# 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, 24 August 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** | |
|---|---|---|

| 5 | **Public Reports** | |
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| 6 | **Private Reports** | |
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No private reports to be discussed at this meeting.

| 7 | **Date of Next Meeting** | |
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The next meetings of the Midlothian Integration Joint Board will be held on:
- 14 September 2017 at 2 pm – Special MIJB/Development Workshop
- 27 October 2017 at 2 pm – Midlothian Integration Joint Board

## Midlothian Integration Joint Board

| Date | Time | Venue |
|---|---|---|
| Thursday 15 June 2017 | 2pm | Committee Room, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN. |

**Present (voting members):**

| | |
|---|---|
| Cllr Catherine Johnstone | Tracey Gillies |
| Cllr Jim Muirhead | Alex Joyce |
| Cllr Pauline Winchester | Alison McCallum |
| | John Oates |

**Present (non voting members):**

| | |
|---|---|
| Eibhlin McHugh (Chief Officer) | Alison White (Chief Social Work Officer) |
| David King (Chief Finance Officer) | Hamish Reid (GP/Clinical Director) |
| Dave Caesar (Medical Practitioner) | Caroline Myles (Chief Nurse) |
| Patsy Eccles (Staff side representative) | Aileen Currie (Staff side representative) |
| Keith Chapman (User/Carer) | Rosie McLoughlin (User/Carer) |
| Ewan Aitken (Third Sector) | |

**In attendance:**

| | |
|---|---|
| Fiona Huffer (NHS Lothian) | John Boyd (EY, External Auditors) |
| Mike Porteous | Jamie Megaw (Strategic Programme Manager) |
| Mike Broadway (Clerk) | |

**Apologies:**

| | |
|---|---|
| Cllr Derek Milligan | |
| | |

# Midlothian Integration Joint Board
Thursday 15 June 2017

## 1.    Welcome and introductions

The Chief Officer, Eibhlin McHugh, in welcoming everyone to this Meeting of the Midlothian Integration Joint Board, suggested that in light of the number of membership changes, the Board take Agenda Item 5.1 first, which was agreed.

| Report No. | Report Title | Presented by: |
|---|---|---|
| 5.1 | Membership of Integration Joint Board | Eibhlin McHugh |

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

| Summary of discussion |
|---|
| Having heard from the Chief Officer, who advised that in addition, Margaret Kane had stepping down as one of the two user/carer representatives, and that Rosie McLoughlin would be taking over until such time as a permanent replacement could be found, the Board welcomed everyone to the MIJB, particularly those newly appointed members. |

| Decision |
|---|
| **The Board:** <br><br> • **Endorsed the Council nominations for voting members of the Midlothian Integration Joint Board including the nomination of Derek Milligan to the position of Chair until August 2017;** <br><br> • **Endorsed the proposed changes within the NHS voting membership of the Midlothian Integration Joint Board including the nomination of John Oates to the position of Vice-Chair until August 2017;** <br><br> • **Noted and endorsed that in August 2017, the Chair of the Midlothian Integration Joint Board confirmed at today's meeting would become the Vice Chair of the Midlothian Integration Joint Board and the Vice-Chair of the Midlothian Integration Joint Board confirmed at today's meeting would become the Chair of the Midlothian Integration Joint Board;** <br><br> • **Note that under paragraph 3.2 of the Midlothian Integration Scheme the above appointments of Chair and Vice-Chair would be for two years from August 2017;** |

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> - **Expressed their thanks to Margaret Kane for her contributions to the work of the MIJB and endorse the appointment of Rosie McLoughlin until such time as a permanent replacement could be found; and**
>
> - **Agreed to continue consideration of the nomination of members to fill the three vacant positions within the Audit and Risk Committee including the appointment of the Chair of the Committee to the August Board meeting.**

| Action |
| --- |
| Chief Officer/Chief Finance Officer/Clerk |

Thereafter, in the absence of the Chair, Derek Milligan, the Vice-Chair, John Oates assumed the Chair for the remainder of the meeting, following which there was a round of introductions.

## 2. Order of Business

The order of business was confirmed as outlined in the agenda that had been circulated with the following amendments:

(a) an updated 'final' copy of the Draft Annual Accounts 2016/17, which replaces the version previously circulated as Appendix 3 to the 'Draft Annual Accounts - 2016/17' report – Item No 5.8 refers - had been circulated electronically under separate cover;

(b) an additional item of business had also been circulated electronically under separate cover (copies were also tabled), namely a report by the Chief Officer, entitled 'Midlothian IJB Complaints Handling Procedure' which would be considered as Agenda Item 5.9; and

(c) Agenda Item 5.6 - Measuring Performance Under Integration would be taken as the second item of business immediately after the Directions Paper – Item 5.2.

## 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 20 April 2017 were submitted and approved as a correct record.

4.2 Matters Arising from previous Minutes:

With reference to paragraph 4.2, the Chief Officer confirmed that an update on any issues arising from the 2017/18 Directions that had been issued to both Midlothian Council and NHS Lothian would be fed back into the August Board meeting.

**Action: Chief Officer**

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With reference to paragraph 5.6, the Strategic Programme Manager provided the Board with an update on the work being undertaken in developing primary care services in Midlothian. He highlighted the current position with regards GP provision and made reference to the need to better manage people's expectations and communicate changes in the ways in which services were provided.

In response to concerns regarding provisions for more vulnerable clients/groups and also provision of clear signposting as to how to access services, the Strategic Programme Manager advised that they were aware of both issues and were actively working to address them. The Chief Officer also offered reassurance on these points and advised there would be an opportunity to discuss matters in greater detail at the Development Session in November, which would focus on Primary Care.

**Action: Chief Officer/Strategic Programme Manager**

## 5.   Public Reports

| Report No. | Report Title | Presented by: |
|---|---|---|
| 5.2 | Directions - Summary of progress to implement 2016-17 Directions | Jamie Megaw |

| Executive Summary of Report |
|---|
| With reference to paragraph 5.6 of the Meeting of 27 October 2016, there was submitted an update summarising the progress made by Midlothian Council and NHS Lothian in delivering the Directions set by the MIJB for 2016-17. The Directions were intended to provide further clarity about the key changes which need to be made in the delivery of health and care services in Midlothian as laid out in the Strategic Plan. |

| Summary of discussion |
|---|
| Having heard from the Strategic Programme Manager, the Board discussed ways in which the impact of public education programmes could best be assessed; the involvement of the voluntary sector, other agencies and joint working in general; and the impact, and awareness, of new services such as MERRIT. |

| Decision |
|---|
| **After further discussion, the Board:** <br> • **Noted the progress made in achieving the Directions as outlined in the report.** |

| Action |
|---|
| Strategic Programme Manager |

# Midlothian Integration Joint Board
### Thursday 15 June 2017

| Report No. | Report Title | Presented by: |
|---|---|---|
| 5.6 | Measuring Performance Under Integration | Jamie Megaw |

### Executive Summary of Report

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

### Decision

**Having heard from the Strategic Programme Manager, the Board:**

- **Noted the baselines that would be used to measure performance against the Local Improvement Goals.**

- **Noted that at this time it was not possible to draw meaningful conclusions on progress towards the goals.**

- **Noted that the IJB would receive an update on progress every three months. The next update would be in September 2017**

### Action

Strategic Programme Manager

| Report No. | Report Title | Presented by: |
|---|---|---|
| 5.3 | Sustainable and Affordable Social Care Services | Eibhlin McHugh |

### Executive Summary of Report

This report summarised the work being undertaken to reshape services in social care in response to the growing budget pressures on Midlothian Council. In particular the report drew attention to two specific policies intended to ensure a more robust approach to the equitable provision of social care.

### Summary of discussion

The Chief Officer reminded the Board of the demographic pressures not simply just in terms of population growth, but also the increasing number of people with long term health conditions and complex care needs who were living longer, which when considered against a backdrop of Adult Social Care being required to make a significant contribution to the Council's savings programme and a growing problem of recruitment and retention, particularly in the field of care at home, made reducing expenditure in care services a major challenge. It also highlighted the vital importance of the drive towards creating sustainable and affordable social care services.

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Having heard from the Chief Officer, the Board, in considering the Report, discussed in particular the management of expectations and also the increasing use of new technology. Consideration was also given to the 'Fair Allocation of Care' and 'Transport' policies, copies of which were appended to the report.

### Decision

**The Board:**

- **Noted the continuing severe pressures on Midlothian Council which required a significant programme of savings within Adult Social Care; and**

- **Noted the proposed new policy intended to ensure a more equitable and affordable allocation of resources in relation to:-**

  (a) **people with complex needs;**

  (b) **transport for social care users.**

### Action

Chief Officer

| Report No. | Report Title | Presented by: |
|---|---|---|
| 5.4 | National Mental Health Strategy 2017-27 | Alison White |

### Executive Summary of Report

This report provided a summary of the objectives and key actions outlined in the new national 10 year mental health strategy published by the Scottish Government on 30 March 2017. The strategy highlighted how common it was for people to experience mental health problems during their lifetime. Considerable emphasis was placed on both prevention and recovery from periods of mental ill-health. The report also provided some commentary on the current situation in Midlothian in relation to the key recommendations of the Strategy, highlighting some of the actions already being undertaken.

### Summary of discussion

Having heard from the Chief Social Work Officer who emphasised that the Strategy had implications for a range of agencies beyond health and social care, the Board discussed the implications of the growing incidence of mental health issues and the potential impacts on both quality of life and demands for services.

### Decision

**The Board:**

- **Noted the new national strategy on Mental Health; and**

- **Agreed that the implementation of the strategy in Midlothian would be through the local Strategic Planning Group for Mental Health reporting to the IJB Strategic Planning Group.**

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| Action |
|---|
| Chief Officer |

| Report No. | Report Title | Presented by: |
|---|---|---|
| 5.5 | Carers (Scotland) Act 2016 | Alison White |

| Executive Summary of Report |
|---|
| The purpose of this report was to provide the IJB with information about the Carers (Scotland) Act (2016) and new duties under the legislation.<br><br>The report explained that the Carers (Scotland) Act 2016 was a key piece of new legislation that promised to 'promote, defend and extend the rights' (Scot Gov.) of adult and young (unpaid) carers across Scotland.  The Act aimed to "ensure better and more consistent support for carers and young carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring" (Scot Gov.). The legislation had implications for Adult Health and Social Care Services and both Education and Children's Services. |

| Summary of discussion |
|---|
| The Chief Social Work Officer in presenting the report highlighted that the Scottish Government had invited Midlothian Health and Social Care Partnership to be one of eight integrated authorities to participate in pilot work based on tests of change in relation to different provisions in the Carers Act.  The focus of the pilot work in Midlothian had yet to be finalised but was likely to focus upon the preparation of Adult Carer Support Plans; the pilot work would take place between April and October 2017 and financial support would be receive of £10,000 (allocated to the relevant NHS Board in the first instance for onward transmission to the Integration Authority).<br><br>The Board, in discussing the implications of the new legislation, considered how these challenges could be managed whilst supporting the delivery of better support to carers and how partners in the voluntary and other sectors could contribute to that process. |

| Decision |
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| **The Board:**<br><ul><li>**Noted the implications of the new legislation; and**</li><li>**Agreed to request a full report on the planned implementation of the Act in Midlothian**</li></ul> |

| Action |
|---|
| Chief Officer |

# Midlothian Integration Joint Board
### Thursday 15 June 2017

| Report No. | Report Title | Presented by: |
|---|---|---|
| 5.7 | Financial Update – 2016-17 and 2017-18 | David King |

| Executive Summary of Report |
|---|

The purpose of this report was to lay out the IJB's final out-turn position for 2016/17, considers what lessons could be learnt from that position and continue to reflect and refine the financial planning and management for 2017/18. The report advised that it should be noted that the IJB required to break-even in 2017/18

| Summary of discussion |
|---|

Having heard from the Chief Finance Officer, the Board discussed the considerable financial challenges in meeting the requirement to break even, and the ongoing work that was being undertaken in conjunction with the Council and NHS Lothian to address matters in the 2017/18 financial planning process in that the Partnership was considering a fundamental redesign of the delivery of social care services for adults and the budget for GP prescribing had been reset at the closing position for 2016/17 with a more prudent financial model for 2017/18. However, there remained a significant pressure from efficiency and recovery plans and these would be a key issue that the IJB would have to take assurance on during the financial year.

| Decision |
|---|

**The Board:**

- **Noted the IJB's financial position at the end of 2016/17;**

- **Accepted the final financial budget proposition from NHS Lothian for 2017/18;**

- **Noted the funds carried forward on behalf of the IJB by Midlothian Council from 2016/17 to 2017/18; and**

- **Noted the further financial update on the financial planning and management process for 2017/18 and the expectation that the IJB would break-even.**

| Action |
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Chief Finance Officer

| Report No. | Report Title | Presented by: |
|---|---|---|
| 5.8 | Draft Annual Accounts 2016-17 | David King |

| Executive Summary of Report |
|---|

The purpose of this report was to highlight the requirement for the IJB to prepare a set of annual accounts for the financial year 2016/17. A draft of these accounts must be agreed by the IJB before 30th June whereupon the draft must be published on the IJB's website and presented to the IJB's auditors for review.

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The report brought together the elements required for the IJB to approve the draft annual accounts for the year ending 31st March 2017. This included the presentation of the Chief Internal Auditors opinion on the governance of the IJB and the Annual Governance statement for the IJB which itself formed part of the IJB's annual accounts.

## Decision

**The Board, having heard from the Chief Finance Officer:**

- **Noted the contents of the Internal Audit Annual Assurance Report;**

- **Noted that the weaknesses identified with internal controls in 2016/17 would be followed up in 2017/18 and updates would be provided to the MIJB Audit and Risk Committee;**

- **Approved the Annual Governance Statement; and**

- **Approved the outline draft Annual Accounts for 2016/17.**

## Action

Chief Finance Officer

| Report No. | Report Title | Presented by: |
|---|---|---|
| 5.9 | Midlothian IJB Complaints Handling Procedure | Eibhlin McHugh |

## Executive Summary of Report

The purpose of this report was to highlight the requirement for Midlothian IJB to comply with new model Complaints Handling Procedure (CHP) as per the Scottish Public Services Ombudsman (SPSO) instruction.

The report explained that Integration Joint Boards (IJBs) were listed under the SPSO Act 2002, and as such were expected to have a complaints handling procedure, which complied with the principles approved by the Scottish Parliament in January 2011. To this end, the Scottish Public Services Ombudsman had developed a template for IJBs (based on the Model Complaints Handling Procedure (CHP) for Scottish Government, Scottish Parliament and Associated Public Authorities in Scotland). A Midlothian version of this CHP was appended to the report along with a self-assessment compliance form, which the Chief Officer required to complete and sign confirming compliance with the new CHP.

## Summary of discussion

Having heard from the Chief Officer, the Board welcomed the opportunity to comment on the CHP, which it was noted required to be submitted to the SPSO by Monday 3rd July 2017.

# Midlothian Integration Joint Board
### Thursday 15 June 2017

| Decision |
|---|
| **The Board:**<br><br>• **Noted the requirement for IJBs to conform to a new Complaints Handling Procedure;**<br><br>• **Noted the requirement for the Chief Officer to complete and submit the CHP and the self-assessment compliance form to SPSO by Monday 3<sup></sup> July 2017;**<br><br>• **Agreed that any comments on the CHP be fed back to the Chief Officer by no later than Wednesday 28<sup></sup> June 2017**<br><br>• **Agreed, subject to the above, the adoption and implementation of the Complaints Handling Procedure; and**<br><br>• **Agreed that the Chief Officer arrange appropriate communication of the Complaints Handling Procedure internally and to the wider public.** |

| Action |
|---|
| Chief Officer |

## 6.  Private Reports

No private business to be discussed at this meeting.

## 7.  Any other business

No further 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 24th August 2017     2pm    **Midlothian Integration Joint Board**
- Thursday 14th September 2017   2pm    Development Session

The meeting terminated at 4.15 pm.

# Minute of Meeting

## Special Meeting of Midlothian Integration Joint Board

| Date | Time | Venue |
|---|---|---|
| 12 July 2017 | 2pm | Committee Room, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN. |

### Present (voting members):

| | |
|---|---|
| Cllr Derek Milligan - Chair | John Oates – Depute Chair |
| Cllr Jim Muirhead | Alex Joyce |
| Cllr Pauline Winchester | |
| Cllr Catherine Johnstone | |

### Present (non voting members):

| | |
|---|---|
| Eibhlin McHugh (Chief Officer) | Patsy Eccles (Staff side representative) |
| David King (Chief Finance Officer) | Marlene Gill |

### In attendance:

| | |
|---|---|
| Kenneth Lawrie – Chief Executive Midlothian Council | Cllr Janet Lay-Douglas |
| | |

### Apologies:

| | |
|---|---|
| Alison McCallum | Caroline Myles (Chief Nurse) |
| Tracey Gillies | Aileen Currie (Staff side representative) |
| Ewan Aitken (Third Sector) | Rosie McLoughlin (User/Carer) |

# Midlothian Integration Joint Board
Wednesday 12 July 2017

## 1.   Welcome and introductions

The Chair welcomed everyone to the meeting.

## 2.   Order of Business

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

## 3.   Declarations of interest

No declarations of interest were received.

## 4.   Public Reports

| Report No. | Report Title | Presented by: |
|---|---|---|
| 4.1 | Appointment of Chief Officer of Midlothian Integration Joint Board | Chief Officer |

| Executive Summary of Report |
|---|
| The purpose of this report was to confirm the intention of Eibhlin McHugh to retire from her role as Chief Officer of the Midlothian Integration Joint Board and as a result of this to agree the recruitment process for the position of Chief Officer of the Midlothian Integration Joint Board. |

| Summary of discussion |
|---|
| The Board heard from the Chief Officer who confirmed the background to the roles of Chief Officer of the Midlothian Integration Joint Board and the Joint Director, Health and Social Care. In doing so the Chief Officer spoke of the Chief Officer's role as being accountable to the Midlothian Integration Joint Board and was responsible for the governance and strategic direction of the Midlothian Integration Joint Board. The Joint Director was responsible for the operational delivery of Health and Social Care Services, through the Partnership, across Midlothian. This role is accountable to the Chief Executive of Midlothian Council and the Chief Executive of NHS Lothian.<br><br>In conclusion the Chief Officer confirmed the recommendations within the report – and specifically drew the Board's attention to the proposed timeline for the recruitment of the role. In doing so the Chief Officer confirmed that the timeline was subject to minor amendments.<br><br>The Chief Finance Officer confirmed that there were various models that the Board could adopt in relation to the role of Chief Officer and confirmed his view that the connection to operational resources was vital. In conclusion the Chief Finance Officer confirmed that the current model was a really effective model based on experiences shared by other Boards. |

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Alex Joyce requested confirmation as to where the role would be advertised to which the Chief Officer confirmed that the vacancy would be advertised via the Local Government recruitment website, the NHS website and in the Herald.

Following this the Board resolved to approve the recommendations.

| Decision |
| --- |
| **The Board agreed to**<br><br>• Note the intention of Eibhlin McHugh to retire from her role as Chief Officer of the Midlothian Integration Joint Board.<br><br>• Approve the recruitment of a Chief Officer for the Midlothian Integration Joint Board.<br><br>• The recruitment process as outlined in the updated appendix to the report for the position of the Midlothian Integration Joint Board which may be subject to minor amendments. |

| Action |
| --- |
| Chief Officer |

# Midlothian Integration Joint Board

**Thursday 24 August 2017 at 2.00pm**

## Financial Update 2017/18 and 2018/19

| Item number: | 5.1 |
|---|---|

## Executive summary

*The IJB is required to break-even in 2017/18. Financial information from the partners for the first three months of the current financial year is now available and the position for the IJB suggest that the IJB is likely be overspent by c £2.3m unless recovery plans are put in place. Recovery plans are being implemented by the partners.*

*In the longer term the IJB needs to:-*

- *Review the financial model that is used to set its budgets to ensure that the system that generates the IJB's budget doesn't in any way disadvantage the IJB. Considers the budget setting mechanism for 2018/19 and reflect on the issues that the IJB must now address for next year.*

- *Prepare a multi-year financial plan that will support the delivery of the IJB's Strategic Plan and support the partners in transforming the services they provide to the IJB.*

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

1. *Note the IJB's financial position at the end of the first quarter of 2017/18.*
2. *Note the proposition to review the health budget setting model for the IJB.*
3. *Note the proposals for a budget setting mechanism for 2018/19.*
4. *Note the update on the provision of a multi-year financial plan.*

# Report

## Financial Update 2016/17 and 2017/18

### 1.    Purpose

1.1    This paper covers four main areas :-

- An update on the year to date (to June 2017) financial position for the IJB
- A proposition to review the health budgeting setting model for the IJB
- A proposition around the financial planning model for 2018/19
- Proposals to develop a multi-year financial plan to support the IJB's Strategic Plan.

### 2.    Recommendations

The IJB is asked to:-

2.1    Note the outline financial position for the first three months of the current financial year.

2.2    Support the proposal to review the health budget setting model

2.3    Support the proposal to redesign the financial planning model in 2018/19

2.4    Support the development of a multi-year financial plan.

### 3.    Background and main report

**Year to date financial position for the IJB**

3.1    At the March 2017 meeting the IJB received a financial assurance report on the IJB's budget for 2017/18. This report identified a range of financial pressures but, because the IJB wished to continue to move forward with the delivery of the Strategic Plan and recognising that both Partners had made an equitable allocation of their available resources, the IJB accepted the budget propositions.

3.2    In summary, the report identified gross financial pressures in 17/18 of £4.8m of which plans had been developed to deliver c. £2.8m leaving a position wherein plans had to be developed to deliver c. £2.0m. Of this value c. £0.5m was within the set aside budgets and £1.5 within the social care budgets.

3.3    At the June 2017 meeting the IJB received a further report laying out the final 2016/17 out-turn and reflecting further on the 17/18 plans. This report noted that the IJB was required to break-even in 2017/18 and that it was unlikely that neither NHS Lothian nor Midlothian Council would be able to make any further non-recurrent funds available to support any in-year pressures.

3.4    Clearly, it is important that the IJB understands the current financial position and reflects on the actions required to ensure a break-even position. However, both

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NHS Lothian and Midlothian Council are currently undertaking a quarter one review and the output from this exercise will not be available until September. That said, indicative information is available and that information has been used to inform this report. It should be noted, therefore, that the discussion below is based on an extrapolation of the indicative information for the IJB itself and not a reflection of the quarter one financial reviews of the partners.

3.5     NHS Lothian produce a monthly report showing the year to date financial position for the health services of the IJB. For month 3 this shows :-

|  | Annual Budget £000's | YTD Budget £000's | YTD Actual £000's | YTD Variance £000's |
|---|---|---|---|---|
| Core | 58,301 | 13,578 | 13,695 | (117) |
| Hosted | 12,448 | 2,861 | 2,837 | 24 |
| Set Aside | 18,712 | 4,492 | 4,673 | (181) |
| **Total** | **89,461** | **20,931** | **21,205** | **(274)** |

It should be noted that the hosted and set aside positions are based on the share element of the NHS Lothian health budget setting model. That means that hosted and set aside costs represent the IJB's share of the budget and not its actual usage. This is simply a function of the model and the IJB, in accepting the NHS Lothian budget, has asked Lothian for a further review. This is discussed further below.

3.6     Midlothian Council do not produce regular monthly financial monitoring report but instead manage on an exception basis and by a rigorous series of quarterly financial out-turn forecasts. As was discussed above, this has not yet been completed but, at this time, it seems unlikely that the position is significantly improved from that described in the financial assurance report and that financial actions to underpin the projected pressure are not being delivered at a pace that would deliver end of year balance.. That is, for the purposes of this exercise, a projected overspend of c. £1.3m for the adult social care services that have been delegated to the IJB.

3.7     On a simple pro-rata basis – that is by multiplying the year to date position by four – a projected out-turn for the health services  would be c. £1.1m plus the projected position for the adult social care services as above. This would suggest, at this time, a forecast overspend of c. £2.3m

**Recovery actions required**

3.8     There are a range of recovery actions underway and being developed :-

The work within those IJB services managed by the Midlothian Partnerships is managed by the Realistic Care Realistic Expectations Programme Board. . The Board has identified a range of efficiency and recovery actions for both the health and social care services managed by the Partnership. Policies agreed by IJB in April 2017, which were subsequently agreed by Council and are now being implemented.  A further policy is being developed on day care. (See elsewhere on the agenda).

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Recovery and efficiency plans for those services not directly managed by the Partnership (Hosted and Set Aside services) are managed by other management teams within NHS Lothian. It can be seen from the analysis above that the most significant pressure lies within set aside services and NHS Lothian has been asked for a further breakdown of these pressures and for plans to recover the position.

**Longer Term Developments**

**Revision of the Health Budget Setting Model**

3.9     As part of the financial assurance process in both 2016/17 and 2017/18, NHS Lothian's health budget setting model has been considered. In summary the model is based on the simple proposition that each (health) function that had been delegated to the IJB could be expressed in terms of the services that support the delivery of that function. Simplistically each of these services holds budgets (and expenditure is coded to) at a cost-centre level and therefore each cost-centre in the Lothian system can be considered to be either delegated (to an IJB) or not-delegated. For each delegated cost-centre the model proposes how much of that cost-centre is delegated to each IJB. Therefore services that support only Midlothian are delegated 100% to the IJB and those that support all of Lothian are delegated on the basis of a 'fair share'. This model, however, only considers direct clinical service costcentres and does not examine those services that support the clinical services, nor the facilities services or the corporate services.

3.10    There are, perhaps four main areas of this model that now require to be resolved and work is now underway to produce a position that can be considered by NHS Lothian and then presented to the IJBs. These four areas are:-

- Are the cost-centres appropriately delegated – do they completely represent the delegated functions?
- Do all the resources for delivering the delegated functions sit wholly in the delegated costcentres – that is, are there resources used to support delegated functions in (apparently) non-delegated costcentres
- What is the 'fair share' of a service and how should it be applied? This is a key issue and is discussed further below
- How should those services which support clinical services be treated – currently the model treats them as non-delegated?

3.11    As part of the budget setting model, NHS Lothian proposed a principle of 'fair shares'. That is that each IJB has a fair share of the totality of the Lothian resources and does not just take a share of any individual service resource based on that IJB's historic usage. The IJB has accepted this principle but now needs to understand that this means in practice. An exercise is underway that will both update the current share model (PCNRAC) and then compare the actual expenditure incurred against the fair share. Clearly if the IJB has a significant deviation between its actual use of delegated resources and the fair share budget then this needs to be fully understood.

3.12 This work is currently underway. It should be noted that this work may not only change the IJB's budget, it will also change the charges against that budget made by the NHS Lothian.

**Budget Setting for 2018/19**

3.13 At the meeting In October 2016, the IJB considered a paper laying out the development of its financial strategy. It is clear that the partners remained the drivers behind the 2015/16 budget setting process – that is that Midlothian Council and NHS Lothian undertook their own financial planning process and then presented the IJB element to the IJB. However, in 17/18, this process was more tripartite, that is the IJB was a partner in the financial planning process.

3.14 In principle the mechanism for the IJB's budget setting is:-
- The partners indicate the resources which they will make available to the IJB
- The IJB then considers if these resources reflect a fair share of the resources available to the partners in respect of the delegated functions
- The IJB then takes the totality of that resource and uses it to deliver its Strategic Plan. This means that the IJB, through its directions, actions its financial plan which will, of course, have already been approved by the IJB as reflecting its strategic plan.

