

# Notice of meeting and agenda



## Midlothian Integration Joint Board

**Venue:** Conference Room, Loanhead Centre, George Avenue, Loanhead EH20 9LA – PLEASE NOTE CAREFULLY THE CHANGE OF VENUE,

**Date:** Thursday, 23 August 2018

**Time:** 14:00

**Allister Short**  
**Chief Officer**

**Contact:**

Clerk Name: Mike Broadway

Clerk Telephone: 0131 271 3160

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

**Further Information:**

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

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**1 Welcome, Introductions and Apologies**

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**2 Order of Business**

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

**3 Declarations of Interest**

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

**4 Minutes of Previous Meeting**

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- |            |   |                |
|------------|---|----------------|
| <b>4.1</b> | Minutes of the MIJB held on 3 May 2018 - For Approval                           | <b>5 - 20</b>  |
| <b>4.2</b> | Minutes of the Special MIJB held on 7 June 2018 – For Approval                  | <b>21 - 28</b> |
| <b>4.3</b> | Minutes of the MIJB Audit and Risk Committee held on 29 March 2018 - For Noting | <b>29 - 34</b> |
| <b>4.4</b> | Rolling Action Log  | <b>35 - 36</b> |

**5 Public Reports**

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- |            |  |                  |
|------------|--|------------------|
| <b>5.1</b> | Annual Performance Report – Report by Assistant Strategic Programme Manager              | <b>37 - 78</b>   |
| <b>5.2</b> | The Lothian Hospitals Plan - Report by Interim Head of Implementation                    | <b>79 - 86</b>   |
| <b>5.3</b> | Chief Officer's Report - Report by Chief Officer   | <b>87 - 92</b>   |
| <b>5.4</b> | Appointment of Chief Finance Officer – Report by Chief Officer                           | <b>93 - 96</b>   |
| <b>5.5</b> | Working With the Voluntary Sector – Report by Third Sector Representative                | <b>97 - 114</b>  |
| <b>5.6</b> | Action 15 of the Mental Health Strategy 2017-2027 – Report by Head of Adult Services     | <b>115 - 124</b> |
| <b>5.7</b> | Improving the Cancer Journey Programme – Report by Assistant Strategic Programme Manager | <b>125 - 130</b> |

**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:

- 13 September 2018 at 2pm – Special Midlothian Integration Joint Board/Development Workshop
- 11 October 2018 at 2pm - Midlothian Integration Joint Board





## Midlothian Integration Joint Board

Date	Time	Venue
Thursday 3 <sup>rd</sup> May 2018	2.00pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

### Present (voting members):

Angus McCann (Chair)	Cllr Jim Muirhead
Tracey Gilles	Cllr Catherine Johnstone
Alex Joyce	Cllr Pauline Winchester
Alison McCallum	Cllr Margot Russell (substitute for Cllr Derek Milligan)

### Present (non voting members):

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

### In attendance:

Morag Barrow (Head of Primary Care and Older Peoples Services)	Jamie Megaw (Strategic Programme Manager)
Chris Lawson (Risk Manager)	Tom Welsh (Integration Manager)
Claire Flanagan (NHS Lothian)	Karen Ozden (NHS Lothian)
Dr Cat Harley (Scottish Clinical Leadership Fellow)	Mike Broadway (Clerk)

### Apologies:

Cllr Derek Milligan	Aileen Currie (Staff side representative)
Hamish Reid (GP/Clinical Director)	Keith Chapman (User/Carer)

# Midlothian Integration Joint Board

Thursday 3 May 2018

## 1. Welcome and introductions

The Chief Officer, Allister Short, welcomed everyone to this Meeting of the Midlothian Integration Joint Board and introduced Angus McCann who had been nominated by NHS Lothian as a voting Board member and Chair of the Midlothian Integration Joint Board.

The Board endorsed NHS Lothian's nomination, following which Angus assumed the Chair for the remainder of the meeting, and there was around of introductions.

## 2. Order of Business

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

## 3. Declarations of interest

No declarations of interest were received.

## 4. Minutes of Previous Meetings

- 4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 29 March 2018 were submitted and approved as a correct record.
- 4.2 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 14 December 2017 were submitted and noted.

## 5. Public Reports

Report No.	Report Title	Presented by:
5.1	Royal Edinburgh Hospital	Claire Flanagan/Karen Ozden

### Executive Summary of Report

The purpose of this report was to seek the support of the Midlothian Integration Joint Board (MIJB) for the bed numbers and financial assumptions for Phase 2 of the Royal Edinburgh Hospital (REH) re-provision thereby allowing the Outline Business Case (OBC) to progress.

The report explained that Phase 2 of the REH re-provision programme was to provide facilities for patients with Learning Disabilities and who required low secure mental health care and complex longer term psychiatric rehabilitation. It also included the re-provision of the Ritson Clinic which provided inpatient detoxification for patients with substance misuse and the new Facilities Management building for the REH campus. Potential benefits included:-

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- Provision of services locally without the need for patients, relatives or staff to travel to other parts of the UK for many years.
- Provision of inpatient services that are fit for purpose in modern facilities in Morningside, a community with many assets.
- An expansion of provision in the community.
- Significantly better use of available resources.
- Provision of facilities management and infrastructure improvements that both futures proof the site for utilities and enable Phase 3 to proceed without disruption to clinical services.

## Summary of discussion

The Board, having heard from the Claire Flanagan/Karen Ozden, who responded to Members questions, considered the proposals at length, of particular interest was the discussions regarding proportionality of bed numbers and arising therefrom the need for transparency in the event that there was to be a move away from the use of historic financial models. It was acknowledged that for this reason, it was important that as the OBC progressed and as the allocation formula for hosted services was reviewed during 2018/19, that each IJB had the opportunity to review and approve the final models used in the OBC.

## Decision

### The Board:

- **Agreed to the proposed Midlothian bed numbers in Phase 2.**
- **Agreed in principle to a bed risk share model with other IJBs in order to progress the business case and ensure Midlothian patients have continued access to specialist services.**
- **Agreed that the financial model would be revisited as part of the work towards the new IJB NRAC financial allocation model and that the final financial model for the OBC should be presented to the IJB.**

## Action

Chief Officer

Report No.	Report Title	Presented by:
5.2	Risk Management and Risk Appetite	David King

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## Executive Summary of Report

With reference to paragraph 5.1 of the Minutes of MIJB Audit and Risk Committee held on 29 March 2018, there was submitted a report presenting for the Board's consideration and approval an approach to the recognition of risks to support the successful operation of the MIJB,. The approach was supported by the Audit and Risk Committee.

The report advised Members that as the MIJB was not an operational delivery unit it was not in a position to manage operational risks. The delivery of the functions delegated to the MIJB were carried out under the auspices of one or other of the partners (NHS Lothian and Midlothian Council) and each of these partners had its own governance process, statutory responsibilities for service delivery, audit and risk committees and risk registers. The MIJB's risk register (and risk management process) required to focus on recognising the risks to the MIJB's own business, which was principally the preparation and delivery of the Strategic Plan. The MIJB should only consider 'operational' risks, being the risks managed by the partners, in instances where these risks were so significant that they would impact on the MIJB's Strategic Plan.

## Summary of discussion

The Committee, having heard from the Chief Finance Officer, who responded to Members question and comments, welcomed the proposed approach to the recognition of risk, and acknowledged that it made sense for the MIJB to focus on recognising the risks to its own business.

## Decision

- **To approve the proposed approach to risk management and risk appetite detailed in the report; and**
- **To, otherwise, note the report.**

## Action

Chief Finance Officer/Risk Manager

Report No.	Report Title	Presented by:
5.3	Risk Register	Chris Lawson

## Executive Summary of Report

With reference to paragraph 5.1 of the Minutes of MIJB Audit and Risk Committee held on 29 March 2018, there was submitted a report setting out the current version of the MIJB's risk register and highlighting risks of major concern.



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## Summary of discussion

The Committee, having heard from the Risk Manager, discussed the Risk Register; a copy of which was appended to the report. It was felt that the inclusion of a key to explain the symbols and notations used in the register would be a welcome addition. With regards the contents of the register itself, it was felt they were a good reflection of the risks/opportunities currently facing the MIJB.

## Decision

- **To confirm that the risks contained in the report reflected the current risks/opportunities facing the MIJB; and**
- **To, otherwise, note the report.**

## Action

Risk Manager

Report No.	Report Title	Presented by:
5.4	Delayed Discharge	Morag Barrow

## Executive Summary of Report

With reference to paragraph 5.7 of the Minutes of the MIJB held on 29 March 2018, there was submitted a further report highlighting the continuing challenges within Midlothian in addressing delayed discharge, setting out the actions that were being taken to ensure patients were discharged at the earliest opportunity in their care pathway and ongoing work on admission avoidance.

The report advised that the Midlothian Partnership had consistently been a good performer in addressing delayed discharge and ensuring that patients were discharged in a timely manner to an appropriate setting. Over the previous 12 months, this performance had deteriorated as a result of a number of factors, details of which had previously been presented to the MIJB. The report also set out a range of actions that were either now in place or being implemented to improve performance in relation to timely support for patients being discharged from hospital.

## Summary of discussion

The Board, having heard from the Head of Primary Care and Older Peoples Services, discussed the series of actions that had been progressed to support discharge, the ongoing work on admission avoidance and the challenges that had impacted on this work. Consideration was also given to possible ways this work could be further improved with better interagency dialogue being suggested as one possible way of improving outcomes.

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## Decision

**After further discussion, the Board, having acknowledged the complexities involved:**

- **Noted the current admission profile and corresponding delayed discharge performance in Midlothian; and**
- **Noted and expressed support for the detailed actions in place to address and reduce the number of patients who were delayed in hospital.**

## Action

Chief Officer

Report No.	Report Title	Presented by:
5.5	2018-19 Delivery Plan for Health and Social Care	Tom Welsh

## Executive Summary of Report

This report introduced and sought approval of the 2018-19 Delivery Plan for Health and Social Care. The Plan was based upon the Strategic Plan 2016-19 providing an update on progress in 2017-18 and the key actions planned for 2018-19. It was a wide-ranging document that covered all the main aspects of the delivery of health and social care in Midlothian. It also highlighted the need to focus upon those areas in particular need of transformation either for budgetary reasons or to address current areas of service pressure, namely:-

- Reshape Primary Care
- Develop a coherent approach to Out of Hours services
- Reduce use of Unscheduled Care in Acute Hospitals
- Reduce expenditure on Prescribing
- Reshape Learning Disability services
- Review and redesign Carers' services
- Develop a Care Home strategy
- Implement new approaches to Care at Home
- Shift the balance of care in Mental Health services
- Strengthen prevention and recovery in Criminal Justice
- Implement a new Public Engagement Strategy
- Design and implement a Prevention Strategy

## Summary of discussion

Having heard from the Integration Manager, who responded to Members questions and comments, the Board welcomed the development of a Delivery Plan for Health

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and Social Care and acknowledged the importance of the transformation process in changing the way in which services were delivered. The monitoring and evaluation of the implementation of the Plan and the transformation process itself to ensure that change was delivered were viewed as a critical part of this overall process.

## Decision

### The Board:

- **Approved the 2018-19 Delivery Plan, a copy of which was appended to the report;**
- **Agreed that the Strategic Planning Group should oversee the implementation of the Plan; and**
- **Noted that updates would be reported to the MIJB as required.**

## Action

Chief Officer/Integration Manager

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

## Executive Summary of Report

With reference to (i) paragraph 5.5 of the Meeting of 20 April 2017 and (ii) paragraph 5.5 of the Meeting of 29 March 2018, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the IJB based on the indicators that the Ministerial Strategic Group for Health and Community Care had agreed in December 2016.

The report also included information on performance as a rate of the population. This information was not routinely available for all the IJB's Local Improvement Goals but had been provided by ISD Scotland from the LIST team for A&E activity, unplanned admissions and unplanned occupied bed days. The data presented was for 'all ages' which was different to the IJB's own Local Improvement Goals.

## Summary of discussion

Having heard from the Strategic Programme Manager, who responded to Members' questions and comments, the Board in discussing the usefulness of the data acknowledged that in terms of the improvement goals set by the MIJB these were based on the indicators that the Ministerial Strategic Group for Health and Community Care had agreed, over which the Board had no control. The Board welcomed the addition of the information on performance as a rate of the population.

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## Decision

**After further discussion, the Board:-**

- **Noted the performance across the improvement goals; and**
- **Noted the information on the ranking of Midlothian IJB against other IJBs and the rate against the population which had been included for some indicators.**

## Action

Chief Officer

Report No.	Report Title	Presented by:
5.7	Primary Care Improvement Plan	Jamie Megaw

## Executive Summary of Report

This report updated the Board on progress in developing the Midlothian Primary Care Improvement Plan (PCIP).

The report explained that the 2018 General Medical Services Contract and associated Memorandum of Understanding required IJBs and HSCPs to develop a Primary Care Improvement Plan to cover a three-year period from April 2018. The key requirements of the Plan being:

- To be developed collaboratively with HSCPs, GPs, NHS Boards and the key stakeholders;
- To detail and plan the implementation of services and functions listed as key priorities under Section G, with reference to agreed milestones over a 3 year time period;
- To give projected timescales and arrangements for delivering the commitments and outcomes in the priority areas under Section G and in particular to include intended timescales for the transfer of existing contractual responsibility for service delivery from GPs.
- To provide detail on available resources and spending plans (including workforce and infrastructure);
- To outline how the MDT will be developed at practice and cluster level to deliver primary care services in the context of the GMS contract.
- Initial agreement for the Primary Care Improvement Plan secured by 1 July 2018.

The current version of the Midlothian Primary Care Improvement Plan was appended to the report. This was not the final version and further consultation with the IJB, General Practices and other key stakeholders would inform the final version, which would be presented to a future meeting of the Board.

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## Summary of discussion

The Board, having heard from the Strategic Programme Manager, who responded to Members' questions and comments, welcomed the development of the plan.

## Decision

**After further discussion, the Board:**

- **Noted the progress and emerging content and direction described in the draft Primary Care Improvement Plan;**
- **Agreed that any detailed comments be fed back to the Strategic Programme Manager; and**
- **Noted that a final version of the PCIP would be presented to a Special MIJB in June for approval prior to submission to the Lothian GP Sub-Committee for approval.**

## Action

Chief Officer/Strategic Programme Manage

Report No.	Report Title	Presented by:
5.8	Appointment of Chief Finance Officer	Allister Short

## Executive Summary of Report

With reference to paragraph 4.4 of the Minutes of 20 August 2015, there was submitted a report which set out the process that would be used to appoint the Chief Finance Officer (Section 95 Officer) for the Midlothian Integration Joint Board.

The report advised that, following confirmation from the current Chief Finance Officer of his intention to retire, it was proposed after review, that the existing arrangement on a permanent or secondment basis should form the basis for filling the Chief Financial Officer (Section 95 Officer) post. This would provide an opportunity from one of the three parties (NHS Lothian, Midlothian Council, East Lothian Council) to be Chief Finance Officer (Section 95 Officer) for both IJBs and to have an operational remit in one of the parties.

## Summary of discussion

The Board, having heard from the Chief Officer, discussed the proposed arrangements and the success of the current working arrangements.

## Decision

**The Board:**

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- **Noted that the current Chief Finance Officer, David King had confirmed his intention to retire in October 2018; and**
- **Agreed the proposals for the Chief Finance Officer (Section 95 Officer) recruitment.**

## Action

Chief Officer

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

## Executive Summary of Report

This report provided a summary of the key issues which had arisen over the past month in health and social care, highlighting in particular key activities, as well as future key developments.

The report also advised that as the next formal IJB meeting was not due to be held until 23 August 2018, it was proposed to hold a formal IJB meeting on 7 June in place of the planned development session. This would enable the Primary Care Implementation Plan which was a key area of work that would require discussion, agreement and formal sign-off by the IJB prior to submission in July to be progressed, amongst other things.

## Summary of discussion

Having heard from the Chief Officer, who responded to Members questions, the Board welcomed the update on the planned opening of the new Medical Practice in Newtongrange, again emphasised the importance of learning lessons from the less than favourable inspection report received by Springfield Bank, and acknowledged the importance of the practice boundary review.

## Decision

### The Board:

- **Noted the issues and updates raised in the report; and**
- **Noted and approved the Development Session scheduled for Thursday 7 June being changed to a Special Meeting of the Midlothian Integrated Joint Board.**

## Action

Chief Officer/Clerk

# Midlothian Integration Joint Board

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Report No.	Report Title	Presented by:
5.10	Review of the Standing Orders of the Midlothian Integration Joint Board	Allister Short

## Executive Summary of Report

With reference to paragraph 4.1 of the Minutes of 20 August 2015, there was submitted a report seeking approval of proposed changes to the MIJB's Standing Orders; and seeking, in line with what was considered good governance practice, authority to establish a review process for Standing Orders..

The report explained that the proposed changes to the MIJB's Standing Orders took account of:-

- adjustments requested by the MIJB at its' meeting on 20 August 2015
- changes as a result of the Public Bodies (Joint Working) (Integration Joint Boards and Integration Joint Monitoring Committees) (Scotland) Amendment (No. 2) Order 2015;
- provision for the inclusion of the terms of reference for the Audit & Risk Committee;
- amended governance to ensure that substitutes on the MIJB are aware of their duties under the Code of Conduct; and
- provision to allow urgent decisions to be taken.

A copy of the MIJB's Standing Orders showing the proposed adjustments as tracked changes was appended to the report.

## Decision

**The Board, having heard from both the Chief Officer and the Clerk:**

- **Approved the proposed changes to the Standing Orders of the Midlothian Integration Joint Board; and**
- **Approved the proposed review process for Standing Orders.**

## Action

Chief Officer/Clerk

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Report No.	Report Title	Presented by:
5.11	Delegation of Powers to Officers	Allister Short

## Executive Summary of Report

This report invited the Board to consider and approve a list of powers and responsibilities to be delegated by the Board to its officers, as part of the review of the Board's meeting governance arrangements.

# Midlothian Integration Joint Board

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The report explained that the Scheme of Delegation was not intended to replace, duplicate or repeat the role descriptions of each of the officer posts, nor was it designed to be an exhaustive list of things that officers could do on behalf of the Board. The Scheme simply sought to set out the scope and rules for decisions being taken by officers on behalf of the Board as part of the governance framework for efficient, effective and accountable decision-making by the Board, its committees and its officers. A copy of the proposed Scheme was appended to this report

## Summary of discussion

Having heard from the Chief Officer, and the Clerk who advised in addition that rather than bring every single minor or administrative change, for example when new legislation was introduced or terminology changed, or the Board made a new delegation or amended an existing delegation, to the Board authority was being sought for the Chief Officer to amend and re-publish the Scheme, which would be checked annually and reviewed every three years.

## Decision

### The Board:

- **Approved the proposed Scheme of Delegations as detailed in the Appendix to the report;**
- **Delegated to the Chief Officer the powers to make administrative changes to the Scheme as required from time to time, and to amend and re-publish the Scheme as and when required by further delegations authorised by the Board;**
- **Agreed that the Scheme should be comprehensively reviewed every three years; and**
- **Noted that the approved Scheme would be published alongside the Board's Standing Orders in order to provide an open and transparent set of decision-making rules and procedures.**

## Action

Chief Officer/Chief Finance Officer

Report No.	Report Title	Presented by:
5.12	Proposed Midlothian IJB Meeting Schedule and Development Workshop Dates for 2018/19	Allister Short

## Executive Summary of Report

The purpose of this report was to set the dates for the Board and Development Workshops for the Midlothian Integration Joint Board and for the meetings of the Audit & Risk Committee, for 2018/19 as prescribed by Midlothian Integration Joint Board Standing Orders 5.2.



# Midlothian Integration Joint Board

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## Summary of discussion

Having heard from the Chief Officer, the Board considered the proposed dates for 2018/19 it being noted that some fine tuning may be required, particularly with regards the timings of the Special Board and Audit and Risk Committee meetings scheduled for 7 June 2018.

## Decision

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

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

## Action

All Members to Note

## 6. Private Reports

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No private business to be discussed at this meeting.

## 7. Any other business

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No additional business had been notified to the Chair in advance

## 8. Date of next meeting

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

- |  |     |  |
|--|-----|--|
| • Thursday 6 <sup>th</sup> June 2018 *     | 2pm | Special Midlothian Integration Joint Board                           |
| • Thursday 23 <sup>rd</sup> August 2018    | 2pm | Midlothian Integration Joint Board                                   |
| • Thursday 13 <sup>th</sup> September 2018 | 2pm | Joint Special Midlothian Integration Joint Board/Development Session |

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

The meeting terminated at 3.50 pm.

# Midlothian Integration Joint Board

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## Appendix

(relative to paragraph 5.12)

## Midlothian Integration Joint Board Meeting Schedule and Development Workshops Dates 2018-19

### Board Meetings

- Thursday 23<sup>rd</sup> August 2018, 2 pm
- Thursday 11<sup>th</sup> October 2018, 2pm
- Thursday 13<sup>th</sup> December 2018, 2pm
- Thursday 14<sup>th</sup> February 2019, 2pm
- Thursday 11<sup>th</sup> April 2019, 2pm
- Thursday 13<sup>th</sup> June 2019, 2pm
- Thursday 22<sup>nd</sup> August 2019, 2 pm
- Thursday 10<sup>th</sup> October 2019, 2pm
- Thursday 12<sup>th</sup> December 2019, 2pm

### Development Workshops

- \*Thursday 7<sup>th</sup> June 2018, 2pm (already approved)
- Thursday 15<sup>th</sup> November 2018, 2pm
- Thursday 17<sup>th</sup> January 2019, 2pm
- Thursday 16<sup>th</sup> May 2019, 2pm
- Thursday 14<sup>th</sup> November 2019, 2pm

### Joint Special Board Meeting/Development Workshops

- Thursday 13<sup>th</sup> September 2018, 2pm – Annual Accounts
- Thursday 14<sup>th</sup> March 2019, 2pm – Budget/Directions
- Thursday 12<sup>th</sup> September 2019, 2pm – Annual Accounts

### Service Visits

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

# Midlothian Integration Joint Board

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## **Midlothian Integration Joint Board Audit and Risk Committee Meeting Schedule 2018-19**

### **Meetings**

- Thursday 7<sup>th</sup> June 2018, 2pm
- Thursday 6<sup>th</sup> September 2018, 2pm
- Thursday 6<sup>th</sup> December 2018, 2pm
- Thursday 7<sup>th</sup> March 2019, 2pm
- Thursday 6<sup>th</sup> June 2019, 2pm
- Thursday 5<sup>th</sup> September 2019, 2pm
- Thursday 5<sup>th</sup> December 2019, 2pm





## Special Meeting of Midlothian Integration Joint Board

Date	Time	Venue
Thursday 7 June 2018	2.30pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

### Present (voting members):

Angus McCann (Chair)	Cllr Derek Milligan (Vice-Chair)
Alex Joyce	Cllr Jim Muirhead
Alison McCallum	Cllr Pauline Winchester
Martin Connor (substitute for Tracey Gilles)	Cllr Kenneth Baird (substitute for Cllr Catherine Johnstone)

### Present (non voting members):

Allister Short (Chief Officer)	David King (Chief Finance Officer)
Hamish Reid (GP/Clinical Director)	Wanda Fairgrieve (Staff side representative)
Fiona Huffer (Head of Dietetics)	Pam Russell (User/Carer)
Keith Chapman (User/Carer)	George Wilson (Third Sector)

### In attendance:

Morag Barrow (Head of Primary Care and Older Peoples Services)	Jamie Megaw (Strategic Programme Manager)
Mike Broadway (Clerk)	

### Apologies:

Tracey Gillies	Cllr Catherine Johnstone
Alison White (Chief Social Work Officer)	Caroline Myles (Chief Nurse)
Aileen Currie (Staff side representative)	Ewan Aitken (Third Sector)

# Midlothian Integration Joint Board

Thursday 7 June 2018

## 1. Welcome and introductions

The Chair, Angus McCann, welcomed everyone to this Special Meeting of the Midlothian Integration Joint Board, following which there was around of introductions.

