Notice of meeting and agenda

Midlothian Integration Joint Board

Venue: Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ,

Date: Thursday, 03 May 2018

Time: 14:00

Allister Short
Chief Officer

Contact:

Clerk Name: Mike Broadway
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Further Information:

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

1 Welcome, Introductions and Apologies

2 Order of Business

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

3 Declarations of Interest

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

4 Minutes of Previous Meeting

4.1	Minutes of the MIJB held on 29 March 2018 - For Approval	**5 - 14**
4.2	Minutes of the MIJB Audit & Risk Committee held on 14 December 2017 - For Noting	**15 - 22**

5 Public Reports

5.1	Royal Edinburgh Hospital	**23 - 30**
5.2	Risk Management and Risk Appetite	**31 - 34**
5.3	Risk Register	**35 - 48**
5.4	Delayed Discharge	**49 - 58**
5.5	2018-19 Delivery Plan for Health and Social Care	**59 - 134**
5.6	Measuring Performance Under Integration	**135 - 150**
5.7	Primary Care Improvement Plan	**151 - 172**
5.8	Appointment of Chief Finance Officer	**173 - 176**
5.9	Chief Officers Report	**177 - 180**
5.10	Review of the Standing Orders of the Midlothian Integration Joint Board	**181 - 204**
5.11	Delegation of Powers to Officers	**205 - 218**

5.12 Proposed Midlothian IJB Meeting Schedule and Development Workshops dates for 2018-19 **219 - 222**

6 Private Reports

No private reports to be discussed at this meeting.

7 Date of Next Meeting

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

- Thursday 7 June 2018 at 2.30 pm – Special Midlothian Integration Joint Board

Minute of Meeting

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 29th March 2018	2.00pm	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith, EH22 1DN.

Present (voting members):

Cllr Derek Milligan (Vice Chair)	Tracey Gilles
Cllr Catherine Johnstone	Martin Connor (substitute for Alex Joyce/Alison McCallum)
Cllr Jim Muirhead	

Present (non voting members):

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

In attendance:

Gary Fairley (Head of Finance and Integrated Service Support)	Craig Marriott (Deputy Director of Finance)
Jill Stacey (Chief Internal Auditor)	Jamie Megaw (Strategic Programme Manager)
Wanda Fairgrieve	Mike Broadway (Clerk)

Apologies:

Cllr Pauline Winchester	Alex Joyce
Alison McCallum	Cllr Janet Lay-Douglas (substitute for Cllr Pauline Winchester)
Hamish Reid (GP/Clinical Director)	Aileen Currie (Staff side representative)
Caroline Myles (Chief Nurse)	

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1. Welcome and introductions

The Chief Officer, Allister Short, welcomed everyone to this Meeting of the Midlothian Integration Joint Board and explained that as John Oates had resigned from the NHS Lothian Board for personal reasons and a replacement had not yet been appointed, the Vice-Chair, Councillor Derek Milligan would Chair today's MIJB meeting.

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 11 January 2018 were submitted and approved subject to the correction of a minor typographical error on page 5, paragraph 5.8, the last bullet point in the decision should read '2018' rather than '2017'.

4.2 With reference to paragraph 5.9, the Chief Officer, updated the Board on preparation of the detailed breakdown of the proposed high level transformational changes within Midlothian and explained that the process, together with the proposals for the public engagement, were proving more complex that had originally been envisaged and that whilst good progress was being made they weren't in a position to report back at this time, however he reassured Members that a further report would be brought forward in due course.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	IJB Directions 2018/19	Allister Short

Executive Summary of Report
The purpose of this report was to outline the proposed approach to the Directions to be issued by the MIJB to Midlothian Council and NHS Lothian and the main areas to be addressed in 2018-19. The report explained that the Directions were intended to provide clarity about the key changes which need to be made in the delivery of health and care services in Midlothian and should be considered alongside the Strategic Plan (2016-19) and the 2018-19 Delivery Plan.

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Summary of discussion
The Board, having heard from the Chief Officer, who responded to Members questions, discussed the key areas to be addressed in the Directions and the emerging key principles that would underpin the redesign of services, in particular, improved partnership working across all services, adoption of a stronger emphasis on prevention and steps to tackle health inequalities.

Decision
The Board: • **Approved the more focused approach to the development of the MIJB's Directions as outlined in the report;** • **Approved the Key Areas to be addressed in the Directions as detailed in the report;** • **Agreed that the Chief Officer arrange for these Directions to be issued in the appropriate format to the Chief Executives of NHS Lothian and Midlothian Council no later than 31st March 2018.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.2	Financial Assurance – 2018/19 budget setting	David King

Executive Summary of Report
The purpose of this report was to set out the current position of the financial assurance exercise undertaken on the 2018/19 budgetary settlement and offers made by the MIJB's partners. The report explained that the MIJB was required to set a budget for 2018/19 and that this budget flowed from the budget offers to the MIJB from Midlothian Council and NHS Lothian. Midlothian Council had set a budget at its meeting on 13th February 2018 which included a proposed budget for the MIJB. NHS Lothian had provided the MIJB with a detailed financial plan although it had not yet set a final budget for 2018/19. The NHS Lothian element of the budget proposition was therefore based on the information provided to NHS Lothian's finance and resource committee at its January 2018 meeting. The MIJB undertook a process of financial assurance which looked at the budget propositions from the partners and asked two key questions:-

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- Is it fair – was the proposed budget a 'fair' share of the partners overall resources to support the functions that the partners had delegated to the MIJB
- Is it adequate – this raised the issue of the service delivery model. Clearly the budgets were not 'adequate' in the absolute sense of the word otherwise there would not be significant efficiency schemes to be delivered. The MIJB had to consider that the efficiency schemes that were required to deliver a balanced financial position were deliverable and did not impact on the MIJB's ability to deliver its strategic plan.

Summary of discussion

The Chief Finance Officer in presenting the report highlighted that the 'fair' element was addressed by examining the allocation proposals laid out in the report and considering if the MIJB had received a fair share of the resources available to the partners, which on the face of it would appear to be the case. The 'adequacy' could be tested by looking at the indicative financial pressures that the financial analysis of the partners provides and considering if the efficiency plans would meet the financial pressures and if these plans did not impact on the MIJB's ability to deliver its Strategic Plan. This did not seem unreasonable at this time with the very clear exception of the Set Aside position for which the MIJB simply did not have adequate assurance.

Having then heard from Gary Fairley, Head of Finance and Integrated Service Support, Midlothian Council and Craig Marriott, Deputy Director of Finance, NHS Lothian, the Board, in discussing the budgetary pressures emphasised that there was a clear need to remain focused on the overall aim of Integration and to deliver new models of care that better supported the population of Midlothian and improved outcomes.

Decision

After further discussion, the Board:

- **Agreed to accept the Midlothian Council's budget settlement; and**
- **Agreed to accept NHS Lothian's indicative proposition on the basis that:-**
  - **(i). Any further revision to the NHS Lothian Financial Plan does not impact significantly on the MIJB; and**
  - **(ii). NHS Lothian resolves to the MIJB's satisfaction the pressures with the Set Aside budget.**

Action

Chief Officer/Chief Finance Officer

Report No.	Report Title	Presented by:
5.3	Financial Strategy and Financial Plan – Update March 2018	David King

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Executive Summary of Report

With reference to paragraph 5.2 of the Minutes of 11 January 2018, there was submitted a report which provided an update of the MIJB's financial plans taking into account the Scottish Government's financial settlement for 2018/19 for the MIJB's partners (Midlothian Council and NHS Lothian).

The report also laid out the next steps which now needed to be taken to develop the three year plan and allow that plan to provide a clear view of the MIJB's intentions, these included:-

- Further refinement of the IJB Health Budget setting model. This would allow the IJB to consider in detail not only the totality of its resources but also how they were currently being deployed. This would be critical to understanding the use of the Set Aside resources in the Acute Hospitals and therefore the impact of the MIJB's plans to change that resource usage.
- A detailed examination of the programmes with the service delivery management teams to ensure that these were fully understood.
- A consideration by programme e.g. Older People, of how the MIJB's overall resource should be prioritised. This would allow the MIJB to consider how resources invested in these programmes should move over the years reflecting the delivery of the strategic plan.
- The production of detailed delivery plans that were affordable within the overall programme resource. This would be absolutely essential in the delivery of financial sustainability for the MIJB.

Summary of discussion

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

Decision

The Board:

- **Noted the updated 3 year baseline position;**
- **Noted the updated financial strategy; and**
- **Supported the proposed actions detailed in the report.**

Action

Chief Officer/Chief Finance Officer

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

Executive Summary of Report

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

The report also advised that following the joint appointment of Jill Stacey as Chief Internal Auditor across Midlothian and Scottish Borders, Jill would provide this role for Midlothian IJB. Therefore, approval was sought from the MIJB in support of this appointment.

Summary of discussion

Having heard from the Chief Officer, who responded to Members questions, the Board welcomed the planned opening of the new Medical Practice in Newtongrange, emphasised the importance of building on the success of the recent positive Care Inspection at Newbyres and learning the lessons from the less than favourable one received by Springfield Bank.

Decision

The Board:

- **Noted the issues and updates raised in the report; and**
- **Noted and approved the appointment of Jill Stacey as Chief Internal Auditor to Midlothian Integrated Joint Board.**

Action

Chief Officer/Chief Finance Officer

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

Executive Summary of Report

With reference to paragraph 5.5 of the Meeting of 20 April 2017, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals. Appended to the report were (i) technical details of how these goals were measured and how the baselines were calculated and (ii) a copy of the response from Midlothian IJB to the Scottish Government request for an update on performance from all IJBs for the Ministerial Strategic Group.

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Summary of discussion
Having heard from the Strategic Programme Manager, who responded to Members' questions and comments, the Board discussed the summary of what the data showed in Midlothian, which in terms of the improvement goals set by the MIJB was somewhat mixed. The potential reasons for this were discussed, it being acknowledged that pressures elsewhere in the system appeared to be having a knock on effect. The Board suggested that in order to give greater context to the figures it would be useful if demographical information could be included in future reports.

Decision
After further discussion, the Board:- • **Noted the performance across the improvement goals;** • **Noted the ongoing pressures currently being experienced with acute services;** • **Noted that information on Goals 8 and 9 had changed and improved to more accurately record performance; and** • **Noted the response from Midlothian to the Scottish Government request for an update on performance from all IJBs for the Ministerial Strategic Group.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.6	Carers (Scotland) Act 2016	Alison White

Executive Summary of Report
This report set out details of the new Eligibility Criteria for Carers within Midlothian, as required by the Carers (Scotland) Act 2016. The report explained that the Carers (Scotland) Act 2016 was a key piece of new legislation that promised to 'promote, defend and extend the rights' of adult and young (unpaid) carers across Scotland. The Act aimed to "*ensure better and more consistent support for carers and young carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring*" (Scot Gov.). This legislation introduced new duties and responsibilities, and had implications for Adult Health & Social Care Services and both Education and Children's Services. The Carers (Scotland) Act 2016 place a duty on Councils and Integrated Authorities to provide support to young and adult carers, where identified needs meet agreed local eligibility criteria.

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

Summary of discussion

The Board, having heard from the Chief Social Work Officer, who responded to Members' questions and comments, discussed the ways in which information would be made available, expressing support for the proposed Eligibility Criteria.

Decision

The Board:

- **Noted the requirements under the legislation to produce, consult and publish eligibility criteria for young and adult carers prior to implementation of the Act in April 2018; and**
- **Noted that the proposed Eligibility Criteria had been formally approval by Midlothian Council, at its meeting held on 27 March 2018.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.7	Delayed Discharge	Allister Short

Executive Summary of Report

The purpose of this report was to highlight 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 9 months, this performance had deteriorated as a result of a number of factors that were set out in more detail within the paper. The report also set out a range of actions that were either now in place or being implemented to address this performance and ensure safe discharge for patients along with work around admission avoidance.

Summary of discussion

The Board, having heard from the Chief Officer, discussed the series of actions that had been progressed over and above what was already in place to support discharge, and the challenges that had impacted on this work.

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Decision
After further discussion, the Board: • **Noted the current admission profile and corresponding delayed discharge performance in Midlothian;** • **Noted and expressed support for the detailed actions in place to address and reduce the number of patients who were delayed in hospital;** • **Agreed that there was a need in future reports to identify improvements that related to maximising current processes and what were new developments to support discharge; and** • **Agreed that Midlothian IJB receive a further report to provide assurance that performance had improved.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.6	Health Visiting Services in Midlothian	Allister Short

Executive Summary of Report
With reference to paragraph 4.2 of the Minutes of 11 February 2016, there was submitted a report which set out the current position of the health visiting service in Midlothian HSCP, and detailed some of the actions taken to ensure the delivery of a safe and effective health visiting service within Lothian. The report outlined the actions taken in order to mitigate the risks which had arisen as a result of pressures within the Health Visiting Service in Midlothian as a result of significant vacancies and gave an up-to-date account of the current situation within Midlothian HSCP health visiting service.

Summary of discussion
The Board, having heard from the Chief Officer discussed the excellent work undertaken to address matters and mitigate the impact within Midlothian.

Decision
The Board: • **Noted the position of Midlothian health visiting services.** • **Note the actions taken to ensure a safe and effective health visiting service.**

- **Note the current position within Midlothian health visiting service and note the need for ongoing collaboration across Lothian.**

Action
Chief Officer

6. Any other business

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

7. Date of next meeting

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

- Thursday 19th April 2018 2pm Development Workshop
- Thursday 3rd May 2018 2pm **Midlothian Integration Joint Board**

The meeting terminated at 4.15 pm.

Minute of Meeting

Midlothian Integration Joint Board Audit and Risk Committee

Date	Time	Venue
Thursday 14th December 2017	2.00pm	Committee Room, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

Present:

Cllr Jim Muirhead (Chair)	John Oates
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:

Elaine Greaves (Internal Audit Manager)	Mike Broadway (Clerk)

Apologies:

Alex Joyce	Keith Macpherson (EY, External Auditors)
Chris Lawson (Risk Manager)	

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 14th December 2017

1. Welcome and introductions

The Chair, Jim Muirhead, welcomed everyone to this Meeting of the Midlothian Integration Joint Board Audit and Risk Committee, in particular Jill Stacey, 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. Minutes of Meeting

The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 5th October 2017 were submitted and approved.

With regards paragraph 5.5 - Integration Joint Board Audit & Risk Chairs meeting - Update – the Chief Finance Officer clarified that the proposed follow-up workshop had been for Chief Internal Auditors and that feedback from it would be provided later in the meeting - Agenda Item No 5.5 below refers.

5. Reports

Report No.	Report Title	Presented by:
5.1	Outcome of Service Review of Midlothian Council's Internal Audit and Corporate Fraud Section – Change of MIJB Chief Internal Auditor	David King/Jill Stacey

Executive Summary of Report
The Committee received an update from David King regarding the outcome of the recent service review of Midlothian Council's Internal Audit Service. A 12 month pilot arrangement over the sharing of a Chief Auditor/Audit Manager Post between Midlothian and Scottish Borders Councils had been agreed. This could offer longer term benefits of the combined skills and capabilities offered by a joint working arrangement and a reshaped Internal Audit service to further support challenge and scrutiny and the drive for improvement across both Councils. As part of the shared arrangements, responsibility as the Chief Internal Auditor for the MIJB would also switch to the new Chief Auditor/Audit Manager. Jill Stacey who had taken on the role, briefly outlined her own background, spoke about her involvement with Scottish Borders IJB and expanded on the shared service role.

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 14th December 2017

Decision
After discussion, the Audit and Risk Committee • **noted the outcome of the Internal Audit service review and the move towards a 12 month pilot shared service between Midlothian and Scottish Borders Councils; and** • **agreed to endorse the appointment of Jill Stacey as Chief Internal Auditor and recommend accordingly to the MIJB.**

Action
Chief Finance Officer/Clerk

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

Executive Summary of Report
The purpose of this report was to lay out for the Committee's consideration the approach they would wish to take on the recognition of risks to support the successful operation of the MIJB. The report advised that over the last year there has been a considerable amount of discussion with NHS Lothian and Midlothian Council about which risks should be recognised in which register and what assurance the MIJB would require over the risk management processes of the partners. This paper was therefore a reflection on the strategy that the MIJB had adopted around the risks it had recognised and what assurance it would seek elsewhere. In summary, the MIJB's risk register (and risk management process) recognised the risk to the MIJB's own business – that was the preparation and delivery of the Strategic Plan. The MIJB's risk register did not consider 'operational' risks, being the risks managed by the partners unless these risks were so significant that they would impact on the MIJB's Strategic Plan. That said, it should be remembered that MIJB was not in a position to manage such operational risks and would, in any event, depend on the management actions of the partners.

Summary of discussion
The Committee, having heard from the Chief Finance Officer who responded to Members' questions and comments, discussed the proposed approach to risk management to be adopted by the MIJB.

Midlothian Integration Joint Board
Audit and Risk Committee

Thursday 14th December 2017

Decision
The Audit and Risk Committee, after further discussion, agreed:- • **to adopt the approach to Risk outlined in the report;** • **that a report be prepared for the MIJB; and** • **that the existing Risk Register be reviewed accordingly.**

Action
Chief Finance Officer/Risk Manager/Chief Internal Auditor/Clerk

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Report No.	Report Title	Presented by:
5.3	Risk Register - Update	David King

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

Summary of discussion
Having heard from the Chief Finance Officer who responded to Members' questions, the Committee discussed the Risk Register. In response to the earlier decision to focus the MIJB's Risk Register primarily on non-operational matters Members' took the opportunity to review, and comment on, the contents of the current Register. It was also felt that it would be useful going forward if there could be consistence in the use of names and/or job titles, with the preference being for job titles. The addition of a key to explain what the evaluation symbols used in the Risk Register meant, was warmly welcome.

Decision
The Audit and Risk Committee, after further discussion, noted:- • **the current Risk Register;** • **that further work would be done on the MIJB Risk Register in light of the discussions at today's meeting; and** • **that in the future job titles would be used in the Risk Register.**

Midlothian Integration Joint Board
Audit and Risk Committee

Thursday 14th December 2017

Action
Chief Finance Officer/Risk Manager

Report No.	Report Title	Presented by:
5.4	Internal Audit Recommendations – Progress Report	Elaine Greaves

Executive Summary of Report
The purpose of this report was to: • inform the Audit and Risk Committee of the number of recommendations raised by Midlothian Council's Internal Audit Service; • note the IJB's reported performance in addressing these issues by the agreed implementation; and • highlight the main governance and financial risks where recommendations were found to be outstanding. The report advised that of the 53 recommendations raised since the inception of the MIJB, 41 (77%) were recorded as complete, 7 (13%) had not yet reached their due date, and 5 (10%) were identified as being overdue. After reviewing all the recommendations, management have established revised target dates for the 5 overdue recommendations and 2 of the 'in progress' recommendations.

Decision
The Audit and Risk Committee, having hear from the Internal Audit Manager , agreed to • **note the content of this report;** • **approve the revised implementation dates; and** • **note that Internal Audit would continue to monitor for completion of the outstanding recommendations and would provide updates to the Audit and Risk Committee**.

Action
Chief Finance Officer/Chief Internal Auditor

Report No.	Report Title	Presented by:
5.5	Integration Joint Board Audit & Risk Chairs meeting - Update	Elaine Greaves

Midlothian Integration Joint Board
Audit and Risk Committee

Thursday 14th December 2017

Executive Summary of Report
With reference to paragraph 5.5 of the minutes of 5th October 2017, the Committee received an update from Elaine Greaves on the follow up workshop to the October Integration Joint Board Audit & Risk Chairs' meeting. The key focus of the workshop had been the set of previously agreed principles which had been established to underpin the working arrangements between the various Audit and Risk Committees. It had also looked at the issue of resources and 'who did what for whom'.

Decision
The Audit and Risk Committee:- • **noted the update** • **welcomed the opportunities presented by closer joint working; and** • **thanked Elaine for attending the meeting on behalf of the MIJB Audit and Risk Committee.**

Action
Chief Finance Officer

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

Executive Summary of Report
This paper brought to the Committee's attention, reports from the partners' internal auditors, from Audit Scotland and from the Scottish Government, that were of interest to the MIJB, viz: • Audit Scotland – NHS in Scotland 2016/17 • Audit Scotland – Review of Councils 2016/17 • Professor Sir Harry Burns – Targets and Indicators in Health and Social Care in Scotland - A Review • Health and Sports Committee – Looking ahead to the Scottish Government Health and Sport draft budgets 2018/19 • Midlothian Council Internal Audit – Monitoring of External Care Homes Copies of the respective Audit reports were appended to the main report.

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

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 14th December 2017

Decision
After further discussion the Audit and Risk Committee agreed to • **Note the contents of this report** • **Note that further reports arising from issues raised in the various audit reports referred to in this report would be brought forward to either the MIJB or the Audit and Risk Committee in due course.**

Action
Chief Finance Officer

6. Private Reports

No private reports were submitted to this meeting.

7. Any other business

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

8. Date of next meeting

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 22nd March 2018 at 2.00pm

The meeting terminated at 3.12 pm.

Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

Royal Edinburgh Hospital Campus Redevelopment (Phase 2) Mental Health, Learning Disability And Substance Misuse Services Confirmation of Bed Modelling, Community Investment And Revenue Affordability

Item number:	**5.1**

Executive summary

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

Board members are asked to:

- *Agree to the proposed Midlothian bed numbers in Phase 2.*
- *Agree 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.*
- *Agree that the financial model will 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.*

Report

Royal Edinburgh Hospital Campus Redevelopment (Phase 2) Mental Health, Learning Disability and Substance Misuse Services Confirmation of Bed Modelling, Community Investment and Revenue Affordability

1 Purpose

1.1 The purpose of this report is to seek the support of Midlothian Integration Joint Board (IJB) for the bed numbers and financial assumptions for Phase 2 of the Royal Edinburgh Hospital (REH) reprovision thereby allowing the Outline Business Case (OBC) to progress.

2 Recommendations

2.1 The Midlothian Integration Joint Board is invited to:

a. Agree to the proposed Midlothian bed numbers in Phase 2.

b. Agree 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.

c. Agree that the financial model will 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.

3 Background and main report

3.1 Phase 1 of the REH reprovision was completed and occupied in mid 2017. It included the provision of 165 single en suite bedrooms in 11 wards for all acute admissions for adult and older people's mental health services and an intensive rehabilitation ward. This phase also included 20 beds in the Robert Fergusson Unit providing rehabilitation for patients with acquired brain injury. Midlothian patients have access to the adult mental health services and brain injury services.

3.2 Phase 2 of the REH reprovision programme is to provide facilities for patients with Learning Disabilities and who require low secure mental health care and complex longer term psychiatric rehabilitation. At present many of these patients receive care in specialist hospitals in other parts of Scotland and the UK. Some of this is provided by the private sector. The out of area provision is funded from an unplanned activity budget termed UNPACS.

3.3 The annual costs of providing out of area care range from £180k to £380k per patient with the majority of patients staying for several years, some with no plans for discharge or to return to Lothian.

3.4 Phase 2 is also to include the reprovision of the Ritson Clinic which provides inpatient detoxification for patients with substance misuse and the new Facilities Management building for the REH campus.

3.5 Phase 3 is planned to include the reprovision of the integrated rehabilitation services in fit for purpose accommodation. These are currently provided at the Astley Ainslie Hospital and work is underway with the IJBs and HSCPs to review the pathways and models of care for the services involved. A proposal for Phase 3 is expected in November 2018.

Learning Disability Services

3.6 The Learning Disabilities (LD) Collaborative has developed a comprehensive programme of redesign of which the Phase 2 LD beds are a part. This included the closure programme of healthcare houses which is now underway and the transfer of resources for Health and Social Care Partnerships (HSCPs) to provide community alternatives to inpatient care. The programme also includes the consolidation of assessment and treatment inpatient beds on the REH site. The overall bed reduction if agreed and when complete will be from 75 to 29 (including NHS Borders) but also significantly includes the reprovision of inpatient services previously provided out of area largely by an NHS Trust in Northumbria funded from the unplanned activity (UNPACS) budget.

3.7 The redesign and refurbishment of the Islay Centre (the LD inpatient unit at the REH providing the new model of care) completed in 2017 has seen an improvement in both safety for staff and outcomes for patients and confirmation that NHS Lothian has the capability and capacity to provide services locally. It has also informed HSCPs and NHSL of the physical design of accommodation that can be commissioned in the community and in any future reprovision.

3.8 The LD programme includes investment in community accommodation and community services in each HSCP with actions aligned to individual patients who will be discharged as part of the programme.

3.9 The Royal Edinburgh Campus (REC) Working Group, a sub group of the REC Programme Board with membership from IJB planning and finance officers has confirmed the bed numbers and overall programme.

3.10 The bed numbers are at Table 1 and include 2 beds for NHS Borders and 1 for NHS Lothian's CAMHS LD.

Place Type	Edinburgh	East Lothian	Midlothian	West Lothian	NHS Borders/CAMHS	Total
Inpatient Places	15	3	2	6	3	29

Table 1 – LD Inpatient and Community Place Numbers

3.11 In summary, the LD proposal is that all patients who can appropriately be supported in a community setting will be and any patient who requires assessment and treatment within a hospital will receive this at the REH rather than in the north of England. The exceptions to this will be the very small number of patients who require low or medium secure facilities provided by NHS Fife and NHS Greater Glasgow and Clyde respectively and funded separately on a regional and national risk sharing basis, again respectively.

Mental Health (MH) Services

3.12 The MH part of Phase 2 comprises the facilities for patients who require low secure settings (forensic and non forensic), and those who require longer term complex rehabilitation together with alternatives for women with multiple and complex needs who presently require inpatient stays out of area.

Low Secure

3.13 Male and female patients who require low secure facilities include those forensic mental health patients who no longer require medium security and mental health patients who require a higher level of security than can be safely provided in acute MH ward, an IPCU or a rehabilitation ward. The UNPACS budget has been used to fund around 20 low secure places for Lothian patients in recent years. These have been mainly at private facilities in Ayr and Glasgow however several patients who have specialist needs due to brain injury or sensory impairment have been placed in private and NHS facilities in England.

3.14 The requirement for low secure provision has been agreed by the partners as 23. Table 2 shows the breakdown.

Patient Group	Total	Edinburgh	East Lothian	Midlothian	West Lothian
Low Secure	23	15	2	1	5

Table 2 – Low Secure Inpatient Places

Women with Complex and Multiple Needs

3.15 The UNPACS budget has been used to help support 12 – 24 month placements in a therapeutic community in York for women who often have experienced trauma and have significant self harming behaviour for which detention within an acute hospital environment is unhelpful and often reinforces and exacerbates risky behaviour rather than reducing and containing it. The annual cost of such placements is £220k

3.16 It has been agreed by the partners that with access to either low secure or longer term complex rehabilitation beds if required as part of this reprovision, a very specialist intensive community service for women will prevent the need for out of area hospital admissions in the future.

3.17 It is therefore proposed to utilise the current UNPACS budget to begin to develop such a specialist service in order to prevent future out of area placements so no women with such needs require repatriation by the time of the completion of Phase 2.

3.18 The cost of this initial development are included in the draft financial model at Table 4 below.

Longer Term Complex Rehabilitation

3.19 The number and configuration of MH rehabilitation (rehab) beds across Lothian has been subject to many programmes since the 1990's which saw institutions like Craighouse Hospital close and over 110 patients transfer to community settings provided by third sector partners in Edinburgh. In Midlothian and East Lothian, Park and Cameron Cottages were developed to assist the complete

closure of rehab beds and in West Lothian; Pentland Court was established on the St John's site as an inpatient rehab facility. Ward closures at the REH saw more rehab beds close in 2012 and most recently the opening of Phase 1 at the Royal Edinburgh Building saw the creation of the Braids intensive rehab ward by reducing 15 acute admission beds for this purpose.

3.20 The work of the REC Working Group has identified which partners use which beds and where further work is required. Table 3 also identifies the requirements of each HSCP based on historic use of the rehab beds at the REH.

Patient Group	Total	Edinburgh	East Lothian	Midlothian	West Lothian
Long Stay Complex Rehabilitation	20	18	0	2	0

Table 3 – Longer Term Complex Rehabilitation Inpatient Places

West Lothian HSCP have agreed to review their model of care and consider how the Pentland Court resource might be used differently and East Lothian and Midlothian HSCPs wish to review their models together initially considering resources such as Park and Cameron Cottages. Edinburgh HSCP are the main users of the current 45 rehab beds at the REH and in order to reduce their requirement to 18, investment in 16 Grade 4 and Grade 5 facilities in the community is required.

3.21 There is no upper age limit on the MH or LD services to be provided in Phase 2.

Substance Misuse Services: The Ritson Clinic

3.22 The 3 Lothian ADPs and the Lothian Substance Misuse Collaborative have agreed that the requirement for inpatient substance misuse detoxification should continue as part of the options available for alcohol and drug users who wish to safely reduce their substance use, often in preparation for access to the abstinence programme (LEAP). The facility is required to be provided on a hospital site for clinical reasons with risks associated with withdrawal and medication. The Ritson Clinic has recently reduced from 12 to 8 inpatient beds with 2 day beds (for Edinburgh ADP) as part of these agreements and following reviews of available funding.

3.23 The Ritson clinic is located on the first floor of the Andrew Duncan Clinic which will be demolished after Phase 2 is completed. It is both possible and affordable to include the Ritson Clinic in the footprint of the Phase 2 MH and LD building and in doing so will solve an outstanding strategic issue. The costs are revenue neutral.

Proportionality of Bed Numbers

3.24 It is clear that proposed bed numbers do not match the current financial distribution formula between IJBs (Edinburgh 57%, West Lothian 21%, East Lothian 12%, Midlothian 10%). There are a number of reasons for this including levels of service that each HSCP has in its area that provide similar functions and historical levels of implementation of care in the community. For this reason it is important that as the OBC progresses and as the allocation formula for hosted services is reviewed in 2018/19, that each IJB approves the final model in the OBC

Clinical Brief and Design

3.25 Following the agreement of the above recommendations by each IJB and NHSL F&R Committee, the programme of clinical brief and design will conclude during the summer allowing the OBC to be finalised. Visits have taken place and will continue to take place to providers across the UK who have similar facilities to incorporate good practice and ideas and take on board lessons learned.

3.26 As above, where opportunity permits, services will be provided locally and patients repatriated or prevented from having to go out of area and community resources will be utilised as they become available so the programme is not awaiting new buildings to create improvement. Staff will be recruited to provide such services locally and develop skills that will enhance delivery of the new unit.

Facilities Management Building and Infrastructure Improvements

3.27 The FM building will provide a logistics hub for the site encompassing stores, facilities and catering. The new facility will align with the NHS Lothian catering policy providing meals across the campus. The positioning of the building on the edge of the site will play a significant part in the health and safety management of the campus by providing separation of heavy goods movements away from patient areas.

Summary of Benefits

3.28 Provision of services locally without the need for patients, relatives or staff to travel to other parts of the UK for many years.

3.29 Provision of inpatient services that are fit for purpose in modern facilities in Morningside, a community with many assets.

3.30 An expansion of provision in the community.

3.31 Significantly better use of available resources.

3.32 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.

4 Policy Implications

4.1 The REH development supports the overall policy drive of Integration Authorities to shift the balance of care from institutional settings to community settings. There has already been good progress made in Midlothian and this work builds on these developments to support people closer to home.

5 Equalities Implications

5.1 The new facilities will reduce inequalities through more local provision and provision of greater gender specific services

6 Resource Implications

6.1 The estimated capital construction cost of the redevelopment is £35m excluding VAT. In light of the constrained national capital position, the Scottish Government have agreed to a revenue funded 'Design, Build, Finance, Maintain (DBFM)' contract through Hub. The costs for the estimated Annual Service Payment have been included in the current financial model, offset by a reduction in direct NHS Lothian property costs, and will be confirmed through the Hub design process. All other delegated service costs remain unaffected by the change in funding model.

6.1 The estimated annual running costs are £24m for these future service configurations with funding available of £24.3m, this includes the £6m UNPACS budgets. Table 4 below highlights overall the finance model for this development is revenue affordable. There will be ongoing review of this in line with the progression of the business case.

Overall Mental Health & Learning Disabilities ***Draft model as at April 2018***			
			Total £k
Learning Disabilities			
	Estimated Costs	Total Inpatient Costs	7,655
		Total Community & Specialist Teams Costs	5,416
		Total Community Places	4,230
		Total Annual Revenue Costs	**17,301**
	Estimated Funding	Total LD Service Budgets	12,657
		Edinburgh Partnership Funding	585
		Depreciation, Facilities Budgets & Borders income	995
		Total Available Funding	**14,237**
		Funding Benefit / (Gap)	**-3,064**
Mental Health			
	Estimated Costs	Total Inpatient Costs	5,299
		Total Supplies Costs	1,402
		Total Annual Revenue Costs	**6,701**
	Estimated Funding	Depreciation	344
		Total Rehab Service Budget Release	3,454
		Facilities Budgets	185
		Total Available Funding	**3,983**
		Funding Benefit / (Gap)	**-2,718**
OVERALL	**Estimated Costs**	Total Annual Revenue Costs	24,002
	Estimated Funding	Total Available Funding	18,220
		UNPACs Release	6,162
		Funding Benefit / (Gap)	**380**

Table 4 – Finance Summary

6.3 The costs have been calculated based on a bottom up approach following discussion with clinical colleagues and will continue to be refined as the further certainty around the design of the building and the clinical models of care.

6.4 We will also continue to move toward the arrangement of operational risk share and the new IJB NRAC allocation methodology being developed.

