the report;**
- **approved the revised implementation dates as shown in the Appendix to the report; and**
- **noted that Internal Audit would continue to work with Chief Officers to review proposed implementation dates and monitor completion of the outstanding recommendations and would provide further updates to the Audit and Risk Committee, taking on board Members' comments.**

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 15th December 2016

Report No.	Report Title	Presented by:
5.4	MIJB Strategic Risk Profile	David King

Executive Summary of Report

The purpose of this report was to provide the Audit & Risk Committee with an update on the MIJB Strategic Risk Register and the actions being taken to identify and manage risk in order to ensure the successful delivery of the MIJB's key objectives, as detailed in the Strategic Plan. The report also provided the Committee with an overview of the MIJB's operating context taking account of current issues, future risks and opportunities.

Summary of discussion

The Committee, having heard from the Chief Finance Officer, discussed the risk register. In response to Members' comments, it was agreed to circulate an updated copy to Members following the meeting and to also look at the possibility of including provision for the proposed Named Person legislation and prescription budget pressures. It was also felt that it would be useful going forward if an update on the risk register could be provided on a quarterly basis to the Committee.

Decision

The Audit and Risk Committee noted the report.

Report No.	Report Title	Presented by:
5.5	Sharing of Audit and Risk Reports - Midlothian Council Internal Audit Report - Self-Directed Support	Elaine Greaves

Executive Summary of Report

The purpose of this report was to provide the Committee with copy of a report, dated August 2016, by Midlothian Council's Internal Audit Manager, in respect of a review of the arrangements surrounding Midlothian Council's implementation of Self-Directed Support. The objective of the audit had been to assess the adequacy of the controls in place regarding the implementation of Self-Directed Support (SDS). This included evaluating the operational arrangements and control environment. The review had concluded that management had made good progress in implementing systems, internal controls, and procedures for the delivery of self-directed support. A number of weaknesses had however been identified in the controls where improvements were possible. The report therefore contained a management action plan to address these weaknesses and thus reduce risk and this was incorporated into the report. The management action plan had been accepted by management and approved by the Council's Audit and Risk Committee at its meeting on 20 September 2016.

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 15th December 2016

Decision

The Audit and Risk Committee, having heard from the Chief Internal Auditor, noted the report.

6. Private Reports

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraphs 1, 6, 9 and 10 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

Sharing of Audit and Risk Reports - Midlothian Council Internal Audit Report - Review of Controls operating over Care at Home – Noted.

7. Any other business

No additional business had been notified to the Chair in advance

8. Date of next meeting

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 9th March 2017 at 2.00pm

The meeting terminated at 4.27 pm.



April 20th 2017

2017/18 Financial Recovery Programmes outline

Item number: **Agenda number**

Executive summary

At its March meeting the IJB accepted the budgetary propositions from Midlothian Council and NHS Lothian. However, it was noted that these budgets contained a significant financial challenge in that they were underpinned by an assumption of c. £4.8m of recovery actions for which c. £2.8m of plans had been developed leaving a projected financial gap of c. £2.0.

This report further updates the IJB on the current recovery plans and considers if these plans will impact upon the IJB's strategic plan. It's clear from the current analysis that the projected gap above has yet to be closed and the Chief officer and the Chief Financial officer will have to bring back further information to the IJB at its June meeting. That said, the current plans do not appear to impact on the IJB's ability to deliver its strategic plan.

Board members are asked to:

- *Note the contents of this report*
- *Receive a further report at the IJB's June meeting*

2017/18 Financial Recovery Programmes Outline

1 Purpose

- 1.1 This report updates the IJB on the financial recovery plans that have been prepared by the IJB and its Partners for 2017/18 and considers if these plans impact on the IJB's Strategic Plan. The report also considers the outstanding recovery actions that have yet to be identified.

2 Recommendations

- 2.1 The IJB is asked to :-
- Note the contents of this report
 - Receive a further report on the recovery programmes at the IJB's meeting in June

3 Background and main report

- 3.1 At its March 2017 meeting the IJB agreed to accept the 2017/18 budget proposition from NHS Lothian and Midlothian Council. It was noted that these budgets contained an assumption of c. £4.8m of recovery programmes of which c. £2.8m had been developed leaving programmes to be developed of c. £2.0m.
- 3.2 The table below lays out the recovery targets and actions :-

	Estimated Pressures £000's	Plans Available £000's	Plans to be developed £000's
Midlothian Council	2,900	1,400	1,500
NHS Lothian			
Core	1,103	1,103	0
Hosted	10	54	-44
Set Aside	834	244	590
	4,847	2,801	2,046

It should be noted that these values remain projections and are based on the current financial plans. The financial position will change as the year progresses and the IJB will be updated on those changes.

- 3.3 It is also important to consider where these financial challenges arose. In the case of the social care services there are two underlying elements :-
- 3.3.1 The projected out-turn for 2016/17 for social care is an overspend of c. £1.4m. This is an underlying pressure largely generated by a significant demand on services including high cost care packages for Adults which is in excess of the budgetary resources.
- 3.3.2 Although Midlothian Council uplifted the social care budget by c. £2.1m, the budget proposition also included an efficiency target of £1.7m – a net increase of c. £0.4m. On the premise that all of the uplift is required in 17/18 to manage additional cost pressures, then this 2017/18 efficiency target must be added to the overall social care position.
- 3.4 Within the health element, the key pressure has been the GP prescribing budget. The NHS 2017/18 budget settlement reset the GP prescribing budget and therefore wiped out the historic budgetary pressure, however this settlement does not address the projected cost increase in GP Prescribing for 2017/18. This is the underlying pressure within the NHS IJB budget.
- 3.5 Work continues with NHSIL colleagues to more clearly understand the financial pressures within the set aside budgets.

3.6 Recovery Plans

3.6.1 Social Care.

Since the March report, the Joint Management Team have further developed the recovery plans. The current projection is :-

	Plans	Achievement in 17/18
	£000's	£000's
Services for Older People	1,045	712
Services for Adults	1,607	815
	<u>2,652</u>	<u>1,527</u>

Plans have been developed for £2.6m. However, there is a potential gap in 2017/18 which reflects the timing of the delivery of these plans.

The plans that have been developed accelerate the shift to new models of care as outlined at the January IJB meeting under the Realistic Care Realistic Expectations programme.

Key themes in the redesign of services for adults with learning disabilities include:

- Equity of resource allocation through better care package design informed by specialist skills

- Better location planning that enables a collaborative approach and replaces the existing isolated approach to care package delivery.
- Purposeful deployment of social care workforce, who ensure that all engagement is outcome focused.
- Provision of high quality care that makes sure people are safe and they have choice and control over how they live their lives.
- Proactive and innovative management and mitigation of negative risk and enablement of positive risk taking as appropriate including the use of new technology.
- A reviewing team has been established to support the implementation of new models of care. There will be a more robust approach to reviewing care packages in future to ensure that the model of care is appropriate and reflects changing needs.
- A review of day care provision is also underway to ensure that access to service reflects needs and there is a more co-ordinated and consistent approach to provision of transport support.

Within Older Peoples Services, the primary focus is on the review of current models of care at home services to ensure that service delivery is stabilised and costs arising from both the breakdown of care provision and delays in providing care packages are minimised.

Work is also ongoing to increase the efficiency of directly provided services through a programme of service reviews and efficiency measures including the reduction in travel costs and a more robust approach to managing sickness absence.

The Chief Officer and the Chief Finance Officer are in dialogue with Midlothian Council partners as to how the projected 2017/18 gap can be closed. The Chief Officer in her operational role has agreed that the full year effect of these efficiencies (that is in 2018/19) will be delivered in full.

3.6.2 Health Services

The following themes have been agreed by the Joint Management Team to delivery savings and plans are now being developed:-

- Prescribing - de-prescribing and realistic medicine with a strong focus on providing patients with better information on medicines and opportunities for reviewing their medication.
- Increasing efficiencies arising from fully integrated service delivery.
- Anticipatory care planning in order to reduce episodic interventions and provide better co-ordinated care.
- Prevention – continuing to incorporate a preventative approach into all interventions including better planning of care, supporting self management, recovery, reablement and peer support models in service delivery.

Hosted

It can be seen from the analysis that the projected hosted pressures are quite modest. The IJB will work with colleagues to finalise a position here.

Set Aside

The IJB requires further information on the proposals around set aside. The NHS Lothian financial plan for 2017/18 is not yet in balance and this is reflected in the set aside position. Discussions are underway to further understand this position.

Although the health and social care aspects of the IJB's recovery programmes are discussed separately above, all of this work is being delivered on a whole system basis. Especially within the partnership, the operational management teams are working very closely together to deliver a balanced financial position.

3.7 Planning for 2018/19

It is important to recognise that recovery plans and efficiency programmes are not simply an issue in one financial year. However the implementation of new models of care provides the foundations for further service developments as the learning from new models are captured and the models are further developed. The challenges of future years will be greater and the efficiency and recovery programmes discussed above must not only be delivered in the full year but also be the basis for future plans.

- 3.8 Although full details are not yet available, there does not appear to be any efficiency or recovery plans that will impact on the ability of the IJB to deliver its strategic plan.

4 Policy Implications

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

5 Equalities Implications

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

6 Resource Implications

- 6.1 The resource implications are laid out above.

7 Risk

- 7.1 The issue of financial sustainability is already identified 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.

9 Background Papers

- 9.1 None

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	David.king@nhslothian.scot.nhs.uk
DATE	7 th April 2017

Appendices:



Thursday 20th April 2017 at 2.00pm

Delayed Discharge and Integrated Care Fund update

Item number: 5.2

Executive summary

In recognition of the increasing pressures that were being experienced within Delayed Discharge and with the ambition to pump-prime transformational change within the (then new) partnerships the Scottish Government made available additional funds for delayed discharge and for an Integrated Care fund. Although these funds were initially made available to the Health Boards, these funds are now part of the delegated resource to the IJB and have also been made recurrent – that is permanently in the IJB's baseline. It was agreed that the governance around these funds would be undertaken by the IJB and this report is to update the IJB on the development of this work.

A three year programme was agreed by the then shadow IJB in 2014 and, fundamentally, this programme has been actioned along the lines of its original agreement.

The value of these funds to Midlothian IJB is £432,000 for delayed discharge and £1,440,000 for the ICF

Board members are asked to:

- 1. Note this report.*
- 2. Support the use of the funds in 2017/18 as laid out in Appendix 1.*

Delayed Discharge and Integrated Care Fund update

1 Purpose

- 1.1 This report updates the IJB on the use of the Delayed Discharge and Integrated Care Fund (ICF) in Midlothian. It also lays out the programme for 2017/18

2 Recommendations

- 2.1 The IJB is asked to :-
- Note the contents of this report
 - Support the use of the fund in 2017/18.