3.15 At the meeting in April 2017, the IJB considered a paper that outlined the quanta of the financial pressures between 2018/19 and 2020/21. This showed that, assuming the current delivery model constitutes that the IJB would have to identify recovery and efficiency actions of c £3.0m in each of these years. However, that forecast started from an assumed break-even position (and the discussion above suggests that this will be challenging) and further information available suggest that the pressures it described will be greater.

3.16 The Council is considering reducing the allocations available to the IJB by a further X%

3.17 Of course, it has always been clear that the key role of the IJB is to drive a fundamental transformation of services which will reduce the cost base and increase capacity. A set of principles and outline plans behind that overall ambition were laid out in the October 2016 paper referred to above.

3.18 The challenge therefore for the 2018/19 budget setting process is to ensure that recovery actions are being delivered on a recurrent basis whilst transforming the current service delivery. Part of that transformation will be the IJB's role in the governance around any potential new investments by the Partners. For example NHS Lothian is re-providing Mental Health and Learning Disability services at a new Royal Edinburgh Hospital. Its clear that the IJB must decide if it is prepared to invest any further resources in this reprovision or to use this opportunity to transform the delivery of these services by further reducing its use of in-patient beds in that facility.

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3.19    The IJB needs to make a clear statement to its partners on the deployment of resources in 18/19 and beyond and not simply respond to the management of financial gaps in the future plans – although it is accepted that the solution to some of these financial gaps is redesign of the services.

**Further development of a multi-year financial plan**

3.20    As has been discussed several times, a multi year financial plan is required that shows how the IJB's Strategy will be delivered. It is clear that the IJB will simply not have anything like the resources required to deliver the delegated functions using the current model and the transformations required are, as was discussed above, laid out in the October 2016 paper. A financial plan is required to be drawn up which, simplistically, having identified the totality of the resources available then prioritises the use of these resources by service. This will start at the current budget for that service (which is why a full review of the budget setting model is now critical) and indicate those areas where the IJB will not reduce the resources to be used and also indicate these services in which the IJB will dis-invest. It is obvious that, in many cases, the partners simply cannot switch service provision off, even if these services were no longer part of the care pathway so a model is required that will provide sufficient time to the partners to allow then to undertake the appropriate actions to reduce the costs in line with the financial plan.

3.21    The proposal is to draw up a 'straw man' plan, which would start with an agreed opening budget by services and then show over the period of five years how the IJB would use these resources. Therefore each line would reduce or increase given how the IJB prioritised this service. This work would also include an examination of the capacity that the service can deliver and the unit cost of that capacity. This would also meet the requirement of service transformation to be articulated in financial terms.

## 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 resources implications are laid out above

## 7    Risks

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

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## 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 Previous finance reports to the IJB discussed above.

| | |
|---|---|
| **AUTHOR'S NAME** | David King |
| **DESIGNATION** | Chief Finance officer |
| **CONTACT INFO** | David.king@nhslothian.scot.nhs.uk |
| **DATE** | August 2017 |

Midlothian Integration Joint Board

# Midlothian Integration Joint Board

**Thursday 24 August 2017 at 2.00pm**

# Measuring Performance Under Integration

| Item number: | 5.2 |
|---|---|

## Executive summary

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

*Board members are asked to:*

- Comment on performance across the improvement goals.

- Note that the IJB will receive an update on progress every three months. The next update will be in November 2017

# Report

## Measuring Performance Under Integration

### 1. Purpose

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

### 2. Recommendations

- Comment on performance across the improvement goals.

- Note that the IJB will receive an update on progress every three months. The next update will be in November 2017

### 3. Background and main report

3.1 Scottish Government has invited all IJBs to set local goals for each of the indicators. The context for these improvement objectives is the IJB Strategic Commissioning Plan and the IJB's Directions that are issued to NHS Lothian and Midlothian Council. The three products are interdependent – the Strategic Commission Plan sets the vision for change in Midlothian, the Directions describe the actions to work towards this vision and the indicators will demonstrate progress of the actions and towards the vision.

3.2 The IJB will demonstrate progress against the national health and wellbeing outcomes which have a much wider focus than the Local Improvement Goals described in this paper which are predominantly about change in how hospital-based services are utilised. Progress on the health and wellbeing outcomes will be reported to the IJB within its Annual Report.

3.3 In addition the Joint Management Team of the Midlothian Health and Social Care Partnership receives a more detailed operational report which provides a deeper understanding on progress to achieving the IJB's local improvement goals.

3.4 The purpose of the integration of health and social care and the establishment of Integration Joint Boards is to drive forward the changes required that have not been possible to achieve under previous governance and organisation configurations.

3.5    The IJB must be ambitious in the scale and pace of change it demands across the system. The rapid demographic change and the current overreliance on hospital-based care are incompatible. The IJB must provide strong leadership through its vision and directions. The performance improvement goals quantify the scale and pace that the IJB requires Midlothian Council and NHS Lothian to deliver.

3.6    The IJB agreed to use the following local improvement goals to measure improvement across the health and care system. These goals are based on indicators that the Ministerial Strategic Group for Health and Community Care agreed in December 2016.

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

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

3.7    The IJB agreed in April 2017 to receive a quarterly update on progress towards the Midlothian IJB Local Improvement Goals. This is the second of these reports. The next report will be presented to the IJB in November 2017.

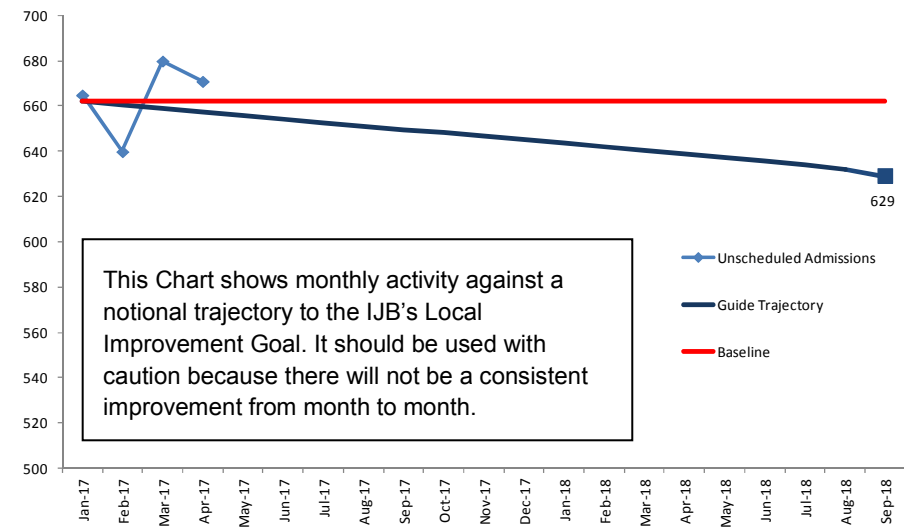3.8    Appendix One provides technical detail of how these goals are measured and how the baselines were calculated.

**\* This was incorrectly reported previously to the IJB as 640**

**1a: Number of Unscheduled Admissions from Midlothian**

There was a significant and sustained reduction from an average of 660 admissions before Feb 16 to an average of 630 since.

Admissions

Average

**1b: Unscheduled Admissions from Midlothian: Guide trajectory & baseline**

629

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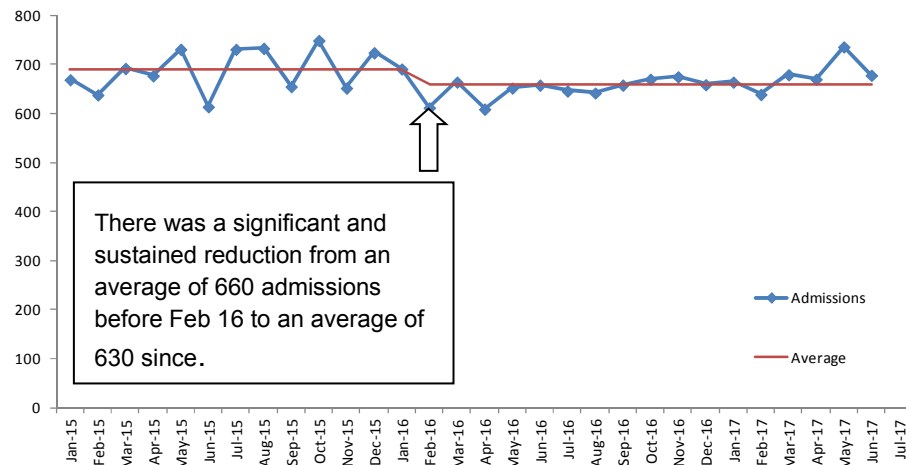
Unscheduled Admissions

Guide Trajectory

Baseline

**1c: Unscheduled Admissions from Midlothian - comparision with performance in previous years**
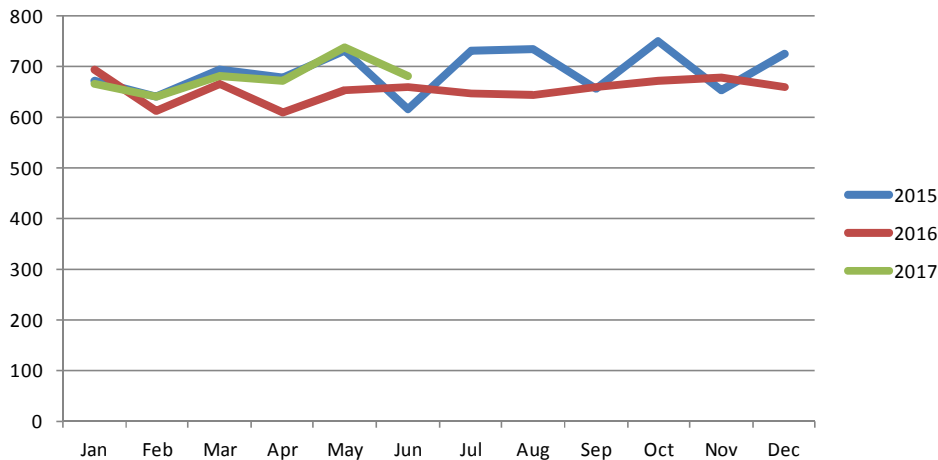
2015
2016
2017

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

Chart 1c shows that performance in 2017 is tracking closely with performance in 2015.

## 2. Reduce unscheduled hospital occupied bed days (OBD) by 10% by April 2019    Baseline: 5,122 OBD per month

### 2a: Number of Unscheduled Occupied Bed Days from Midlothian
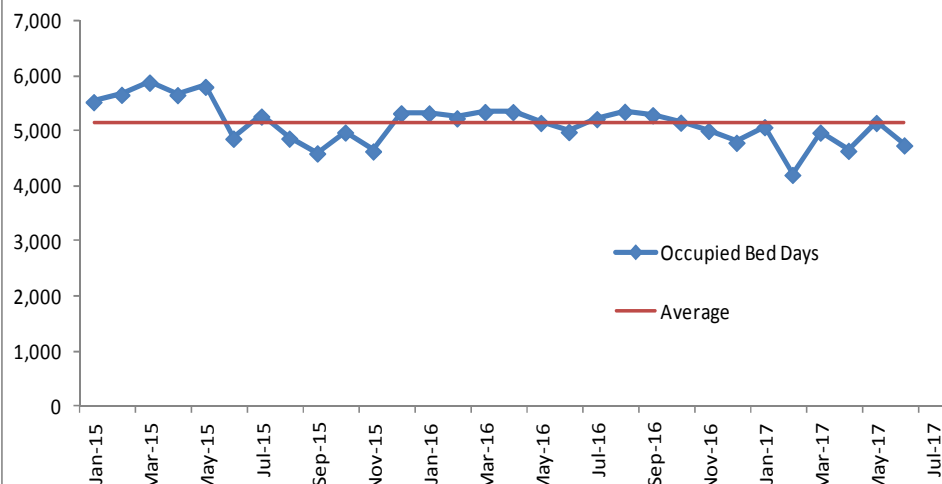


Legend:
- Occupied Bed Days
- Average

### 2b: Unscheduled Occupied Bed Days from Midlothian: Guide trajectory & baseline average



4,610

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

Legend:
- Occupied Bed Days
- Guide Trajectory
- Average
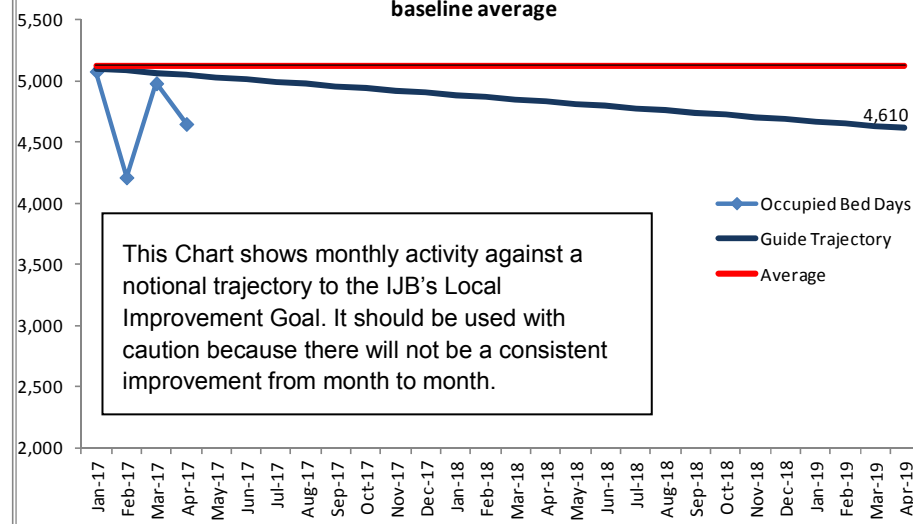
### 2c Unscheduled Occupied Bed Days from Midlothian - comparision with performance in previous years



Legend:
- 2015
- 2016
- 2017
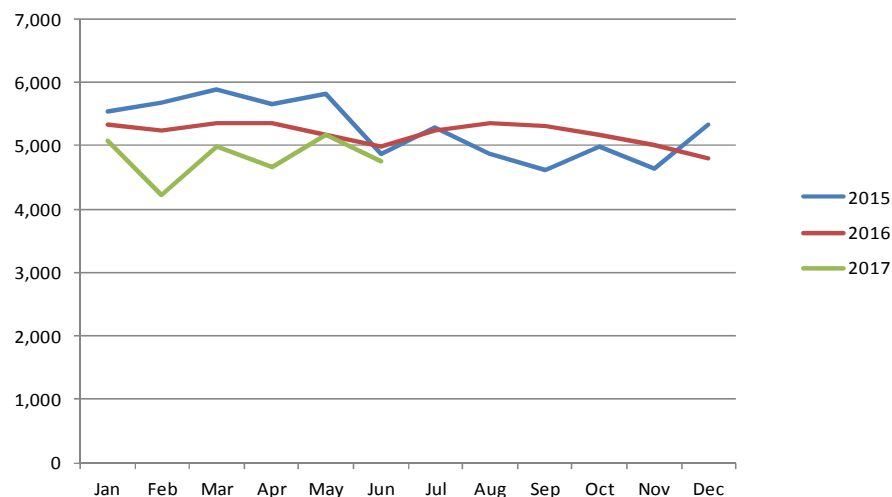
The baseline of 5,122 unscheduled OBD from Midlothian in each month was calculated from performance in 2015 and 2016

There is seasonally variation apparent in chart 2a.

Chart 2c appears to show that performance in 2017 is better than in performance with performance in 2015 and 2016. .

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

**3a:** Number of patients attending A&E via ambulance who are subsequently discharged to place of residence



**3b: A&E attendance by ambulance who are susbesquantly discharged home-comparision with performance in previous years**
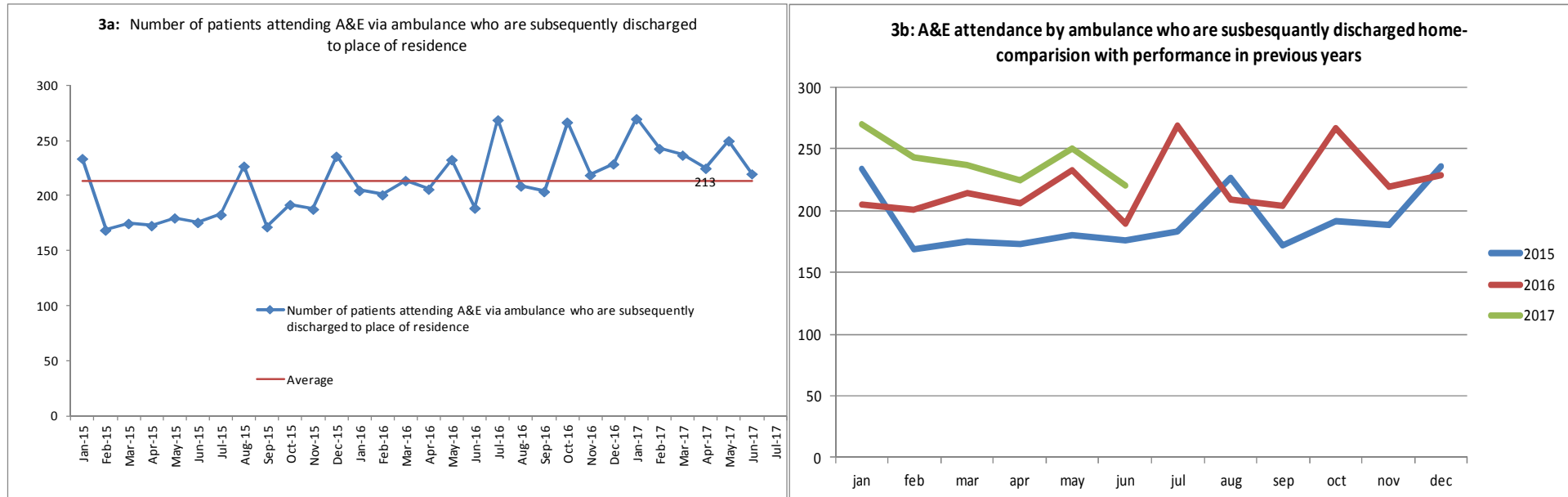


The baseline is 206 patients per month who attended A&E via Ambulance who were subsequently discharged to their place of residence during 2015 and 2016.

Both charts demonstrate an increasing number of patients are following this pathway.

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

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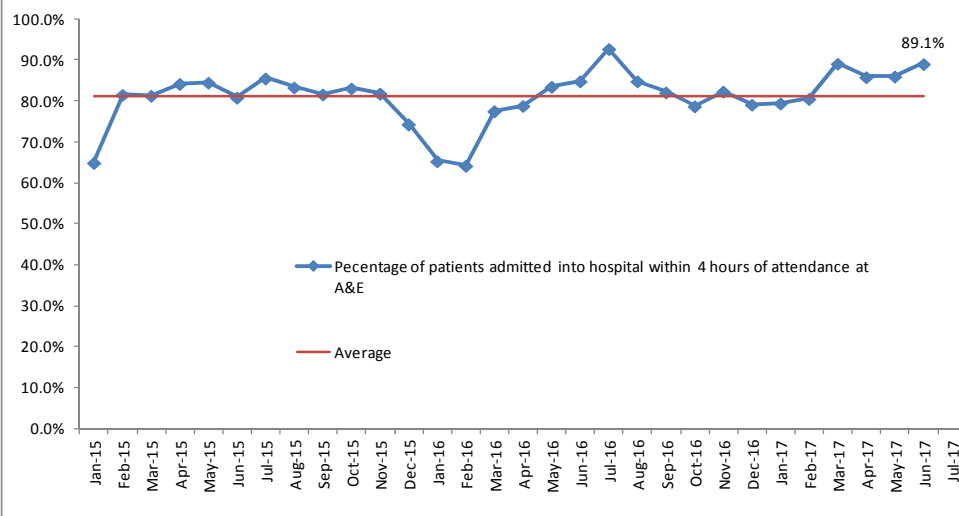


**4b: Percentage of patients who are subsequently admitted into hospital from A&E within the 4 hour standard: Guideline trajectory and baseline**



This Chart shows monthly activity against a notional trajectory to the IJB's Local Improvement Goal. It should be used with caution because there will not be a consistent improvement from month to month.
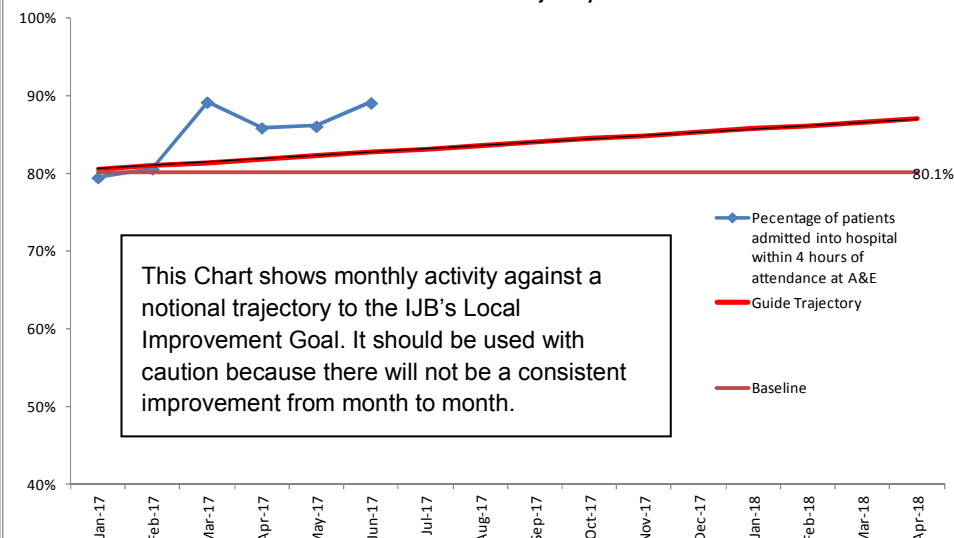
**4c: A&E patients admitted into hospital- comparision with performance in previous years**



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

There is seasonally variation apparent in chart 4a.

Chart 4c shows that performance in 2017 is better than the same months in previous years

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## 5: Maintain the current number of patients using A&E (ongoing)      Baseline: 1,756 A&E attendances

**5a: A&E Attendances from Midlothian**



**5b: A&E Attendances from Midlothian: Comparision with performance in previous years**
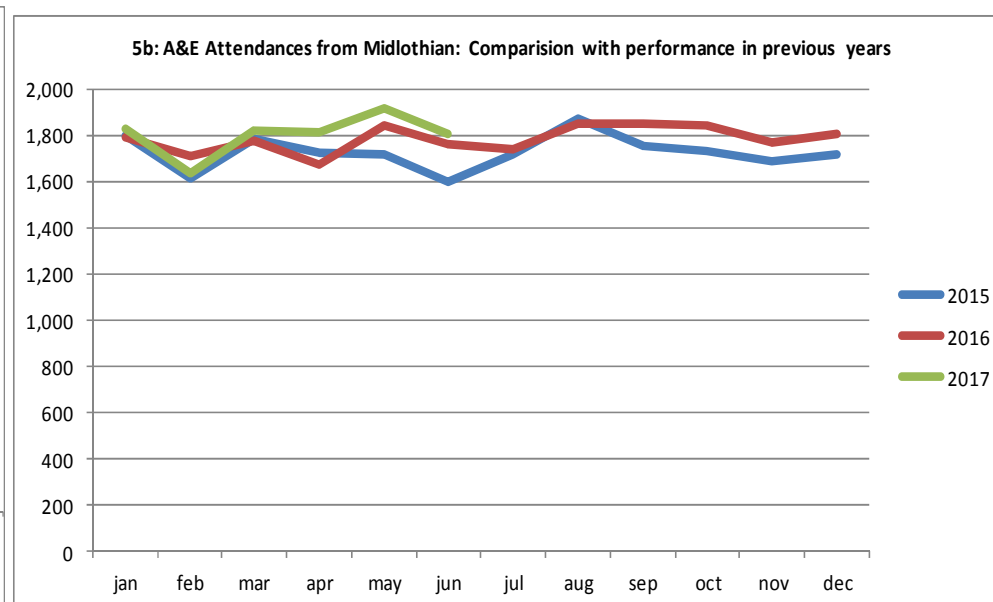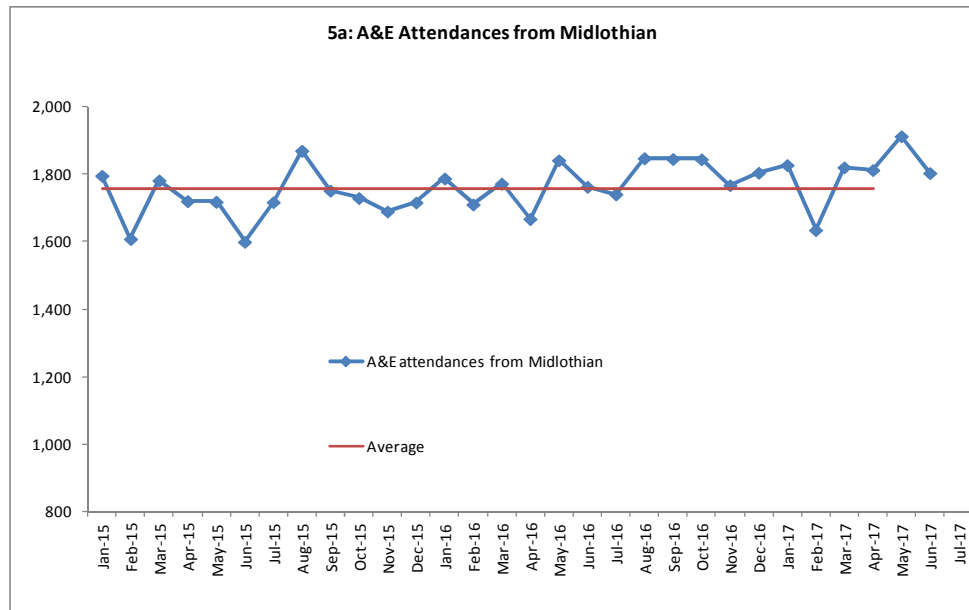


The baseline for this goal is 1,756 A&E attendances which was the average number of monthly attendances in 2015 and 2016.