7 Risk

7.1 If the proposals are not agreed or delayed, patients continue to be cared for out of area and further referrals are made making repatriation more difficult and extended.

7.2 If the proposals are not agreed the costs of delivery are increased due to inflation.

7.3 If the assumptions are incorrect they may impact on the affordability of the revenue case. This is being tested with each inpatient service and each IJB prior to the OBC being submitted. The OBC will only progress if revenue affordability is confirmed.

7.4 This will be reviewed subject to agreement of the proposals by IJBs and NHSL.

8 Involving people

8.1 The redesign programmes for MH and LD have been inclusive.

9 Background Papers

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DATE	22 April 2018	

20 April 2018

Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

Risk Management and Risk Appetite

Item number:	5.2

Executive summary

The IJB agreed a risk policy at its meeting in February 2016. However over the last year there has been a considerable amount of discussion with NHS Lothian and Midlothian Council about which risks should be recognised in which register and what assurance the IJB would require over the risk management processes of the partners.

This paper is therefore a reflection on the strategy that the IJB has adopted around the risks it has recognised and what assurance it will seek elsewhere.

In summary, the IJB's risk register (and risk management process) recognises the risk to the IJB's own business – that is the preparation and delivery of the Strategic Plan. The IJB's does not consider 'operational' risks, being the risks managed by the partners unless these risks are so significant that they would impact on the IJB's Strategic plan.

That said, it should be remembered that IJB is not in a position to manage such operational risks and would, in any event, depend on the management actions of the partners.

The IJB's Audit and Risk committee has considered this matter and wishes to make the following recommendation to the IJB

IJB members are asked to:

1. *Support the above approach*

Report

Risk Management and Risk Appetite

1. Purpose

This paper lays out for consideration the approach to the recognition of risks to support the successful operation of the IJB, this paper is supported by the IJB's Audit and Risk committee

2. Recommendations

The IJB is asked to:-

2.1 Support the approach discussed below

3. Background and main report

3.1 At its February 2016 meeting the IJB had agreed its risk management policy and there is no requirement to change this extant policy.

3.2 Over the previous year, as part of an on-going dialogue with the partners and a further consideration of the governance around the IJB there has been a discussion about what risks should be recognised by the IJB and, more importantly, where the management of risks should most appropriately sit.

3.3 Its important to recognise that the IJB is not an operational delivery unit. The delivery of the functions delegated to the IJB is carried out under the auspices of one or other of the partners (NHS Lothian and Midlothian Council) and each of these partners has its own governance process, statutory responsibilities for service delivery, audit and risk committees and risk registers.

3.4 The IJB will therefore limit its own risk management strategy to those risks that are wholly IJB risks and not operational risks that are more correctly managed elsewhere. Therefore the IJB will take assurance on risk management for operational service delivery risks from the risk management processes of Midlothian Council and NHS Lothian.

3.5 This then raises the issue of what is considered to be a wholly IJB risk? In general, wholly IJB risks relate to the ability of the IJB to prepare and deliver its strategic plan. The risks the IJB must manage are therefore the risks in delivering the IJB's own business. The operational and delivery risk of delivering the functions delegated to the IJB will remain to be managed by the partners. However, if the risks in the delivery of the partners business become so significant as to impact upon the delivery of the IJB's functions then the IJB will require to be appraised of these risks and the actions being taken to manage them.

3.6 This raises the second key issue – when does an operational risk become a strategic one? There are significant operational issues that might impact on the IJB - around the recruitment of GPs and around the recruitment of homecare staff for example. The IJB therefore, requires to be appraised of 'significant' operational risks and might wish also to add such risks onto the IJB's risk register. It has to be remembered that the management of such risks will remain with the operational partner and therefore the IJB are simply noting the position.

3.7 The IJB's Risk management principle is therefore that those risk that are wholly IJB risks (as above) will be managed through the IJB's risk register which will be regularly scrutinised by the Audit and Risk Committee. The IJB's Chief Officer, Chief Financial Officer and Chief Internal Audit supported by other IJB members and the partnership management team will inform the Audit and Risk committee of operational risks that may be so significant that they will impact on the IJB's business. Operational risks within the partners will continue to be managed by the Partners and the IJB will take assurance from these processes.

3.8 As a general principle, any governance process has to be commensurate with the resources that a body has available to support it. Hence the proposition that the IJB concentrates its risk management on its own business and takes assurance from the risk management processes of its partners.

3.9 This matter has been considered in detail by the IJB's Audit and Risk committee who support the approach laid out above and commend this approach to the IJB

4. Policy Implications

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

5. Equalities Implications

5.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

6. Resource Implications

6.1 There are no further resource implications arising from this paper.

7 Risks

7.1 The issue raised by this report are already identified in the IJB's risk register

8 Involving People

8.1 The IJB holds its meetings in public and its papers will be published on the IJB's website.

9 Background Papers

9.1 Paper to the IJB's Audit and Risk committee, December 2017

AUTHOR'S NAME	David King
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DATE	March 2018

Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

Risk Register

Item number:	**5.3**

Executive summary

The IJB maintains a risk register which is regularly scrutinised by the IJB's Audit and Risk committee. However, it is important that the IJB is kept informed of its key risks and the actions undertaken to manage these risks and the current version of the IJB's risk register is attached.

Board members are asked to:

1. *Consider the risk register especially those risks highlighted in the covering report.*

Report

Risk Register

1 Purpose

This report lays out the current version of the IJB's risk register and highlights risks of major concern.

2 Recommendations

2.1 Members are asked to:-

1. Consider the risk register especially those risks highlighted in the covering report.

3 Background and main report

3.1 The IJB agreed at its inaugural meeting on 20th August 2015 to adopt a risk management policy and set up a risk register. This work was progressed at an IJB workshop and subsequent IJB meetings. It was agreed that the IJB's Audit and Risk Committee would regularly scrutinise the register and report back to the IJB as required.

3.2 The most recent version of the IJB's risk register is attached for comment. The main concerns are as follows :-

- Financial Stability and Balancing budgets in future years. Financial Stability (IR.01) addresses the financial risk in the current year with balancing budgets in future years (RR.01) considering the future position. The management of these risks flows from the IJB's financial plan and its financial strategy, the most recent iteration of which having been presented to the IJB at its last business meeting. The policy in summary is that the IJB having established the totality of the financial resources available to it will seek to deliver the functions delegated to it within these resources.

- Impact of Demographic Change both in absolute terms (Midlothian's population will increase and the resources to support that increase may not be adequate) and in relative terms (a larger proportion of the population will be older and possibly more frail with multiple morbidities). The management of risk will be considered as part of the Strategic Plan and the financial plan and strategy as above

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4 Policy Implications

4.1 There are no new policy issues raised in this paper

5 Equalities Implications

5.1 There are no equalities implications arising from this report.

6 Resource Implications

6.1 The resource implications are laid out above

7 Risk

7.1 The risks are recognised in the IJB's risk register

8 Involving people

8.1 The IJB's meetings are held in public and the IJB's papers along with those of the IJB's Audit and Risk committee are available on the internet. This work is supported by the IJB's Chief Internal Auditor and the partnership's risk managed

9 Background Papers

9.1 None

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DATE	April 2018

Appendices :-

1. Risk Register

IJB Risk Register

Issues

IJB.IR.01 Financial Stability

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.IR.01	**Risk cause** Level of resourcing not matching demand. **Risk event** Demand exceeding resource allocation. **Risk effect** Significant overspend or inability to meet demand requirements.	Chief Finance Officer	Chief Finance Officer (CFO) appointed to IJB Appropriate monitoring of budget position Action plans to respond to specific financial challenge	2	2	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.IR.01-A4	Budget shortfall	**Q4 17/18**: Final position not yet confirmed and probably close to b/e but in principle NHSiL to support overspend in Health and MLC to support overspend in social care. Financial Plan for 2018/19 continues to be developed.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2018	

Risks

IJB.RR.01 Balancing budget in future years

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.01	**Risk cause** Inadequate resources to meet demand in the manner in which services are currently delivered. **Risk event** Inability to meet demand within existing resources. **Risk effect** Overspends due to excessive demand for services, quality failures, and cuts in other services. The Community Health Partnership will have made financial commitments when in operation some of which will extend in to the period covered by the IJB and will require to be honoured.	Chief Finance Officer	Chief Finance Officer appointed to IJB, this post is responsible for the governance, appropriate management of finance and financial administration of the IJB. Early Warning Indicators from NHS Lothian and Midlothian Council. Strong budget control systems in place in NHS Lothian and Midlothian Council. Financial Strategy developed, *presented to the IJB (January 2018 meeting) and agreed. Multi-year Financial Plan being developed, outline plan agreed by IJB and further reports to be taken back to the IJB in September 2018.*	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.01.A2	Multi year financial plan	**Q4 17/18**: Multi-year financial plan presented to the IJB at its January 2018 meeting, further revision presented to the IJB at its February 2018 meeting.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2018	
IJB.RR.01.A3	Realistic Care, Realistic expectations	**Q4 17/18**: Plan being implemented to ensure spend consistent with available resource.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2018	
IJB.RR.02.A2	Learning Disability and Mental Health	**Q4 17/18**: The inherited financial commitments in Learning Disability and Mental Health have been identified and the IJB will indicate to NHSL what it is able to invest in these areas.	Chief Finance Officer	31-Mar-2018	

IJB.RR.03 Demographic Changes

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.03	**Risk cause** Increasing demands on services as a result of ageing population, and increasing numbers and complexity of need of children moving into Adult Services. **Risk event** Inability to meet demand within existing resources. **Risk effect** Demands made on Social Care resource budget exceed available budget. Capacity to maintain and develop preventative services is put at risk.	Chief Officer	Annual review of joint needs assessment so that the allocation of resources can be reviewed and amended. Continual process of service redesign to ensure people access services quickly, and their recovery is supported effectively. Realistic Care, Realistic Expectations programme Board. Business Transformation Board - Social Care Project. Demographic profiling to ensure forward planning reflects the demographic profile of the IJB. Captured in financial plan	5	3	

IJB.RR.04 Governance

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

IJB.RR.07 Managing Change

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.07	**Risk cause** Information on changes to service released before service user or employees consultation strategy developed. **Risk event** There is the potential for information to be released on draft schemes or proposals for changes to service delivery. **Risk effect** This could have a negative impact on Service Users and Employees by creating unnecessary concern regarding potential changes which have not been fully considered or consulted on.	Joint Director Midlothian Health and Social Care Partnership	Strategic delivery plan. Directions made and monitored. Performance reporting against delivery of strategic plan and other key indicators. There is an Organisational Development Officer in post, delivering an OD programme alongside a number of Lothian-wide initiatives.	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.07.A1	Communications Strategy	**Q4 17/18**: Communication plans are being developed and implemented across the service.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2018	
IJB.RR.07.A2	Organisational Development Programme	**Q4 17/18**: An organisation development programme is being delivered and a long term workforce being developed.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2018	

IJB.RR.08 Management Information

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

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.08.A1	Interagency Information Exchange	**17/18**: Off Target Decision taken to upgrade to Mosaic v5.15 as now available. Significant issues encountered during install on new test server. Testing to commence in April.	Mike O'Rourke	31-Mar-2018	
IJB.RR.08.A2	Performance Information	**Q4 17/18**: Work continues on the development of a comprehensive performance framework for the IJB. Reports presented to the IJB. Regular reports presented to the IJB.	Joint Director Midlothian Health and Social Care Partnership	31-Jul-2018	

IJB.RR.09 Leadership Capacity - IJB

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.09	**Risk cause** Changing membership of IJB creates challenges to ensure all members have a clear understanding of the Integration of Health and Social Care. **Risk event** New members may have a knowledge gap around the work of the IJB, the planned outcomes and measures to drive forward improvement. **Risk effect** Ability of new members to make a positive contribution to the IJB.	Chief Officer	National and local Induction programs in place. Membership changes incrementally. User, Carer and Third Sector members receive pre-meeting support. Induction/development programme in place. Leadership Development training in place. The IJB has changed members, chair and CO in the last year yet continues to function well	3	3	

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

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

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.10.A1	Workforce Planning	**Q4 17/18**: Workforce planning report going to IJB in May.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2018	

SRP.RA.04	Scottish Social Service Council Care at Home	**Q4 17/18**: The process for registration of Care at Home staff underway. This will be a significant step towards professionalising the workforce.	Joint Director Midlothian Health and Social Care Partnership	31-Dec-2019	

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

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

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.11-A1	Community Plan	**Q4 17/18**: Development of plans for 2018-19 underway.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2018	

IJB.RR.14 Business Continuity

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

IJB.RR.18 Use of Acute Hospital Beds

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.18	**Risk cause** Midlothian has too high a usage of hospital beds for people who are fit to be discharged or who did not need to be admitted in the first place. **Risk event** Acute hospitals are unable to function effectively and efficiently because of the number of people occupying beds who do not require hospital care. **Risk effect** The difficulty of shifting resources to community based services will continue, and people who need hospital care will experience delays. The acute hospital system has to commission services from private providers to meet national targets.	Chief Officer	On-going monitoring of quality IJB set Targets on use of Acute Beds. Directions set. Patient pathway being improved including the establishment of a local discharge 'hib'	4	5	

Opportunities

IJB.OP.01 Strategic Plan

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

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.OP.01.A4	New Health and Care Delivery Plan	**Q4 17/18**: New Health and Care Delivery Plan for 2017/18 approved and being implemented in 2017/18. Delivery plan for 18/19 being developed, being discussed at an IJB workshop in April 2018.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2018	✗

Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

Delayed Discharge

Item number:	**5.4**

Executive summary

Midlothian Health and Social Care Partnership has consistently been a good performer in addressing delayed discharge and ensuring that patients are discharged in a timely manner to an appropriate setting. A paper was presented to the IJB earlier this year providing members with an overview of performance in this area.

In summary over the previous 12 months, this performance has deteriorated as a result of a number of factors that have been previously presented to the IJB.

This paper describes a range of actions that are place or being implemented to improve our performance in relation to timely support for our patients being discharged from hospital.

Board members are asked to:

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

2. *Support the detailed actions in place to address and reduce the number of patients who are delayed in hospital*

Report

Delayed Discharge

1. Purpose

1.1 The purpose of this report is to highlight the continuing challenges within Midlothian in addressing delayed discharge, setting out the actions that are being taken to ensure patients are discharged at the earliest opportunity in their care pathway, as well as ongoing work on admission avoidance. This follows a Delayed Discharge report presented to the IJB in March which described performance.

2. Recommendations

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

2.2 Note the significant amount of work teams are putting into managing this, and support the detailed actions in place to address and reduce the number of patients who are delayed in hospital.

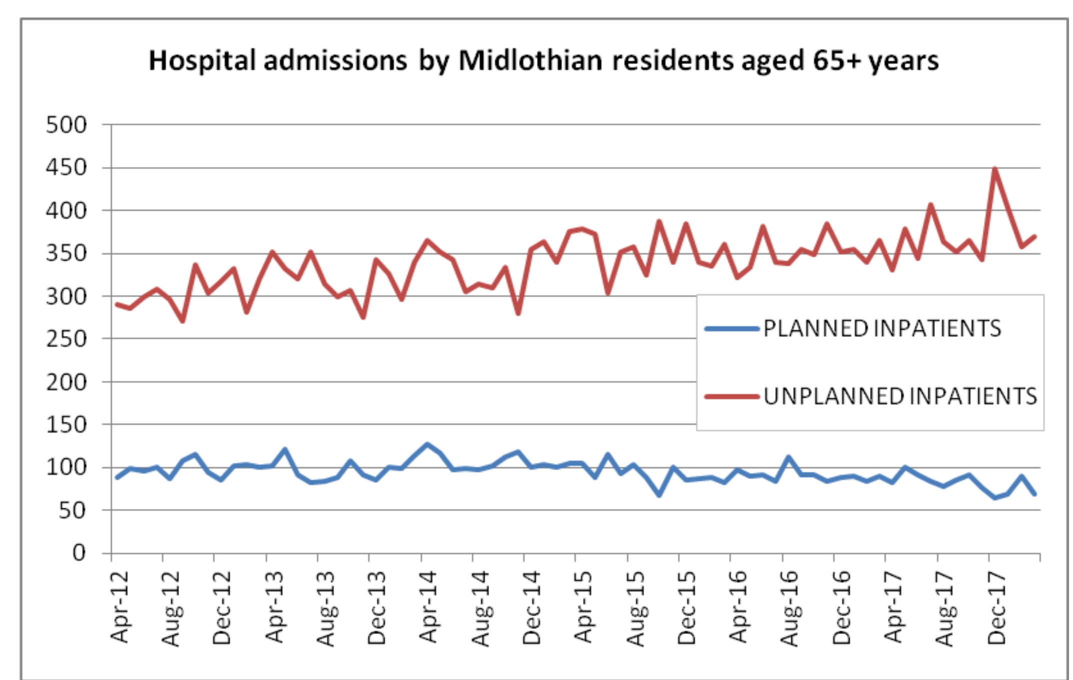
3. Background and main report

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

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

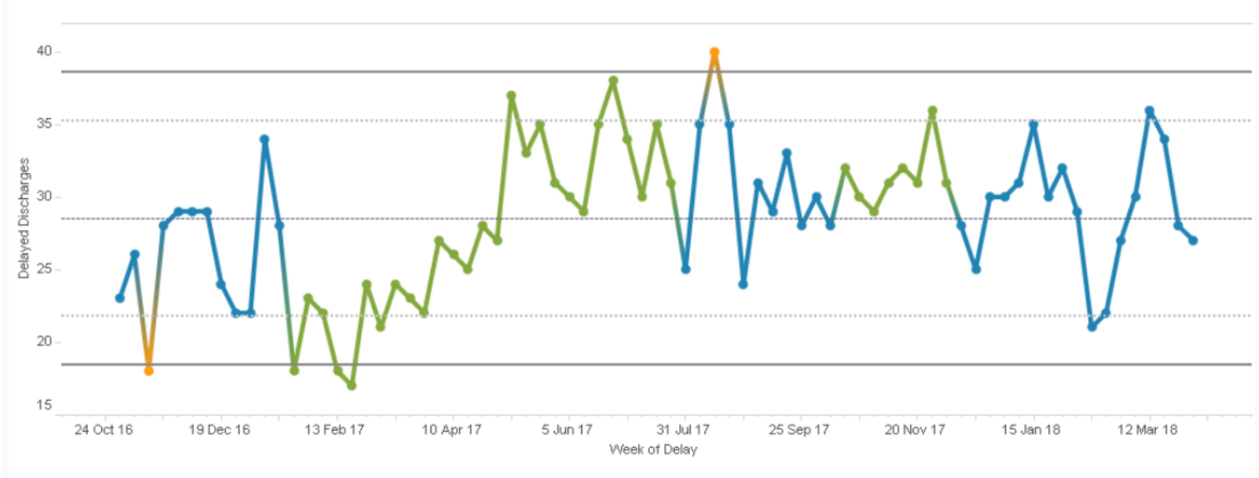
3.3 There has been an increase in the number of Midlothian admissions over the last few years, demonstrated in the graph below.

3.4



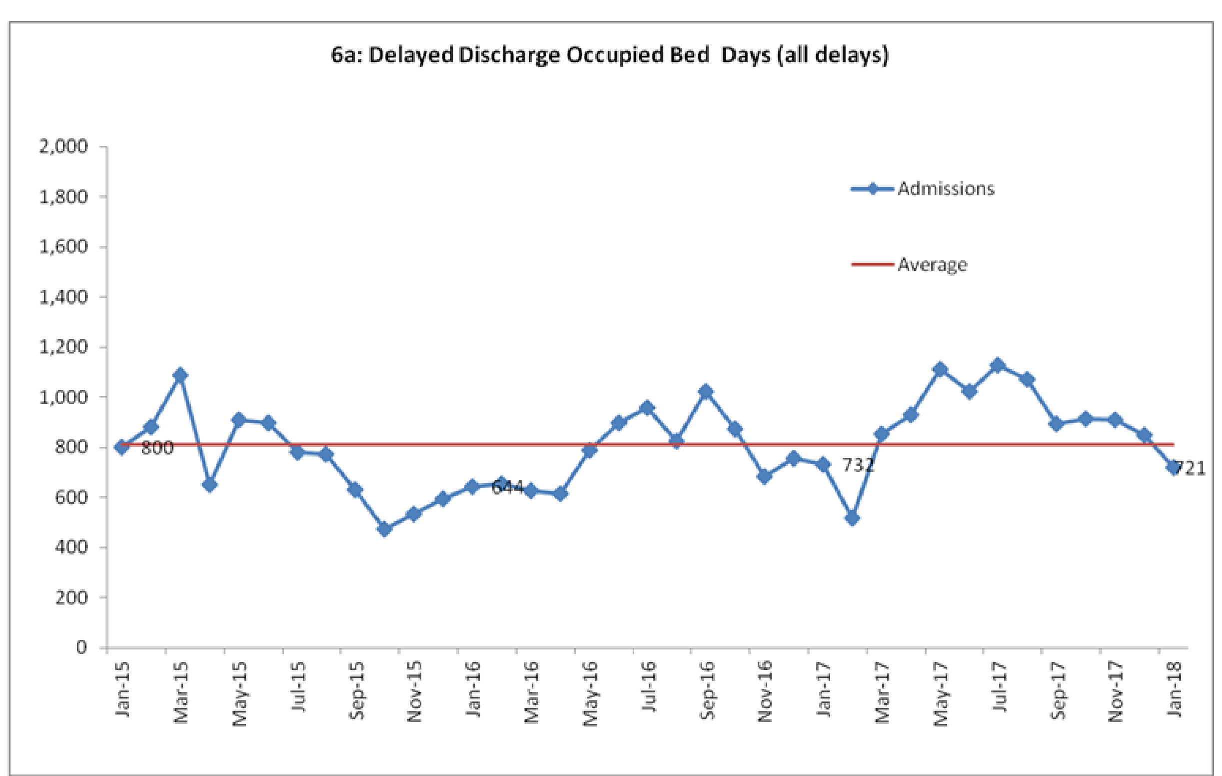
3.5 There continues to be a range of actions to support admission avoidance through MERRIT (Midlothian Enhanced Rapid Respond & Intervention Team), as well as the continuation of a virtual ward model of 15 beds within Hospital at Home. Due to Consultant absence, there has been a restriction in Hospital beds from 15 to 10 at present.

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

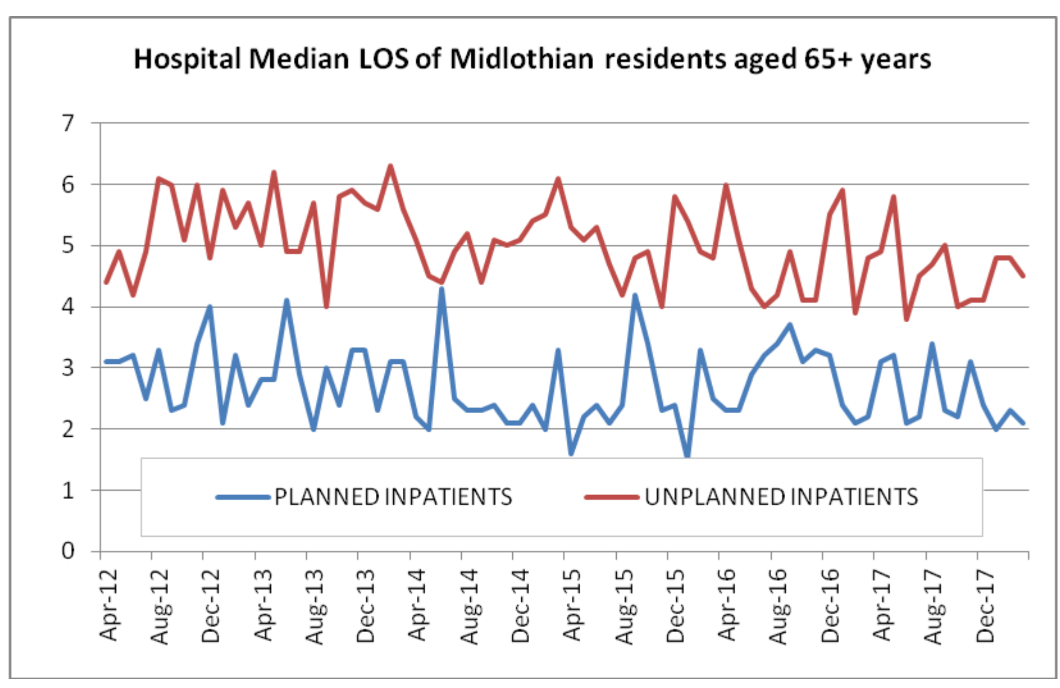


3.7 This increased activity is being experienced system wide, with ongoing pressures at the front door of the main hospital sites. Admission rates remain high, with acute services remaining under pressure.

3.8 Since February 2017 there has been a steady rise in the number of patients with a delayed discharge. This peaked in August 2017 with 40 people in hospital with a delayed discharge. Despite the number of patients with a delayed discharge remaining higher in January 2018 compared with previous Januarys. The total occupied bed days in January 2018, is lower than January 2017.



It should also be noted that despite delays increasing, median length of stay is showing a downward trend.



Current bed based care capacity in Midlothian is as below:

Midlothian Community Hospital	Edenview ward (rehab)	20 beds
	Loanesk ward (HBCCC)	20 beds
Highbank (Intermediate care)	Rehabilitation	6 beds
	Step-up/step-down	24 beds
	Respite	6 beds
	Emergency	1 bed
	Long term residential care	3 beds
Newbyres care home	Respite	1 bed
	Total	81 beds

External contributors:

- External provider capacity has always varied depending on demand and carer availability within geographical areas. Business models will only support additional recruitment when a "run" is financially viable for these providers. This has left significant gaps in capacity across the county at times, which is challenging to address real-time.

- External care providers are unable to attract new recruits meaning in-house teams are providing care services additional to the specialist purpose they were designed for.

- As a result of an ageing population, and an increase in co-morbidities, clinical presentations are becoming more complex. This is complicated further by pressures on acute care beds, with more patients requiring more complex support at home. Many care requests now ask for 2 carers, 4 times a day, which can be challenging to provide, particularly in outlying areas.

- Winter 2017/18 saw a period of cold weather which presented an increase in falls and fractures prior to Christmas. At the same time we experienced high levels of Flu-like presentations, resulting in additional demand for care.

- Traditional 4 day closures over the festive period presented the expected challenges for unscheduled care and unplanned admissions. In February, we experienced a red Met office warning for snow, and experienced significant issues to maintain safe care across all sites, as a result on limitations of transport, and subsequent workforce limitations. This resulted in elective surgery being cancelled, delays to discharge patients home, and a growing need within primary care for patients who could not access care services.

- Springfield Bank Care home has a Care Inspectorate Improvement Notice active at present, limiting bed usage capacity for the partnership for circa 20 beds. Health and Social Care support has also been allocated to work with Care homes to improve key elements of care provided.

- Midlothian currently have 6 GP practices with restricted lists.

Internal contributors:

- Care at Home capacity is not at its optimum. A recent Care Inspectorate report requested improvement to many aspects of the Care at Home service. An action plan was developed and is being worked though.

- Community waiting list with 80 people waiting for package of care.

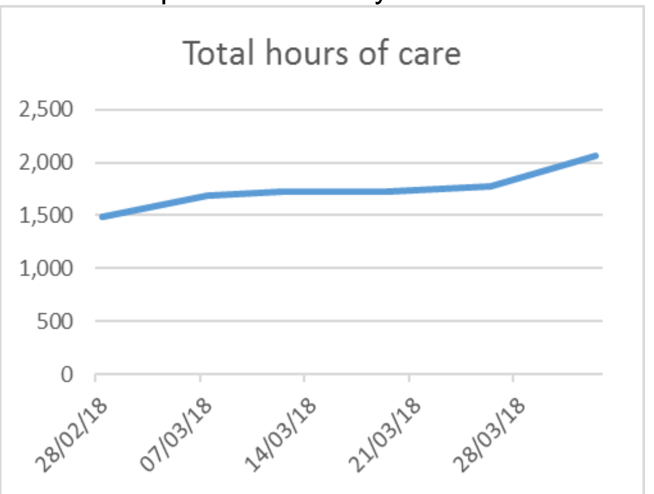
- Rising demand for packages of care in general, in line with desire to support more people to live at home. The charts below demonstrate an increase in activity by in house teams in the first quarter of this year.

Chart A - No. of clients supported each week

Unique individuals

350
300
250
200
150
100
50
0
28/02/2018
07/03/2018
14/03/2018
21/03/2018
28/03/2018

Chart B - No. of hours of care provided weekly



- Significant progress has been made. However, work is still ongoing to review all carer “runs” to eliminate waste. Complex Care and Reablement remain separate, and work independently of each other. Single points of failure exist within these services, such that processes are person dependant, rather than process adherence.

- Sickness absence within Care at Home services is at an unacceptable level. Currently this sits at 10%. This has not been managed as well as would have been expected, and is being addressed by the new management team.

- Changes to management and working practice have resulted in some instability for the team. Re-engaging with staff is key to improve morale, and rebuilding a cohesive, flexible care model.

- Implementation of management review has not fully taken place, resulting in a gap in senior leadership within intermediate care teams.

- There are significant examples of innovative care currently in the intermediate care spectrum within Midlothian. Increasing pressure of services has resulted in silo working at times, with limited real-time communications for care planning. Service creep has also taken place over time, where demand for care or beds, has resulted in reactive placements, outwith service remit. This has resulted in blockages within our flow systems.

- Weekly MDT/MA Delay meetings were in place. However, as demand increased, there was no overall flow management/ownership outwith this meeting. On occasion, delays were impacted by internal ways of working that require to be refocused to support the patient journey.

- Currently there is a complex eco-system of reports sent into the partnership from acute sources. There is no single overall flow document that tracks admission through to discharge that would provide professionals with a real-time, accurate position.

- Operational processes are developed, but systems in place on a daily basis, can be person dependant. Experience and corporate memory are relied upon, where a process base should be augmented.

- Ways of working have been reactive not proactive, due to system pressures and staff wanting to provide good care as soon as possible. Service creep is a good example where decisions to place a patient in a particular bed to support discharge form an inappropriate acute bed, may not be the most appropriate placement/service to support realistic care.

- As with most areas, specialist vs generalist flexibility is not always evident, or as flexible as it could be. Specialist culture where inappropriate, is detrimental to patient care, and the various delivery plans are seeking to address this from a strategic perspective. Further work requires to be done on this operationally at a local level.

- Performance is measured as activity not outcome based.

- Family expectations are changing. Many will not support any other option for discharge than their preferred option. Whilst this is appropriate in principle, acute care beds are being blocked through "boarding". A renewed focus on "moving on", and a family first discussion process is required at point of admission.

Actions to address

Coordinated Multi agency planning and care

- Daily discharge hub meetings to review and manage all delayed patients
- Establishment of Flow Coordinator/Bed Manager role to keep visibility of all flow
- Centralised coordinating hub, not person dependant
- Single performance report from admission to home
- Single point of referral for Midlothian for all beds
- Request RIE Discharge Hub Coordinator to attend meetings
- Review and management of care at home community waiting list to avoid conversion to emergency admission
- Weekly meetings with external providers
- Third sector partners involved with care planning

Maximise available capacity

- Whole carer run review to maximise efficiency
- Sheltered Housing cover review to maximise efficiency
- Appropriate review process in place

- Create one Care at Home team, bringing together Complex and Reablement
- CM 2000: mobile technology real-time call monitoring system (CM2000). This technology uses mobile phones to digitally scan when a carer attends and leaves a care visit. This allows improved management and scheduling of care workers, which promotes improved quality of care, a safer workforce that can flex to respond to episodic changes in care needs, by understanding in real-time where our workforce are
- Robust sickness management: HR support in place.
- Recruit to locum bank to provide resiliency
- Continued H&SCP support to Springfield Bank Care have to support removal of improvement notice and access to beds within Bonnyrigg

Operational data to inform practice and performance

- Weekly activity reports to understand levels of activity and team capacity
- Care worker scheduling
- Cost and value analysis
- Weekly care worker geo-mapping scheduling report (Plots, care visits on map)
- Weekly sheltered housing report to minimise multiple providers to single location
- External care provider capacity reporting
- Community care waiting list management report
- Sickness absence reporting
- Finance reporting (per accounting period)

Visible leadership

- Appointment of Service Manager for Community (Management Structure review implementation), with recruitment to Service Manager for Intermediate care due for summer 2018
- Interim Care at Home Manager to be recruited
- Manager desk base to be within team office area
- Link to regional/national forums

Development of Care model

- Review Discharge to Home Clinical Support Worker model to focus on delayed patients
- Incorporate activity based performance with outcomes based performance
- Deliver model within financial envelope, releasing identified savings.(£900k)
- Scope out seasonal contingency planning (Locum, Private Home care)
- Avoid service model creep: right patient, right bed, and right time
- Review respite bed usage over 52 weeks
- Review HBCCC ward, with view to convert beds to step down for LTC care patients awaiting care home availability
- Development of COPD/Respiratory model to prevent admission

4. Policy Implications

4.1 The establishment of the Integrated Joint Boards was to implement and accelerate change to shift the balance of care from institutional to community settings. A key performance metric for the IJB is to reduce the delayed discharge occupied bed days by 30% April 2018.

5. Equalities Implications

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

6. Resource Implications

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

7 Risks

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

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

7.3 Delayed discharges are a symptom of system health. There is a risk that too much of a focus is reacting to these, rather than a focus on admission prevention.