3 Background and main report

- 3.1 The Scottish Government made additional funds available to the Health Boards in 2014 to tackle the pressures within delayed discharge and to support the transformational work within the then relatively new partnerships. These funds – now recurrent – are part of the IJB's baseline budget.

- 3.2 Delayed Discharge.

Given the significant impact on both the health system and, more importantly, on patient care generated by delayed discharge it was felt that the governance around this fund should specifically lie with the IJB and that reports would be brought back to the IJB.

The use of this fund is detailed in the appendix but the key issue is the reduction of delayed discharge and the ability of the partnership thereafter to keep the level at the lowest possible value.

Appendix 2 compares the number of delayed in the RIE and the WGH (which has the most significant impact on both the overall system and the patients) in October 2016 and February 2017. It can be seen that the numbers have reduced significantly and work continues to support this trend and to keep these numbers down

3.3 Integrated Care Fund

The more significant ICF resource was based on the work started by the Change Fund but was enhanced to support all adults and not just older people. This resource was to allow the transformation of services to progress the movement of care from institutional based services into a community setting and to develop new operational care models. In Midlothian this resource has been used to support the whole partnership's work and not just the health element. This fund is seen as critical to supporting these change – it being the only 'new' resources available – and the governance lies with the IJB with a specific reporting requirement.

3.4 The work supported by the ICF has three main strands :-

- Admission Prevention
- Facilitating Early Discharge
- Intermediate Care

These strands reflect the interdependency between key areas of work to enable people to live well within their community. The broader policy emphasis remains focused on enabling care to be delivered closer to home and the workstreams within the ICF reflect this approach.

3.5 The investments through the ICF have also included a wider focus on addressing inequalities, early intervention and prevention, which reflects the ambitions of the IJBs Strategic Delivery Plan. A three year programme was agreed in 2014 for 2015/16, 2016/17 and 2017/18. Rather than detailing the range of investments from the original plans, an extract of the 2014 submission has been attached as appendix 3.

3.6 In going forward, there will be a further review during 2017/18 to determine the impact of the ICF and DD investments to better understand what needs to continue and what needs to stop in terms of delivering improved outcomes for the population.

4 Policy Implications

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

5 Equalities Implications

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

6 Resource Implications

6.1 The resource implications are laid out above

7 Risk

- 7.1 The issue of financial sustainability is already identified 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

9 Background Papers

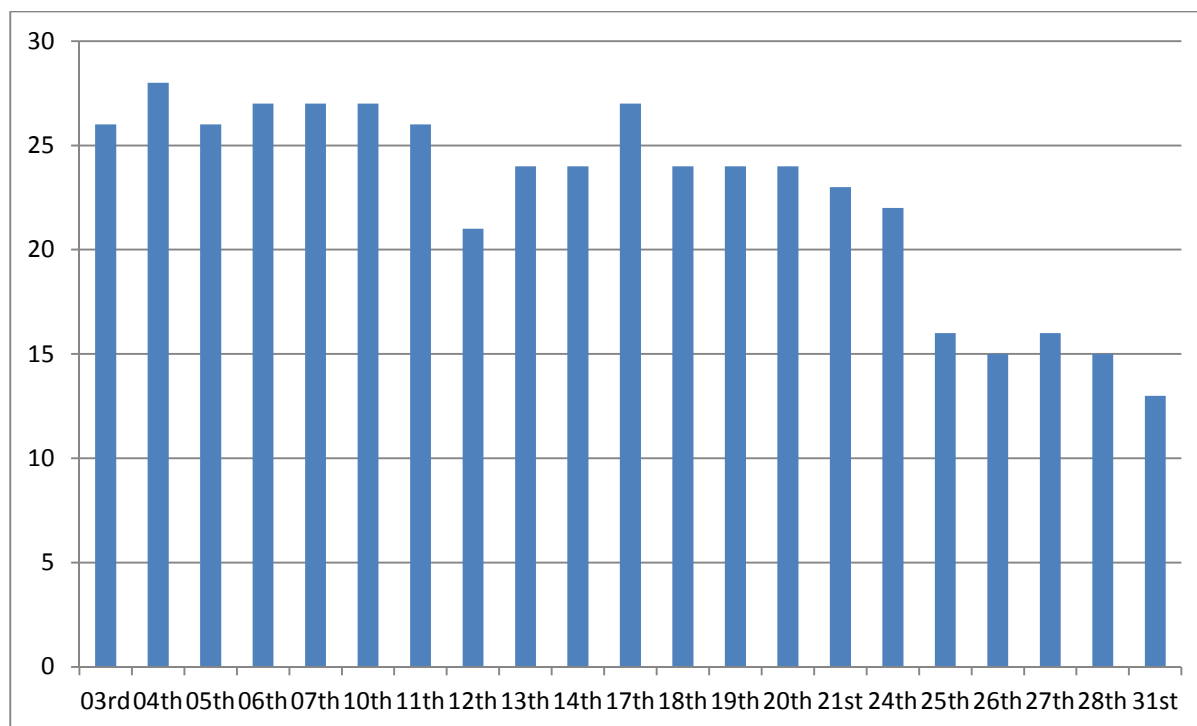
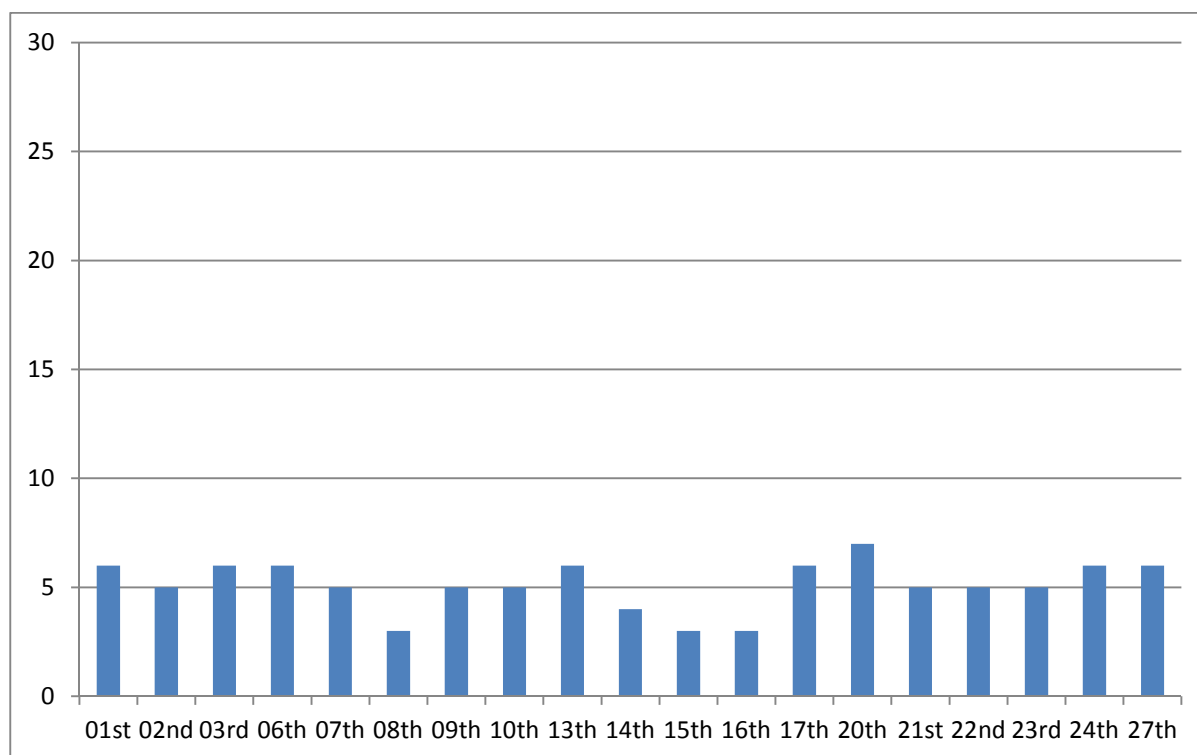
- 9.1 None

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	David.king@nhslothian.scot.nhs.uk
DATE	7 th April 2017

- | | |
|--------------------|--|
| Appendices: | <ol style="list-style-type: none">1. Delayed Discharges – October 16 and February 172. Extract from original ICF proposal3. Planned spend ICF and DD |
|--------------------|--|

Integrated Care Fund and Delayed Discharge - Programme for 2017/19

	ICF		Delayed Discharge	
	Partnership £000's	Vol Orgs £000's	Partnership £000's	Vol Orgs £000's
Supporting Early Discharge and Intermediate Care	374		263	35
Liberton Reprovision Work to Community Settings			84	
Social Work post	50		50	
Addressing Social Isolation		335		
Early Intervention and Prevention	88			
Technology Enabled Care	143			
Working with the Independent Sector	168	10		
Supporting Self-Management & Lifestyle Management	171	70		
To be agreed	31			
	1,025	415	397	35
Totals		1,440		432

Number of patients delayed in acute settings (RIE, Liberton & WGH)**October 2016****February 2017**

Integrated Care Fund Plan - Midlothian

The Midlothian Partnership has made significant progress in reshaping care for older people and will seek to build upon this in delivering improved outcomes for adults across health and social care. In considering the work achieved to date, we are very much aware that the impact of unscheduled care and the acute hospitals capacity to deliver high quality, targeted and timeous services depends upon community services avoiding inappropriate or avoidable admissions and ensuring the fastest possible discharge.

Likewise the effectiveness of community services depends upon good quality and timeous information from hospital staff. Any impediment to smooth working of the hospital has a direct impact on people from Midlothian who require acute hospital care.

Midlothian Partnership has a shared interest with the acute sector in maximising the efficiency of the hospital systems. In particular, we recognise that delayed discharge, even for a day, is in no-one's interests and that while we have consistently met our discharge target in recent years, we should all be working towards the complete elimination of delays in hospital. Furthermore, in looking upstream in the patient pathway, we are also keen to ensure there are a range of interventions which avoid unplanned admissions and A&E attendances.

There are three main strands to the work being delivered within Midlothian:

- Admission Prevention
- Facilitating Early Discharge
- Intermediate Care

We recognise that there is no silver bullet to solving the challenge of reducing unscheduled care but rather a range of evidenced based interventions which have an accumulative effect of ensuring people can be cared for in their own home or community setting.

In recent years we have been paying increasing attention to addressing social isolation of older people. The impact of isolation on physical and mental wellbeing and the consequent increased risk of admission to both hospital and care homes has been well demonstrated. The Change Fund has enabled the development of community services to increase social opportunities thereby reducing the risk of ill- health as well as supporting recovery following a period of hospitalisation. We are in no doubt that for long term sustainability of health and care services combating social isolation must be a key component of our strategy.

Balance of Care Initiatives

There are a range of actions going on locally to support the broader shift in the balance of care through increased capacity in primary and community care services.