## 2. Order of Business

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

## 3. Declarations of interest

No formal declarations of interest were received, however, Keith Chapman advised for the record that he was a member of Alzheimer Scotland, which may impact on his participation on items relating to dementia.

## 4. Public Reports

Report No.	Report Title	Presented by:
4.1	Financial Out-Turn 2017/18	David King

### Executive Summary of Report

The purpose of this report was to set out the MIJB's out-turn position for 2017/18 based on the information provided by Midlothian Council and NHS Lothian regarding the actual expenditure that would be charged against the IJB's budgets for the 12 months ended 31 March 2018.

The report explained that the MIJB was underspent for the 2017/18 financial year. This was an improved financial position from that reported to the MIJB at its December 2017 meeting. This underspend would allow the MIJB to create a reserve and carry these unused funds forward into future years. Although the MIJB did not have a reserve in its own books at the end of 2016/17, Midlothian Council had carried forward c. £1.2m of funds on the MIJB's behalf. An element of those funds had been used to support the financial position in the current year along with holding back new funding in 2017/18 to offset the projected overspend as far as possible. The use of these funds masks a continuing underlying and significant overspend in social care and does not alter the continuing need for transformation to more affordable models of care

### Summary of discussion

The Board, having heard from the Chief Finance Officer, discussed the reasons behind the underspend, acknowledging that whilst beneficial from a Midlothian perspective it gave rise to pressures elsewhere in the system and that ultimately what was required was for the transformation process to successfully deliver more affordable models of care. In this regard, the Chief Officer confirmed that it was hoped to utilise some of the underspent money to assist in that process.

# Midlothian Integration Joint Board

Thursday 7 June 2018

## Decision

The Board agreed to:-

- a) Accept the charges (service delivery costs) for 2017/18 from the partners (Midlothian Council and NHS Lothian);
- b) Note the year-end position for 2017/18, this position being unaudited;
- c) Note the creation of a reserve for the MIJB; and
- d) Support the proposals for the utilisation of the reserve as detailed in the report.

## Action

Chief Finance Officer/Chief Officer

Report No.	Report Title	Presented by:
4.2	Update on 2018/19 Financial Assurance	David King

## Executive Summary of Report

The purpose of this report was to update the MIJB on the financial assurance for the MIJB's 2018/19 budget which was presented to the MIJB at its March 2018 meeting, specifically it considered the formal budget proposition that was made by NHS Lothian in April 2018.

The report explained that at its March 2018 meeting the MIJB considered its financial assurance for 2018/19, that is it examined the budget propositions from its partners and applied its two tests – that of fairness and adequacy. At that date a formal offer had been made (and accepted) by Midlothian Council however an indicative position for NHS Lothian was considered based on the NHS Lothian financial plan that had been presented to NHSL Finance and Resources Committee at its January 2018 meeting. The MIJB agreed to accept the NHSL indicative position on the basis that NHS Lothian provided further information on the plans underway to deliver financial balance within the Set Aside budgets and that the final offer was not materially different from the indicative position. A final offer has now been received from NHS Lothian and this paper considers that offer.

## Summary of discussion

Having heard from the Chief Finance Officer, the Board discussed the formal budget proposition received from NHS Lothian, which complied with the tests of 'fairness' and 'adequacy' applied to any budgetary proposition received by the MIJB. In response to Members' comments, it was acknowledged that whilst budgetary pressures inevitably would remain, there was some additional monies that still had to filter through the system that should assist the likely financial position.

# Midlothian Integration Joint Board

Thursday 7 June 2018

## Decision

After further discussion, the Board agreed to

- **Accept the NHS Lothian 2018/19 budget proposition;**
- **Request further information by August laying out plans to bring the Set Aside services back into a break-even position;**
- **Note the revised indicative financial pressures for 2018/19; and**
- **Note that a further report on the development and the current shape of the MIJB's financial plan would be brought to the MIJB's September meeting.**

## Action

Chief Finance Officer

Report No.	Report Title	Presented by:
4.3	Midlothian Primary Care Improvement Plan	Jamie Megaw

## Executive Summary of Report

The purpose of this report was to present the Midlothian Primary Care Improvement Plan (PCIP) for approval by the MIJB.

The report explained that the 2018 General Medical Services Contract and associated Memorandum of Understanding (MoU) required IJBs and HSCPs to develop a Primary Care Improvement Plan to cover a three-year period from April 2018. Initial agreement for the Primary Care Improvement Plan (PCIP) from the GP-Sub Committed was required before 1 July 2018. Assuming that both the MIJB and the GP-Sub Committee supported the PCIP then the Midlothian HSCP, working with key stakeholders including General Practice would move into an engagement and implementation phase following the timelines set out in the PCIP. The Plan and its implementation would transform how care was provided in Midlothian over the next three years. A copy of the Midlothian PCIP was appended to the report.

## Summary of discussion

The Board, having heard from both the Strategic Programme Manager and the Chief Officer discussed the Midlothian Primary Care Improvement Plan (PCIP). Whilst it was acknowledged that the overall policy direction of developing a multi-disciplinary team approach within primary and community care supported the Midlothian IJB Strategic Plan and would contribute to the wider aim of shifting the balance of care from secondary care to community settings, concerns remained about issues such as, the shortage of GPs, workloads, restricted practice lists, and the use of new technology. It being accepted that these and other related issues would require to be addressed as the PCIP developed and move into a phase of stakeholder engagement and involvement and implementation of the Plan following initial approval by the MIJB and the GP-Sub Committee.



# Midlothian Integration Joint Board

Thursday 7 June 2018

## Decision

The Board agreed after further discussion to approve the Midlothian Primary Care Improvement Plan for submission to the Lothian GP-Sub Committee on 11th June 2018.

## Action

Chief Officer/Strategic Programme Manager

Report No.	Report Title	Presented by:
4.4	Workforce Planning	Allister Short

## Executive Summary of Report

The purpose of this report was to inform MIJB of the progress made over the past six months in Workforce Planning across the Midlothian Health and Social Care Partnership.

The report reminded Members that the MIJB had agreed a framework for Workforce Planning in October 2017. This had provided a foundation for each service area to shape their workforce for the future, taking account of transformational change, resulting in new models of care and the increasing need to maximise on the effective use of resources. The report, in addition, outlined the proposed plan for workforce action planning in other key service areas.

## Summary of discussion

Having heard from the Chief Officer, the Board discussed the importance of good Workforce Planning in helping to successfully deliver organisational change and new models of care, which were both integral elements of the MIJB's Strategic Plan. In response to Members' comments, the Chief Officer confirmed that there had been consultation with service users as part of the change process but as always there was certainly scope for more, he suggested that this, together with more detailed information on connections with NHS Lothian, Midlothian Council, pan-Lothian, Regional and National Workforce Planning developments, and how the challenge of ensuring staff had sufficient 'time' was being addressed could be picked up in the next update.

## Decision

After further discussion , the Board agreed to:-

- Note the progress to date;
- Support the plans for future work; and
- Receive a further report in 3 months to provide assurance that workforce planning was progressing with positive effect.

# Midlothian Integration Joint Board

Thursday 7 June 2018

## Action

Chief Officer

Report No.	Report Title	Presented by:
4.5	Development of Midlothian IJB's Strategic Plan 2019-22	Allister Short

## Executive Summary of Report

The purpose of this report was to explain proposals to develop Midlothian IJB's second Strategic Plan covering the period 2019-22.

The report explained that the Strategic Plan would explain how the MIJB intended to use its resources to improve the health and wellbeing of the people of Midlothian. The redesign of health and social care should be based on a good understanding of the needs of the local population. In addition, the success of the Plan required the support and active contribution of all stakeholders including staff, voluntary organisations, unpaid carers, patients, service users and the public. In order to achieve this there was a need to begin the process of developing the 2019-22 Strategic Plan now. This report laid out a proposed timetable for its development

## Summary of discussion

The Board, having heard from the Chief Officer, discussed how Board Members could become involved in the development of the Strategic Plan. In addition, and in response to Members' comments, the Chief Officer confirmed that it was intended to produce an easy read version and that the Plan would be the subject of equalities impact and joint needs assessments.

## Decision

**The Board agreed to:-**

- **Note and approve the timetable for the development of the next strategic plan.**
- **Approve the role and contribution of MIJB members to the development of the plan.**

## Action

Chief Officer

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

# Midlothian Integration Joint Board

Thursday 7 June 2018

## Executive Summary of Report

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

The report also advised that due to the timescales associated with producing the financial accounts by each of the Partners, it had not been possible to prepare the draft MIJB annual accounts for consideration at this meeting of the MIJB. Given that a draft of the annual accounts required to be published by the end of June, the MIJB was asked to agree that the draft accounts were submitted for approval at the MIJB Audit & Risk Committee meeting on 20 June 2018.

## Summary of discussion

Having heard from the Chief Officer, who responded to Members questions, the Board welcomed the planned development of a business case to request capital funding to enable the reprovisioning of Highbank Intermediate Care Facility, were pleased to learn of the success of the recent Voluntary Sector Summit and of plans for a follow-up event, and acknowledged the challenges being experienced in the timeous production of both the Annual Report and draft Annual Accounts.

## Decision

### The Board:

- **Noted the issues and updates raised in the report; and**
- **Agreed that the draft MIJB annual accounts be submitted to the Audit & Risk Committee meeting on 20 June 2018 for consideration/approval.**

## Action

Chief Officer/Chief Finance Officer

## 5. Private Reports

---

No private business to be discussed at this meeting.

## 6. Any other business

---

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

## 7. Date of next meeting

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

- Thursday 23<sup>rd</sup> August 2018      2pm      Midlothian Integration Joint Board
- Thursday 13<sup>th</sup> September 2018      2pm      Special Midlothian Integration Joint Board/Development Workshop

The meeting terminated at 3.47pm.





## Midlothian Integration Joint Board Audit and Risk Committee

Date	Time	Venue
Thursday 29 <sup>th</sup> March 2018	1.00pm	Committee Room, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

### Present:

Cllr Jim Muirhead (Chair)	Cllr Janet Lay-Douglas (substitute for Cllr Pauline Winchester)
Jane Cuthbert (Independent Member)	

### Present (non-voting):

Allister Short (Chief Officer)	David King (Chief Finance Officer)
Jill Stacey (Chief Internal Auditor)	

### In attendance:

Keith Macpherson (EY, External Auditors)	Chris Lawson (Risk Manager, Midlothian Council)
Mike Broadway (Clerk)	

### Apologies:

Cllr Pauline Winchester	Alex Joyce

# Midlothian Integration Joint Board

## Audit and Risk Committee

Thursday 29 March 2018

### 1. Welcome and introductions

---

The Chair, Jim Muirhead, welcomed everyone to this Meeting of the Midlothian Integration Joint Board Audit and Risk Committee, 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 previously circulated.

### 3. Declarations of interests

---

No declarations of interest were intimated.

### 4. Note of Meeting

---

The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 14<sup>th</sup> December 2017 was submitted and approved.

### 5. Reports

---

Report No.	Report Title	Presented by:
5.1	Risk Register - Update	Chris Lawson

#### Executive Summary of Report

With reference to paragraphs 5.2 and 5.3 of the Minutes of 14 December 2017, there was submitted a report laying out the revised MIJB risk register and presenting a draft report regarding risk appetite for the Committee's consideration and approval.

The report reminded Members that at the previous meeting, the Committee had taken the opportunity to work through the MIJB's risk register and to consider which, if any risks should be added to the register and which should be removed. The Committee had also supported the broad principle that the MJB's risk management policy should be to manage the risks to the MIJB's own 'business' and not the business of the MIJB's partners.

The Committee had also asked to have a report prepared for the MIJB regarding the Committee's recommendations on risk appetite – that is which risks should be included on the risk register and what the risk management strategy for these risks should be.

# Midlothian Integration Joint Board

## Audit and Risk Committee

Thursday 29 March 2018

### Summary of discussion

The Committee, having heard from the Risk Manager, discussed the Risk Register, and the draft report on risk appetite; copies of which were appended to the report. The inclusion of a key to explain the symbols and notations used in the register was welcomed as a useful addition. With regards the contents of the register it was felt they were a good reflection of the risks/opportunities currently facing the MIJB, although there was some discussion about the best means of recording recurring risks. It was also felt that it would be useful going forward if there could be consistence in the use of job titles of those managing risks, and to avoid were possible multiple repetitious entries.

### Decision

- **To confirm that the risks contained in the report reflected the current risks/opportunities facing the MIJB;**
- **To note that work would be undertaken to address the issues raised in regards to the 'managed by' entries in the register;**
- **To approve the draft report on risk appetite for submission to the MIJB; and**
- **To, otherwise, note the report.**

### Action

Risk Manager/Clerk

Report No.	Report Title	Presented by:
5.2	External Audit Fee	David King

### Executive Summary of Report

This paper laid out the proposed audit fee set by Audit Scotland for the Midlothian IJB for 2017/18.

The report advised that, as a statutory body regulated by the Local Government Scotland Act (1973), the MIJB must produce a set of accounts on an annual basis and that these accounts must be audited by an 'independent' external auditor appointed by Audit Scotland. In keeping with the general practice across Scotland the Council's auditors Ernst and Young had also been appointed as the auditors for the Midlothian IJB.

### Summary of discussion

Having heard from the Chief Finance Officer and Keith Macpherson (EY, External Auditors), the Committee acknowledged that the proposed audit fee reflected the level of audit need and resources required to fulfil that function based on the involvement of the previous year.

# Midlothian Integration Joint Board

## Audit and Risk Committee

Thursday 29 March 2018

### Decision

After further discussion the Audit and Risk Committee agreed to note the fees requested by the MIJB's independent auditors for the audit of the MIJB's 2017/18 accounts.

### Action

Chief Finance Officer

Report No.	Report Title	Presented by:
5.3	Midlothian IJB Annual Internal Audit Annual Plan 2018/19	Jill Stacey

### Executive Summary of Report

The purpose of the report was to present for the Committee approval the Draft Internal Audit Plan for 2018/19; a copy of which was appended to the report.

The report advised that the Public Sector Internal Audit Standards require the Chief Internal Auditor to develop a risk-based audit plan which sets out the priorities for the Internal Audit activity during the year in order to enable the Chief Internal Auditor to prepare the annual opinion on the adequacy of the overall control environment of the Midlothian Integration Joint Board. These priorities needed to be consistent with the MIJB's goals.

### Summary of discussion

Having heard from the Chief Internal Auditor, the Committee discussed the importance of the work being undertaken by Internal Audit and emphasised the need to ensure that the shared resources of the Council and NHS Lothian were used as profitably as possible in carrying out the audit function of the MIJB.

### Decision

- To approve the Internal Audit Annual Plan for 2017/18.

### Action

Chief Internal Auditor/Risk Manager

Reports No.	Report Titles	Presented by:
5.4	External Audit - Midlothian IJB Annual Audit Plan for 2017/18	Keith Macpherson, EY, External Auditors



# Midlothian Integration Joint Board

## Audit and Risk Committee

Thursday 29 March 2018

### Executive Summary of Report and Summary of discussion

There was submitted the Midlothian Integration Joint Board Annual External Audit Plan for the financial year ending 31 March 2018. Keith Macpherson, External Auditor in presenting the Plan to the Committee explained that it covered the audit approach to the financial statements and the wider responsibilities under the Audit Scotland code which included a review of governance and performance. In addition, the report outlined the key areas and challenges in the current year including the financial pressures and the identification of significant audit risks. Also included within the report was a timetable on the key phases of the audit for 2017/18. Thereafter he responded to questions raised by members of the Committee.

### Decision

**To note the Report.**

### Action

EY, External Auditors

---

Report No.	Report Title	Presented by:
5.5	Other Reports of interest.	David King

### Executive Summary of Report

This paper brought to the Committee's attention, a letter from the Scottish Government's Health and Sports Committee regarding financial reporting of the IJB's activities to the Scottish Government.

The report highlighted that, depending on the timetables, this may mean that financial information is reported, albeit at a very high level, to the Scottish Government that may not have been reported to the IJB. Chief Finance Officers had agreed that only information placed in the public domain should be reported to the Scottish Government however this matter had not yet been fully resolved.

### Summary of discussion

The Chief Finance Officer in presenting the report to the Committee responded to Members' questions/comments.

### Decision

- To note the contents of this report.**

### Action

Chief Finance Officer

---

# Midlothian Integration Joint Board

## Audit and Risk Committee

Thursday 29 March 2018

Report No.	Report Title	Presented by:
5.6	Audit and Risk Committee Proposed Meeting Schedule 2018/19	David King

### Executive Summary of Report

The Committee received a report setting out the proposed meeting schedule for the remainder of the current 2018/19 financial year through to the end of 2019, viz:-

Thursday 7<sup>th</sup> June 2018;  
 Thursday 6<sup>th</sup> September 2018;  
 Thursday 6<sup>th</sup> December 2018;  
 Thursday 7<sup>th</sup> March 2019;  
 Thursday 2<sup>th</sup> June 2019;  
 Thursday 5<sup>th</sup> September 2019; and  
 Thursday 5<sup>th</sup> December 2019.

Further dates could be added to this schedule should the need arise. The schedule would be presented to the Integration Joint Board meeting on 3 May 2018 for approval.

### Decision

- **Noted and Approved for its interest the schedule of meeting dates for the remainder of the current 2018/19 financial year through to the end of 2019, as detailed above: and**
- **Noted that the schedule would be presented to the Integration Joint Board meeting on 3 May 2018 for formal approval.**

### Action

All Audit and Risk Committee Members to note.

## 6. Private Reports

---

No private reports were submitted to this meeting.

## 7. Date of next meeting

---

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee will be held on Thursday 7<sup>th</sup> June 2018 at 1.00pm\*.

(**Note:-** Following the meeting, it was agreed with the Chair that the next Meeting would start at 1.00pm)

The meeting terminated at 1.53 pm.

# Midlothian Integration Joint Board



**Thursday 23<sup>rd</sup> August 2018, 2.00pm**

## Rolling Action Log

**Item number: 4.4**

Meeting Date
Thursday 3 <sup>rd</sup> May 2018
Subject
5.1 Royal Edinburgh Hospital
Action
<ul style="list-style-type: none"><li>• <b>Agreed that the financial model would be revisited as part of the work towards the new IJB NRAC financial allocation model and that the final financial model for the OBC should be presented to the IJB.</b></li></ul>
Comments

Meeting Date
Thursday 3 <sup>rd</sup> May 2018
Subject
5.5 2018-19 Delivery Plan for Health and Social Care
Action
<ul style="list-style-type: none"><li>• <b>Noted that updates would be reported to the MIJB as required.</b></li></ul>
Comments

Meeting Date
Thursday 3 <sup>rd</sup> May 2018
Subject
5.7 Primary Care Improvement Plan
Action
<ul style="list-style-type: none"> <li>• <b>Noted that a final version of the PCIP would be presented to a Special MIJB in June for approval prior to submission to the Lothian GP Sub-Committee for approval.</b></li> </ul>
Comments
<b>Completed</b> – a copy of the final version of the draft Primary Care Improvement Plan was submitted to the Special MIJB meeting held on Thursday 7 <sup>th</sup> June 2018.

Meeting Date
Thursday 7 <sup>th</sup> June 2018
Subject
4.2 Update on 2018/19 Financial Assurance
Action
<ul style="list-style-type: none"> <li>• <b>Request further information by August laying out plans to bring the Set Aside services back into a break-even position;</b></li> <li>• <b>Note that a further report on the development and the current shape of the MIJB's financial plan would be brought to the MIJB's September meeting.</b></li> </ul>
Comments

Meeting Date
Thursday 7 <sup>th</sup> June 2018
Subject
4.4 Workforce Planning
Action
<ul style="list-style-type: none"> <li>• <b>Receive a further report in 3 months to provide assurance that workforce planning was progressing with positive effect.</b></li> </ul>
Comments



**Thursday 23<sup>rd</sup> August 2018, 2.00pm**

## **Annual Performance Report**

**Item number: 5.1**

### **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 2017-18.

**Board members are asked to:**

- Approve the content of the attached Annual Report

## Annual Performance Report

### 1 Purpose

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- 1.1 This report introduces the 2017-18 Annual Report and seeks the IJB's approval for its content.

### 2 Recommendations

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- 2.1 Approve the content of the Annual Performance Report

### 3 Background and main report

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#### 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 2017-18

The second year of the IJB assuming its responsibilities for health and care in Midlothian has maintained a strong focus upon organisational and governance arrangements. However, there has also been clear progress made in developing new ways of delivering services locally and a continued commitment to prevention and reducing health inequalities. Some highlights from our second year include:

- Investing in what works well e.g. Wellbeing Service, Access Point
- Supporting primary care - new practice at Newtongrange, new premises in Loanhead
- Investing in innovation - new roles such as physiotherapists and pharmacists in GP practices
- Our continuing commitment to prevention, partnership working and involving our communities
- Having honest conversations with our staff, partners and communities about what is difficult, e.g. Care at Home and how we collectively agree on solutions - Realistic Care and Realistic Medicine agendas

- Using data well so that we understand our population's health and care needs as well as sharing information safely to improve how we deliver care

### 3.4 Challenges

The financial pressures on public services remain and inevitably have had a very substantial impact on the work of the IJB during 2017-18. 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 areas include the continuing difficulties to ensure people are supported to leave hospital as soon as they are medically ready to do so, the ability to provide care at home services promptly and efficiently as well as the ongoing pressure in managing demand in primary care. We have also seen a reduction in the number of Care Home places available in Midlothian due to challenges within the wider care home sector.