8 Involving People

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

9 Background Papers

None

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Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

2018-19 Delivery Plan for Health and Social Care

Item number:	**5.5**

Executive summary

The report introduces and seeks approval for the attached 2018-19 Delivery Plan. This Plan is based upon the Strategic Plan 2016-19 providing an update on progress in 2017-18 and the key actions planned for 2018-19. It is a wide-ranging document that covers all the main aspects of the delivery of health and social care in Midlothian

Board members are asked to:

1. *Approve the Delivery Plan 2018-19*
2. *Note that the Strategic Planning Group will oversee the implementation and continued development of the Plan*
3. *Note that progress with the key priorities in the Plan will be overseen by a Transformation Board chaired by the Chief Officer*

2018-19 Delivery Plan for Health and Social Care

1. Purpose

1.1 The report summarises the development of 2018-19 Delivery Plan. This Plan reports on the progress made in implementing the 2016-19 Strategic Plan and summarises the specific actions planned in 2018-19.

2. Recommendations

2.1 To approve the 2018-19 Delivery Plan

2.2 To agree that the Strategic Planning Group will oversee the implementation of the Plan

3. Background and main report

3.1 **Development of Strategic Plan 2016-19**

3.1.1 Stakeholder Engagement: During 2014 an extensive programme of consultation and engagement was undertaken with the public; staff; the voluntary sector; and independent providers of health and social care. This programme sought to gather opinions about the quality and design of local services.

3.1.2 Assessment of Need: A Joint Strategic Needs Assessment was developed using a variety of expert opinion, routinely available data and comparison with other areas, to build up a picture of the health issues affecting the Midlothian population

3.1.3 Strategic Planning Group: The regulations prescribe the need for the IJB to establish such a group with wide representation. The Midlothian group meets regularly and is chaired by Professor Alex McMahon, Executive Director of Nursing and Strategic Planning in NHS Lothian.

3.1.4 Content of Plan: The Plan covers a wide range of issues and services and is inevitably quite lengthy. It was not possible to cover in depth the plans to develop or redesign these services but specific plans exist which can be accessed for more detailed information on issues such as services for older people or for unpaid carers.

3.1.5 Implementation: Finding ways of translating the Plan into tangible changes is crucial. The Midlothian IJB issued a set of Directions to NHS Lothian and Midlothian Council in March 2017. The IJB have issued new Directions to NHS Lothian and Midlothian Council and these are outlined in a separate report. Alongside this, the Chief Officer has established a senior level Transformation Board to oversee the wide range of service redesign being undertaken.

3.2 Development of a 2018-19 Delivery Plan (see Appendix1)

3.2.1 Purpose: The development of a 2018-19 Plan is intended to ensure that whilst the overall direction of the Strategic Plan is still appropriate, our redesign plans are being adjusted in light of new challenges and opportunities

.

3.2.2 Layout: The Delivery Plan is written in such a way as to be a stand-alone document; it does not require the reader to go back to the overarching Strategic Plan. A brief summary of levels of need and key policies is provided section by section. There is then a summary of the progress made in 2017-18 followed by a brief account of the main actions planned during this coming year.

3.3.3 Key Issues: The Plan covers a wide range of issues and all the planned actions are intended to improve the quality of life of service users and/or make better use of limited resources. Nevertheless there is a need to focus upon those areas in particular need of transformation either for budgetary reasons or to address current areas of service pressure

1. Reshape Primary Care
2. Develop a coherent approach to Out of Hours services
3. Reduce use of Unscheduled Care in Acute Hospitals
4. Reduce expenditure on Prescribing
5. Reshape Learning Disability services
6. Review and redesign Carers' services
7. Develop a Care Home strategy
8. Implement new approaches to Care at Home
9. Shift the balance of care in Mental Health services
10. Strengthen prevention and recovery in Criminal Justice
11. Implement a new Public Engagement Strategy
12. Design and implement a Prevention strategy

4 Policy Implications

4.1 The Public Bodies (Joint Working) Act requires the IJB to prepare a Strategic Plan laying out how it plans to deliver the key health and care outcomes for the Midlothian population.

5 Equalities Implications

5.1 One of the key sections and main objectives of the Plan is to address, more effectively, the Health Inequalities experienced by people in Midlothian. A rapid impact assessment will be undertaken to consider how best to ensure the implementation of the Plan in a way that does not have any unintended adverse implications for equality groups.

6 Resource Implications

6.1 The delivery of the Strategic Plan is not dependent on new resources but rather a redistribution of the total resources available to the partnership-approximately £129m per annum. However, shifting resources from hospital and care home provision to community based services, and placing more emphasis on

prevention will be challenging in light of the financial constraints facing health and social work. Nevertheless, the IJB has the responsibility for bringing about a transformation of services to ensure that in the longer term services are able to meet the needs of the growing and ageing population.

7 Risks

7.1 There is a risk that, because of the financial pressures facing NHS Lothian and Midlothian Council, the capacity to support preventative services will be jeopardised whilst the continuing pressures on hospital services make it challenging to shift resources to strengthen community-based services.

8 Involving People

8.1 Feedback from the public through such forums as the Hot Topics Group, and from the Strategic Planning Group and Joint Planning Groups (which include users, carers and the voluntary sector) has informed the Plan's development.

9 Background Papers

9.1 Appendix 1 2018-19 Delivery Plan

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Midlothian's Health & Social Care

Delivery Plan 2018 - 19

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Improving Health and Wellbeing

A New Approach to Health and Social Care Delivery

In 2014, the Midlothian Integration Joint Board (IJB) became responsible for planning and overseeing the delivery of local health and social care services. There are very significant challenges facing health and social care including the Public Sector financial position and major workforce pressures such as shortages of GPs and Community Nurses and difficulties recruiting and retaining Care at Home workers. In Midlothian, we have the added challenge of responding to a rapidly growing population, with predictions of an increase from 86,670 to 100,000 by 2024.

We believe that integration offers very real opportunities to redesign our services that will not only meet these challenges but will result in improved health and wellbeing for the people of Midlothian through the delivery of truly joined up services. We aim to support people to stay healthy and to help people to recover from ill health as fully as possible. We cannot achieve this on our own. Good housing is crucial. Working in close partnership with voluntary organisations makes success much more likely. Most importantly, we need the support and contributions of people who use health and care services to help us ensure they are good quality and that we are using our resources as effectively as possible.

The role of families and unpaid carers cannot be overstated, and we will continue to recognise their expertise and the quality of care they provide.

Understanding People's Needs in Midlothian

In **2016**, the IJB published a 3 year Strategic Plan with clear actions to improve health and care services. We based this 2016-19 on a **Joint Needs Assessment** and our understanding of the views and concerns of the public.

This Plan sets out how the Partnership will provide services during **2018-19**. It takes into account progress made during **2017-18** and addresses challenges that emerged during the past year.

This plan has been drawn up by Midlothian Strategic Planning Group which will continue to develop, shape and oversee its development. More detailed actions and investments are contained in plans compiled by local Joint Planning Groups. These consider the needs of older people, people with disabilities or long term health conditions, unpaid carers, people with mental health needs and those with substance misuse needs.

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Content of this plan

The IJB is responsible for the full range of community health and care services for adults, including some acute hospital based services.

Midlothian Council chose to include services for offenders in the scope of the IJB. This helps address the health and care needs that are often the root causes of offending. Developing ways to reduce offending remains the remit of the **Community Justice and Safety Partnership**.

Links between adult and children's services are important, but strategic planning for children's services remains the responsibility of the **Getting it Right for Every Midlothian Child** group.

The IJB is not responsible for arrangements to protect people at risk of harm. This remains the responsibility of the **East and Midlothian Public Protection Committee**. However services commissioned by the IJB have a role in safeguarding people from harm and ensuring we support and protect anyone considered at risk.

This 1 year Delivery Plan summarises the key steps planned in our main service areas and describes the continuation of work with all partners and local communities to transform health and care services.

Although the very significant reductions in public spending make service redesign essential, we genuinely believe there are many changes we can make for the better, despite these financial pressures.

How the plan is making a difference

The Partnership is committed to making progress against the Government's six priority areas. We report our performance on these regularly to the IJB. Alongside this the 12 projects of our 2018/19 Transformation Programme will monitor progress against measurable indicators.

Of equal importance is improving our ability to measure our progress in longer-term redesign of health and care services. This will include monitoring our use of resources e.g. checking that our expenditure on preventative services is increasing. It will also involve better understanding our progress on objectives such as promoting recovery and reducing avoidable admissions to hospital

The IJB will publish an annual report on the impact of health and social care integration on the health and wellbeing of the Midlothian population, how it is using its resources and how it responds to the needs of localities. IJB ANNUAL REPORT 2016-17

By redesigning our services, we are better placed to deliver key national outcomes:

- people are supported to remain at home for longer
- people only go to hospital when necessary
- there is a reduction in health inequalities

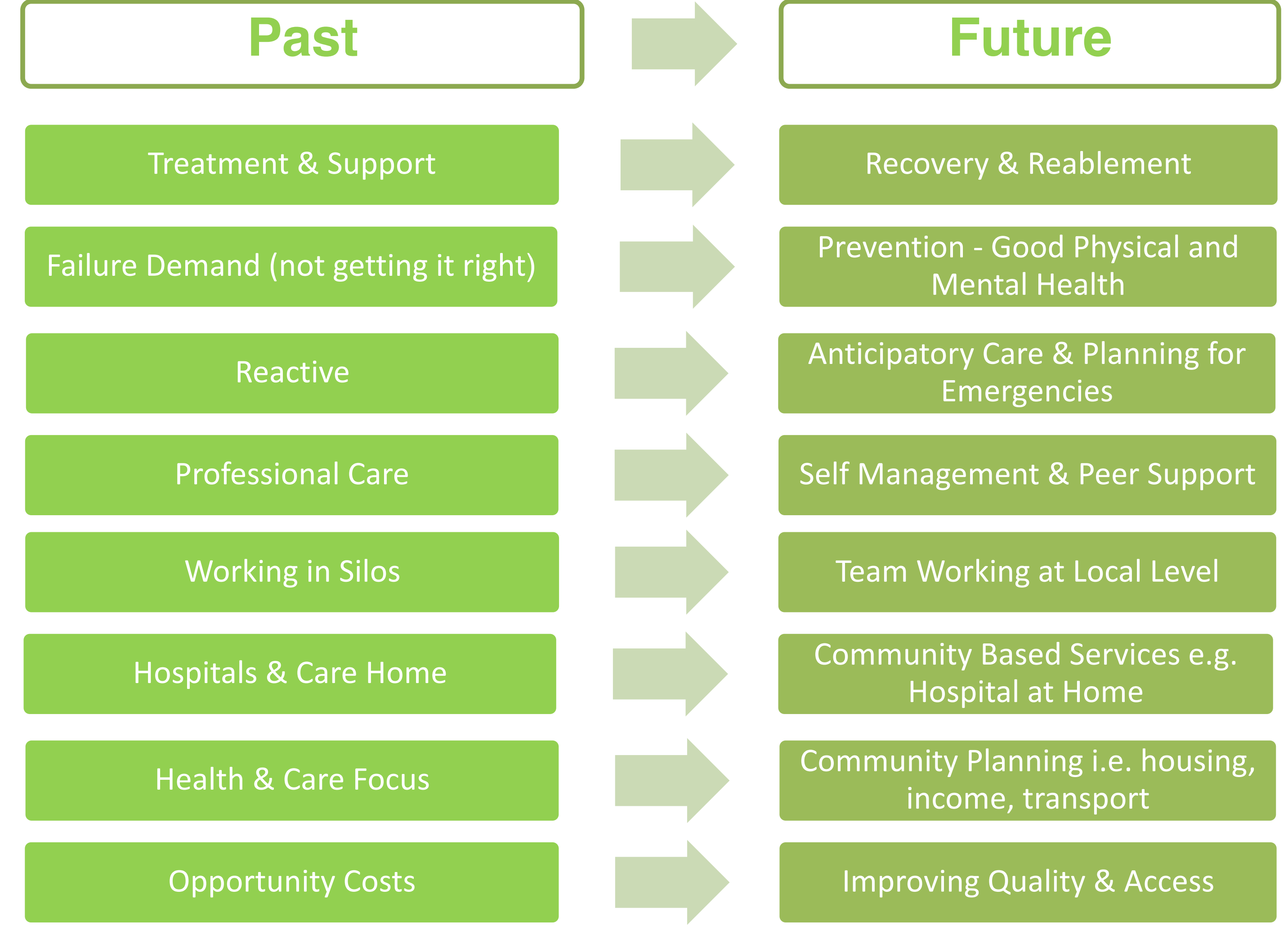
Main Challenges

- More people who are frail or have dementia want to be supported to live at home for longer.
- People are living longer with multiple long-term conditions.
- Little progress is being made in reducing health inequalities.
- All our services are under financial pressures.
- People are staying too long in hospital after they are fit to be discharged.
- Recruitment and retention of staff such as GPs, community nurses and care workers.

Our Vision - Shifting Focus

The Health and Social Care Partnership will make significant changes in how we deliver health and care services.

'People in Midlothian will lead longer and healthier lives and will get the right advice, care, and support, in the right place at the right time'. We aim to achieve this ambitious vision by changing the emphasis of our services.



The Whole Person

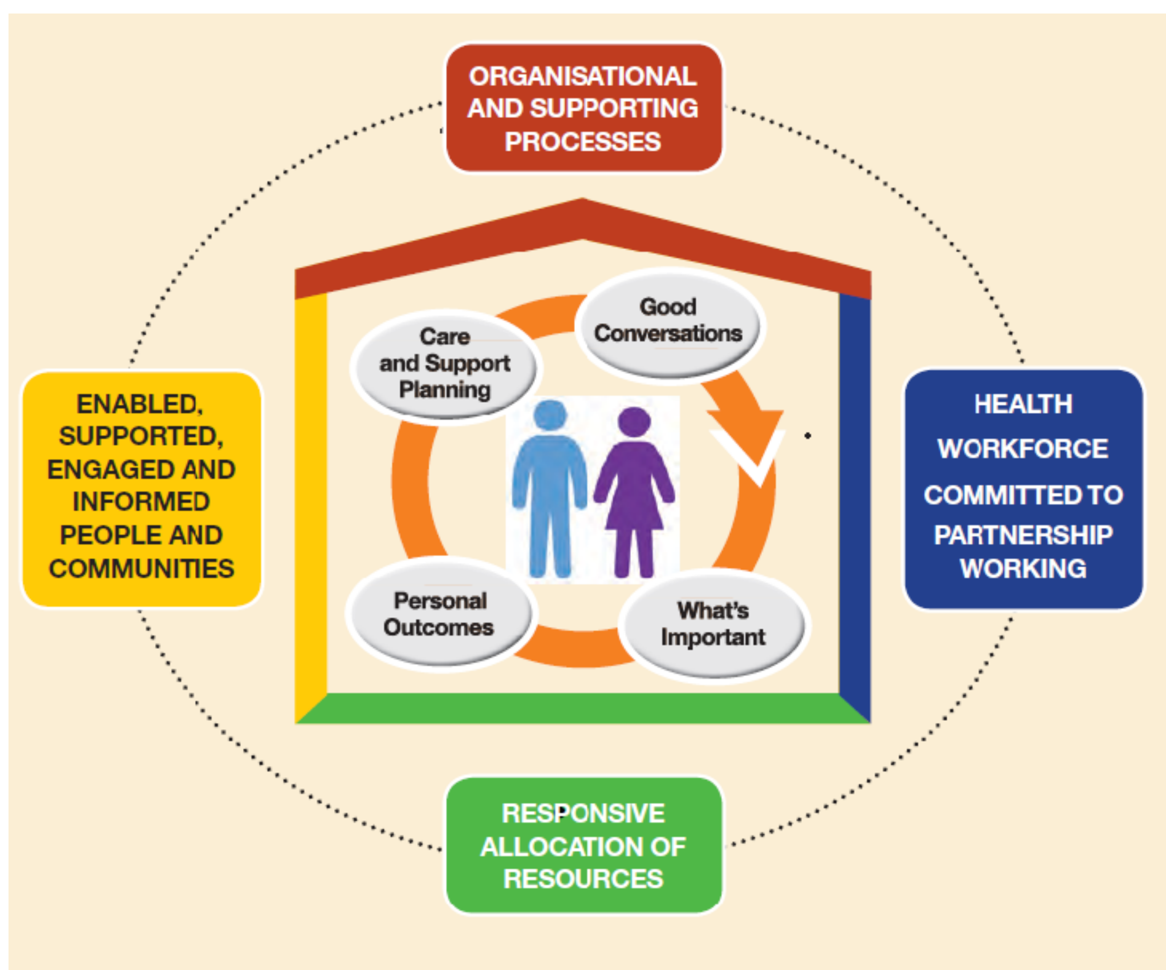
We need to think differently about health and wellbeing. We need to:

- Focus on the whole person not only the disease.
- Recognise the importance of physical, mental and social wellbeing.
- Recognise the role of families, carers and communities in helping people stay well.

Our services are increasingly recognising that it is important to consider a person's mental health when responding to physical health and social wellbeing.

House of Care

One of the models we use for delivering person-centred, integrated care is the House of Care. This creates space for people to have 'a good conversation' on what is important to them and helps them recover or live well with their health conditions.



Partnership Working

We will only achieve major change in the health and wellbeing of the population through strong partnerships with other agencies and natural communities.

Examples of good partnership working include:

Staying healthy	People need support and advice on issues such as exercise, smoking, alcohol consumption and managing stress. To help combat obesity, we will work with networks such as the "**Food Alliance**", the "**Physical Activity and Health Alliance"**, **Leisure and Recreation**, and the **Voluntary Sector.**
Reducing Social isolation	Isolation is linked to physical and mental health problems. Creating opportunities through activities, groups and befriending is important. Social inclusion also depends upon having a decent income, having a job or being a volunteer, and being able to get about - transport can be a real barrier. A Connected Scotland is the Government's report on social isolation.
Avoiding accidents or illness	The **Fire Service** helps reduce the likelihood of fire and other accidents such as falls in the home. **Pharmacists** are an invaluable source of advice in managing illness, help with giving up smoking and immunisation against flu.
Staying warm	Addressing fuel poverty can reduce winter deaths; injury and falls; improve mental health; and reduce respiratory illness and circulatory disease. We need to increase awareness and develop stronger working relations with **Changeworks** and other third sector partners

Key Approaches

Information

There are websites and directories but not everyone knows how to access them.

We must continue to invest in communication to ensure that everyone gets the right information, in the right place, at the right time.

Planning Ahead

Many people develop and live with long term conditions such as cancer, heart disease or dementia. We must find better ways to support them, their families and their carers by providing clear and concise information and developing individual Anticipatory Care Plans. Planning for the future can help people manage as their condition changes.

Unpaid carers tell us that they could manage crises more effectively if there was a methodical and widespread approach to planning for emergencies - particularly when the carer is suddenly unable to provide support

We will promote the benefits of having a Power of Attorney to ensure that families have the legal power to act on behalf of their relatives when they are not capable of making their own decisions.

Recovery

Recovery is the goal for people who experience mental ill health or the consequences of substance misuse.

Recovery is more likely if people are supported to gain employment, get about, have an income, maintain social contacts and cope with new challenges.

Technology

We will make effective use of technology to enable people to manage their own health conditions.

Advocacy

People who are vulnerable, for instance due to mental illness, sometimes need support having their voice heard on issues that matter to them.

There are a number of local sources of advocacy, but we will review whether the current arrangements are appropriate.

Public Protection

Whilst public protection issues permeate across all areas of this plan, the East Lothian and Midlothian Public Protection Committee (EMPPC) was established in July 2014 to provide leadership and oversight of the governance arrangements for Child Protection; Adult Support and Protection; Violence Against Women and Girls; and Offender Management, on behalf of the East Lothian and Midlothian Critical Services Oversight Group (CSOG).

DOMESTIC ABUSE

Attitudes towards domestic abuse have changed considerably – it isn't that long ago ago that some people were of the mindset that domestic abuse - especially if it didn't involve physical violence - was a private matter. Opinions have changed but work is needed to challenge lingering outdated or dismissive attitudes. Scotland has adopted an innovative and radical Domestic Abuse Act that creates a specific offence of "abusive behaviour in relation to a partner or ex-partner" that includes psychological abuse such as coercive and controlling behaviour as well as violence.

The East Lothian and Midlothian Public Protection Office ran training on domestic abuse, its impact and advice on how to talk about it. A Gender Based Violence eLearning module will be available on Learnpro. Social work, health, police, women's aid, criminal justice and other teams attended training on the Safe & Together model with the non offending parent. Midlothian Council is introducing a new policy and action plan on gender based violence.

The year ahead offers opportunities to:

DEVELOP A SHARED UNDERSTANDING - All staff and volunteers should have a good understanding of violence against women and girls: the impact on those affected; its causes, the scale of the problem and risk factors which increase vulnerability to abuse.

PREVENTION - Public education should challenge attitudes and behaviours that perpetuate gender inequality. We need to influence local policies and practice – in the workforce, the school, the health programme, the home and across our communities.

PROVISION - Local services should protect, empower and support women and children while holding perpetrators to account. This includes refuge services, support to women at high risk of harm, mental health and substance misuse, group work, learning and employability support, children's groups and individual support, court advocacy and welfare rights advice.

PARTICIPATION - People with lived experience of domestic abuse should be involved in service planning and review and peer support.

Self Management

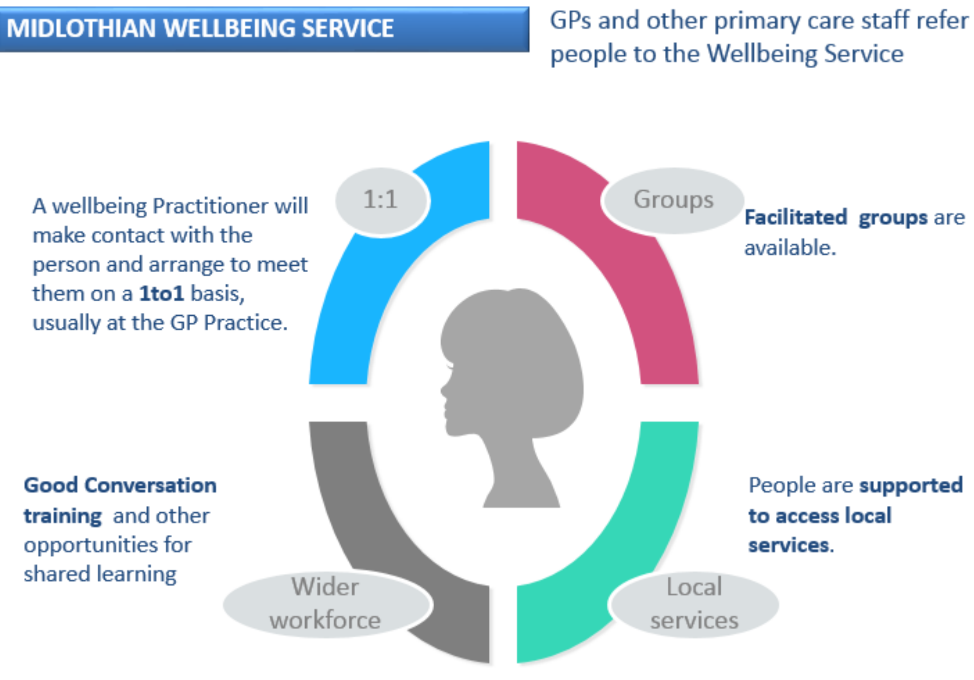
The **Wellbeing Service** supports self management. It is a pioneering collaboration in 8 GP Practices and is an important component of the primary care team, providing prompt and comprehensive support to people, often those who have complex health and social issues in their lives.

It provides person-centred care and support that treats people as equal partners, focuses on personal outcomes, supports a person's role in managing their health and wellbeing, and recognises the importance of prevention and anticipatory care.

People who have complex lives can find managing social, financial, health and other matters can weigh heavily upon them. Self management support, a vital element of person centred care, was hard to access for many. The service has strong evidence that it is making a notable difference to people who engage.

Wellbeing Practitioners provide time and space to have a 'good conversation' about what it important to people and how they can move forward with some of the challenging issues in their life, including health and social issues. The good conversation approach harnesses the role of the person: their strengths, social networks and community supports.

In 2018 - 19 we will commission the service to ensure that the supoprt of a Wellbeing Practitioner is available in all 12 GP Practices. This will be financed through a range of funding sources including the Government's commitment to establish link workers in GP Practices across Scotland.



Prevention - Why focus on prevention?

We are committed to improving health whilst also reducing health inequalities. We also face high demands on public services while public spending is being squeezed, so it is particularly important that services improve health and reduce people's need for costly health treatments. Investment in prevention can have a range of impacts that help meet these goals while managing these pressures.

Prevention can improve population health by:

- **Preventing health problems** - (primary prevention)
  e.g. supporting people to enjoy a healthy diet and to be physically active.
- **Stopping health problems from getting worse -** (secondary prevention)
  e.g. screening programmes such as breast, bowel and cervical screening.
- **Reducing the impact of disease** -(tertiary prevention).
  e.g. supporting people with long term lung disease to manage their condition, such as the COPD service.

Prevention can help to reduce health inequalities. For this to happen, prevention needs to be at least as effective in groups of the population with the worst health.

Prevention can help reduce public spending pressures by:

- **Reducing the length of time people spend in ill health** rather than just increasing life expectancy
- **Reducing demands** for public services
- **Freeing up resources** for other uses

Reducing health inequalities must remain central to service planning around prevention. We will increase the proportion of IJB budget spent on preventative work

PROGRESS IN 2017-18

- **Preventing health problems - (primary prevention)**
  - Flu Vaccination Programme encouraged children, pregnant women, people with long-term conditions, people over 65 and Health and Social Care staff to be vaccinated.

- **Stopping health problems from getting worse - (secondary prevention**)
  - Midlothian Bowel Screening Programme invited 148 men who have mental health or substance misuse problems or who were homeless to attend a 'Health Screening Check Up'. 45 attended (30.4%). 18% took a test and 1 had cancer diagnosed.
  - Weight Management Service supported people to reach a healthy weight and reduce the likelihood of problems such as heart disease and type 2 diabetes. A pathway was developed and referrals increased from 109 (2015/16) to 172 (2016/17). Multi-agency training on healthy eating and physical activity resources took place.

- **Reducing the impact on people's health and wellbeing - (tertiary prevention)**
  - Midlothian Active Choices + Ageing Well supported people with long term lung or heart disease to be active and to manage their condition

KEY ACTIONS FOR 2018-19

- **REALISTIC CARE REALISTIC MEDICINE PROGRAMME**
  Design and implement a comprehensive prevention strategy. This will be informed by a proposed regional approach to prevention.

- Support people to **stop smoking**, including pregnant women and local workforce.

- Develop a **multi-agency strategy to prevent people developing type 2 diabetes**

- Increase the number of people receiving **weight management support.**

- Increased focus on **health and homelessness**.

- **Increase family income** through healthy start vouchers and benefit reviews.

- Support a multi-agency **Physical Activity Strategy**.

- Continue to develop **health and wellbeing services** for people in homeless hostels, in mental health services and people who frequently attend A&E.

- Ensure that **welfare advice services** are accessible to people who need them.

Working with Communities

We need to develop stronger links with communities and the public. We need to communicate better about the challenges we face and how we are seeking to address them. We need to improve our ability to listen and act upon feedback about the services we provide. We must create a stronger sense of partnership with communities, unpaid carers and service users to help promote physical and mental wellbeing and healthier lifestyles. We have some good foundations to build upon.

Strong user groups such as:
- Forward Mid
- CAM (Carers Action Midlothian)
- MOPA (Midlothian Older People's Assembly)
- Neighbourhood Planning groups - linked with the Community Planning Partnership
- People First
- Access Panel
- People's Equality Group

Publications and online resources such as:
- The Health and Social Care Partnership's quarterly newsletter,
- Directories of Older People's services
- Disabled People's Directory
- Wee Breaks
- Autism in Midlothian
- Lothian Disability Sport
- Weekly Calendars listing all groups for older people
- Newsletters on topics such as winter and transport.
- Leaflets e.g. "Do I need to see a GP?"

Public meetings such as:
The Hot Topics Forum is a well-established way for the Partnership to seek involvement of the public on a range of issues facing the Partnership.

User and Carer representatives on groups such as:
- Planning groups for mental health, older people, carers, physical disability and learning disability
- The Integration Joint Board itself.

PROGRESS IN 2017-18

- Contributed to the work of agencies seeking to provide support to people living in less well-off areas -e.g. Woodburn, Mayfield, Gorebridge and Loanhead.
- Developed stronger partnerships with agencies in Penicuik to support people who are housebound (with support from the Collaborative Leadership Programme).
- Ran Public Engagement programmes to address the challenges facing Primary Care and the provision of care packages.

KEY ACTIONS FOR 2018-19

- **REALISTIC CARE REALISTIC MEDICINE PROGRAMME**
  Design and Implement a new Public Engagement Strategy.
- Through "**Collective Voice**" encourage participation of service users in supporting and advising other users to manage their condition.
- Work with established groups to develop **Hot Topics public consultation**.
- Deliver a **public engagement strategy** to support the Transformation Programme.
- Listen to and act on feedback and ideas from **unpaid carers and service users**.
- Develop a **clear identity for the IJB** including a distinct online presence.

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:

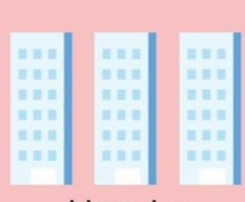
Early death due to **coronary heart disease**:	Hospital stay for a **preventable reason**:	Difference in **Life expectancy:**	Prescription for **anxiety/ depression**:	**Children living in poverty** .
X21 higher	15-20% more likely	7 years shorter	9% higher	25%

Social Determinants of Health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work.

These include...

Childhood experiences



Housing

Education

Social support

Family income

Employment

Our communities

Access to health services

Each of these factors impact on our health and wellbeing

Image – Health Scotland

PROGRESS IN 2017-18

- The Community Health Inequalities Team provided **health assessments and support for vulnerable people** e.g. homeless, carers, substance misuse, women involved with criminal justice, gypsy travellers.
- The **Wellbeing Service** and the **Midlothian Access Point** supported people with mental health and social issues.
- Work began to reshape **Young People Mental Health** Services**/**pathway.
- **Spring Service** increased support to women linked to the criminal justice system.
- 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.
- **Carer organisations** increased links **with financial inclusion services.**
- Work with schools around **child poverty, school absence & smoking prevention.**
- Work began to identify support for **loss and bereavement**.
- 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.
- New pathways were developed to identify **families at risk of eviction** earlier and a pathway for people attending A+E.

KEY ACTIONS FOR 2018-19

- **Income maximisation services** to be launched that will work with local families.
- Gain multiagency commitment to an **Obesity/Type 2 Diabetes Prevention Strategy.**
- Secure a future for **Wellbeing Service and Community Health Inequalities team**.
- Improve links to health services & support for **people leaving prison**.
- **Local area work** in Woodburn/Dalkeith, Mayfield/Easthouses and Gorebridge.
- Continue **Welfare Rights support** to people with cancer and/or mental health problems.

Long Term Conditions

Managing long-term conditions is one of the biggest challenges facing health care services worldwide, with **60% of all deaths attributable to them**.

Midlothian has a higher than national average occurrence of cancer, diabetes, depression, hypertension and asthma.

In this plan we have highlighted the conditions that affect a significant number of people, however there are a wide range of other long term conditions for which we will continue to provide support. For example we will contribute to the Lothian implementation of national programmes such as the new out-patient care pathways for people diagnosed with coeliac disease, irritable bowel syndrome and inflammatory bowel disease.

Many people have more than one condition – this is known as Multiple Morbidity

- Older people are more susceptible to developing long-term conditions; most over 65s have two or more conditions and most over 75s have three or more conditions.
- People living in areas of multiple deprivation are at particular risk with, for example, a much greater likelihood of early death from heart failure. They are also likely to develop two or more conditions 10-15 years earlier than people living in affluent areas.
- There is increasing recognition of the greater vulnerability to mental health problems for those living with long term health conditions.

Hospital Stays

It is estimated that people with long-term conditions are twice as likely to be admitted to hospital, have a longer length of stay and account for 80% of all GP visits and for 60% of hospital admissions.

Choice and Control

There is a growing view that people living with long term conditions should be supported to be more involved in decision-making, more in control of their own care and more confident about managing the impact of their conditions on their lives.

The House of Care (section 1.2.2) is a way of describing what is needed to encourage the development of this approach. Using the image of a house helps us to appreciate how all the parts need to be in place, equally strong and joined up for this approach to be successful.