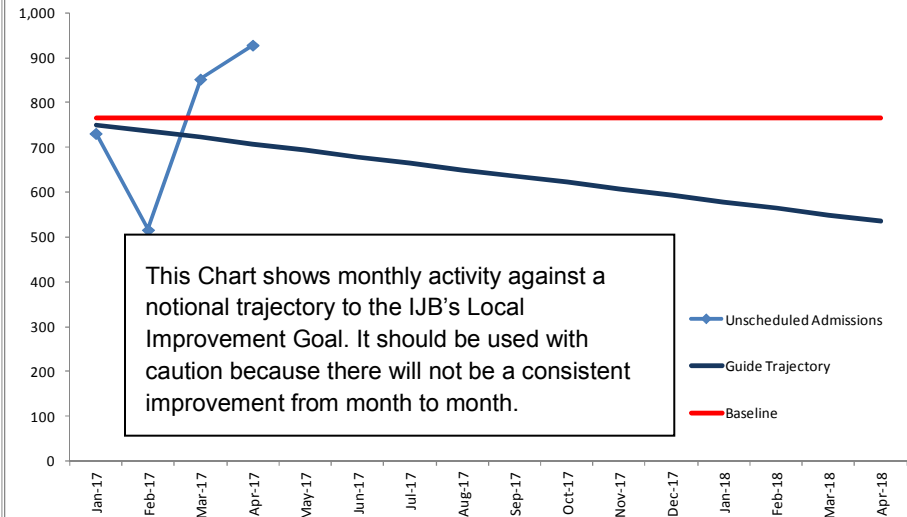## 6: Reduce delayed discharge occupied bed days by 30% by April 2018
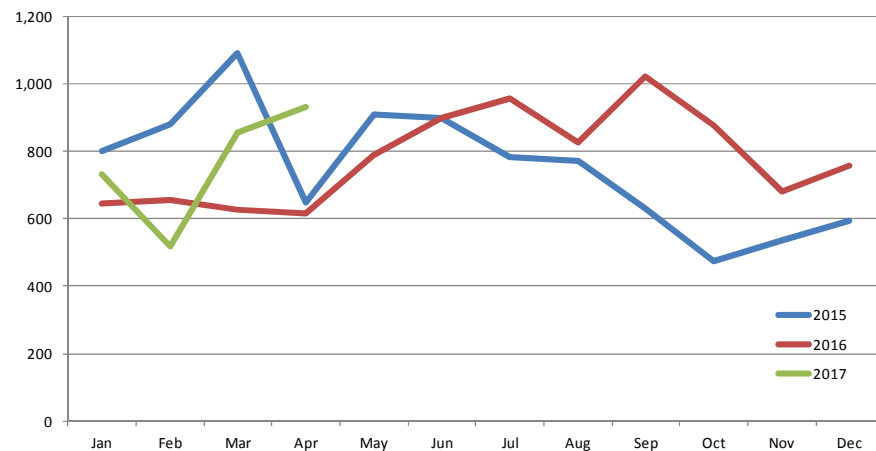
**Baseline: 765 delayed discharge OBD**

**6a: Delayed Discharge Occupied Bed Days (all delays)**

- Admissions
- Average
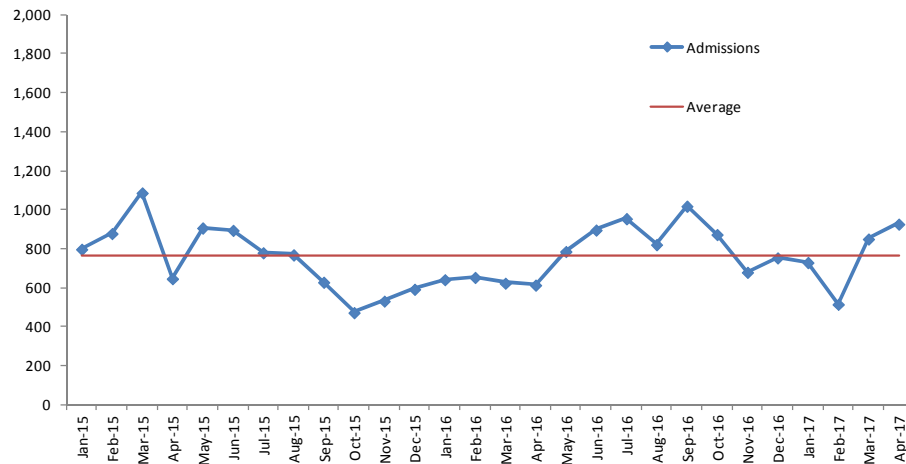
**6b: Delayed Discharge Occupied Bed Days (all delays) Guide trajectory & baseline average**

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

- Unscheduled Admissions
- Guide Trajectory
- Baseline

**6c: Comparison with performance in previous years: Delayed Discharge Occupied Bed Days**

- 2015
- 2016
- 2017

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

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

The information for this Improvement Goal is captured on the Delayed Discharge census date (last Thursday of the month).
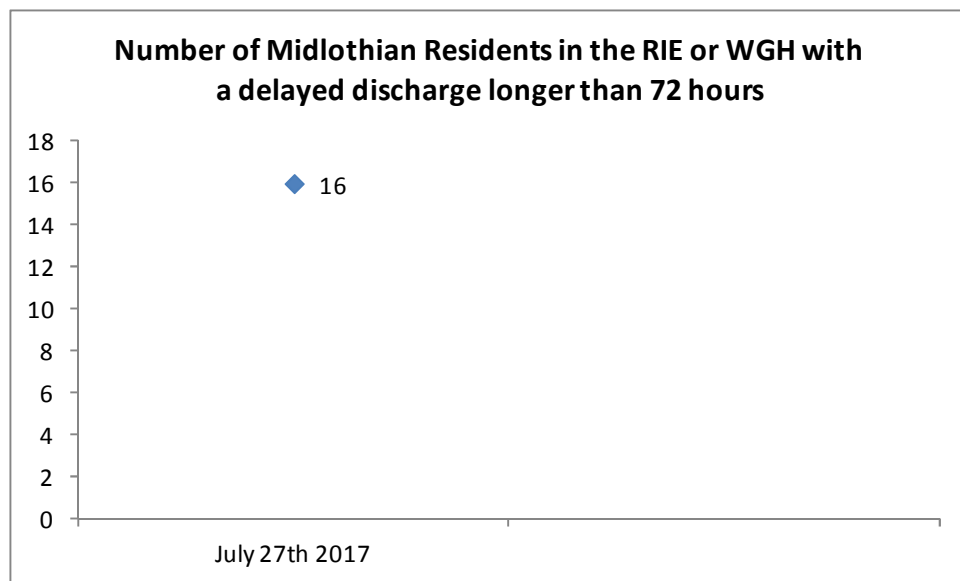
**Number of Midlothian Residents in the RIE or WGH with a delayed discharge longer than 72 hours**

◆ 16

July 27th 2017

**8: Reduce by 10% by April 2018 the number of occupied bed days in the RIE and WGH during the last six months of life.**

| | 2013/14 | 2014/15 | 2015/16 |
|---|---|---|---|
| *Midlothian IJB\** | *19,162* | *19,991* | *20,132* |

*\* this includes Midlothian Community Hospital because the information source does not allow specific hospitals to be excluded*

The information available does not currently allow separation of time spent in Midlothian Community Hospital from time spent in the Edinburgh Royal Infirmary or Western General Hospital. Further work is required to separate the data for these hospitals.

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**9: Reduce the percentage of patients over 75 who are in a larger hospital from 1.9% to 1.6% and in an care home from 6.8% to 6.2% by TBD**

| | 2013/14 | 2014/15 | 2015/16 |
|---|---|---|---|
| *Midlothian IJB* | 2.0% | 2.1% | 1.9% |

Further work is required to confirm a timeframe for this goal.

## 4.    Policy Implications

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

## 5.    Equalities Implications

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

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

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

## 6.    Resource Implications

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

## 7    Risks

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

## 8    Involving People

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

## 9    Background Papers

None

| AUTHOR'S NAME | Jamie Megaw |
| --- | --- |
| DESIGNATION | Strategic Programme Manager |
| CONTACT INFO | Jamie.megaw@nhslothian.scot.nhs.uk |
| DATE | 2nd August 2017 |

**Appendix 1:**

| Midlothian IJB Local Improvement Goals | Technical information on data used to monitor the goal |
|---|---|
| 1: Reduce unscheduled admissions by 5% by September 2018 | <ul><li>Data Source: TRAK (Oracle Analytical Database), NHS Lothian</li><li>Ages Included: 20+</li><li>Hospitals Included: RIE, WGH, STJ, REAS, Liberton, Princess Alexander Eye Pavilion</li><li>TRAK Admissions</li><li>IJB area of residence: Midlothian</li><li>Admission Type: Unplanned</li></ul> |
| 2: Reduce unscheduled hospital occupied bed days by 10% by April 2019 | <ul><li>Data Source: TRAK (Oracle Analytical Database), NHS Lothian</li><li>Ages Included: 20+ (report does not allow 18+ to be selected)</li><li>Hospitals Included: RIE, WGH, STJ, REAS, Princess Alexander Eye Pavilion, Liberton</li><li>IJB area of residence: Midlothian</li><li>Admission Type: Unplanned</li></ul> |
| 3: Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home* | <ul><li>Data Source: NSS Discovery Level 2 A&E Waiting Target Residence</li><li>Ages Included: 20+ (report does not allow 18+ to be selected)</li><li>IJB area of residence: Midlothian</li><li>Arrival Mode: 'Ambulance –Road', 'Ambulance – air', 'ambulance + A&E retrieval tea,'</li><li>Discharge Destination: 'Place of Residence'</li></ul> |
| 4: By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard | <ul><li>Data Source: NSS Discovery Level 2 A&E Waiting Target Residence</li><li>Ages Included: 20+ (report does not allow 18+ to be selected)</li><li>IJB area of residence: Midlothian</li><li>Discharge Destination: 'Admitted'</li></ul> |
| 5: Maintain the current number of patients using A&E (ongoing) | <ul><li>Data Source: TRAK (Oracle Analytical Database), NHS Lothian</li><li>Ages Included: All</li><li>A&E/MIU included: RIE, WGH, STJ. The A&E in Sick Kids is excluded</li><li>IJB area of residence: Midlothian</li></ul> |

| | |
|---|---|
| 6: Reduce delayed discharge occupied bed days by 30% by April 2018 | • Monthly data release by SOURCE team for Measuring Performance Under Integration<br>• 'All' Delayed Discharges included |
| 7: No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018 | • Data Source: TRAK, NHS Lothian<br>• TRAK and Admissions Report on monthly census day (last Thursday of the month)<br>• All delayed discharges included which are longer on census day than 72 hours |
| 8:Reduce by 10% by April 2018 the number of occupied bed days in the RIE and WGH during the last six months of life | |
| 9: Reduce the percentage of patients over 75 who are in a larger hospital from 1.9% to 1.6% and in an care home from 6.8% by TBD* | |

# Midlothian Integration Joint Board

Thursday 24 August 2017 at 2.00pm

## Addressing Delayed Discharge

| Item number: | 5.3 |
|---|---|

## Executive summary

*The Midlothian Partnership has consistently been a good performer in addressing delayed discharge and ensuring that patients are discharged in a timely manner to an appropriate setting. Over the previous 6 months, this performance has deteriorated as a result of a number of factors that are set out in more detail within the paper. The report also sets out a range of actions that are either now in place or being implemented to address this performance and ensure safe discharge for patients.*

*Board members are asked to:*

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

## Addressing Delayed Discharge

### 1. Purpose

1.1 The purpose of this report is to highlight the current challenges within Midlothian in addressing delayed discharge and to set out the actions that are being taken to ensure patients are discharged at the earliest opportunity in their care pathway.

### 2. Recommendations

2.1 Note the current delayed discharge performance in Midlothian
2.2 Discuss and support the detailed actions in place to address and reduce the number of patients who are delayed in hospital
2.3 Agree to receive a further report to provide assurance that performance has improved

### 3. Background and main report

3.1 Reducing and eliminating the number of patients whose discharge is delayed has been, and continues to be, a key priority within Midlothian and for Scottish Government. The impact on patients of an extended stay in hospital is well documented, with significant loss of mobility, confidence and function common outcomes as well as increased risk of hospital acquired infection. Therefore it remains imperative that patients are discharged once medically ready.

3.2 The number of patients delayed is also representative of how well the overall health and social care system is operating, demonstrating effective or ineffective patient flow. This can have a corresponding impact on the capacity for elective and non-elective activity, with beds being unavailable across the hospital sites, which can result in delayed admissions and cancelled operations.

3.3 Whilst previously delivering against the delayed discharge standard of no patients being delayed over 2 weeks, over the previous 6 months, performance within Midlothian has deteriorated due to a number of reasons. The table below sets this out in more detail, though it also highlights that contrary to winter pressures experienced within the hospital setting, it is the summer months that create pressures within social care.
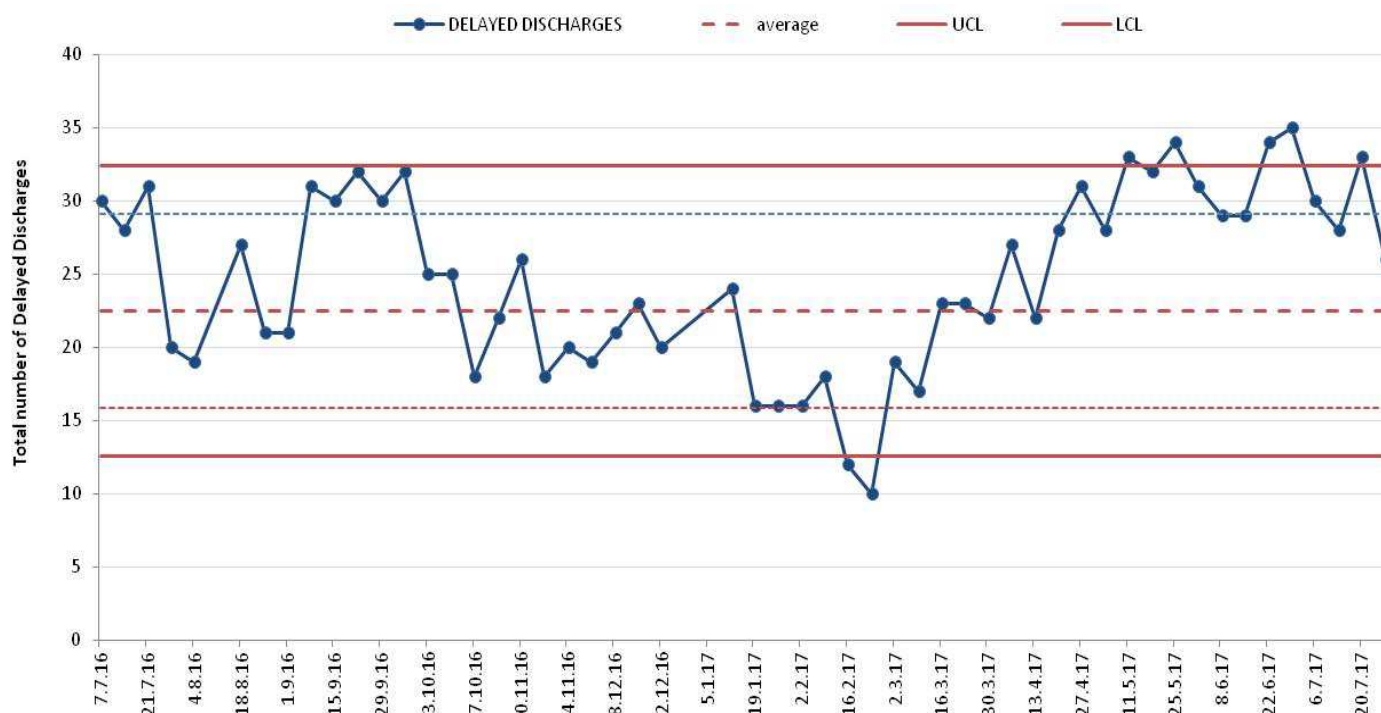
*Table 1: Total number of patients delayed ready for discharge*

3.4　　A key driver for these pressures has been significant challenges within the Care at Home sector, particularly within the west of Midlothian. This is a result of the withdrawal of a previous provider and the interim arrangements not delivering as effectively as planned. A decision has now been taken for the remaining care support workers to be transferred in to Midlothian Council and for the Service to be run by the Council as well.

3.5　　There has also been an issue with the standards of quality and care being delivered by an external provider which resulted in poor grades by the Care Inspectorate and the decision by Midlothian to place the provider under Large Scale Investigation. At this point, no new referrals for packages of care were sent to the service.

3.6　　Following extensive remedial actions, including the secondment of a registered manager from Midlothian Council, there have been significant improvements in the service and a follow-up inspection by the Care Inspectorate resulted in higher grades for quality and care being awarded. The service provider is no longer under large scale investigation.

3.7　　There is currently an overall review of Care at Home now underway that will develop a new model of care to ensure services are fit for purpose now and in the future. A detailed briefing and engagement process with IJB members will be undertaken at the October IJB meeting.
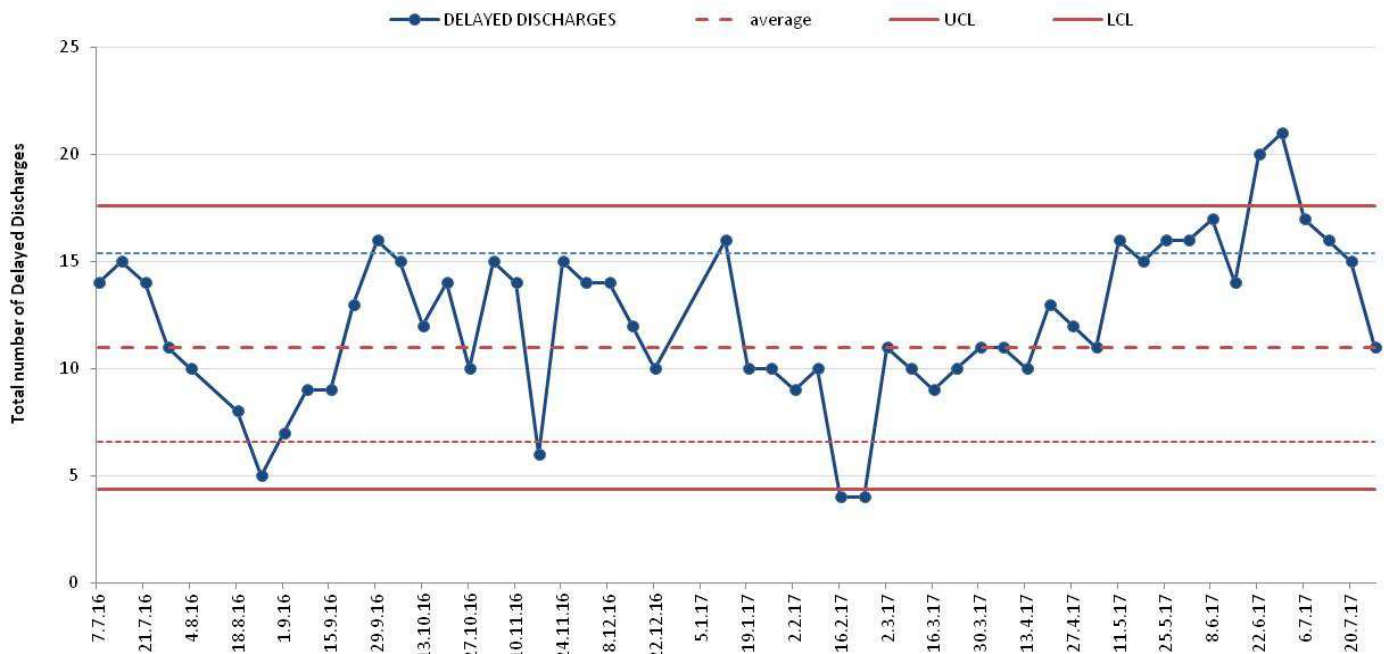
*Table 2: Number of patients delayed waiting for a package of care*

3.8    Alongside the increasing delays waiting for a package of care, there has also been a rise in patients who are coded as complex under the delayed discharge definition rules. The definition of complex can reflect that the patient requires guardianship as an adult with incapacity or if an interim move to another setting would not be in the best interests of the patient. There is close working with the In-reach team to ensure early identification and support for families who are progressing through the guardianship process and where possible patients are moved to Midlothian Community Hospital rather than remain in an acute setting.

3.9    Whilst the number of patients is generally low, due to the nature of the process, it can result in an extended wait within hospital.

*Table 3: Number of patients delayed who are coded as complex*

3.10 The range of actions that have been implemented as well as further actions that are planned is set out below to address the current performance:
- Implementation of 4 week pilot to divert all possible nursing home admissions to the Flow Centre and then to MERRIT to prevent admission to hospital
- Increased use of Midlothian Community Hospital to support patient moves to downstream beds and relieving some of the pressures on acute sites
- Weekly review of in-house service provision to increase capacity within Reablement through more effective use of the Complex Care service
- Additional management support being provided to external Care at Home provider to address concerns over service delivery
- Overall review of care at home services now nearing completion – this will create blueprint for future planning and delivery of services
- Tender published and shortlisted on Procurement website for new Framework Agreement in Midlothian to deliver care at home – delivered from 1 October
- Identification of senior manager to lead on discharge co-ordination across Midlothian and to ensure better flow between sites
- Transfer of staff from external service to Midlothian Council terms and conditions to create additional capacity within existing hours
- Support from acute Clinical Nurse Manager to implement new post-acute rehab pathway in Edenview Ward, MCH
- Establishment of post-acute rehabilitation ward within MCH and withdrawal from Liberton site to support improved patient pathway within Midlothian
- Removal of respite facility within MCH to create additional capacity (will now be provided within Newbyres Care Home
- Opening of Complex Care facility (Teviot Court) will support discharge for a patient with an extended length of stay
- Planned discharge of 2 long-stay patients from 'health house' Primrose Lodge to community setting by end of September.

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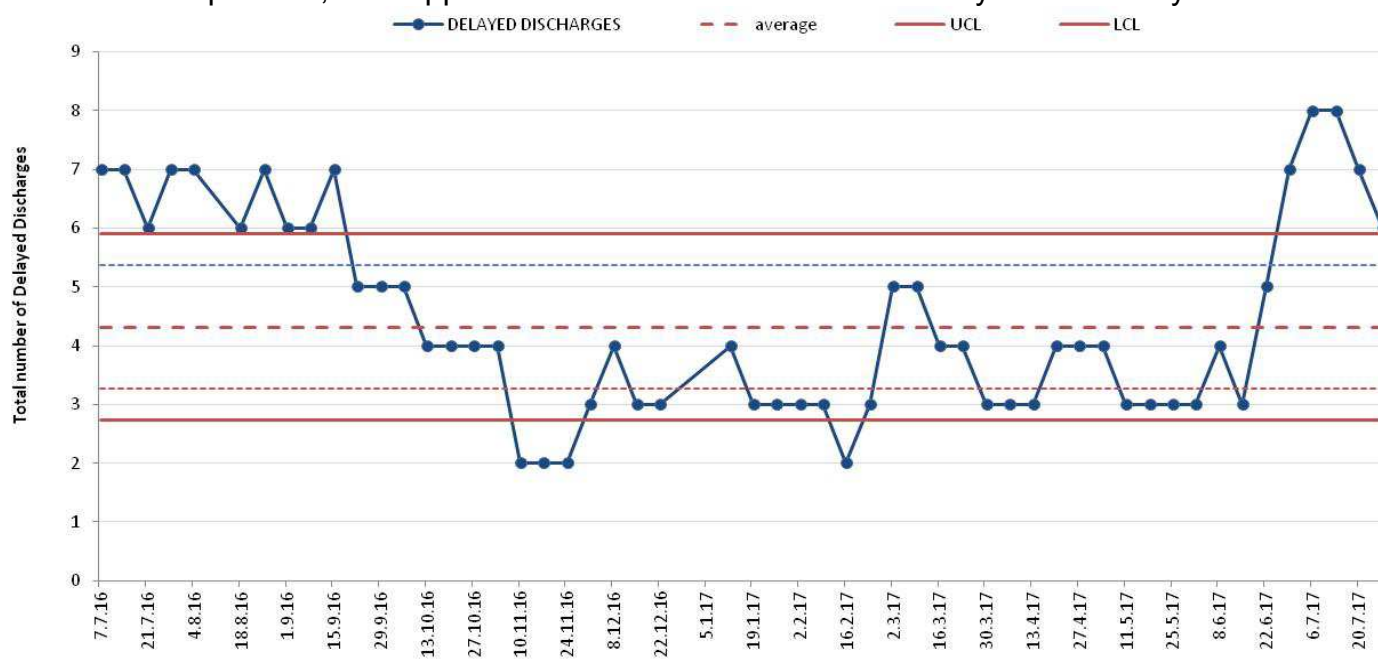
meeting provides oversight of these actions to ensure implementation.

3.12 Given the overall position in relation to delayed discharge and to provide assurance to the IJB, a further update report will be presented to the October and December IJB Board meetings.

## 4.    Policy Implications

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

## 5.    Equalities Implications

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

## 6.    Resource Implications

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

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

## 7    Risks

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

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

## 8    Involving People

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

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

# 9   Background Papers

None

| AUTHOR'S NAME | Allister Short |
|---|---|
| DESIGNATION | Head of Primary Care & Older People's Services |
| CONTACT INFO | allister.short@nhslothian.scot.nhs.uk |
| DATE | 19 July 2017 |

# Midlothian Integration Joint Board

**Thursday 24 August 2017 at 2.00 pm**

# Annual Performance Report

| Item number: | 5.4 |
|---|---|

## Executive summary

*IJBs are required to prepare and publish an Annual Performance Report. The attached Midlothian Performance Report provides information on the health and wellbeing of the people of Midlothian. It also describes the progress made in redesigning local health and care services; the financial performance of the Partnership; and the quality of health and care services delivered during 2016-17.*

*Board members are asked to:*

1. *Approve the content of the attached Annual Report*

2. *Approve the proposal to lay out the report in a user friendly format to make it easier for the public to understand how the IJB has performed during 2016-17*

# ANNUAL PERFORMANCE REPORT 2016-17

## 1.    Purpose

This report introduces the 2016-17 Annual Report and seeks the IJB's approval of its content.

## 2.    Recommendations

2.1    To approve the content of the Annual Performance Report

2.2    To agree to publish the Report in a style which is user friendly and strengthens public accountability

## 3.    Background and main report

3.1    **Legislation**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to prepare a performance report for the reporting year setting out an assessment of its performance. It further requires the Integration Authority to publish its performance report within 4 months of the end of the reporting period.

3.2    **Content of the Performance Report**

Scottish Government issued regulations prescribing the content of performance reports (Scottish Statutory Instrument 2014 No. 326). The main areas to be covered are performance in relation to the national health and wellbeing outcomes; integration principles; strategic planning; financial performance, inspection of services; and localities.

3.3    **Progress during 2016-17**

The first year of the IJB assuming its responsibilities for health and care in Midlothian has inevitably had a strong focus upon organisational and governance arrangements-clarifying budgets; developing local management systems; agreeing risk management approaches. Nevertheless there is clear evidence of new ways of delivering local services. The Hospital at Home Service grew in capacity; patients requiring rehabilitation now receive this service in the Community Hospital or at home rather than in Liberton Hospital; and more person-centred care is being provided through services such as the Mental Health Access Point and the Wellbeing Service. Plans are now well developed to provide local solutions to particular challenges including addressing health inequalities and responding to the growing pressures within Primary Care.

3.4 **Challenges**

Inevitably the financial pressures on public services have had a very substantial impact on the work of the IJB during 2016-17. This will become more difficult in future years as budgets reduce further without the back-up of NHS Lothian and Midlothian Council to address any resultant overspend. Key services were under particular pressure in responding to demand including access to GPs; the delivery of care at home services; and the capacity to support people to leave hospital as soon as they were fit to do so. An underlying and growing theme has been workforce pressures. Recruiting and retaining staff has proven increasingly difficult in fields such as Care at Home staff; GPs; and District Nursing.

# 4. Policy Implications

The response to the Christie Report, the Commission on the Delivery of Public Services 2011, laid very strong emphasis upon the need to improve openness and accountability. A comprehensive yet accessible annual performance report provides the public with information to understand and challenge the IJB. It is only through active and meaningful engagement with the public that real sustainable change to the delivery of health and care services will be achieved.

# 5. Equalities Implications

The main issue in relation to equalities is ensuring that the report is as accessible as possible. Work is underway to make the content more readable and complement it with relevant info graphics.

# 6. Resource Implications

There are no resource implications arising from this report.

# 7. Risks

The production of an annual performance report is a legislative requirement. If the report is not comprehensive or is difficult to understand it will be more difficult for the public to raise concerns, challenges or indeed register their support. There is therefore a risk of the annual performance report not being sufficiently open and transparent. Work is underway to make the content more readable and complement it with relevant info graphics.

## 8.   Involving People

This report is concerned with what has taken place during 2016-17. The engagement activities with the public are summarised in the main report. A process has recently been established to collate the views of all staff in Midlothian Health and Social Care Partnership through the national *iMatter* tool but this process was not in place for the Partnership during 2016-17.