The relationship between these issues is worth noting. It is clear that we are able to support more people in the community, but this also means that people who do remain in hospital often have complex needs.

Workforce pressures remain. However, proactive approaches have been taken to tackle recruitment and retention issues in fields such as Care at Home and Primary Care.

In addition, there is a need to ensure that buildings are fit for purpose and provide opportunities for joint working as well as being able to meet the needs of Midlothian's growing population.

Public engagement is central to all of this and transforming health and care services will only succeed if the people who live and work in Midlothian understand the changes being considered; are able to influence these; and are prepared to support them

## 4 Policy Implications

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- 4.1 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. Public engagement is central to all of this and transforming health and care services will only succeed if the people who live and work in Midlothian understand the changes being considered; are able to influence these; and are prepared to support them.

## 5 Equalities Implications

---

- 5.1 The main issue in relation to equalities is ensuring that the report is accessible. The format has been simplified since the 2016-17 Report.

## 6 Resource Implications

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

## 7 Risk

---

- 7.1 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. It is hoped that new format makes the content more readable and accessible.

## 8 Involving people

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- 8.1 This report is concerned with what has taken place during 2017-18. The engagement activities with the public are summarised in the main report. A process has also been established to collate the views of all staff in Midlothian Health and Social Care Partnership through the national *iMatters* tool, which was not available to the Partnership during 2016-17.

## 9 Background Papers

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- 9.1 Midlothian IJB Annual Performance Report

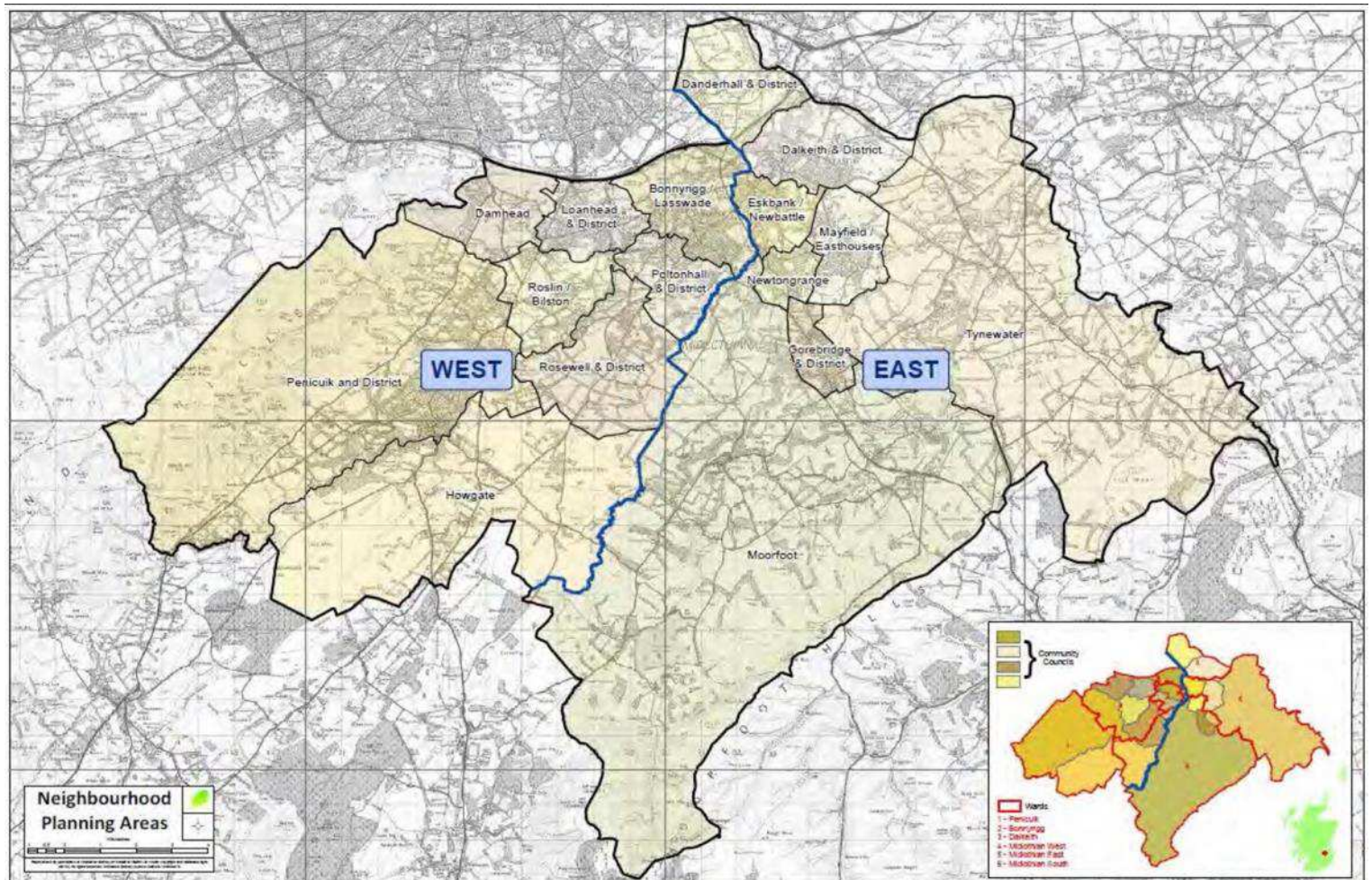
<b>AUTHOR'S NAME</b>	Sandra Bagnall
<b>DESIGNATION</b>	Assistant Strategic Programme Manager
<b>CONTACT INFO</b>	<a href="mailto:Sandra.Bagnall@nhslothian.scot.nhs.uk">Sandra.Bagnall@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	12 <sup>th</sup> July 2018

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# Midlothian's Health & Social Care Integration Joint Board Annual Performance Report

2017-18 Ratified by IJB on August 2018



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# Foreword

Reflecting on our second year as an Integration Joint Board (IJB) gives an opportunity to think about where things have gone well in addition to the challenges we have faced as an organisation. Our vision remains that we want people in Midlothian to lead longer and healthier lives, with a continuing commitment that we offer the right care, advice and support in the right place at the right time.

The indicators for 2017/18 show us that across Scotland, our health and social care services face challenges. It is sobering to read the results and as an organisation, we take them seriously. Delayed discharges and the challenges to provide care at home services continue, but we need to be able to get people, many of whom have complex needs, home more quickly with the right care and support in place. In contrast, it is heartening to see positives reflecting how much more we now do in the community, with our admission rates, premature mortality rates and bed day rates all better than the Scottish average. In addition, the Care Commission has rated 89% of our care services as good or better, an improvement on last year. We also know from speaking directly with patients, families and service users of the positive impact that services are having in helping them be well and keep well.

Some highlights from our second year include:

- Investing in what works well e.g. Wellbeing Service, Access Point
- Supporting primary care - new practice at Newtongrange, new premises Loanhead
- Investing in innovation - new roles such as physiotherapists and pharmacists in GP practices
- Our continuing commitment to prevention, partnership working and involving our communities
- Having honest conversations with our staff, partners and communities about what is difficult, e.g. Care at Home and how we collectively agree on solutions - Realistic Care and Realistic Medicine agendas
- Using data well so that we understand our population's health and care needs as well as sharing information safely to improve how we deliver care

Our financial plan highlights the need to make efficient use of the resources available and change how we deliver services. If no changes are made then the increase in costs will significantly exceed the resources we have available. But doing things differently takes courage. It means changes for our workforce in terms of greater co-ordination and an ability to work with communities in a flexible and responsive way. We also need to consider where we deliver services and make sure our buildings are fit for purpose and provide opportunities for joint working as well as the needs of Midlothian's growing population. Public engagement is central to all of this and transforming health and care services will only succeed if the people who live and work in Midlothian understand the changes being considered; are able to influence these; and are prepared to support them

While challenges around finances remain, the growing demands on services and workforce pressures are not unique to Midlothian, but our response should be local and involve the people who live and work here. Midlothian benefits hugely from a vibrant third sector and a diverse range of user and carer groups to help us develop the services we need locally. Working collaboratively also supports our resolve to focus on prevention, which is not always easy in this financial climate.

I hope this Report demonstrates our commitment to community involvement, finding ways to support people earlier so that they can live well for longer and ensuring there is care and support in the community that fits better with everyday life.

Thinking about how each part of the health and social care 'system' relate to each other is important too. We know we are able to do more in community settings but this shift also means that there is an impact on community-based staff, unpaid carers and other partners, such as the third sector, which is reflected in the results. We need the 'whole system' to work for the 'whole system' to work. Easy to say and hard to do!

The initial focus of avoiding hospital admissions and tackling delayed discharges remains, but we are now developing a wider set of priorities and working with a broader range of partners that focus more on prevention and early intervention. Looking behind the numbers in our results, I want to emphasise the importance of partnerships and relationships. An IJB cannot make integration work on its own and must bring people together to make things happen that otherwise would not be possible. This is particularly the case for addressing inequalities and we continue to work with our community planning partners to tackle the wider determinants of health such as education, employment and housing.

While integration is not the goal in itself, it is the best way we have to plan and deliver services efficiently that will keep up with people's changing needs. How we do this needs collaboration and co-ordination. It is not about doing more of the same, or only changing where care takes place (in the community rather than in hospital). It is much broader than that and our ambitious programme of transformation is an approach I hope will address the challenges ahead.

In this second 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 2017/18. My thanks to you all who contribute so much to the work we do.

**Allister Short, Chief Officer Midlothian IJB**



# Introduction

**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**

The Scottish Government has 9 National Health and Wellbeing Outcomes and these are used by every IJB in Scotland, so you can see how Midlothian compares against the national average. Underneath each outcome are indicators, which show progress made and indicators can appear under more than one outcome (there are 19 indicators in total with 4 still in development).

The first nine indicators (see page 6) are based on annual survey feedback. In Midlothian, 1,977 people took part in the 2017/18 Health and Care survey, a response rate of 26%. Across Scotland, 132,972 people took part, a response rate of 22%. Where possible, we have also looked at local user feedback to help us understand what people think about the services they use, how supported they are to keep well and how involved they feel in decisions.

The remaining ten indicators are derived from organisational/system data which is collected for other reasons, but is used here to inform how we are performing.

## **Comparison with Scotland and with 2016/17 results**

When looking at Scotland as a whole, we can see that performance has worsened across many of the 19 indicators and this is echoed in Midlothian's results. For Midlothian, the only indicator from the Health and Care Survey showing an improvement is ***'being supported to live as independently as possible'*** and is now higher than the Scottish average. In 2016/17, Midlothian was higher than the Scottish average for the indicator relating to 'quality of life'. For 2017/18 we are now below the Scottish average. The indicator relating to carers has dropped for Midlothian and Scotland, but there seems to be a more marked impact locally.

Emergency admission rates and the number of days people spend in hospital when they are well enough to go home are both better than the Scottish average, but are worse than the 2016/17 Midlothian results. Premature mortality rate is also better than the Scottish average and an improvement on 2016/17. The continuing challenges Midlothian faces (along with many other parts of Scotland) in delivering care at home may be having an impact on unpaid carers, as well as extending people's time in hospital. We also know that as we do more to care for people at home, those who are in hospital often have complex needs. We have also seen a decrease in the number of Care Home places. These kinds of interrelated factors from different parts of the health and social care system give us some explanations. These relationships are highlighted, where appropriate within this Report. We also set out how we work as a Health and Social Care Partnership and offer examples of services and partnership working, all of which contribute towards the health and wellbeing outcomes.

# National Health & Wellbeing Outcomes

2017 /18 Performance at a glance - ISD (June 2018)



**92%**

Adults are able to look after their health very well or quite well

Results over last 5 years (%)					
	13/14	14/15	15/16	16/17	17/18
Midlothian	n/a	n/a	n/a	93	92
Scotland	n/a	n/a	n/a	94	93



**86%**

Adults supported at home agreed that they are supported to live as independently as possible

Results over last 5 years (%)					
	13/14	14/15	15/16	16/17	17/18
Midlothian	n/a	n/a	n/a	78	86
Scotland	n/a	n/a	n/a	84	81



**80%**

Adults supported at home agreed they had a say in how their help care or support was provided

Results over last 5 years (%)					
	13/14	14/15	15/16	16/17	17/18
Midlothian	n/a	n/a	n/a	85	80
Scotland	n/a	n/a	n/a	79	76



**71%**

Adults supported at home agreed that their health and social care services seemed to be well coordinated

Results over last 5 years (%)					
	13/14	14/15	15/16	16/17	17/18
Midlothian	n/a	n/a	n/a	75	71
Scotland	n/a	n/a	n/a	75	74



**71%**

Adults receiving any care or support rated it as excellent or good.

Results over last 5 years (%)					
	13/14	14/15	15/16	16/17	17/18
Midlothian	n/a	n/a	n/a	73	71
Scotland	n/a	n/a	n/a	81	80



**76%**

Adults had a positive experience of the care provided by their GP practice

Results over last 5 years (%)					
	13/14	14/15	15/16	16/17	17/18
Midlothian	n/a	n/a	n/a	80	76
Scotland	n/a	n/a	n/a	87	83



**73%**

Adults supported at home agreed their services and support had an impact on improving or maintaining their quality of life

Results over last 5 years (%)					
	13/14	14/15	15/16	16/17	17/18
Midlothian	n/a	n/a	n/a	86	73
Scotland	n/a	n/a	n/a	84	80



**32%**

Carers feel supported to continue in their caring role

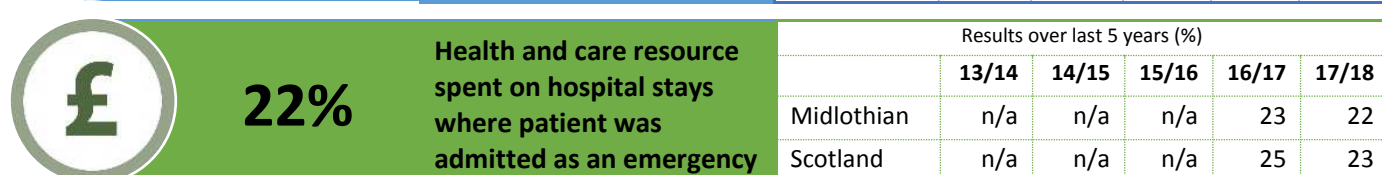
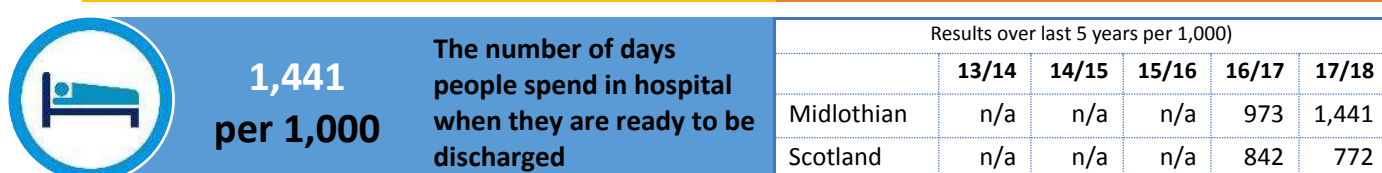
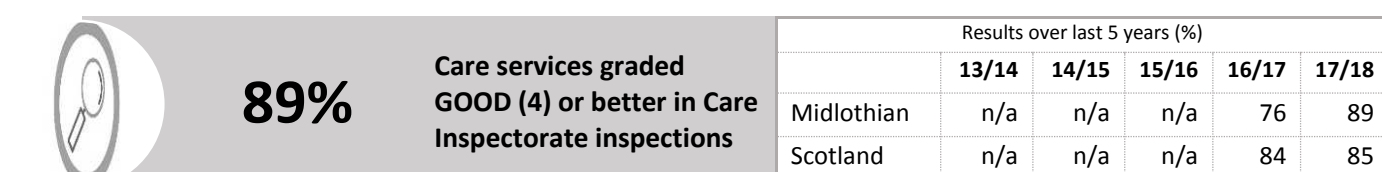
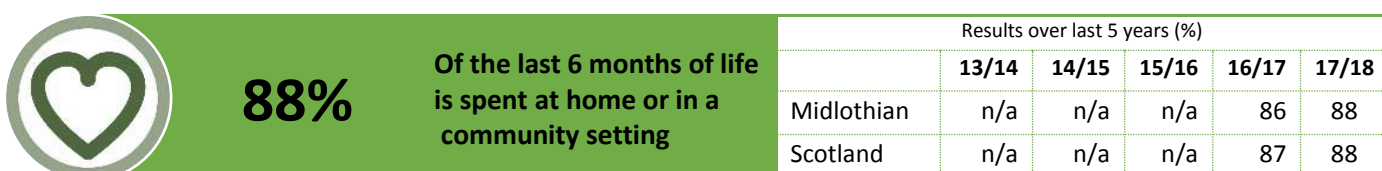
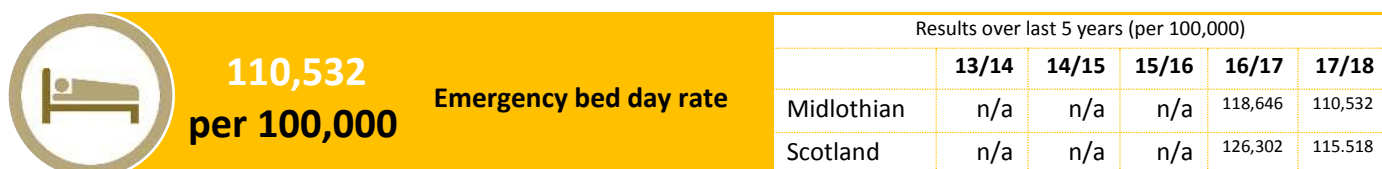
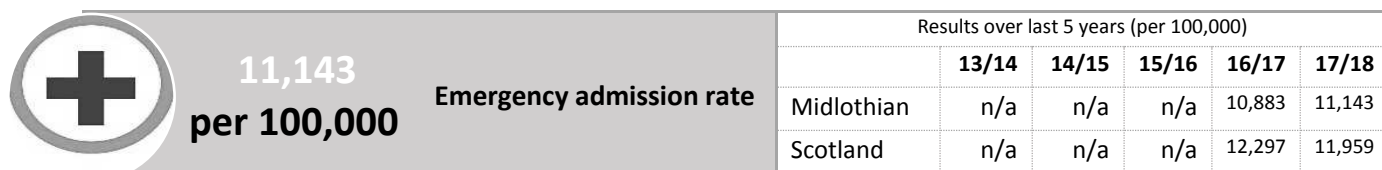
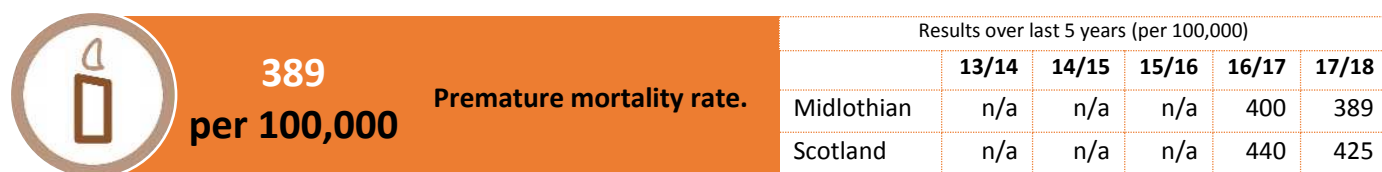
Results over last 5 years (%)					
	13/14	14/15	15/16	16/17	17/18
Midlothian	n/a	n/a	n/a	40	32
Scotland	n/a	n/a	n/a	41	37



**79%**

Adults supported at home agreed they felt safe

Results over last 5 years (%)					
	13/14	14/15	15/16	16/17	17/18
Midlothian	n/a	n/a	n/a	82	79
Scotland	n/a	n/a	n/a	84	83



# 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.**

Our approach to improving health and wellbeing in Midlothian focuses on:

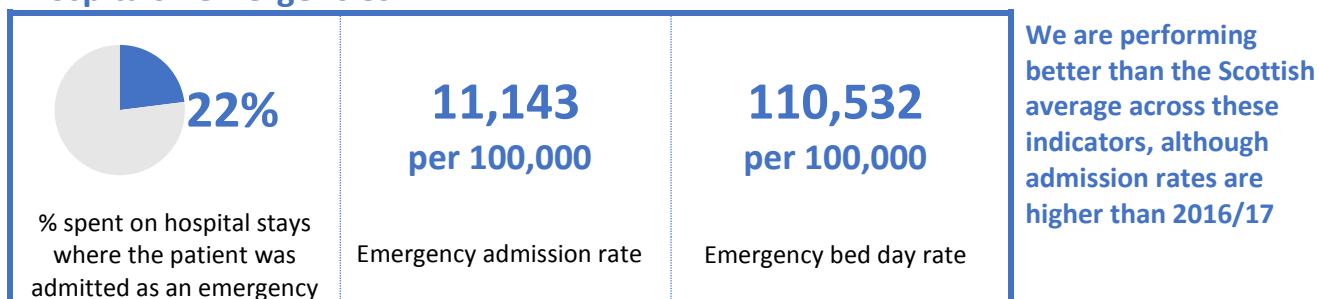
- Seeing the whole person and understanding what matters to them in their day to day life, not just their health issues. We call this our 'House of Care' model
- Improving our commitment to prevention and working in partnership with other agencies and our communities. Strong relationships help services work in a more joined up way and involving people in our plans and decisions gives us a better chance at successfully meeting the needs of people living in Midlothian
- Making sure our services are easy to use for people who need them, so they get the right help in the right place at the right time. Wherever possible, this will be close to home and help us reduce avoidable hospital admissions.

## How did we do?

### Adults supported at home



### Hospitals - emergencies





## Local services working to achieve this:

### Specialist Support

We have over 2000 people in Midlothian who are living with COPD. Our area's mining history means that this is a higher proportion of our residents than other parts of Lothian. An **Advanced Practitioner Physiotherapist for COPD** was appointed to support people in the community to help them manage their COPD at home and avoid hospital admission.

Claire works with patients who are attending hospital frequently because of their COPD. In the first year the service has worked with 65 patients and successfully avoided 30 hospital admissions.

If the average stay is 17 days per stay, this adds up to a potential reduction of 520 days spent in hospital by Midlothian residents.

Not only is this a much better patient experience, this is also a cost-effective approach to delivering services for the Health & Social Care Partnership.