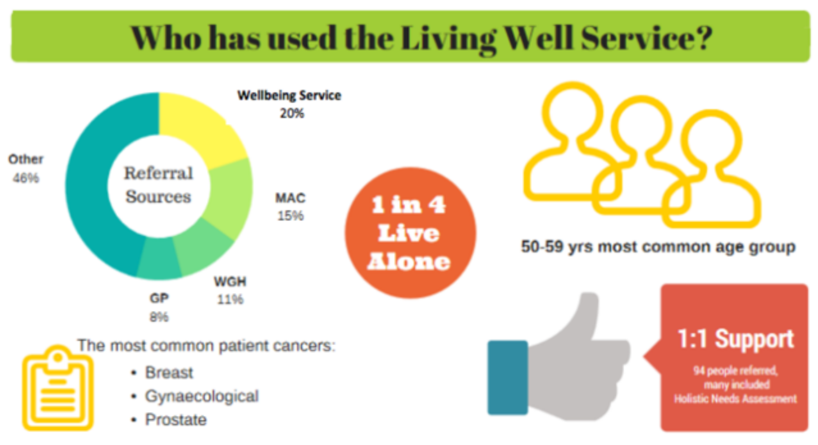
Long Term Conditions: Key Actions

Cancer	• The Wellbeing Service and The Macmillan programme "Improving Cancer Journey across Lothian" will support people.
COPD	• Review the service to improve how people access it and how it links to local services. • Strengthen referrals to the Fatigue Anxiety Breathlessness class at the Marie Curie Centre. • Strengthen close working with MERRIT team in referring for equipment, referral to Physio/ OT and Community Care Assistants. Strengthen close working with Hospital at Home team. • Liaise regularly with Community Respiratory Team in Edinburgh Royal Infirmary. • Smoking prevention work in local secondary schools.
Neurological Conditions	• Increase community based support through reprovision of in-patient and out-patient services at Astley Ainslie Hospital. • Improve our understanding of the experiences of and number of people living with a neurological condition to plan and improve hospital and community based services. • Improve housing options to support people to live in their own home for as long as possible and to look at extra-care housing. • Work to meet new standards set by Healthcare Improvement Scotland for neurological care and support.
Heart Disease	• Review community based support. • Improve our Stop Smoking rates. • Ensure the Physical Activity Strategy caters for people recovering from ill health. • Support the Midlothian Food Alliance to tackle food poverty
Diabetes & Obesity	• Develop strategies with Midlothian Community Planning Partnership and colleagues in Borders, Fife, East Lothian, West Lothian and Edinburgh • Work with GPs on healthy weight and referrals to the Weight Management Service. • People with lived experience will influence service planning and delivery. • Investigate a weight management programme for people with a learning disability.
Stroke	• Improve our understanding of people's experience and engage service users and carers to inform and improve service delivery. • Review and strengthen community based rehabilitation and intermediate care – especially the new Integrated Stroke Unit at the Royal Infirmary. • Strengthen (supported) self-management options including investigating telehealth.
Palliative Care	• Improve support to carers. • Strengthen Anticipatory Care Plans. • Compile a leaflet of support services. • Reduce the amount of time people spend in acute hospital when they are dying, with the supports of district nurses, Marie Curie nurses and the Community Hospital.

Cancer

Midlothian's Living Well after Treatment Project was launched in June 2016 and ran until November 2017. Its purpose was to ensure everyone affected by cancer had the opportunity to access practical, emotional and financial support.

In Midlothian there are approximately **2,200 people** living with the effects of cancer and this is projected to rise significantly as the number of older people increases. There are more than **500** new diagnosis of cancer each year.

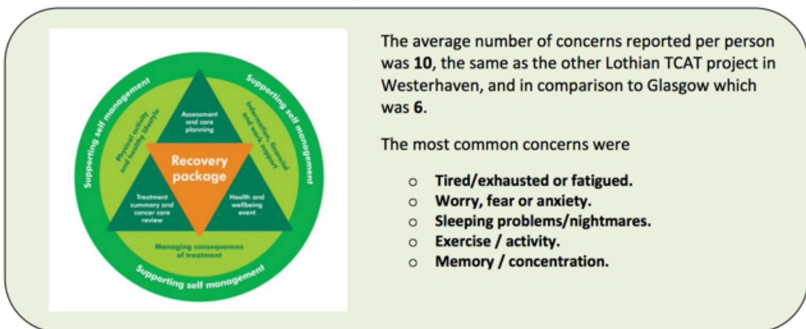


National guidance:

Beating Cancer: Ambition and Action (2016).

The National Health and Care Delivery Plan (2017-18)

Concerns responded to by the Living Well Service

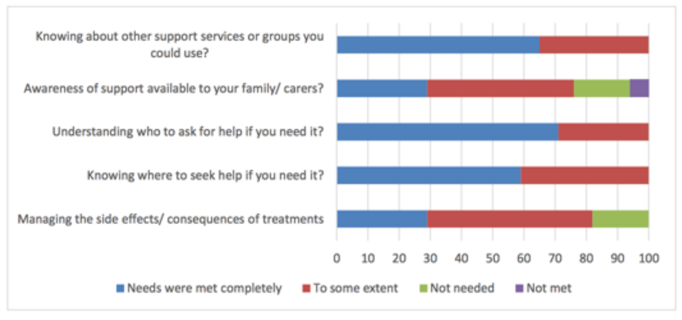


The average number of concerns reported per person was **10**, the same as the other Lothian TCAT project in Westerhaven, and in comparison to Glasgow which was **6**.

The most common concerns were

- Tired/exhausted or fatigued.
- Worry, fear or anxiety.
- Sleeping problems/nightmares.
- Exercise / activity.
- Memory / concentration.

What difference has the Midlothian Living Well after Treatment Project made?



New Challenges:

The national funding for the local Transforming Care after Treatment (TCAT) programme ended in November 2017.

PROGRESS IN 2017-18

- Established the local **Transforming Care After Treatment** project to test a new approach to service delivery based on holistic needs assessment.
- Continued to provide **specialist services** including Occupational Therapy, employment service (in the NHS Lothian's Work Support Services), complimentary therapy (provided by IRIS) and support with exercise (in council leisure centres).
- The specialist **Macmillan Welfare benefits service** generated an additional £1.6million for people with cancer in 2017-18. An evaluation of such services by Scottish Collaboration for Public Health Research and Policy concluded, "Few medical interventions can claim to have such a lasting and measurable impact on the lives of people."
- The local GP Cluster implemented the **Macmillan Quality Toolkit** to improve quality of care for cancer patients.

KEY ACTIONS FOR 2018-19

- Since November 2017 the **Wellbeing Service** has provided support to people living with cancer and will continue to do so in 2018/19.
- The Macmillan Programme "**Improving Cancer Journey across Lothian**" will support people in Lothian soon after diagnosis.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a term for long term, progressive lung disease that causes coughs and breathlessness and increased sputum. It affects breathing, causes weight loss and muscle loss and other co-morbidities. It can reduce quality of life, increase levels of dependency, result in a greater use of health and social care services and acute hospital admissions. It can also cause carers to experience stress and poorer health.

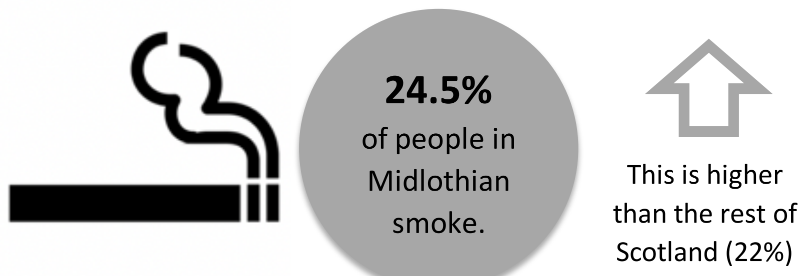
The number of people with COPD is expected to INCREASE.

This will affect older females in particular due to longer life expectancy.

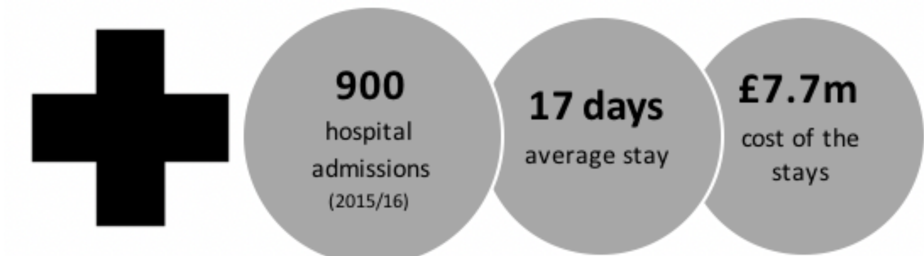
This will cost £207m in Scotland by 2030.

COPD will be the 3rd most likely cause of admission to secondary care by 2020

The most significant risk factor is smoking.



There are a number of hospital admissions due to COPD



PROGRESS IN 2017-18

- 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. She works with patients who are attending hospital frequently because of their COPD. In the first year the service has worked with 65 patients.

- In the first seven months the service successfully avoided 30 hospital admissions (if the average stay is 17 days per stay this adds up to a potential reduction of 520 bed days).

- Strong links developed with the **Midlothian Stop Smoking Service** and the **Pulmonary Rehab (exercise) service** at Midlothian Community Hospital.

- ***Breathe Easy*** support group meets monthly and members participate in regular activities

KEY ACTIONS FOR 2018-19

- Work will progress to review the service. This will include work to improve how people access the service and how it links to other local services that could benefit people with COPD.

- Strengthen referrals to the **Fatigue Anxiety Breathlessness class** at the Marie Curie Centre. Good for patients with severe disease and high level of symptoms day to day.

- Strengthen close working with **Midlothian Enhanced Rapid Response Team** (MERRIT) in referring for equipment, referral to Physio/ OT and Community Care Assistants. Strengthen close working with **Hospital at Home team** in patients with COPD including shared care.

- Liaise regularly with **Edinburgh Community Respiratory Team** in Edinburgh Royal Infirmary with case discussions regularly with Respiratory Consultants and Respiratory Specialist nurses.

- **Smoking prevention** work in local secondary schools – during 2018-19 this will involve Penicuik, Newbattle, Lasswade Secondary Schools.

Neurological Conditions

Neurological conditions include epilepsy, seizures, chronic headache and migraine, Parkinson’s disease, multiple sclerosis, acquired brain injury, Huntington’s disease, dystonia, functional neurological symptoms, cerebral palsy, motor neurone disease and muscular dystrophy.

Common neurological symptoms include dizziness, seizures, paralysis, headache and sensory symptoms. Neurological problems can be acquired as a result of injury (primarily brain injury) from trauma or surgical intervention.

Neurological conditions are the most common cause of serious disability in Scotland and have a major impact on Health & Social Care services.

There are a number of specialist organisations that provide advice and support. One example is the Scottish Huntington’s Lothian Service which improves the quality of lives of those affected by Huntington’s Disease (HD) and their families through timely specialist assessment, condition management, information, advice, advocacy and emotional support. It also provides practical help with adaptations, equipment, support to access benefits and services. It supports multi-disciplinary teams in the Health and Social Care Partnership with information, educational sessions, and case management support.

New Service Challenges

There are an estimated **ONE MILLION people** in Scotland living with a neurological condition that has a significant impact on their lives.

MULTIPLE SCLEROSIS (MS), has a particularly high prevalence in Scotland.

National guidelines:

The Neurological Care Improvement Plan (2014-17) aims to improve care and outcomes or people with a neurological condition.

PROGRESS IN 2017-18

- 12 people living with Multiple Sclerosis attend a **monthly support group**, facilitated by an Occupational Therapist.
- Health & Social Care staff continue to support people living with a neurological condition. This includes the **Midlothian Community Rehabilitation Team**.
- The **Lanfine Service** continues to provide an acute neurological specific inpatient service at Astley Ainslie Hospital plus individual community based support.
- Organisations with a focus on specific conditions such as Parkinson's Disease, Multiple Sclerosis and Epilepsy provide **specialist advice and support** to people living with the condition and their family.

KEY ACTIONS FOR 2018-19

- Increase community based support through **reprovision of in-patient and out-patient services at Astley Ainslie Hospital**.
- Work with partners **to improve our understanding of the experiences of and number of people living with a neurological condition**. This will help us to plan and improve hospital and community based services. The Physical Disability Planning Group will continue to influence and support this work.
- Work with partners to **improve housing options** to support people to live in their own home for as long as possible and to look at extra-care housing options.
- Work to **meet new standards** set by Healthcare Improvement Scotland (HIS) for neurological care and support, published by early 2019.

Heart disease

There has been a downward trend in deaths from coronary heart disease in Scotland, and Midlothian, over the last 10 years, in particular for those less than 75 years old. Nationally chances of surviving for 30 days after being admitted to hospital as an emergency after your first heart attack has increased from 86% to nearly 93%.

However, the decline has not been at the pace of decline in neighbouring northern European countries. Coronary heart disease will remain a major public health problem in Scotland for several decades. It is still a leading cause of death and is a national clinical priority for Scotland.

Coronary heart disease is higher in males than females.

Scotland has a high prevalence of the risk factors associated with heart disease such as smoking and physical inactivity

1400

people were admitted to hospital because of heart disease.
(2016/17)

350

people had experienced a heart attack

240

people had heart failure

National guidance:
Heart Disease Improvement Plan
(2014).

Service Challenges

People who are more deprived in Midlothian are more likely to be admitted to hospital (up to 23 times more likely in some instances)

PROGRESS IN 2017-18

- People were supported to keep healthy and reduce their risk of developing coronary heart disease. **Ageing Well, Midlothian Active Choices** and other programmes are important to this work as are mainstream services such as **Midlothian Leisure**, positive health advice from primary care colleagues, weight management support and do on.

- People who have experienced a heart attack or who have undergone cardiac surgery are visited at home by a **Cardiac Rehabilitation Nurse** in Midlothian and, when they are able, they are supported to attend a **Cardiac Rehab programme** delivered at Gracemount Leisure Centre.

- People with co-morbidities may require more intensive support and monitoring. The Midlothian Cardiac Rehabilitation Nurse will visit them at home and may refer them to a service at Astley Ainslie Hospital. This clinic include psychological support, physical activity and different speakers. Strong links with Stop Smoking and welfare rights services exist.

KEY ACTIONS FOR 2018-19

- Review our **community based support** for people with coronary heart disease in collaboration with the acute hospitals.

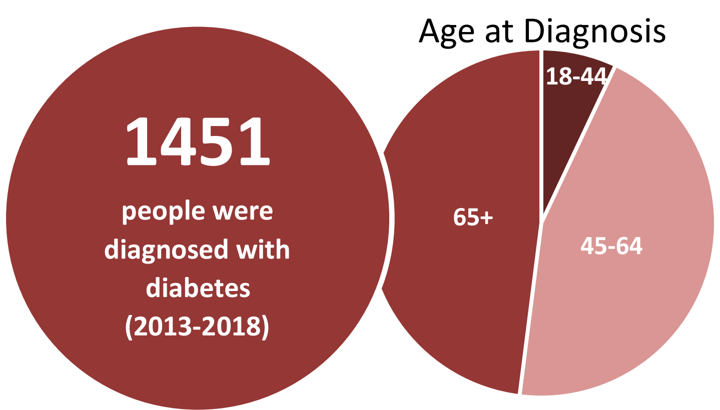
- **Improve our Stop Smoking** rates.

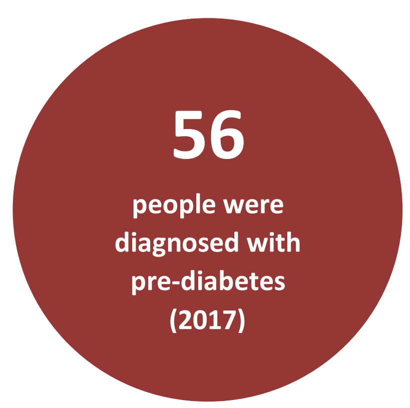
- Ensure that the **Physical Activity Strategy and other strategic developments** cater for the needs of people recovering from a period of ill health

- Support the **Midlothian Food Alliance** in its work to tackle food poverty

Diabetes & Obesity

Diabetes (Type 2) impacts on daily living and can result in serious health complications such as kidney disease, vascular problems and vision loss. The causal factors include personal lifestyle, access to healthy diet and exercise, mental health and deprivation. Prevention, and the avoidance of complications, would be extremely cost-effective.



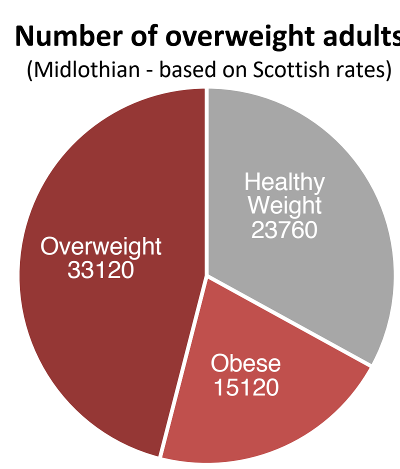


Obesity is the main modifiable risk factor. 80% of adults with Type 2 Diabetes are overweight and Obese adults are x5 more likely to be diagnosed with diabetes than adults of a healthy weight.

Scotland has one of the **highest levels of obesity in the world**

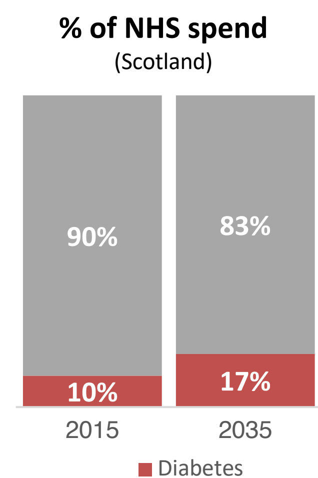
(only Mexico and the USA have higher rates in OECD countries)

Number of overweight adults
(Midlothian - based on Scottish rates)



Unless we tackle obesity and Type 2 Diabetes the proportion of the NHS budget spent on Diabetes will **rise to 17%**

% of NHS spend
(Scotland)



Deprivation is linked to obesity and type 2 diabetes. Type 2 diabetes is 40% more common among people in the most deprived areas compared with those in the least deprived. People from black, Asian and other minority ethnic groups are at an equivalent risk of type 2 diabetes at lower BMI levels than white European populations.

Some issues of obesity are related to poverty, e.g. the cost of healthy food, leisure activities and low level mental health issues. There may also be issues around support in rural communities. A reshaped system for obesity and diabetes will involve services that mitigate the impact of inequality.

PROGRESS IN 2017-18

- **Made a commitment to tackle obesity and type 2 diabetes**.
- Work progressed to **reshape the weight management pathway**. 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.
- Delivered a **6 week programme for people identified as having pre-diabetes** to support lifestyle changes to avoid or delay developing type 2 diabetes. This was delivered by the Community Health Inequalities Team nurses.
- During 16/17 172 people were referred (up 58% on previous year) to the NHS Lothian **Weight Management Service** 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.
- Launched a **women only exercise class** with Midlothian Muslim Community Centre and Midlothian Leisure.
- £50,000 was made available in June 2017 for **healthy eating/food poverty programmes** across three target areas. Grants (up to £3,000) were awarded.
- **Training on healthy eating, physical activity and Type 2 diabetes** was delivered to Midlothian staff from a range of agencies.

KEY ACTIONS FOR 2018-19

- **Develop a strategy** with Midlothian Community Planning Partnership.
- Work with GP practices on raising discussions around a healthy weight and increasing referrals to the **Weight Management Service**.
- Work with colleagues in Borders, Fife, East Lothian, West Lothian and Edinburgh to **develop a regional strategy** to Diabetes (Type 2) prevention.
- **People with lived experience** will influence service planning and delivery.
- Investigate a **weight management programme for people with a learning disability**.

Stroke

A stroke is a serious and life-threatening condition. It occurs when the blood supply to part of the brain is compromised, often by a blood clot blocking an artery or a damaged blood vessel that ruptures, resulting in a bleed. The effects of a stroke may alter someone's ability to move, feel, think, communicate and function. There are hospital and community based stroke services that can support people to make the best possible recovery.

The risk of a stroke can be reduced through a healthy lifestyle:

- eating a healthy diet
- taking regular exercise
- drinking alcohol in moderation
- not smoking

Certain conditions increase the risk of having a stroke, including:

- high blood pressure
- high cholesterol
- irregular heart beat
- diabetes

People with these conditions are advised and supported to manage them – e.g. by lowering high blood pressure or cholesterol levels.

110 people

a year return home from hospital after a stroke

They are supported by specialist nurses and local rehabilitation services

Scottish Stroke Care Audit (2017) NHS Lothian achieved the acute inpatient stroke bundle standards in 66.6% of cases. (National range 42.9-81.1%)

New Service Challenges

The creation of the Royal Infirmary Integrated Stroke Unit, whilst creating a more specialist and coherent hospital service, resulted in shorter lengths of stay that places more responsibility of community services to provide follow-up rehabilitation.

National guidance :

Scottish Stroke Improvement Plan (2014).

PROGRESS IN 2017-18

- Services supported people to **reduce their risk factors** - e.g. Weight Management, Stop Smoking, Ageing Well and Midlothian Active Choices. Midlothian Leisure Services provided exercise groups for people recovering from a stroke.

- **Supported self management, reablement and rehabilitation** 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 using the 1:1 'good conversation' approach, group work and peer support.

- People were supported to **return to employment** through the vocational rehabilitation programme delivered by MCPRT or by the Working Health Services team at Astley Ainslie Hospital.

- Midlothian Chest, Heart & Stroke lead a **Chest and Stroke Group** in Bonnyrigg and Penicuik. British Red Cross support by arranging transport from volunteers.

KEY ACTIONS FOR 2018-19

- **Improve our understanding of people's experience** of stroke.

- **Engage service users and carers** to inform and improve service delivery.

- **Review and potentially strengthen community based rehabilitation and intermediate care** – especially in relation to the new Integrated Stroke Unit at the Royal Infirmary which is resulting in earlier discharge of people back to their local community.

- Continue to **strengthen (supported) self management** options.

- **Investigate telehealth** options for treatment and rehabilitation following a stroke.

Palliative Care

Palliative care aims to improve the quality of life of patients and their families facing the problems associated with any life limiting illness, 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.

Death happens. We can all help each other with death, dying and bereavement. **Good Life, Good Death, Good Grief** is working to make Scotland a place where there is more openness about death, dying and bereavement so that:

- People are aware of ways to live with death, dying and bereavement
- People feel better equipped to support each other through the difficult times that can come with death, dying and bereavement

It brings together individuals and organisations that share this vision. It is never too early to think about planning ahead for illness and death – making plans when you're healthy means there is less to think about if you get sick.

National guidance:

A Strategic Framework for Action on Palliative and End of Life Care (2016-21)

Service Challenge:

The national Health and Social Care Delivery Plan (2016) includes a requirement to double the end of life provision in the community by 2021 and reduce the numbers of people dying in hospital.

PROGRESS IN 2017-18

- The local Palliative Care planning group continued to **review and improve the approach** to palliative care - and is viewed as a model of good practice across Lothians.
- Staff skills have been strengthened through **video conferencing training programme** and a shared learning programme enabling people to learn from one another across services.
- In Newbyres Care Home **feedback from bereaved families** is sought through questionnaires. A family bereavement group has also been established.
- The Wellbeing Service ran "**New Beginnings**" workshops to help people after bereavement.
- **A series of events were held to raise awareness about dying** including To Absent Friends; Dying Matters; and a Hot Topics workshop. Midlothian Community Hospital, held an open day.

KEY ACTIONS FOR 2018-19

- The local Palliative Care planning group will consider how to **improve support to carers** of people receiving palliative care, in line with the national report Carers-Under Pressure.
- **Strengthen the approach to completing Anticipatory Care Plans**.
- **Compile a leaflet of support services** (e.g. Cruise and Faith organisations) to ensure support is available when needed.
- Extend the use of **feedback questionnaires to other settings** following their use in Newbyres.
- **Reduce the amount of time people spend in acute hospital** when they are dying, with the supports of district nurses, Marie Curie nurses and the Community Hospital.

Service User Groups: Key Actions

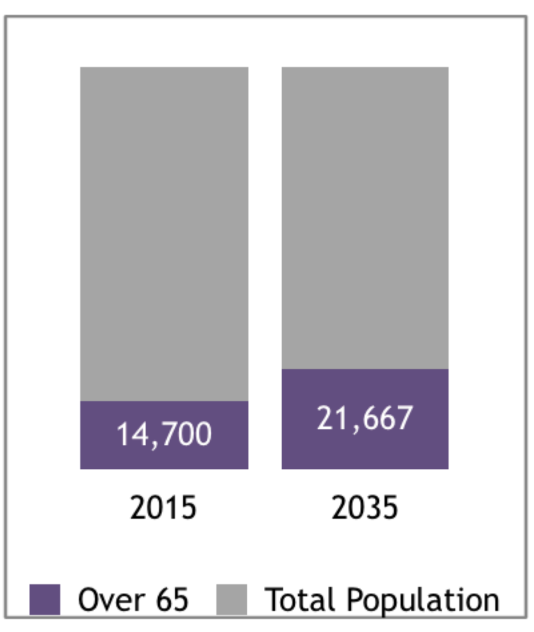
Older People	• **REALISTIC CARE REALISTIC MEDICINE PROGRAMME** • Develop a Care Home Strategy looking at - Extra Care Housing - Plans will be developed for this in Dalkeith. - Strengthening Support Systems - Reviewing Decision Making re Admissions • Implement New Approaches to Delivery of Care at Home - Reablement - Complex Care - New Philosophy - Supplement Family/Community Supports • Build 12 specialist houses in Gorebridge - due to be completed by summer 2019. • Develop plans to replace Highbank intermediate care service with purpose built facilities. • The project led by GPs to identify people who have the condition of "frailty" will get underway which will support early identification and intervention. In partnership with Red Cross and GPs people living with mild frailty will be offered community based support.
Mental Health	• **REALISTIC CARE REALISTIC MEDICINE** • Expand Community Based Services - Expand group work and alternatives for self-help such as bibliotherapy and guided self-help. • Revise service to assist people into employment. • Day services will be more recovery focused and community based. Areas of multiple deprivation will be targeted. • Build on the triage service with Police Scotland to improve working relationships between all agencies. • Develop mechanisms for working together on issues that require a pan-Lothian response e.g. the re-provision of the Royal Edinburgh Hospital. • Develop plans for the Recovery Hub in Dalkeith. People attending the Hub will have access to Peer Support alongside services from NHS, social work and voluntary sector organisations. • Work with GPs to support people with presenting in Primary Care.
Physical Disability	• Promote and expand peer support group, Café Connect, to younger adults. • Map the unmet need for respite for under 65s and explore utilisation of Midlothian Council property for this purpose. • Develop and improve accessibility of the Adult Learning Programme. • Engage effectively with disabled people, their families and carers. • Launch the Disabled People's Assembly. • Create a Taxi directory.
Sensory Impairment	• Expand the number of sensory champions. • Implement the British Sign Language legislation. • Continue to work with the Fire Service. • Hearing Aid Maintenance and Repair Clinics will be established in Libraries, using volunteers but with Audiology support. Develop and promote this at the Community Hospital and expand the available services to include e.g. balance clinics.

Learning Disability	• **REALISTIC CARE, REALISTIC MEDICINE** • Reshape Day Services - ensure people receive services which they are interested in and are appropriate to their needs, in particular for young people leaving school. • Reshape Housing - Provide more shared accommodation. Pursue plans to transform Primrose Lodge in Loanhead into a facility providing residential and respite care. • Reshape Care Packages - Continue the programme of reviews of care packages and explore how technology can enable people to live safely and more independently. • Build on the introduction of the new 12 person service in Penicuik by improving the behavioural support services to people in their own homes.
Criminal Justice	• **REALISTIC CARE REALISTIC MEDICINE** Strengthen Prevention and Recovery in Criminal Justice • Work in partnership with services in mental health and substance misuse through being collocated in the new Recovery Hub in Dalkeith. • Equip our staff to respond to people who suffered trauma using the “Survive and Thrive” approach. • Increase our capacity to prevent offending by providing more peer support and help to address substance misuse. • Arrest Referral, a service designed to work with people from the point of arrest, will be reintroduced in combination with a support service for people subject to electronic monitoring (usually on release from prison).
Substance Misuse	• Develop integrated Recovery Hub involving staff from substance misuse services, mental health services, criminal justice social work staff and third sector partners. • Address areas for improvement noted in the Care Inspectorate report. • Produce a new Statement of Licensing Policy and oversee its implementation. • Collect information relating to alcohol use e.g. the numbers of babies born with Foetal Alcohol Spectrum Disorders (FASD) and alcohol related hospital admissions. • Strengthen Peer Support in the context of more assertive approaches to engaging with harder to reach clients and those who drop out of services.
Autism	• Review and refresh ‘Two Trumpets’ and the work of the Expert Panels. • Develop a Midlothian Specific Menu of Interventions. • Establish a Midlothian Community of Practice for Positive Behavioural Support. • We will build upon the Safe House model to avoid admission to hospital other than for assessment or treatment. • We will map Midlothian Training against Optimising Outcomes, the NES Autism Training Framework.

Older People

The majority of older people live without any formal support. Many make a very significant contribution as volunteers, helping local organisations, participating in local government, providing unpaid care or being supportive grandparents.

However old age does not come alone. There is a greater likelihood of developing long term health conditions. People over 85 are at a greater risk of living with dementia. There may be **2,800** people with dementia in 20 years.

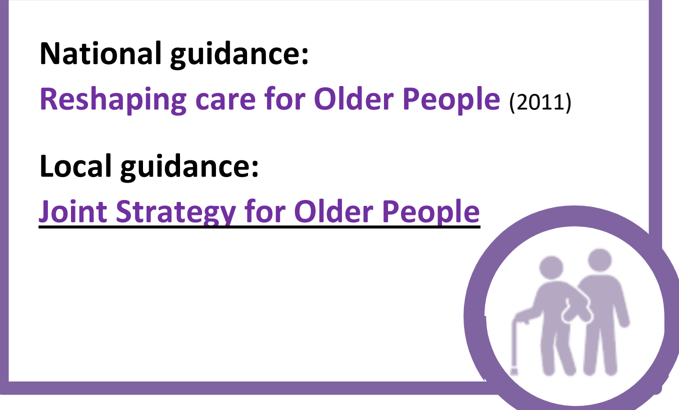


Up to 4,200

people are living with frailty, a state related to ageing resulting in multiple body systems gradually losing their inbuilt reserves

Service Challenges

The continuing challenge of recruiting and retaining a care at home workforce is reflected elsewhere in Scotland and is requiring a new approach to a career path in social care.



National guidance:
Reshaping care for Older People (2011)

Local guidance:
Joint Strategy for Older People

PROGRESS IN 2017-18

- Started to **develop new ways of supporting people who are housebound** in the Penicuik area involving a wide range of agencies including pharmacists and voluntary organisations.
- **Reshaped Newbyres Care Home** to provide 24 specialist places for people with dementia.
- 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
- Day services, community based services and care at home staff worked with **pharmacists and GPs to strengthen the provision of medication.**

KEY ACTIONS FOR 2018-19

- **REALISTIC CARE REALISTIC MEDICINE PROGRAMME**
  Develop a Care Home Strategy looking at
  - Extra Care Housing - develop plans for extra care housing in Dalkeith.
  - Strengthening Support Systems
  - Reviewing Decision Making re Admissions
- Implement New Approaches to Delivery of Care at Home
  - Reablement
  - Complex Care
  - New Philosophy - Supplement Family/Community Supports
- **Build 12 specialist houses** in Gorebridge - due to be completed by Summer 2019.
- **Develop plans to replace Highbank intermediate care service** with purpose built facilities.
- The project led by GPs to **identify people who have the condition of “frailty”** will get underway which will suport early identification and intervention. In partnership with Red Cross and GPs people living with mild fraility will be offered community based support.

Mental Health

15%

of adults reported symptoms of a mental health condition (Scotland) (2012 – 2015)

National Guidance:

Mental Health Strategy (2017 – 2027)

The Suicide Prevention Action Plan (2018)

Local Guidance:

Mental Health Action Plan

The Scottish Govt. have committed to a further 800 mental health workers in Scotland. We will need to determine how best to use these additional resources.

45%

of all illness is related to mental health

New Service Challenges

A high incidence of mental health issues are addressed through Primary Care.

Alongside the heavy reliance on medication, the success of new services confirms the priority that must be given to improving 'Good Mental Health for All'.

Lengthy waiting lists for Psychological Therapies exist. We must develop alternative approaches to minimise the time people in distress wait to receive support.

Poor mental health disproportionately affects those more deprived.

On average 18% of people are on medication for anxiety or depression but in some areas this is as high as

25%

PROGRESS IN 2017-18

- The **Access Point** became fully established. Funding was identified for its continuation in 2018-19.
- Established a triage service to support people in crisis when they come into contact with the **police service**.
- **The number of people waiting for a long period for psychological services has reduced**.

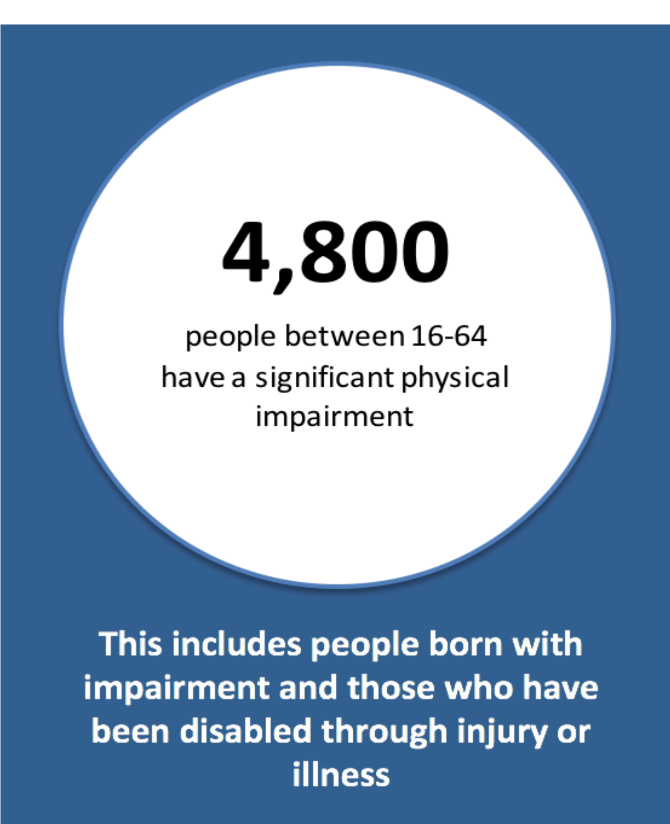
KEY ACTIONS FOR 2018-19

- **REALISTIC CARE REALISTIC MEDICINE PROGRAMME**
  Expand Community Based Services - Expand group work and offer alternatives for self help such as bibliotherapy and guided self-help reducing referrals to clinical psychology.
- Revise our approach to offering a service to **assist people into employment**.
- **Day services will be more recovery focused and more community based** - therefore more easily accessible. Areas of multiple deprivation will be targeted.
- Build on the triage service developed with **Police Scotland** to improve working relationships between all agencies supporting people in a mental health crisis.
- Develop mechanisms for working together on issues that require a **pan-Lothian response** including the re-provision of the Royal Edinburgh Hospital.
- Develop plans for the operation of the new **Recovery Hub in Dalkeith**. People attending the Hub will have access to Peer Support alongside services from NHS, social work and voluntary sector organisations.
- Work with the GP Cluster to determine how to support people with mental health issues **presenting in Primary Care.**

Physical Disability

The Equality Act (2010) defines disability as a physical or mental impairment that has a 'substantial and long-term adverse effect on people's ability to carry out day to day activities'

Planning services is undertaken in partnership with the service user group Forward Mid. They take a lead role on publications including newsletters and directories.