- **Telehealth Strategy and Mobile Technology**

Telecare already supports 1,900 people in Midlothian providing the mechanism for early warning of problems and enabling early intervention.

- **Direct Support to Care Homes**

Through Change Fund monies a dedicated nursing advisor post has provided support and advice to independent care homes, in part to reduce the need for hospital admissions

- **Enhanced Rapid Response Service**

The enhanced service is being combined with the extension of working hours in the evenings and weekends when a higher proportion of hospital admissions take place

- **Falls Prevention and Support**

This service now provides an immediate response to 90 falls per month thereby reducing admissions to hospital

- **Midlothian Community Hospital**

Initial exploration for opportunities to shift care from Liberton to MCH and increased outpatient clinics to improve local access for key specialties

- **Hospital In-Reach**

Through the Change Fund a small team, including a Carers' Support Worker, has been in place for the past two years helping to pull people out of hospital.

- **Intermediate care beds at Highbank**

Five beds were made available in Highbank Care Home over the winter period to enable early discharge from hospital where a return home was not immediately possible

- **Support for people with dementia**

Development of a specialist dementia service involving senior staff across health and social care

- **Social isolation**

Local Area Co-ordination and Buddy Schemes in partnership with the Red Cross and VOCAL is supporting work around social isolation and also enabling easier discharge from hospital for those requiring low-level support.

- **Care at Home Capacity**

The care at home service is subject to a retendering process and budgetary allowances have been made to ensure the new providers give priority to staff retention.

- **Complex Care**

The Council has recently approved capital funding of £3million for the provision of purpose-built accommodation for adults with complex needs and learning disabilities. This will increase our overall capacity to reduce the incidence of delayed discharge for

complex coded patients.

Integrated Care Fund

In building on the work noted above, and following rigorous review and evaluation of Change Fund investments, we have identified a range of activities, interventions and service developments that will support the delivery of integrated health and wellbeing outcomes for adult health and social care. Whilst the focus of the ICF is on all adults, we also need to be aware that those over-65 still require dedicated support and services to enable them to live as independently as possible. There are clear links to the wider work designed to tackle health inequalities within Community Planning Partnerships, with a strong emphasis on preventing illness, disability and injury and staying healthy as well as supporting self-management. These build on the existing priorities of prevention, capacity building and localised access as set out in the Joint Health Improvement Plan.

The direction of work within the ICF is firmly embedded in the pathway work that is being taken forward by NHS Lothian, with clear alignment to both 'Hannah' and 'Scott', which recognises the need to take a person-centred approach to the delivery of care. In Midlothian, we are keen to further explore the House of Care model, using a whole-system approach to improve outcomes, with particular focus on enabling engaged, informed patients/service users to support personalised care planning.

The following sets out the context and direction for the Integrated Care Fund investment and highlights where the funding is being directed:

Supporting Self-Management and Lifestyle Management

A recurring theme from the community engagement work was help for supporting people to manage their own conditions better. Whilst we recognise this as an important issue, we also need to recognise that this requires people to have the capacity, resilience and skills in order to do this effectively. In using an assets-based approach, there will be further work done through an increased focus on lifestyle management, using the model developed by the Thistle Foundation and currently being delivered by Occupational Therapists in Midlothian through 'Living Life to the Full'. A further 2 Occupational Therapists will be employed to take forward this programme on a locality basis, aimed at those aged under 65 years with a long-term condition in order to support their self-management. This work will place the person at the centre, working with them to draw upon their own assets, including themselves, family & carers and the wider community.

We also know from the evidence that case management and care co-ordination have a key role to play in reducing unplanned admissions and the recent GP access survey results suggest that care co-ordination in Midlothian could be improved. In response, 2 Public Health Practitioner posts will be created to take on the co-ordination of care across all sectors as well as undertaking a case management role. To achieve greatest

impact, these posts will be focused on areas of multiple deprivation in Midlothian, where we know there is most need. This will ensure closer working with primary care and local pharmacists to explore ways of working more effectively with those with co-morbidity. A key initial focus will be on COPD, given the high incidence of this within Midlothian. We will build on a previous small pilot by Newbattle Medical Practice, who contacted all those aged between 55 and 75 to come for COPD screening. This approach identified an increased number of patients with COPD but also managed to signpost them in the direction for help, including increasing access to smoking cessation. This will be rolled out across all GP Practices in Midlothian during 2015/16.

Addressing social isolation

In discussion with health and social care professionals and third sector partners, social isolation remains a key issue and not just for older people. It is clear that people with mental health issues and/or substance misuse can feel isolated from their community, with limited or no peer support networks available. It is proposed to build on success of the Local Area Co-ordination model already in place in Midlothian to expand the services to include those under 65 with multi-morbidity. There is already a well-established LAC provision for people with a learning and/or physical disability as part of core investment, which will connect to wider LAC network. This work will be taken forward in partnership with British Red Cross, Volunteer Centre and Midlothian Voluntary Action. A key emphasis will be on developing peer networks and small grants will be made available to local groups to support some of this work as well as investment in full-time members of staff from the third sector to act as a catalysts and connector across localities.

The role of carers has consistently been at the forefront of work in Midlothian, with established partnerships with VOCAL and Alzheimer Scotland. This will continue through the ICF and we would seek to build on the local work undertaken across Midlothian through day centres and with ongoing emphasis on carers who are supporting someone with dementia. The model of care we aspire is to support those with dementia in their own home or community setting, which will require increased support for carers and families. This work will link closely to the Dementia Demonstrator Project in Midlothian and the developments we are taking forward as part of the 8 Pillars Work in partnership with Alzheimer Scotland.

Early Intervention and Prevention

In working with people to manage their own conditions, we also need to consider what more can be done to avoid or at least reduce the impact earlier in the patient pathway. To take this forward, the plan is to build on the Football Fans model used successfully with professional football teams and to work with local amateur teams in Midlothian,

many of whom have strong connections to the local community but who also have fans of a similar health and age demographic as the professional. In using this model, we will seek to address the health behaviours whilst also training the coaches to ensure a legacy and sustainability to the approach. This will form part of wider work in looking at diet, diabetes and exercise, supported by additional investment in Midlothian Active Choices and Ageing Well, all of which have linked to the wider work around reducing Falls.

In taking a pathway approach with orthopaedic rehabilitation, through a piece of work undertaken as part of the AHP National Delivery Plan, we have identified an opportunity to test out a 'discharge to assess' model for patients within acute hospital requiring rehabilitation. It is proposed to pilot a model which would allow patients to be discharge directly from acute setting to home, where there orthopaedic rehabilitation would then be delivered. This will avoid a further move in the hospital and will allow patients to begin their recovery within familiar settings, further aiding their recovery – this earlier discharge will also reduce length of stay and may also reduce the level of ongoing care required.

Technology Enabled Care

We have also taken the opportunity to connect our activities outlined in the ICF Plan to the recent application to the Technology Enabled Care fund, with an emphasis on self-management and greater use of technology to support localities and communities. This will build on the established telehealthcare arrangements in place within Midlothian, which would be continued through the ICF as it presents opportunities to look at a different client group who would benefit from telehealthcare.

Supporting Early Discharge and Intermediate Care

Whilst many of the activities noted above are directly aimed at supporting those with long-term conditions and co-morbidity, we have also recognised the need to ensure that we continue to do work on admission prevention, supporting early discharge and having intermediate care in place to support rehabilitation and assessment. The current model of dedicated hospital in-reach staff has been very much welcomed by the acute hospitals and has been a key factor in the Midlothian Partnership achieving 0 delays over 2 weeks at Census over the previous 2 months.

This will be further augmented by establishing a single point of contact through which hospital discharges will be co-ordinated in Midlothian in order to further reduce occupied beds days. However, we also know we need to do more in terms of patients requiring guardianship and this will be a focus for the Partnership over the coming months. A further development will be to create an additional 7 beds within Highbank to allow for an

increase in assessment and rehabilitation within a community setting and staffing associated for this will be funded through the ICF.

Working with the Independent Sector

The role of the independent sector is important for the Partnership in delivering its outcomes for our population. There is currently a process underway to retender the care at home contracts, with increased emphasis being placed on staff training, support and supervision to address issues of staff retention as we are very aware of the value of continuity of carer by those using the service. We have also embarked on an extensive programme of work with care homes, which has included funding video conferencing facilities to aid training and support as well as dedicated input from an experienced nurse to the care homes. There is still work to be done and through support of the independent care home providers, we will look to build on this over the coming year, with a focus on working with them to support residents with more challenging and complex behaviours. A further area of development has been with our extra care housing, working with the local housing associations to look at what more can be done to allow people to remain supported in their own tenancy.

Strategic Alignment in Midlothian

The main focus of the activity noted above will deliver improved outcomes in-year and lay the foundations for future work to be driven through Strategic Commissioning however there is also a need to be mindful of the change that can be delivered within a limited timeframe. In terms of the long term sustainability of investments, the ICF will allow us to adopt a test of change concept to look at effective ways of supporting those with multi-morbidity in order to reduce future demand on services at point of crisis or medical intervention. This approach will identify areas for future investment and will need to be driven by a shift in resource from secondary to community care to ensure sustainability going forward. There has been previous success in using external investment such as the Change Fund to leverage resources from elsewhere and this will be continued through the Integrated Care Fund. This will include alignment with possible funding from Transforming Care After Treatment, the House of Care pilot with Scottish Government and Thistle Foundation

The ICF has built on the locality model, recognising the important contribution of local assets including volunteers and existing community networks. The development of the Strategic Commissioning Plan has been supported by data and evidence from Public Health in NHS Lothian. This information has been used to direct and guide how resources will be focused through the ICF on the areas of greatest need in Midlothian. Whilst the areas of multiple deprivation are well known within Midlothian, we are also aware that given the relatively small population groups within the local towns, pockets of

deprivation can be overlooked. The data tells us that compared to other parts of Lothian, Midlothian has the lowest number of people living in the least deprived SIMD quintiles as a proportion of local population. In terms of localities, the approach in Midlothian has been to split the area in to East and West for the purpose of forming clusters for primary and community care services and this will be further tested through the development of the Strategic Commissioning Plan and deliver of the Integrated Care Fund Plan.

The production of the Strategic Commissioning Plan and Integrated Care Fund Plan has built on the principles of co-production in the design and delivery of new ways of working, with consultation and engagement with communities, community groups, staff and third sector partners. Further details of the engagement process is attached in appendix (i).

The key issues identified from engagement with the public were:

- Reducing isolation – peer support
- Being able to manage conditions better
- Knowing where to go for support
- Holistic, co-ordinated, person-centred care
- Local access to services
- Follow-up care for people with long-term conditions
- More support for neurological conditions

There was also strong emphasis amongst third sector partners on the value of supporting peer networks, reducing social isolation, building community capacity and recognising the benefit of having small amounts of funding available to support community action.