## 9.   Background Papers

8.1   Midlothian IJB Annual Performance Report

| AUTHOR'S NAME | Tom Welsh |
|---|---|
| DESIGNATION | Integration Manager |
| CONTACT INFO | 0131 271 3671 tom.welsh@midlothian.gov.uk |
| DATE | 31/07/2017 |

# MIDLOTHIAN INTEGRATION JOINT BOARD

# Annual Performance Report

# 2016-17

**Draft Version**
**To be ratified by IJB on 24th August 2017**

**Foreword**

Integration is important but hard to do well.  At its heart is the need to ensure that people who use our services get the right care and support whatever their needs, at any point in their care journey.  In our first year as Midlothian Integration Joint Board (IJB), we have been getting to grips with this work.

- We have improved our understanding about the needs of our communities;
- We are reviewing our services so we can identify the potential for re-design and start to make changes that will have a positive impact on people's health and wellbeing.

Finances, population and workforce challenges mean that the transformational change required is considerable but necessary.

'Integration' for us is about transforming services and how we work, so that we have high quality care that is community-based, puts the person's needs at the centre and is accessible.  It means investing in prevention to encourage peer support and self-management to keep people well.  This is the right emphasis to have as it is estimated that 40% of our spending is currently accounted for by interventions that could have been avoided by prioritising a preventative approach.  We must work in partnership across organisations, not just in health and social care, but more widely with other services as well as communities and individuals to recognise the importance that housing, finance, and employment has on our health and wellbeing.  What we have been charged with doing requires change but it will also take courage.  Put simply, staying still and doing more of the same is not an option open to us.  The formation of Midlothian Integration Joint Board (IJB) has enabled us to approach the challenges we are faced with in different ways from before.

For example:
- Develop a local Primary Care Strategic Programme, which allows us to focus on the demands our teams face and work on solutions together with staff and patients
- Taking responsibility for developing a deeper understanding of how people in Midlothian use our acute hospitals like the Royal Infirmary and the Western General.  Working with our hospital colleagues should result in a shift in resources so that we can do more for people locally to avoid hospital admissions as well as get people home more quickly
- Acting more quickly as opportunities arise to plan and provide services jointly that meet the needs of our local population and address health inequalities
- Maintaining our commitment, despite the financial pressures to focus on prevention so that we make the best use of the resources available

Without the formation of the IJB, some of these things may not have happened at all, or the pace of change would have been slower - important points to highlight.  These are early days and there is still much to do.  In this first annual report, we have reported on our progress against the national outcomes that all IJBs are measured against,  but we have also tried to explain who we are as an organisation and share the stories of the successes and challenges over 2016/17.  Our thanks to you all who contribute so much to the work we do.

**Eibhlin McHugh, Chief Officer Midlothian IJB**

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**CONTENTS**

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## 1. STRUCTURE OF THE REPORT

We have measured our progress, impact and performance in different ways.

**Section 4        Scottish Government's National Health and Wellbeing Outcomes**
This looks at the nine national outcomes and within that, the 23 indicators which provide evidence of progress.  These are used by every IJB in Scotland, so you can see how Midlothian compares against the national average.

**Section 5        Our Strategic Plan**
This sets out some of the key things we said we would do in our Strategic Plan.  In some cases, reference is made to 'Directions', which sets out what we wanted Midlothian Council and NHS Lothian to undertake.

**Section 6        Locality Planning and Integration Principles**
This documents how we work as an organisation and with examples, shows how we are following the principles of integration.

**Section 7        Finance**
Financially 2016/17 has been a challenging year and we have detailed our financial position and showed how we have delivered best value.

**Section 8        Summary of inspections of services**
This summarises the inspections undertaken by the Care Inspectorate and Mental Welfare Commission across a range of services during 2016/17.

**Section 9        Integration Functions**
This section itemises the key decisions taken by the Integration Joint Board

The annual report shows some of the highlights as well as the challenges of planning and delivering services across Midlothian.  Throughout you will see other reports and strategies referenced.  For more detailed reading, please see Appendix 1 for a list of these additional documents.

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## 2. EXECUTIVE SUMMARY

As we reflect on our first full year of operation as Midlothian Integration Joint Board (IJB), the words that come to mind are transformation and partnership. We are working in a challenging financial environment, but close joint working with NHS Lothian and Midlothian Council has allowed the IJB to successfully deliver on a range of outcomes and manage our delegated financial resources. The financial pressures facing Midlothian Council and NHS Lothian mean that we must accelerate our programme of change in coming years.

We have seen successes and made progress, but have experienced challenges too, as we have taken on full responsibility for health and social care services for adults as well as services for offenders.

Successes in terms of working differently, always with the person at the centre of our plans as well as in partnership so that we can better meet people's needs- the Wellbeing Service and the Mental Health Access Point offering two excellent examples. Our challenges include the increasing demands on our services brings as our population grows and we all live longer. The on-going workforce issues that we have seen in Primary Care and Care at Home services amongst others have brought difficulties that we have not yet been able to resolve and we are very aware of the impact this has had on people living in Midlothian.

Colleagues across health and social care are working hard to integrate service delivery for the benefits of patients as well as the public purse. We have committed to a way of working which considers the whole person and our 'House of Care' approach can be seen across a range of services for the benefits of people with a long term condition, including cancer and mental health problems.

Change is also underway as we work with our hospital colleagues to shift care and resources from hospitals into the community, which is of particular relevance to our increasing number of older people. Of particular note is our MERRIT Team (Midlothian Enhanced Rapid Response and Intervention Team) whose range of health and social care expertise helps support older people to stay in their homes and to return home from hospital as soon as possible. While partnership working is not new, we are keen to look at opportunities to bring colleagues together and Midlothian's Joint Dementia Team is an excellent example of how working together across health and social care services can improve the quality of care.

More detail can be seen in our Strategic Plan, which sets out the journey we want to make over the next two years and how we intend to redesign services. This includes supporting people to stay healthy and enabling people to recover or live well with their long-term condition. We will give a strong emphasis to helping people to manage their own health, recognising the uniqueness of each individual. We will also pay particular attention to addressing the unfair health inequalities in our communities which are often linked to poverty and unemployment.

The pace will not be easy and a joined up approach to strategic and financial planning will be key as we aim to deliver services that are accessible and of a high quality to everyone in Midlothian, within these challenging financial times.

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**Some of our key achievements in our first year are:**

- The Community Planning Partnerships and area targeting work which brings services and communities together across Midlothian to tackle inequalities and create solutions for local health and care needs.

- Developing our House of Care approach across a range of services for people with mental health problems, people affected by cancer, vulnerable communities and people with long term conditions. All of these services give people time and space to think about what matters to them.

- Investing in joint teams that have an impact on hospital admissions and delayed discharges, like MERRIT.

- Bringing services closer to home with the move of rehab services from Liberton Hospital to Midlothian Community Hospital.

We will publish an Annual Performance Report each year to share with you what we have achieved as well as our challenges and the impact these have for everyone in Midlothian.

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## 3. INTRODUCTION – OUR VISION

Midlothian Integration Joint Board brings together NHS Lothian, Midlothian Council, third sector partners and communities to plan and provide services to meet the needs of our population. Our vision is that:

**"People will lead longer and healthier lives by getting the right advice, care, and support, in the right place, at the right time**

We want everyone living in Midlothian to be as healthy and well as possible and respect that people should have control over their lives. However, when help is needed, our services and the care and treatment we provide should be of a high standard, easy to use and accessible.

In terms of how we measure impact, our Strategic Plan sets out how we will deliver on the nine national health and wellbeing outcomes for integration. This Annual Report describes our progress against them and to help illustrate where we think we have made a difference, some key areas of work are highlighted.

**National Health and Wellbeing Outcomes**

| | |
|---|---|
| 1 | People are able to look after and improve their own health and wellbeing and live in good health for longer |
| 2 | People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community |
| 3 | People who use health and social care services have positive experiences of those services, and have their dignity respected |
| 4 | Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services |
| 5 | Health and social care services contribute to reducing health inequalities |
| 6 | People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being |
| 7 | People using health and social care services are safe from harm |
| 8 | People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide |
| 9 | Resources are used effectively and efficiently in the provision of health and social care services |

Scottish Government identified 23 indicators that were felt evidenced the nine national health and wellbeing outcomes and these are set out in Section 3. In addition, the IJB agreed on two additional 'weather vane' indicators- the rate of over 75s admissions and delayed discharges (over 3 days).

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The Strategic Plan sets out how we want to re-design services and engage with our communities as part of this journey. Put simply, there are neither the finances nor the staff to keep providing services the way we have been doing and so change, collaboration and innovation are required for us to meet the challenges ahead. Our 'Realistic Care Programme' will help us make the shift to care models that are sustainable, fair and provide better outcomes for all.

**Our challenges**
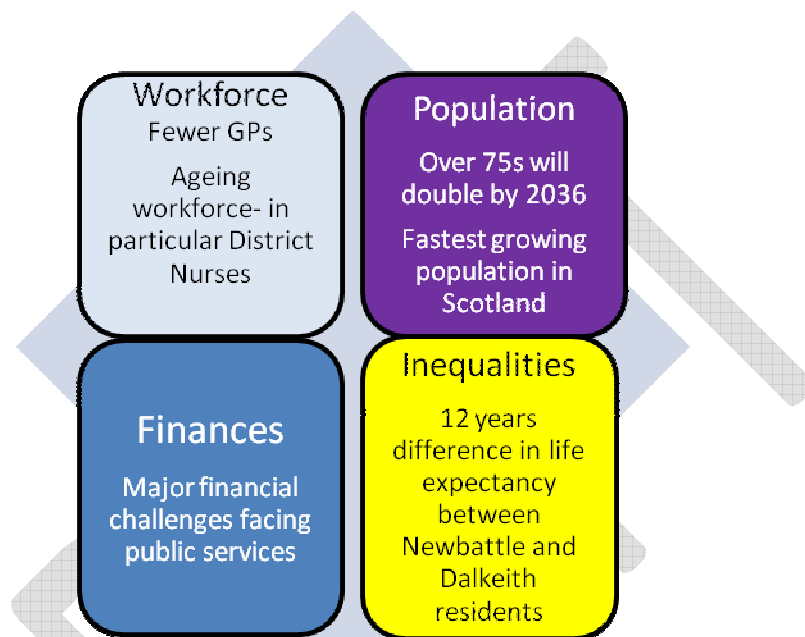


As our population grows and gets older, people have more complex health and social care needs and so our services must change. We also need to work in ways that make the best use of our resources. Finally, we need to pay particular attention to addressing the unfair health inequalities in our communities which are often linked to poverty and unemployment.

We are fortunate in Midlothian to have a wide network of user groups who have already influenced the Strategic Plan. We will continue to listen to our communities, developing trust and respecting each other's perspectives, as we build on the good work which has taken place in recent years in neighbourhood planning. For our staff, we will support them to have the skills and confidence to work in a more holistic way and in partnership with other agencies and with the unpaid family carers whose role cannot be overestimated.

Looking wider than Midlothian, the re-organisation of our health and social care systems mean that there is complex work going on 'behind the scenes' with our colleagues in hospitals and other IJBs across the Lothians to ensure that we make the best use of resources to meet the needs of our communities.

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The challenges facing both NHS Lothian and Midlothian Council in trying to meet increasing demand with reducing budgets will be equally felt by the IJB in planning how to deliver health and social care services in Midlothian. Key to our financial strategy is ensuring that we are rebalancing services by shifting spend from hospital and other institutional care to more robust and responsive services in the community.

In this, our first annual report, we want to look back over the work from 2016/17. We describe what the IJB has achieved against the health and wellbeing outcomes as well as some of the main areas we have been working on and the difference this has made.

In brief, you will find examples that focus on:

- Older People
- Primary care
- Hospitals
- Health inequalities
- Long term conditions

Our work is set out more fully in our Strategic Plan and Delivery Plan. Please see Appendix 1 for a list of links to key documents and reports.

The annual report offers an opportunity to reflect on what went well, but also to acknowledge the challenges we have faced and how, as an organisation we have chosen to respond to difficult circumstances and learn from these experiences.

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## 4.    NATIONAL HEALTH AND WELLBEING OUTCOMES-OUR PERFORMANCE

The following indicators evidence the nine National Health and Wellbeing Outcomes.

**2016 /17 Performance at a glance[1]**

[1]ISD (June 2017) Midlothian 2016/17 Performance Core Suite of National Health and Wellbeing Outcome Indicators

93% of adults are able to look after their health very well or quite well (Scotland 94%)

Premature mortality rate is 396 per 100,000 persons (Scotland 441)

78% of adults supported at homeagreed that they are supported to live as independently as possible (Scotland 84%)

Emergency admission rate is 10,689 per 100,000 population (Scotland 12,037)

85% of adults supported at home agreed they had a say in how their help care or support was provided (Scotland 79%)

Emergency bed day rate is 112,933 per 100,000 population (Scotland 119,649)

75% of adults supprted at home agreed that their health and scoial care services seemed to be well coordinated (Scotland 75%)

Readmission rate to hospital within 28 days is 104 per 1000 population (Scotland 95)

73% of adults receiving any care or support rated it as excellent or good (Scotland 81%)

85% of the last 6 months of life is spent at home or in a community setting (Scotland 87%)

80% of people had a positive experience of the care provided by their GP practice (Scotland 87%)

Falls rate is 19 per 1000 population over 65 years (Scotland 21)

86% of adults supported at home agreed that their services and support had an impact on improving or maintaining their quality of life (Scotland 84%)

85% of care services have been graded "good" (4) or better in Care Inspectorate inspections (Scotland 83%)

40% of carers feel supported to continue in their caring role (Scotland 41%)

68% of adults with intensive care needs are receiving care at home (Scotland 62%)

82% of adults supported at home agreed they felt safe (Scotland 84%)

The number of days people spend in hospital when they are ready to be discharged is 973 per 1000 population (Scotland 842)

23% of health and care resource is spent on hospital stays where patient was admitted as an emergency (Scotland 23%)

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**4 (a)**

> **Outcome 1- Improved health and wellbeing**
> *People are able to look after and improve their own health and wellbeing and live in good health for longer*

Supporting people to stay healthy is not new, but encouraging people to live well needs a range of approaches, services and amenities. For example, being more active is easier if there are safe streets, cycle paths and affordable leisure services. Eating well includes access to affordable fruit and vegetables. Our partnership working with the Food Alliance, Council Services such as Leisure and Recreation and the voluntary sector are crucial to these issues.

Our emphasis on prevention can only work if we have strong relationships in place so that we can support people in a holistic way. We know that lives are complex and that the challenges people are dealing with such as unemployment, money worries and managing long-term health conditions all have an impact on mental and physical health and the ability to make choices that help us to live well. If we have confidence to look after ourselves and have more control in our lives, this enhances our sense of wellbeing, but we recognise that for some people in our communities, this is difficult, so finding ways that we can support people to do this is important.

We know that mental health issues are common reasons why people see their GP. But quite often, because of the many different issues that contribute to someone's difficulties, GPs are not always the best placed to help. We wanted to develop services that could offer a different approach from prescribing medication and had the time and skills required to support individuals to find the solutions that felt right for them.

**The Challenges:**



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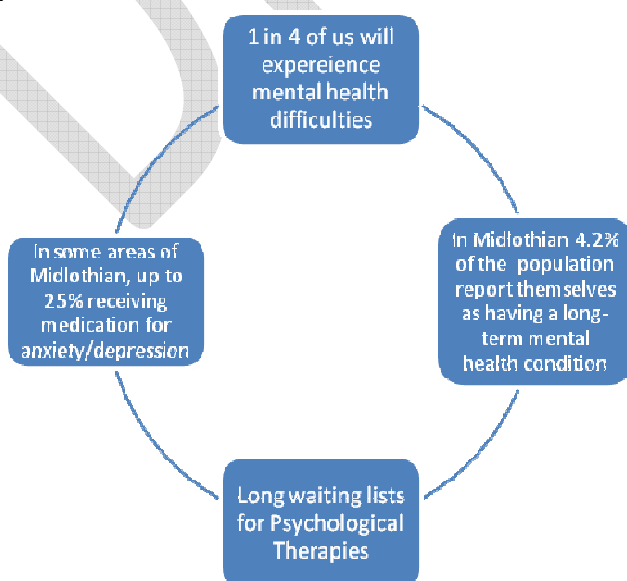
**Progress in 2016/17**
**Wellbeing Service – in partnership with the Thistle Foundation**
The Wellbeing Service has grown and is now available in eight of our GP practices.  It gives people time and space to consider what is going on in their lives and to develop their own ways to feel better.  The 'good conversation' demonstrates our 'House of Care' approach to seeing the whole person.

**The top issues reported are:**

- Family
- Relationships
- Money worries
- Housing issues
- Long term mental health issues

**Data to end March 2017 identified that:**

- 809 people referred – more likely to be living in an area experiencing multiple deprivation than the population of Midlothian as a whole.
- 508 people supported via 1648 appointments
- There is a significant increase in people's WEMWBS over time (this measures general wellbeing).  On average, people have moved from a score of 35 at first appointment to 49 on discharge. This is just over the population average score.

Health Economics work is on-going as part of the full evaluation which will cost outcomes such as weight loss, in terms of saved GP appointments and impact on prescribing.

**Case Study - John's story.    52 years old and has lost a close family member**
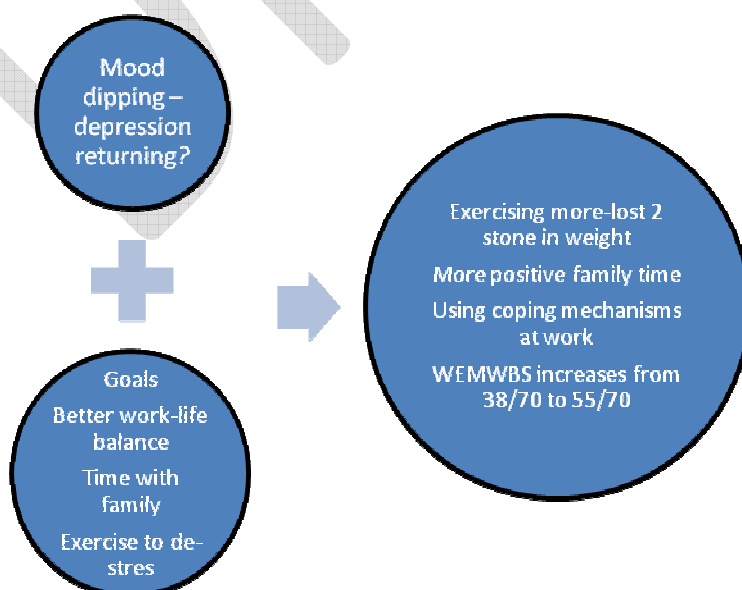
**4 (b)**

> **Outcome 2- Support to live in the community**
> *People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community*

Although services are working hard to support people in their own homes, or as close to home as possible, some areas have been challenging for Midlothian and some of our performance indicators are below the Scottish average.

Emergency admission and bed day rates are both lower than the Scottish average, however the readmission rate is higher. The number of days people spend in hospital when they are ready to be discharged is also higher than the Scottish rate. Our plans to address unscheduled care and to ensure people are discharged within the 72 hour target remains a top priority for the Partnership.
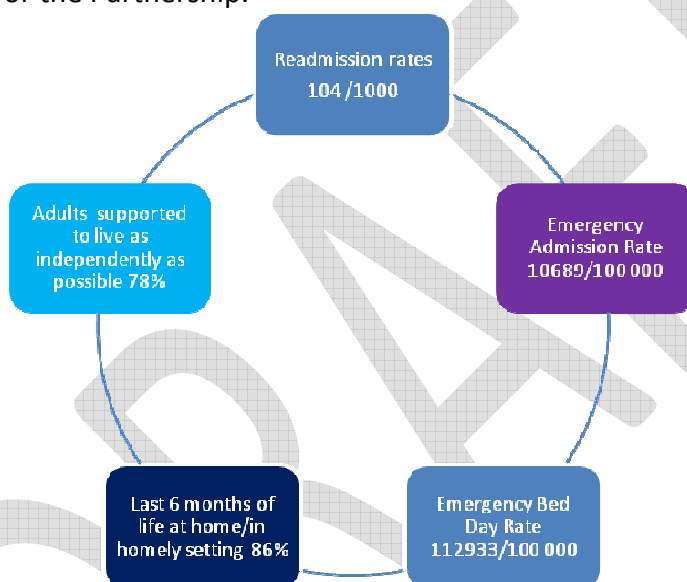


**Progress in 2016/17**

Whilst the lack of capacity in 'care at home' services is a major problem, we further invested in the **Midlothian Enhanced Rapid Response and Intervention Team (MERRIT).**

This aims to prevent avoidable admissions to hospital, help achieve a speedier discharge home, provide an intensive rehabilitation service either in the home or within the intermediate care unit at Highbank, and provide an alternative to hospital admission for older adults in Midlothian.

With extra investment, the "Hospital at Home" service now operates 7 days per week. In addition, a new post to support people with advanced Chronic Obstructive Pulmonary Disease (COPD) so they avoid hospital admission is in place. These developments mean that more people can be looked after at home. It also means more people can leave hospital quickly. As a result Midlothian has a low rate of people who are unable to leave hospital because the necessary care is not in place.

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**4 (c)**

> **Outcome 3 – Positive experience and treated with dignity**
> *People who use health and social care services have positive experiences of those services, and have their dignity respected*

Feeling involved in your own healthcare is important. In Midlothian, 85% of people agreed that they had a say in how their care was provided, which is higher than the Scottish average. However, ratings for health and care services and the care provided by GP practices were lower than the Scottish average. Finding it hard to see a GP has been raised by people across Midlothian and probably contributes to our lower than average score.

We also recognise that many people in Midlothian experience difficult times, struggling with addictions, mental health problems or are at risk of offending. Approaches focusing on peer support, such as the Recovery Cafe and SPRING are part of our commitment to having the appropriate support and pathways in place for those at particular risks. Communities also benefit from Unpaid Work projects undertaken as part of community based sentencing.

**Progress in 2016/17**
**Access Point – in partnership with Health in Mind**
We are aware that it takes courage to seek help and that long waits for services such as Psychological Therapies can create barriers to people coming forward. As a Partnership, we wanted to offer a responsive and accessible service and in mid-2016, launched the Midlothian Wellbeing Access Point. The service operates as a drop-in, so no referral is needed. This is an important feature, as the service is available when the person feels ready to seek help and it takes away the delay usually associated with accessing a service. Based at the Midlothian Community Hospital and Eastfield Health Centre, the service offers time with a Nurse Therapist to help people decide what they need to increase their mental wellbeing – reducing low mood, feelings of stress; increasing confidence and self-esteem.

**Between August 2016 and April 2017:**

| 72 Access Point clinics held | 608 people seen | 71 services/resources signposted onto |
|---|---|---|
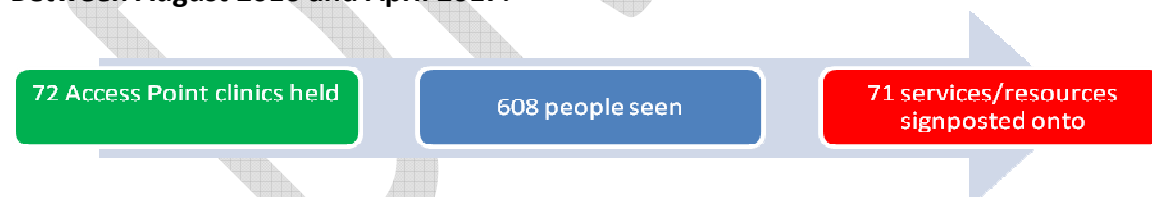
**Common themes emerging from the Access Point**
- Referrals to Psychological Therapies more appropriate
- Higher percentage attending assessment appointments and a higher percentage of men attending who have not used mental health services before
- People signposted / referred onto services that were not known to them

**What people said….**

*"Worker was very kind and took time to really listen to my situation."*

*"Range of options for help. Felt listened to and acknowledged"*

*"Able to offer me another appointment quickly to go into what I needed."*

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**Outcome 4- Improved quality of life**
*Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services*

The Performance Indicators relating to maintaining quality of life (84%) and the percentage of service graded 'good' or better by the Care Inspectorate (85%) were both higher than the Scottish average.

**Progress in 2016/17**

- **Highbank Care Home** provides 27 intermediate care beds. These beds are for people leaving hospital but not yet ready to go home or people who would otherwise have needed to go to hospital. After a stay at Highbank, 80% of people have higher independence and 53% are able to return home instead of going to a hospital or care home

- Midlothian now has an integrated **Dementia Team** who provide an immediate response to emergencies for people with dementia.

- **Midlothian Active Choices (MAC)** supports people with mental health, obesity or long-term health conditions. Alongside this, the **Ageing Well** programme, with its bank of volunteers offers a range of activities that enables older people to stay active and is now available in care homes and sheltered housing complexes

- Tackling isolation remains a high priority. We made some improvements to day care with a new service established in the Community Hospital and a redesigned day care service the **Grassy Riggs** - provided in Woodburn

15

**4(e)**

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**Outcome 5- Reduced health inequalities**
*Health and social care services contribute to reducing health inequalities*

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It is well recognised that vulnerable individuals and those from a disadvantaged background are more likely to suffer from ill health, complex health issues, and require greater resources to keep them healthy. The core integration measure of premature mortality among people aged 75 and under is lower than the Scottish average. This shows positive progress over the last 5 years from 414 to 396 deaths per 100,000 population over 5 years.

Investment by the IJB in services for offenders and for people with mental health and substance misuse problems reflects that reducing health inequalities is a priority for the IJB and the Community Planning Partnership. The Community Planning Board has developed a set of indicators that tell us whether we are making progress in reducing health inequalities and this work has been recognised as good practice in other parts of Scotland.

**Progress in 2016/17**

The IJB elected to include services for offenders in its scope to strengthen the local approach to addressing the health and care needs which are often the root causes of offending behaviour. **SPRING** supports women with complex needs who are at risk of or have been involved in offending. **Fresh Start** engages with individuals at the point of arrest and links them into relevant services such as substance misuse and mental health services.

The **Community Health Inequalities Team (CHIT)** launched a new service back in March 2016. Vulnerable individuals, such as carers, veterans and people experiencing homelessness have an opportunity to meet with a nurse for up to an hour to discuss what matters to them and what they would like to happen to help them lead healthier lives. The team also run a pre-diabetes programme for anyone at high risk of developing type 2 diabetes. Analysis of where people live demonstrates that the service is reaching people from more deprived areas.

Between April 2016 and March 2017:

| 135 individuals benefitted from a Health Needs Assessment | 44% attended 1 session  35% attended 3 or more sessions | 77.6% signposted/referred onto other services |
|---|---|---|

16
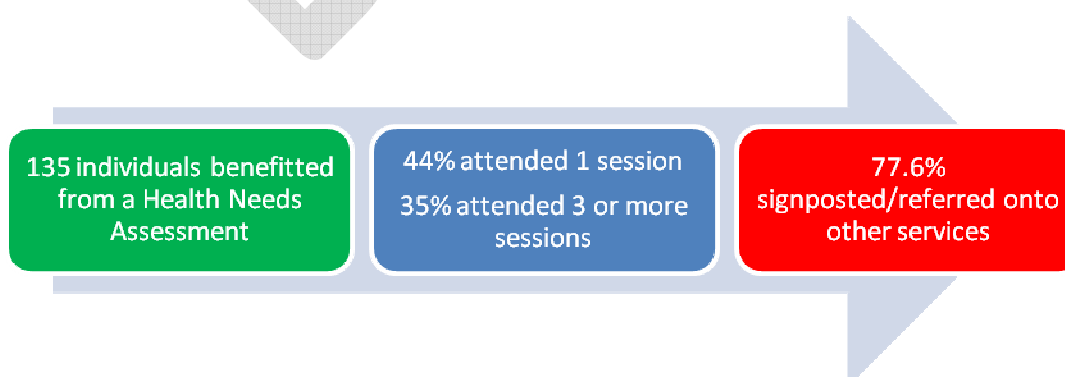
**4 (f)**

> **Outcome 6- Support for carers**
> *People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing*

As a Partnership, we could not do what we do without the contribution made by unpaid carers. We estimate that @10% of our population have some form of caring role. In the national indicators, 40% of carers feel supported to continue in their caring role (Scottish rate 41%)

Financial security, physical health and emotional wellbeing are key issues. We have worked in partnership with VOCAL (Voices of Carers Across Lothians) and CAB to develop targeted services to meet these needs.