*“I have learned how to deal with panics, I no longer phone the ambulance straight away*

*”*

*“Because of the help I have got at home now, I feel like I am not going into hospital as much.*

*”*

### Weight Management Services

Accessible services, like **Weight Management** help people get support when they need it. During 2017-18, 334 people were referred to the Service, which offers community based programmes, as well as specialist support involving NHS Lothian dietetic, psychology and physical activity programmes.

## Supporting people in a holistic way

Our 'House of Care' model has been central to Midlothian's vision. 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 their ability to make choices that help them to live well.

The **Wellbeing Service** in partnership with the Thistle Foundation gives people time and space to consider what is going on in their lives and to develop their own ways to better manage their health and wellbeing. The 'good conversation' demonstrates our 'House of Care' approach to seeing the whole person. The top issues reported are family, relationships, money, housing and mental health.

People are treated as equal partners and the focus is on personal outcomes and self-management. It recognises the importance of prevention and anticipatory care and support. The evaluation has demonstrated that this approach supports people to take back control of their lives and by addressing the things that matter to them, feel better about themselves and more able to live well. GPs tell us that not only have the number of appointments fallen, but that when they do see people, the consultation is more productive.



809 people referred – more likely to be living in an area experiencing multiple deprivation.  
508 people supported via 1648 appointments

There is a significant increase in people's WEMWBS over time (this measures general mental 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.

## Outcome 2 - **Support to live in the community**

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

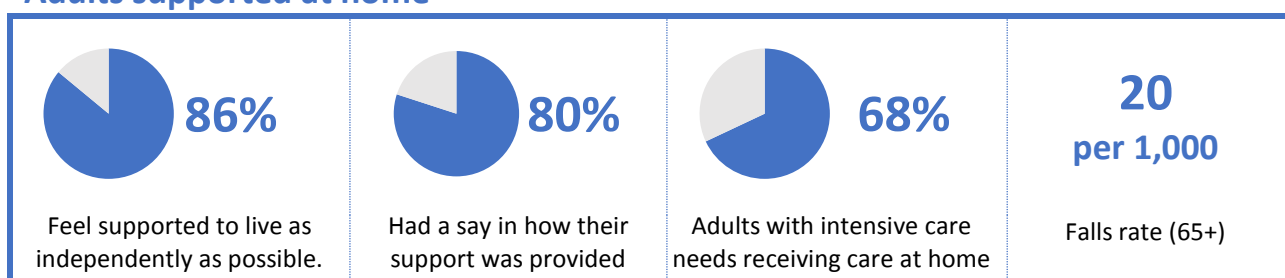
We continue to develop the services we need in our communities so that people only go into hospital when absolutely necessary. As a result, we can offer much more to support people to stay at home or in a homely setting. This means that the people we do have in hospital often have very complex needs. This, along with the fall in Care Home places is reflected in that many of our indicators have fallen in the last year, although more people did say that they felt supported to live independently and having a say in how care is provided remains higher than the Scottish average (but is lower than 2016/17 results).

The percentage of people spending the last 6 months of life at home or in a community setting has also increased, which is good news. Midlothian has a Palliative and End of Life Care Partnership Group who work together to improve the quality of life for Midlothian patients and their families, as they face the problems associated with any life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification and careful assessment and treatment of pain and other problems, physical, psychosocial or spiritual.

As well as supporting good working relationships, innovative approaches to supporting families following a bereavement in Newbyres Village Care Home has elicited positive feedback and is now routine practice.

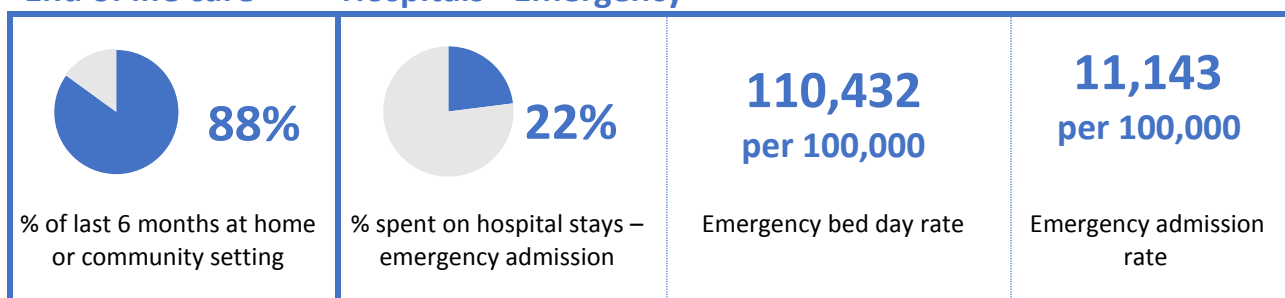
### How did we do?

#### Adults supported at home



#### End of life care

#### Hospitals - Emergency



## Hospitals - Discharge

<b>1,441</b> per 1,000	<b>107</b> per 1,000
No of days in hospital when ready to be discharged	Readmission within 28 days

## Local services working to achieve this:

### Purpose built accommodation

People with learning disabilities have the right to live longer, healthier lives, be able to participate fully in society and be treated fairly and equally. Being able to live independently is an important part of this vision.

New **purpose built accommodation** for 12 people with complex needs opened in Penicuik in October 2017. This enables more people to remain in Midlothian whilst ensuring their specialist needs can be met. The properties are all wheelchair accessible and were designed using the most up to date research and best practice in building design. The service also benefits from a full time Positive Behaviour Support Advisor to help avoid admission to in-patient services. One of the first tenants to move into Teviot Court commented on how the opportunity to move into this new accommodation will be truly life changing for him. He said:

*"Life will be better. I will no longer be in hospital. I have been in hospital far too long. Moving into my own home will enable me to live more independently, to learn new skills such as cooking and doing housework. I am looking forward to meeting new people, exploring my local neighbourhood and finding out about other things that I can join in with".*

Accommodation for the remaining patients who have lived in long-term hospital beds has now been arranged meaning that **no one with learning disability from Midlothian lives in hospital.**

Positive behavioural support for people with a Learning Disability and Safe House to avoid admission to In Patient Services

## Outcome 3 – Positive experiences & treated with dignity

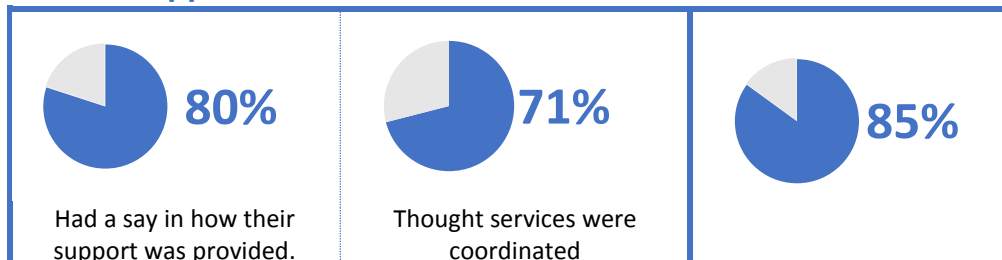
### People who use health and social care services have positive experiences of those services and have their dignity respected.

Feeling involved in your own care is important and Midlothian scores higher on this indicator than the Scottish average, although it is slightly lower than last year's figure. Services undergoing inspections did well in Midlothian with 89% rated as good or better, an improvement on 2016/17 results and above the Scottish average.

Health and Care Survey results are lower than last year, as are Scotland's and Midlothian is below the Scottish average. Challenges remain for Midlothian, such as access to GPs. There has been positive progress such as Loanhead Practice's move to purpose built premises part of the Paradykes development as well as some of our practices being able to re-open their lists, but we know there is still more to do.

### How did we do?

#### Adults supported at home

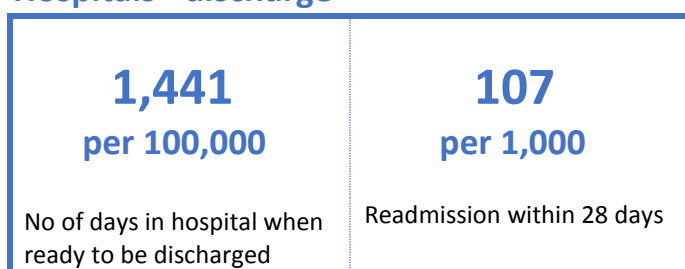


#### End of life care

#### General satisfaction with services



#### Hospitals - discharge



## Local services working to achieve this:

### Focusing on Frailty

We have started to **develop new ways of supporting our most frail people who find it hard to get out and about** in the Penicuik area. GPs, District Nurses, social care, VOCAL, Broomhill and Red Cross are all part of this work.

Understanding people's needs, good communication and sharing information safely are central to this.

As well as meeting health and care needs, practical support to enable people to live well and tackle issues such as loneliness are just as important.

### Peer Support

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.

The **Midlothian and East Lothian Alcohol and Drug Partnership (MELDAP)** **challenged stigma** by promoting the role of the recovery community, employing and involving people with lived experience and providing peer volunteer training.

### Reducing times for help with mental health issues

Midlothian offers a responsive and accessible drop-in service, **Midlothian Access Point**.

No referral is needed, so the service is available when the person feels ready to seek help.

The number of people waiting for a long period for psychological services has reduced

The service became fully established in 2017/18 and funding is now identified for its continuation and expansion in 2018-19.

## Outcome 4 – Improved quality of life

### Health and Social Care services are centered on helping to maintain or improve the quality of life of people who use those services.

In comparison with last year, fewer people reported that services had an impact on maintaining or improving their quality of life and unlike last year, we are now lower than the Scottish average.

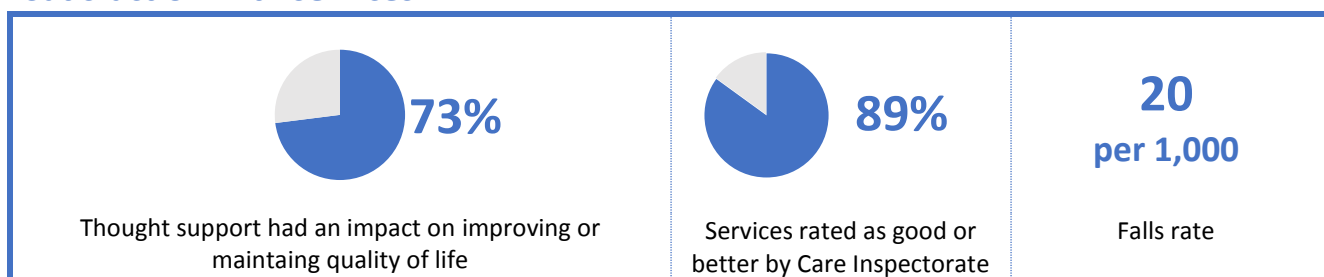
We know that for many in Midlothian, there are day to day struggles to contend with and it is often not easy to live well. We want our services to help and will continue to take notice of what people are telling us about our services, so while this is disappointing, these results show us that we need good partnership working more than ever. There are several examples of where we have seen positive progress made between health, social care and the voluntary sector.

Inspections are an important part of us understanding how good our care homes and day services are. The Care Inspectorate has visited a number of services and it is positive news that there has been an increase from 85% to 89% of services being rated as good or better, which is higher than the Scottish average.

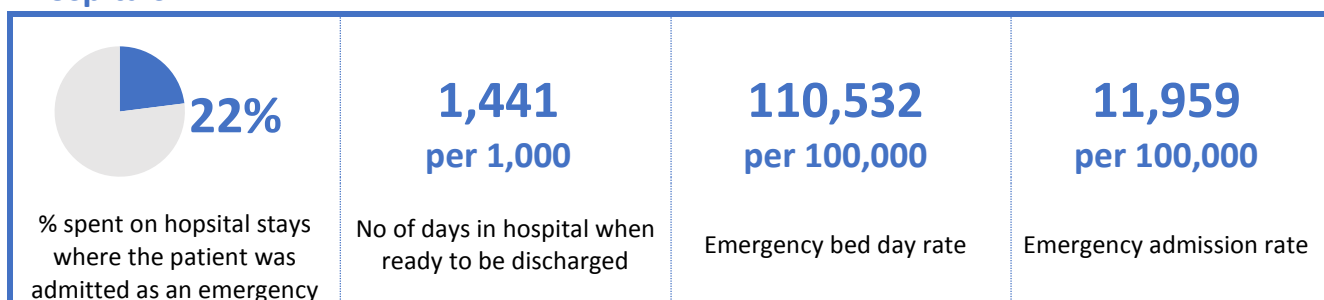
Getting people home from hospital once they are well enough to do so is not easy. No-one should face delays and we all want this situation to improve. The results for Midlothian are concerning and reflect the challenges we face with organising and delivering packages of care. We also know how much this impacts on families and carers when loved ones are in hospital. Work is on-going to make this a more responsive and efficient service with both in-house and external providers of Care at Home services. Looking at alternatives to care at home and reviewing packages as part of the 'Realistic Care' agenda is all part of trying to improve a difficult area for Midlothian.

### How did we do?

#### Satisfaction with services



#### Hospitals



## Local services working to achieve this:

### Tackling isolation and supporting independence

Our partnership work with **British Red Cross (BRC)** continues to grow and workers now attend social work duty team meetings and daily MERRIT (Midlothian Enhanced Rapid Response Team) meetings. This innovative development is making a positive difference to older people in Midlothian.

BRC provides opportunities to re-gain confidence and get out and about again through their Local Area Co-ordinators, as well as practical advice and support via the Neighbourhood Links service.

In addition, recognising that summer can be a time when families and friends head off on holiday, 465 older people were able to enjoy BRC's 'Summer Pop-Up' where a range of activities were on offer.

The MARC building in Woodburn was refurbished to enable the **Grassy Riggs** drop-in café and carer support service to open to older people at risk from social isolation and loneliness.

Between 165 and 370 people use the drop-in every month and the venue is well used by a range of services. This was only possible because community councillors, the Health & Social Care Partnership and the community came together to use a previously underused community building.

Opportunities for social interaction are vital and **Broomhill Day Centre** in Penicuik offers 125 places very week for older people who would find it difficult to leave their home independently. With its own mini buses and a dedicated team, the staff and volunteers offer a vibrant and stimulating service and are very much part of the community with fantastic links to local schools.



## Outcome 5 – Reduced Health Inequalities

### Health and Social Care services contribute to reducing health inequalities.

Inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. People affected by poverty and social disadvantage have poorer health outcomes than their neighbours with more resources. Other people also experience disadvantage - e.g. low income, gender, social position, ethnic origin, geography, age and disability.

Some health inequalities in Midlothian in areas affected by social disadvantage:

Early death due to coronary heart disease:	Hospital stay for a preventable reason:	Difference in Life expectancy:	Prescription for anxiety/ depression:	Children living in poverty .
x21 higher	15-20% more likely	7 years shorter	9% higher	25%

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.

### How did we do?

<b>389</b> per 100,000	<b>11,143</b> per 100,000
Premature mortality rate	Emergency admission rate

The emergency admission rate and premature mortality rate are both better than the Scottish average and the latter is better than Midlothian's 2016/17 results.

## Local services working to achieve this:

### Support for offenders

We know that there is a connection between inequalities and offending and we strongly believe that by reducing inequalities there will be less crime and fewer victims.

**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.

**Spring Service** has increased support to women linked to the criminal justice system

#### Other Vulnerable Groups:

- Work with schools around **child poverty, school absence & smoking** prevention
- New pathways were developed to identify **families at risk of eviction** earlier and a pathway for people attending A+E

### Support for Vulnerable people

#### Community Health Inequalities Team (CHIT):

Provided **health assessments and support for vulnerable people**, e.g. homeless, carers, substance misuse, women involved with criminal justice, gypsy travellers.

Delivered a **6 week programme for people identified as having pre-diabetes** to support lifestyle changes to avoid or delay developing type 2 diabetes

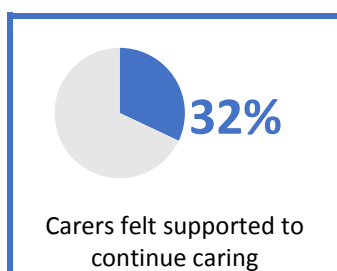
## Outcome 6 – Support for Carers

**People who are providing 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.**

It is estimated that around 8000 people or 10% of our population have some form of caring role and as we move from hospital to community-based care, we know that much of that support is provided by carers. In the last 10 years, the number of people providing at least 20 hours of care each week has increased by 35.7% and over 2000 people (1 in 4 carers) care for over 50 hours each week.

As a Partnership, we recognise the level of commitment shown and value the quality of care being given. Quite simply, we could not do what we do without this contribution. As such, the fall in the % since last year is of great concern and while this is also reflected in the Scotland-wide results, the drop seems more marked at a local level.

### How did we do?



We need to understand what might lie behind these results and VOCAL's 2017 survey gives a helpful local picture:

[https://www.vocal.org.uk/wp-content/uploads/2018/03/CarerSurvey2017\\_Midlothian.pdf](https://www.vocal.org.uk/wp-content/uploads/2018/03/CarerSurvey2017_Midlothian.pdf)

The impact of caring on health and wellbeing is well documented in terms of finances, social isolation and the opportunity to get a break from caring responsibilities and all of these issues were echoed in VOCAL's survey.

In terms of what has contributed to this year's results, we need to consider the wider service issues in Midlothian that might offer some explanation, e.g. the challenges involved in setting up packages of care and carers stepping in to meet the need. Are we doing enough to ensure that carers are aware of the opportunities we have in Midlothian to get a break from caring duties? Can we work more collaboratively so that we get to know who has a caring role at an earlier stage? Will this help us identify 'early warning signs' so that we can offer support before a crisis happens and there is a risk that the person cannot continue in their caring role?

Looking forward, our Carers Strategy and Action Plan into 2019 aims to:

- Increase Carer Identification and Support
- Improve Access to Breaks from Caring
- Reduce Health Inequalities and Financial Hardship
- Embed a systematic approach to Emergency Planning

The new legislation brings an emphasis on focusing on the impact that caring has. As part of this, we have embarked on staff briefings to support this approach to working with carers in Midlothian.

## Local services working to achieve this:

### Emergency Planning

One area highlighted in the VOCAL survey was the worries carers have about what might happen if they can no longer carry out their caring role due to ill health or other changes in circumstances. The need to have 'Emergency Plans' in place is part of the new Carers legislation and is an area the Partnership have been piloting- a first in Scotland.

These are sensitive conversations to have, but important in terms of increasing involvement in decision making and helping people feel in control where possible in their lives.

### Respite

We have reintroduced funding (£30,000) for the Wee Breaks Service, recognising the importance of providing opportunities to ensure breaks from caring duties are accessible and available.

## Outcome 7- Safe from harm

### People using health and social care services are safe from harm.

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.

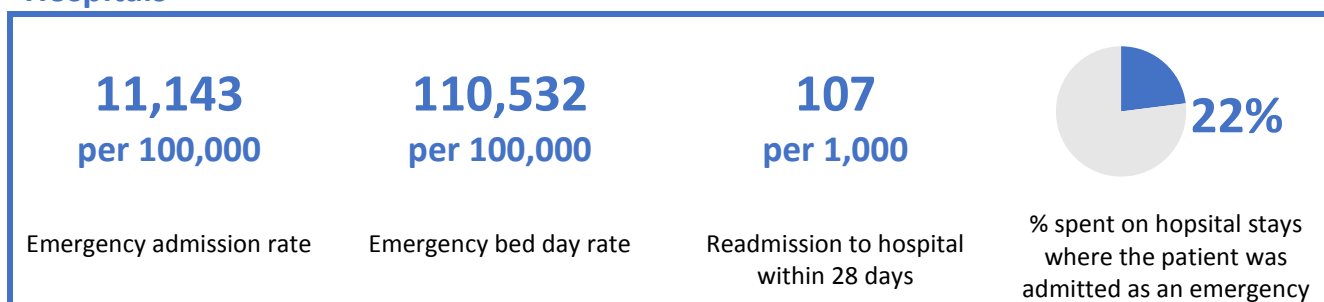
A lower % of adults who are supported at home reported feeling safe when compared with 2016/17 and Midlothian is lower than the Scottish average. The falls rate among people aged 65+ has reduced from a high of 23 in 2012/13 to 19 in 2016/17, with a slight increase to 20 in 2017/18. There is a well-established falls pathway in Midlothian and we are performing better than the Scottish average.

### How did we do?

#### Satisfaction with services



#### Hospitals



## Local services working to achieve this:

### Safe and Together

The “**Safe and Together**” approach involves working with both parents, with the aim of keeping children safe and together with the non-abusing parent

In view of the growing waiting lists we increased financial support to the voluntary organisation **Rape Crisis**, as well as awarding a 3 year contract to **Women’s Aid East and Midlothian**.

The **Spring Service** for women involved or at risk of offending worked in close partnership with a range of organisations including Women’s Aid, Community Health Inequalities Team and MELD. Staff have been trained in Mentalisation Based Therapy particularly useful for women who have experienced trauma and as a result have developed personality disorders.

## 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.**

Integration brings change, in particular around staff working more closely together so that services are of a high quality and we make effective use of resources. To make progress in these areas, staff need to feel supported in their roles, have opportunities to learn together, as well as feel engaged and valued by the Health and Social Care Partnership.

2017-18 saw the first year of a survey for both health and social care staff, called 'iMatters'. Questions cover how people feel about their own role, in terms of being valued, involved and supported, as well as their experiences as being part of a team and how they view the organisation. 693 people took part, a response rate of 66%. The majority of responses were very positive, whether answering questions about individual roles, being part of a team or the organisation as a whole. The question about how good an experience working for Midlothian Health & Social Care Partnership is (where 1 is very poor and 10 is very good) gave a global score of 7.21.

### Local services working to achieve this:

#### Recruitment & Retention and Valuing Staff

All sectors had access to the Lothian's Team Development Toolkit and a programme for Team Leaders and operational frontline supervisors was developed.

Workshops continued and expanded in topic area to cover Health Inequalities.

Good Conversations lunchtime sessions for staff across all sectors of the H&SCP offered a time to reflect on what is working well and what could be better.

Videoconferencing makes it easier for Care Home staff to take part in training, reducing the need to travel off-site. 10 out of 11 care homes have participated. In the first 6 months a total of 12 training sessions have taken place, attended by 386 staff

New approaches to attract people into a career in care have been implemented - e.g using social media to attract young people to the profession.

Midlothian IJB Workforce Planning Framework was developed and service reviews have been addressing the redesign of roles for the future

Implementation of the Living Wage for social care staff.