New Service Challenges

Planning for the implications of the implementation of Free Personal Care for the under 65s

Mitigating the ongoing changes to the Welfare Benefits System which have had a disproportionate impact on the disabled community.

National guidance:
A Fairer Scotland for Disabled People (2016).

Local guidance:
Physical Disability Planning Group Action Plan

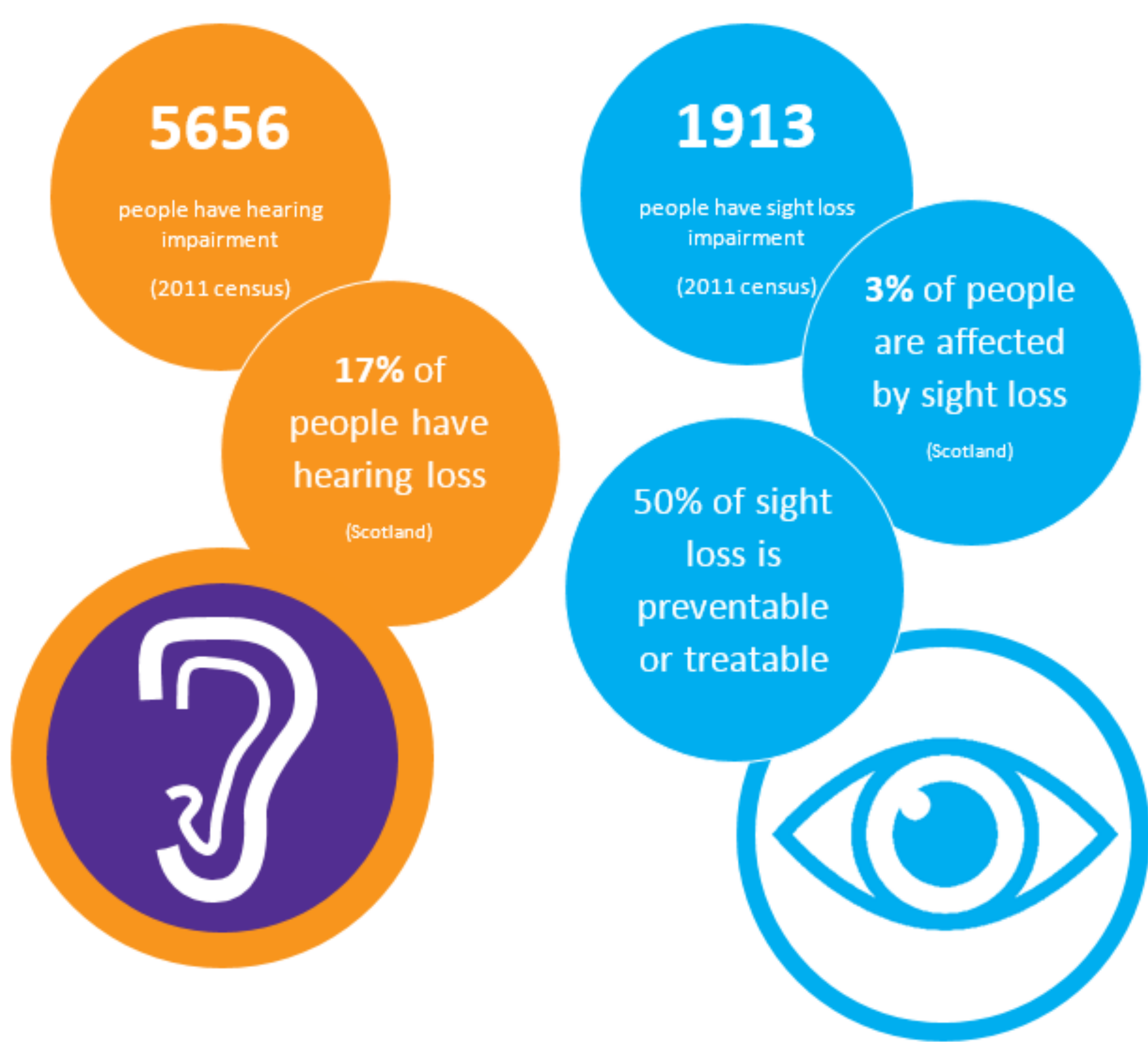
PROGRESS IN 2017 -18

- New initiatives with **Edinburgh College and Life Long Learning and Employability** improved access to further education and employment.
- **Information was provided** through newsletters, an updated directory of services and an easy read version of the local strategy.
- **A new policy was developed** regarding adaptations to houses and a new approach to suitable housing was introduced described in the booklet "Support to Move".
- **The Wellbeing Service** provided support to people with long term health conditions in 8 Health Centres.
- **A new approach to multidisciplinary working was tested in Penicuik** to support people who are housebound.

KEY ACTIONS FOR 2018-19

- Promote and expand peer support group, **Café Connect**, to younger adults with disability.
- Map the unmet need for **respite provision for under 65s** with physical disability and explore potential utilisation of Midlothian Council property for this purpose.
- Develop and improve accessibility of the **Adult Learning Programme** to ensure equal access for disabled people.
- Continue to make use of communication methods to **engage effectively** with disabled people, their families and carers, encouraging increased participation.
- Create and launch **Midlothian Disabled People's Assembly**.
- Create a **Midlothian Taxi directory** to provide information for disabled people, on suitability for their individual needs, of each taxi operating in Midlothian.

Sensory Impairment



National Guidance:
See Hear (2014).
British Sign Language Bill

Local guidance:
Midlothian See Hear Action Plan

New Service Challenges

See Hear funding reduced resulting in reduction in dedicated staff hours available to take this work forward.

The BSL Bill means a Local Plan requires development. This requires resources in staff time and implementation costs

PROGRESS IN 2017 -18

- An **awareness raising programme** was delivered to staff including care at home and care home workers, reception staff in Health Centres, Contact Centre staff and staff in voluntary organisations

- Joint work with the **local fire service** has resulted in sensory impairment as a factor in home safety visits

- **Hearing aid batteries** are now available in libraries including the mobile library and a repair service is being organised in libraries through volunteers

- **Deaf Action and Royal National Institute for the Blind (RNIB)** now provide more localised and integrated services being based one half day a week with the local social work team

- The Scottish Government service **contactSCOTLAND,** 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

KEY ACTIONS FOR 2018-19

- **Expand the number of local sensory champions** through further training provided by Scottish Government

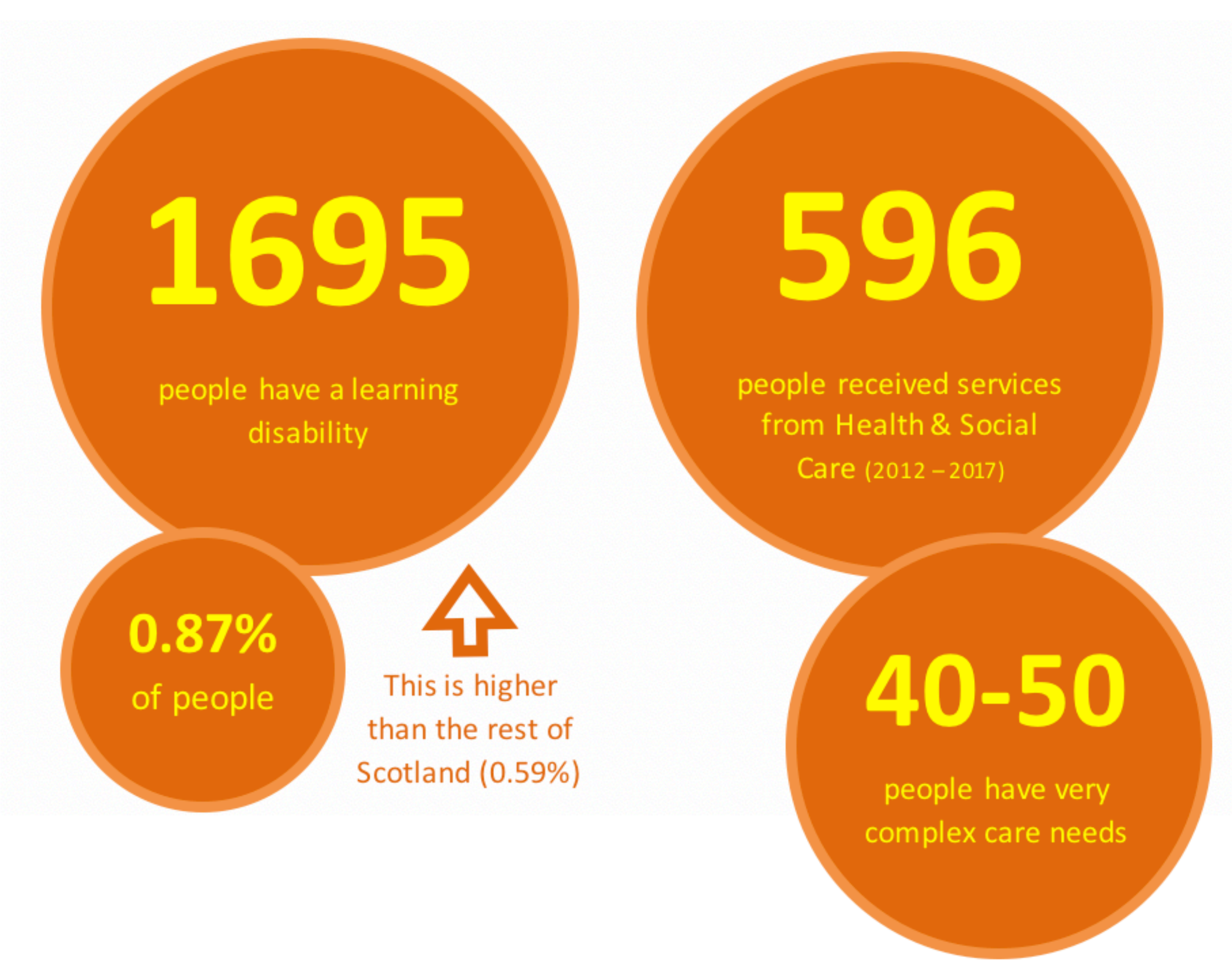
- Implement the new **British Sign Language legislation**

- Continue to work with the **Scottish Fire Service** to ensure sensory impairment is given the appropriate consideration and that referral pathways are effective and straight forward

- **Hearing Aid Maintenance and Repair Clinics** will be established in Libraries, using volunteers but with Audiology support. Develop and promote this at the Community Hospital as well as expanding the available services to include eg balance clinics.

Learning Disability

The national strategy THE SAME AS YOU? Published in 2000, presented the vision that 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. This vision still remains appropriate today.



National guidance:
Keys to Life (2013)

Local guidance:
Learning Disability Modernisation and Redesign Programme (2018)

Service Challenges

The number of people with a learning disability in Midlothian is growing each year.

Over recent years expenditure in learning disability has increased by over £2m per year. The current approach is not financially sustainable. We are developing new approaches that ensure people's needs are met through more cost-effective service design

PROGRESS IN 2017 -18

- New **purpose built accommodation** for 12 people with complex needs opened in Penicuik. This enables more people to remain in Midlothian whilst ensuring their specialist needs can be met.

- 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.**

- The **NHS Lothian Learning Disability Service** is now under local management arrangements increasing our capacity to work in a more integrated way with other local services.

- 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

KEY ACTIONS FOR 2018-19

- **REALISTIC CARE, REALISTIC MEDICINE PROGRAMME**
- **Reshape Day Services** - Following a major review of services during 2017-18 we will begin to implement new approaches to day services. These are designed to ensure that people receive services which they are interested in and are appropriate to their needs. We are particularly concerned to make sure that there are local services for young people leaving school who do not wish to go to more traditional day centres.

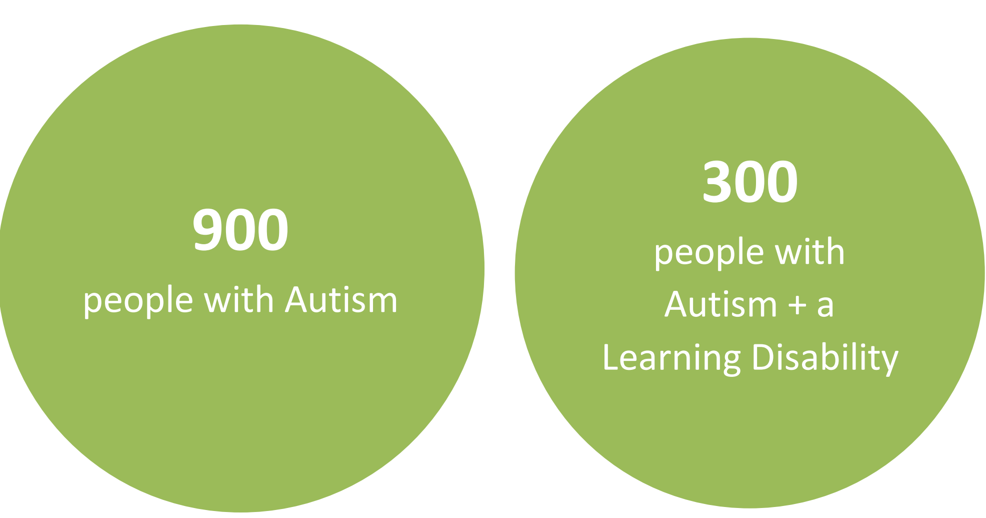
- **Reshape Housing** - Continue to work with the Council to provide more shared accommodation. We will also pursue plans to transform Primrose Lodge in Loanhead into a facility providing both residential and respite care.

- **Reshape Care Packages** - Continue the programme of reviews of care packages and explore how technology can enable people to live safely and more independently.

- Build on the introduction of the new 12 person service in Penicuik by **improving the behavioural support services** to people in their own homes.

Autism

The notion that people with autism should have agency in their own lives and that services should be more flexible and imaginative when working with autistic people and their parents and carers – and the enormous impact this makes when done successfully – was a theme that was common to all the autistic people and the families we met.



National guidance:
The Scottish Strategy for Autism Outcomes and Priorities 2018-2021

Local guidance:
Two Trumpets – Midlothian's Autism Strategy

Service Challenges

The main challenge now for the Autism Strategy Group is to continue the direct involvement of people with Autism and their families, using their experience to shape our actions. The website is being further developed to become more conversational and we are commissioning articles involving people with lived experience. These will lead to practical collaborative actions and sharing of experiences.

PROGRESS IN 2017 -18

- The **Midlothian Autism Strategy** ‘Two Trumpets’ was launched.
- An **awareness raising campaign** 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.
- ***autismideasinmidlothian.com*** was developed and launched. This incorporates a calendar feature on events and activities for Autistic People.
- The **Midlothian Autism Facebook page** was launched.
- An **Interactive Directory of Supports of Midlothian** resources was completed.
- **Fit, Fab, and Fun a group for women** with a learning disability and/or autism in Midlothian was established.
- Teviot Court, a development of **12 local authority houses for people with Complex Needs** was completed.
- **Expert Panels** were established to develop elements of the strategy related to training, social opportunities, employment and communication.

KEY ACTIONS FOR 2018-19

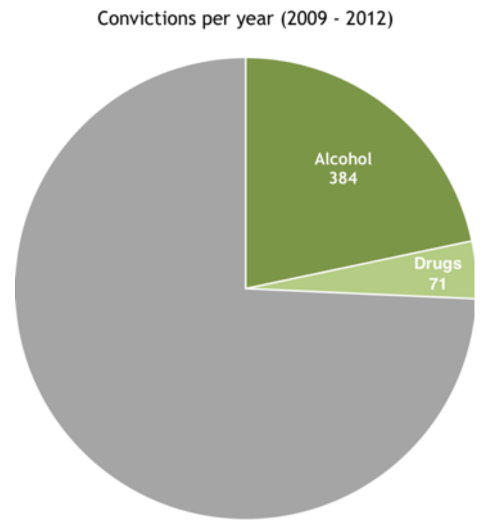
- We will **review and refresh ‘Two Trumpets’** and the work of the Expert Panels.
- We will develop a **Midlothian Specific Menu of Interventions.**
- We will establish a **Midlothian Community of Practice for Positive Behavioural Support.**
- We will build upon the **Safe House model** to avoid admission to hospital other than for assessment or treatment.
- We will **map Midlothian Training against Optimising Outcomes, the NES Autism Training Framework**.

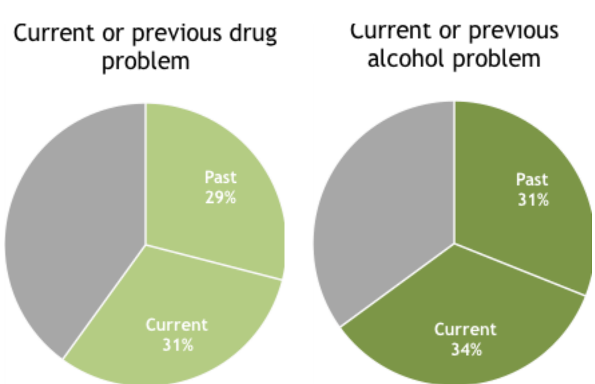
Criminal Justice

People who offend, or are at risk of doing so, are much more likely to experience multiple and complex health issues.

The Commission on Women Offenders Report 2012 highlighted that many women in the criminal justice system are frequent re-offenders with complex needs that relate to their social circumstances, a history of abuse, mental health and addiction problems.

Evidence links substance misuse and offending:





Criminal Justice Social Work Risk Assessment (2012-2013)

National Guidance:
The Community Justice (Scotland) Act (2016)

Local guidance:
Midlothian Community Safety and Justice Strategy

New Service Challenges
The Midlothian Community Safety and Justice Partnership will raise the profile and increase the demands on services to meet the health and social care needs of offenders.

It is important that all agencies, which can have an impact on the issues related to reoffending, are aware of the role they can play and willing to work in partnership to achieve the outcomes in the improvement plan. This includes mental and physical health services and drug and alcohol agencies

PROGRESS IN 2017-18

- 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

- In view of the growing waiting lists we increased financial support to the voluntary organisation **Rape Crisis**. We also awarded 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 have developed personality disorders.

- New governance arrangements through the Community Safety and Justice Board became operational and a **Community Justice Improvement Plan** was completed.

- The **Unpaid Work Service** became more focussed on learning outcomes, for example people can now work towards an SVQ module.

KEY ACTIONS FOR 2018-19

- **REALISTIC CARE REALISTIC MEDICINE PROGRAMME**
  Strengthen Prevention and Recovery in Criminal Justice

- Work in partnership with services in mental health and substance misuse through being collocated in the new **Recovery Hub** in Dalkeith.

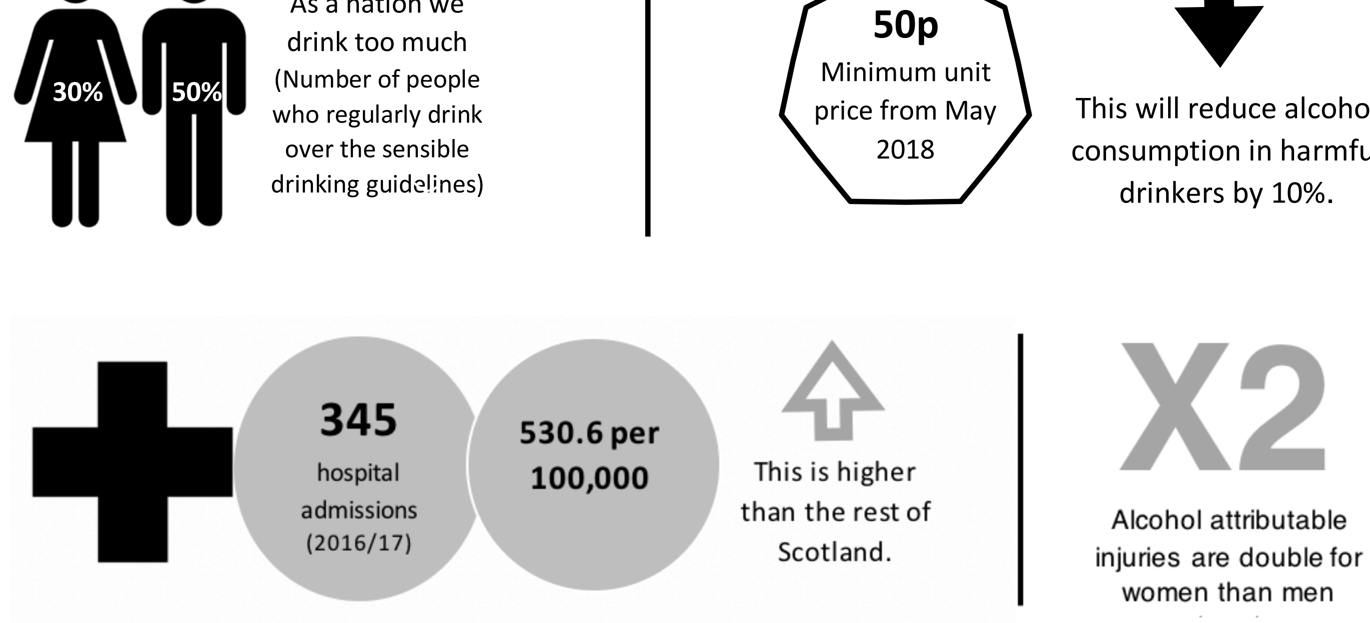
- Continue to equip our staff to respond to people who suffered trauma in the past using the **"Survive and Thrive"** approach.

- Increase our capacity to prevent offending by providing more **peer support** and help to address substance misuse.

- **Arrest Referral**, a service designed to work with people from the point of arrest, will be reintroduced in combination with a support service for people subject to electronic monitoring (usually on release from prison).

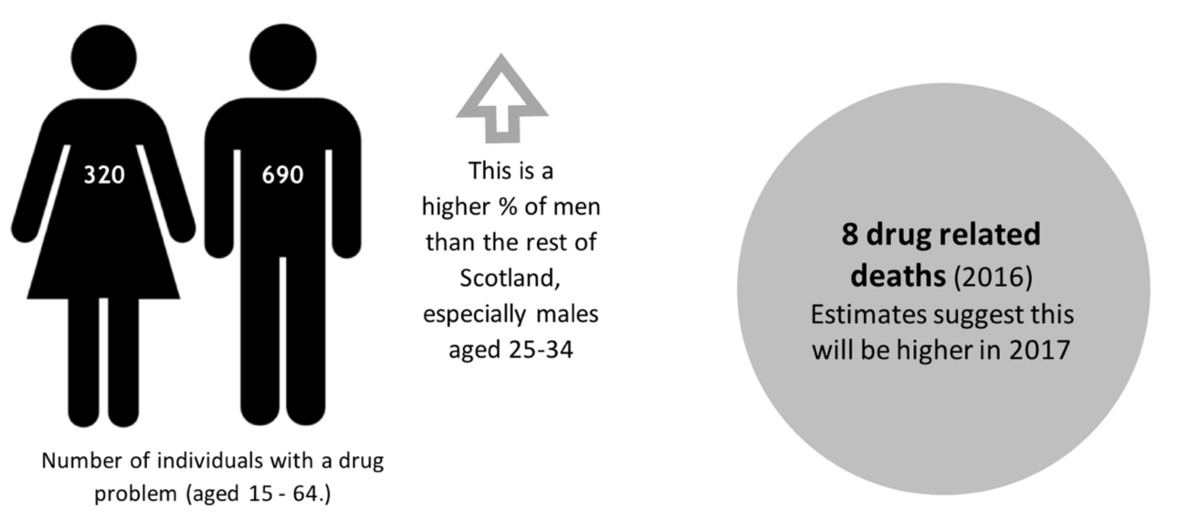
Substance Misuse

Alcohol - Alcohol misuse contributes to a wide range of health problems, deaths, hospital admissions, unintentional injuries and a range of diseases such as cancer.



Drugs - A drug problem is the problematic use of opiates (including methadone) and/or benzodiazepines and implies routine and prolonged use. People with drug problems are often marginalised in society and can have multiple complex needs.

Addressing wider social inequalities, for example in housing and employment, and tackling poverty, can play a role in the prevention of drug misuse and associated harms.



PROGRESS IN 2017 -18

- Continued to develop **Peer Support**. 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.
- Primary Care, community staff and others were supported to deliver **Alcohol Brief Interventions**. 5457 East and Midlothian residents benefited.
- Continued to work with partner agencies, families and drug users to keep people safe and **reduce drug related deaths**.
- People in recovery were supported to gain qualifications and skills that will help them gain employment. Seventy three people engaged in the **Recovery College** in Dalkeith during 2016-17.
- **Multi-agency training** was arranged. Over eighty staff members attended Children Affected by Parental Substance Misuse /GIRFEC training.
- The **Horizons Recovery Café** had a weekly attendance of around 60 customers. A well attended and active SMART Recovery Group met at the café each Friday morning.

KEY ACTIONS FOR 2018-19

- Develop integrated **Recovery Hub** involving staff from substance misuse services, mental health services, criminal justice social work staff and third sector partners.
- **Address areas for improvement** noted in the Care Inspectorate report.
- Produce a new **Statement of Licensing Policy** and oversee its implementation.
- **Collect information relating to alcohol use** e.g. the numbers of babies born with Foetal Alcohol Spectrum Disorders (FASD) and alcohol related hospital admissions.
- **Strengthen Peer Support** in the context of more assertive approaches to engaging with harder to reach clients and those who drop out of services. This will include 'harm reduction' support.

Artists impression of the new Recovery Hub in Dalkeith.

Resources – key shifts in their use.

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

- **Move from Failure Demand to Prevention**.
  Prevention is good for people and the utilisation of health and social care resources. Much preventative activity is delivered by partners within the broader Community Planning Partnership including employability support services, housing and leisure services. This reflects the findings of the Christie Commission on the future of public services.

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

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

- **Improved Quality and Access**
  High quality services and enabling quick access to them is likely to lead to reduced costs. People awaiting access to treatment for addiction or to psychological therapies are vulnerable to deteriorating further. People delayed in hospital are more likely to lose their independence skills.

- **Move from Working in Silos to Team Working**
  To provide holistic care we need to strengthen our approach to team working with joint teams across health, social care and voluntary organisations. We will also seek to create more effective working relations between based in local communities.

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

Resources: Key Actions

Primary Care	• **REALISTIC CARE REALISTIC MEDICINE PROGRAMME** Reshape Primary Care Reduce Spend on Prescribing Develop a Coherent Approach to Out of Hours Services • Plan for increasing need arising from the growing population. • Work with GPs to support the new Scottish GP contract including employing more Pharmacists, Physiotherapists, mental health nurses and Wellbeing workers. • Focus on reducing ill health through, for example, screening, health promotion programmes such as tackling obesity. • Working with GP Practices and the GP cluster we will continue to develop our understanding of frailty and reach out to people who are identified as frail. • Recruit more Health Visitors. • Develop the role of school nurses. • Train more nurses to cope with growing demand as more people are supported at home rather than in hospital.
Care Packages	• Consider opportunities for more integrated working through front line services. • Evaluate the Penicuik Housebound Project to consider opportunities for more locally based assessment and care management. • Support a new approach to transition from children's services. • Promote the Active and Independent Living Programme through the Occupational Therapy. • Ensure people have their needs assessed regularly.
Hospitals	• **REALISTIC CARE REALISTIC MEDICINE** Reduce acute hospital emergency bed days • Review the decision-making arrangements about where people are discharged to from acute hospitals. The options include Intermediate Care in Highbank; support from the Reablement Service; support from the Hospital at Home and Rapid Response Service, and two of the wards within Midlothian Community Hospital. • Address preventable admissions (people admitted to hospital who could have remained at home with treatment and support) – e.g. encourage people to be immunised against the 'flu'. • Improve pathways to local services - provide more localised services including outpatient clinics and day treatment at Midlothian Community Hospital. • Strengthen Community based support to People with Chronic Conditions - e.g. provide more services for diabetes in the community rather than in acute hospitals. • Develop a Care At Home and Delayed Discharge action plan. • Start winter planning in May to ensure we are fully ready for winter 2018/19.

Carers	• **REALISTIC CARE REALISTIC MEDICINE PROGRAMME** Implement the local Carers Strategy • Implement the new Carers Act including: • Implement the new Eligibility Criteria for services to carers • Introduce the new approach to Adult Carer Support Plans • Work with voluntary organisations to complete a Carers Census to understand how many carers there are and the level of support they provide • Work with voluntary organisations to further promote more flexible approaches to the provision of short breaks and respite care. • Continue to participate in the Penicuik Housebound Project exploring how best to support carers (as part of Penicuik locality work). • Improve services to carers who are supporting people in receipt of palliative care.
Housing and Property	• Develop a detailed plan for extra care housing. • Planning for the development of extra care housing in Dalkeith. • Alter contracts with sheltered housing providers as their style of support changes. • Develop a local property strategy to plan for future requirements including new or expanded health centres and a replacement for Highbank Intermediate Care Centre. • Prepare a brochure of all types of supported accommodation in Midlothian.
Workforce	• Complete action plans for each service area of the Midlothian Health and Social Care Partnership. • Support opportunities for Team Leader and team development. • Delivery of opportunities for good conversations between staff and senior managers on transformation and challenge. • Focus on working closely with communities • Develop excellent induction to the Partnership. • A career in care - continue investment in promoting a Career in Care.
Voluntary Sector	• Hold quarterly meetings between Health and Social Care senior managers and representatives of the voluntary sector providers.
Technology Enabled Care	• Review how we can enable new models of support through the adoption of technology e.g. overnight care in learning disabilities. • Out of Hours GP: Explore the potential to develop telehealth assessment/review by unscheduled GP care services in care homes using videoconferencing. • Data: support appropriate sharing of information between health and social care. • Provide easily accessible information to the public and local services. • Telecare: The existing analogue UK telecoms infrastructure is being replaced by a digital one. Our existing analogue equipment is also likely to be rendered obsolete. • Explore new service offerings e.g. activity monitoring combined with other key measures to explore risk of falls.

Primary Care

Primary care is the first point of contact with the NHS. Nationally and in Midlothian we are in the process of transforming Primary Care. This is recognition of the growing demand and the workforce pressures in General Practice and Community Nursing.

Services include:

- **G.P.s,**
- **district nurses,**
- **Physiotherapists,**
- **Occupational Therapists**
- **Pharmacists.**

£18.3m

spent on medication (2017/18) - a large proportion of our budget.

Other services in the wider primary care team

- **Dentists**
- **Opticians**
- **Continence Advice**
- **Urgent out of hours medical services provided by Lothian Unscheduled Care Service across Lothians**

National Guidance

2020 Vision for Scotland's Health Service is clear about the need to strengthen the role of primary care to keep people healthy in the community for as long as possible.

A National Review of Primary Care Out of Hours Services continues to consider how best to deliver out of hours services.

New Service Challenges

Some Practices struggled to meet the standard of offering telephone advice or an appointment within 48 hours.

During 2017-18, six GP Practices were working with restricted lists, limiting the number of new registrations.

The public raised concerns through a range of open forums about access to their GP.

The population in Midlothian is growing rapidly. The workload for community nursing teams is increasing, alongside difficulties in recruiting

PROGRESS IN 2017 -18

- A new health centre was built and opened in Loanhead.
- New physiotherapy and pharmacy services were established in some health centres.
- The interagency project in Penicuik to support housebound patients made progress.
- A GP surgery has been created in Newtongrange and will open in 2018.
- All GP Practices completed the Macmillan Cancer Care project.

KEY ACTIONS FOR 2018-19

- **REALISTIC CARE REALISTIC MEDICINE PROGRAMME**
  Reshape Primary Care
  Reduce Spend on Prescribing
  Develop a Coherent Approach to Out of Hours Services

- We will continue to plan for increasing requests for primary care from the growing population.
- We will work with local GPs to support the implementation of the new Scottish GP contract including employing more Pharmacists, Physiotherapists, mental health nurses and Wellbeing workers.
- We will continue to focus on health improvement and tackling inequalities, through for example, screening, health promotion programmes such as tackling obesity.
- Working with GP Practices and the GP cluster we will continue to develop our understanding of fraility within the community and reach out to people who are identified as frail.
- Recruit more Health Visitors to meet the new pathway providing more home visits to children.
- Develop the role of school nurses as part of the national transformation programme.
- Continue to train more nurses to cope with growing demand as more people are supported at home rather than in hospital. This is made more challenging with the number of people retiring from the profession.