**Progress in 2016/17**
VOCAL has partnered with local agencies to develop peer support groups, monthly carer health surgeries and counterweights classes at the Midlothian Carers Centre. It has also assisted carers in receiving over £227,000 through advocacy for PIP (Personal Independence Payments) and ESA (Employment Support Allowance) assessments.

**A Respitality scheme for carers to access hospitality sector opportunities for short breaks.**
The providers make a 'gift' to a carer (plus companion) so they can have a short break away from the often heavy demands of their caring responsibilities, to recharge their batteries and have some 'me time'

**Links between VOCAL and Health and Social Care services**
Primary care and VOCAL Midlothian have been undertaking a pilot project in Dalkeith Health Centre in an attempt to support GPs in the service they offer to unpaid carers, helping them address issues which may be due to their caring role.

A multi-agency led Power of Attorney (POA) promotional campaign ran in November 2016 and resulted in a number of local people applying for POA and most people receiving a beneficial discount or access to Legal Aid to cover the costs. VOCAL runs monthly Power of Attorney surgeries for carers to create POAs for carers and the person that they care for – in the last year 120 carers received support to set up a POA.

The Community Health Inequalities Team (CHIT) provide surgery appointments to unpaid carers to discuss their health needs and find ways to address issues which may be affecting their health and wellbeing.

17

**4 (g)**

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**Outcome 7- Safe from harm**
*People using health and social care services are safe from harm*

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Good joint working is strongly associated with supporting people to be safe from harm, as well as helping prevent avoidable risks. The East Lothian and Midlothian Public Protection Office involves health, social care and Police working together to support and protect adults and children who may be at risk of harm.

On the core integration indicators performance is positive with 82% of people supported at home feeling safe (Scottish average 84%) and the falls rate among people aged 65+ has reduced from a high of 23 in 2012/13 to 19 in 2016/17, which reflects the well-established falls pathway we have in Midlothian.

**Progress in 2016/17**
We will provide support to help keep people safe. Specific examples include:

Ensuring Midlothian services have a better understanding of domestic violence. Midlothian has the sixth highest rate in Scotland, but our services are becoming more aware. This issue comes up frequently with the new Wellbeing Practitioners based in eight of our Health and can often be the starting point people need to take positive steps.

We have worked in partnership with Women's Aid and Midlothian Council to increase refuge capacity within Midlothian. An additional flat was secured that we can specifically use to meet the needs of women with co-occurring substance misuse and domestic abuse. The substance misuse project worker will work closely with the accommodation team workers in developing our capacity to support women with complex needs within this unit.

Telecare is an important element of our strategy to support older people for as long as possible in their own home, maintaining independence, managing risk and reassuring families. Discrete sensors are placed around the home that can create automatic alerts or the individual can press a button to signal that there is a problem like a fall.

18

**4 (h)**

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**Outcome 8 – Engaged and supported workforce**
*People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide*

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To support the changes we want to see happen in Midlothian, our staff are crucial. Integration brings opportunities for professionals to work more closely together and is also critical to addressing staff shortages. Our staff need support too and opportunities to learn together so that they have the skills and confidence to work in a more holistic way is important.

In terms of staff surveys, iMatters is being rolled out to all Health and Social Care Partnership staff for the first time this year, so will include social care staff.

**Progress in 2016/17**
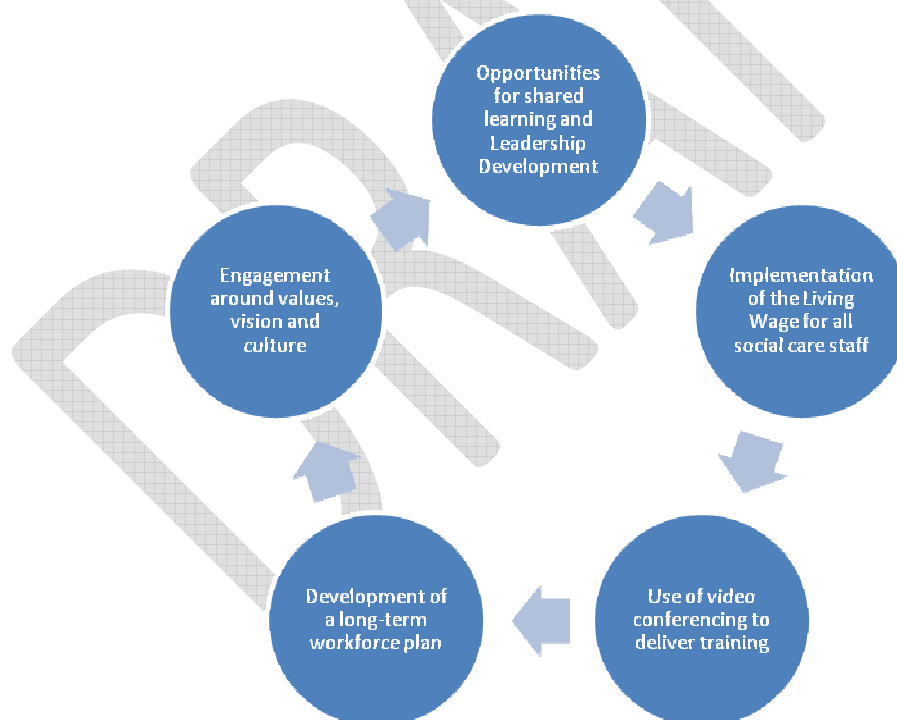
**4 (i)**

> **Outcome 9- Efficient and effective use of resources**
> *Resources are used effectively and efficiently in the provision of health and social care services*

In 2016/17, we have achieved a balanced budget position.

At 23% the level of health and care resource spent on emergency hospital care is the same as the national average. 85% of people spend the last 6 months of life at home or in a community setting, rather than in hospital, which is lower than the national average of 87%.

Prescribing is the main pressure which had an overspend of £1.3m in the year. Medication is vital in helping people recover and keeping people well. However the costs are high; almost £17m of the total £86.7 million budget for NHS Services in Midlothian is spent on prescribing. Considerable effort is being made to reduce these costs safely whilst developing alternatives.

Successful implementation of the Social Care (Self Directed Support) (Scotland) Act 2013 has resulted in growth in Self Directed Support which promotes more individual choice and control over how services are delivered

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## 5.  OUR PROGRESS AGAINST THE STRATEGIC PLAN 2016-2019

Our key priorities for change were as set out in our Strategic Plan were:



We said that we would provide services differently so that:

People are treated as individuals and have the confidence to look after themselves where they can

- Technology is used to help efficiency
- They are more easily accessible
- People know what services are available and have access to good information
- We  help people to think about their future needs

Acknowledging the challenges of finances, the changes in our demographics and the persistent inequalities that exist, the Partnership's approach has centred on re-framing our expectations of the health and social care system and as part of this, testing out new ways of working.  The Partnership issued its Directions, which sets out the things that we said Midlothian Council and NHS Lothian must undertake and these map onto the Strategic Plan. For a link to the Strategic Plan, please see Appendix 1.

The following section highlights some key areas of work.

**Key Area 1        Older People**

> **Directions 1, 2 and 5**
> **What we wanted to do:**
> Have more services delivered locally
> Prevent unnecessary hospital stays, especially for people with complex needs such as dementia

Over the next 20 years, the number of people aged over 75 will double in Midlothian.  Many older people live well and remain independent, as well as making a significant contribution to Midlothian through volunteering or as informal carers for family and friends.  But we know that there can often be issues such as feeling lonely that can impact on people's sense of wellbeing.

**Reducing isolation and ill health**- our services support people to stay active and encourage social interaction, like Ageing Well and Midlothian Active Choices (MAC) and a new day centre in Woodburn, one of our most deprived communities- Grassy Riggs – brings people together to tackle isolation.

For those who need input as they get older, we want to be able to care for more people at home, or in a homely setting, rather than in hospital.  The skills and expertise of our health and social care teams, working in partnership with the voluntary sector and unpaid carers, means that we can do this.  But to provide community-based alternatives, we also need to develop a better understanding of how the Midlothian population uses acute hospitals.

- Admission Prevention

We are giving priority to developing services which reduce the need for people to go into hospital, like 'Hospital at Home' (part of the MERRIT service).

- Facilitating Early Discharge

Delayed discharge, even for a day is in no-one's interests and while Midlothian has consistently met national discharge targets in recent years, we should be working towards the complete elimination of delays in hospital.  Our performance in relation to repeat emergency admissions, whilst improving, remains relatively poor. We are taking further action to reduce unnecessary admissions including more intermediate care beds.

Our 'Care at Home' service has faced significant difficulties over the last year.  Home carers play a vital role in terms of day to day tasks as well as responding to emergency situations such as falls and across Midlothian provide 820 hours of care each day.  But we have faced great difficulties in recruitment, while at the same time, knowing that more people need the service.  This has led to people having to wait to receive care at home, which is very distressing. The situation has also impacted on other services, such as Re-ablement and caused pressures in the system so that people are unable to come home from hospital.   As a result, we have taken steps to improve the situation, such as making sure care is given to

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those who most need it and looking at how to attract more people to work for Care at Home services.

**What we did:**

Action Plan developed for Midlothian Community Hospital

Rehab services transferred from Liberton to Midlothian Community Hospital

Investment in MERRIT to tackle unplanned hopsital admissions

Two specialist dementia units at Newbyres Care Home
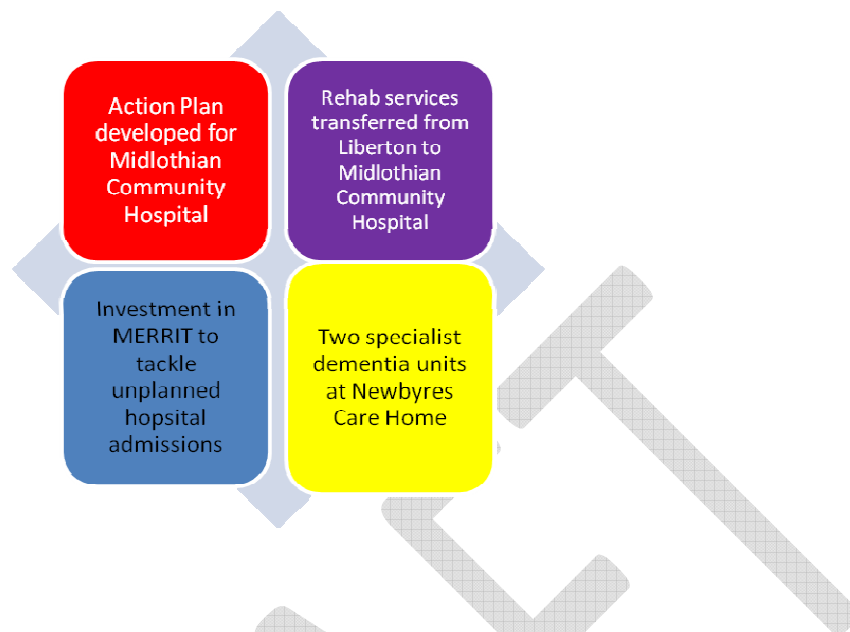
**Our Older People's Strategy sets out our plans for 2016-2019 and can be found here:**

https://www.midlothian.gov.uk/download/downloads/id/2249/the_joint_strategy_for_older_people.pdf

**Key Area 2       Primary Care**

**Direction 4**
**What we wanted to do**
Ensure that General Practice is sustainable and is resilient to current and future demand. We also wanted to deliver better care for individuals and populations at a lower per capita cost.

Every year
• Around half a million GP appointments are offered across Midlothian

Every week
• GPs see approximately 10% of their Practice population

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We know that our practices are under pressure and that there is more demand on services. We also recognise that our workforce is changing.

The move to restricted lists for several of our practices was something we did not expect to happen on the scale it did and managing the demand on primary care has been and remains a challenge.

It has focused our minds to come up with solutions that will increase capacity in the system, by investing in premises, looking at the workforce in terms of training and new roles, such as extending pharmacist input into five practices across Midlothian.

We are also working with our partners in planning at Midlothian Council so that we take a pro-active approach to the impact housebuilding will have on services.

We know that 80% of GP visits and 60% of all hospital admissions related to long term conditions and we wanted to be able to respond in a better way to people's needs. The Wellbeing Service is currently delivered in 8 GP practices (as of January 2017). They provide intensive person centred support to people who are identified by GPs and others across the system as being in need of support to improve aspects of their health and wellbeing.

Monitoring data indicates a 'highly significant' improvement noted in scores related to WEMWBS (a tool that measures general wellbeing). Further evaluation will bring in health economics expertise to value other outcomes, so for example, if as a result, a person loses weight, how much money does this save, in terms of GP visits and prescribing?



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**Key Area 3        Prescribing**

> **Prescribing- Direction 6**
> **What we wanted to do**
> Take measures that support a reduction in spend

Five pharmacists are now working with Health Centres in East and Midlothian to support GPs on issues such as reviewing medication of patients discharged from hospital.

We developed a local Prescribing Action Plan to manage the expenditure on medicines (approximately £17m per annum) within the allocated budget.

**Key Area 4        Substance Misuse Services**

> **Direction 9**
> **What we wanted to do**
> Take measures that support a reduction in spend

Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) is an integrated service with a focus on prevention, early intervention and recovery.  Since April 2016, funding that from Scottish Government was reduced by 23%.  We established a partnership group to make recommendations on how to make these savings while protecting the integrity of the service.  Funding has been agreed to extend the GP peer support pilot into 6 additional practices for a 1 year period.

Work is continuing to develop a recovery hub within Dalkeith where both health and social care staff across Mental Health and Substance Misuse Services can be co-located and jointly managed.

**Key Area 5        Health Inequalities**

> **Focus on Health Inequalities- what we wanted to do**
> Change deep-seated, multigenerational deprivation, poverty and inequalities

There are unfair and avoidable differences in people's health across Midlothian.  Although health is improving for most people, it is not improving fast enough for the poorest and most disadvantaged sections of our society. This is known as *health inequalities*.   Put simply, those who have lower incomes, poorer housing and less access to paid work experience poorer health.  It also means that when difficulties come along, they may feel less able to cope, both physically and emotionally.  When we look at the information across Midlothian, we can see that there are clear inequalities related to health, educational

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achievement, pay and employment.  For example, there is a 12 year difference in life expectancy between Newbattle and Dalkeith, a very is a stark reminder of the unfairness that exists.

Midlothian Community Planning Partnership (CPP) made a commitment to tackle these inequalities as its priority for three years (2016-2019).  In addition, addressing health inequalities is a priority for the IJB.

This is a long-term challenge and needs action and decisions across areas such as employment, education, health, early years services, welfare support and housing as part of the relevant strands of the Community Planning Partnership.

Work has been undertaken to develop a set of indicators which will help us monitor changes to the gaps between the most and least deprived communities in Midlothian.  These include life expectancy, prescribing rates for anxiety and depression, primary school attendance and working age population in receipt of benefits.  What we want to see is this gap between the most and least deprived communities get smaller.  A full list of indicators can be seen in See Appendix 2.

**What we did:**
Area targeting is an approach to target the three areas in Midlothian with the highest levels of deprivation in terms of educational attainment, income, health, and access to services. The aim is to reduce the life outcome gaps for residents in Gorebridge, Mayfield, and Dalkeith/Woodburn.  See Section 3 for more information on this and the Community Planning Partnership.

Our ambition to deliver person-centred integrated care is captured in our 'House of Care' model.  This concept is based upon creating space for people to have "a good conversation" about what is important to them and delivering a plan that will help people to live well.

We wanted to establish person-centred and accessible services for our most vulnerable communities including unpaid carers, the homeless and people with mental health problems. Services such as the Access Point and the Community Health Inequalities Team (CHIT) are designed to proactively engage people who might not attend their GP practice and are at most risk of having poor health outcomes.

**Key Area 6      Hospitals**

**Focus on Hospitals- what we wanted to do**
Reduce avoidable use of hospital beds
Understand more about how people in Midlothian use our acute hospitals

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In seeking to change the model and balance of care, we wanted to understand how the Midlothian population is using acute hospitals like the Royal Infirmary and the Western General, so that we can plan safe and effective community-based alternatives.

In particular, we wanted to strengthen our capacity to provide community based services out of hours and at weekends.

We recognise that there is no one 'silver bullet', but rather a range of evidence-based interventions that have a cumulative effect of ensuring people can be cared for in their own home or community setting wherever possible.  In addition, that we can ensure that people can come home from hospital when they are ready to do so.

**What we did:**

- Further investment made in the Hospital at Home Service-increasing capacity to supporting 15 patients at any one time.

- We continue to develop joint work with the Ambulance Service for people who have fallen and those with dementia.

- A new Physiotherapy post created to support people with advanced respiratory illness (COPD) and manage their condition without needing hospital admission.

- To ensure people are discharged quickly, we strengthened the In Reach Team.

- We maintained the Assisted Discharge Service provided by Red Cross.

- In relation to younger people who attend the hospital regularly, some work undertaken to ensure a proactive approach to addressing their needs such as contact with the Homelessness Service.

- The joint dementia team increased its capacity with an additional social worker and introduced a duty system that works in partnership with MERRIT to enable GPs to phone directly when there is a crisis/emergency. This is to avoid going to the Community Care duty team and ending up on a waiting list.

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## 6. PERFORMANCE – LOCALITY PLANNING AND INTEGRATION PRINCIPLES

**Community Planning and Area Targeting**

Midlothian is small, both geographically and in population terms and overall, has lower than Scottish average levels of social exclusion and deprivation.

We have formally established two localities- East and West, but as these are newly defined, many national data sources cannot provide data at this level.

However, we do know that East Midlothian has three areas of multiple deprivation, particularly in Dalkeith & Woodburn, Mayfield & Easthouses, and Gorebridge. In addition, individuals and smaller groups who suffer from deprivation are spread throughout the small towns and villages in Midlothian.

Area Targeting is an approach to target the three areas in Midlothian with the highest levels of deprivation in terms of educational attainment, income, health, and access to services. The aim is to reduce the life outcome gaps for residents in Gorebridge, Mayfield, and Dalkeith/Woodburn.

This work requires a Community Planning Partnership approach if we are to improve the outcomes for these communities. Midlothian Health & Social Partnership contributes to this work; both in the planning and targeted delivery of certain services, for example the Wellbeing Service is now available to residents of all three areas.

**Involving People**

If we are to successfully redesign health and care services, the Partnership needs the support and participation of the public. We look to our local communities to find ways to work with them, recognising the key role they play, not only in helping us to plan services, but also the resources they offer that support wellbeing. We seek as a partnership to embed community engagement in the foundations of our organisation, so that working with the community is business as usual.

In order to engage with people at the right time, in the right place we undertook a variety of activities in 2016-17. We have long-established relationships with "communities of interest" such as unpaid carers, older people, and people with disabilities and we work closely with them to identify priorities, develop action plans and deliver projects.

In 2016-17 we held a large event to launch the older people's strategy attended by 60 older people. Another event was held to launch the physical disability directory in February 2017. We also engage with groups in an ongoing way – for example the TCAT patient advisory group has met 8 times throughout the course of 2016-17. We fund collective advocacy for both mental health and learning disabilities. As an illustration of this work People First held 94 community group meetings across Midlothian. In creating our new autism strategy "Two Trumpets" we held 4 workshop events. This process of engagement is now being continued as the strategy is delivered.
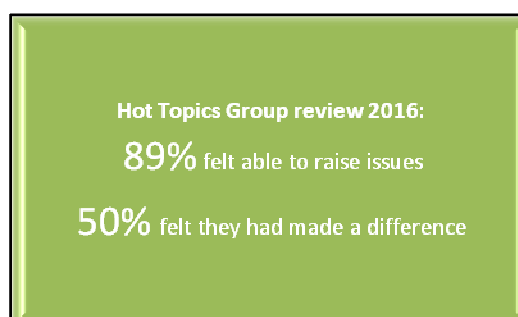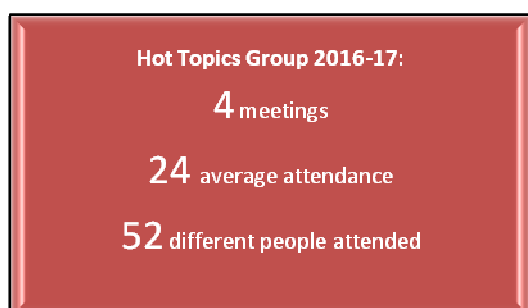
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We have also established an open forum for dialogue between our management team and community members, the Hot Topics Group, which meets regularly to debate key issues. In 2016-17 the Hot Topics group met 4 times with an average attendance of 24 people.

In addition we regularly seek feedback from service users via surveys and other mechanisms. The annual social work service user and carer survey was carried out in February 2017 in which a total of 199 service users participated.

The Community Planning Partnership supports the development of strong links with geographical communities through a process of neighbourhood planning, and we are actively participating in work to improve outcomes in Midlothian's three areas of multiple deprivation – Woodburn, Mayfield and Gorebridge.

One of the big messages that came out of our engagement with communities was that services should support people to live well with long term conditions and that we need to work with the whole person. These aspects are encompassed in the 'House of Care' approach we have adopted. Other stand out issues reported to the IJB in August 2016 included access to primary care, home care and home adaptations, access to community space, physical activity and financial inclusion. The Health and Social Care Partnership are taking action to address these issues and this will be reflected in the updated Strategic Plan.

All of this work contributes to getting to know our communities and the uniqueness that exists across different parts of Midlothian. By understanding issues and needs on an area by area basis we can design services in a locally responsive and inclusive way.

| Hot Topics Group 2016-17: | Hot Topics Group review 2016: |
|---|---|
| 4 meetings | 89% felt able to raise issues |
| 24 average attendance | 50% felt they had made a difference |
| 52 different people attended | |

| Planning groups: | 2016/17 spend on collective advocacy |
|---|---|
| 3 new strategies produced with community involvement | £44,964- Learning Disability |
| | £34,388-Mental Health |

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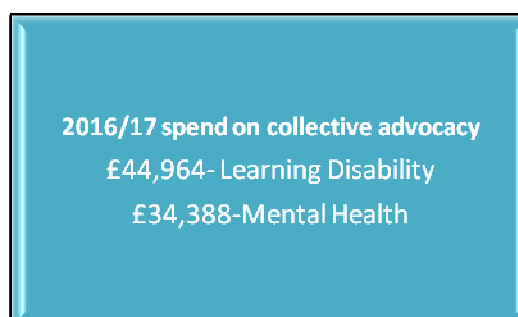
**Integration Principles**

This is 'how we do things round here'. It is not easy to get this right. It is about the culture of the H&SCP and *how* we do things being more important then *where* we get. It would be easier for us to plan services from our perspectives, to put new services in place and be pleased with the result without really knowing what we did was the best we could do – if this is *how* we do things round here then we will get it wrong.

Culture change happens a conversation at a time. Good conversation and listening is fundamental to make the right changes and ones that will work.

We are actively doing the following in Midlothian to help us listen and understand.

- Listening and talking with 'natural communities'. The Community Planning Partnership is developing strong links with local communities through neighbourhood planning groups.
- Thinking about service planning from the perspective of localities
- Trying to see people in terms of not just their health issues, but as a whole person, part of a family or community with complex lives and that our services work hard to understand 'what matters', rather than 'what is the matter' to help people live well
- Bringing people together to share their perspectives and work together to find solutions.

No one service or individual can make these shifts to how we work or re-design what we offer, so partnership is central- with individuals, families and communities, as well as our colleagues across health and social care and the voluntary sector.

As an organisation, we want to be outward looking and listen to our communities and our staff. We are committed to using information intelligently to help us make the best decisions, to work proactively and respond to challenges and changing needs.

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## 7. FINANCE

**Background and Summary**

The first year that funding was transferred to the IJB was 2016/17. The IJB undertook a detailed financial assurance process in March 2016 to review the Midlothian Council proposition along with the working proposition from NHS Lothian. The IJB then undertook a further financial assurance process – including a review of the in-year 16/17 financial information from both partners – on receipt of the NHS Lothian proposal. NHS Lothian did not set a budget formally until June 2016- three months after the IJB was established.

There were significant financial challenges in both budget offers. The IJB was keen to progress with the delivery of its strategic plan and to further the transformation process and accepted these budgets contingent on a financial risk sharing agreement with Midlothian Council and NHS Lothian.

The IJB agreed a financial risk sharing arrangement for 2016/17 with NHS Lothian and Midlothian Council, which meant that any overspends incurred in the delivery of the delegated functions by both NHS Lothian and Midlothian Council would be covered by both NHS Lothian and Midlothian Council.

The IJB was overspent by c. £1.5m in 2016/17, but additional resources were made available by the partners.
The actual position was as follows :-

|  | MLC £m | NHSiL £m |
|---|---|---|
| Opening Budget | 37.25 | 78.69 |
| Social Care Fund |  | 3.59 |
| Add'n budget in year | 0.41 | 4.41 |
| 2016/17 budget | 37.66 | 86.69 |
| NCL |  | 8.70 |
| Additional n/r Support | 0.74 | 0.86 |
| **Net charge to IJB** | **38.24** | **96.25** |
| | | |
| **Total** | **£134.49 million** | |

The charges made by Midlothian Council to the IJB are the net direct costs incurred in the delivery of social care services in Midlothian. The health services managed by the Joint Director are charged to the IJB directly. Charges for services not managed by the Joint Director are estimated using the Health Budget Setting Model. Midlothian's charges are generally 10% of the Lothian spend.

The pressures driving the overspends (before the non-recurrent support) fall into three broad areas:

- Overspend in social care services for adults.
- Overspend in the GP prescribing budget.
- Incomplete delivery of planned recurring savings by NHS Lothian and Midlothian Council.

**2016/17 Financial Performance**

The table below lays out more of the details behind the financial performance in 2016/17 :-

|  | Budget £000's | Actual £000's | Variance £000's |
|---|---|---|---|
| Older Peoples Services | 24,789 | 24,497 | 292 |
| Children's Services * | 1,322 | 1,473 | -151 |
| Learning Disabilities | 15,150 | 16,319 | -1,169 |
| Physical Disabilities | 4,127 | 4,731 | -604 |
| Mental Health | 8,738 | 8,607 | 131 |
| Primary Care** | 41,094 | 42,225 | -1,130 |
| Other | 14,850 | 13,742 | 1,108 |
| Acute Set Aside*** | 19,315 | 19,390 | -74 |
| Integrated Care Fund | 3,505 | 3,505 | 0 |
| Non-Recurrent Support | 1,597 | 0 | 1,597 |
| **Total IJB spend** | **134,488** | **134,488** | **0** |

| * | children's services are health visitors managed by the partnership |
|---|---|
| ** | Primary care expenditure covers all of the programmes above and includes: GPs Opticians (where there may be patient charges) Community Pharmacy Dentists (where there may be patient charges) Prescribing by GPs |
| *** | Acute set-aside - mostly in-patient bed costs but there is a small element of out-patient services depending on how the delegated function is delivered. This includes the Accident and Emergency service at the RIE |

The IJB's expenditure in 2016/17 for both services delivered by Midlothian Council and by NHS Lothian has been split into programmes as far as is possible. Another way to look at our spend is as follows (see Figure 1 overleaf):

|  | £m |
|---|---|
| Hospital Services for In-patients | 22.69 |
| Expenditure on health services excluding above | 73.56 |
| Expenditure on social care services on care homes or adult placement | 16.60 |
| Direct expenditure on social care services to support Carers* | 0.30 |
| Other Social Care Expenditure | 21.34 |
| **Total** | **134.49** |

*It should be noted that support to Carers is a thread that runs through most services, there is not a specific carers budget not expenditure identified. The value above is the contract with VOCAL.