## Outcome 9 – Efficient & Effective use of resources

### Resources are used effectively and efficiently in the provision of health and social care.

Redesigning services as laid out in the Strategic Plan can be funded by moving resources from one model of care to another. Additionally, in time, these shifts in emphasis will result in less costly services.

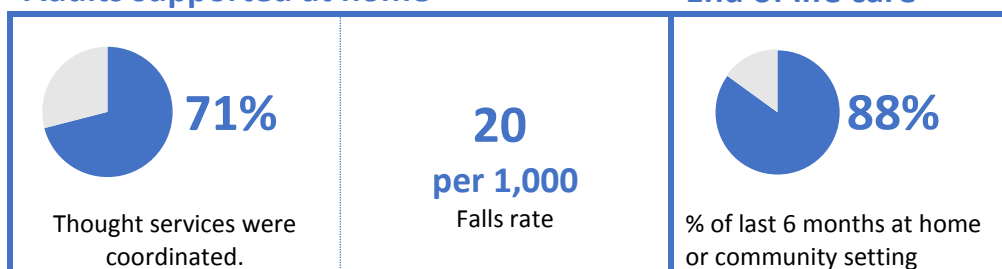
For example, moving from hospital to more community based services. The IJB has set a target of a reduction in occupied hospital bed days of 10% which would enable a significant transfer of resources to community service.

The Realistic Medicine and Realistic Care agendas are important frameworks for the Health and Social Care Partnership. Prescribing remains a main pressure. Medication is vital in helping people recover and keeping people well. However the costs are high; with £18.3m spent in Midlothian in 2017/18.

Having ‘good conversations’ with people receiving packages of care are taking place so that people’s needs are being reviewed as well as looking at what alternatives there are for care at home. The aim for each of these areas is that outcomes should be better for people as well a more efficient use of the money we have to spend.

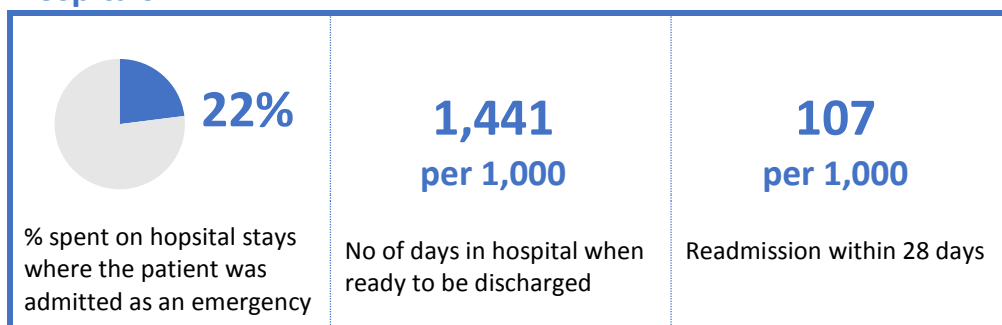
### How did we do

#### Adults supported at home



#### End of life care

#### Hospitals





# Our strategic plan - update

## Longer term conditions:

Cancer	<ul style="list-style-type: none"> <li>Established the local <b>Transforming Care After Treatment</b> project to test a new approach to service delivery based on holistic needs assessment.</li> <li>Continued to provide <b>specialist services</b> including Occupational Therapy, employment service (in the NHS Lothian's Work Support Services), complimentary therapy (by IRIS) and support with exercise (in council leisure centres).</li> <li>The specialist <b>Macmillan Welfare benefits service</b> generated an additional £1.6million for people with cancer in 2017-18. The local GP Cluster implemented the <b>Macmillan Quality Toolkit</b> to improve quality of care for cancer patients.</li> </ul>
COPD	<ul style="list-style-type: none"> <li>An <b>Advanced Practitioner Physiotherapist for COPD</b> was appointed to support people in the community to help them manage their COPD at home and avoid hospital admission. In the first seven months the service successfully avoided 30 hospital admissions.</li> <li>Strong links developed with the <b>Midlothian Stop Smoking Service</b> and the <b>Pulmonary Rehab (exercise) service</b> at Midlothian Community Hospital.</li> <li><b>Breathe Easy</b> support group meets monthly</li> </ul>
Neurological Conditions	<ul style="list-style-type: none"> <li>12 people with Multiple Sclerosis attend a <b>monthly support group</b>, facilitated by an Occupational Therapist.</li> <li>Health &amp; Social Care staff support people living with a neurological condition. This includes the <b>Midlothian Community Rehabilitation Team</b>.</li> <li>The <b>Lanfine Service</b> continues to provide an acute neurological specific inpatient service at Astley Ainslie Hospital plus individual community based support.</li> <li>Organisations with a focus on specific conditions such as Parkinson's Disease, Multiple Sclerosis and Epilepsy provide <b>specialist advice and support</b></li> </ul>
Heart Disease	<ul style="list-style-type: none"> <li>People were supported to keep healthy and reduce their risk of developing coronary heart disease. <b>Ageing Well, Midlothian Active Choices</b> and other programmes are important to this work as are mainstream services such as <b>Midlothian Leisure</b>, positive health advice from primary care colleagues, weight management support and do on.</li> <li>People who have experienced a heart attack or who have undergone cardiac surgery are visited at home by a <b>Cardiac Rehabilitation Nurse</b> and, later, they are supported to attend a <b>Cardiac Rehab programme</b> delivered at Gracemount Leisure Centre.</li> <li>People with co-morbidities may require more intensive support and monitoring. The Midlothian Cardiac Rehabilitation Nurse may refer them to a service at Astley Ainslie Hospital. This clinic includes psychological support, physical activity and different speakers. Strong links with Stop Smoking and welfare rights services exist.</li> </ul>
Diabetes &	<ul style="list-style-type: none"> <li><b>Made a commitment to tackle obesity and type 2 diabetes.</b></li> </ul>

Obesity	<ul style="list-style-type: none"> <li>• Work progressed to <b>reshape the weight management pathway</b>. Referrals are now triaged by the Weight Management Team who offer community based services such as Midlothian Active Choices, Ageing Well, Leisure Services, Community Health Inequalities Team (CHIT) or dietetic-led weight management group programmes delivered with Midlothian Leisure Services or individual assessment and treatment involving dietetic, psychology and physical activity support.</li> <li>• Delivered a <b>6 week programme for people identified as having pre-diabetes</b> to support lifestyle changes to avoid or delay developing type 2 diabetes. This was delivered by the Community Health Inequalities Team nurses.</li> <li>• During 16/17 172 people were referred (up 58% on previous year) to the NHS Lothian <b>Weight Management Service</b> and 71 (41%) engaged. Between April and September 2017 159 people were referred to the Weight Management Service. They were offered community based programmes (with Midlothian Leisure services) or specialist support involving NHS Lothian dietetic, psychology and physical activity programmes.</li> <li>• Launched a <b>women only exercise class</b> with Midlothian Muslim Community Centre and Midlothian Leisure.</li> <li>• £50,000 was made available in June 2017 for <b>healthy eating/food poverty programmes</b> across three target areas. Grants (up to £3,000) were awarded.</li> <li>• <b>Training on healthy eating, physical activity and Type 2 diabetes</b> was delivered to Midlothian staff from a range of agencies.</li> </ul>
Stroke	<ul style="list-style-type: none"> <li>• Services supported people to <b>reduce their risk factors</b> - e.g. Weight Management, Stop Smoking, Ageing Well and Midlothian Active Choices. Midlothian Leisure Services provided exercise groups for people recovering from a stroke.</li> <li>• <b>Supported self management, reablement and rehabilitation</b> was provided by mainstream services -e.g. Midlothian Community Physical Rehabilitation Team (MCPRT), MERRIT and Community Care Team. Supported self-management and health improvement support was provided from the Wellbeing Service in GP practices</li> <li>• People were supported to <b>return to employment</b> through the vocational rehabilitation programme delivered by MCPRT or by the Working Health Services team at Astley Ainslie Hospital.</li> <li>• Midlothian Chest, Heart &amp; Stroke lead a <b>Chest and Stroke Group</b> in Bonnyrigg and Penicuik. British Red Cross support by arranging transport from volunteers.</li> </ul>
Palliative Care	<ul style="list-style-type: none"> <li>• The local Palliative Care planning group continued to <b>review and improve the approach</b> to palliative care - and is viewed as a model of good practice across Lothians.</li> <li>• Staff skills have been strengthened through <b>video conferencing training programme</b> and a shared learning programme enabling people to learn from one another across services.</li> <li>• In Newbyres Care Home <b>feedback from bereaved families</b> is sought through questionnaires. A family bereavement group has also been established.</li> <li>• The Wellbeing Service ran "<b>New Beginnings</b>" workshops</li> <li>• <b>A series of events were held to raise awareness about dying</b></li> </ul>

## Service User Groups:

Older People	<ul style="list-style-type: none"> <li>Started to develop new ways of supporting people who are housebound in the Penicuik area involving agencies including pharmacists and voluntary organisations.</li> <li>Reshaped Newbyres Care Home to provide 24 specialist places for people with dementia.</li> <li>The MARC building in Woodburn was refurbished to enable the Grassy Riggs drop-in café and carer support service to open to older people at risk from social isolation</li> <li>Day services, community based services and care at home staff worked with pharmacists and GPs to strengthen the provision of medication.</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>The Access Point became fully established.</li> <li>Established a triage service to support people in crisis when they come into contact with the police service.</li> <li>The number of people waiting for a long period for psychological services has reduced.</li> </ul>
Physical Disability	<ul style="list-style-type: none"> <li>New initiatives with <b>Edinburgh College and Life Long Learning and Employability</b> improved access to further education and employment.</li> <li><b>Information was provided</b> through newsletters, an updated directory of services and an easy read version of the local strategy.</li> <li><b>A new policy was developed</b> regarding adaptations to houses and a new approach to suitable housing was introduced described in the booklet "Support to Move".</li> <li><b>The Wellbeing Service</b> provided support to people with long term health conditions in 8 Health Centres.</li> <li><b>A new approach to multidisciplinary working was tested in Penicuik</b> to support people who are housebound.</li> </ul>
Sensory Impairment	<ul style="list-style-type: none"> <li>An <b>awareness raising programme</b> was delivered to staff including care at home and care home workers, reception staff in Health Centres, Contact Centre and voluntary organisations</li> <li>Joint work with the <b>local fire service</b> has resulted in sensory impairment as a factor in home safety visits</li> <li><b>Hearing aid batteries</b> are now available in libraries including the mobile library and a repair service is being organised in libraries through volunteers</li> <li><b>Deaf Action and Royal National Institute for the Blind (RNIB)</b> provide more localised and integrated services being based one half day a week with the local social work team</li> <li>The Scottish Government service <b>contactSCOTLAND</b>, was promoted through our training and press releases. This service provides a live link to an on line BSL interpreter and facilitates communication with Public Bodies.</li> </ul>
Learning Disability	<ul style="list-style-type: none"> <li>Built accommodation for 12 people with complex needs opened in Penicuik.</li> <li>Accommodation for the remaining patients who have lived in long term hospital beds has been arranged - no one with learning disability from Midlothian lives in hospital.</li> <li>The NHS Lothian Learning Disability Service is now under local management</li> <li>A major programme of reviews has been undertaken to ensure that people's needs are being met appropriately. These reviews have been guided by new policies designed to ensure that services are allocated an equitable and consistent way including policies on allocation of care, transport and day services</li> </ul>

Autism	<ul style="list-style-type: none"> <li>• The <b>Midlothian Autism Strategy</b> ‘Two Trumpets’ was launched.</li> <li>• An <b>awareness raising campaign</b> including ‘The Triad of Impairments and Other Works’ by artists Gayle Nelson and Fiona McDonald was exhibited to launch the strategy publicly and engage partners in the Autism Strategy.</li> <li>• <a href="http://autismideasinmidlothian.com">autismideasinmidlothian.com</a> was developed and launched. This incorporates a calendar feature on events and activities for Autistic People.</li> <li>• The <b>Midlothian Autism Facebook page</b> was launched.</li> <li>• An <b>Interactive Directory of Supports of Midlothian</b> resources was completed.</li> <li>• <b>Fit, Fab, and Fun a group for women</b> with a learning disability and/or autism in Midlothian was established.</li> <li>• Teviot Court, a development of <b>12 local authority houses for people with Complex Needs</b> was completed.</li> <li>• <b>Expert Panels</b> were established to develop elements of the strategy related to training, social opportunities, employment and communication.</li> </ul>
Criminal Justice	<ul style="list-style-type: none"> <li>• We tried new ways of tackling domestic abuse through the “Safe and Together” approach. This involves work with the non-abusing parent and the abusing parent aimed at keeping children safe and together with the non-abusing parent</li> <li>• Increased financial support to the voluntary organisation Rape Crisis. We also awarded a 3 year contract to Women’s Aid East and Midlothian.</li> <li>• The Spring Service for women worked in close partnership with a range of organisations including Women’s Aid, Community Health Inequalities Team and MELD. Staff have been trained in Mentalisation Based Therapy particularly useful for women who have experienced trauma and have developed personality disorders.</li> <li>• New governance arrangements through the Community Safety and Justice Board became operational and a Community Justice Improvement Plan was completed.</li> <li>• The Unpaid Work Service became more focussed on learning outcomes, for example people can now work towards an SVQ module.</li> </ul>
Substance Misuse	<ul style="list-style-type: none"> <li>• Continued to develop <b>Peer Support</b>. 14 people completed Peer Supporter Training in order to become a peer mentor or volunteer. A Peer Support Co-ordinator was appointed to co-ordinate a range of peer support activities including training across substance misuse, mental health and criminal justice services.</li> <li>• Primary Care, community staff and others were supported to deliver <b>Alcohol Brief Interventions</b>. 5457 East and Midlothian residents benefited.</li> <li>• Continued to work with partner agencies, families and drug users to keep people safe and <b>reduce drug related deaths</b>.</li> <li>• People in recovery were supported to gain qualifications and skills that will help them gain employment.</li> <li>• <b>Multi-agency training</b> was arranged. Over eighty staff members attended Children Affected by Parental Substance Misuse /GIRFEC training.</li> <li>• The <b>Horizons Recovery Café</b> had a weekly attendance of around 60 customers. A well attended and active SMART Recovery Group met at the café each Friday morning.</li> </ul>

# Locality Planning & Integration Principles

## Community Planning and Area Targeting

Midlothian is small, has lower than Scottish average levels of social exclusion and deprivation, but is the fastest growing area in Scotland and is likely to remain so for the next 10 years.

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- Dalkeith & Woodburn, Mayfield & Easthouses, and Gorebridge. In addition in West Midlothian there are two data zones in Loanhead and Bonnyrigg which have for the first time appeared as areas of concern in the 2016 Scottish Indicators of Multiple Deprivation.

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 local services. 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.

As part of Midlothian's commitment to improving locality working, we wanted to look at how professionals work together to provide health and care for people, and how good the connections are between services and the local community. While the initial focus was on people who are housebound, the hope was that there would be wider learning that could be applied across Midlothian and with other cohorts of patients. Staff came together to share ideas and carry out small tests of change. We wanted to encourage everyone to look at their own practice and develop their ideas for how care could become better co-ordinated and for each professional to consider what should happen in terms of how they work together for the benefit of patients and staff. This has resulted in stronger relationships across services and innovative work that has continued with a view to repeating the approach in a different part of Midlothian.

## Local services working to achieve this:

### Locality Working - Collaborative Learning in Penicuik

The kind of changes we hoped to see:

Team Members:	More trust and stronger relationships
Across Teams:	More creative use of roles and working across boundaries
Health & Social Care Partnership:	Better use of technology, more community involvement and use of holistic Anticipatory Care Plans (ACPs)
People in our Communities:	A stronger focus on personal outcomes

The Community Empowerment Act 2015 requires that a locality outcome improvement plan - or Neighbourhood Plan-is in place for each priority area. Action plans were devised by the communities in dialogue with public sector managers to address their concerns which were then endorsed by the CPP as the 'plan for place' in each area. Reviewing and updating plans has been taking place and the most recent versions of each neighbourhood plan can be found here: [https://www.midlothian.gov.uk/downloads/download/32/neighbourhood\\_plans](https://www.midlothian.gov.uk/downloads/download/32/neighbourhood_plans)

The Dalkeith /Woodburn area and the Gorebridge area have reviewed and redeveloped their neighbourhood plans, which are available on the Council website (see link above).

Actions deriving from commitments made in the three Neighbourhood plans include:

- "Food Glorious Food" covering all 3 target communities involving over 500 local residents choosing to fund 16 projects on this topic
- Community agency led town centre masterplanning in Mayfield. This includes 5 key local community agencies working together, supported by the Council, which has agreed to prioritise the regeneration of the Mayfield Town Centre as a top priority in planning / economic development.
- The Council and a set of third sector partners are engaged in a redevelopment of the former clinic building in Woodburn occupied by the Grassy Riggs older people's day support service
- The Dalkeith area has been formally identified as "Overprovided" with alcohol sales outlets, the only area within Midlothian to be designated in this way by the Licensing Board. As a result the Board has been able to refuse a licence application for a further outlet for the first time

## Involving People

The Health and Social Care Partnership is only part of the picture. Strong relationships with other agencies and natural communities are needed if we are to achieve major change in the health and wellbeing of the population.

Across Midlothian we are lucky to have strong user groups such as Forward Mid, MOPA (Midlothian Older People's Assembly) and our Neighbourhood Planning groups, People First, Access Panel and People's Equality Group. Our on-line presence and newsletters help reach out to our communities and we are committed to getting out and about to where people already come together through our 'Hot Topics' public meetings.

Some examples from our Autism Group have enabled people to engage to great effect via social media. <https://autismideasinmidlothian.com/2018/05/15/proposal-for-upmo-autism-and-learning-disability-service-in-gorebridge/>

We also benefit from having user and carer representatives on planning groups for mental health, older people, carers, physical disability and learning disability as well as The Integration Joint Board itself.

# Finance

The IJB undertakes a detailed financial assurance on its budget process every year. This process looks at the budget offers from the partners (Midlothian Council and NHS Lothian) and considers whether the budget is fair and adequate.

In 2017/18, the IJB agreed to accept that the budget offers from the partners.

The IJB was underspent by c. £0.9m in 2017/18. This consists of an operational underspend of c. £0.7m with a further c. £0.2m carried forward from 2016/17. This has allowed the IJB to create a reserve and this £0.9m will be available to the IJB in 2018/19 for contingencies and short term investments.

The summary position is as follows:

Table 1 – 2017/18 summary

	Budget £000's	Actual £000's	Variance £000's
Health			
Core	59,617	59,270	347
Non-cash Limited	8,706	8,706	0
Hosted	12,755	12,567	188
Set Aside	18,154	18,572	-418
Social Care	38,806	38,267	539
<b>Total</b>	<b>138,038</b>	<b>137,382</b>	<b>656</b>

The actual costs made by Midlothian Council to the IJB cover the direct costs of 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, including acute hospitals and pan-Lothian services, e.g. dietetics, are estimated using the Health Budget Setting Model. Midlothian's charges are generally 10% of the Lothian spend.

'Non cash limited' services include the delivery of community dentistry, community opticians and community pharmacists. There is no budget for these services as such. Instead, the expenditure is supported in full by the Scottish Government.

Although the IJB was underspent in total there was significant pressure in the social care budgets which were offset by c. £1.0m of non-recurrent funding. This means that there is an underlying pressures with the social care budgets. This has been built into the IJB's financial planning processes for 2018/19.



## 2017/18 Financial Performance

The IJB's expenditure in 2017/18 for both services delivered by Midlothian Council and by NHS Lothian has been split into programmes as far as is possible. The performance of the whole IJB in 2017/18 was:

Programme	Budget £000's	Actuals £000's	Variance £000's
Older Peoples Services	26,064	23,894	2,170
Children's Services *	1,427	1,475	-48
Learning Disabilities	15,693	17,232	-1,539
Physical Disabilities	4,185	4,606	-420
Mental Health	8,624	8,611	13
Primary Care**	43,182	43,335	-152
Other	12,922	11,864	1,058
Acute Hospital Set Aside***	18,154	18,572	-418
Integrated Care Fund	6,332	6,332	
Substance Misuse	1,210	1,217	-7
Budgets carried forward	243		243
	<b>138,037</b>	<b>137,138</b>	<b>899</b>

*	children's services are health visitors managed by the Health & Social Care 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 –this relates to the amount required for services in large (acute) hospitals, e.g. in-patient bed costs. 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

### Social Care Fund

In 2017/18 the Scottish Government announced a second tranche of the social care fund (£107m nationally) to further support the delivery of the living wage and to provide further capacity to assist with being able to respond to increasing demand. Midlothian IJB's share of the total Social Care Fund was £5.1m and this was used in line with Scottish Government's guidance.

### Locality Working

The IJB has been developing, in line with the Public Bodies 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 2017/18. Our focus in developing locality

approaches has involved initiating work such as the Collaborative Learning Project in Penicuik (see page 30 for further details) where we are seeing tangible outcomes and testing out an approach that can be repeated in other parts of Midlothian.

## **2018/19 – Financial Challenges and expectations**

In March 2018 IJB undertook its annual financial assurance process to review the budget offers for 2018/19 from Midlothian Council and NHS Lothian. Again this process identified significant financial challenges but the IJB has accepted this budget as it passed the two tests of 'fair' and 'adequacy' as described above.

The IJB will also utilise its reserves in 18/19 to tackle the waiting times issues, to develop plans to reduce the IJB's use of Acute beds and to support any in-year operational pressures

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. 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 a financial strategy and outline financial plan which was presented to the IJB at its meetings in January and March 2018. The IJB continues to develop its 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.

# Inspections of Service

The Care Inspectorate undertook both scheduled and unscheduled inspections across a range of IJB services during 2017/18. Overall, 89% of care services graded 'good' or better in Care Inspectorate inspections (the Midlothian figure was 85% in 2016/17. The Scottish average is 85%)

See Appendix 2 for a comprehensive list. Full reports can be viewed at <http://www.careinspectorate.com/index.php/care-services>

The Mental Welfare Commission undertook three inspections within mental health inpatient facilities during 2017/18.

## **Hermitage Ward, Royal Edinburgh Hospital**

5<sup>th</sup> April 2017 (Unannounced)

Recommendations:

- The ward manager should conduct an audit of all care plans and reviews and the progress that has been made following the visit in December 2015 so that progress can be consolidated and sustained.
- The ward manager should, in consultation with patients, audit the provision of activities on the ward and ensure that staffing levels reflect the needs of this particular group of patients

13<sup>th</sup> February 2018 (Announced)

Recommendations:

- Managers should review and agree an accepted template, standards for care plan documentation and evaluation for the ward
- Managers should update the electronic patient record system, so that information relating to the Adults with Incapacity (Scotland) Act 2000, can be added.