Care Packages

The number of people who will need care packages is difficult to predict.

While the number of older people and the number of children surviving with complex needs is growing, the emphasis on prevention, rehabilitation and recovery is likely to reduce demand.

Nevertheless the major financial challenge facing public bodies combined with growing workforce shortages in social care mean it is critical that we review our approach to the delivery of care packages.

National Guidance

The report by the Chief Medical Officer - **Realistic Medicine** – has prompted a similar reflection on our approach to social care in Midlothian

Approximately
2000
adults are in receipt of some form of care

Total Budget
£42m

New Service Challenges,

The model of social care is changing, shifting to be more person centred to address individual need and improve the person's outcomes.

Self Directed Support enabled many people to exercise more control over their care. However, we need to pay more attention to overseeing care arrangements to ensure that we are as efficient as possible with our limited resources, whether this be in providing transport, day care or overnight support.

We must be alert to more cost-effective ways of meeting people's needs, such as making full use of local voluntary resources and new technology. Our goal is to retain this more person centred approach to providing care services in ways that are realistic.

PROGRESS IN 2017 -18

- A range of new policies were approved to ensure services are provided equitably. These included Fair Allocation of Care, Transport and Day Services.
- A Review Team made good progress in reviewing packages of care for people who had not had their needs reassessed for some time. This will ensure people are getting the right level and type of support including making best use of new technology.
- Stronger interagency working has been supported by enabling organisations such as Red Cross, Deaf Action and Royal Institute for the Blind to be based alongside the social work team each week.
- A Public Engagement Strategy helped the public understand the changes required in social care in response to financial pressures and workforce shortages.

KEY ACTIONS FOR 2018-19

- Consider how to strengthen involvement of families during the process of assessment, design of support and development of Anticipatory Care Plans.
- Following the changes planned in the management structures towards more integrated arrangements further work will be undertaken to consider opportunities for more integrated working through front line services.
- Evaluate the Penicuik Housebound Project to consider opportunities for more locally based assessment and care management.
- Support a new approach to transition from children's services following implementation of a new policy to strengthen this.
- Promote the Active and Independent Living Programme through the Occupational Therapy service in both health and social work to promote independence and self-management.
- Ensure people have their needs assessed regularly with a target for all care packages to be reviewed at least once a year.

Hospitals

There are a number of hospitals for patients in Midlothian.

Midlothian Community Hospital:

-20 continuing care beds for frail elderly patients
-20 rehabilitation beds for older people
-44 beds for elderly patients with mental health needs.
-Physiotherapy and occupational therapy,
-Out-patient department
-Lothian's GP Out-of-Hours service
-X Ray Department

Royal Edinburgh:

-Beds for patients with acute psychiatric and mental health needs, including treatment for learning disabilities and dementia.
-Specialist treatment for alcohol problems and young people's mental health.

Astley Ainslie:

-Rehabilitation services for adults with acquired brain injury, stroke, orthopaedic injuries, limb amputation, and progressive neurological disorders such as multiple sclerosis (MS).
-Community Services for patients with chronic pain, cardiac rehabilitation and angina management.
-The South-East Mobility and Rehabilitation Technology (SMART) Centre
-Lanfine Service - for adults with progressive neurological conditions.

Royal Infirmary Edinburgh:

- With a 24hr A&E department, it provides a full range of acute medical and surgical services for patients across Lothian and specialist services for people from across the south east of Scotland and beyond.
-Surgical, medical and maternity

Western General Edinburgh

Regional centre for cancer, neuroscience and infectious diseases

St John's:

-Plastic Surgery

New Service Challenges

Midlothian has prided itself on its performance with delayed discharge (people fit to be discharged but not able to do so because the necessary care arrangements were not in place). Our performance deteriorated in 2017-18 despite a huge effort by a wide range of staff.

One factor was the lack of care at home staff. While the situation has improved we have work to do to ensure people can be discharged as soon as they are fit to do so. We are seeking to expand extra care housing as well as trying to grow the capacity of communities to support older people and avoid isolation.

National Guidance:

Ministerial Strategic Group for Health and Community Care **tracks:**

- Unplanned hospital admissions
- Occupied bed days for unscheduled care and A&E
- Delayed discharges
- End of life care
- Spend across institutional and community services

PROGRESS IN 2017 -18

- Explored the possibility of most frail elderly patients from Midlothian being admitted to the Royal Infirmary unless they require specialist treatment only available in the Western General. Progress has been limited in part because of the national work considering a more regional approach to Acute Hospitals.
- Specialist services for people with respiratory diseases are now provided through the MERRIT team helping to maintain people at home rather than being admitted to hospital.
- The rehabilitation services previously provided in Liberton Hospital have transferred to Midlothian Community Hospital.
- A Public Engagement Strategy helped ensure the public understand and are able to support the changes required in social care in response to financial pressures and workforce shortages.
- Daily meetings take place involving Health and Social Work staff including Midlothian Commuity Hospital and the Dementia Team to consider arrangements for patients in acute hospitals.

KEY ACTIONS FOR 2018-19

- **REALISTIC CARE REALISTIC MEDICINE PROGRAMME**
  Reduce acute hospital emergency bed days
- Review the decision-making arrangements about where people are discharged to from acute hospitals. The options include Intermediate Care in Highbank; support from the Reablement Service; support from the Hospital at Home and Rapid Response Service, and two of the wards within Midlothian Community Hospital.
- Address preventable admissions (people admitted to hospital who could have remained at home with treatment and support) - This will include a campaign to encourage people and staff to be immunised against the ‘flu’.
- Improve pathways to local services - Continue to explore how to provide more localised services including outpatient clinics and day treatment at Midlothian Community Hospital.
- Strengthen Community based support to People with Chronic Conditions - e.g. Explore ways to provide more services for diabetes in the community rather than in acute hospitals.
- Develop a Care At Home and Delayed Discharge action plan.
- Start winter planning in May to ensure we are fully ready for winter 2018/19.

Carers

Figures reveal that a significant part of the 'shift of the balance of care' is undertaken by unpaid carers and reflected in the increase in the intensity of caring. For example over just ten years the number of people caring for over 20 hours in Midlothian increased by 35.7%

8000

people care for a relative or friend

10%

of the population

2100

people care for 50+ hours a week

National Guidance:
The Carers (Scotland) Act (2016)

Local Guidance:
Midlothian Carer strategy and action plan (2017 – 2019)

New Challenges

In 2017 – 18 a number of pilot projects were undertaken across the country. The aim of the pilots was to test out various provisions of the Act in certain discrete localities so that any learning and good practice could be shared on a Scotland wide basis prior to the Act's commencement.

The introduction of the new Act has resulted in a range of new guidance and responsibilities for the Partnership and organisations involved in supporting carers including the completion of an annual census of unpaid carers.

PROGRESS IN 2017 -18

- Completion and publication of a new local Carers Strategy which focusses on the following key areas:
  - being identified and valued earlier
  - more informed and confident carers
  - improved health and wellbeing
  - being more involved in support planning
  - improved financial wellbeing
  - carer awareness in employment and education

- Successful pilot of Adult Carer Support Plans including the completion of Emergency Plans for Carers

- Development and approval of local Eligibility Criteria for Carers in line with the new Carers Act

- Reintroduced funding (£30,000) for the Wee Breaks Service

- Support for Carers health and wellbeing provided through the Community Health Inequalities Team

KEY ACTIONS FOR 2018-19

- **REALISTIC CARE REALISTIC MEDICINE PROGRAMME**
  Implement the local Carers Strategy

- Implement the new Carers Act including:
  - Implement the new Eligibility Criteria for services to carers
  - Introduce the new approach to Adult Carer Support Plans
  - Work with voluntary organisations to complete a Carers Census to understand how many carers there are and the level of support they provide

- Work with voluntary organisations to further promote more flexible approaches to the provision of short breaks and respite care.

- Continue to participate in the Penicuik Housebound Project exploring how best to support carers (as part of Penicuik locality work).

- Improve services to carers who are supporting people in receipt of palliative care.

Housing and Property

Changes to the organisation of health and social care focused on services provided by the NHS and Council Social Care services. However we recognise the critical role played by housing providers through the need for the inclusion of a Housing Contribution Statement in our Strategic Plan.

The main objective of health and social care reform is the reduction on the reliance on institutional care and hospitals.

As we age, staying at home is a viable option for most of us. This depends on our home's location, accessibility, size, energy efficiency and proximity to local amenities. National guidance encourages new build housing to incorporate design features that enable people to remain in their homes longer or easily adapt them.

National guidance

The Scottish Government will work to increase the supply of affordable housing in Scotland to deliver at least 50,000 affordable homes, of which 70% will be for social rent

New Challenges

The pace of house building impacts services and communities as the population grows.

By April 2018 there will no longer be any registered sheltered housing in Midlothian. The Council's increased provision of alternative types of accommodation, for example, extra care housing, will help alleviate this over the coming years.

New purpose built accommodation for people with complex needs at Teviot Court in Penicuik.

PROGRESS IN 2017-18

- Opened new purpose built accommodation for 12 people with complex needs at Teviot Court in Penicuik.
- Completed detailed planning for 12 new extra care bungalows in Gorebridge - this includes 2 houses for bariatric patients. The houses should be complete by summer 2019.
- The Council agreed as part of the new housing programme that extra care housing should be built for older people while more shared accommodation will be built for people with learning disabilities.
- The Council continued to work with Viewpoint Housing Association to remodel existing accomodation to extra care housing. This will add to services already available at Cowan Court and Hawthorn Gardens in Loanhead (Trust Housing Association).
- New guidance, "Support to Move - A guide for people in Midlothian", supported people whose accommodation is becoming unsuitable and may be thinking of adaptations or a move.
- Negotiations with private developers resulted in a recognition that they should make a contribution to the provision of new health centres to help address the demands of a growing population.
- Midlothian Council agreed to fund a new Recovery Hub for services in mental health, substance misuse and criminal justice. As well as health and social work staff, teams from the voluntary sector and Peer Supporters will also be based there.

KEY ACTIONS FOR 2018-19

- Develop a detailed plan for extra care housing across Midlothian.
- Undertake detailed planning on the development of extra care housing in Dalkeith on the Newmills Road Site (Ex Dalkeith High School).
- Alter existing contracts with sheltered housing providers as their style of support changes.
- Develop a local property strategy to plan for future requirements including new or expanded health centres and a replacement for Highbank Intermediate Care Centre.
- Prepare a brochure of all types of supported accommodation in Midlothian.

Workforce

The Midlothian Health and Social Care Workforce Framework will provide a bedrock for the full Workforce Plan, made up of individual Service Plans by being:

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

We want to support the people of Midlothian to maintain healthy, independent lives and have access to services and community resources that support their health and wellbeing. To do this we need to nurture a high quality, skilled, courageous and compassionate workforce that promotes dignity, safety and respect, taking a strengths-based approach to supporting the people of Midlothian. Successfully implementing this plan provides a consistent and positive step towards meeting that commitment and our ambition.

National guidance: There has been a wide range of national guidance. This reflects the growing reception of the need to plan for the workforce needs of Health and Social Care.

- **Scottish National strategy for H & SC Workforce Planning**.
- **Safe and effective Staffing**.
- **National Regional Workforce Planning for NHS services**
- Investment through the Active and Independent Living Programme
- **National Strategy for Community Justice**
- **Mental Health Strategy 2017-2027**
- **Integration Digital Health and Social Care Strategy**

New challenges

Expansion of Early Learning & Child Care will have an impact on recruitment to Social Care services

PROGRESS IN 2017 -18

- All sectors had access to the **Lothian's Team Development Toolkit**.
- A programme of **varied opportunities for Team Leaders and operational frontline supervisors** was developed.
- Workshops continued and expanded in topic area to cover **Health Inequalities**.
- **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.
- Service reviews have been addressing the **redesign of roles for the future**.
- Implementation of the **Living Wage** for social care staff.
- **Midlothian IJB Workforce Planning Framework** was developed and provides a foundation for individual service action planning.

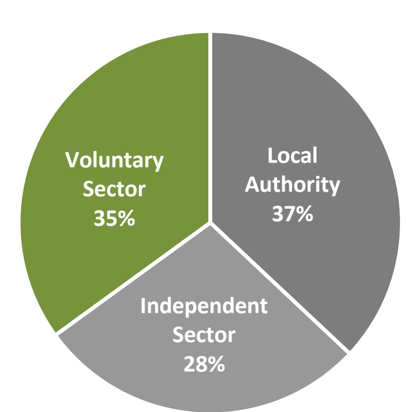
KEY ACTIONS FOR 2018-19

- Complete **action plans for each service area** of the Midlothian Health and Social Care Partnership: Working together; Leadership; Skills & knowledge; Staff health and wellbeing; Recruitment & retention; Working with neighbourhoods and communities; Communication.
- Continue to support opportunities for Team Leader and team development, making good use of the **Lothians Team Development toolkit**.
- Opportunities for **good conversations between staff and senior managers** on transformation and challenge.
- **Work closely with communities**: Bridging the gap and building trust and confidence.
- **Develop excellent induction for staff** - setting the scene and the approach and expectation of the H & SCP from the start
- Continue investment in **promoting a Career in Care** working closely with partners in the voluntary and independent sectors.

Voluntary Sector

Voluntary and community organisations play a critical role in the provision of social care services in Midlothian. They are the major provider of services to people with learning disabilities and mental health needs. They are central to reducing isolation through lunch clubs, day centres, buddy schemes, local area coordination and peer support.

While public service finances have had an impact on voluntary organisations it is worth recognising that 35% of the total Adult Social Care budget spend is with the voluntary sector



National Guidance
The Community Empowerment Act.

PROGRESS IN 2017 -18

- The voluntary sector was represented on the IJB, the Strategic Planning Group & on all specific planning groups.
- The voluntary sector worked in closer partnership through co-location with statutory agencies in areas such as primary care, substance misuse, mental health, dementia, rapid response and in health centres. Voluntary organisations have contributed to the redesign of learning disability day services and to the pilot project related to the Carers Act

KEY ACTIONS FOR 2018-19

- Hold quarterly meetings between Health and Social Care senior managers and representatives of the voluntary sector providers in order to develop and implement new approaches to the delivery of Health and Social Care.

Technology Enabled Care

The traditional service model for health and social care will not be able to cope with the financial pressures and the ageing population. We must find new ways of supporting people and enabling them to stay well that are sustainable. Increasingly this will include redesigning services to embed and incorporate the right technologies to support new care models. This approach is in line with the wider impact of new technology in our day to day lives.

It is not simply about the right 'kit' but how the right care can be supported by technology. For example the delivery of better care can be facilitated by helping family members share information about the person for whom they are caring with one another as well as with health and social care staff; a simple smartphone or computer can support this but fundamentally the focus is supporting good communication.

National guidance:

Digital Health and Social Care Strategy (2008)

Service Challenges:

Later this year the current TEC (Technology Enabled Care) Programme is due to end. Details of the next round of funding have yet to be announced.

PROGRESS IN 2017 -18

- Videoconferencing – Since February 2017 videoconferencing has increased participation in training and reduced travel. 10 of the 11 care homes participated. Staff can attend training within their care home, delivered remotely using the equipment. Within the first 6 months we had delivered a total of 12 training sessions, attended by 386 staff.
- eFrailty - the eFrailty Index assessment within GP practice computer programmes can help to identify people with frailty. The Partnership also invested in a tool to access data from each practice to support strategic planning and develop services.
- Malnutrition Management - we used technology to monitor patients receiving dietetics care for malnutrition.

KEY ACTIONS FOR 2018-19

- Realistic Care, Realistic Expectations: We will review how we can enable new models of support through the adoption of technology in practice e.g. overnight care in learning disabilities.
- Out of Hours GP: Explore the potential to develop telehealth assessment/review by unscheduled GP care services in care homes using videoconferencing.
- Data: Progress developments to support appropriate sharing of information between health and social care.
- Information Hub: Explore solutions to provide easily accessible information to the public and local services.
- Telecare: The existing analogue UK telecoms infrastructure is being replaced by a digital one. This has consequences for telecare as our existing analogue equipment is also likely to be rendered obsolete.
- Explore new service offerings e.g. activity monitoring combined with other key measures to explore risk of falls.

COMMUNICATING CLEARLY

We are happy to translate on request and provide information and publications in other formats, including Braille, tape or large print.

如有需要我們樂意提供翻譯本，和其他版本的資訊與刊物，包括盲人點字、錄音帶或大字體。

Zapewnimy tłumaczenie na żądanie oraz dostarczymy informacje i publikacje w innych formatach, w tym Braillem, na kasecie magnetofonowej lub dużym drukiem.

ਅਸੀਂ ਮੰਗ ਕਰਨ ਤੇ ਖੁਸ਼ੀਂ ਨਾਲ ਅਨੁਵਾਦ ਅਤੇ ਜਾਣਕਾਰੀ ਤੇ ਹੋਰ ਰੂਪਾਂ ਵਿੱਚ ਪ੍ਰਕਾਸ਼ਨ ਪ੍ਰਦਾਨ ਕਰਾਂਗੇ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਬਰੇਲ, ਟੇਪ ਜਾਂ ਵੱਡੀ ਛਪਾਈ ਸ਼ਾਮਲ ਹਨ।

Körler icin kabartma yazilar, kaset ve büyük nüshalar da dahil olmak üzere, istenilen bilgileri saglamak ve tercüme etmekten memnuniyet duyariz.

اگر آپ چاہیں تو ہم خوشی سے آپ کو ترجمہ فراہم کر سکتے ہیں اور معلومات اور دستاویزات دیگر شکلوں میں مثلاً بریل (نابینا افراد کے لیے اُبھرے ہوئے حروف کی لکھائی) میں، ٹیپ پر یا بڑے حروف کی لکھائی میں فراہم کر سکتے ہیں۔

Contact 0131 270 7500 or email: enquiries@midlothian.gov.uk

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Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

Measuring Performance Under Integration

Item number:	**5.6**

Executive summary

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

Board members are asked to:

- Discuss performance across the improvement goals.

- Note that information on the ranking of Midlothian IJB against other IJBs and the rate against the population has been included for some indicators.

Report

Measuring Performance Under Integration

1. Purpose

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

2. Recommendations

- Comment on performance across the improvement goals.
- Note that information on the ranking of Midlothian IJB against other IJBs and the rate against the population has been included for some indicators.

3. Background and main report

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

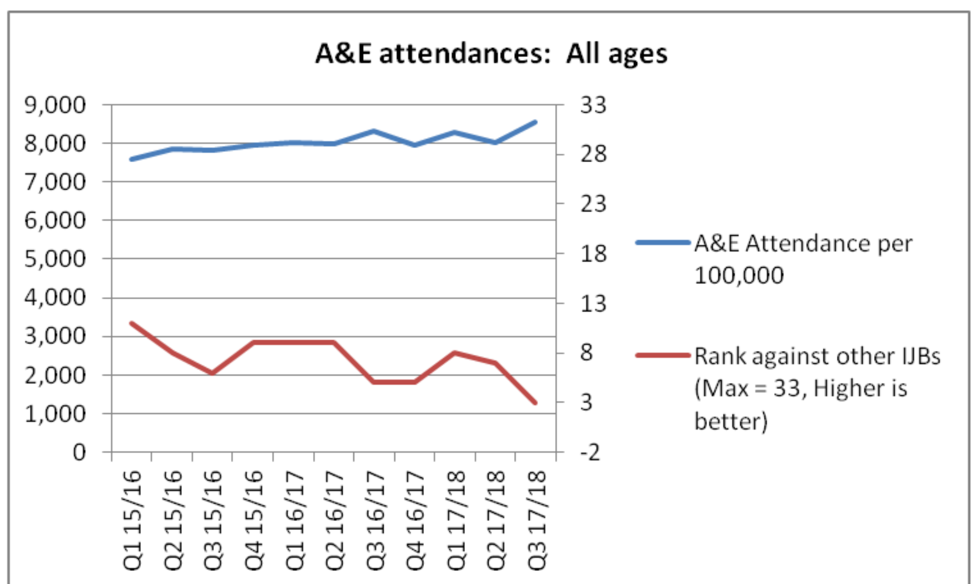
Midlothian IJB Local Improvement Goals
1: Reduce unscheduled admissions by 5% by September 2018
2: Reduce unscheduled hospital occupied bed days by 10% by April 2019
3: Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home
4: By April 2018 over 87% of patients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

4. Ranking and Rate

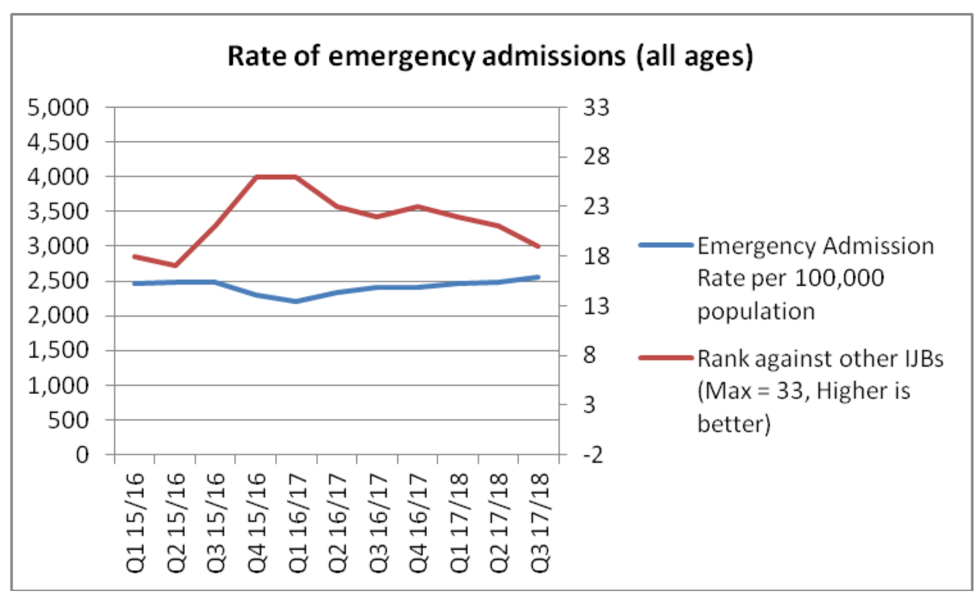
4.1 The IJB in March 2018 requested further information to understand performance as a rate of the population. This information is not routinely available for all the IJB's Local Improvement Goals but has been provided by ISD Scotland from the LIST team for A&E activity, unplanned admissions and unplanned occupied bed days.

4.2 Data presented in this section is for 'all ages' which is different to the IJB's Local Improvement Goals.

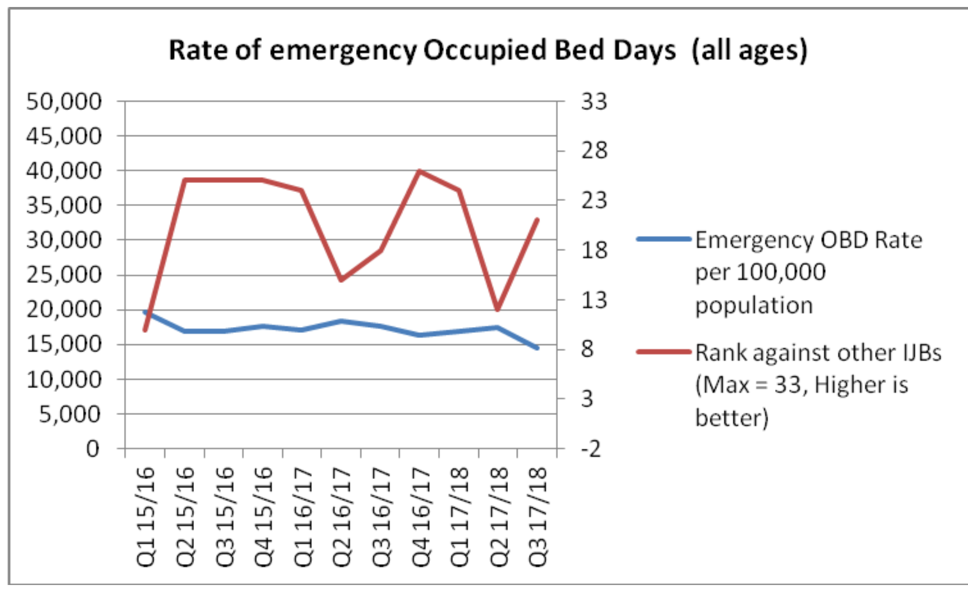
4.3 **A&E Attendance:** This shows that the rate is increasing (improvement direction is for rate to decrease) and ranking against other IJB areas is falling (improvement direction is to increase).



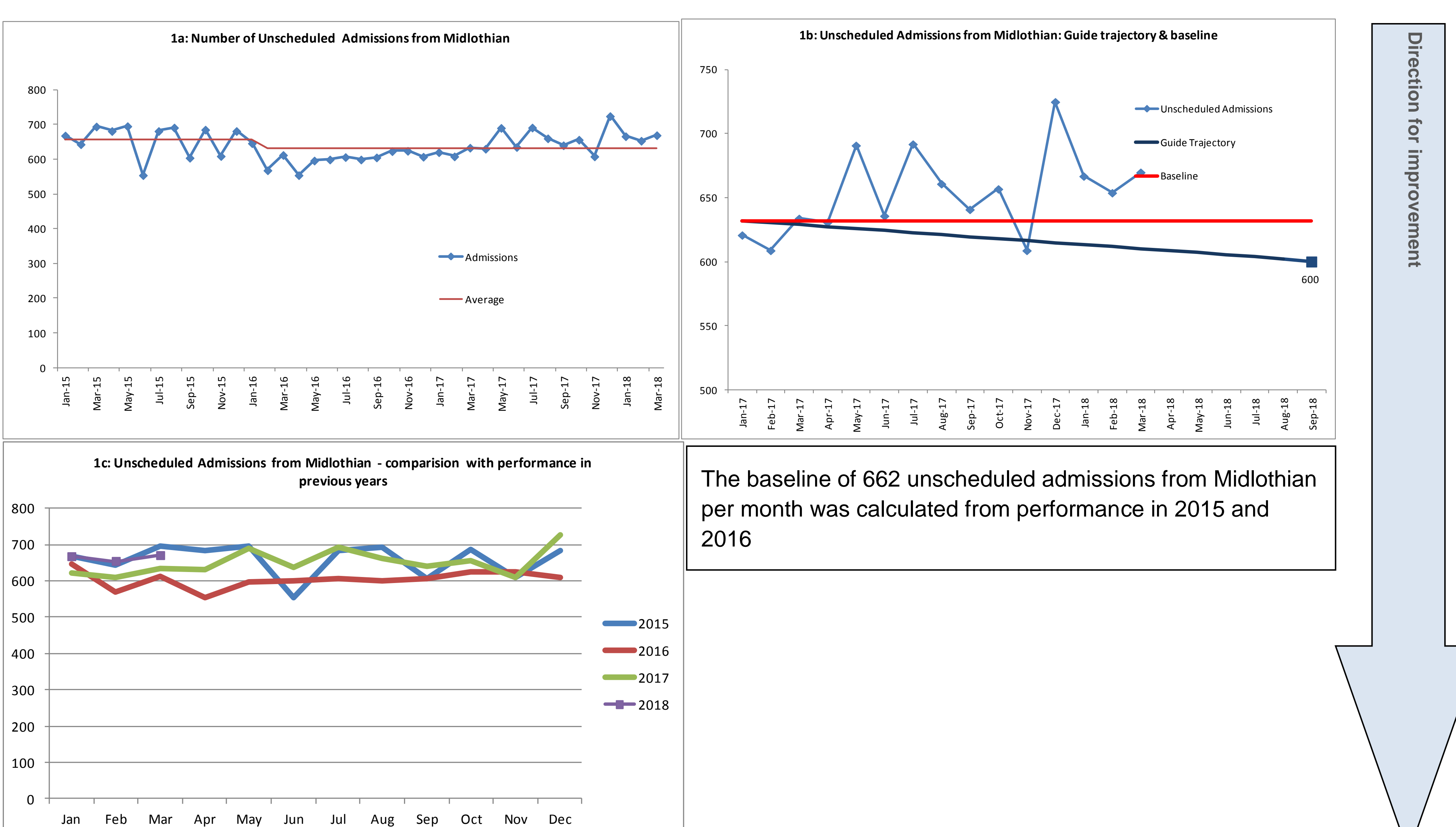
4.4 **Emergency Admissions:** This shows that the rate of emergency admissions is increasing after falling to a low in Q1 2016/17. However the ranking against other IJBs shows that Midlothian IJB is above the average.



4.5 **Unplanned Occupied Bed Days (OBD):** This shows a trend where the rate of OBD in Midlothian has decreased and ranking against other IJBs has broadly remained above average.

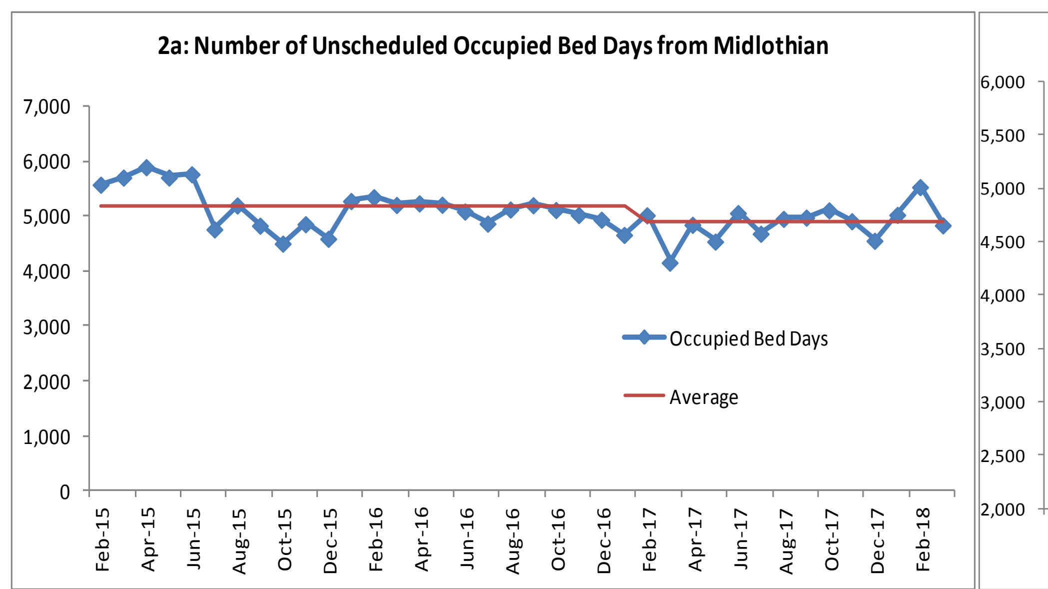


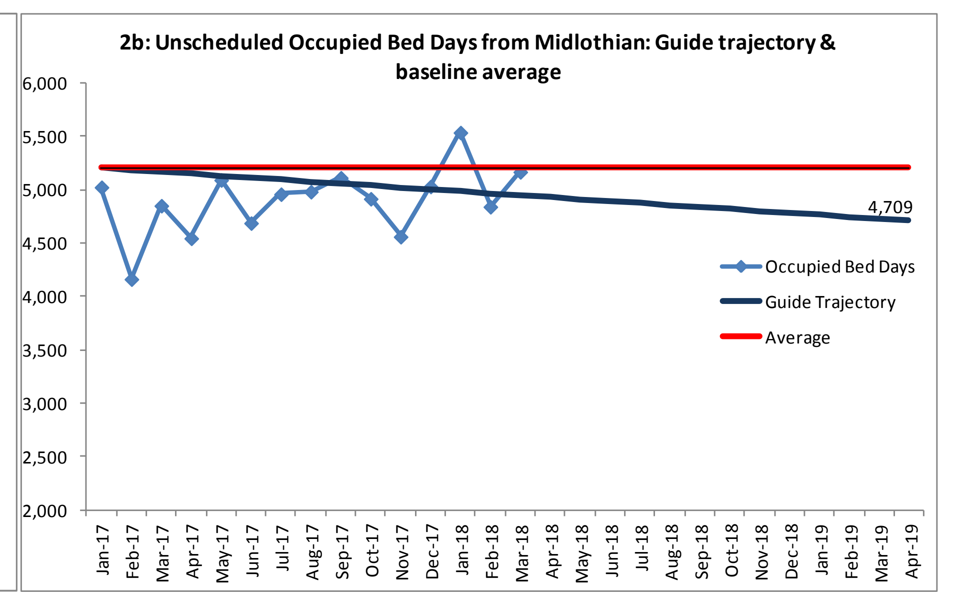
1: Reduce Unscheduled Admissions by 5% by September 2018 Baseline: 662 admissions per month



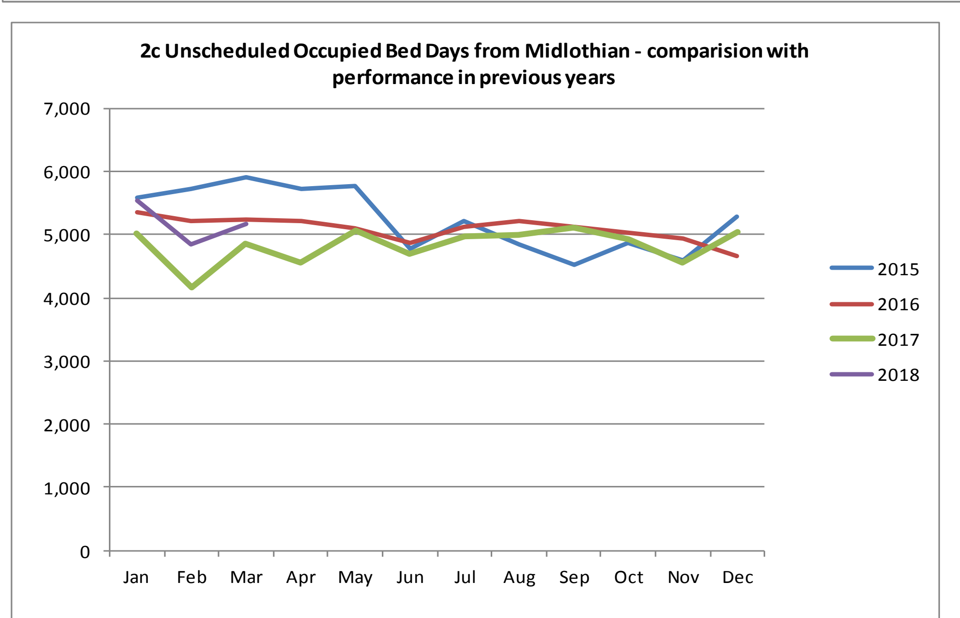
The baseline of 662 unscheduled admissions from Midlothian per month was calculated from performance in 2015 and 2016

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





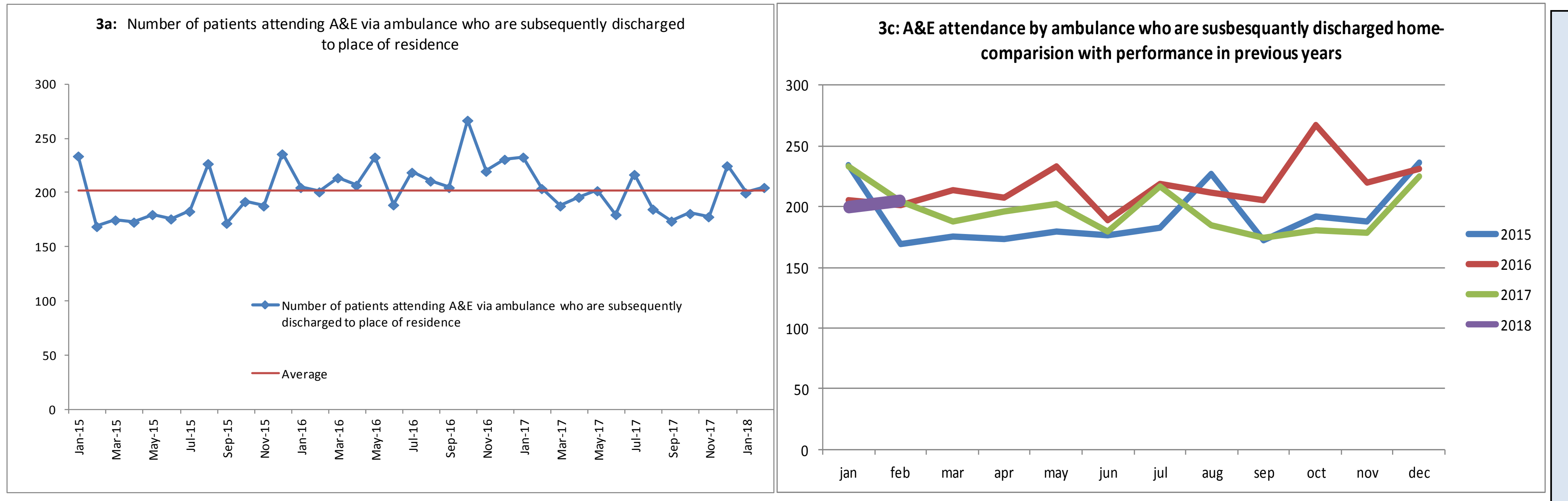
Direction for improvement



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

There is seasonally variation apparent in chart 2a.