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Legend:
- Hospital Services for In-patients
- Health services (excl above)
- Social care services (care homes and adult placement)
- Social care services to support carers (see below)
- Other Social Care Expenditure
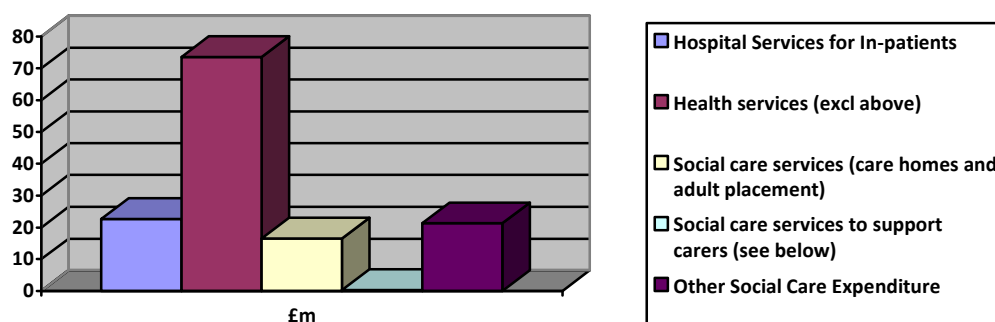
**Figure 1**

## Social Care Fund

In 2016/17, the Scottish Government announced an 'Integration Fund' of £250m nationally which was to be directed by Integration Authorities to develop social care. Half of this fund was to be used to underpin existing pressures including the delivery of the living wage to be paid to all staff who delivered social care regardless of who employs them and half to deliver additionality – that is to be invested in delivering further social work capacity and supporting the transformation of the delivery of the service. Midlothian IJB's share was £3.59m and this was used per the Scottish Government's ambitions.  The IJB has been developing, in line with the Act and its regulations, two localities within Midlothian. However, this work is at an early stage and it would not be meaningful to provide any financial analysis at a locality level for 2016/17.

## 2017/18 – Financial Challenges and expectations

In March 2017 IJB undertook a financial assurance process to review the budget propositions for 2017/18 from Midlothian Council and NHS Lothian. Again this process identified significant challenges but the IJB has accepted this budget although is clear that a financial risk sharing agreement similar to that in 2016/17 will not be possible. NHS Lothian has identified in its financial plan for 2017/18 (as at April 2017) a significant budgetary pressure for which there are, currently, no final plans to manage.

As part of the financial planning process for 2017/18, the financial issues identified above in 2016/17 have been addressed  – NHS Lothian has uplifted the GP Prescribing baseline to the 2016/17 expenditure level and the social care management team has developed a clear plan to rebalance the budget for learning disabilities services. That said, the financial assurance exercise identified pressures within the IJB of c. £4.4m of which there are clear plans to deliver £2.8m with further plans being developed to balance the budget.

The challenge is, in financial terms, to continue the transformation of the services that deliver the IJB's delegated functions whilst continuing to deliver high quality health and social care to the population the IJB supports. The IJB has developed an outline financial strategy and this will be developed further into a detailed multi year financial strategy which will lay out how the IJB will deliver its strategic plan.

The IJB continues to develop a multi-year financial plan that will clearly articulate how the resources available to the IJB will be used to deliver the ambitions of the Strategic Plan.

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## 8. SUMMARY OF INSPECTIONS OF SERVICES

The Care Inspectorate undertook both scheduled and unscheduled inspections across a range of IJB services during 2016/17. The overall quality of care as assessed as good or better in 19 out of 27 services for the reporting period.

4 of our community-based services were rated adequate or lower as were 3 of our Care Homes.

Overall, 85% of care services graded 'good' (4) or better in Care Inspectorate inspections (Scottish rate 83%)

See Appendix 3 for a comprehensive list. Full reports can be viewed at
http://www.careinspectorate.com/index.php/care-services

The Mental Welfare Commission undertook two inspections within mental health inpatient facilities during 2016/17.

**Rossbank Ward, Midlothian Community Hospital**
26th May 2016 (Unannounced)

**Glenlee Ward, Midlothian Community Hospital**
12th January 2017 (Unannounced)

Full reports can be viewed at:
http://www.mwcscot.org.uk/publications/local-visit-reports/nhs-lothian/

The Care Inspectorate was commissioned by Scottish Government to undertake validated self-evaluation of Drug and Alcohol Partnerships (ADPs) against the Quality Principles in 2016. This included MELDAP (Midlothian and East Lothian Drug and Alcohol Partnership) which was given feedback on its performance in terms of its strengths and areas for improvement. The local Peer Support Project was highlighted as an area of good practice.

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## 9. INTEGRATION FUNCTIONS AND SIGNIFICANT GOVERNANCE DECISIONS –

The Board and its committees have engaged in matters relating to good governance through consideration of reports and decisions on a wide variety of issues e.g.

April 2016
      Directions to Midlothian Council and NHS Lothian
      Code of Conduct
      Risk Register
June 2016
      Equality Outcomes and Equality Mainstream Reports
August 2016
      Public Engagement Plan
October 2016
      Financial Strategy
March 2017
      Delivery Plan Health and Care 2017-18
      Performance Targets for IJB

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**Appendix 1    List of Key Documents and Reports**

**Midlothian Health & Social Care Partnership**
- **Delivery Plan (2017)**
- **Strategic Plan and Strategic Plan-Easy Read version (2016-2019)**
- **Newsletters:**

https://www.midlothian.gov.uk/info/200276/strategies_policies_and_campaigns/200/health_and_social_care_integration

- **Joint Strategy for Older People In Midlothian (2016-2019)**

https://www.midlothian.gov.uk/info/200276/strategies_policies_and_campaigns/490/joint_strategy_for_older_people

- **Community Planning in Midlothian**

https://www.midlothian.gov.uk/info/200284/your_community/214/community_planning_in_midlothian

**Appendix 2     Summary of Gap Inequality Indicators**

| Theme | Proposed Midlothian Indicator | Explanation |
|---|---|---|
| **Health** | | |
| Life Expectancy for Males and Females | | How long children born in a specified year can expect to live. Looking at the gap between the least and most deprived people across the Midlothian population. |
| 16-75 years Mortality Rate (*or 0 – 75yrs) | | Early deaths are linked to socioeconomic position |
| 16-75 years Preventable Admissions | | Hospital admissions that might have been avoided by preventive care in the community. |
| Type 2 Diabetes prevalence | | Good example of a chronic disease with a socioeconomic gradient and is influenced by life circumstance and lifestyle factors. Can be delayed or prevented – investment in appropriate support can be influential. |
| (Mild to moderate) mental health prescriptions | | Investigating use of prescription data |
| **Education** | | |
| 27-30 month check – language acquisition | | Measure of early years development. We are particularly interested in language acquisition. |
| PIP Entry Score | | Measure of readiness for school. Links to early years development. |
| Primary School Absence | | Education (adults and children) has the potential to transform lives - attendance can vary according to socio-economic gradient and can be related to home circumstances. |
| S4 Average Tariff Score | | This illustrates the variance in academic achievement by secondary school pupils in S4. Socioeconomic gradient is evident. |
| Adult Qualifications | | Adult learning can transform lives – of the learner and their family. Impact on health, income, economic circumstance, etc |
| **Employment and Income** | | |
| **Unemployment % (ONS model-based method)** | | Impact on individuals, families and communities. Socioeconomic gradient. |
| **Household income less than 60% median** | | Living on low income |
| **Gross weekly pay** | | Inequality exists by gender at present.  Also, in Midlothian weekly pay is lower than other LA areas. Poverty and income impact on health, learning and economic circumstance - well documented. |
| **Percentage of Population Income Deprived** | | Gradient exists between intermediate zones in Midlothian. |

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**Appendix 3     List of Inspections 2016/17**

| | | Care & Support | Environment | Staffing | Management & Leadership |
|---|---|---|---|---|---|
| **Extra Care Housing** | Cowan Court | 5 | | 4 | 5 |
| | Hawthorn Gardens | 5 | | 5 | 5 |
| | | | | | |
| **Community Based** | Midlothian Homecare | 3 | | 3 | 3 |
| | Carewatch | 2 | | 2 | 2 |
| | Mears Homecare West | 1 | | 2 | 1 |
| | Mears Homecare East | 3 | | 4 | 4 |
| | McSence | 5 | | 5 | 5 |
| | Carr Gomm | 4 | | 4 | 5 |
| | Places for People | 5 | | 5 | 5 |
| | Link Living | 5 | | 5 | 5 |
| | Aspire | 1 | | 2 | 2 |
| | St Joseph's | 5 | | 5 | 5 |
| | St Joseph's Circle 1 | 5 | | 5 | 5 |
| | St Joseph's Circle 2 | 5 | | 5 | 5 |
| | St Joseph's Circle 3 | 5 | | 5 | 5 |
| | Elcap | 5 | | 5 | |
| | | | | | |
| **Care Homes** | Nazareth House | 3 | 3 | 4 | 4 |
| | Springfield Bank | 2 | 3 | 2 | 2 |
| | Thornlea | 5 | 5 | 4 | 4 |
| | Drummond Grange | 3 | 3 | 3 | 3 |
| | Pittendreich | 3 | 3 | 3 | 3 |
| | Aaron | 4 | 4 | 3 | 4 |
| | Archview Lodge | 5 | 5 | 5 | 6 |
| | Highbank | 5 | 5 | 5 | 5 |
| | Newbyres Village | 4 | 4 | 4 | 4 |
| | Rosehill | 5 | 5 | 5 | 5 |
| | Pine Villa | 4 | 4 | 5 | 4 |

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# Midlothian Integration Joint Board

**Thursday 24 August 2017 at 2.00 pm**

# Directions - Implementation and Performance

| Item number: | 5.5 |
|---|---|

## Executive summary

*This report is submitted to provide the IJB with some assurance that the recent Directions issued to NHS Lothian and Midlothian Council are being implemented. The attached appendix explains the implementation arrangements for each Direction as well as the key performance indicator(s) which should be improved as a result of each Direction.*

*Board members are asked to:*

*Consider the arrangements now in place to ensure that the IJB Directions are being implemented with clarity about how progress will be measured.*

# Directions - Implementation and Performance

## 1.    Purpose

The report provides the IJB with information about how its 2017-18 Directions, issued to NHS Lothian and Midlothian Council on 31st March 2017, are being implemented.

## 2.    Recommendations

Note the progress made in ensuring that there is clarity about how the Directions are to be implemented and how progress will be measured.

## 3.    Background and main report

3.1    The Midlothian Strategic Plan (2016-19) outlines the direction of travel for the development of health and social care services in Midlothian. The 2017-18 Delivery Plan outlines the progress made during 2016-17 and the planned actions for 2017-18.The Strategic Planning Group maintains an overview of the progress being made with the delivery of the Strategic Plan.

3.2    The Public Bodies (Joint Working) (Scotland) Act 2014 not only places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control, but includes a requirement for IJBs to issue Directions to one or both of the NHS Board and the Local Authority. These Directions are intended to highlight specific changes which need to be made to implement the Strategic Plan. Midlothian IJB approved a Directions Policy on 10th December 2015.

3.3    The IJB issued Directions on 31st March 2017. As reported to the IJB meeting on the 15th June 2017 good progress was made on the delivery of the 2016-17 Directions. However, on reflection, the arrangements for their implementation could have been tighter. The attached appendix outlines the arrangements in place to ensure that responsibility for taking forward each Direction is clearly designated.

3.4    The Strategic Planning Group has an annual programme of work in monitoring progress with the Midlothian 2017-18 Delivery Plan and the implementation of the Directions.

3.5 NHS Lothian included in their feedback about the Midlothian IJB Directions that they would find it helpful to have some clarity about what performance areas were intended to be addressed by the Directions. This information is included in the attached report.

## 4. Policy Implications

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

## 5. Equalities Implications

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

## 6. Resource Implications

The resource implications of the Directions are specified within the individual template outlining the details of each Direction.

## 7 Risks

The risk attached to the Directions issued by Midlothian IJB, is that they are not yet specific enough to ensure delivery. This risk will be managed through the Strategic Planning Group which will monitor the progress being made in these key areas of service redesign. Regular meetings involving the Associate Director of Strategic Planning in NHS Lothian ensure good communication and ongoing clarification about the Directions.

## 8 Involving People

The development of the Strategic Plan was underpinned by an extensive consultation and engagement programme with both staff and the public. The Directions flow from the Strategic Plan and the 2017-18 Delivery Plan and have not been subject to a further process of 'involving people'.

## 9 Background Papers

None

| AUTHOR'S NAME | Tom Welsh |
|---|---|
| DESIGNATION | Integration Manager |
| CONTACT INFO | 0131 271 3671 |
| DATE | 31/07/2017 |

# MIDLOTHIAN INTEGRATION JOINT BOARD:

# DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS LOTHIAN 2017-18

## Implementation Arrangements

## Performance Management Indicators

## 7th August 2017

| No. | Direction | Key Actions | Implementation Arrangements | Performance |
|---|---|---|---|---|
| 1 | Midlothian Community Hospital | Plan the relocation of Liberton Hospital services (see Direction 2) | Managed by the Liberton Reprovision Group | KPI 1: Reduce to zero use of Liberton Hospital |
| | | Review with the NHSL Outpatient Board which services could be provided in MCH | Local Working Group will report to JMT | KPI 2: Measure for relationship between MCH and Newbyres |
| | | Develop closer working relationships between MCH and Newbyres Care Home. | Ongoing liaison between Newbyres Managers and MCH Charge Nurses | KPI 3: measure for change in outpatient provision |
| 2 | Liberton Hospital | Transfer 20 beds in Liberton to MCH | Managed by the Liberton Reprovision Group | KPI 1: Reduce to zero use of Liberton Hospital |
| | | Resources transferred from Liberton to Midlothian Partnership to replace 24 beds in Liberton | Chief Finance Officer to arrange | KPI 4: No corresponding increase to activity as a result of Liberton move |
| 3 | Unscheduled Care | Review the services financed through Unscheduled Care funds | Chief Officer; Chief Finance Officer and Chief Exec NHSL | KPI 5: Reduce unscheduled admissions by 5% by September 2018

KPI 6 Reduce unscheduled hospital occupied bed days by 10% by April 2019 |
| | | Develop plans to deploy more AHPs from Acute Settings to the community to support hospital discharge | Proposal being prepared by AHP Director following discussion with Chief Officer | |
| | | Consideration should be given to reducing the provision of acute medical receiving services to one Unit for Edinburgh East Lothian and Midlothian | Meeting being arranged by A Short with key staff in WGH and RIE | |
| | | Explore feasibility & benefits of a locality based admission policy for frail elderly patients. | This is being taken forward by the Older People MG | |
| 4 | Primary Care | Wellbeing Services should be fully established in 8 GP Practices | Local steering group in place. Formal evaluation underway involving Healthcare Improvement Scotland | KPI 7: Wellbeing Services in 8 GP practices and evaluated |

|   |   | Skill mix should be enhanced with a particular emphasis on pharmacy | Included in the implementation of the local Primary Care Strategy | KPI 8: General Practice Strategic Programme agreed by IJB before May 2017 and then implemented |
|---|---|---|---|---|
| . |   | A Public Education Programme should be delivered to ensure the public "use services wisely" | Communication Group for Primary Care taking this forward | KPI 9 Reduction in inappropriate GP appts |
|   |   | The GP Cluster arrangements should be fully implemented | Now in place | KPI 10: Quality Cluster fully established |
|   |   | The new GP Practice in Newtongrange should be fully established | Service has been procured | KPI 11: Newtongrange Clinic established by October 2017 |
|   |   | Midlothian Primary Care Strategy should be finalised (May 2017) and implemented | Report being prepared for IJB in Autumn | KPI 8: General Practice Strategic Programme agreed by IJB before May 2017 and then implemented |
|   |   | The development of Anticipatory Care Planning should be prioritised | Working Group established and two pilot projects planned | KPI 12: Number of ACPs |
|   |   | The Partnership will develop a plan to utilise the additional monies ring-fenced for developments in Primary Care | Plan for 2017-18 agreed and being implemented | KPI 13: Plan in place to use ring fenced funding |
| 5 | Services to Older People | Reshape Newbyres Care Home to ensure it is able to meet the shift towards providing services to people at the more advanced stages of dementia and end of life care. | The new staffing model is in place and 24 beds are now provided for people with dementia | KPI 14: New service model in place in Newbyres Care Home |
|   |   | Midlothian Council and NHS Lothian are asked to give priority to strengthening intermediate care facilities in Highbank including the possibility of capital works being required | A service review is underway and a feasibility study for alternative premises is being undertaken | KPI 15: Highbank Care Home model strengthened and plan agreed for capital works |

| | | The Reablement Services should be reviewed to determine what scope there is to improve its effectiveness through investment in capacity and/or redesign | This is being managed through a full service review (see action below) | KPI 17: Review completed on how care at home services are commissioned and delivered |
|---|---|---|---|---|
| | | Midlothian Council and NHS Lothian should make tangible progress in developing strong partnership working at local levels. | This is being tested through the new Penicuik Housebound Project which is being supported by the national Collaborative leadership Programme | KPI 18 Report on outcome of project |
| | | The approved policy on extra care housing should be progressed as quickly as possible | A full report on housing developments will go to Council in September | KPI 19: Implementation Plan of the extra-care housing policy |
| | | A full review of our approach to care homes should be undertaken within the wider national context | **This is outstanding and will be addressed as soon as practical** | KPI 20: Review of care home model within national context |
| | | Work commenced in 2016-17 to review how care at home services are commissioned and delivered should be completed. | This is being managed through a full service review and will be considered by the IJB in October | KPI 17: Review completed on how care at home services are commissioned and delivered |
| 6 | Prescribing | NHSL to implement measures to reduce spend including Script Switch"; promotion of self-management through Wellbeing Services; strengthening of pharmacy support; better information to patients on the efficacy of drugs | Local Prescribing Plan is being overseen by a local NHSL Group including two GPs | KPI 20: Implement the local Prescribing Plan. KPIs within plan to be identified |
| 7 | Learning Disability Services | Establish a fully integrated Midlothian Learning Disability Service to strengthen services to support people with complex needs through the development of new models of care and improvements in the planning and co-ordination of care delivery. | The community health team is now managed locally. Following the review of fieldwork services it should be possible to move towards an integrated service | KPI 21: Create fully integrated Midlothian Disability Service |

| | | A programme of case review to support the implementation of new models of care and ensure an equitable and sustainable allocation of resources across people who use services. | New policies –Fair Care and Transport-implemented; review team is established; comms. strategy is being developed | KPI 22: Case Review programme established |
|---|---|---|---|---|
| | | Plans will be implemented to resettle the remaining 3 patients in learning disability hospital care with the commensurate transfer of resources to community services. | Accommodation for 1 person has been identified. Property for the remaining two patients is still being sought | KPI 23: Resettle remaining 3 patients in LD hospital care |
| | | Midlothian will need access to 2 beds in the NHSL Learning Disability assessment and treatment service. | This is being progressed through the LD Collaborative | KPI 24: Midlothian has access to 2 beds within the NHS Lothian assessment and treatment service |
| | | LD Community Team management and budget should shift to Midlothian by April 2017 | This has been agreed | KPI 25 Budget transferred |
| | | The Midlothian share of the pan Lothian Challenging Behaviour Team should be used to augment the Community Team | This will be considered at Chief Officer level | KPI 26: Mid share of Lothian Challenging Behaviour Team used to augment the Community Team |
| | | The Midlothian share of the housing support element of the Forensic Service should be transferred to the Partnership's budget. | This will be considered at Chief Officer level | KPI 27: Budget transferred |
| | | We are unclear how Mental Health Liaison Service benefits Midlothian patients and are minded to seek the transfer of Midlothian's share of the resource to the Partnership | This will be considered at Chief Officer level | KPI 28: Decision taken on the Lothian Mental Health Liaison service and whether to transfer resource to Midlothian. |

| | | | | |
|---|---|---|---|---|
| | | Midlothian is opening its own complex care unit and will not pursue pan Lothian proposals for a complex unit. Midlothian's share of the NHS funding identified for this development should be made available to strengthen local services. | Service users will move in two tranches over the summer months

This will be considered at Chief Officer level | KPI 29: Budget transferred |
| | | Primrose Lodge in Loanhead should be considered for development of services for PMLD coming through transition enabling Midlothian to develop a local service utilising its share of Murray park resources. | This will discussed with the Chief Executive NHSL | KPI 30: Review concluded of use of Primrose Lodge got development of PMLD |
| | | There should be no change to Midlothian's indicative share of NHSL Learning Disability budget without discussion with the IJB | This will be considered at Chief Officer level | **n/a** |
| | | As the current institutional Learning Disability Services are decommissioned a clear, transparent mechanism will require to be put in place to transfer the appropriate proportion of the budget to the Partnership | This will be considered at Chief Officer level | KPI 31: Community Team management and budget will transfer to |
| 8 | Community-based Mental Health . | New services introduced in 2016-17 should be evaluated. These include services funded through the Innovation Fund, he National Mental Health Fund, monies through Primary Care Transformation, the Wellbeing Services and CHIT which are contributing to the support network for people with low level mental health problems. | The Wellbeing Service and CHIT are subject to extensive evaluation supported by Healthcare Improvement Scotland.

The Mental Health Access Point Steering Group is overseeing evaluation | KPI 32: Decision made after evaluation concluded of new services in introduced in 2016/17 |

| | | There is a need to develop a more robust approach to responding to people in crisis particularly out of hours, building on the work already undertaken with the Police | A <u>Triage project with Police</u> has been introduced to ensure that people in crisis get quick access to the right type of support, including a place of safety, with a joint approach agreed with local police.<br><u>Out of hours</u> A local working group is considering the best possible out of hours care for people with mental health issues. | KPI 34: Develop robust model for responding to people in crisis |
|---|---|---|---|---|
| | | Alternative approaches to speeding up access to Psychological Therapies should be introduced. This should be led and managed by the Joint Mental Health Strategic Planning Group through a service transformation programme that provides access to a full range of interventions | Managed by a subgroup reporting to the Mental Health Planning Group. Performance has improved significantly from 182 over 18 weeks in June 2016 to 22 in June 2017 | KPI 35: Improve access to psychological therapy services |
| | | Further work is needed to strengthen joint work with substance misuse services. This includes health, social work and the third sector. Co-location will be helpful to this objective if this can be achieved. | A Feasibility Study for the establishment of a Recovery Hub has been completed and Council will be asked in August to allocate capital funding | KPI 36: Develop better joint working between MH and SMD services |
| | | There is a need to review the placement of Midlothian patients in the Royal Edinburgh; including the arrangements for Midlothian patients to be treated in the Midlothian/East Lothian ward. There is also a need to review Midlothian's use of rehabilitation beds and other specialist services | Midlothian staff are fully engaged in discussions related to the hospital redevelopment and access for Midlothian patients to acute and rehabilitation facilities at the Hospital | KPI 37: Review placement of Midlothian patients in REAS. |
| | | The local Partnership will work with other IJBs to design/ implement new approaches to specialist pan-Lothian services including the R.E.<br>Midlothian will not participate in a *Sense of Belonging 2* Midlothian's share of strategic resources for MH should be directed to the Partnership in 2017-18 | Although not signed up to a *Sense of Belonging 2* Midlothian will continue to work collaboratively, maximising networks and partnerships in some areas.<br>**The resource issue is outstanding** | KPI 38: Budget transferred |

| 9 | Substance Misuse Services | Services which support recovery should be strengthened. This will include rolling out existing models of peer support through both the recovery network model and work being undertaken in Health Centres. | As a result of the loss of the lead GP in this area of work expansion of peer support has been delayed- **Outstanding** | KPI 39: Continue to maintain access to services within the 3 weeks target. |
|---|---|---|---|---|
| | | Integration should be pursued to ensure key services work effectively together. This is not just a matter for health and social work; the third sector is vital and links with the mental health services are vital. Co-location will be helpful if this can be achieved | A Feasibility Study for a Recovery Hub has been completed and Council is being asked to consider capital funding. This would enable integration across health social work and vol. sector and between mental health and substance misuse | KPI 40: Co-location of integrated mental health and substance misuse services |
| | | Midlothian's pro-rata share of funds relating to substance misuse will be used to redesign the Substance Misuse Directorate services moving service delivery into the Partnership and reducing the use of "central" bed-based services | MELDAP is overseeing this work. Monies are being transferred to the control of the Partnership. Recovery is the driving factor in the redesign of local services | KPI 41: Reduce use of bed-based services (e.g. Ritson Clinic) |
| | | Midlothian Council and NHS Lothian should work together to support the establishment of a Community Recovery Hub and the co-location of integrated mental health and substance misuse services | A Feasibility Study for a Recovery Hub has been completed and Council will consider capital funding. | KPI 42 Business case developed and approved |
| 10 | Services to Unpaid Carers | The new local Carers Strategy should be implemented addressing key issues such as income, employment and health and wellbeing. | Carers Strategy Group is overseeing the development of strategy to be completed by the end of August | KPI 43: Carers Strategy is implemented and KPIS in it identified |
| | | A system of emergency planning for carers should be designed and implemented ensuring that all key agencies- GPs, Social Workers, specialist teams e.g. Dementia, MERRIT-and Acute Hospital staff. Links should be made as appropriate with existing ACP systems. | This is being progressed as part of the national pilot on the Carers legislation Emergency planning will be a standard component of the Carers Support Plan.<br><br>Links are being made with the ACP pilot in Penicuik | KPI 44: Emergency Planning System for carers is implemented |

| | | An implementation plan for the new Carers legislation should be developed and put in place. | The readiness toolkit is being completed. The Carers' Planning Officer will convene a local Implementation Group. | KPI 45  Implementation plan and progress report |
|---|---|---|---|---|
| 11 | Utilisation of I.C. Fund; Delayed Discharge and Social Care Funding | Midlothian Council and NHS Lothian are asked to ensure that the monies continue to be applied with the objectives of reducing delayed discharge; addressing the needs of people with long term health conditions; and strengthening preventative service delivery | Report submitted to IJB in April on the use these funds | **n/a** |
| 12 | Resource Transfer Funds | Accountability for the application of these monies should now be treated in the same way as the use of all other resources deployed by the Council and NHS Lothian on behalf of Midlothian IJB. i.e.:<br>• They should be utilised in ways which are consistent with the Strategic Plan.<br>• Every effort should be made to identify potential savings through more efficient ways of working. | IJB Financial Strategy Group and Realistic Care Realistic Expectations Group include consideration of RT | KPI 46: RT used in ways consistent with the Strategic Plan |
| 13 | Social Care services | Services should be provided in accordance with legislation, policies and procedures. | A range of systems are in place including supervision, case audits and quality assurance. The Quality Improvement Team retains an overview including feedback from Care Inspectorate inspections | KPI 47: Services provided in accordance with legislation, policies and procedures |
| 14 | Core and Hosted NHSL Services | Services should be provided in accordance with legislation, policies and procedures. | Clinical Governance arrangements are in place. The local Quality Improvement Team retains an overview | KPI 48: Services provided in accordance with legislation, policies and procedures |
| 15 | NHSL Services - Set-Aside Funds | Services should be provided in accordance with legislation, policies and procedures | Clinical Governance arrangements are in place. The Quality Improvement Team retains an overview | KPI 49: Services provided in accordance with legislation, policies and procedures |

| 16 | Diabetes Services | Clinics should be undertaken in Midlothian and will require consultants to become more community-based. | This will be considered as part of examining the potential for extending services in the Community Hospital | KPI 50 Clinics in Midlothian |
|---|---|---|---|---|
| | | As 16% of acute hospital beds are occupied by people who have diabetes it should be possible to reduce bed numbers as preventative actions take effect. | A local planning group is being established | KPI 51 Reduction in bed days related to diabetes |
| | | Resources should be redirected from Acute Hospital to community based services. | **This is outstanding.** A meeting will be arranged with Acute Services and involving the Chief Finance Officer | KPI 52:  measurement in the shift of care<br><br>KPI 54: Diabetes care is locally-based and preventative-focussed<br><br>KPI 55: Weight Management programme. |
| 17 | Health Inequalities | The appropriate proportion of the NHS Lothian *Preventative Spend* budget should be allocated to the IJB to reflect resources required to deliver this delegated function. | Initial discussions have taken place involving the Chief Finance officer and Public Health **This is outstanding** | KPI 53: Stronger pathway in place to support young adults attending hospital<br><br>KPI 54: Diabetes care is locally-based and preventative-focussed<br><br>KPI 55: Weight Management programme. |
| | | The IJB will direct its share of these resources to support the CHIT team. | The local Health service is underwriting the cost of the service until resources have been transferred | KPI 56: plan in place to use ring fenced funding |
| 18 | Palliative Care | Strengthen partnership working between local nursing services, Marie Curie and care at home staff | This being addressed by the local Palliative Care Group | KPI 57: Improve joint working between local nursing services, Marie Curie and care at home staff |

| | | Strengthen care provided in care homes | Staff training and family feedback is being overseen by the local Palliative Care Group | KPI 58: Improve care provided in care homes |
|---|---|---|---|---|
| | | Strengthen bereavement support available within Midlothian | An information leaflet on local supports available will be printed in hard copy and included on the Council website | KPI 59: Strengthen bereavement service |
| | | Review the support provided to family carers | Carers Planning Officer and VOCAL Manager attending the Group as appropriate. Training for carers being arranged | KPI 60: Complete review of support provided to family carers |
| 19 | Public Engagement | Design and Develop a Public Engagement Strategy | The IJB approved a Communication and Engagement Strategy in April 2016. A more detailed plan is being developed by a Comms Sub Group | KPI 61: Develop and implement a public engagement strategy. |

# Midlothian Integration Joint Board

NHS Lothian

Midlothian

## Thursday 24 August 2017 at 2.00pm

## Risk Register

| Item number: | 5.6 |
|---|---|

## Executive summary

*This report accompanies the current version of the IJB's risk register for discussion by the Board. While the IJB agreed at its meeting of April 2016 that the Audit and Risk committee would scrutinise the register at its meetings and report back to the IJB as required, it is important that the IJB itself is kept informed of the key risks and how they are being managed.*

*Board members are asked to:*

   *Consider and discuss the risk register with a particular emphasis on the critical risks highlighted in the covering report.*

# Report

## Risk Register

### 1.  Purpose

The report introduces the current version of the IJB's Risk Register and highlights the risks of major concern.