## **Rosbank Ward, Midlothian Community Hospital**

2<sup>nd</sup> May 2017 (Announced)

Recommendations- none. Improvements made since last visit on 26<sup>th</sup> May 2016.

Full reports can be viewed at:

<http://www.mwcscot.org.uk/publications/local-visit-reports/nhs-lothian/>

## **Other Inspections**

Midlothian has worked with Healthcare Improvement Scotland (HIS) as a test site to look at how best to inspect Community Hospitals. This experience resulted in very positive feedback from HIS and as a result inspection tools will be developed for use nationally.

NHS Lothian's Infection Control Team has worked with all wards in Midlothian Community Hospital inspecting standards across a range of areas, e.g. equipment, record keeping. All recommendations have been met, ensuring improved patient care and experience.

# Integration Functions & 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.

1. **IJB Chair:** In keeping with the Integration Scheme, the responsibility for chairing moved from the Council to NHS Lothian in August.
2. **Chief Officer:** Following the retirement of the Chief Officer Eibhlin McHugh, Allister Short's appointment to the role was ratified by the IJB on 24 August
3. **Annual Performance Report:** The IJB's first Annual Report for 2016-17 was approved on 24<sup>th</sup> August and subsequently published on the internet.
4. **Annual Accounts:** The IJB Annual Accounts were considered and approved on 14<sup>th</sup> September and subsequently published on the internet
5. **Workforce Framework:** In response to the significant pressures and ongoing risks associated with the health and social care workforce, a Framework for the development of more detailed workforce plans was considered and approved.
6. **Directions and Delivery Plan 2018-19:** A new set of Directions to Midlothian Council and NHS Lothian were approved on 29<sup>th</sup> March and subsequently issued, along with the Midlothian Delivery Plan 2018-19.
7. **Financial Strategy:** In view of the current and predicted financial constraints a strategy for reshaping health and care services to be financially sustainable was approved accompanied by the first version of a more detailed three year financial plan

# Appendix 1

## List of Key Documents and Reports

### Midlothian Health & Social Care Partnership

- **Delivery Plan (2018-19)**  
[https://www.midlothian.gov.uk/downloads/file/2796/midlothians health and social care delivery plan 2018-19](https://www.midlothian.gov.uk/downloads/file/2796/midlothians-health-and-social-care-delivery-plan-2018-19)
- **Strategic Plan and Strategic Plan-Easy Read version (2016-2019)**  
[https://www.midlothian.gov.uk/downloads/file/1738/strategic plan 2016 - 19](https://www.midlothian.gov.uk/downloads/file/1738/strategic-plan-2016-19)  
[https://www.midlothian.gov.uk/downloads/file/1733/easy read summarised strategic plan](https://www.midlothian.gov.uk/downloads/file/1733/easy-read-summarised-strategic-plan)
- **Newsletters:**  
[https://www.midlothian.gov.uk/downloads/file/2772/health and social care integration newsletter spring 2018](https://www.midlothian.gov.uk/downloads/file/2772/health-and-social-care-integration-newsletter-spring-2018)
- **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](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](https://www.midlothian.gov.uk/info/200284/your-community/214/community-planning-in-midlothian)
- **Carers Strategy (2017-2019)**  
[https://www.midlothian.gov.uk/downloads/file/2726/carers strategy and action plan 2017 - 2019](https://www.midlothian.gov.uk/downloads/file/2726/carers-strategy-and-action-plan-2017-2019)

## Appendix 2 List of Inspections 2017/18

		Care & Support	Environment	Staffing	Management & Leadership
Community Based	Midlothian Homecare	3	-	3	2
	McSence	5	-	5	5
	Midlothian Care at Home	3	-	3	2
	Shared Lives	5	-	5	5
	The Bungalow	5	-	-	5
	Mears Care	5	-	4	4
	Mears Home Care	2	-	3	3
	St Joseph's	6	5	5	5
	St Joseph's Circle 1	6	-	6	6
	St Joseph's Circle 2	6	-	6	6
	St Joseph's Circle 3	6	-	6	6
	Elcap	6	-	-	6
	Aspire	3	-	3	3
	Edge Autism	5	-	4	4
	Bluebird Care	6	-	5	5
	SCRT	2	2	2	2
Care Homes	Nazareth House	3	3	4	4
	Springfield Bank	1	2	1	1
	Thornlea	2	5	4	2
	Drummond Grange	4	4	4	4
	Pittendreich	3	3	3	3
	Archview Lodge	5	5	5	6
	Highbank	5	5	5	5
	Newbyres Village	5	5	5	5
	Rosehill	5	5	5	5
	Parkside Court	5	5	5	5
	Pine Villa	5	4	5	4
Day Centres	Highbank	4	4	4	4
	St David's Bradbury	5	4	4	3
	Broomhill	3	4	3	3



**Thursday 23<sup>rd</sup> August 2018, 2.00pm**

## **The Lothian Hospitals Plan**

**Item number: 5.2**

### **Executive summary**

This report provides an update on the Lothian Hospitals Plan (LHP), agreed by NHS Lothian in January 2017. It provides a high-level overview of the themes within the LHP, an update on progress, and the key points associated with the interdigitation with the Midlothian Integration Joint Board (MIJB).

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

- Note the development of the LHP including linkage with capital prioritisation process;
- Note the current work in progress in respect of acute sites;
- Note the particular points of overlap with the MIJB Strategic Plan and planning process.

## The Lothian Hospitals Plan

### 1 Purpose

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- 1.1 The purpose of this report is to update MIJB on progress with the implementation of the LHP.

### 2 Recommendations

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MIJB members are asked to;

- 2.1 Note the development of the LHP including linkage with capital prioritisation process;
- 2.2 Note the current work in progress in respect of acute sites;
- 2.3 Note the particular points of overlap with the MIJB Strategic Plan and planning process.

### 3 Background and main report

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- 3.1 LHP was developed throughout calendar 2016 with the intent of;
- Summarising the acute hospital system's response to changes in demography, workforce, finance, and condition of the estate
  - Providing an organisational focus to investment decisions and management efforts
  - Acting as a clear framework within which to take forward bids under the revised Scottish Capital Investment Manual (SCIM) process
  - Responding to IJB Directions.
- 3.2 Key to the conclusions of the plan is the strategic headlines for each site which comprise:

Site	Strategic Headline
Royal Edinburgh Hospital	Edinburgh's inpatient centre for highly specialist mental health and learning disability services, incorporating regional and national services
St John's Hospital	An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.
Western General Hospital	The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery
Royal Infirmary of Edinburgh	South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, children's tertiary care



- 3.3 The LHP is now part of the day-to-day fabric of decision-making for NHS Lothian in terms of investments, workforce development, and capital planning, with significant work underway to implement the plan. The key elements of this work across acute sites and services are outlined in this paper. Closely associated with the LHP is recent work to produce a capital plan through the development of a robust pan-Lothian Capital Prioritisation Process. This work will be used to further develop revenue prioritisation. Similarly, the 'Lothian Box' has emerged as a tool to assess future sustainability of specialties within acute sites.
- 3.4 The LHP is a mechanism to achieve aligned and coherent service delivery across the primary and secondary care interface. The LHP seeks to adapt and respond to the directions set by the IJBs.
- 3.5 The LHP is constructed in 2 ways; plans relative to each individual acute site and plans associated with care streams – notably medical specialties, cancer services, elective care. The vision for delivery of the LHP remains within the five-to-ten-year timescale. Where opportunities for change present in advance of this timescale they will be taken.

#### Site Specific Plans

##### 3.6 Royal Infirmary of Edinburgh (RIE)

- A planning assumption that RIE will receive DCN and RHSC on to the site in early 2019;
- A planning assumption that, with approval of the Short Stay Elective Centre business case by the Scottish Government in September 2018, day case and short stay elective surgery across General Surgery, Gynaecology and Orthopaedics will be centralised at St John's Hospital, Livingston from approximately 2022 onwards. Elective inpatient orthopaedics will remain on the RIE site with patients who currently receive elective inpatient orthopaedic care in other hospitals including the Golden Jubilee Hospital, Clydebank, in future receiving this care at RIE.
- The establishment of a major trauma centre for the South-East of Scotland at the RIE from 2020. Detailed work continues with regional and national partners, to scope the requirements of a Major Trauma Centre within the RIE, bringing together specialist orthopaedic, general surgery, vascular surgery, neurosurgery, plastic surgery, and cardiothoracic surgical services with the emergency department and critical care. The resources required to deliver this service are currently estimated at c£7m which supports mainly staffing across the multidisciplinary team. This money has been approved by the Scottish Government.
- The RIE campus will also become the site for the re-provided Princess Alexandra Eye Pavilion on the Edinburgh bioQuarter. A revised Initial Agreement (confirming regional requirement) was submitted to the Scottish Government Capital Investment Group in November 2017 with approval to proceed to Outline Business case given in March 2018.

- Acute Medical Unit expansion work concluded in February 2018 and resulted in an additional 8 beds, with revenue costs funded by Edinburgh IJB.

### 3.7 Western General Hospital (WGH)

- As outlined previously the relocation of short stay elective surgery to SJH will release theatre and bed (day bed) capacity for the site to utilise in expansion of breast, urology and colorectal surgery as necessary.
- The initial agreement for a replacement satellite dialysis unit on the WGH was approved in the middle of 2017 and outline business case in train for consideration November 2018.
- Work for the WGH site centres around the development of Transitional arrangements for Cancer Centre Re-provision.
- The Initial Agreement for a re-provided Cancer Centre on the Western General site has been commenced, with submission to Scottish Government due October 2019.
- Infectious disease services currently located on WGH campus have a clear need for a new capital build which meets modern standards, as has been highlighted with recent outbreaks across the world of highly-infectious diseases such as MERS and Ebola. Given other changes in the training of infectious disease specialists, and the need to be co-located with an emergency department, it seems likely that the proposition around infectious diseases will be to re-provide this on the RIE campus. As such, a strategic assessment is currently being undertaken to demonstrate the case for redesign/relocation which will inform future service configuration.

### 3.8 St John's Hospital (SJH)

- The Ward 20 Ambulatory Care Surgical Unit opened in summer 2017 providing fit for purpose and extended ambulatory care services for patients undergoing Ophthalmic and Hand surgery.
- Work is underway with Colorectal, General Surgery, Gynaecology, Orthopaedics, and Urology to identify which short stay procedures may be delivered within the new elective centre facility. Initial analysis (excluding growth) suggests a minimum of 10,000 procedures per annum may be transferred from RIE & WGH sites, releasing capacity on those sites to accommodate future growth.
- Further to a national review of Burns Services in 2017 SJH will continue to provide Burns services within the context of a regional Burns Facility, rather than that of a national Burns Hub.
- Women's Services are working towards creating an ambulatory care facility within their inpatient ward in SJH in 2018. This service redesign will release capacity across the system by moving work out of theatre to alternative clinical environments (ward and outpatients).

- Strategic assessments are being progressed this year for expansion of Acute Receiving and Haematology/Oncology on the SJH site.

### 3.9 Royal Edinburgh Hospital (REH)

- The new Royal Edinburgh Building, Phase 1, covering acute mental health and older people's mental health services as well as complex psychiatric disability resulting from brain injury, was completed in Summer 2017.
- Work is underway to conclude the business case for Phase 2, including the rest of mental health services and learning disability services, and it is anticipated that this work will conclude later this year.
- The Chief Officer of MIJB is currently chairing disabilities collaborative across the 4 Lothian IJBs and NHS Lothian which will inform the design and sizing of Phase 3 of the Royal Edinburgh, which would see the transfer of services from the Astley Ainslie Hospital to REH.

### Medical Specialties

- 3.10 The issue of how medical specialties – core to “district general hospital” inpatient services, and which are present on each of RIE, WGH, and SJH – meet the changing demand remains fundamental to development of the LHP. These services are within the set-aside of IJB budgets, and are theoretically to be planned and commissioned by IJBs.
- 3.11 The need for medical services on each site remains. This is required in order to support the specialist services delivered on each site. For example, it would not be possible to deliver oncology or surgical services on the WGH site without medical input.
- 3.12 There are significant workforce supply issues which mean that sustaining the current configuration is an increasing challenge.
- 3.13 The Medical Specialties Programme Board oversees this workstream and is chaired by Dr Brian Cook. It currently has representation from each acute site, all Associate Medical Directors (Medicine), and Strategic Planning. Established in late 2016 it began by looking specifically at acute medical receiving and general medicine, which exists on all three sites. These are under purview of the IJBs and are subject to IJB Directions, so this work is significantly driven by the need to respond positively.
- 3.14 To date work has focused around securing effective datasets which provide clear understanding of the unscheduled flows in to each acute adult site. This has enabled some consideration of the 6 options previously outlined for the future acute receiving function. Discussions have centred on the Edinburgh hospitals.
- 3.15 IJB Directions for 2017-18 requested that this work continues and that IJBs are advised as to how ambulatory care approaches can be developed and relationships built up with between the acute and Partnership sectors.

- 3.16 MIJB also directed that they would wish their frail elderly patients to only be admitted to the Royal Infirmary of Edinburgh. This was the subject of an agreement between NHSL and the IJBs of Midlothian, East Lothian, and Edinburgh, to alter receiving patterns to accommodate both this Direction and indeed to take it one step further, with the intent that all Midlothian medical receiving patients would be admitted to RIE. This was implemented in December 2017 and has been in place since, although ensuring that this happens in 100% of cases is not possible due to the subspecialisation of services on the sites, as well as capacity challenges on a day-to-day basis.
- 3.17 Above all, Medical Specialties development must reflect shifting the balance of care and support the common IJB priorities around prevention of admission, improved acute-primary interface working, and a reduced use of institutional care.

### Capital Prioritisation Process

- 3.18 At paragraph 3.1, this report noted that part of the purpose of the LHP was to guide the development of NHSL's capital plan for a 5-10 year period, by providing a focus for each site and ensuring that only projects which supported the focus for each site went forward for funding.
- 3.19 This could not be undertaken purely within acute services as it had significant implications for capital investment across mental health, NHSL corporate services, and primary and community care, the latter falling within the remit of IJBs, which do not hold capital.
- 3.20 A coherent process was therefore worked up across NHSL, including with the 4 health and social care partnerships, and based around the revised Scottish Capital Investment Manual. This scored and ranked all projects that would require capital funding and then objectively matched the scores against available capital over the next 5 years. Top of this list were investments in Midlothian community facilities and these will progress to the next stage of the development process.
- 3.21 This process provides a clear spine for the next 5-10 years of development not just of the LHP but of the whole capital estate.

### Lothian Box

- 3.22 Starting as a high level framework designed to assess the sustainability of a group of highly specialist "fragile services", the Lothian Box has progressed to provide a comprehensive and objective method to assess services in respect of sustainability and in line with strategic intent of the LHP. The key output from this work is that services are ranked according to relative importance.
- 3.23 It has been developed through several iterations and enables a sustainability scoring which is derived from measurable criteria. These include:
- Access performance
  - Financial performance outturn position 17/18
  - Medical and Nurse staffing vacancy
  - Reliance on medical and nursing supplementary staffing
  - Identified need for capital investment

- 3.24 It is intended that the Lothian Box will enable more specific discussion with health care partners particularly in relation to medical specialty bed base, rehabilitation and outpatients, and to the prioritisation of proposals.

## 4 Policy Implications

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- 4.1 None identified.

## 5 Equalities Implications

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- 5.1 The Plan is designed to deliver improved healthcare outcomes, which in turn should have a positive impact on health inequalities.

## 6 Resource Implications

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- 6.1 None determined at present.

## 7 Risk

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- 7.1 There are no specific implications for the risk register.

## 8 Involving people

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- 8.1 The original construction of the Plan involved over 300 senior NHSL staff. As concrete business cases are coming forward, NHSL is moving forward with formal engagement with communities affected as appropriate, and in line with Scottish Health Council guidance.

## 9 Background Papers

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None

<b>AUTHOR'S NAME</b>	Clare Cartwright
<b>DESIGNATION</b>	Interim Head of Implementation, Lothian Hospitals Plan
<b>CONTACT INFO</b>	Clare.cartwright@nhslothian.scot.nhs.uk
<b>Date</b>	6 <sup>th</sup> August 2018

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**Thursday 23<sup>rd</sup> August 2018, 2.00pm**

## **Chief Officer's Report**

**Item number: 5.3**

### **Executive summary**

The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous 2 months and looks ahead to the following 4 weeks.

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

- 1. Note the issues and updates raised in the report*
- 2. Note the reappointment of Caroline Myles and Dr Hamish Reid to the Midlothian IJB by NHS Lothian Board*
- 3. Note the appointment of Dr Nik Hirani to the Midlothian IJB by the NHS Lothian Board and note the re-nomination of Alex Joyce as a voting member of the IJB*

## Chief Officer's Report

### 1. Purpose

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

### 2. Recommendations

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- 2.1 To note the issues and updates raised in the report
- 2.2 Note the reappointment of Caroline Myles and Dr Hamish Reid to the Midlothian IJB by NHS Lothian Board
- 2.3 Note the appointment of Dr Nik Hirani to the Midlothian IJB by the NHS Lothian Board and note the re-nomination of Alex Joyce as a voting member of the IJB

### 3. Background and main report

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#### Finance

The quarter 1 position is in the process of being finalised, with early indications that the Health budget is currently in a positive balance whereas the Council budget is overspent at the end of the first quarter. An updated financial position and 3 year financial strategy will be brought to the IJB meeting on 13 September, which will allow for more detailed discussion.

#### Service Developments

##### *Primary Care*

Following the discussion and agreement on the Primary Care Improvement Plan at the previous IJB, the Plan has since been agreed by GP Sub-committee and submitted to Scottish Government. Whilst it is unclear whether any feedback will be provided, progress is now being made on implementing the Plan. A formal feedback on progress is due to Scottish Government by the end of September.

As previously reported, work was progressing on opening a new medical practice within Newtongrange, which will be part of Newbattle Medical Group. This practice is now open and seeing patients – the IJB is asked to acknowledge the commitment from Newbattle Practice in taking on this additional practice in light of the ongoing pressures within Primary Care.

##### *Delayed Discharge*

The Partnership continues to be challenged by the number of patients who are delayed in their discharge from hospital. The recent closure of beds within Springfield Bank has contributed to this situation but with the recent decision to open up the Home to phased admissions, this should relieve some of the pressures. However, the main reason for delays continues to be care at home capacity and a meeting with the Care at Home providers within Midlothian is planned for 16 August to explore different options for increasing capacity. A verbal update on the outcome of the meeting will be provided to the IJB meeting.



## Quality Issues

Springfield Bank Care Home – as previously reported, the Care Home was being monitored under a Large Scale Investigation (LSI) as part of our Adult Support and Protection Procedures and was also subject to an Improvement Notice from the Care Inspectorate. Following improvements implemented by the Care Home provider (HC One), the improvement notice has been lifted and the Home is no longer under a Large Scale Investigation. There continues to be close working with the Home and the situation is being carefully managed, with a restriction on the number of new admissions each week.

## Integration

### *IJB Appointments*

In line with the Public Bodies legislation underpinning the IJBs, there is a need for Midlothian Council and NHS Lothian to appoint certain individuals to specific roles as set out in the legislation. The appointment of the following roles are the responsibility of NHS Lothian:

- (f) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
- (g) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and
- (h) a registered medical practitioner employed by the Health Board and not providing primary medical services

At the NHS Lothian Board meeting on 1 August, the following individuals were reappointed to the Midlothian IJB for a period of 3 years:

- (f) Dr Hamish Reid, Clinical Director, Midlothian H&SCP
- (g) Mrs Caroline Myles, Chief Nurse, Midlothian H&SCP

The following member of staff was appointed to the Midlothian IJB for a period of 3 years (and replaces the vacancy previously held by Dr David Caesar):

- (h) Dr Nik Hirani, Consultant in Respiratory Medicine, NHS Lothian

And Alex Joyce (Employee Director) was re-nominated by NHS Lothian as a voting member of Midlothian IJB.

Midlothian IJB is asked to note these appointments and to welcome existing and new colleagues to the IJB.

### *IJB Liability*

Following a question raised by a non-voting member of the Midlothian IJB regarding their liability as a member of the IJB, clarity on this position was sought from NHS National Services Scotland Central Legal Officer (CLO). It was confirmed that Midlothian IJB has membership of CNORIS (Clinical Negligence & Other Risks Indemnity Scheme), which is provided to ensure cover is in place for any legitimate claims regarding decisions made by the IJB.

## **NHS Lothian External Review – 4hr access**

IJB members will be aware that, following whistleblowing concerns raised from the Royal Infirmary of Edinburgh relating to the culture and management of the 4 hour emergency care standard, an external review by The Academy of Medical Royal Colleges was commissioned by Scottish Government.

A full copy of the report can be accessed [here](#):

NHS Lothian Board have accepted all the recommendations within the report and a series of improvement actions have been developed and are in the process of being implemented. As the 4hr standard within A&E is a delegated function to the IJB, though not directly managed by the IJB, it is important for members to be aware of the report and to be assured that progress is being made to deliver the required improvements.

It is also important to acknowledge the concerns raised in the report regarding bullying behaviour, as reported by staff at many levels within the organisation, while recognising that there was no evidence of bullying and harassment found at Board level. There has been significant progress across NHS Lothian to ensure that the values of the organisation are embedded within all services, therefore it is disappointing to note that staff have raised concerns regarding these behaviours.

In recognising the concerns raised within the report, we are keen to ensure that these behaviours are not occurring within Midlothian. Therefore, an organisational development programme for staff is being progressed to ensure our values and culture reflects how we work as colleagues, recognising the stresses and strains of workload pressures but to ensure staff are supported to manage these effectively and appropriately. In the recent iMatter staff survey for Midlothian, 84% of staff reported they are “treated with dignity and respect as an individual”, which is very positive and a strong foundation to build upon as we go forward with the OD programme.

## **4 Policy Implications**

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

## **5 Equalities Implications**

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

## **6 Resource Implications**

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

## 7 Risks

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

## 8 Involving People

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

## 9 Background Papers

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None

<b>AUTHOR'S NAME</b>	Allister Short
<b>DESIGNATION</b>	Chief Officer
<b>CONTACT INFO</b>	0131 271 3605
<b>DATE</b>	10 August 2018

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**Thursday 23<sup>rd</sup> August 2018, 2.00pm**

## **Appointment of Chief Finance Officer (S95 Officer)**

**Item number: 5.4**

### **Executive summary**

*A paper went to the IJB at its May 2018 meeting explaining that the IJB's current Chief Finance officer would retire at the end of October 2018.*

*This paper laid out the process by which a new CFO would be selected by the partners and the partners are now recommending Ms Claire Flanagan for the role of Chief Finance Officer (Section 95 officer) for the IJB*

**Board members are asked to:**

- *Approve the appointment of Ms Claire Flanagan as the Chief Finance Officer for the Midlothian Integration Joint Board with effect from 1<sup>st</sup> October 2018.*

## Appointment of the Chief Finance Officer (S95 Officer)

### 1 Purpose

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- 1.1 The report asks the IJB to appoint a new Chief Finance Officer (Section 95 officer) to replace the current CFO who is retiring at the end of September 2018.