Performance Reporting

There is an already established reporting mechanism in place related to the Reshaping Care for Older People Change Fund and this will be used and developed to enable the Partnership to produce a progress report for local and national publication in mid-2016. In terms of governance, it is proposed that the emerging Strategic Commissioning Group will take on this role for overseeing the delivery of the Integrated Care Fund Plan, with clear reporting mechanisms to the Integrated Joint Board, Community Planning Partnership, NHS Lothian and Midlothian Council.

Whilst there will be emphasis placed on using agreed existing measures to demonstrate progress, such as reducing emergency and unplanned admissions, delayed discharge, occupied bed days, etc. we are also keen to explore more person-centred measures and self-reported measures of progress. This will be taken forward over the coming months to establish appropriate mechanisms for capturing this data and we are working with ISD Scotland on this development. Through this work, we will also seek to make more effective use of the Integrated Resource Framework to show investment and impact

across health and social care. We are building on a fairly advanced model of using personal outcome approaches in Midlothian and have further developed CARE measures through our Occupational Therapy practitioners to better capture progress in terms of self-reported outcomes through self-management. These will form the basis of the performance reporting mechanisms for the Integrated Care Fund and will then be used to take forward the Strategic Commissioning Plan.

Future Direction

The activities and workstreams within the Midlothian ICF Plan will support delivery of the aim for 2020 that all adults with multiple conditions are supported to live well and experience seamless care from the right person when they need it and, where possible, where they want it. This builds on the future direction of care in Midlothian through the drive to redesign local services, such as Midlothian Community Hospital, to be more responsive to meet local needs through the provision of increased access to diagnostics, rapid access clinics and therapy services.



Thursday 20th April 2017 at 2.00pm

Social Care Fund – Update 2016/17 and proposition for 2017/18

Item number: 5.3

Executive summary

As part of the 2016/17 financial settlement the Scottish Government announced the creation of the social care fund. This was a resource which was to be allocated to integration authorities to support the development and delivery of social care. The IJB agreed with Midlothian Council on the use of this social care fund as part of their acceptance of the 2016.17 budget and this agreement was further revised at the IJB's meeting of August 2016. This report lays out the actual use of the 2016/17 social care fund in comparison to the agreement.

The 2017/18 settlement included a second tranche of the social care fund which was largely designed to tackle the issues of the delivery of the living wage which had not been fully addressed from the 2016/17 allocation. The report also proposes the use of the 2017/18 social care fund.

Board members are asked to:

- 1. To note this report*
- 2. To support the proposed use of the social care fund in 2017/18*

Social Care Fund – Update 2016/17 and proposition for 2017/18

1 Purpose

- 1.1 This report updates the IJB use of the social care fund for 2016/17 and makes a proposition for its use in 2017/18

2 Recommendations

- 2.1 The IJB is asked to :-
- Note the contents of this report
 - Support the proposed use of the social care fund in 2017/18

3 Background and main report

- 3.1 The Scottish Government announced the social care fund as part of its 2016/17 budgetary settlement. This resource was to be allocated to Integration Authorities for the support and development of social care services. The Deputy first minister issued further clarification in January 2016 which further explained that half of the fund should be used to support pressures in the system including the delivery of the living wage and half to support 'additionality' including pressures arising from demography and also address a change in charging thresholds.
- 3.2 Midlothian share of the Social Care Fund (SCF) is £3,470,000 and the IJB agreed the use of the SCF with Midlothian Council which was in line with the ambitions of the DFM's letter. At its August 2016 meeting, the IJB agreed to a revised position which took into account the greater than projected costs of delivering the living wage. That said, more than 50% of the social care fund was still targeted against 'additionality' in that plan.
- 3.3 Although the final financial out-turn for 2016/17 is not yet available MLC have provided a projected out-turn against the SCF in 2016/17. At its March 2017 meeting, it was reported to the IJB that because of slippage in some of the additional projects and developments there was a projected underspend within the SCF. These funds had been used to underpin pressures elsewhere in the Midlothian social care system.

- 3.4 Appendix 1 lays out the projected out-turn for the SCF in 2016/17 and compares that to the revised use of the fund as agreed by the IJB in August. The main area of slippage lies in the further development of MERRIT although the costs of relaxing the charging thresholds are not as great as first considered and this has allowed further capacity to support the system.
- 3.4 As was discussed above, the Scottish Government has made a further tranche of social care fund available in its 2017/18 settlement. This second tranche (£107m on a national basis) is divided into two elements - £100m to cover the full year effects of delivering the social care fund, of providing uplift for the living wage in 2017/18 and for stabilisation and sustainability for the providers as appropriate. And a second element of £7m being £5.0m to support the costs generated by removing veterans pensions for the financial assessment for services and £2.0m to support the preparation for the carers bill. The element for Midlothian Council is £1,460,00 of which £10,000 is for veterans and carers development.
- 3.5 Appendix 2 takes the agreed position for 2016/17 as a base and, having addressed the living wage considerations, makes a proposition for the use of the SCF in 2017/18.
- 3.6 A further report on what the 'additionality' element of these investments have delivered in 2016/17 will be presented to the IJB at its June meeting once the final information is available.

4 Policy Implications

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

5 Equalities Implications

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

6 Resource Implications

- 6.1 The resource implications are laid out above

7 Risk

- 7.1 The issue of financial sustainability is already identified 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

9 Background Papers

- 9.1 None

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance officer
CONTACT INFO	David.king@nhslothian.scot.nhs.uk
DATE	6 th April 2017

- | | |
|--------------------|---|
| Appendices: | 1. 2016/17 Out-turn
2. 2017/18 Proposals |
|--------------------|---|

Analysis of the use of the Social Care Fund - 2016/17 projected out-turn

Pressures	Agreed at 30/6/16 £000's	Projected Out-turn £000's
Review of pay, grading and NI costs (MLC Staff)	355	355
NCHC - 2.5 % - Initial model	205	205
NCHC - move to 6.4% from October	165	165
NCHC - 15/16 recurrency	147	147
Living wage for providers	470	470
Newbyres - Pressures	250	300
Recurrent funding for 2015/16 quality of care allocation	69	69
Support operational pressures		266
	1,661	1,977
Additionality		
Demographic Increase - Community Care	610	610
Demographic Increase - packages into adulthood	250	250
Highbank review	19	
Newbyres - add'n dementia beds	250	300
MERRIT (extend capacity)	285	38
Hospital to home team	165	165
Review team	150	150
Increase to charging thresholds	200	100
	1,929	1,613
Total Allocation	3,590	3,590

Projected utilisation of the Social Care Fund 2017/18

	Agreed at 30/6/16 £000's	FYE £000's	Projected 2017/18 £000's
Pressures			
Review of pay, grading and NI costs (MLC Staff)	355		355
NCHC - 2.5 % - Initial model	205		205
NCHC - move to 6.4% from October	165	165	330
NCHC - Uplift for 17/18		242	242
NCHC - 15/16 recurrency	147		147
Living wage for providers	470	470	940
Living wage 2017/18 uplift		19	19
Newbyres - Pressures	250	50	300
Recurrent funding for 2015/16 quality of care allocation	69		69
Living Wage - Stabilisation		131	131
	1,661	1,077	2,738
Additionality			
Demographic Increase - Community Care	610	232	842
Demographic Increase - packages into adulthood	250	200	450
Highbank review	19	-19	0
Newbyres - add'n dementia beds	250	50	300
MERRIT (extend capacity)	285	10	295
Hospital to home team	165		165
Review team	150		150
Increase to charging thresholds	200	-100	100
	1,929	373	2,302
Total Allocation	3,590	1,450	5,040

NB - Does include the funds for Veterans or Carers support (£10,000)



Thursday 20th April 2017 at 2.00pm

Developing a three year financial strategy

Item number: 5.4

Executive summary

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

This paper reflects on the potential size of the financial challenges facing the IJB based on a series of assumptions and then considers how these challenges can be managed whilst supporting the delivery of the IJB's strategic plan.

Board members are asked to:

1. *Note the contents of the paper*

Developing a three year financial strategy

1 Purpose

- 1.1 This report lays out a projection of the financial challenges that will face the IJB over the three years commencing 2018/19 and considers how the IJB might manage that challenge whilst delivering the ambitions articulated in its financial plan.

2 Recommendations

- 2.1 The IJB is asked to :-
- Note the contents of this report

3 Background and main report

- 3.1 In principle, the IJB should have a three year financial plan which will describe the resources to be used to deliver its strategic plan. Although a great deal of work has been undertaken to develop this there have been three keys to this which require to be addressed :-
- An agreed baseline budget for the IJB
- A multi-year settlement for the partners to allow them to propose a multi-year budget to the IJB
- Fully costed models to articulate :-
- The cost of the new service models
 - The releasable resources from the closure of previous service models
- 3.2 To consider each of these elements in turn :-
- An agreed baseline budget for the IJB
- The financial assurance reports for both 2016/17 and 2017/18 reflected that, whilst the IJB understood and accepted the model used by the partners to generate the IJB's budget, the IJB did not consider this a final position. Especially in the health budgets where there are pan-Lothian services that require to be shared amongst the IJBs in the Lothians further work is require to finally assure the IJB that its share of the pan-Lothian resources is fair and that an appropriate model can be designed to reflect any changes in the population balance across the Lothian IJBs. This work is slightly confused by changes in the operational management of services and the movement of the management and delivery of some pan-Lothian services into the partnership, although the IJB would support the principle of locally managed and delivered services. That said,

its likely that this work will confirm the baseline rather than change it significantly. A report will be brought back to the IJB later in the financial year.

Multi-year settlement for the partners

In principle, the Scottish Government should make a three year (or even five year) financial settlement available to the partners who can then make a similar settlement available to the IJB. In both 2016/17 and 2017/18, the Scottish Government has made a one year settlement and although the Partners (especially the Council) make indicative multi-year settlements these are not definitive positions. The Scottish Government are planning to make multi-year settlements in future and both partners are committed to providing such information to the IJB to allow it to develop a multi-year financial plan as above.

Costed models

Its clear that the current service models require to be changed – both the financial and human resources to deliver these models are no longer available. The IJB is committed to wholly integrated, multi-disciplinary teams whose goal is to deliver the appropriate care in a community setting to individuals and their carers. This is very different from the differentiated services which are dependant on institutional based care which are currently provided. The IJB has supported the Partnership who are working to deliver this new model and much new development and change has already taken place. However the challenge is to move at pace on this change and the challenge from a financial modelling point of view is to understand what the new model would costs and what will be released to support that cost from the current models. This work requires to be further developed.