### 2.  Recommendations

2.1  To consider and discuss the Risk Register.

2.2  To confirm the risks and opportunities presented in this report reflect the current risks/opportunities facing the IJB.

### 3.  Background and main report

3.1  **Risk Management Policy:** The purpose of a risk management policy is to communicate how effective risk management will support the IJB in its achievement of its objectives. The policy strives to ensure a uniform approach to risk management and aims to remove uncertainty about the organisation's overall attitude to risk. The IJB approved its current policy on 11th February 2016.

3.2  **Risk Register:** The purpose of a risk register is to capture and maintain information on all the identified threats and opportunities relating to the IJB. The risk register provides a snapshot in time of the identified risks for the organisational activity, the rating of each risk, the "owner" for each, the internal controls in place and, where required, further action(s) being taken to manage the identified risks. The current risk register is attached at appendix 1.

3.3  **IJB:** The IJB are responsible for the completion of a strategic plan; for giving Directions to NHS Lothian and Midlothian Council; for agreeing the strategic use of the resources allocated to the IJB; and for maintaining some overview of the operational delivery of health and care services. In this regard the implementation of Directions is critical to the IJB's success in ensuring resources are used by the partners as intended. There will inevitably be risks and opportunities attached to this, therefore it is important to have an effective means of articulating these to assist the decision making process. The internal controls developed will form the basis of future internal audit plan activities on a risk prioritised basis.

3.4  **Links between Risk Management Arrangements:** It is important that systems are developed to ensure that there is no uncertainty about how risk is being managed, whilst recognising there will inevitably be close links between the risk management arrangements of the IJB, NHS Lothian and Midlothian Council in delivering health and care. High risks facing either partner will be escalated to the IJB risk register to ensure the Board retains operational oversight.

3.5 **Key Risks:** The main concerns are as follows:

IJB.RR.01: **Balancing Budgets in Future Years**: & IR 01**Financial Stability**

These have been the subject of regular reports by the Chief Finance Officer. Although an agreement has now been reached with the partners as to the financial position in 2016/17, a paper laying out the position for 2017/18 will be presented to the IJB. As is outlined in a separate report to the Board the financial pressures are severe. Despite a wide range of measures being taken to control expenditure there is a very real risk that the IJB will overspend. Unlike 2016-17 there is no undertaking from the Council and NHS Lothian that they will fund any overspend at the end of 2017-18

IJB.RR.15**: Service Provider Continuity**:

There has been an ongoing concern about the sustainability of care at home services. The IJB issued a new Direction to Midlothian Council requiring "a full review of how care at home services are commissioned and delivered to ensure high quality of care, long term sustainability and is able to fully participate in a multi- agency locality based approach".

IJB.RR.18: **Use of Acute Hospital Beds** & IJB.IR.03 **Delayed Discharge:**

Midlothian's performance in relation to delayed discharge, while still of concern, has improved and, in relation, to repeat emergency admissions has remained stable. Nevertheless the pressures on the Acute Hospitals are severe so it is incumbent on the Midlothian Partnership to do everything it possibly can to reduce avoidable use of acute hospital beds. Local weekly bed management meetings continue to be held, attended by the Head of Health, the Chief Nurse and Service Managers in Adult Care.

+

## 4. Policy Implications

The establishment of the Integration Joint Board, as required by the Public Bodies (Scotland) Act 2014, introduces some complexity in the governance arrangements for health and social care. It is very important that clear governance arrangements are developed to ensure the achievement of the objectives of Integration. Robust Risk Management and Audit arrangements will be critical to the capacity of the IJB to function effectively.

## 5. Equalities Implications

There are no equalities issues arising from any decisions made on this report.

## 6. Resource Implications

There are no resource implications arising from this report.

# 7    Risks

The purpose of this report is to summarise the risk exposure of the IJB

# 8    Involving People

The identification of the Strategic Risks facing the IJB were considered as part of an IJB Risk Management workshop held on 14th January 2016 and again by the IJB on the 14th April 2016. On an ongoing basis members of both the IJB and IJB Risk and Audit Committee are able to  suggest risks which should be considered for inclusion on the register.

# 9    Background Papers

Appendix 1 Risk Register

| AUTHOR'S NAME | Chris Lawson |
|---|---|
| DESIGNATION | Risk Manager |
| CONTACT INFO | |
| DATE | 31 July 2017 |

# IJB Risk Register

Midlothian

## IJB.IR.01 Financial Stability

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.IR.01 | **Risk cause** Uncertainty as to the allocation of financial resource to the IJB. <br><br>**Risk event** The lack of a clear budget is prohibiting budget planning, with a reducing time until the IJB is formally in operation. <br><br>**Risk effect** Inability of IJB to set its own budget and therefore to plan service delivery and redesign | David *King | Chief Finance Officer (CFO) appointed to IJB | 5 | 5 | 🛑 |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.IR.01-A3 | Awaiting final financial assurance report on adequacy of budget setting process | **Q1 17/18:** Financial assurance carried out for 2017/18 budget £5million pressures | David *King | 31-Dec-2016 | ✅ |
| IJB.IR.01-A4 | Budget shortfall | **Q1 17/18:** Plans being developed to address the potential budget shortfall. | David *King | 31-Mar-2018 | ▶️ |

## IJB.IR.02 Current Recruitment of health visitors ,GPs and District Nurses

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.IR.02 | **Risk cause** Current shortage of Health Visitors,GPs and District Nurses. <br><br>**Risk event** Insufficient numbers of qualified people to deliver services based on current models. GP practices close. Increased number of closed and/or restricted lists and resulting impact on other practices Patients not being able to register with their local practice Additional workload for existing GPs due to inability to fill vacancies Increased pressure on other parts of the health & social | Allister Short | 1. Individual meetings with Practices to discuss key issues and pressures. 2. Additional investment and capacity through LEGUP, pharmacy input, extension of premises and provision of equipment by the HSCP. 3. Monthly GP Reps meeting to review pressures and explore collective approaches. 4. Development & ongoing review of vulnerability register for all Practices in Midlothian. 5. Establishment of new Practice within Midlothian to create additional capacity within the area. 6. Funding for refurbishment work for new Practice now agreed 7. Procurement process due to start and 3 notes of interest in taking on new Practice 8. A Practice which previously had a restricted list is now fully open | 5 | 5 | 🛑 |

| | care system<br>Increased demands during Winter may impact on unscheduled care within the acute setting<br><br>**Risk effect**<br>Negative Impact on service delivery where services require Health Visitors, GPs and District Nurses. Six GP practices in Midlothian have now closed their lists to new patients. | | 9. Additional Winter investment for Hospital at Home and Homecare to provide more capacity and relieve pressures on primary care<br>10. Additional therapy input (OT & PT) through Winter funding to support rehabilitation services due to possible increased falls risk<br>11. Recruitment of further 'House of Care' wellbeing workers across 6 Practices in Midlothian to reduce demands on GP time (funded by PCTF) | | | |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.IR.02.A1 | Develop Alternative Services | **Q1 17/18:** The Wellbeing Service staff in place within 8 GP Practices | Allister Short | 31-Mar-2017 | ✅ |
| IJB.IR.02.A3 | Recruitment of District Nurses | **Q1 17/18:** There is a national recruitment drive.<br>Locally a number of band 5 nurses have been recruited to cover the shortfall in Band 6 | Allister Short | 31-Mar-2018 | ▶ |
| IJB.IR.02-A2 | Recruitment of Health Visitors | **Q1 17/18:** Appointments made to address pressures on Health Visitors. | Allister Short | 31-Mar-2017 | ✅ |

## IJB.IR.03 Delayed discharge

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.IR.03 | **Risk Cause**<br>Insufficient community supports to enable timely discharge<br><br>**Risk Event**<br>Capacity of Community Support outstripped by demand<br><br>**Risk Impact**<br>There is a risk that patients will have their discharge delayed because there is insufficient community supports to enable timely discharge leading to deterioration in their health, beds being blocked and elective operations potentially being cancelled. | Eibhlin McHugh | 1. Implementation of a 4 week pilot to divert all possible nursing home admissions to the Flow Centre and then to MERRIT to prevent admission to hospital<br>2. Increased use of Midlothian Community Hospital to support patient moves to downstream beds and relieving some of the pressures on acute sites<br>3. Review of in-house service provision to increase capacity within Re-ablement through more effective use of the Complex Care service<br>4. Additional management support being provided to external Care at Home provider to address concerns over service delivery<br>5. Work underway to transfer care at home service that is now due to end on 31 March 2017 to ensure continuity of care for clients<br>6. Management support being provided to external Care at Home service to bring stability and improvements in service delivery<br>7. Recruitment campaign for additional staff over the summer months is underway, targeting local universities and colleges<br>8. Overall review of care at home services now nearing completion – this will create blueprint for future planning and delivery of services<br>9. Tender published on Procurement website for new Framework Agreement in Midlothian to deliver care at home<br>10. Temporary appointment of senior manager to take on discharge co-ordination role across Midlothian | 5 | 5 | 🛑 |

## IJB.OP.01 Strategic Plan

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.OP.01 | The creation of a Strategic Plan provides the opportunity to describe the future shape of health and care services. | Eibhlin McHugh | The Strategic Plan sets out the direction of travel for all health and care services and identifies how available funding will be used to enable some of these changes to take place.<br><br>New funding such as social care monies and Primary Care Transformation funds will enable some of the aspirational plans to be put into effect.<br><br>Direction provides clarity and specificity about actions flowing from the Strategic Plan.<br><br>Health and Care Transformation Board has been established to ensure a SMART (Specific, Measurable, Achievable, Realistic, Timely) approach to implementation of the Strategic Plan. | 3 | 4 | ⚠️ |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.OP.01.A2 | Hospital Beds | **Q1 17/18:** Midlothians' performance on Delayed Discharge has deteriorated in 16/17. The implementation of the Strategic Plan is dependant on improving the efficiency in the use of hospital beds. A series of actions have been taken to address the issue of delayed discharge. | Eibhlin McHugh | 01-Dec-2017 | ▶️ |
| IJB.OP.01.A3 | Formal Directions | **Q1 17/18:** New formal Directions approved and issued to Midlothian Council and NHS Lothian. | Eibhlin McHugh | 31-Mar-2018 | ▶️ |
| IJB.OP.01.A4 | New Health and Care Delivery Plan | **Q1 17/18:** New Health and Care Delivery Plan for 2017/18 approved and being implemented thought 2017/18. | Eibhlin McHugh | 31-Mar-2018 | ▶️ |

## IJB.OP.02 Additional funding for IJBs

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.OP.02 | The IJBs share of additional social care funding announced by the Scottish Government is £3.6m. | David *King | Work continues to determine what proportion of this budget is available for transformation.<br>Allocation letters received by IJB, Chief Finance Officer. | 3 | 3 | ⚠️ |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.OP.02.A1 | Living Wage | **Q1 17/18:** Additional monies are to be made available by the Scottish Government in 2017/18 to include Personal Assistants and Day Care Staff | Alison White | 31-Mar-2017 | ✅ |
| IJB.OP.02.A2 | Additional funding | **Q1 17/18:** New allocation of £1.7m for 2017/18, use is being finalised. | Eibhlin McHugh | 31-Mar-2018 | ▶️ |
| IJB.OP.02.A3 | Ensure allocations used in line with Directions | **Q1 17/18:** Additional in year allocations to NHS Lothian that represent delegated functions to the IJB. Chief Finance Officer will develop new process | David *King | 30-Sep-2017 | ▶️ |

| | | to ensure allocations representing delegated functions are used in accordance with the IJB's Directions. | | | |

## IJB.RR.01 Balancing budget in future years

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.01 | **Risk cause**<br>Inadequate resources to meet demand in the manner in which services are currently delivered.<br><br>**Risk event**<br>Inability to meet demand within existing resources.<br><br>**Risk effect**<br>Overspends due to exessive demand for services, quality failures, and cuts in other services. | David King | Chief Finance Officer appointed to IJB to support the management of finance.<br><br>Early Warning Indicators from NHS Lothian and Midlothian Council.<br><br>Strong budget control systems in place in NHS Lothian and Midlothian Council. | 5 | 5 | 🛑 |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.01.A1 | Financial Strategy | **Q1 17/18:** The IJB has approved the approval to the development of a local financial strategy. Scottish Government announced the settlement for local government and NHS Boards on 15 December 2017 | David *King | 31-Jan-2017 | ✅ |
| IJB.RR.01.A2 | Multi year financial plan | **Q1 17/18:** Multi-year financial plan being developed with the IJB partners | David *King | 31-Mar-2018 | ▶️ |
| IJB.RR.01.A3 | Realistic Care, Realistic expectations | **Q1 17/18:** Plan being implemented to ensure spend consistent with available resource. | David *King | 31-Mar-2018 | ▶️ |

## IJB.RR.02 Inherited Financial Commitments

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.02 | **Risk cause**<br>Financial commitments planned and/or incurred during 2015/16, which carry through to 2016/17 when the IJB assumes responsibility.<br><br>**Risk event**<br>IJB is committed to expenditure which is inconsistent with the direction of travel outlined in its Strategic Plan.<br><br>**Risk effect**<br>The Community Health Partnership will have made financial commitments when in operation some of which will extend in to the period covered by the newly formed IJB and will require to be honoured. | Dave *King | Early warning indicators from NHS Lothian and Midlothian Council<br><br>Strong budget control systems in place in NHS Lothian and Midlothian Council<br><br>Contracts with third parties are laid out in a way which reflects the likelihood of changes being required - particularly in relation to Self Directed Support. | 3 | 4 | 🔺 |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.02.A1 | Risk Sharing | **Q1 17/18:** The is no risk sharing agreement in place for 2017/18. The implications are being considered by the IJB. | Eibhlin McHugh | 31-Oct-2017 | ▶ |
| IJB.RR.02.A2 | Learning Disability and Mental Health | **Q1 17/18:** The inherited financial commitments in Learning Disability and Mental Health have been identified and the IJB will indicate to NHSL what it is able to invest in these areas. | David *King | 31-Mar-2018 | ▶ |

## IJB.RR.03 Demographic Changes

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.03 | **Risk cause** Increasing demands on services as a result of ageing population, and increasing numbers and complexity of need of children moving into Adult Services. **Risk event** Inability to meet demand within existing resources. **Risk effect** Demands made on Social Care resource budget exceed available budget. Capacity to maintain and develop preventative services is put at risk. | Eibhlin McHugh | Annual review of joint needs assessment so that the allocation of resources can be reviewed and amended. Continual process of service redesign to ensure people access services quickly, and their recovery is supported effectively. | 5 | 5 | 🛑 |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.03-A1 | Budget report including demographic preasures | **Q1 17/18:** Midlothian Council Budget allocation for 2016/17 included demographic impact on Social Care Budget. | David *King | 20-Dec-2016 | ✅ |

## IJB.RR.04 Governance

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.04 | **Risk cause** Complexity of governance arrangements for the three bodies - NHS Lothian , Midlothian Council and the IJB - having to work together **Risk event** Issues arise which lead to uncertainty about decision making authority. **Risk effect** The IJB's governance systems are unable to operate effectively. | Eibhlin McHugh | Performance Reports Use of Audit to Monitor effectiveness of Internal controls Code of Corporate Governance Integration Scheme | 4 | 4 | 🔺 |

## IJB.RR.06 Information Security (Data Protection)

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.06 | **Risk cause**<br>IJB members are likely to be provided with a range of confidential materials in discharging their duties as IJB members.<br>General Data Protection Regulation is a new piece of legislation currently being formulated by the European Commission. It is expected to be agreed in the first part of 2016 with a two year lead in period.<br><br>**Risk event**<br>Release of sensitive information into the public domain could breach data protection rules.<br>The Regulation is expected to be agreed in the first part of 2016 with a two year lead in period.<br><br>**Risk effect**<br>Potential action against the board as a data controller.<br>The Regulations are expected to bring about a number of requirements on the IJB including mandatory reporting of all data breaches, appointment of a Data Protection Officer and the potential for fines ranging to 4% of turnover or 20million Euros whichever is greater. | Eibhlin McHugh | Data sharing agreements in place<br><br>Interagency Information Exchange will enable secure exchange of information at individual patient level. | 3 | 4 | ⚠️ |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.06.A1 | Interagency Information Exchange | **Q1 17/18: Off Target**<br>Testing uncovered missing functionality in Mosaic regarding restricted and non-disclosed records. Upgrade to Mosaic v5.13.2.3 required, installed in test on 15th June, testing cannot re-commence until 17th July due to staff absence and annual leave. | Mike O'Rourke | 31-Mar-2017 | ❌ |

## IJB.RR.07 Managing Change

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.07 | **Risk cause**<br>Information on changes to service released before service user or employees consultation strategy developed.<br><br>**Risk event**<br>There is the potential for information to be released on draft schemes or proposals for changes to service delivery. | Eibhlin McHugh | There is a Communication Officer allocated to support the IJB working in close collaboration with the Communication Teams in the Council and NHS Lothian.<br><br>There is an Organisational Development Officer in post, delivering an OD programme alongside a number of Lothian-wide initiatives. | 3 | 4 | ⚠️ |

| | Risk effect This could have a negative impact on Service Users and Employees by creating unnecessary concern regarding potential changes which have not been fully considered or consulted on. | | | | | | |
|---|---|---|---|---|---|---|---|

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.07.A1 | Communications Strategy | **Q1 17/18:** Communication plans are being developed and implemented across the service. | Eibhlin McHugh | 31-Mar-2018 | ▶ |
| IJB.RR.07.A2 | Organisational Development Programme | **Q1 17/18:** An organisation development programme is being delivered and a long term workforce being developed. | Eibhlin McHugh | 31-Mar-2018 | ▶ |

## IJB.RR.08 Management Information

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.08 | **Risk cause** The two main software systems used within the Council (Framework-i) and NHS Lothian (Trak) to support the delivery of adult and social care do not integrate at present. **Risk event** These systems are used to drive performance information. **Risk effect** The lack of integration of the information between the systems reduces the potential for holistic reporting. | Allister Short; Alison White | The Interagency Information Exchange allows direct and up to date access to other professional's information. The use of Anticipatory Care Plans will be rolled out so the information is available at times of crisis/deterioration. | 5 | 3 | ⚠ |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.08.A1 | Interagency Information Exchange | **Q1 17/18:** Off Target Testing uncovered missing functionality in Mosaic regarding restricted and non-disclosed records. Upgrade to Mosaic v5.13.2.3 required, installed in test on 15th June, testing cannot re-commence until 17th July due to staff absence and annual leave. | Mike O'Rourke | 31-Mar-2017 | ✖ |
| IJB.RR.08.A2 | Performance Information | **Q1 17/18:** Work continues on the development of a comprehensive performance framework for the IJB. | Allister Short; Alison White | 31-Jul-2018 | ▶ |

## IJB.RR.09 Leadership Capacity - IJB

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.09 | **Risk cause** Changing membership of IJB creates challenges to ensure all members have a clear understanding of the Integration | Eibhlin McHugh | National and local Induction programs in place. Membership changes incrementally. | 3 | 3 | ⚠ |

| | | of Health and Social Care.<br><br>**Risk event**<br>New members may have a knowledge gap around the work of the IJB, the planned outcomes and measures to drive forward improvement.<br><br>**Risk effect**<br>Ability of new members to make a positive contribution to the IJB. | | User, Carer and Third Sector members receive pre-meeting support. | | | |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.09.A1 | IJB Development Sessions | **Q1 17/18:** An annual programme was implemented in November 2015. The programme has enabled members to grow in confidence in their understanding of their role and responsibilities, by way of focused discussion on specific topics. The sessions have involved dialogue with each other, drawing on the knowledge of key practitioners from the partnership, in attendance. Topics have included Financial management, Risk Assessment and Risk Management, Changing models of Health and Social Care, Primary Care Strategy, Mental Health, Substance Misuse and Recovery. | Eibhlin McHugh | 31-Mar-2018 | ▶ |
| IJB.RR.09.A2 | Leadership | **Q1 17/18:** Midlothian has invested in the pan-Lothian 'Playing to your Strengths' learning opportunity for members of Senior managers and other key strategic posts. The focus of *Playing to your strengths* is on helping people to leverage their strengths as leaders, to become more resilient in pursuit of the organisation's vision. This approach assumes that where people play to their strengths they are energised and can channel energy into improving their resilience as leaders. 30 managers have participated with positive evaluation.<br><br>The next step is for this to be offered in Midlothian to all middle managers within the H & SC partnership.<br>The pan-Lothian commissioned team development toolkit will be beneficial to Team Leaders in their leadership role in 2017.<br>Midlothian partnership is connecting with the National Collaborative Leadership resource in 2017 , with a focus on leadership within localities. | Eibhlin McHugh | 31-Mar-2018 | ▶ |
| IJB.RR.09.A3 | New Board Members | **Q1 17/18:** Induction program prepared. | Eibhlin McHugh | 31-Jul-2017 | ❌ |

**IJB.RR.10 Workforce Capacity Including Recruitment & Retention of Health and Social Care Staff**

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.10 | **Risk cause**<br>Potential future shortage of Health Visitors, District Nurses, GPs and Social Care staff.<br><br>**Risk event**<br>Insufficient numbers of qualified people to deliver services based on current models.<br><br>**Risk effect**<br>Negative impact on service delivery where services require Health Visitors and GPs. | Allister Short; Alison White | National program of training for GPS and Health Visitors.<br><br>Living Wage commitment to address low paid positions.<br><br>Local Workforce Plan being developed which will include the development of new roles and a changing skill mix.<br><br>Health and Social Care Academy being established. | 3 | 4 | ⚠️ |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.10.A1 | Workforce Planning | **Q1 17/18:** Good progress is being made to develop a workforce strategy across health, council, voluntary and independent sector. | Eibhlin McHugh | 31-Dec-2017 | ▶️ |
| SRP.RA.04 | SSSC Care at Home | **Q1 17/18:** The process for registration of Care at Home staff will begin on 1st October 2017. This will be a significant step towards professionalising the workforce. | Allister Short; Alison White | 31-Dec-2017 | ▶️ |

## IJB.RR.11 Working With Other Organisations (Partnership)

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.11 | **Risk cause**<br>The establishment of the Health and Care Partnership (HSCP) may reduce the efforts required to work with other Community Planning partners.<br><br>**Risk event**<br>THE HSCP focusses too narrowly on its immediate responsibilities to deliver direct services in health and care, and neglects the task of building long term sustainability.<br><br>**Risk effect**<br>The HSCP does not achieve its long term objectives. | Eibhlin McHugh | The IJB Chair and Chief Officer are members of the Community Planning Board.<br><br>Health and Social Care are actively in Area Targetting Work.<br><br>Inequality is the key objective of the CPP over the next three years.<br><br>Other agencies - e.g. Housing; Libraries; Fire and Rescue; Ambulance - are actively involved in joint planning groups. | 3 | 4 | ⚠️ |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|

| IJB.RR.11-A1 | Community Plan | **Q1 17/18:** Adult Health & Care Action element of the wider Community Plan currently agreed. | Eibhlin McHugh | 28-Mar-2017 | ✅ |

## IJB.RR.12 Ability to Deliver Personal Outcomes

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.12 | **Risk cause**<br>Services are not responsive to the needs to individuals.<br><br>**Risk event**<br>People receive inappropriate, ineffective and inefficient services<br><br>**Risk effect**<br>Outcomes for individuals do not meet their individual needs. | Eibhlin McHugh | The continuing implementation of Self Directed Support will help shift the culture of social care services.<br><br>The implementation of "House of Care" Wellbeing Services will help to promote a "whole person" approach in Primary Care.<br><br>Reporting on outcomes as well as quantifiable performance data will help reinforce this objective.<br><br>Strategic Plans and Commissioning Processes will help to reinforce the focus on outcomes. | 3 | 4 | 🔺 |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.12-A1 | Realistic Care | **Q1 17/18:** Review of model of Social Care in relation to outcomes, risk and self-directed support. | Eibhlin McHugh | 31-Mar-2018 | ▶ |

## IJB.RR.13 Interdependencies with NHS Lothian and Midlothian Council

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.13 | **Risk cause**<br>The formal arrangements as laid out in the Integration Scheme and the Provision of Directions may encourage an "us" and "then" dynamic.<br><br>**Risk event**<br>Council and NHS Lothian staff fail to take initiatives and demonstrate full commitment to service redesign proposed by the IJB.<br><br>**Risk effect**<br>Innovation and collaborative working will be impeded. | Eibhlin McHugh; Alison White | Organisational Development Programme.<br><br>Inclusive approach to strategic planning.<br><br>Continual reinforcement of a collaborative culture.<br><br>Effective senior leadership capacity. | 4 | 4 | 🔴 |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.13.A1 | Directions | **Q1 17/18:** 2017/18 Directions issued to Council and NHS Lothian. | Eibhlin McHugh | 31-Mar-2017 | ❌ |