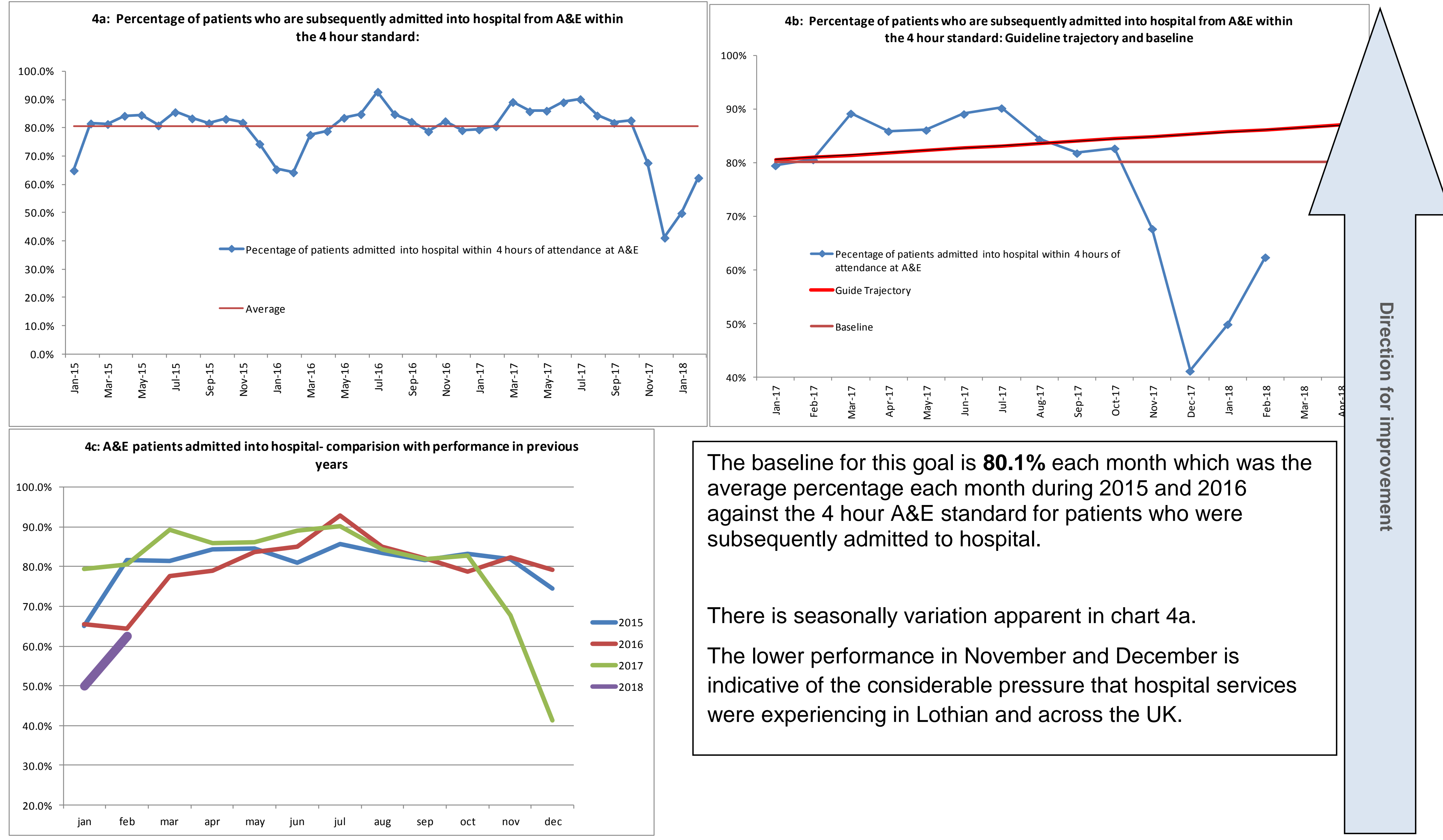
3. Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home Baseline: 206



Direction for improvement

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

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



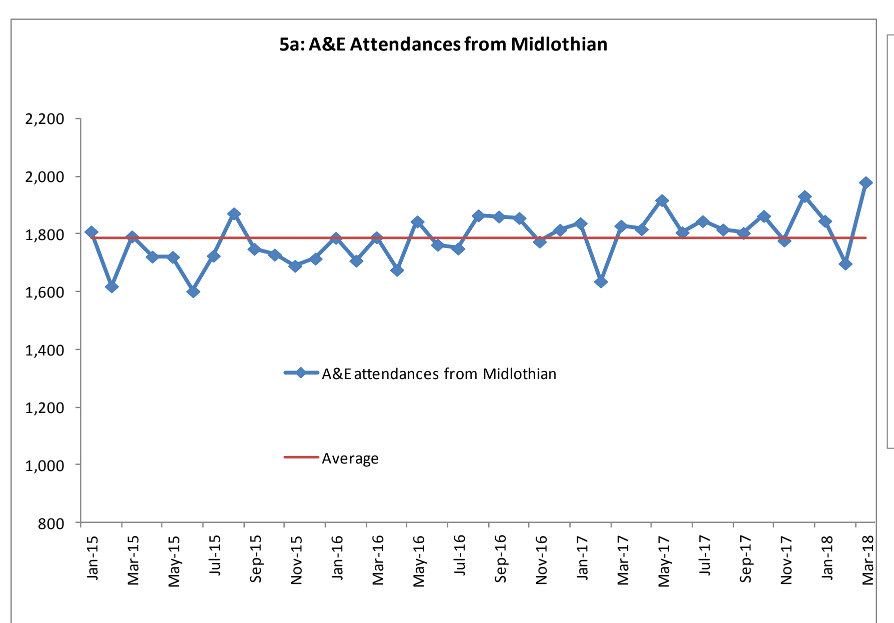
The baseline for this goal is **80.1%** each month which was the average percentage each month during 2015 and 2016 against the 4 hour A&E standard for patients who were subsequently admitted to hospital.

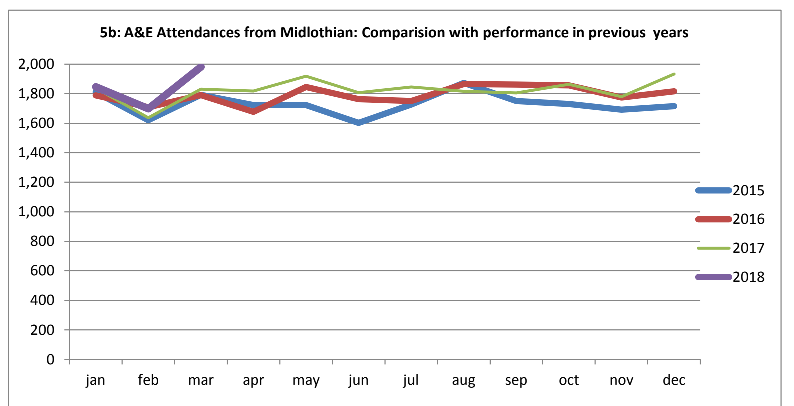
There is seasonally variation apparent in chart 4a.

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

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

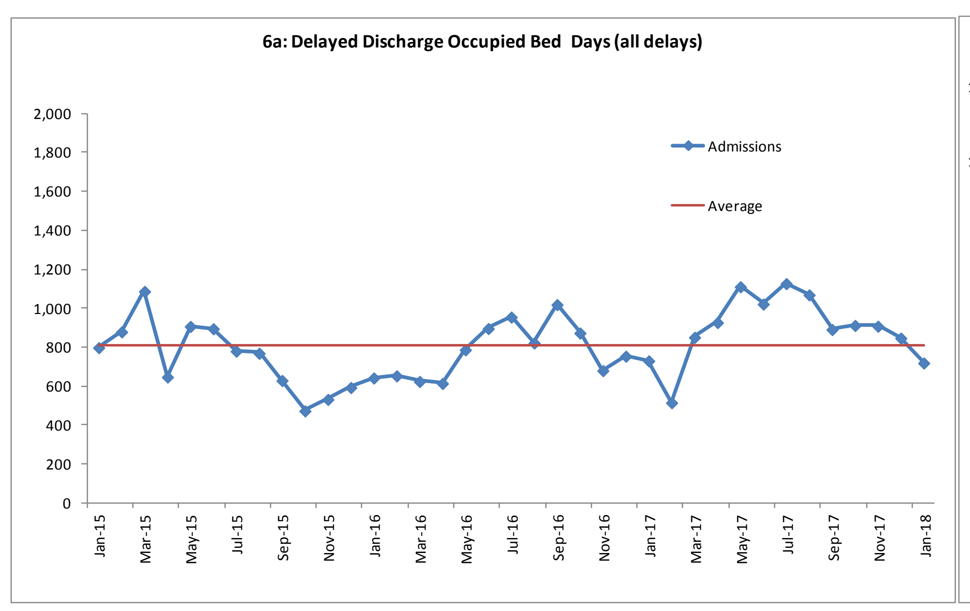
Baseline: 1,756 A&E attendances

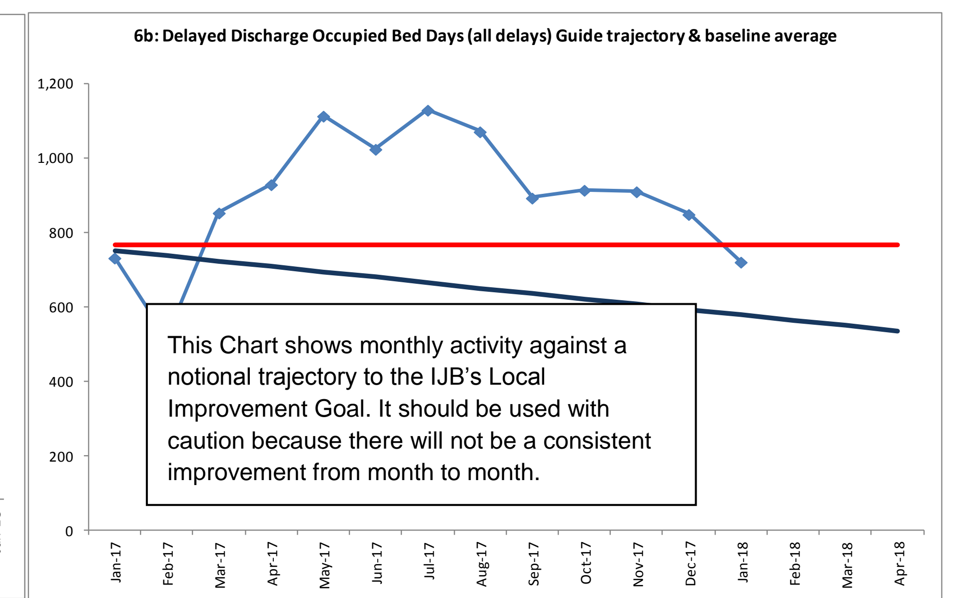




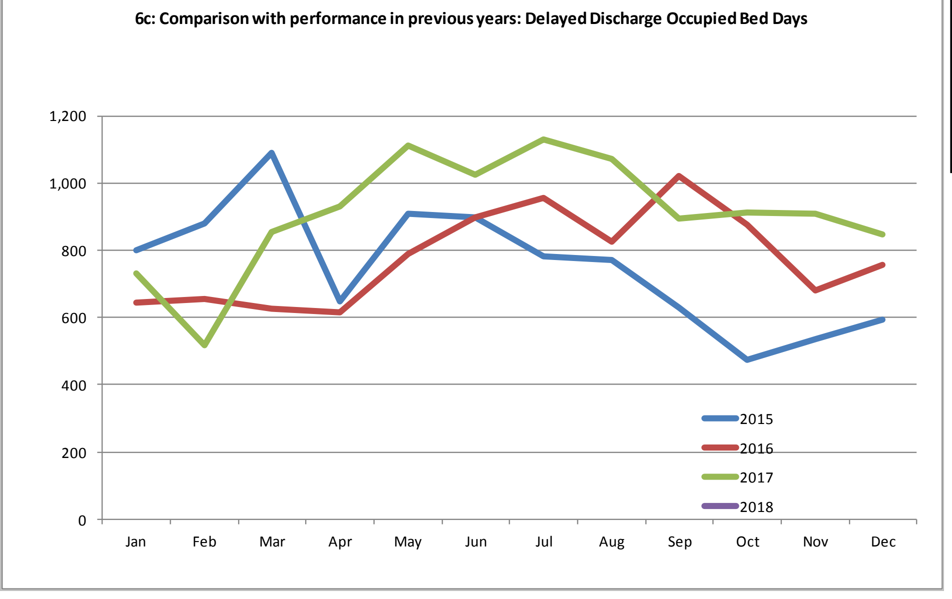
6: Reduce delayed discharge occupied bed days by 30% by April 2018

Baseline: 765 delayed discharge OBD





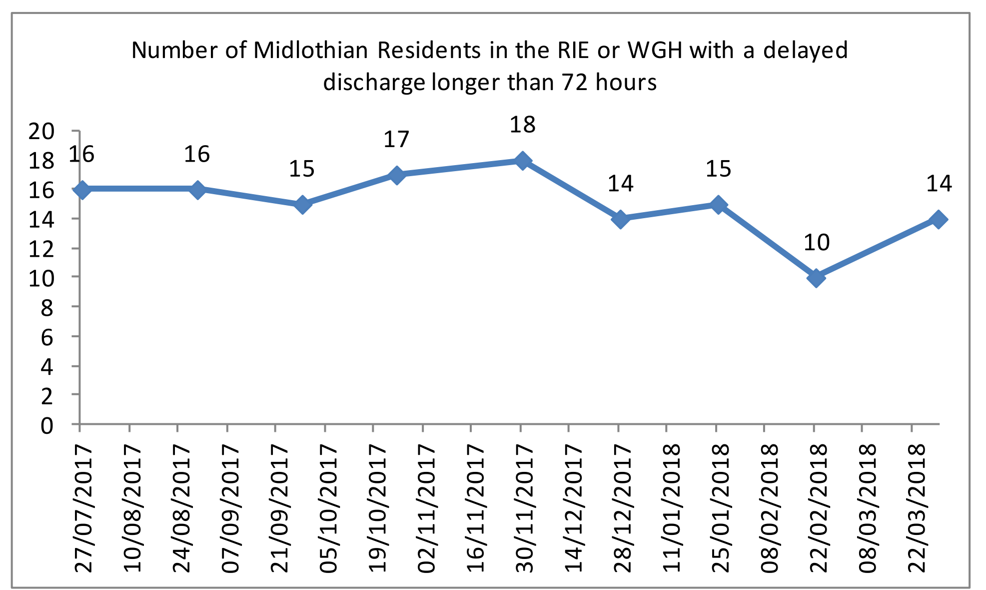
Direction for improvement

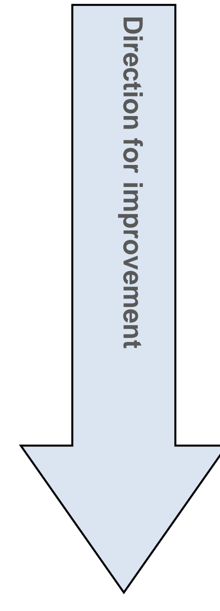


The baseline for this goal is 765 OBD per month. This was average number of occupied bed days per month in 2015 and 2016 as a result of a delayed discharge.

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

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





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

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

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

9: Reduce the percentage of patients over 75 who are in a larger hospital.

	2013/14	***2014/15***	***2015/16***	**2016/17**
Large Hospital	***1.6%***	***1.6%***	***1.4%***	**1.3%**
Care Home	**6.9%**	**6.7%**	**6.8%**	**6.6%**

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

The information in this table has changed from previous IJB performance reports because previously OBD in Midlothian Community Hospital was included in the total OBD for large hospitals. This has now been fixed and the data presented here is only for activity in ‘large hospitals’ like for example the RIE or WGH.

.

5. Policy Implications

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

6. Equalities Implications

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

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

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

7. Resource Implications

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

7 Risks

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

8 Involving People

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

9 Background Papers

None

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DATE	03/01/2018

Appendix 1:

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

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

Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

Primary Care Improvement Plan – update on progress

Item number:	**5.7**

Executive summary

Insert summary of purpose of report and report contents

Board members are asked to:

- **Comment on progress and emerging content and direction described in the draft Primary Care Improvement Plan**
- **Note that a final version of the PCIP will be presented to the IJB in June for prior to submission to the Lothian GP Sub-Committee for approval**

Report

Primary Care Improvement Plan – update on progress

1 Purpose

1.1 To update the IJB on progress to develop the Midlothian Primary Care Improvement Plan (PCIP)

2 Recommendations

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

2.2 Comment on progress and emerging content and direction described in the draft Primary Care Improvement Plan.

2.3 Note that a final version of the PCIP will be presented to the IJB in June for approval prior to submission to the Lothian GP Sub-Committee for approval.

3 Background and main report

3.1 The 2018 General Medical Services Contract and associated Memorandum of Understanding requires IJBs and HSCPs to develop a Primary Care Improvement Plan to cover a three-year period from April 2018.

3.2 The MoU describes these as the key requirements of the PCIP:

- 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

3.3 Appendix One contains the current version of the Midlothian Primary Care Improvement Plan. This is not the final version and further consultation with the IJB, General Practices and other key stakeholders will inform the final version.

4 Policy Implications

The overall policy direction of developing a multi-disciplinary team approach within primary and community care supports the Midlothian IJB Strategic Plan and will contribute to the wider aim of shifting the balance of care from secondary care to community settings.

5 Equalities Implications

The overall policy direction of developing a multi-disciplinary team approach within primary and community care supports the Midlothian IJB Strategic Plan and will contribute to the wider aim of shifting the balance of care from secondary care to community settings.

6 Resource Implications

There will be resource implications in terms of implementing the 2018 GMS contract. It is proposed that these costs are funded from within the total resources available for contract implementation.

The funding available to the HSCP from Scottish Government is unconfirmed as of 25th April 2018.

7 Risk

The contract may introduce new risks in finance, manpower, premises and out of hours. These will considered and a risk register for the implementation will be developed.

8 Involving people

The IJB has discussed the issues in primary care and approved primary care priorities. These have been developed together with the GP involvement structures.

A number of papers relating to primary care have been discussed and supported with a wide range of stakeholders at the Primary Care Forward Group, Primary Care Joint Management Group, NHS CMT, NHS Healthcare Governance Committee and NHS Board. HSCPs will be responsible for local engagement and the NHS Board for Lothian wide engagement.

Further stakeholder consultation will take place before 1st July 2018 and will continue during the developing of future services described in the Plan.

9 Background Papers

Appendix 1: Draft Midlothian Primary Care Improvement Plan

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DATE	25th April 2018

DRAFT

Midlothian Draft Primary Care Improvement Plan

Contents

1 Introduction

2 Midlothian Context

3 Midlothian Approach to Implementing the PCIP

4 Process for Developing the PCIP

5 Key Requirements of the Primary Care Improvement Plan

6 Midlothian HSCP Delivery of the Six MOU Commitments

- Vaccination Transformation Programme
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care (advanced practitioners)
- Additional Professional Services
    - Musculoskeletal Advanced Physiotherapist Practitioner
    - Community Mental Health Services
- Health and Wellbeing Workers

7 Additional Content

- Community Services
- LUCS/OOH
- Interface with Acute
- Population Growth

8 Better Care for Patients

- Quality Improvement and Population Health Management
- Leadership and Management

9 Practice development in the PCIP

10 Budget Planning

11 Appendix 1: Process for Developing the PCIP

1 Introduction

1.1 The 2018 General Medical Services Contract in Scotland will be implemented on the 1st April 2018. The contract represents a significant change in how General Practice operates and its relationship with the HSCP and professionals working in the communities served by the practice

1.2 The new contract aims to support the development of the Expert Medical Generalist role for GPs, with a shift over time of workload and responsibilities to enable this. A key enabler for this is investment in a wider multidisciplinary team in support of general practice.

1.3 The new contact offer is supported by a Memorandum of Understanding which requires:

The development of a HSCP Primary Care Improvement Plan, in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective MDT model at both practice and Cluster level, and that reflects local population health care needs.

1.4 The expected content of the plan and the requirements for the multi disciplinary team are set out in detail in the draft Memorandum of Understanding http://www.gov.scot/Resource/0052/00527517.pdf and the new contract framework (specifically section 4 pages 24-38) http://www.gov.scot/Resource/0052/00527530.pdf . The key requirements and additional local approaches are set out below.

1.5 The contract requires each HSCP to develop a Primary Care Improvement Plan (PCIP) by 1st July 2018. The PCIP is to include clear milestones for the redistribution of GP workload and the development of effective primary care multi-disciplinary working.

1.6 This paper is the draft Midlothian HSCP Primary Care Improvement Plan and is intended to lay out initial thoughts of how the Midlothian HSCP and General Practices in Midlothian will implement the new contract.

2 Midlothian Context

2.1 The Midlothian IJB is responsible for strategic planning for the Midlothian population including for primary care services. The strategic planning work and operational delivery sits with the Midlothian HSCP. Within Midlothian there is one GP quality cluster which focus on quality improvement The Midlothian GP Reps Group is a formal group with representatives from the HSCP and the 12 practices in Midlothian.

The Midlothian Cluster, the GP Reps Group and the Practice Managers group will have a key role in the development of the plan.

2.2 The PCIP will be developed in the context of wider transformation and redesign of services across Midlothian. Most of the existing programmes and tests of change in primary care are described in the *Midlothian General Practice Strategic Programme* and will be incorporated into the PCIP.

Midlothian General Practice Strategic Programme

2.3 There is an established programme of prioritised and phased work between the HSCP and Practices which will be subsumed into the Plan.

2.4 The Midlothian IJB agreed in April 2017 a strategic programme for general practice, which was developed in consultation with local Practices. The programme incorporated established work between the HSCP and general practice and described the planned actions in 2017. The programme was developed to address many of the key pressures affecting General Practice which are the same pressures the new contract seeks to resolve. Consequently the strategic programme forms the foundation for the Midlothian Primary Care Improvement Plan. The key actions from the programme reflected both practical support as well as implementing new ways of working and are:

- General Practice expansion (Newtongrange, Newbyres, Loanhead)
- LEGup Support for list size growth
- Midlothian wide Practice Catchment review
- S75 Policy development on House Building
- *Do I need to see a GP?* communication project
- Collaborative Leadership in Penicuik
- Organisation Change and People Development within Practice teams
- Advanced Nurse Practitioner training
- Develop the role of Advanced Physiotherapy within practice teams. During 2017 a new physiotherapy role will be developed and piloted in Midlothian initially working within Pathhead, Strathesk and Newbattle Practices
- Extending the provision of practice-based pharmacist and pharmacy technician support.
- Embed the Wellbeing Service in 8 health centres and evaluate the impact of the service
- Develop and apply the efrailty index to improve the care of people living with frailty
- Improving the Patient Experience
- Implementing the Midlothian Prescribing Action Plan

3 Midlothian approach to implementing the PCIP

3.1 The Midlothian PCIP will enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end the three-year plan all practices in Midlothian will be supported expanded teams of NHS Lothian/HSCP employed professionals providing care and support to patients.

3.2 **Principles**

- The Midlothian HSCP will produce a Primary Care Improvement Plan building on local engagement which takes account of local priorities, population needs and existing services and builds on established programmes and tests of change.
- The Plan by July 2018 will be an initial plan and will set out the process for how primary care will develop in subsequent years
- Priority in year 1 will be given to tested approaches where impact on GP workload can be evidenced and prioritising support to practices that are benefitting less than other practices from established programmes and tests of change.
- The HSCP will apply proportionate equity of support to practices.

  The HSCP has worked with practices to help address the pressure they are experiencing. In some cases this has been as a single pan-Midlothian initiative (e.g. the review of practice boundaries). In other cases work has focused on one or a proportion of practices (e.g. Wellbeing service, Pharmacist support or the new GP MSK APP service) which has led to variation across Midlothian with some practices benefitting more from this support. The approach the HSCP want to take with the PCIP is to provide support to all practices and to prioritise new investment or developments in those practices which have benefitted less from the current Midlothian General Practice Strategic Programme and previous initiatives. Support for practices will be pro-rated based on list-size.

  Support for further tests of change will be provided in Year 1 and 2 to practices with capacity to take on this work to build evidence for impact on supporting the role of the GP as expert medical generalist and refocusing of activity within practices as workload shifts.

4 Process to allocate support to practices in Midlothian

4.1 The GP contract and associated MOU describe the areas where support must be provided to practices and on occasion in which year this should happen. There is flexibility available locally between the HSCP and LMC to agree the level and timing of support within in the three-year timeframe of the PCIP. Largely, this will be down to availability of funding and workforce for the new roles and the time required testing models and establishing new teams and services. There is some discretion to

use the process to support practices to develop into the vision described in the contract and to perform at the level required.

4.2 Practices are not staring from a common position across Midlothian. There are some practices with more significant operational pressures than others and support from the HSCP through projects like the Wellbeing service have developed in a phased approach and as yet are not available to all practices. Practices are performing at different levels too which is demonstrated through the Prescribing Indicators. There is some variation too between practices willing and able to develop quickly to deliver the vision in the new contract and other practices where this will happen over a longer period.

4.3 The HSCP want to achieve a balance between supporting all practices with additional support, addressing historic shortfalls in support to specific practices, enabling practices ready to change to do so quickly and encouraging performance to improve in some practices.

4.4 The changes the HSCP want to see in practices during the lifetime of the PCIP are improvements in prescribing indicator performance, active participation in quality improvement (through the GP Cluster, Quality in Prescribing and the Frailty Collaborative), and demonstrable progress in the changes in practice teams expected from the contract (maintaining and improving access, provision of key information on practice websites, enhanced role of the practice manager and practice teams).

4.5 The HSCP also understands that all practice are under pressure and therefore the following process is proposed.

- The HSCP will describe in the PCIP the level of support planned for practices during the three-year timeframe of the PCIP.
- A proportion of this support will be available for all practices without any requirements from the practice (note – these could be a bit or all the support provided or specific support eg Wellbeing, Vaccinations, Physiotherapy but practices will need to commit to the model)
- Pharmacotherapy investment will be prioritised for practices who have not received this support previously. The focus of this resource will be dependent on the practice's Prescribing Indictor Score. Where the practice has a score 8 or higher then there is autonomy for the practice to decide how to focus the resource (although this must be agreed with the HSCP). Where the practice has PI score <5 then all the support will be directed at improving this performance. A score between 5 and <8 will see the resource mainly focussed on improving PI performance.

- Practices need to demonstrate commitment to make the changes required from the contract. This could take the form of an action plan developed with the HSCP to. Additional support described in the PCIP will be dependent on practices making progress. The HSCP understands that practices will need support to implement some of the changes and will provide assistance.

5 Key Requirements **of the Primary Care Improvement Plan**

5.1 The MOU states the PCIP will:

- *To be developed collaboratively with HSCPs, GPs, NHS Boards and the stakeholders detailed above*
- *To detail and plan the implementation of services and functions listed as key priorities below 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 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.*

5.2 Priority for investment in year 1 will be in areas where there is a clear model or tested approach where early impact can be expected.

6 Midlothian HSCP Delivery of the Six MOU Commitments

6.1 The MOU identifies the services developments that should be the priority for HSCPs between 2018 and 2021. Changes to services will only take place when it is safe to do so and when resources have been identified. These are:

- Vaccination Transformation Programme
- Pharmacotherapy services
- Community Treatment and Care Services
- Urgent Care (advanced practitioners)
- Additional Professional roles
- Health and Wellbeing Workers

<u>**Vaccination Transformation Programme**</u>

6.2 The VTP was announced in March 2017 to review and transform vaccine delivery in light of the increasing complexity of vaccination programmes in recent years, and to reflect the changing role of those, principally GPs, historically tasked with delivering vaccinations.

6.3 The proposed vaccination plan for Midlothian which is based on initial discussion with the HSCP.

- Centralised Midlothian travel clinic. In **Year 1** the current workload on practices will be identified and options developed by **October 2018** to transfer this workload from practices.
- There will be no practice in Midlothian continuing to do any childhood immunisations. There are currently 4/5 practices that provide this service. This workload will be transferred to the HV and community vaccination team by **October 2018** (Dalkeith, Loanhead and 3 Bonnyrigg practices and possible Loanhead do at present). The HV and community vaccination team (latter being formed and piloting new way in Bonnyrigg)
- Other immunisations (shingles etc) will transfer from Midlothian practices in **Year 2.**
- Flu immunisations will transfer from practices in **Year 3.**

6.4 The process, cost and provision of adequate resource must be developed by the HSCP to ensure safe transfer of workload.

Pharmacotherapy Services

6.5 The new contract includes an agreement that every GP practice will receive pharmacy and prescribing support.

6.6 In Midlothian all practices receive some support from either a pharmacist (9 of 12 practices) or a pharmacy technician (Loanhead, Pathhead and Danderhall Practices currently only receive support from a pharmacy technician). The HCSP will continue the programme to increase the pharmacotherapy service to practice teams using the experience gained from the current service.

6.7 By April 2021 all practices will benefit from the HSCP pharmacotherapy service delivering the core elements in level one and some will also benefit from a service which provides additional elements in level 2 and level 3 in the table below:

CORE AND ADDITIONAL PHARMACOTHERAPY SERVICES		
	Pharmacists	**Pharmacy Technicians**
Level one (core)	• Authorising/actioning[15] all acute prescribing requests • Authorising/actioning all repeat prescribing requests • Authorising/actioning hospital Immediate Discharge Letters • Medicines reconciliation • Medicine safety reviews/recalls • Monitoring high risk medicines • Non-clinical medication review Acute and repeat prescribing requests includes/ authorising/actioning: • hospital outpatient requests • non-medicine prescriptions • installment requests • serial prescriptions • Pharmaceutical queries • Medicine shortages • Review of use of 'specials' and 'off-licence' requests	• Monitoring clinics • Medication compliance reviews (patient's own home) • Medication management advice and reviews (care homes) • Formulary adherence • Prescribing indicators and audits
Level two (additional - advanced)	• Medication review (more than 5 medicines) • Resolving high risk medicine problems	• Non-clinical medication review • Medicines shortages • Pharmaceutical queries
Level three (additional - specialist)	• Polypharmacy reviews: pharmacy contribution to complex care • Specialist clinics (e.g. chronic pain, heart failure)	• Medicines reconciliation • Telephone triage

6.8 The HSCP see two distinct roles in practice teams that the pharmacotherapy service provides: prescribing support; and pharmacy support.