3.3 Financial Challenge – 2018/19, 2019/20 and 2020/2

A model illustrating the financial challenges in the three years starting 2018/19 has been developed. This is based on a set of assumptions :-

- That the IJB can break-even in 2017/18 and achieve its efficiencies recurrently
- That the uplift available to NHSIL in 18/19 is zero, and in 19/20 and 20/21 is 1%
- That the SCF is recurrent at the 2017/18 level but that there is no new SCF
- That any further investments (e.g. Primary Care) are matched by equal expenditure
- That the pay awards are 1%. the NCHC contract is uplifted by 2.8% and the living wage rises by 2%
- That Midlothian Council actions its outlined efficiencies

It should be emphasised that these are simply assumptions and that neither partner has formally struck a position for 2018/19 nor any future years at this time. The model also assumes that any efficiencies that require to be achieved in the financial year are achieved and therefore there is no carry forward of unmet efficiencies. Clearly there is also no recognition of any further investments that the IJB will require to make as populations change and there is a presumption that operational change can happen within this financial envelope.

- 3.4 Using these assumptions, and basing the starting position on the IJB's 2017/18 opening budget gives the following :-

	2018/19 £000's	2019/20 £000's	2020/21 £000's
Baseline	123,728	122,228	121,413
Adjustments			
NHSIL Uplift	0	685	692
MLC Budget	-1,000	-1,000	-1,000
Change to baseline	-1,000	-315	-308
Add'n Pressures			
Pay Uplift NHS	407	411	415
Pay Uplift MLC	130	131	133
Living Wage Uplift	19	19	20
Demographic pressures	500	500	500
NCHC	240	242	245
GP Prescribing	980	980	980
Total Pressures	2,276	2,283	2,293
Net Position	-3,276	-2,598	-2,601
Percentage	-2.65	-2.13	-2.14

- 3.5 The most significant pressure remains the growth in the costs of delivering medicines to patients in the community. Midlothian has led on the development of de-prescribing programmes which reflect the principle that health care has become 'over medicalised' and that more is not necessarily better. In some cases more is worse and in many cases much is not efficacious.
- 3.6 As was discussed above, the IJB was presented with a financial strategy paper in October 2016. This laid out the broad principles for service redesign and gave some operational examples. Its worth re-emphasising that redesign has to place not only to continue to improve the care provided to the community that the IJB services but also to recognise that, as laid out above, the financial resources available to the IJB (in real terms) will decrease in this three year period.

4 Policy Implications

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

5 Equalities Implications

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

6 Resource Implications

- 6.1 The resource implications are discussed above.

7 Risk

- 7.1 The issue of financial sustainability is already identified 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

9 Background Papers

- 9.1 Referenced above.

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	David.king@nhsllothian.scot.nhs.uk
DATE	6 th April 2017

Appendices:	None
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Thursday 20th April 2017 at 2.00pm

Measuring Performance Under Integration

Item number: 5.5

Executive summary

The purpose of this report is to recommend that the IJB agree to the local improvement goals for the indicators agreed by the Ministerial Strategic Group for Health and Community Care in December 2016.

Board members are asked to:

- **Approve the IJB performance goals for five of the six indicators agreed by Scottish Government.**
- **Agree whether the performance goal to reduce Occupied Bed Days should be 15% or 10% by April 2019**
- **Note the sixth proposed goal and that further information is required in Midlothian before the IJB can agree to it.**

Measuring Performance Under Integration

1 Purpose

- 1.1 The purpose of this report is to recommend that the IJB agree to the local improvement goals for the indicators agreed by the Ministerial Strategic Group for Health and Community Care in December 2016.

2 Recommendations

- 2.1 The IJB is asked to:

- 2.2 Agree to following local improvement goals:

- Reduce unscheduled admissions by 5% by September 2018
- By April 2018 over 95% of patients attending A&E via GP referral or Ambulance are treated within 4 hours by April 2018
- By April 2018 over 87% of patients who are subsequently admitted into hospital are treated in A&E within 4 hours.
- Maintain the current number of patients using A&E (ongoing).
- Reduce the delayed discharge occupied bed days by 30% by April 2018
- No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018
- Reduce by 10% by April 2018 the number of OBD in the RIE/WGH during the last six months of life

- 2.3 Decide whether the goal to reduce unscheduled hospital occupied bed days should be 10% or 15% by April 2019.

- 2.4 Note that the following proposed local improvement goal requires further information before it can be approved by the IJB:

- Reduce the percentage 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 6.6% by *date to be determined*.

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

3 Background and main report

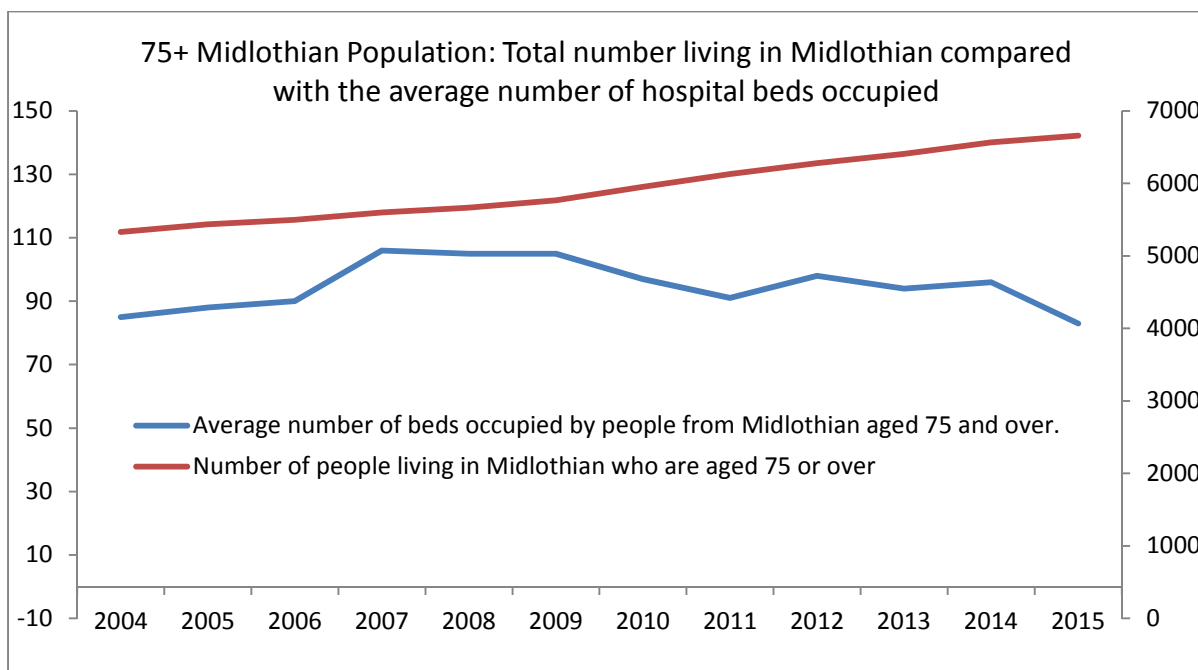
- 3.1 The Ministerial Strategic Group for Health and Community Care has agreed that IJB performance will be tracked across: unplanned admissions; occupied bed days for unscheduled care; A&E performance; delayed discharges; end of life care; and the balance of spend across institutional and community services.
- 3.2 Scottish Government has invited all IJBs to set local goals for each of the indicators. The context for the improvement objectives is the IJB Strategic Commissioning Plan and the IJB's Directions that are issued to NHS Lothian and Midlothian Council. The three products are interdependent – the Strategic Commission Plan sets the vision for change in Midlothian, the Directions describe the actions to work towards this vision and the indicators will demonstrate progress of the actions and towards the vision.
- 3.3 The purpose of the integration of health and social care and the establishment of Integration Joint Boards is to drive forward the changes required that have not been possible to achieve under previous governance and organisation configurations.
- 3.4 The IJB must be ambitious in the scale and pace of change it demands across the system. The rapid demographic change and the current overreliance on hospital-based care are incompatible. The IJB must provide strong leadership through its vision and directions. The performance improvement goals quantify the scale and pace that the IJB requires Midlothian Council and NHS Lothian to deliver.
- 3.5 The proposed local improvement goals for Midlothian have been discussed with the H&SCP Joint Management Team and the IJB Strategic Planning Group and have attempted to strike an appropriate balance between caution and ambition.

4 Setting the local performance indicators

- 4.1 The goals will each express a percentage change and the timeframe for when this is expected to be achieved. A baseline will be used to measure the percentage change. For most goals the baseline will be set using the last two years of complete data.
- 4.2 Information will come from several sources. ISD Scotland will provide most of the information required for the IJB's indicators but supplementary information will be required locally from NHS Lothian and Midlothian Council.
- 4.3 The baselines used in this report may change because work is underway to ensure a consistency across IJBs to allow for comparison. In some circumstances the systems used to extract the data are established but still require quality assurance and local data.

5 Setting the Targets

- 5.1 The IJB will set its local improvement goals. To assist with this advice has been sought from the H&SCP JMT members on appropriate goals based on the collective knowledge of the local health and care system and the impact that different actions may have on each goal.
- 5.2 There is a risk that using historical data to set a benchmark to set a future goal will fail to take into account the significant demographic change driving particularly by an ageing population and increasing prevalence of multiple long term conditions. However there is not a direct correlation between the demographic change and hospital utilisation as the following graph demonstrates.



6 Prioritising Action

- 6.1 The IJB will receive quarterly reports on progress to achieve the local improvement goals. This information will be presented at a Midlothian-level with supplementary detail as when requested or required. To achieve the objectives it is necessary to understand in more detail the characteristics of the patients using hospitals and care homes (the two parts of the health and care system that the performance goals are focussed). There will be several actions focussed on specific patient groups that will collectively contribute towards each improvement objective.
- 6.2 It is expected that the following characteristics of patients will be analysed to help identify the actions that change how Midlothian people use hospitals and care homes:
- Deprivation
 - General Practice where patient is registered
 - Patient Age

- Reason for admission
- The frailty of the patient
- Patient Community (physical geographical communities and communities of need)

7 Draft Local Improvement Goals

- 7.1 It is up to the Integration Joint Board to determine its improvement goals for the six indicators identified by Ministerial Strategic Group for Health and Community Care. This means that there is scope for the IJB to agree the percentage change expected within the indicator and the timeframe for this to happen.
- 7.2 The following improvement goals have been discussed within the Midlothian H&SCP and are based on an assessment of the impact of expected interventions over the next two years. All are a challenge to achieve but are also realistic.
- 7.3 In all goals the baseline used requires review by the analytical support provided to the H&SCP by ISD Scotland. Further work is then required by the H&SCP to determine the trajectory to achieving each goal.