### 2 Recommendations

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- 2.1 Members are asked to :-

Approve the appointment of Claire Flanagan as the Chief Finance Officer for Midlothian IJB. This appointment to be effective from 1<sup>st</sup> October 2018.

### 3 Background and main report

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- 3.1 A paper was presented to the IJB at its May 2018 meeting explaining that the current Chief Finance Officer is going to retire at the end of September 2018 and laying out the process for the selection of a candidate to be offered to the IJB to undertake the role of Chief Finance Officer for the IJB.
- 3.2 Only the IJB can appoint its own Chief Finance Officer but the Integration Scheme described a mechanism whereby the IJB's partners (Midlothian Council and NHS Lothian) can provide the IJB with a suitable candidate.
- 3.3 The IJB agreed to continue to utilise the current model to support the role of the CFO – that is that the role is not considered to be full time and that the proposed candidate will undertake the role of Chief Finance Officer for Midlothian IJB and the role of Chief Finance Officer of East Lothian IJB.
- 3.4 Following a formal recruitment process, an interview was held on 17<sup>th</sup> July 2018 with the panel including representatives from the IJB, NHS Lothian, East Lothian Council and East Lothian IJB. The panel unanimously agreed to recommend Ms Claire Flanagan for the role.
- 3.5 Ms Flanagan is current an employee of NHS Lothian and will be seconded by NHS Lothian to this role.
- 3.6 In order to ensure that the Annual Accounts are signed off by the current CFO – in the interests of continuity and governance – it is recommended that this appointment is effective from 1<sup>st</sup> October 2018. The current CFO can therefore sign off the 2017/18 annual accounts.

### 4 Policy Implications

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- 4.1 There are no new policies proposed or described in this report.

## 5 Equalities Implications

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- 5.1 There are no implications for equalities in this report.

## 6 Resource Implications

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- 6.1 There are no further resources implications from this appointment. The Integration Scheme lays out that the partners will provide – at no charge – a CFO to the IJB.

## 7 Risk

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- 7.1 The Section 95 officer is a key role in the financial governance processes of the IJB. Failure to appoint a CFO would create a significant financial governance risk for the IJB.

## 8 Involving people

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- 8.1 The IJB is held in public and its papers are publically available.

## 9 Background Papers

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- 9.1 None

<b>AUTHOR'S NAME</b>	Allister Short
<b>DESIGNATION</b>	Chief Officer
<b>CONTACT INFO</b>	<a href="mailto:allister.short@nhsllothian.scot.nhs.uk">allister.short@nhsllothian.scot.nhs.uk</a>
<b>DATE</b>	13 August 2018

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**Thursday 23<sup>rd</sup> August 2018, 2.00pm**

## **Working with the Voluntary Sector**

**Item number: 5.5**

### **Executive summary**

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This report summarises the involvement of the Voluntary Sector in the Health and Social Care field in Midlothian. Spending on the Voluntary Sector accounts for 35% of the Adult Social Care budget. Voluntary organisations are also able to draw in additional funding and attract the invaluable contribution of volunteers.

The report goes on to describe the recent Voluntary Summit, involving representatives of local voluntary organisations and members of the HSCP Joint Management Team, and the proposals for a regular programme of meetings.

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

1. Note the work which has already taken place to strengthen joint working with the Voluntary Sector
2. Approve the programme of work proposed to maintain strong links between Health and Social Care and local voluntary organisations.

## Working with the Voluntary Sector

### 1 Purpose

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- 1.1 This report has been prepared to ensure that the IJB is aware of the steps proposed to strengthen joint working between the HSCP and local voluntary organisations. The IJB is then able to consider whether they are reassured about the action being taken to maximise the contribution of the Voluntary Sector.

### 2 Recommendations

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- 2.1 As result of this report Members are asked to:-
1. Note the outcome of the recent Voluntary Sector Summit
  2. Approve the plans to implement a programme of work to strengthen joint working between HSCP and voluntary organisations

### 3 Background and main report

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- 3.1 **Midlothian IJB Strategy:** The 2016-19 Strategic Plan and subsequent annual Delivery Plans have highlighted the importance of investment in prevention to reduce ill health, both physical and mental. This has been actioned locally through a range of activities, including the development of a Diabetes Strategy, investment in Wellbeing Services and the continued expansion of services to reduce isolation. Voluntary organisations have a long, proven record and considerable expertise in promoting healthy lifestyles and enabling peer support.
- 3.2 **Involvement of the Voluntary Sector in Health and Social Care in Midlothian:** There has been a long tradition of voluntary organisations participating in local joint planning groups such as the Joint Older People's Planning Group and the Carers' Strategy Group. Representatives of the Voluntary Sector are members of both the IJB and the Strategic Planning Group. These representatives were recruited through a formal process arranged by Midlothian Voluntary Association (MVA). A Health and Social Care Reference Group is fully established, enabling these representatives, currently Ewan Aitken IJB and Jane Crawford SPG, to ensure their contributions to these meetings reflect the views of the wider Voluntary Sector.
- 3.3 **The Voluntary Sector Contribution to Health and Social Care in Midlothian:** The contribution of voluntary organisations is critical to the wellbeing of the people of Midlothian including the provision of opportunities for physical activity, companionship and the pursuit of hobbies such as music or crafts. There are 700 such organisations in Midlothian. The Health and Social Care Partnership has contracts with approximately 40 organisations accounting for 33% of the total Adult Social Care budget. These organisations employ approximately 340 staff as well as harnessing the contributions of many volunteers. Voluntary

organisations also play a major role in providing a service user voice, supporting the objective of stronger public engagement. The Voluntary Sector in Midlothian involves a wide variety of organisations varying greatly in size and in the activities that they undertake and range from national organisations that have a campaigning and fund-raising role to local groups operating on very limited resources. MVA has a particularly important role in supporting the smaller, more locally based organisations on issues such as training, information technology and HR (Human Resources).

**3.4 Joint Working -Voluntary Organisations, Health and Social Care Services:**

There has been a growing recognition that, alongside strengthening joint working between health and social care, similar action should be taken between statutory agencies and voluntary sector providers. The need to ensure compliance with information-sharing protocols continues to pose challenges in enabling appropriate sharing of service user information. Nevertheless, progress is evident in specific services such as MERRIT, the Joint Dementia Team, GP Practices and Cherry Road Day Centre. Organisations such as Deaf Action, RNIB, VOCAL and Red Cross now have a regular presence in the social work offices in Fairfield House enabling stronger joint working with social work colleagues. Similarly, organisations such as Thistle and Health in Mind have a presence in health settings.

**3.5 Strengthening the Participation of the Voluntary Sector:** At the IJB Meeting on 11 January 2018, the Chief Officer spoke to his report on the challenge of achieving financial balance, summarising the transformation plan that has been developed for 2018-19. During the subsequent discussion, there was an acknowledgement that stronger engagement with both the public and the Voluntary Sector would be essential in achieving the transformation required. Following this meeting, Ewan Aitken, IJB Voluntary Sector representative, led an initiative to hold a summit involving key managers in Health and Social Care and representatives of Voluntary Organisations providing health and care services.

**3.6 Summary of Summit** On 30<sup>th</sup> May 2018, organisations from across Midlothian came together to consider the potential for the voluntary sector to play an increasingly influential role in the design and delivery of health and care services. Small working groups used their creativity, innovation and experience to develop their ideas, then to make their 'pitch' to sell their ideas. Following this, there was agreement to develop the following proposals:

**Voluntary Sector Hub and Satellite Community Connecting Resources:**

This is intended to enable people to access community resources in their own locality, providing information exchange and community space

**Timebank:** This is intended to contribute to a more holistic journey for older people through a connected effort between statutory and voluntary organisations and the wider community. This should include consideration of a specialist care team to facilitate 21-day home-based assessment. The proposal is to focus upon Woodburn as the pilot area.

**Spaces in the Community:** This proposed initiative is intended to improve the use of community assets and increase community involvement in the design and delivery of local groups and activities that are important to them.

- 3.7 **Future Meetings:** The proposal is to hold quarterly meetings following a similar format to the Summit held in May. The next meeting, scheduled for the 26<sup>th</sup> September, will focus upon the development of the IJB 2019-22 Strategic Plan. The small groups taking forward the three proposals outlined in section 3.6 will report back to a follow-up Summit on 28<sup>th</sup> November.

## 4 Policy Implications

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- 4.1 **National Policy:** One of the key requirements of the guidance on Integration was that the Third Sector be fully involved in the planning and design of health and social care services, as well as playing a central role in the delivery of services. This was highlighted in the 2016 Audit Scotland Report “Changing Models of Health and Social Care” which referred to the significant change in how HSCPs work with voluntary and independent providers. The rationale for this was the recognition, as identified in the Christie Report 2011-*Future Delivery of Public Services*- that a major shift towards prevention and self-management is critical for the long-term sustainability of health and social care. Local voluntary organisations are well placed to contribute to the pursuit of these approaches, being firmly rooted within communities and able to be flexible and responsive in their delivery of services.

## 5 Equalities Implications

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- 5.1 The wide spread of voluntary organisations providing services in Midlothian should ensure any actions arising from this initiative do not disadvantage any of the groups with protected characteristics. A number of voluntary organisations have a specific focus upon age or disability. In relation to other characteristics, Integrated Impact Assessments will consider any potential equality implications arising from proposed service changes associated with the three proposals listed in Section 3.6.

## 6 Resource Implications

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- 6.1 The resources used by the Voluntary Sector on behalf of Midlothian Health and Social Care are significant. A third (35%) of the Adult Social Care budget is contracted through voluntary organisations, approximately £20m per annum.
- 6.2 In order to develop the ideas generated at the Summit, a small amount of money (£5,000) has been made available across the three working groups.
- 6.3 The premise for this work is the possibility that the IJB will be better able to deliver improved outcomes for the people of Midlothian with the resources at its disposal by working more effectively with the Voluntary Sector.

## 7 Risk

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By working closely with voluntary organisations the IJB will reduce a number of risks including i) service users receiving disjointed services; ii) failing to maximise volunteer resources; iii) being disconnected from local communities; and iv) missing out on potential income drawn in from other funding sources such as the Big Lottery.

## 8 Involving people

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- 8.1 All voluntary organisations with a role in delivering services that promote health and wellbeing were invited to attend the Summit along with senior and middle managers in Health and Social Care.

## 9 Background Papers

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- 9.1 Voluntary Summit Report

<b>AUTHOR'S NAME</b>	Tom Welsh
<b>DESIGNATION</b>	Integration Manager
<b>CONTACT INFO</b>	0131 271 3671 <a href="mailto:tom.welsh@midlothian.gov.uk">tom.welsh@midlothian.gov.uk</a>
<b>DATE</b>	31 <sup>st</sup> July 2018

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St Josephs ● Surestart ● Volunteer Midlothian ● Ageing Well ● Alzheimer's Scotland ● Deaf Action ● Parkinson's UK ● HCL  
 ● Into Work ● LCTS ● Trust Housing Association Limited ● Society for the Sacred Heart  
 MS Society ● Thistle Foundation ● British Red Cross ● CAB Huntingdon's Association ● Artlink ● Enable ● Changeworks ● Health  
 in Mind ● Viewpoint Housing Association Ltd ● One Dalkeith ● Pink Ladies 1<sup>st</sup> ● Health & Social Care Partnership  
 ● Gorebridge Community Partnership ● PASDA ● Howgate Association ● Ladywood Leisure ● Link Living ● LINKnet ● ELCAP  
 ● Loanhead Miners Club ● Women's Aid ● Food Alliance ● LCiL ● Rape Crisis ● Fresh Start ● People First ● Collective Voice  
 ● Forward Mid ● Cyrenians ● Action Group ● Columcille

# MIDLOTHIAN VOLUNTARY SUMMIT

WORKING TOGETHER

● Garvald Macmillan ● MARCH ● Black Diamond FM ● Cruse ● MFCC ● MVA ● MELDAP ● MFIN ● Equal Futures ● CAPS ● EARS  
 ● MAEDT ● MARC ● Enable ● YMCA ● YWCA ● McSense ● SEAM ● RNIB ● Glencorse Association ● CHSS ● Thera ● ARC  
 ● Veteran's Centre ● Food Bank ● MPEG ● National Mining Museum  
 ● Pathhead Community Organisation ● Rosewell Development Trust ● St David's Bradbury Day Centre ● Shelter ● Grassy  
 Riggs ● Lothian autistic Society ● Lothian Asperger's Society ● Tiphereth ● Autism Initiatives ● Richmond Fellowship ●  
 Places for People ● VOCAL Redwoods ● Kindred ● Ark Housing Association Limited ● Braeside House ● Broomhill Day  
 Centre ● Carr-Gomm Scotland ● Castle Rock Edinvar Housing Association ● Erskine Hospital ● Little Sisters Of The Poor  
 ● Nazareth House ● Neighbourhood Networks in Scotland ● Newbattle Abbey College ● Partners in Advocacy

The Summit brought 60 people together, offering a space for the third and public sectors to explore new ways of working together to achieve the outcomes of the delivery plan, by stopping doing some things and using this capacity to create new asset based community led services.

May 2018

On 30<sup>th</sup> May 2018, organisations from across Midlothian got together to have a conversation. The following is a summary of the eleven main ideas suggested at this event. Small working groups used their creativity, innovation and experience to develop their ideas, then to make their pitch to sell their ideas. Each participant then voted on their favourites.

The top three ideas are marked with . The next 3 favourites with .

The groups came up with many other good ideas which are included in this summary.

## MIDLOTHIAN VOLUNTARY SUMMIT

WORKING TOGETHER

Some are some in their infancy and some more developed. All are worthy of further discussion.

Two further workshops are planned for 26<sup>th</sup> September and 28<sup>th</sup> November 2018.



## 11 IDEAS FROM 60 STAFF across MIDLOTHIAN voluntary and statutory sectors

### 1. Voluntary Sector Hub & Satellite Community connecting resources - in each locality

- **Purpose** - enabling people to access community resources in their own locality, providing information exchange, community space
- Supporting Voluntary Sector organisations to be co-located & working in closer partnership
- **Outcome** - offering & delivering healthier lives, reducing social isolation, creating warmer homes (reducing pressure on frontline services)
- **Opportunity** - Re-distribute resources enabling staff to have a greater preventative impact at local level, supporting people in their own communities, reducing transport demands, bringing skills knowledge & expertise together.
- **LEAD** - Ele Davidson, Lesley Kelly. Lorraine Dilworth and Laura Hill

### 2. Pilot a 'timebank' to contribute to a more holistic Journey

- **Purpose** - A connected effort between statutory and voluntary and community to better support older people's totality of need, for example focus on Woodburn. A specialist care team to facilitate 21 day home-based assessment.
- **Outcome** - Benefits for patients, prevent re-admission, tackle loneliness, save on resources, improves delayed discharge, relationship bridging between hospital and home, Community cohesion. Social capital. Skills development. Community development.
- **Opportunity** - wiser use of everyone's knowledge and skill and time
  - Better for the person's whole life needs
  - Would use less resource in longer term (Dundee 50% less)
  - Provider funding will need to ensure capacity. Need someone to manage 'whole picture' of resource/support around the person
- **LEAD** - Eric, Lorraine Dilworth, Morag Barrow, Anthea Fraser, Kara Christine, Janette Hope

### 3. Spaces in the Community



- **Purpose** - to improve use of community assets and increase community involvement in design and delivery of local groups & activities which are important to them
- **Outcome** - communities are more involved in the integration of health and social care through all sectors speaking to each other and sharing resources more effectively
- **Opportunity** - Community spaces are used by communities in a way that works for them and improves usage of community assets and identifies gaps in assets
- Multi use of buildings/use of vacant properties such as RBS Gorebridge
- Involve Communities in deciding what needed
- A coordinated approach to knowing what space is available e.g leasing rooms for one year
- **LEAD** - Table Group 8

### 4. Strengthen support to vulnerable and isolated women?

- **Purpose** - to support locally based small groups
- **Outcome** - Prevention, self-management, increased capacity and wellbeing for those with substance misuse and mental health issues
- **Opportunity** - Self help model, already exists, can be expanded through our support
- **LEAD** - Table group 6

## 5. Connecting people and communities - wellbeing in your street



- **Purpose** - taking a community development approach, harnessing the energy and creative strength of people and communities to increase good outcomes for local people
- **Outcome** - Increased connectedness, decrease in isolation, improved mental health, feeling of purpose, people feeling empowered, increase in activity, peer support.
- **Opportunity** - Engage people not in touch with services, build community capacity and improved health, better links with other services e.g walking football & Rowan & Ageing well. Ground upwards approach
- Imaginative Communication
- **LEAD** - Table group 7

## 6. Making better use of over the counter technology such as Alexa

- **Purpose** - Enhance each community's ability to engage with use of technology. making SMART technology work for people and the community
- **Outcome** - More efficient use of resources
- **Opportunity** - Information exchange (how are people already using this), Intergenerational volunteers to train and support. promote safe practice
- **LEAD** - Table group 2

## 7. Enhancing Wellbeing - integrating physical health, food and health and mental health



- **Purpose** - Pulling resources together to develop a new model - mapping/survey - specific seminar to take forward. Support voluntary organisations to access funding re health inequalities
- **Outcome** - Improving system - holistic approach to health & wellbeing, key area across all of the Delivery plan. Better collaboration
- **Opportunity** - Improve capacity of Voluntary sector, More responsive and person centred, using technology. Pulling all the strands together.
- Test of change opportunities
- Collaboration with Community planning
- Great spaces in Mid - why are people not using these
- Peer support
- Taking a wider view of health matters
- **LEAD** - Table group 2

## 8. Reciprocal Social Opportunities to reduce social isolation and loneliness for adults

- **Purpose** - Create a sustainable model for reducing social isolation/loneliness through volunteering
- **Outcome** - Increase confidence and self esteem and reduce health inequalities, support people to get employment. 'Something to get out of bed for' (David, Service user), more intergenerational groups
- **Opportunity** - Volunteer Midlothian. Equal Futures. Identify any funded support currently targeted at service users volunteering. CAT Hubs. Multi user groups - integration.
- Disclosures and transport may be barriers to smooth running
- **LEAD** - Table group 3

## 9. Co-location of services across H & SC - Voluntary & Statutory

- Purpose - improved integrated working across organisations to support improved outcomes for population of Midlothian
- Outcome - More accessible services that support a coordinated approach to self-management across all aspects of H & SC areas.
- A collective approach to prevention - (underpinning principle)
- Collaborative commissioning
- Wellbeing centres in each locality
- Local events to communicate and engage with people
- Opportunity - Reduced building costs that can be then reinvested in frontline services. Improved communication and joint working
- LEAD - Table group 4

## 10. Earlier intervention and prevention to reduce falls and fractures

- Purpose - Reduce falls and fragility fractures, increase mortality rates, reduce hospital care, prevent delays in discharge
- Outcome - People live longer, more safely and independently in own community
- Opportunity - For partnership working earlier to increase self-management
- LEAD - Table group 6

## 11. Improved Data sharing



- Purpose - sharing of data becomes the norm and is easily achieved within the correct parameters
- Outcome - Self management and prevention, reduction in delayed discharge, reduction in duplication, reduced cost.
- Opportunity - at present there are barriers to partnership working
- LEAD - Table group 6

11 IDEAS from 60 staff across Voluntary and Statutory Services in Midlothian

MORE IDEAS	COMMENTS	Table group
1. 3 <sup>rd</sup> Sector and GPs more closely working together	E.G Wellbeing and Red Cross in all localities	Eight
GP information used to target 3 <sup>rd</sup> Sector input	Data sharing issue	
Frail people with mental health issues	Longer term approach needed for funding	
	Service capacity is an issue which needs to be addressed	
Link between Pharmacy and 3 <sup>rd</sup> Sector		
2. Transport is a barrier for some IDEA - increase local access to peer groups - need to address space for groups at same time	MLC use to provide funding for rooms	Eight
3. 3 <sup>rd</sup> Sector feels isolated from H & SC P.	Connections could be better - 700 plus voluntary agencies	Eight
IDEA - locality networking events to include NHS and MLC - start in Danderhall as a pilot.		
4. New models of commissioning - letting go of power	Trust 3 <sup>rd</sup> Sector to deliver outcomes. Collaboration instead of competition. Longer term funding to promote strength in system Reduce bureaucracy Challenge the risks - e.g. data sharing	Seven

5. Single point of contact - peer to peer support	One number - anyone can use to find out what is available in Mid for service user groups e.g older people	One
6. Winter time Bank	Portal where volunteers can say what time they have available	One
7. Alliance Contracting	Looking overall at what agencies need for development etc. look at needs and what the agency is being contracted for, not just hours	One
8. New relationships between contracting and commissioning	Look outward and allow organisations to get together and look at how they would jointly problem solve.....need resilience and availability and reliability Need to address how we recruit and retain care staff - Care Academy, Induction, Shadowing	
8.Expanding good current practice across Midlothian. E.g. Rowan, Ageing Well	Sharing expertise. Partnership becomes the norm. Partnership needs to let go of the control and be prepared to share the risks. Need to challenge the risks e.g. data sharing	Seven
9. Supporting small groups	Small grants for initiatives supporting sharing of resources and venues and spaces	Six
10. Food co-op, based in a Voluntary sector Hub	Creates greater opportunities for joint working. Co-op sources high quality food from many places as catalyst from change cooking, selling, access, reduce social isolation	Five
11.Community based clinics - using pharmacies perhaps - first port of call rather than GP	Another way of freeing up GPs. Maybe change pharmacy contracts to offer advice/prescription.	Five
12.Fuel Poverty	Start seeing this as a key issue related to health and wellbeing. Develop 'fuel banks' as a partnership	Five



13. Developing digital skill in the community SEE MAIN MENU OF IDEAS number 6	IT centre of excellence - what does this mean for the wider community Support people to apply for benefits on line Enable access to SMART devices - house visits and support	Two
14. Gender based Inequalities	Is there more we can do? Peer led learning - women learning manual/practical skills. Mixing gender stereotypes. Vocational training opportunities.	Two
15. Assistance with gardening	Use of Volunteer groups for gardening. Query Insurance issues	Two
16. Increase in employer supported volunteering - NHS and Council	Increase in opportunities to volunteer evenings and weekends	Three

TH June 2018



# Midlothian Integration Joint Board



**Thursday 23 August 2018, 2.00pm**

## **Action 15 of the Mental Health Strategy 2017-2027**

**Item number: 5.6**

### **Executive summary**

Scottish Government gave a commitment (Action 15) to increase the mental health workforce by 800 members of staff to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to prisons. This report sets out the proposed investment within Midlothian to deliver against this agreed commitment. It also notes the ongoing discussion with Scottish Government and the 4 Lothian IJBs regarding the investment within prisons and custody suites.