## IJB.RR.14 Business Continuity

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.14 | **Risk cause** Lack of clarity about Business Continuity arrangements. **Risk event** The Health & Social Care Partnership is unable to implement proposals in the absence of an effective governing body. **Risk effect** The IJB fails to make good progress with the implementation of its Strategic Plan. | Eibhlin McHugh | Integration Scheme - standing orders and a code of governance in place. Substitute IJB members in place by NHS Lothian, Midlothian Council, Users, Carers and Third Sector. | 3 | 4 | 🔺 |

## IJB.RR.15 Service Provider Business Continuity

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.15 | **Risk cause** External providers of Care at Home services unable to meet service and quality requirements as a result of a lack of capacity. **Risk event** The capacity to deliver good quality services is restricted **Risk effect** This has had an impact on delayed discharge. The delivery of adult health and social care requires uninterrupted delivery of service as care needs are continuous. | Allister Short; Alison White | 1. The Council and NHS have their own Business Continuity Plans and arrangements in place to monitor third party suppliers. 2. The Council are in the process of bringing some of the Care at Home Services under the control of the Council as a short term measure. 3. Commissioning for alternative suppliers for Care at Home Services. 4. Secondment of Council manager to support external provider 5. Framework Agreement being implemented from 1 October with increased number of local providers. | 5 | 5 | 🟥 |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.15.A1 | Care at Home | **Q1 17/18:** New provider now in place and new model of care being developed another provider has signalled its difficulties in meeting the contract. | Allister Short | 01-Oct-2017 | ▶ |

## IJB.RR.16 Liberton Community Hospital

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.16 | **Risk cause** The interdependency of the IJB on NHS Lothian and other IJBs may impact on the speed and clarity of plans to relocate to Midlothian Community Hospital and enhanced community services. <br><br> **Risk event** The changes do not go ahead within the planned timescale. <br><br> **Risk effect** The key change planned in relation to shifting the balance of care does not proceed as planned. There is also a failure to generate the required financial savings. | Allister Short | Cross Partnership Steering Group established under the chair of Midlothian Head of Health. <br><br> Individual Project register sets out current risks and controls. | 5 | 4 | 🔺 |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.16.A1 | Project Plan | **Q1 17/18:** From 24th July 2017 Midlothian partnership have no longer been using Liberton Hospital: this service is now provided in Midlothian Community Hospital. | Allister Short | 31-Mar-2017 | ✅ |

## IJB.RR.17 Complex Care Build - Penicuik

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.17 | **Risk cause** Failure to clearly determine the correct service design - building and staffing - and allocation criteria. <br><br> **Risk event** | Alison White | Project Risk Register <br><br> Project Team in place | 2 | 4 | ✅ |

| | The project is not delivered on time and/or to the correct specification.<br><br>**Risk effect**<br>The residents allocated to the service will not have the level of complexity of need originally envisaged, and therefore budget savings will not be realised. | | | | | |
|---|---|---|---|---|---|

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.17.A1 | Care Provider | **Q1 17/18:** Following a tendering process a new provider has been commissioned | Alison White | 31-Mar-2017 | ✅ |

## IJB.RR.18 Use of Acute Hospital Beds

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.18 | **Risk cause**<br>Midlothian has too high a usage of hospital beds for people who are fit to be discharged or who did not need to be admitted in the first place.<br><br>**Risk event**<br>Acute hospitals are unable to function effectively and efficiently because of the number of people occupying beds who do not require hospital care.<br><br>**Risk effect**<br>The difficulty of shifting resources to community based services will continue, and people who need hospital care will experience delays.<br><br>The acute hospital system has to commission services from private providers to meet national targets. | Allister Short; Alison White | On going monitoring of quality<br><br>1. MERRIT (Midlothian Enhanced Rapid Response & Intervention Team) responds to emergency calls and referrals from the community teams, GPs, Ambulance Service, intermediate care and the Falls Prevention Team. This is evidenced by activity data and interventions from across the MERRIT service.<br>2. Funding now in place to increase capacity within the MERRIT Service, which will include additional nursing and carers.<br>3. Introduction of new service to support patients with COPD to remain at home.<br>4. Additional nursing and medical input within MERRIT.<br>5. Expansion of MERRIT beds within the 'virtual ward' from 10 up to 15 beds. | 4 | 5 | 🔺 |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.18.A1 | Hospital Plan | **Q1 17/18:** Information has now been gathered about the current use of the IJB's share of acute beds. This will enable more detailed planning of the future use of the set-aside budget. | Eibhlin McHugh | 31-Dec-2017 | ▶ |
| IJB.RR.18.A2 | Target on use of Accute beds | **Q1 17/18:** Scottish Government proposed target for IJB's, Midlothian IJB has set targets and have developed a plan and presented to IJB. | Eibhlin McHugh | 31-Mar-2017 | ✅ |

## IJB.RR.19 Regulatory Change - Children & Young Person Act

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.19 | **Risk cause**<br>The Children & Young Person Act will extend the duration of care for young people into adulthood.<br><br>**Risk event**<br>The period of care afforded to young people is set to increase up to the age of 25.<br><br>**Risk effect**<br>Potential for uncertainty about respective responsibilities of children's and adult's services my result in confused arrangements. | Alison White | Transitions Group in place<br><br>A review of the working arrangements between Adult Care, Child Care and Child Health Services is underway. | 4 | 4 | 🔴 |

## IJB.RR.20 Regulatory Change - Carers Act

| Risk Code | Risk Identification | Managed by | Risk Control Measures | Likelihood | Impact | Risk Evaluation |
|---|---|---|---|---|---|---|
| IJB.RR.20 | **Risk cause**<br>Carers Act continues to give rise to uncertainties about how respite for carers will be funded.<br><br>**Risk event**<br>The impact of the Act leads to a funding gap in charges generated by the Council.<br><br>**Risk effect**<br>A minimalist approach is adopted by the Partnership due to the concern that funding will not be available. | Allister Short; Alison White | Guidance is being sought continually from the Scottish Government and COSLA (Council of Scottish Local Authorities).<br><br>Creative options being considered through the Self Directed Support Project Board. | 3 | 3 | 🔺 |

| Related Action Code | Related Action | Related action latest note | Managed By | Due Date | Status |
|---|---|---|---|---|---|
| IJB.RR.20.A1 | Implementation of Act | **Q1 17/18:** Midlothian has agreed to be a pilot site for the implementation of the act. | Allister Short; Alison White | 31-Mar-2018 | ▶ |

# Midlothian Integration Joint Board

## Day Services Policy

| Item number: | 5.7 |
|---|---|

## Executive summary

Growing pressures on social care coupled with the continuing budget reductions mean it is essential that there is an overhaul of the approach to the delivery of services. In response to this a Realistic Care Realistic Expectations approach is being taken to social care redesign. Part of this approach includes the development of policies to ensure appropriate and equitable access to and allocation of social care resources.

This report outlines the Day Services Policy to be adopted by Midlothian Council.

*Board members are asked to:*

• *Approve the Day Services Policy*
• *Note the development and consultation work on the Day Service Strategy.*

## Day Services Policy

### 1.    Purpose

1.1    The growing pressures on social care coupled with the continuing budget reductions faced by Midlothian Council mean it is essential that there is a radical overhaul of the approach to the delivery of services. This report seeks approval for a Day Services Policy intended to ensure a stronger approach to the equitable provision of Day Services.

### 2.    Recommendations

2.1    This report outlines the Day Services Policy to be adopted by Midlothian Council. Board members are asked to:

- Approve the Day Services Policy

- Note the development and consultation work on the Day Service Strategy

### 3.    Background and main report

This report describes the proposed Day Services Policy and the work that is underway to develop a wider day service strategy.

#### 3.1    Sustainable and Affordable Social Care Services

A report on 'Sustainable and Affordable Social Care Services' was accepted by Midlothian Council on 27th June 2017. This report outlined pressures on Social Care Provision; demographic pressures, growing budget pressures and workforce pressures. The report also summarised the key elements of the Social Care Redesign Programme in place to mitigate these pressures. The key elements being; culture of transformation, integration and the *Realistic Care Realistic Expectations* approach.

A number of specific policies were also referenced in the report. Subsequent to this report a further policy in relation the provision of Day Services has been prepared.

### 3.2 Day Services Policy

The overall purpose of the Day Service Policy is to ensure there is a fair allocation of resources to individuals who require support by detailing the eligibility criteria for Day Services and outlining appropriate models of Day Service provision. This policy complements and should be read in conjunction with Midlothian Council 'Fair Allocation of Care Policy' approved in June 2017.The policy has a particular focus on services to people with a Learning Disability

The Day Services Policy, included in Appendix 1 of this report, addresses the following:

- Purpose and eligibility for day services – this includes the amount of Day Service support that would be provided
- The principles that underpin Day Service provision
- The types of Day Service Provision and the factors that will influence eligibility for this service.

The policy also contains some specific guidance on factors related to eligibility.

### 3.3 Day Service Strategy

Learning Disability Services in Midlothian are undergoing significant change and major developments are taking place to reflect the fact that the expectations of the Learning Disability population in Midlothian is changing rapidly.  People clearly want very different opportunities and the right support and services to deliver support that is individualised and reflects their aspirations.  This next change has to involve a cultural shift to true participation in society for people with Learning Disabilities and the empowerment to make this happen.

A new Strategy is being developed which aims to remove the concept of a 'service user', in the traditional sense, and replace it with an approach that delivers services that focus on achieving things that will make a difference in people's lives. It is based on the Human Rights of a diverse group who come from all backgrounds, cultures and walks of life. At its heart is a fundamental shift in power and a new relationship between service providers and people who use day services.

A full review of existing day services has been undertaken. The next stage is to speak to people about the findings of the day service review and its recommendations. A small number of expert panels have been arranged which

will focus on conversations with stakeholders to assess to what extent services are currently configured to meet the aspirations of the Strategy and articulate how the services should change or evolve to do so.

## 4.    Policy Implications

4.1    This policy aims to ensure there is a fair allocation of resources to individuals who require support by detailing the eligibility criteria for Day Services and outlining appropriate models of Day Service provision. This policy complements and should be read in conjunction with Midlothian Council 'Fair Allocation of Care Policy' approved in June 2017.

## 5.    Equalities Implications

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

## 6.    Resource Implications

6.1    Implementation of the 'Day Services Policy' will ensure there is more robust and consistent decision-making in the allocation of social care resources for Day Service provision. It will also help ensure that there is an equitable allocation of resources to individuals with similar needs.

## 7    Risks

7.1    There are a number of risks associated with not taking steps to implement the Day Services Policy:

- There is a continued inequity in the allocation of resources between individuals who have similar levels of need
- Increased budget pressures arising for inconsistent decision making around cost effective provision of support

The key risk associated with the implementation of this policy is:

- Anxiety from individuals who are experiencing a change in their support as a result of the change in policy. This however will be mitigated by ensuring we continue to work in a person-centred manner and enabling people to have access to independent advocacy.

# 8 Involving People

## 8.1 Involving Communities and Other Stakeholders

As part of the implementation of this policy there will be discussion with the joint planning groups. Consultation was undertaken on the Fair Access to Care policy and the Day Services Policy is aligned with that policy. A wide consultation exercise regarding the introduction of a broader strategy is currently underway.

# 9 Background Papers

9.1 APPENDIX 1 Draft Day Services Policy

| | |
|---|---|
| **AUTHOR'S NAME** | Graham Kilpatrick |
| **DESIGNATION** | Acting Service Manager - Adults |
| **CONTACT INFO** | 0131 271 3477 |
| **DATE** | 16/8/17 |

# Day Services
# Policy (Adults)

# DRAFT DOCUMENT

# 1 Contents

## 2   Introduction

Midlothian Council provides a range of Community Care support services to individuals with varying levels of support needs. This includes the provision of Learning Disability Day Services to individuals affected by disabilities.

Where an individual has complex support needs there can be significant variation in costs of providing Day Services depending upon the service model used to provide this support. This policy aims to ensure there is a fair allocation of resources to individuals who require support by detailing the eligibility criteria for Day Services and outlining appropriate models of Day Service provision. This policy complements and should be read in conjunction with Midlothian Council 'Fair Allocation of Care Policy' approved in June 2017.

## 3   Legislative and Policy Context

### 3.1   Legislative Context

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

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

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

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

## 3.2   Policy Context

This policy clarifies eligibility for and models of Learning Disability Day Service provision. All commissioning of resources should to be consistent with wider policy initiatives including:

- The Keys to Life Learning Disability strategy
- Midlothian Council Fair Allocation of Care Policy

Day services are also provided for people with mental health needs and for people with physical disability. Whilst this policy is focussed upon services to people with learning disability there are some general principles which apply across all day services e.g. the support available with care support needs attending further education college.

## 3.3   Self Directed Support

The Social Care (Self Directed Support) (Scotland) Act 2013 introduced choice and control in the provision of social care support.  The Act places a duty on local authority social work departments to offer people who are eligible for social care a range of choices over how they receive their social care and support.  It allows people to choose how their support is provided to them, and enables people, if they wish to do so, to organise their support themselves under Self Directed Support (SDS) options 1 or 2. It also requires that the local authority must provide information, including the available budget, to individuals so that they can choose which option of support they wish If the individual choose SDS options 1 or 2, the local authority must make payment of a relevant amount to enable the individual to arrange for the provision of support.  It should be noted that payment made by the Local Authority should be an amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person.

While Self Directed Support does ensure individuals have choice and control about their care and support there are limitations. When agreeing what support can be provide under options 1 and 2 the Local Authority need to be satisfied that the:

- Individual is eligible for proposed support and the support will meet assessed outcomes
- Support will ensure the individuals is safe and promote independence and active citizenship

## 4   Purpose and Eligibility for Day Services

Individuals with a disability may require specific day service support during the day. This support will mitigate the risks to individuals that would exist in the absence of structured daily activity. The Day Service support that would be provided should meet outcomes in three main areas listed below. Outcomes should be meaningful realistic and achievable.

- **Outcomes related to staying safe** – Where an individual is assessed as being at risk of harm if they were left on their own without programmed support activities during the day
- **Outcomes related to being independent** – Where programmed activities are required during the day to ensure an individual develops or is supported to exercise basic independence skills necessary to engage in activity that is meaningful to the individual. (Basic independence skills include things such as communication, decision making, managing own behaviour, self care skills, navigating social relationships)

- **Outcomes related to being an active citizen** – Where due to the individuals disability without support they would be unable to engage in critical activities associated with being an active citizen such as forming and maintaining relationships, having a social life and being part of the wider community

The Midlothian Council's eligibility criteria mean that support will only be provided when an individual would be at substantial or critical if support was not provided. This means that Day Service support would only be provided when there is evidence that the absence of such support would put an individual's long term health and wellbeing at risk as a result of loss of independence and inability to be an active citizen.

## 4.1   Amounts of Support

The amount of support provided will depend upon the risk if an individual does not receive support. Support will only be provided to reduce risk to an acceptable level and not to eliminate risk entirely. For example while an individual may require support 5 days a week to stay safe it is unlikely there would be a need for a 5 days a week service to mitigate the risks associated with being an active citizen.

The factors that will determine the amount of Day Service an individual receives are as follows:

- **Support to stay safe** – The amount of time an individual needs to be supported to be safe and the staffing ratio required to ensure the individual is safe

- **Support to be independent** – The amount of time an individual needs to be supported to engage in meaningful activity and the staffing ratio required for this. The amount of time an individual could be supported for would be determined by the amount of purposeful activity necessary to avoid harm to an individual's wellbeing that would result from them not engaging in any purposeful activity.

- **Support to be an active citizen** – The amount of time individual needs to be supported to engage in activities associated with being active citizen and the staffing ratio required for this. The amount of time an individual could be supported for would be determined by the amount of activity necessary to mitigate risks associated with social isolation.

**4.1.1 The level of support an individual will be eligible for will vary depending upon an individual's circumstances and their living arrangements. Supported Living**

Where an individual receives a supported living service their support should be organised to ensure risks associated with safety, independence an active citizenship are mitigated. For some individuals their supporting living service will provide all the support related to these risks, for others day services will be part of the support arrangements. An individual will not normally receive both Support Living support and Day Services during the day. The best way of providing services will be decided on a case by case basis; for example if an individual's level of assessed need is such that specialist Day Service provision is required and the individual would require additional support from the supported living service to engage in this support.

**4.1.2 Independent Living with Support**

Where an individual is living independently with some support, Day Services can be provided when there is an assessed need for structured day services as a protective factor to keep the individual safe. An individual may also be eligible for some support with basic independence skills necessary to engage in purposeful activity and some support to engage in the community. Normally individuals living independently with some support will not require high levels of day service support.

**4.1.3 Living at Home**

The amount of support an individual living at home with family / carers will receive will depend upon the amount of support needed to ensure independence and active citizenship. Day Services would only be provided on a full time basis where an individual is assessed as not being safe when on their own at times when the family/carers are not available to support the individual. The level of service may also be informed by an assessment of the carers' needs.

**4.1.4 Residential Care**

Where an individual receives residential care, day services should be provide as part of this service. There would therefore not normally be any eligibility for additional Day Services.

# 5 Principles Underpinning Day Service Provision

There are a number of principles that underpin the Day Service provision that are drawn from 'Keys to Life' policy and local consultation. The principles outlined will apply to all Day Service provision commissioned by Midlothian Council. These principles will also be adopted when commissioning services to ensure that the range of service provision is available locally.

- **Day Services will promote independence and active citizenship** – In line with the Keys to Life strategy all service provision should promote independent and active citizenship. This will include the creation of meaningful communities and experiences for individuals. Services funded by Midlothian Council will be required to evidence this is being achieved, where appropriate with reference to the individual experiences of individuals using the services.

- **Services to be delivered locally** –Day services should, wherever possible, be delivered in Midlothian. Out of area service will only be considered when there is an assessed need for specific provision or out of area service provision meets an individual's assessed need and is no more expensive

- **Services to promote individual learning and development** –Day services should, wherever appropriate, support individual to learn and develop new skills

- **Enhanced level of support based on assessed need** - The default level of support will be shared support. Increased levels of support, such as 1-1 support will only be provided when there is an assessed need for this level of support to engage in Day Services. Holistic assessments will be undertaken to assess the level of need and should always include input from health services on the level and impact of a disability.

- **Resource decision to include transport costs** – When making resource decisions the full cost of the service provision, including costs of getting to and from the service should be considered. This will support the principle that all services should be provided locally.

- **Specific eligibility criteria apply to transition services** – Midlothian Council recognises there can be value in providing specialist Day Services for young adults leaving school. These services can support individuals to develop independence skills that may mean the individuals need less support in the long term. Eligibility for these services will be time limited and be dependent on an assessment that appropriate transition related outcomes will be met.

- **Service provision will be appropriate to stage in life** – It is recognised that Day Service provision should reflect an individual's age. The Day Services that would be appropriate for someone leaving school are different from the Day Services for an adult in later life, or passed retirement age.

- **Services will support healthy lives** – Day Services will be organised to support individuals enjoy the highest attainable standard of living, health and family life. Services should develop individual outcomes that emotional, physical and psychological wellbeing.  Services will be expected to proactively work to contribute to addressing issues related to health inequalities.

# 6  Types of Day Service Provision

The table below summarised the main types of day service provision and the key factors that would determine eligibility for them:

| Model | Description | Factors Influencing Eligibility for this Service |
|---|---|---|
| Specialist building based provision | • Specialist building space is required to cater for complex physical disabilities<br>• Adaptations are required to the physical environment to make it safe for individuals(e.g. when an individual presents challenging behaviour) | • Assessed need for specialist building based provision<br>• Unable to share social space and therefore require specialist environment |
| Specialist Transition Services | • Services targeted at young adults leaving or recently left school who will benefit from services with an enhanced focus on learning that will help an individual develop skills that mean they will require less support in the future.<br>• Services that support an individual to engage in person centred planning associated with the transition to becoming an adult<br>• Services will work to deliver clearly started outcomes that will be regularly reviewed and based on the principles of Good Transitions 3 (Scottish Transitions Forum). | • Assessed benefits of enhanced levels of learning<br>• Normally only available for a fixed period after school<br>• Continuation of this resource would been contingent on progress |
| Programmed Activities – Building Based | • Service orientated around a building that provide programmed activities that in a safe environment and promote independence and active citizenship | • Assessed need for structured support with basic independence skills<br>• Assessed need for this to be building based provision |
| Programmed Activities- Community / Resource Centre Based | • Services based within the community that provide programmed activities that provide a safe environment and promote independence and active citizenship | • Assessed need for structured support with basic independence skills in order participate in purposeful activity |
| Further Education | • Further education courses aimed at individuals who require supported learning (SCQF Level 1 & 2) | • Support would be provided if the young person met the eligibility criteria for day service provision (see section 7.1) |

| Model | Description | Factors Influencing Eligibility for this Service |
|---|---|---|
| Supported Employment (& volunteering) | • Services that provide supported employment and volunteering opportunities | • Individual is assessed as being unable to engage in employment or volunteering without support to develop and sustain basic independence skills |
| Local Area Co-ordination | • Services that provide the co-ordination necessary to be independent and engage in purposeful activity | • Individual assessed as needing lower levels of support with their independence skills |
| Relationships / Social Life Outings | • Day Services that provide social activities and opportunities | • Not normally individually funded, but may be grant funded by the Local Authority |

# 7  Specific Eligibility Guidance

## 7.1  Further Education

Some individuals may choose to access a college course in place of a day service. This is particularly the case with young people leaving school who may benefit from continuing education to develop their independence skills. While courses themselves are funded by further education establishments Midlothian Council may be requested to fund transport and additional support at college. Funding for transport or additional support will be considered only when:

- An individual is assessed as being eligible for a Social Care Day Service if they did not attend college
- The course supports the learning of basic independence skills (appropriate to the needs of individuals with a learning disability). These courses are normally at SCQF Level 1 & 2.
- Wherever possible the individual will be supported to travel independently
- As outlined in Fair Access to Care Policy the expectation is that people will make their own arrangements to access services. Transport will only be made available for individuals to attend College courses within Midlothian where there is no other way to safely access services. Only exceptionally will this include journeys to campuses outwith Midlothian. If individuals or families choose to go outwith Midlothian they may be required to pay additional support and travel costs themselves.
- Where additional support is needed for someone to attend college social care funding is only available for personal care and support provided during breaks. Support for learning will be responsibility of the college

## 7.2   Stage of Life

Day service provision will vary dependent upon an individual's stage in life. When an individual reaches retirement age the amount of Day Service provision related to promoting independence and active citizenship will be assessed consistent with the amount of support older people can receive. While this may change the amount of support an individual receives the support service should still meet the specific needs associated with an individual's disability.

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# Midlothian Integration Joint Board

## Chief Officer Report

| Item number: | 5.8 |
|---|---|

### Executive summary

*This report has three sections. One describes the progress being made on integration. The second describes some of the significant pressures being faced by health and care in recent months. The third highlights some recent or forthcoming key service developments.*

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

1. *Note the issues raised in the report*

# Report

## Chief Officer Report

### 1.  Purpose

**1.1**  This report provides a summary of the key issues which arisen over the past two months in Health and Care.

### 2.  Recommendations

**2.1**  To note the issues outlined in the report.

### 3.  Background and main report

**3.1  Progress on Integration**

The Penicuik Housebound Project gets off the ground in a couple of weeks time. With the support of the national Collaborative Leadership in Practice Programme, work is underway to pilot new ways of working effectively as a multidisciplinary team to support people who are housebound in Penicuik, with a particular focus on working more closely as a team and connecting to the local community

Proposals seeking capital funding for the development of the Recovery Hub in Dalkeith are to be presented to Midlothian Council in September. The Hub will co-locate substance misuse, mental health and criminal justice services in one location. Work is already underway to redesign care pathways to support better integrated working to support individuals and to continue to strengthen the focus on recovery in service delivery.

**3.2  Service Pressures**

Managing the discharge of patients from hospital remains a pressure and is the subject of a separate report.

While Care at Home continues to be an area of pressure there have been improvements in the delivery of services.  We have been working collaboratively with in-house and external service providers to improve the use of information systems to enable better co-ordination of the workforce to improve efficiency. Under a new framework contract four providers have been recruited to provide additional capacity. Care Inspectorate grades of one provider improved following inspection allowing them to take on referrals. We are also working with external providers to support the recruitment of carers. The Care at Home Review has now progressed to the consultation stage and will be considered by the IJB at its October meeting.

Following approval of Fair Allocation of Care Policy and Transport Policy by Midlothian Council, implementation is being progressed. The main impact at this stage is on new cases with the reviewing process for existing users ongoing. We are however taking steps to improve the methodology and increase the pace of reviewing activity.

In Primary Care we are continuing to progress the implementation of the strategy with the Physiotherapy Pilot now in place in two practices and more specifically the new Loanhead Health Centre due to open in September and work is progressing on the Newtongrange Practice with plans to open the practice early in the New Year.

### 3.3    Service developments

Wellbeing:  A new service has been introduced to some local Health Centres to provide support to people who are living with long term health conditions and/or mental health issues. An interim evaluation provides some evidence of the difference the service is having on individual patients' lives. A full evaluation will be available in late October which will also provide some analysis on how the service has altered the use made of primary care, medication and hospitals. (see appendix 1)

Carer Legislation: The Carers (Scotland) Act (2016) is being implemented in April 2018. Midlothian H&SC Partnership are working in partnership with VOCAL to participate in Scottish Government pilot work testing provisions of the new legislation, focussing on Adult Carer Support Plans and Emergency Planning.

Anticipatory Care Planning: There is a growing appreciation of the value of individual people thinking ahead and understanding their health. Work is underway to examine how best to extend the use Anticipatory Care Planning. This will be piloted in Newbyres Care Home and through the new Housebound Project in Penicuik.

Extra Care Housing: Well designed housing with support close at hand can enable people to retain independence rather than moving into a care home at an early stage. Cowan Court in Penicuik and Hawthorn Gardens in Loanhead are well established. Plans are being developed to extend the provision of extra care housing as part of the Council's broader housing programme.

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Frailty Project: Local GPs are exploring ways of identifying people who are living with frailty so that support can be provided at an earlier stage thereby reducing the likelihood of crises and emergency admissions to hospital.

### 4.    Policy Implications

**4.1**    The issues outlined in this report relate to the integration of health and social care services and the delivery of the policy objectives IJB's Strategic Plan.

## 5. Equalities Implications

**5.1** There are no particular equalities issues arising from this report.

## 6. Resource Implications

**6.1** The expansion of extra care housing and the shift to a recovery focused services will make a significant contribution to the sustainability of services.

**6.2** Other service developments aim to develop and embed new ways of working that are in keeping with the principles set out in the Financial Strategy Paper that was recently presented to the IJB. They serve both as tests of change that will enable us to transfer the cumulative learning to the wider redesign of services and contribute to the development of a culture of transformation and change across all services that is critical to financial sustainability.

## 7. Risks

7.1 The management and tolerance of risk is integral to the implementation of all service developments as we seek to maximise the opportunities of new ways of working.

## 8. Involving People

8.1 New models of care and service developments outlined in this report have been developed in close collaboration with professionals and service providers.

## 9. Background Papers

None

| AUTHOR'S NAME | Tom Welsh |
|---|---|
| DESIGNATION | Integration Manager |
| CONTACT INFO | 0131 271 3671 tom.welsh@midlothian.gov.uk |
| DATE | 27/11/ 2015 |