7.4 Reduce unscheduled admissions by 5% by September 2018

There are circa 700 unscheduled admissions per month into hospital of Midlothian residents. A 5% reduction equals 35 fewer admissions. It is expected that improvement can be made with fewer admissions from care homes, from patients admitted with potentially preventable admission (i.e COPD or diabetes) and admissions relating to a fall. The expansion of the MERRIT hospital at home service is an example of one action that will reduce admissions.

7.5 Reduce unscheduled occupied bed days by 10% or 15% by April 2019

There are circa 5,200 occupied bed days (OBD) per month used by Midlothian residents. This is equal to 170 beds per day. A 10% reduction equals 520 fewer OBD per month or 17 fewer beds per day. A 15% reduction equals 25 fewer beds per day.

There is not a consensus within the H&SCP JMT about this goal. There is one view that 10% is a more realistic goal. There is another view that the IJB should be more ambitious in reducing hospital activity and this goal should be set at 15%.

This issue will be discussed at the Strategic Planning Group on the 10th April and the outcome of this discussion will be reported verbally to the IJB.

The IJB voting members are required to make a decision about this goal.

7.6 By April 2018 over 95% of patients attending A&E via GP referral or Ambulance are treated within 4 hours by April 2018

- 7.7 By April 2018 over 87% of patients who are subsequently admitted into hospital are treated in A&E within 4 hours (currently performance for this group is 82%)**
- 7.8 Maintain the current number of patients using A&E (ongoing). Currently A&E activity is increasing, particularly among the patients who have self-referred to A&E.**

There is a single performance target where all patients are treated within 4 hours. It is expected that most other IJB areas in Scotland will adopt this and it is possible that Midlothian IJB is the only one that does not because it is a well established HEAT target.

The rationale for not including an overall target for all A&E activity is because there is a risk that focusing on this target is counterproductive to the ambition of the IJB: There are people in Midlothian who are choosing to use A&E for reasons that a GP is better placed to treat. It is not completely understood why this is happening but it will include a combination of reasons including real and perceived issues of accessing a GP and the potential convenience of attending A&E instead of waiting for a GP appointment.

The IJB should encourage action to reduce inappropriate use of A&E and therefore focus attention on the patients who need to attend. This is difficult to do and a proxy for this is to focus on GP referrals to A&E (which research at the RIE A&E department has identified are appropriate), patients admitted by Ambulance (because they have been a clinical assessment by the ambulance team, and patients who were subsequently admitted (who were clinical assessed and identified as requiring hospital care).

- 7.9 Reduce the delayed discharge occupied bed days by 30% by April 2018**

The worked planned in Midlothian to reduce the impact of delayed discharges on patients and large hospitals includes: the development of the hospital in-reach team; the reprovision of post acute rehabilitation care from Liberton to the Midlothian Community Hospital; and the development of the reablement service.

- 7.10 No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018**

There are circa 762 OBD per month by Midlothian residents with a delayed discharge. This equates to 25 beds each day. A 30% reduction equals 228 fewer OBD or 7 fewer beds each day. There will be an interim goal of a 12% reduction in OBD by September 2017.

- 7.11 Reduce by 10% by April 2018 the number of OBD in the RIE/WGH during the last six months of life**

There are circa 872 OBD per month or 28 beds per day used by a patient within their last six months of life. A 10% reduction equals 87 fewer OBD per month or just under 3 beds per day.

7.12 Reduce the percentage 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 6.6% by TBD

Further work is required on this improvement goal to confirm the level of change that can be achieved within Midlothian. The data source is under review and target will be set once data verified. The percentage goals included are the average across Scotland and Midlothian is currently above average.

8 Policy Implications

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

9 Equalities Implications

- 5.1 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.
- 5.2 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.
- 5.3 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.

10 Resource Implications

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

11 Risk

- 11.1 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

12 Involving people

- 12.1 The Strategic Planning Group has been consulted.

Author's Name	Jamie Megaw
DESIGNATION	Strategic Programme Manager
CONTACT INFO	07872 420 872 or Jamie.megaw@nhslothian.scot.nhs.uk
DATE	31/3/2017



Thursday 20th April 2017 at 2.00pm

General Practice Strategic Programme – planned action in 2017

Item number: 5.6

Executive summary

This paper describes the framework of the General Practice Strategic Programme and the actions planned in it in 2017.

- 1 General Practice expansion
- 2 LEGup Support for list size growth
- 3 Midlothian wide Practice Catchment review
- 4 S75 Policy development on House Building
- 5 *Do I need to see a GP?* communication project
- 6 Collaborative Leadership in Penicuik
- 7 Out of Hours Services Review
- 8 Organisation Change and People Development within Practice teams
- 9 Advanced Nurse Practitioner training
- 10 Develop the role of Advanced Physiotherapy within practice teams. During 2017 a new physiotherapy role will be developed and piloted in Midlothian initially working within Pathhead, Strathesk and Newbattle Practices
- 11 Extending the provision of practice-based pharmacist and pharmacy technician support.
- 12 Embed the Wellbeing Service in 8 health centres and evaluate the impact of the service
- 13 Develop the eFrailty index
- 14 Improving the Patient Experience
- 15 Implementing the Midlothian Prescribing Action Plan

General Practice Strategic Programme – planned action in 2017

1 Purpose

- 1.1 To inform the Integration Joint Board of the intended focus of work in 2017/18 to progress the Midlothian General Practice Strategic Programme.

2 Recommendations

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

3 Background and main report

- 3.1 The Midlothian Health and Social Care Partnership have developed a primary care strategic programme to support, stabilise and develop primary care services in Midlothian. A draft programme was presented to the IJB in November 2016.
- 3.2 The programme will adapt over time to respond to new pressures or opportunities and continue to be shaped by clinical and public views. There is an ongoing programme of engagement with community groups of interest and with general practices.
- 3.3 The purpose of this paper is to inform the Integration Joint Board of the work that is planned in 2017/18 within this programme to support, stabilise and develop primary care services in Midlothian.
- 3.4 General Practice is currently facing considerable capacity and sustainability challenges caused by a combination of patient factors, system factors and supply factors. In Midlothian over half the practices are operating with restricted lists as a result of increasing demand.

4 Midlothian General Practice Strategic Programme

4.1 The GP Strategic Programme provides a structure to coordinate and prioritise the work to support General Practice to meet the needs of patients. The programme will be updated and refined to respond to new challenges or opportunities. It is not helpful to have a fixed long term strategic plan for primary care because pressures on the system and the landscape will evolve over time and Midlothian needs a programme that can remain agile to respond.

4.2 The programme has two aims and seven identified improvement areas:

4.3 Strategic Programme Aims:

Aim 1: Make General Practice in Midlothian sustainable and resilient to current and future demand.

Aim 2: Better Care for Individuals, better health for populations, lower per capita cost.

4.4 Strategic Programme improvement priorities:

- Reduce the workload on existing practice teams
- Culture Change and People Development
- Redefining the relationships required for collaborative working between practice teams and other health, care and voluntary services
- Create multidisciplinary capacity within General Practice
- Reduce per capita cost of healthcare
- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of the population

5 Planned Primary Care Developments in Midlothian in 2017/18 and 2018/19

The following are the actions planned in Midlothian to support and stabilise general practice in Midlothian.

5.1 Reduce the workload on existing practice teams

5.1.1 General Practice expansion

5.1.1.1 The Midlothian H&SCP has assessed the impact from house building in Midlothian and taken action to increase capacity of general practice and reduce the financial impact. The following developments are planned which will increase the capacity of general practice in Midlothian by between 7,300 and 8,300 patients or between 9% and 11% of the existing total practice list number in Midlothian.

- Newtongrange Clinic established in 2017.
- Newbyres practice building will be upgraded in 2017/18.
- Loanhead Health Centre will move in 2017 onto the new community school campus.

- 5.1.1.2 In addition an expansion to Danderhall Medical Centre is planned for 2019 which will allow this practice to double capacity to 6000 patients.
- 5.1.1.3 This new capacity will accommodate the predicted population growth in Midlothian over the next four or more years. Further work is required working closely with the Midlothian Council Planning to identify future requirements for additional capacity. For example, a new practice will be developed in Shawfair town centre around 2024 to accommodate a further 10,000 patients.
- 5.1.1.4 Impact of Loanhead expansion and Newtongrange Clinic**
- 5.1.1.5 These developments will jointly benefit the patients and existing practices in the Bonnyrigg area. Newtongrange will also benefit Pathhead, Newbyres, Newbattle and Dalkeith Practices. It is expected that this development will reduce pressure on the practices operating with a restricted list allowing the practices to reopen later this year. However, we remain mindful of the current GP recruitment challenges, which may continue to impact on practices being able to open their lists.
- 5.1.1.6 In discussion with Practices within Bonnyrigg, it has become apparent that a significant number of patients reside in Loanhead. Therefore, the H&SCP will work with all practices listed to coordinate the public communication and transfer of patients between practices. Patients do not have to change practice unless the patient has moved to a new dwelling that is outside the boundary. The practices with restricted lists will write to all patients who are living outside their boundary but within the Newtongrange or Loanhead practices offering the patients the opportunity to move practice.

5.2 LEGup Support for List Size Growth

- 5.2.1 List Extension Growth Uplift (LEGup) is a funding stream managed by the Primary Care Contracts Organisation and overseen by the Primary Care Joint Management Group. This aims to “....encourage structured and supported growth of GP Practices.” The scheme provides a number of one off, non-recurring payments of £25,000 to support planned list size growth.
- 5.2.2 Midlothian’s pro-rata share of the Lothian LEGup is one per year. It is intended in 2017/18 that this will contribute to the development of the Newtongrange Clinic. The expansion of Loanhead Medical Practice requires a further LEGup and it is proposed that the Midlothian H&SCP directly funds a further LEGup in 2017/18. The IJB should anticipate demand for future LEGup allocations that will need to be funded from the IJB’s budget.

5.3 Practice Catchment review

- 5.3.1 Practice Boundaries are approved by the Primary Care Joint Management Group. There is currently a restriction on any boundary change within Midlothian. A strategic review of practice boundaries will be undertaken during 2017 with practice representatives to agree a single proposal for Midlothian practices that will help to reduce pressure on practices whilst continuing to offer patients a choice of practices to register with. Boundary changes are likely to occur where a practice has a boundary covering a large area which creates an inefficiency for

clinicians undertaking home visits, or where a new housing development will negatively impact a practice that is operating a restricted list or close to its maximum list size.

5.4 S75 Policy development on House Building

- 5.4.1 Where a house-building development proposal is otherwise acceptable, but cannot proceed due to deficiencies in infrastructure and services, any or all of which will be created or made worse as a result of the development, planning applicants can be required by the Council to make provision for full or part contribution towards the costs of addressing such deficiencies. NHS Lothian or Midlothian Council can enter into a S75 agreement on behalf of the IJB with a developer to address deficiencies. NHS Lothian has previously entered into one S75 legal agreement in Midlothian. This requires the developer to provide a practice building within Shawfair town centre.
- 5.4.2 The H&SCP is currently developing policy language and a S75 policy will be presented to the IJB for agreement which will contribute to potential S75 agreements for developers to cover non-recurring costs incurred as a direct result from new house building.