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

- Note and endorse the proposals contained within Appendix One

## Mental Health Action 15 Funding

### 1 Purpose

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- 1.1 To inform the Board of the proposal for use of the Action 15, Mental Health resources from Scottish Government

### 2 Recommendations

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- 2.1 As result of this report Members are asked to:-
  - a. Note and endorse the proposals contained within Appendix One.

### 3 Background and main report

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- 3.1 Action 15 of the Mental Health Strategy 2017-2027 is to *Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.*

This supports a significant investment for mental health services, rising to an additional £503,000 per year for Midlothian 2021/22 and we can expect 12.56 new mental health workers with this additional resource. The submission sets out how Midlothian will achieve this over the following 4 years, noting the increasing resource that will come each year from Scottish Government.

Primary Care will be our focus for planning in Midlothian H&SCP, involving Third Sector, mental health professionals, wellbeing workers and developing opportunities for Peer workers. We are implementing evidence based models where these exist.

It should also be noted that further discussion is ongoing between the 4 Lothian IJBs, NHS Lothian and Scottish Government regarding the resourcing of mental health staff within prisons and custody suites. There are 2 prisons and 3 custody suites in Lothian however it would appear that as the funding was delegated to Integration Authorities based on the NRAC formula, there is no clarity on what provision has been made to support work in these environments. It is also noted that both prisons and custody suites are not delegated to the IJBs, therefore guidance is being sought from Scottish Government regarding the use of delegated budgets within non-delegated services. This does not

detract from the need to ensure appropriate services are in place for this population. An update on progress will be provided to the IJB meeting.

## **4 Policy Implications**

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- 4.1 Midlothian is currently working on a new local Strategy following the decision that the Lothian Wide Strategy, A Sense of Belonging no longer fits the needs of Midlothian in light of the Integration agenda. The monies available through Action 15 allow a clear development of localised services which will enable the continued low use of in-patient facilities and improving health and wellbeing outcomes for people who are experiencing Mental Health

## **5 Equalities Implications**

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- 5.1 The equalities impacts are positive, with increased workforce Midlothian will be better able to meet the demands in a timely and appropriate manner whilst supporting people to self manage.

Full consultation and an equalities impact assessment will be undertaken as part of the creation of a local strategy.

## **6 Resource Implications**

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- 6.1 We need to ensure maximised use of all the resource coming to the H&SCP- planning well ahead. We anticipate £503,000 over 4 years, however exact figures will be clearer once we hear from other providers across Lothian. It is also noted that developments in years 3 and 4 will be finalised as we see how the work develops in the initial 2 year period.

Proposed Year 1 - 4 use of resource is included in Appendix 1.

Year 1 has already commenced and we have identified some non-recurring spend to ensure best use of resource. This includes £45,000 for the Wellbeing Service and £10,000 to expand the concept of Locality Working into a mental health pilot site

## **7 Risk**

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- There are challenges as we develop the services of suitable accommodation being found for delivery.
- There will be challenges regarding time to provide training and induction to additional staff and plan how all aspects for the model will fit together - Pathways between all services need to be very clear for all services.

## 8 Involving people

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- 8.1 A full consultation is planned during the development of the new local strategy.

## 9 Background Papers

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- 9.1 A copy of the submission to the Scottish Government with full costings is attached.

<b>AUTHOR'S NAME</b>	Alison White
<b>DESIGNATION</b>	Head of Adult Services
<b>CONTACT INFO</b>	<a href="mailto:Alison.white@midlothian.gov.uk">Alison.white@midlothian.gov.uk</a>
<b>DATE</b>	10 August 2018

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## **Midlothian Health & Social Care Partnership Action 15 Submission**

### **Background**

Action 15 of the Mental Health Strategy 2017-2027 is to *Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.*

This supports a significant investment for mental health services, rising to an additional £503,000 per year for Midlothian 2021/22 and we can expect 12.56 new mental health workers with this additional resource. This submission sets out how Midlothian will achieve this over the following 4 years, noting the increasing resource that will come each year from Scottish Government.

Resource will also be required for Custody Suites and Prisons – managed by REAS in Lothian and this is still to be confirmed

Primary Care will be our focus for planning in Midlothian H&SCP, involving Third Sector, mental health professionals, wellbeing workers and developing opportunities for Peer workers. We are implementing evidence based models where these exist.

Our proposed model has 4 elements –

### **1. Expand and strengthen Midlothian Access Point**

Midlothian Access Point has increased the availability of access to Psychological Therapies and has shown to open access to those in lower socio demographic communities. The demand is currently exceeding the capacity available and people present with a wide variety of mental health/ psychological issues, not only those seeking access to PTS (Psychological Therapies Service) as was intended when launched in August 2016.

The service operates 2 sessions per week, has seen 1700 people in almost 2 years, 60% have gone on for assessment for psychological therapy and of those only 6% have DNA'd their appointment. Planned changes:

- Route in to all Mental Health Services provided in Midlothian, including Therapies in PTS and Older Adults MH service
- Daily sessions delivered across Midlothian Monday - Friday
- Guided Self Help
- MAP to be able to support the use of cCBT (Computerised Beating the Blues programme)
- A Clinical Lead for the service to provide clinical input, supervision, service improvement and evaluation.

## **2. Strengthen Wellbeing roles for whole population**

The Wellbeing service started as a pilot in 2016 across 8 GP practices and is part of an approach that promotes joined up, collaborative working that supports self-management. Making the Wellbeing Service available to all of the population in Midlothian in all 12 GP practices, it is expected that there will be 1,300 referrals each year, working with people at lower tiers of need for mental and physical health and promoting self management.

We have the opportunity to resource some Wellbeing Workers hours on a permanent basis and some non-recurring in Year 1. This will also allow an opportunity to focus on an in-reach programme into A&E

## **3. Develop Peer roles**

Midlothian is developing a strong community of peers roles and volunteers with hosting / data sharing and supervision structures in place. We suggest we introduce these roles in Year 2 once other new services are bedding in and Peer community is stronger.

## **4. CPN's/ OT's into GP practices**

Shifting the balance of care from 10minute GP appointment to 30 minute holistic assessments for people with mental health problems and undertaking medication reviews. The plan will be to 'Pilot' in 3 GP practices in Year 1 (2 large practices and 1 small). Invitations to participate will be sent to practices. Data gathering in practices will be vital in this year – to plan ahead and evaluate impact of changes

## **Key Risks**

- Suitable accommodation being found for delivery.
- Time to provide training and induction to additional staff and plan how all aspects for the model will fit together - Pathways between all services need to be very clear for all services.

## **Resource Implications**

We need to ensure maximised use of all the resource coming to the H&SCP- planning well ahead. We anticipate £503,000 over 4 years, however exact figures will be clearer once we hear from other providers across Lothian. It is also noted that developments in years 3 and 4 will depend on the evidence from what has been successful in improving outcomes based on the delivered programmes of activity.

Proposed Year 1 - 4 use of resource is included in Appendix 1.

Year 1 has already commenced and we have identified some non-recurring spend to ensure best use of resource. This includes £50,000 for the Wellbeing Service and £10,000 to expand the concept of Locality Working into a mental health pilot site



**Year 1**

We expect £173,000 in year 1.

Anticipated spend in year 1 £83,000 by the time we have recruited this assumes successful recruitment by October 2018

Additional non recurring spend-

- £45,000 to support Wellbeing Service
- £10,000 to extend the concept of locality working into mental health

An additional Band 6 CPN x2 from Primary care/ GP contract fund. £90,000

<b>Post</b>	<b>wte</b>	<b>2018/19 funding</b>	<b>Role</b>	<b>Rationale</b>
MAP Worker	1.0	45,000	Health in Mind	Increase provision of open access/ self referral. Including £30,000 for full year
Admin	0.4	5,000	Support to MAP	Essential to support clinicians and kept to a minimum
Band 6 CPN	1.8	41,500	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
Wellbeing Worker	0.3	10,000	Wellbeing assessment in all practices	Lower/ community tiers available to whole population. Inreach to A&E
Psychologist	0.5	17,000	Clinical Lead for extended MAP	Supervision, expert leader, data, evaluation needed
Wellbeing service		45,000	Wellbeing assessment in all practices	Coverage across all GP Practices
Locality working		10,000	Contribute to MDT in Penicuik	CPN role within collaborative leadership work
<b>Total</b>	<b>4</b>	<b>173,000</b>		

## Year 2

We expect an additional £94,000 in year 2 and full year expenditure for years 1 and 2

Plans for the additional monies are shown below although these may need revision depending on the availability of alternative resources for the core funding of the Wellbeing Service

Post	wte	2019/20 funding	Role	Rationale
MAP Worker	1.0	45,000	Health in Mind	Increase provision of open access/ self referral. Including £30,000 for full year
Admin	0.4	9,000	Support to MAP	Essential to support clinicians and kept to a minimum
Band 6 CPN	1.8	81,000	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
Wellbeing Worker	0.3	10,000	Wellbeing assessment in all practices	Lower/ community tiers available to whole population. Inreach to A&E
Psychologist	0.5	33,000	Clinical Lead for extended MAP	Supervision, expert leader, data, evaluation needed
Peer Workers	1.0	20,000	Peer Support for individuals and groups to support non medical approaches/ community interventions	Provide a bridging role between transition points and works more effectively through third sector delivery
OT/ Social Worker/ CPN	1.8	69,000	Dependent on emerging gaps in service provision	Further expansion to delivery within primary and community care
<b>Total</b>	<b>6.8</b>	<b>267,000</b>		

### Year 3

We expect an additional £110,000 and the funding will be invested as follows:

Post	wte	2020/21 funding	Role	Rationale
MAP Worker	1.0	45,000	Health in Mind	Increase provision of open access/ self referral. Including £30,000 for full year
Admin	0.4	9,000	Support to MAP	Essential to support clinicians and kept to a minimum
Band 6 CPN	1.8	81,000	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
Wellbeing Worker	0.3	10,000	Wellbeing assessment in all practices	Lower/ community tiers available to whole population. Inreach to A&E
Psychologist	0.5	33,000	Clinical Lead for extended MAP	Supervision, expert leader, data, evaluation needed
Peer Workers	1.0	20,000	Peer Support for individuals and groups to support non medical approaches/ community interventions	Provide a bridging role between transition points and works more effectively through third sector delivery
OT/ Social Worker/CPN	3.4	136,000	Dependent on emerging gaps in service provision	Further expansion to delivery within primary and community care
Mental Health OT	1	43,000	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
<b>Total</b>	<b>9.4</b>	<b>377,000</b>		

#### Year 4

We expect an additional £130,000 – we have not explicitly specified what might be required as decisions will be taken on the basis of evaluation of years 1-3 however we remain committed to achieving the target of 12.56wte additional mental health workers

Post	wte	2021/22 funding	Role	Rationale
MAP Worker	1.0	45,000	Health in Mind	Increase provision of open access/ self referral. Including £30,000 for full year
Admin	0.4	9,000	Support to MAP	Essential to support clinicians and kept to a minimum
Band 6 CPN	1.8	81,000	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
Wellbeing Worker	0.3	10,000	Wellbeing assessment in all practices	Lower/ community tiers available to whole population. Inreach to A&E
Psychologist	0.5	33,000	Clinical Lead for extended MAP	Supervision, expert leader, data, evaluation needed
Peer Workers	1.0	20,000	Peer Support for individuals and groups to support non medical approaches/ community interventions	Provide a bridging role between transition points and works more effectively through third sector delivery
OT/ Social Worker/ CPN	3.4	136,000	Dependent on emerging gaps in service provision	Further expansion to delivery within primary and community care
Mental Health OT	1	43,000	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
Role to be agreed	3.16	130,000		To be determined based on evaluation and impact of years 1-3
<b>Total</b>	<b>12.56</b>	<b>503,000</b>		



**Thursday 23<sup>rd</sup> August 2018, 2.00pm**

## **Improving the Cancer Journey Programme**

**Item number: 5.7**

### **Executive summary**

The purpose of this report is to present the Improving the Cancer Journey Programme and outline the proposal that this Lothian-wide service is hosted by Midlothian.

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

- Note this report and support the plans for Midlothian to host the Improving the Cancer Journey Programme on behalf of the 4 Health & Social Care Partnerships in Lothian.

## Improving the Cancer Journey Programme

### 1 Purpose

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- 1.1 To update the IJB on the plans for Midlothian Council to host the Improving the Cancer Journey Programme on behalf of the 4 Health & Social Care Partnerships in Lothian.

### 2 Recommendations

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- 2.1 Note this report and support the plans for Midlothian Council to host the Improving the Cancer Journey Programme on behalf of the 4 Health & Social Care Partnerships in Lothian.

### 3 Background and main report

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- 3.1 It is now estimated that nearly one in two people will get cancer in their lifetime. Advances in treatment mean that those with incurable cancer are now living longer and may experience similar illness patterns as those with long-term conditions. For Health & Social Care Partnerships, the challenge will be ensuring the well-being of this growing section of their local population and for those at the end of life.
- 3.2 Improving the Cancer Journey (ICJ) is a Macmillan-funded Programme which aims to offer financial, emotional and practical support to people affected by cancer.
- 3.3 ICJ was piloted with Glasgow City Council in 2014 and demonstrated a robust and effective way to support people following a cancer diagnosis. The introduction of a comprehensive service based on a holistic needs assessment at the point of diagnosis represents a significant development that enables people to access the non-clinical help they need and takes a pro-active approach to support. (See attached leaflet)
- 3.4 Members will be familiar with this approach of identifying and addressing non-clinical needs via the 'Transforming Care After Treatment' (TCAT) Programme, of which Midlothian Council had a Phase 2 project.
- 3.5 The advent of TCAT was because of growing and compelling evidence that the needs of people affected by cancer were not being adequately addressed. Midlothian's Phase 2 Project offered a locally based service, so avoiding the need for people to travel to Maggie's or the Macmillan Information & Support Service, which are both based on the Western General site. The project evaluated well and offered valuable learning in how we best identify and support

people following cancer treatment. However, it was recognised that more could be done to ensure a greater number of people could be reached.

- 3.6 The IJB Programme offers a way to strategically assess and meet the non-clinical needs of people affected by cancer. Dundee City and Fife Councils have recently embarked on ICJ and Macmillan approached Midlothian at the end of 2017 with a view to 'hosting' the Programme on behalf of the Lothians. Since then, work has been underway to engage with partners in West Lothian, East Lothian and the City of Edinburgh.
- 3.7 A Partnership Application Form was submitted by Midlothian, on behalf of the four areas, to Macmillan for consideration at the end of June 2018. The expectation is that the application will be approved by September 2018 and recruitment of the Programme Manager (to be employed by Midlothian Council) will commence soon after.

## **4 Policy Implications**

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- 4.1 ICJ is centred on encouraging preventive models for health and well-being support that promote self-management and self-directed support solutions to care and advice. This supports the overall policy direction set out in the Midlothian IJB Strategic Plan.

## **5 Equalities Implications**

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- 5.1 This universal service will be planned and delivered to ensure that people who experience health inequalities are able to access and benefit from ICJ. This involves ensuring that all involved in developing and delivering ICJ understand health inequalities and their impact. The start of ICJ will be triggered by an invitation letter from ISD. Recognising that literacy and other factors are potential barriers to uptake, local work will be undertaken to mitigate against them.
- 5.2 The intention is to undertake an EQIA as part of the planning and implementation of the Programme.

## **6 Resource Implications**

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- 6.1 Macmillan funding of £2.8 million is available over 5 years across the Lothian area. Funding for the Programme Manager post will be top sliced, with the remaining resource shared via standard NRAC arrangements, which is the allocation formula used within NHS and is based on population.
- 6.2 This funding will need to be ring-fenced within Midlothian Council's budget and will need to be protected from any efficiencies.

## 7 Risk

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- 7.1 Funding is for five years and the finite terms of the proposal should be noted. Agreement will be sought from Macmillan that an exit strategy and sustainability planning is a key focus from the offset.
- 7.2 The vision is that a staged approach will be taken to develop ICJ across the Lothian area, with Midlothian the first area to go live. There is complexity with this proposal which was not seen in other ICJ Programmes to date.

## 8 Involving people

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- 8.1 ICJ will develop a Patient/Carer Led Advisory Group to enable people to be involved in shaping the way ICJ grows and develops across the Lothian area and there will be representation on the ICJ Programme Board.
- 8.2 ICJ will look to utilise existing mechanisms for user and carer involvement that exist in each of the four H&SCP areas and will also ensure that user experiences are recorded and used to help inform and shape the Programme.

## 9 Background Papers

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- 9.1 Macmillan leaflet.

<b>AUTHOR'S NAME</b>	Sandra Bagnall
<b>DESIGNATION</b>	Assistant Strategic Programme Manager
<b>CONTACT INFO</b>	<a href="mailto:Sandra.Bagnall@nhslothian.scot.nhs.uk">Sandra.Bagnall@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	12 <sup>th</sup> July 2018

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# IMPROVING CANCER SUPPORT IN GLASGOW

In partnership with



WE ARE  
MACMILLAN.  
CANCER SUPPORT



TOGETHER WE'RE  
IMPROVING YOUR  
CANCER JOURNEY

In February 2014, Macmillan's **Improving the Cancer Journey (ICJ)** service was launched to ensure everyone with cancer in Glasgow was automatically offered financial, emotional and practical support. This was the first service of its kind in the UK.

For the first 11 months the service focused on the four most common cancers before expanding to all cancers in January 2015.

Edinburgh Napier University is carrying out an independent evaluation of the service, with the first report looking at data from February 2014 to April 2016. This report shows the key findings.

## How does ICJ work?

Every newly diagnosed cancer patient in Glasgow is sent a letter offering them time with a link worker to talk about their support needs, using a tool called a *Holistic Needs Assessment (HNA)* to guide the conversation.

Based on this, a care plan is created, outlining the kind of support the person with cancer needs and how they will get it. The link worker can provide the person with cancer with the information they need to take control and contact support organisations on their own, or can work on their behalf to coordinate support from multiple agencies. During the first evaluation period ICJ referred people to **over 220 different agencies across the city**, most non-cancer and non-health specific.

ICJ is a partnership between **Macmillan, Glasgow City Council, the Beatson Cancer Charity, Cordia, Glasgow Life, NHS Greater Glasgow and Clyde** and the **Wheatley Group**.

## Who did ICJ help between February 2014 and April 2016?

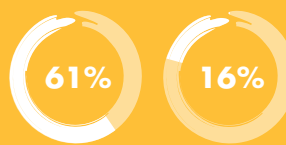


**Over 1,300 people**  
received an HNA and  
a care plan.



The median age group of someone  
accessing ICJ services was

**50 to 64**



**61%** lived in the most  
deprived areas of  
Glasgow, with another  
**16%** coming from the  
second most deprived  
areas.

**Lung, breast, prostate**  
and **bowel** cancer were  
the most common cancers  
among those who used  
the service.



The people taking up ICJ are likely those who need it most. A pilot survey of those who used the service and those who were offered it but didn't take up the offer, found those who used ICJ reported less social support and lower levels of health related quality of life.



[glasgow.gov.uk/icj](http://glasgow.gov.uk/icj)

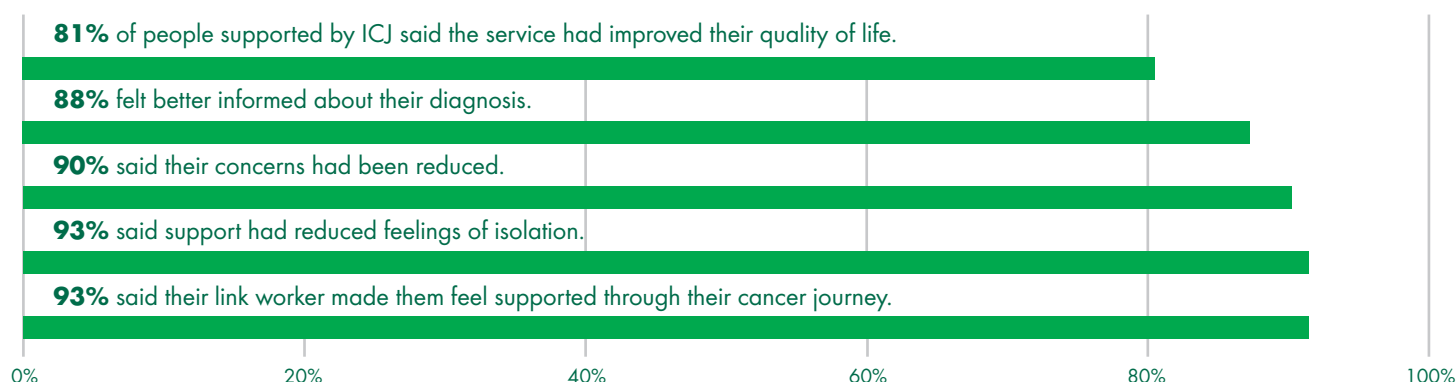
## What kind of problems did people using the ICJ service have?



- Those using the service reported an average of **six concerns** each. ICJ helped people with around **6,000 concerns** overall.
- The three main concerns were **money and housing, fatigue and tiredness, and mobility**.
- Those with cervical cancer had the most concerns with an average of **21 concerns** per person.

## What impact has ICJ had?

Feedback on the service from **96 people** found:



The programme data also shows:



## What's next?

- As of the end of August 2016, ICJ has given an HNA and a care plan to almost **2,000 people** helping them with around **10,000 concerns**.
- The service will **continue improving the lives** of people with cancer and their families in Glasgow, supported by a range of partners.
- In the Cancer Plan, the Scottish Government has pledged **£9m** to roll out services like ICJ in the most deprived communities in Scotland.
- The service will **continue to pilot** the use of an HNA for carers to help them get the right support.

*'The Improving the Cancer Journey experience in Glasgow is an example of how an integrated approach to health and social care can lead to an improvement in quality of life, person-led post-treatment rehabilitation and ability to self-manage.'*

(p48, 2016, Scottish Government. Beating Cancer, Ambition and Action)

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