5.5 Do I need to see a GP? Communication project

- 5.5.1 In order to ensure people are accessing GP and other primary care services effectively we need to raise awareness about alternative options. It is also important that we develop public understanding of the issues facing GP services and the need for change, including a change in our perception of GPs as the first point of call for all health related issues.
- 5.5.2 The “Do I need to see a GP?” communications project builds on a pilot by Penicuik Medical Practice called “Choose Wisely”. It is a rolling programme of activity which seeks to engage with the community and with key staff groups in different ways in order to promote key messages. As part of the project we have published an advertorial in the Midlothian Advertiser, held meetings with community groups and developed a leaflet describing alternatives including information about self-care. We have secured funding to print 20,000 copies of the leaflet, to be distributed substantially via GP practices and primary schools.
- 5.5.3 Information sessions for key targeted staff groups, including nursery staff and home carers, will be delivered by GPs. This will include a “Bite Size” workshop in autumn 2017. We also plan to use social media advertising to communicate with a wider public audience.
- 5.5.4 A copy of the leaflet is attached in Appendix 1.

6 Redefining the relationships required for collaborative working between practice teams and other health, care and voluntary services

6.1 Collaborative Leadership

- 6.1.1 NHS National Education Scotland has been commissioned to help strengthen locality working in Midlothian. They will work in Penicuik supporting staff from the local practice the H&SCP and local voluntary organisations to seek

improvements for the coordination of care for patients who are housebound. This work will start in Summer 2017.

6.2 Out of Hours Services Review

- 6.2.1 The Midlothian H&SCP has started reviewing the arrangements for out-of-hours services in Midlothian. This work will contribute to changes in the new model of care for out of hours provision recommended in the 2015 report of the independent review – Pulling together: transforming urgent care for people of Scotland.

6.3 Organisational Change and People Development in Practice teams

- 6.3.1 The health and care system is changing and individuals and teams working within this system need support to understand the implications of change and how they can contribute and benefit from the change. The H&SCP want to support practice teams to understand the changes happening in the wider health and care system, how the practice team can benefit from these changes and how they can lead change both within their team and across the wider system. To do this the H&SCP has started to provide support for practices and will create a programme of support for all practices to access that will include Reception team development; leadership and organisational development in practices; enhancing practices' contribution to the development of the health and care system, and creating more capability for improvement using quality improvement methodology.
- 6.3.2 An explicit objective for this work is to create time and space for practice teams to consider how they want to develop their service and how they want the health and care system to develop to help improve the outcomes and experience of their patients.

6.4 Create multidisciplinary capacity within practice teams

- 6.5 The H&SCP is supporting practices to take on new clinical roles or services that were not within a traditional practice team.
- Continue to work on a Pan-Lothian basis to train and deploy nurses and trained to an advanced level to strengthen the skill mix in Health Centres
 - Develop the role of Advanced Physiotherapy within practice teams. During 2017 a new physiotherapy role will be developed in Midlothian initially working within Pathhead, Strathesk and Newbattle Practices
 - Extending the provision of practice-based pharmacist and pharmacy technician support.
 - Embed the Wellbeing Service in 8 health centres and evaluate the impact of the service.
- 6.6 It is important that all new roles and services are evaluated to find out if the development has made the required impact and can justify ongoing funding.

7 Better care for individuals, better health for populations, lower per capita cost

7.1 eFrailty programme

- 7.2 The Midlothian H&SCP is working with the Midlothian Quality cluster, Healthcare Improvement Scotland and NHS Lothian eHealth to establish the eFrailty index in all practices in Midlothian. This uses clinical codes to identify and grade the frailty of all patients in the practice. Currently it is not possible for practices or for the H&SCP to identify all the people living within frailty in Midlothian.
- 7.3 Currently this programme is in a 'proof of concept' phase. If the objectives of this phase are achieved the programme will be extended to all practices and developed by the Quality Cluster. The programme is being led by Midlothian Management GP Lead for Older People.
- 7.4 The programme has significant potential to improve outcomes for people living with frailty by improving the coordination of their care and support a shift away from reactive care to a stronger emphasis for anticipatory care.

7.5 Patient Experience and Patient Expectation

- 7.5.1 The H&SCP will work with practices and the public to understand the experience of people accessing general practice services and work with both to improve the experience. The national health and care experience survey provides a benchmark for measuring people's satisfaction with a range of issues relating to access to GP services and quality of care. In addition we will work with individual practices to support them to carry out their own local activities to engage with patients and collect ongoing feedback about patient experience.
- 7.5.2 Previous public engagement has highlighted several issues of importance to the public, mostly focussing on access. One example is the experience of contacting practice reception staff, which can vary. The H&SCP will provide more support for reception teams through the provision of additional training: The Partnership understands the difficult position that reception staff are placed acting as gatekeepers to busy practice teams, dealing with difficult conversations and working to consistently provide a professional service.. Another example is difficulty in getting through to practices on the phone. It is important to develop solutions to this issue, especially as more practices adopt a purely phone-based appointment booking system and triage.
- 7.5.3 The H&SCP must also work with the public, general practice and colleagues in Accident and Emergency and the Lothian Unscheduled Care Service to challenge some current expectations about healthcare services and treatment. There are three areas the H&SCP will prioritise:
- Increasing desire for rapid access to General Practice
 - Inappropriate attendances at Accident and Emergency
 - Increasing preference for self-management of minor ailments.
 - Rising expectations for prescriptions or diagnostic tests

7.5.4 Increasing desire for rapid access to General Practice

People's desire for both rapid access and continuity of care is a key source of pressure on general practice. A focus on rapid access can lead to consequences for patients wanting to book routine appointments for non-urgent problems – this is an issue that people in Midlothian have raised. If a high proportion of appointments need to be set aside to deal with on-the-day demand, the wait for a routine appointment can become very long or it may not be possible for a patient to book a routine appointment.

7.5.5 Inappropriate attendances at Accident and Emergency

There are a rising number of people attending A&E from Midlothian and this trend is being seen across the United Kingdom. Common claims put forward are: Lack of access to GP appointments; Access to out-of-hours care; or confusion among patients about where to go. But it is difficult to evidence that these factors are driving this trend (see Kings Fund: <https://tinyurl.com/ksbttxq>). We need to work with General Practice, Accident and Emergency and members of the public to understand more about this behaviour to find out if there is action the H&SCP can take.

7.5.6 Self-care for minor ailments

Research suggests that most people prefer to self-manage minor ailments but that this preference is declining over time. The factors contributing to this trend may be a consequence of the breakdown of informal family support networks and increasing access to health information may be driving demand instead of diverting it.

The steering group leading work on the 'Do I Need to See a GP' programme will continue to focus on how to promote self-management.

7.5.7 Treatment expectations

- 7.5.8 Patients' expectations of care have increased over time. The Kings Fund in England (<https://tinyurl.com/k46udas>) identified that possible reasons for this were a widespread expectation that patients should be prescribed antibiotics for minor illnesses or should receive diagnostic tests or be referred for specialist care when not clinically indicated. The expectation most frequently identified was that of rapid resolution to problems. It is possible that treatment expectations have increased because of wider societal changes with the media and political influence of consumerism, choice and 24/7 access driving up demand or the perception of what people are entitled to or what they should be able to have as part of their NHS.

7.6 Implementing the Prescribing Action Plan

- 7.6.1 The Midlothian Prescribing Action Plan will manage the expenditure on medicines in Midlothian of circa £17m per annum. The IJB has received a presentation on the action plan in November 2016. The Plan has numerous projects. One of these projects, the Penicuik Deprescribing Project aimed to review and reduce the number of medications that patients were prescribed. The project focused on patients over the age of 80 who were on four or more

medications. All were invited to attend the practice for a review by a GP or pharmacist. In almost 80% of reviews there were one or medications identified which could either be reduced or stopped. The results from this pilot will be disseminated across Midlothian so that other practices can take up the initiative.

- 7.6.2 Prescribing expenditure remain the H&SCP's greatest financial pressure and therefore remains a key priority. Strong clinical engagement and leadership is crucial to implement this programme and General Practices are supported by the Midlothian Prescribing Advisor and the Midlothian Management GP Lead for Prescribing.

8 Policy Implications

- 8.1 The actions described in this paper and the overall General Practice Strategic Programme will support the implementation of the IJB Strategic Plan.
- 8.2 General Practice policy and contracting is currently in a state of flux because of the abolishment of the Quality Outcomes Framework within the General Practice Contract and the introduction of the Quality Cluster. Here there has been a shift in policy from a top-down contractual process to one where General Practices are being supported by Scottish Government and the H&SCP to identify local clinical priorities. This policy shift is aligned with the agenda to integrate health and social care and move responsibility for planning into Integration Joint Boards

9 Equalities Implications

- 5.1 There has not been an EQIA undertaken for the programme. Specific actions within the programme will have an EQIA completed as part of the establishment and evaluation of the action.

10 Resource Implications

- 10.1 There are considerable potential resource implications relating to this programme of work. Firstly there is the additional cost of funding the developments described within this paper. These will in part be met by the new NHS Lothian Primary Care investment and funding ring fenced for pharmacy development. Additional demands on funding will need to be met within the budget available to the H&SCP.

The more serious resource implication is the potential failure to support general practice to move to a safe, sustainable and resilient position. The action of General Practice accounts for a substantial proportion of spend across the wider health and care system (i.e. much of the £17M prescribing spend is due to decisions within general practice). If we can create the environment in Midlothian where general practice is supported, where clinicians have time and space to improve their service and help change the wider health and care system, where there is strong dispersed leadership and engagement between the H&SCP and General Practice work, then we are in a better position where we can reduce per capita spend whilst improving outcomes and patient experience – the second aim of the strategic programme.

11 Risk

- 11.1 The main risk is that action within the strategic programme is insufficient to achieve the main aims of the programme and we fail to improve outcomes for patients, reduce per capita spend and support practices to become more sustainable and resilient to current and future demand. The risks associated with GP sustainability are managed within the operational risk register.

12 Involving people

- 12.1 The General Practice Strategic Programme will evolve over time. Running concurrently is a programme of public and community engagement which will help to shape and refine the focus and actions within the programme. Specific actions will require specific engagement.
- 12.2 We recognise the importance of building relationships with communities and working with them to shape and deliver service change. We are working with the Scottish Health Council to offer practical support to GP Practices to enable them to engage directly and effectively with their communities
- 12.3 The current programme of public and community engagement has met or will meet with the following groups.
- Hot Topics Group (18th May 2017)
 - People First, Dalkeith (March 17)
 - Carers Action (May 17)
 - Midlothian Older People's Assembly TDC (May 17)
 - Cafe Connect, (TBC)
 - Stroke Group, Bonnyrigg (TBC)
 - TCAT Advisory Group (31st May 2017)
 - MS Group (July 17)
 - Pink Ladies (April 17)
 - Mental Health advocacy (TBC)
 - Midlothian Sure Start (TBC)
 - ENABLE (31st May 2017)
 - D-Cafe (TBC)

AUTHOR'S NAME	Jamie Megaw
DESIGNATION	Strategic Programme Manager
CONTACT INFO	07872 420 872 or Jamie.megaw@nhslothian.scot.nhs.uk
DATE	31/3/2017

Appendices: Appendix One – ‘Do I need to see a GP?’ communication

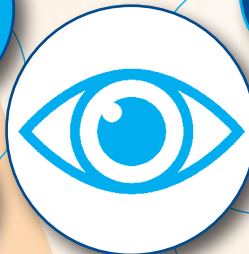


RIGHT CARE RIGHT TIME RIGHT PLACE

DO I NEED TO SEE A GP?

Your handy guide to community health services in Midlothian.

There are lots of services that can help you if you are unwell. This guide gives information and advice about how and when to use services in the best way. Keep it handy.





Self care

The most important type of care is selfcare. Selfcare is about looking after ourselves so that we stay healthy. It's also about taking care of ourselves when we are ill. Before asking for an NHS appointment, why not think about how you can help yourself? You might find the following websites and phone numbers useful:

- **NHS Inform:** www.nhsinform.co.uk or **0800 224 488** Information about healthy living, illnesses or health conditions, injuries, how to look after yourself and when to seek advice
- **NHS24 helpline:** **111**
Advice 24 hours a day on health problems
- **Treat yourself better:** treatyourselfbetter.com
Advice on what to do if you have cold or flu symptoms
- **Self Care Forum:** www.selfcareforum.org/resources/patient-portal
Includes fact sheets about looking after yourself when you are ill



Healthy living

For advice on healthy eating, exercise and stopping smoking:

- **www.nhs.uk/livewell or www.nhsinform.scot/healthy-living**

For help to stop smoking, ask your pharmacist or contact:

- **Midlothian Stop Smoking Service: 0131 537 9914**

If you are interested in exercise and being more active visit:

- **www.activemidlothian.org.uk**

If you are over 50 and want to be more active:

- **Ageing well – for people aged 50+: 0131 561 6506**

For information about local activities and support to get out and about:

- **British Red Cross Community Co-ordinators: 0131 654 0340**



Common illnesses or advice on medicines

Community pharmacist

Your community pharmacist can give you advice or treatment for many minor illnesses such as:

- Acne
- Athlete's Foot
- Backache
- Cold Sores
- Conjunctivitis
- Constipation
- Cough
- Diarrhoea
- Dry Eyes
- Earache and Ear Wax
- Eczema and Allergies
- Emergency Contraception
- Haemorrhoids (piles)
- Headache
- Indigestion
- Mouth Ulcers
- Nasal Congestion
- Pain and period pain
- Sinusitis
- Sore Throat
- Thrush
- Threadworms
- Warts and Verrucae

NHS Minor Ailment Service

If you are over 65, under 16, or receive certain benefits, you can use the NHS Minor Ailment Service. This means you can receive advice and **free treatment** from your community pharmacist for minor illnesses and conditions. Ask at your local pharmacy.

Your Practice Nurse

Practice nurses are experienced in dealing with many conditions such as high blood pressure, asthma, diabetes and a range of minor illnesses such as chest, urine and ear infections, as well as skin conditions. Many can prescribe medications and arrange investigations. It is often quicker to get an appointment with the Practice Nurse than a GP. Ask your GP practice receptionist for advice on whether the nurse might be able to deal with your problem.



Dental and mouth problems

If you have a problem with your teeth, gums or mouth, contact your dentist. If you don't have a dentist and you want to find one near you:

- **0131 537 8444** or **www.nhsllothian.scot.nhs.uk/Services/Dentists**

If you don't have a dentist and need urgent treatment, you can go to a walk-in centre in Edinburgh:

- **0131 536 4800** for more information



Muscle and joint problems

You can contact the physiotherapy service directly for muscle and joint problems such as back, neck, hip or knee pain. They can give advice and an appointment if necessary.

- **0800 917 9390** or go to **www.nhsinform.co.uk/msk**



Foot problems

If you have a foot problem you can go to:

- **www.nhsinform.co.uk/msk** and search for “foot injuries”

Or, if you think you need an appointment with a Podiatrist, you can refer yourself - ask for a referral form at your GP practice.



Infants and toddlers

For advice and treatment for children and babies:

- Ask your GP practice for your Health Visitor's phone number
- Ask your local Pharmacist
- For advice on common infant and toddler illnesses –

www.whenshouldiworry.com



Eye problems

For problems like red eyes, painful eyes and visual problems such as floaters, cataracts and other changes in your vision, you can make an appointment at any **high street optician**. Opticians are trained to recognise common eye problems. They can also provide treatment or refer you to specialist services if needed.



Hearing problems

Many high street opticians also offer hearing tests and help with existing hearing aids.



Carers

If you care for a family member, partner or friend and would like some advice, information or support contact VOCAL Midlothian:

- **0131 663 6869** or go to **www.vocal.org.uk**

VOCAL Midlothian run a Wee Breaks service which can help you plan and get funding for a break from caring:

- **0131 271 3707** or **www.weebreak.org**



Social work support

For example if you need a carer or help with mobility, contact:

- **Adult Social Work 0131 271 3900**
- **Children and Families Social Work 0131 271 3860**



Depression, anxiety and mental wellbeing

- **Midspace: www.midspace.co.uk**
Provides an overview of all local mental health services
- **Midlothian Wellbeing Access Point: 0131 536 8981**
This is an open access service for people who don't need medication or urgent treatment but might benefit from other therapies or support. Midlothian Wellbeing Access Point currently run drop in sessions at Midlothian Community Hospital and the Loganlea Centre, Penicuik
- **The Orchard Centre: 0131 663 1616 or www.health-in-mind.org.uk (click "services")**
Provides a wide range support to people across Midlothian
- **Breathing Space: 0800 838 587 or www.breathingspace.scot**
Offers someone to talk to if your feelings are overwhelming you.
- **Samaritans: 116 123**
Can help you understand your problems better, or just be there to listen. It is not just for people who feel suicidal.



Alcohol and drug problems

- **Gateway to Recovery Clinics: 0131 660 6822** for more information
These are drop in clinics for anyone looking for help with a drug or alcohol problem. No appointment necessary. The clinics are currently held in Dalkeith and Penicuik.
- **Mid and East Lothian Drug and Alcohol Partnership: www.meldap.co.uk**
For a full list of advice and support services in Midlothian.



Young people

If you are aged 12-21 and you are looking for support or advice about sexual health, mental health or substance use, contact:

- **MYPAS: 0131 454 0757** or **www.mypas.co.uk**



If you do need advice from a doctor...

Phone appointments

You can make a GP phone appointment instead of attending the GP practice. If you don't need to be examined, a phone appointment can be quicker and easier. If the doctor feels they need to see you, they will ask you to come in.

If the receptionist asks what is wrong with you, please tell them.

They are asking so they can find the best appointment for you.

Reception staff are bound by the same confidentiality rules as doctors and nurses. They are not allowed to tell people outside the practice anything about you.

And if you are unable to attend your GP appointment please phone and cancel – this means that your appointment can be offered to another patient. Around 4% of appointments are wasted as people do not turn up. This means there are hundreds of wasted appointments across Midlothian each month!

If you have any comments or queries about this leaflet contact:

Catherine Evans, Midlothian Health and Social Care Partnership:
0131 271 3411 / catherine.evans@nhslothian.scot.nhs.uk

This leaflet is based on an original leaflet designed
by Dr Drummond Begg, Penicuik Medical Practice





Thursday 20th April 2017 at 2.00pm

Development of Midlothian Integration Joint Board

Item number: 5.7

Executive summary

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

Board members are asked to note:

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

Development of Midlothian Integration Joint Board

1 Purpose

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

2 Recommendations

The Board is asked to note:

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

3 Background and main report

1. The Midlothian Shadow Board was set up in 2014 to prepare for the integration of health and social care. The Board provided oversight of the local needs assessment, the development of the Strategic Plan 2016-19 as well as supporting the development of the Integration Scheme and the wider plans for the integration of services.
2. The Midlothian IJB was formally established in August 2015 following approval by the Scottish Government of the IJB's Integration Scheme.
3. In April 2016 the IJB assumed full responsibility for strategic direction of all resources and functions delegated to it under the Integration Scheme.
4. Throughout this period the Board has prioritised its own development through a programme of induction and development focusing on governance arrangements, the role and responsibilities of individual members and that of the Board. The development sessions have also provided members with more in-depth information on services and emerging new models of care that supported decision making on the strategic development of services.
5. Over the past year four new members have joined the Board who have not had the benefit of the earlier development sessions that focused specifically on the responsibilities of the Board and roles of members both voting and non-voting.

6. On the 4th of May all Midlothian Council nominated members of the IJB will cease their role on the Board. The Council will consider the nomination of new members at the first meeting of the new Council on the 23rd of May.

7. Appointment of chair and vice chair and what this means locally

Alongside these changes in membership, the IJB must continue to evolve and develop its capacity to provide both governance and leadership to meet the considerable challenges that it faces in managing the delivery of its Strategic Plan in the face of diminishing resources.

The Integration Scheme lays out the process to appoint the Chair of the IJB. The position of Chair rotates every two years between NHS Lothian and Midlothian Council. The Chair is currently held with Midlothian Council and will transfer to NHS Lothian in August 2017. It will be up to NHS Lothian to identify the IJB Chair.

8. In many respects the IJB is still at a very early stage in its development. Its role in relation to the strategic direction of set aside and hosted functions needs to be developed further so that it can assume a greater role in the reshaping of these services and the continuing development of new models of care.

It is now proposed to review the development programme that has been provided and use the feedback from this exercise to develop a refreshed programme that will incorporate the needs of new members as well as the enable the Board to revisit its ambitions and strengthen its capacity to provide strategic leadership and ensure that its governance arrangements are robust.

4 Policy Implications

- 4.1 There are no policy implications

5 Equalities Implications

- 5.1 There are no equality implications

6 Resource Implications

- 6.1 There are no resource implications

7 Risk

- 7.1 There are no risk implications

8 Involving people

8.1 IJB members will be involved in developing the future Development Programme.

9 Background Papers

AUTHOR'S NAME	Jamie Megaw
DESIGNATION	Strategic Programme Manager
CONTACT INFO	0131 561 5204
DATE	6 April 2017