6.9 Prescribing support is a well established service that practice will be familiar with. It provides practices with advice on safer prescribing or formulary adherence. It is about quality,the budget and spend on prescribing in Midlothian. This service will continue to support practices during implementation of the Plan with pharmacy

queries, medicines shortages, review the use of 'specials' and 'off-licence' requests, safety reviews and recalls.

6.10 The pharmacy support is the dedicated support that practices receive from the HSCP and has been used for activities such as medicine reconciliation. The ambition of the HSCP in this plan is that practices will receive this support up to an average of 6 pharmacist sessions per 8,000 patients. Where practices already receive support then this would be included in this total.

6.11 The established pharmacotherapy service in some Midlothian practices has allowed testing how this service can support and augment the General Practice workload and improve patient experience and outcomes. This has identified the following roles and ways of working which will make up the priorities for this service.

- **The pharmacist will be visible in the practice team but some work will be done remotely**. *How* practice teams and the HSCP services working in them is important to the success and impact of the multidisciplinary team. Practice teams need the pharmacist to be accessible and visible in the practice but work for the pharmacist cannot be batched until the pharmacist is next in the practice because for some of the smaller practices they will be in only one or two days a week. There is some practice work that can be done remotely to provide a daily support to the practice. This will mean that whilst the pharmacist is located in one practice they will also be supporting other practices remotely.

- **All medicines reconciliations from hospital discharge will be completed by the pharmacist.** In some Midlothian practices currently these are completed by the pharmacist *but* only when the pharmacist is physically working in the practice. The future model will allow med recs to happen remotely. **By the end of Year 2 most med recs for all practices will be completed by a pharmacist.**

- **Pharmacy Technicians will take on prescribing support**, formulary adherence and prescribing improvement projects.

- **Practice Admin teams will be trained to complete 'non clinical medication reviews'.** In some practices in Lothian members of the practice administration team have been trained to take on this role (e..g if a patient has not used a medication for many months then it is removed from the repeat prescription list). Training will be provided to practices.

- **All practices will receive support in Year 1 which will increase in Year 2.**

- **Additional Support** will be provided to two practices, Penicuik and Newbattle, will have additional support in **Year 1** and will work with the HSCP to develop the future model for level 2 and level 3 additional pharmacotherapy services. These

practices have 30% of the Midlothian population and have already commenced with testing service models in care homes and with population-cohort targeted de-prescribing projects:

- **Care Homes: Medicines Reviews and Polypharmacy Reviews.** All care home residents will be reviewed by the HSCP pharmacist. This has already commenced in Newbyres and Archview Care Homes. Learning from this will be used to roll out this **support to all care homes by Year 3.**
- **Patient-facing pharmacotherapy service.** The HSCP plan for all pharmacists in this service to be independent prescribers and to have an active role in practices seeing patients. There are two roles the HSCP will develop with Newbattle and Penicuik. One is where patients meet with the pharmacist to understand the function of different medications and help to make informed decisions. The second role builds on the Penicuik over 75s de-prescribing project where patients over 75 and on 4 or more medications were invited into the practice for a medicines review. This project is likely to evolve into using the electronic frailty index to identify patients for review.

Community Treatment and Care Services

6.12 Community Treatment and Care services include many non-GP services that patients may need, including (but not limited to):

- management of minor injuries and dressings
- phlebotomy
- ear syringing
- suture removal
- Chronic disease monitoring and related data collection.

By April 2021, these services will be commissioned by HSCPs and delivered in colloboaration with HSCPs that will employ and manage appropriate nursing and healthcare assistant staff. Phlebotomy will be delivered as a priority in the first stage of the PCIP. It is expected that many of these services will be provided in GP practices for patient convenience and the benefits of having these services carried out with close support of the practice team.

It is expected that community treatment and support services will be available for use by primary and secondary care.

In Midlothian work is required in 2018 between the practices and the HSCP to develop options for these services. This will require information from practices on current workloads to understand demand for these services.

There has been work started in Midlothian on Frailty, Diabetes and COPD. These conditions will be prioritised in Year 1 to develop data collection and plan the future system of care.

Urgent Care (advanced practitioners)

6.13 There will be work to redesign services focussed on urgent and unscheduled care to allow GPs to focus on their expert medical generalist role. The Scottish Government and SGPC have agreed that the provision of advanced practitioner resource should be developed as first response for home visits.

6.14 There are models from pilots using paramedics for a first response which the HSCP and the Midlothian General Practices need to draw upon to form a consensus for the preferred model and implementation plan in Midlothian. There is a key question to answer about whether a paramedic is the right role for home visits. Often patients requiring home visits have complex healthcare needs and would benefit more from input from the GP.

6.15 **Additional Professional Services**

6.16 Additional professional roles will provide services for groups of patients with specific needs that can be delivered by clinicians other than GPs, serving as first point of contact in the practice setting as part of the wider multi-disciplinary team. These include (but are not limited to) physiotherapy services and community mental health services.

6.17 **Musculoskeletal Advanced Physiotherapist Practitioner**

6.18 The majority of a GP's musculoskeletal caseload can be seen safely and effectively by a physiotherapist without a GP referral. Advanced Practitioner Physiotherapist are already well suited to work collaboratively with primary care multi-disciplinary teams and support the GP role as senior clinical leader. Under the new contract HSCPs will develop models to embed a MSK service in practice teams.

6.19 In Midlothian work has already commenced to develop a MSK APP service to operate in General Practice. Three practices (Pathhead, Newbattle, Strathesk) were identified in 2017 to work with the HSCP to test the new model. Advanced Practitioner Physiotherapists were employed in 2018 and the service will be operation in the test sites from May 2018. There will be capacity in the team to operate in 50% of practices from October 2018. Practices receiving less support from the HSCP from pharmacist or wellbeing support will be prioritised at this stage.

6.20 The goal in Midlothian is that by the **end of Year 1 all practices will have MSK APP provision within their practice team**.

6.21 Models from Inverclyde and Cumbria indicate that a practice should receive 1 session per 1890 patients.

6.22 **General Practice Mental Health Services**

6.23 Community Mental Health professionals, based in General Practice will work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.

6.24 The 2017-2027 Mental Health Strategy has the ambition for multi-disciplinary teams in primary care to ensure every GP practice has staff who can support and treat patients with mental health issues and are testing models during 2018.

6.25 There is currently limited consensus about the effectiveness of different models but fit into local mental health systems of care will be important to avoid duplication.

6.26 The HSCP want to increase access across the county to the Midlothian Access Point.

6.27 The HSCP want to develop a mental health service in practices and will do so at a slower pace than other support (pharmacotherapy, MSK APP, Wellbeing). **By Year 3 all practices will have mental health practitioners within the multi-disciplinary team.**

6.28 In **Year 1 the HSCP will support a 'test of change' in a small number of practices**. Dalhousie Practice has been working with the HSCP to develop a model using their experience of a mental health service for older people. The role will focus on reviewing patients on antidepressants and providing a first point of contact service. Learning from this will inform development of the service.

6.29 **Health and Wellbeing Workerss**

6.30 Midlothian HSCP intend to build on the Wellbeing Service model and existing third-sector community signposting services (e.g. Red Cross Local Area Coordinators) instead of developing an additional link worker service.

6.31 A Community Link Worker is a non-clinical practitioner based in or aligned to a GP practice who works directly with patients to help them navigate and engage with services.

6.32 The Midlothian Wellbeing Service currently works in 8 practices in Midlothian. **By the end of Year 1 all practices in Midlothian will access to this service.**

7 Additional Content

7.1 **Community Services –** any proposed change for how wider community services will align to practices/clusters

7.2 **LUCS/OOH**

7.2..1 The Primary Care Improvement Plan is focused on the services provided in the 2018 General Medical Services Contract in Scotland. The provision of GMS in evenings, overnight and at weekends is not included in the new contract. However, specific actions to reduce pressure on the Lothian Unscheduled Care Service (LUCS) should be incorporated in the PCIP. The following areas for action have been identified:

- **Care Homes:** The HSCP will support practices / develop services to ensure optimal day time accessibility of medical and non medical support to care homes in order to reduce OOH calls and ensure that care is mainly provided by staff who can give continuity of care..

- **Palliative Care:** The HSCP will focus on supporting primary care staff to provide excellent palliative services to patients in the community. Ensure that all suitable patients who wish to die at home are able to do so. ensure that palliative patients have appropriate ACPs to improve continuity of care. Appropriate ACPs will greatly benefit patient continuity and make it possible for OOH services to deliver optimal care. Big steps have recently been made in improving nursing continuity with the change to 8am to midnight cluster district nursing cover(check with Caroline)

- **Mental Health services:** Ensure adequate and prompt Day time access for patients suffering distress due to mental illness. The open access MAP service has been a step in the right direction. We intend to build on this by fully supporting MWAP to sustain capacity and by introducing practice based CPNs who will become an accessible port of call for the acutely distressed. Good daytime services will reduce OOH contacts for MH issues.

- **Development of the Urgent Care Resource Hub**

7.3 **Interface with Acute Services**

7.4 **Population Growth**

7.4..1 The population in Midlothian is growing rapidly as a result of new house building. The HSCP has already responded with the development of Newtongrange Clinic and the new Loanhead Practice building which will allow the practice to increase its list-size.

7.4..2 New house building will next put pressure on two specific areas and the HSCP will develop plans in collaboration with affected practices:

Year 1 – options appraisal for General Practice Provision in Danderhall/Shawfair

Year 1 – Options appraisal for expanded General Practice provision covering south Bonnyrigg/ Rosewell areas

Year 2/3 – capital development in Danderhall/Shawfair area

8 Better Care for Patients

8.1 Quality Improvement and Population Health Management

Quality Cluster

Frailty Collaborative

Professional Fora

8.2 Leadership and Management

9 The role of the Practice

10 The role of technology

11 The role of data and information

11.1 Data and the sharing of information is identified in the MOU as a key enabler for change. The new GMS contract will reduce the risk to GPs of being data controllers by clarifying respective responsibilities within a joint controller arrangement with the Health Board.

11.2 The new contractual provisions will lay the foundations for increased lawful, proactive and appropriate sharing of information amongst professionals for the purposes of patient care.

11.3 Sharing of specific information held by General Practices in Midlothian will be crucial for the implementation of the PCIP. This will be done only where the Practice and the HSCP mutually agree that this is of benefit to patient care. An example of this is the commitment by most practices in Midlothian to share data on their frail population to support the development of an improved system of care through the Midlothian frailty learning collaborative.

12 Budget Planning

12.1 The budget allocated to Midlothian HSCP for the Primary Care Improvement Plan is unknown as of 25th April. This section will include detail of how the available budget will be prioritised.

Appendix 1:

13 Process for developing the Primary Care Improvement Plan

13.1 The requirement for engagement in the development of the plans is clearly set out in the MoU:

HSCPs should establish local arrangements to provide them with advice and professional views on the development and delivery of the Primary Care Improvement Plan. Arrangements will be determined locally and will take account of the requirement to engage stakeholders. The HSCP Primary Care Improvement Plan should be agreed with the local GP subcommittee of the Area Medical Committee
HSCPs have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their Strategic Plans and take decisions on the size and shape of local health and social care services on a collective basis based on dialogue with the local communities and service users. In relation to the development of the Primary Care Improvement Plan that would include (but not be limited to):

- *Patients, their families and carers*
- *Local communities*
- *SAS and NHS 24*
- *Primary care professionals (through, for example, GP subcommittees of the Area Medical Committee and Local Medical Committees)*
- *Primary care providers*
- *Primary care staff who are not healthcare professionals*
- *Third sector bodies carrying out activities related to the provision of primary care*

In order to ensure that the provision of any new or reconfigured service has a patient-centred approach to care based on an understanding of patient's needs, life circumstances and experiences it is important that patients, carers and communities are engaged as key stakeholders in the planning and delivery of new services. HSCPs should ensure that patient engagement is a key part of their Primary Care Improvement Plans.

13.2 The HSCP will lead a timetable of meetings and events during the development of the Improvment Plan to inform the final plan which will be completed in July 2018.

13.3 Plans for developing the multi-disciplinary team will require new and expanded roles and changes to existing roles. Staff Partnership involvement in the development of the plans is therefore essential.

13.4 In addition to engagement on the development of the plans, consideration should be given to engagement on the implementation and development of multi-disciplinary teams to ensure that these work effectively at practice and cluster level. This will include the full range of practice staff including practice managers who have significant existing skills and knowledge in enabling effective working practices for multi-disciplinary teams.

Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

Appointment of Chief Finance Officer

Item number:	**5.8**

Executive summary

The purpose of this report is to outline the process that will be used to appoint the Chief Financial Officer (Section 95 Officer) for the Midlothian Integration Joint Board.

Board members are asked to:

- Agree the proposals for the Chief Financial Officer (Section 95 Officer) recruitment.

Report

Appointment of Chief Finance Officer

1 Purpose

1.1 This report updates the Midlothian Integration Joint Board (MIJB) on the proposals for the recruitment of the Chief Financial Officer (Section 95 Officer).

2 Recommendations

2.1 To agree the proposals for the Chief Financial Officer (Section 95 Officer) recruitment.

3 Background and main report

3.1 The regulations on membership of IJBs include the appointment of "the proper officer of the integration joint board appointed under section 95 of the Local Government (Scotland) Act 1973(1)".

3.2 The MIJB agreed in August 2015 that there should be a shared Chief Financial Officer (Section 95 Officer) appointment between Midlothian and East Lothian IJBs and that this should be subject to review after two years.

3.3 David King was subsequently appointed to this post in October 2015. David has supported both IJBs and has held an operational role in NHS Lothian. David has now confirmed that he will retire in October 2018.

3.4 In line with the MIJB's previous decision, the current arrangement has been reviewed. The Chief Officers of East and Mid Lothian IJBs have held discussions with the Deputy Director of Finance for NHS Lothian and the Section 95 Officers from Midlothian and East Lothian Councils.

3.5 All parties agreed that the current arrangement has worked well. It has allowed the IJBs to benefit from having a single officer covering both whilst disaggregation of NHS services was progressing. It has also allowed the IJBs to benefit from in depth financial understanding of the complexities of the NHS budgets. Both Councils have enabled access to Council financial information.

3.6 However, there have been some changes to the situation. NHS disaggregation between East and Mid Lothian has progressed as has devolution of budgets from NHS Lothian, so there is less requirement than before to oversee these processes. At the same time NHS Lothian is about to review the model for allocation to IJBs and implement patient level costing which will affect core and set aside budgets which will require significant input over an extended period.

3.7 There is less change of this type in Council arrangements, the main issue being a review of the delegated budgets relating to housing which is unlikely to be material to the IJB.

3.8 It is still not felt that the role supporting Midlothian or East Lothian IJBs separately would require full-time input to either IJB.

3.9 Therefore, it is proposed that the existing arrangement on a permanent or secondment basis should be the basis for filling the Chief Financial Officer (Section 95 Officer) post when the existing post holder retires. This is an opportunity from one of the three parties (NHS Lothian, Midlothian Council, East Lothian Council) to be Chief Financial Officer (Section 95 Officer) for both IJBs and to have an operational remit in one of the parties.

3.10 The current job description will be reviewed jointly by Midlothian Council, East Lothian Council and NHS Lothian.

3.11 The opportunity will then be advertised within the three parties.

3.12 Following interviews a recommendation for appointment will be presented to the MIJB.

4 Policy Implications

4.1 The recommendations in this paper implement national legislation and regulations on the establishment on IJBs.

5 Equalities Implications

5.1 The recommendations in this paper will be implemented in line with the recruitment policies of Midlothian Council, East Lothian Council and NHS Lothian which have already been tested for equalities.

6 Resource Implications

6.1 There are no immediate resource implications of this paper. Any resource implications of the outcome of the process will be highlighted in a future report.

7 Risk

7.1 Failure to agree appropriate recruitment proposals, could potentially leave the Midlothian Integration Joint Board without a Chief Finance Officer (Section 95 Officer), once the current post holder retires.

8 Involving people

8.1 The issues in this paper have been discussed with the IJBs partners but do not require wider engagement.

9 Background Papers

9.1 There are no background papers in relation to the content of this report.

AUTHOR'S NAME	Allister Short
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CONTACT INFO	0131 271 3605
DATE	23 March 2018

Appendices: None

Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

Chief Officer's Report

Item number:	**5.9**

Executive summary

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

Board members are asked to:

1. *Note the issues and updates raised in the report*
2. *Note and agree to a formal meeting of the Midlothian IJB on 7 June 2018*

Report

Chief Officer's Report

1. Purpose

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

2. Recommendations

2.1 To note the issues and updates raised in the report

3. Background and main report

Finance

The end of year position within Midlothian Council is still being finalised therefore it has not been possible to present a full financial report to the IJB at this meeting. The current position within NHS Lothian (including set aside and hosted services) as it relates to the IJB is a projected underspend of c.£100k.

There are ongoing discussions with NHS Lothian finance colleagues to determine how this resource could be used to support the ambitious transformation agenda planned for 2018/19. It is recognised that supporting a shift in the balance of care will require significant focus and this resource would be used to accelerate this work, helping to support redesign services, supporting a shift in resources from acute to community settings.

A full financial out-turn for 2017/18 will be presented at the next IJB meeting.

Service Developments

Primary Care

The development of the Primary Care Improvement Plan (PCIP) continues to progress in line with the agreed submission date of July. There is currently ongoing engagement with General Practice, community nursing, pharmacy and allied health professionals to design and develop the multi-disciplinary team approach in response to the key themes within the new GMS contract. There is, however, still a lack of clarity over the funding arrangements from Scottish Government and representation has been made by Chief Officers across Scotland for this to be resolved at the earliest opportunity. The PCIP will be presented, discussed and agreed by the IJB prior to submission.

Due to a delay in some outstanding issues concerning the heating, the new Practice at Newtongrange is now not planned to open until mid-May. This will allow the Practice to familiarise themselves with the new building and equipment. Further details around an official opening of the Practice will be communicated to IJB Members.

A key piece of work to better manage access to General Practice has been an agreed process with all Practices to review and amend boundaries, to ensure that local people are able to access their local practice. This also means that GP time in terms of home visits is maximised as much as possible. The formal consultation process on these changes are currently underway and a paper will be brought back to the next IJB to summarise the key changes.

Quality Issues

Springfield Bank Care Home – as previously reported, the Care Home is currently being monitored under a Large Scale Investigation (LSI) as part of our Adult Support and Protection Procedures. It has also recently been subject to an Improvement Notice from the Care Inspectorate, with necessary improvements required by 21 April. Following a further LSI meeting on 20 April, assurances have been provided that changes are being implemented. The Care Inspectorate will revisit the Care Home to review the changes, with a further LSI meeting planned for 14 May. There is currently a moratorium on admissions, with health & social care staff working closely with the home to ensure the needs of residents are being met.

Integration

Staffing

The implementation of the new management structure is nearing completion, with the appointment of Caroline Myles as Chief Nurse and Service Managers appointed as noted below:

- Service Manager (Community Care) – Anthea Fraser
- Service Manager (Community Justice) – Margaret Brewer
- Service Manager (Disabilities) – Graham Kilpatrick

The outstanding posts for Service Manager (Intermediate Care), Service Manager (Substance Misuse & Mental Health) and OT Clinical Lead are currently progressing through the NHS Lothian job evaluation process.

Next IJB Meeting

Whilst the next formal IJB meeting is not due to be held until 23 August 2018, the Primary Care Implementation Plan is a key area of work that will require discussion, agreement and formal sign-off by the IJB prior to submission in July. The PCIP will form part of a significant workstream over the coming 3 years and there is a commitment to ensure full engagement of the IJB in progressing this submission. Therefore, it is proposed to hold a formal IJB meeting on 7 June. This will replace the planned development session and will follow the IJB Audit & Risk Committee held earlier that afternoon.

4 Policy Implications

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

5 Equalities Implications

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

6 Resource Implications

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

7 Risks

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

8 Involving People

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

9 Background Papers

None

AUTHOR'S NAME	Allister Short
DESIGNATION	Chief Officer
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DATE	24 April 2018

Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

Review of the Standing Orders of the Midlothian Integration Joint Board

Item number:	**5.10**

Executive summary

The current version of the Midlothian Integration Joint Board's (MIJB) Standing Orders was part of the Governance arrangements approved by the Board in August 2015.

The purpose of this report is to seek the Board's approval of proposed changes to the MIJB's Standing Orders to take 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.

The report also seeks, in line with what is considered good governance practice, approval to establish a review process for Standing Orders.

Board members are asked to:

- ***Approve the proposed changes to the Standing Orders of the Midlothian Integration Joint Board; and***

- ***Approve the proposed review process for Standing Orders.***

Report

Review of the Standing Orders of the Midlothian Integration Joint Board

1. Purpose

1.1 This report seeks approval of proposed changes to the MIJB's Standing Orders; and seeks, in line with what is considered good governance practice, authority to establish a review process for Standing Orders.

2. Recommendations

2.1 To approve the proposed changes to the Standing Orders of the Midlothian Integration Joint Board; and

2.2 To approve the proposed review process for Standing Orders.

3. Background and Main Report

3.1 In terms of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ('the Order'), Integration Joint Boards must make standing orders to regulate its business. The Standing Orders for the Midlothian Integration Joint Board were approved at the MIJB's meeting on 20 August 2015.

3.2 The Standing Orders encourage transparent and accountable decision making with sufficient provisions in place to ensure the smooth running of the MIJB, including arrangements for such matters as the chairing of the meetings, the notice for the meetings and how voting will be carried out. They follow the structure and pattern of a draft set of Standing Orders prepared through the Health Board for recommendation, with local variations where desired, for adoption by each of the four Lothian IJBs.

3.3 Following a review of the MIJBs' current Standing Orders a number of amendments are proposed, these are reflected below:

Adjustments requested by the MIJB

3.4 The MIJB at its' meeting on 20 August 2015 suggested that with regards the Standing Orders relating to Voting (section 9) that these should be brought more into line with the Council's Standing Orders particularly in respect of the timescales for the submission of Notices of Motion (9.3), and the withdrawal by the mover and seconder of a Notice of Motion (9.5).

The Public Bodies (Joint Working) (Integration Joint Boards and Integration Joint Monitoring Committees) (Scotland) Amendment (No. 2) Order 2015

3.5 In 2014, the Scottish Ministers passed the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, that included details of the matters which should be included in the Standing Orders of Integration Joint Boards. One such provision was a requirement that the IJB or its committees determine if a member, who had declared an interest, should take part in the discussion on this item or any vote on the item.

3.6 This provision was not the practice followed by the Midlothian Council or NHS Lothian.

3.7 The Scottish Ministers in December 2015 passed the Public Bodies (Joint Working) (Integration Joint Boards and Integration Joint Monitoring Committees) (Scotland) Amendment (No. 2) Order 2015 which amended the practice to be followed by Integration Joint Boards bringing it into line with the Councillor's Code of Conduct and the Public Bodies' Model Code. The result of this being that it was now the Member who declared the interest, rather than the rest of the membership who determined whether their declaration required them to preclude themselves from discussion and any voting on that item.

Creation of the MIJB Audit & Risk Committee

3.8 Arrangements for the creation of the Audit & Risk Committee were outlined in a report to the MIJB which was considered at its meeting on 29 October 2015. The membership and terms of reference for the Committee were approved by the MIJB as part of its Financial Regulations. The first formal meeting of the Audit & Risk Committee took place on 9 June 2016.

3.9 While the Standing Orders of the MIJB allow for the appointment of such committees and working groups as it thinks fit, changes are required to include a Scheme of Administration outlining the terms of reference for each committee and working group of the MIJB.

Substitutes to the MIJB

3.10 It has been identified that substitute members are not currently required to comply with the MIJB's Code of Conduct when attending a meeting on behalf of an existing voting or non-voting member. Substitute members are not categorised as members of the MIJB, and thus the Code of Conduct under the Ethical Standards in Public Life (Scotland) Act 2000 does not apply to them.

3.11 The Scottish Government has advised that there are no immediate plans to legislate for a change in the status of substitutes and have recommended that Standing Orders could be used to formalise this position. To address this issue an amendment has been made to the MIJB's Standing Orders requiring substitutes to be aware of the MIJB's Code of Conduct and comply with its requirements and the duties placed on members.

Urgent Decisions

3.12 The Midlothian Integration Joint Board currently holds no provision for a decision to be taken outside a Board meeting or the Audit and Risk Committee taking decisions within its remit. There are though occasions where it may be necessary for a decision to be taken urgently which cannot wait for a meeting. As a result it is proposed to add a paragraph into Standing Orders that will allow the Chief Officer, in consultation with the Chair and Vice-Chair, to take decisions that were urgent and could not wait until the next meeting. To ensure appropriate oversight of this power, the Standing Order does require the Chief Officer to also report to the next meeting informing the MIJB or its committees of the action taken. It is not expected that this Standing Order will be required to be used on a regular basis.

3.13 The proposed changes to Standing Orders are clearly marked as tracked changes on a copy of the MIJB's current Standing Orders which are attached for ease of reference as an **Appendix** to this report.

Proposed Review Procedures for Standing Orders

3.14 Once approved, the revised Standing Orders will be published on the internet alongside other documents such as the Financial Regulations and the Register of Interests.

3.15 Standing Orders will be checked each year as part of the annual review by the Board of its system of internal control and in preparing its annual governance statement

3.18 They will also be more comprehensively reviewed every three years and the outcome reported to the Board.

4. Policy Implications

4.1 The recommendations in this report comply with the Order and national guidance.

5. Equalities Implications

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

6. Resource Implications

6.1 There are no immediate resource implications of this paper.

7. Risk

7.1 There are no risk implications as a result of this report.

8. Involving People

8.1 There are no implications for involving people as a result of this report.

9. Background Papers

- The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014
- The Public Bodies (Joint Working) (Integration Joint Boards and Integration Joint Monitoring Committees) (Scotland) Amendment (No. 2) Order 2015
- Previous MIJB Reports and Minutes

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DATE	30th October 2017

Appendices: Proposed Revised Midlothian IJB Standing Orders

Midlothian Health & Social Care Partnership

MIDLOTHIAN INTEGRATION JOINT BOARD

STANDING ORDERS

~~August 2015~~ May 2018

STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF AN INTEGRATION JOINT BOARD

1 General

1.1 These Standing Orders regulate the conduct and proceedings of the Midlothian Integration Joint Board. The Midlothian Integration Joint Board is the governing body for what is commonly referred to as the Midlothian Health & Social Care Partnership. These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014; ~~and~~ the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) ("the Order") and the Public Bodies (Joint Working) (Integration Joint Boards and Integration Joint Monitoring Committees) (Scotland) Amendment (No. 2) Order 2015. The Integration Joint Board approved these Standing Orders on ~~20th August 2015~~ 3rd May 2018.

Membership of the Integration Joint Board

1.2 The Integration Joint Board shall have two categories of members:

~~1.~~(i) Voting Members; and
~~2.~~(ii) Non-Voting Members

1.3 Midlothian Council and Lothian NHS Board have elected to nominate 4 members each to the Integration Joint Board, who shall be the voting members.

1.4 The Order prescribes a list of non-voting members who are to be included in the membership, and these members shall be appointed as described by the Order. The Integration Joint Board may appoint additional non-voting members as it sees fit.

1.5 Midlothian Council and the Lothian NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Order.

1.6 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute , who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting. If a non-voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced substitute to attend the meeting subject to prior agreement with the Chair.

2 Varying, Revoking or Suspending Standing Orders

2.1 Any statutory provision, regulation or direction by Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

2.2 Any one or more of these Standing Orders may be varied, suspended or revoked at a meeting of the Integration Joint Board following a motion moved and seconded and with the consent of the majority of voting members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly indicates that there is a proposal to amend the standing orders, and the proposal itself does not result in the Integration Joint Board not complying with any statutory provision or regulation.

3 Chair

3.1 The Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order. The Chair will preside at every meeting of the Integration Joint Board that he or she attends.

3.2 If both the Chair and Vice Chair are absent, the voting members present at the meeting shall choose a voting Integration Joint Board member to preside.

4 Vice-Chair

4.1 The Vice-Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order.

4.2 In the absence of the Chair the Vice-Chair shall preside at the meeting of the Integration Joint Board.

5 Calling and Notice of Integration Joint Board Meetings

5.1 The first meeting of an Integration Joint Board is to be convened at a time and place determined by the Chair.

5.2 The Chair may call a meeting of the Integration Joint Board at any time. The Integration Joint Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.

5.3 A request for an Integration Joint Board meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of voting members, and presented to the chair. . If the Chair refuses to call a meeting, or does not do so within 7 days of receiving the requisition, the members who signed the requisition may call a meeting. They must also sign the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.

5.4 Before each meeting of the Integration Joint Board, a notice of the meeting (in the form of an agenda), specifying the date, time, place and business to be

transacted and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered electronically to every member (e.g. sent by email) or sent by post to the members' usual place of residence so as to be available to them at least five clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

5.5 With regard to calculating clear days for the purpose of notice:

Delivery of the Notice	Days excluded from the calculation of clear days: ~~1.~~✓ The day the notice is sent ~~2.~~✓ The day of the meeting ~~3.~~✓ Weekends ~~4.~~✓ Public holidays Example: If a meeting is to be held on a Tuesday, the notice must be sent on the preceding Monday. The clear days will be Tuesday, Wednesday, Thursday, Friday, and Monday. If the notice is sent by post it must be sent out a day earlier.

5.6 Lack of service of the notice on any member shall not affect the validity of a meeting.

5.7 Integration Joint Board meetings shall be held in public. The Chief Officer shall place a public notice of the time and place of the meeting at the designated office of the Integration Joint Board at least five clear days before the meeting is held. The designated office of the Midlothian Integration Joint Board is Midlothian House, Buccleuch Street, Dalkeith.

5.8 While the meeting is in public the Integration Joint Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

~~1.~~5.9 The Integration Joint Board may pass a resolution to meet in private in order to consider certain items of business, and may decide to do so for the following reasons:

~~1.~~5.9.1 The Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

~~2.~~5.9.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process

or contract negotiation.

~~3.~~5.9.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.

~~4.~~5.9.4 The business necessarily involves reference to exempt information, as determined by Schedule 7A of the Local Government (Scotland) Act 1973.

~~5.~~5.9.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.10 The minutes of the meeting will reflect the reason(s) why the Integration Joint Board resolved to meet in private.

5.11 A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

~~1.~~6 Quorum

6.1 No business shall be transacted at a meeting of the Integration Joint Board unless there are present at least one half of the voting members of the Integration Joint Board.

6.2 If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.

7 Authority of the Chair at meetings of the IJB and its Committees

7.1 The duty of the person presiding is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

7.2 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

7.3 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.

7.4 No business shall be transacted at any meeting of the Integration Joint Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be made to the Chair at the start of the meeting and the majority of voting members present must agree to the item being included on the agenda.

8 Adjournment

8.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion.

9 Voting and Debate

9.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 9.2-9.10 would not need to be used.

9.2 Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.

9.3 Any voting member may move a motion or an amendment to a motion. ~~and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the~~ Every notice of motion ~~to~~ must be in writing, signed by the Member giving the notice and countersigned by at least one other Member. ~~and that the mover states t~~ The terms of the motion must be clearly stated and the notice delivered to the Chief Officer five working days in advance of the meeting. ~~Every motion or amendment is required to be moved and seconded.~~

9.4 Any voting member may second the motion and may reserve his/her speech for a later period of the debate.

9.5 Once a motion has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board or by the mover with the consent of their seconder.

9.6 Where a vote is being taken, except for the mover of the original motion, no other speaker may speak more than once in the same discussion.

9.7 After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations and, immediately after his/her reply, the question shall be put by the Chair without further debate.

9.8 A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

9.9 Where there has been an equality of votes, the Chair of the Integration Joint Board on reflection of the discussion will give direction to the Chief Officer on how the matter should be taken forward. The Chief Officer will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon in line with Standing Order 9.

9.10 Where the matter remains unresolved, and the Chair concludes that the equality of votes is effectively a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a representation of a dispute between the two constituent parties, then the Chair and the Chief Officer must work together to arrive at an acceptable position for the integration joint board.

10 Changing a Decision

10.1 A decision of the Integration Joint Board can~~-~~not be changed by the Integration Joint Board within six months unless notice has been given in the notice of meeting and:

10.1.1 The Chair rules there has been a material change of circumstance: or

10.1.2 The Integration Joint Board agrees the decision was based on incorrect or incomplete information.

11 Minutes

11.1 The names of members present at a meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, shall be recorded. The names of any officers in attendance shall also be recorded.

11.2 The Chief Officer (or his/her authorised nominee) shall prepare the minutes of meetings of the Integration Joint Board and its committees. The Integration Joint Board or the committee shall receive and review its minutes for agreement at its following ordinary meeting.

11.3 Once agreed, the minutes of Committee meetings will be submitted to the Integration Joint Board, for noting and consideration of any recommendations, whilst the minutes of the Integration Joint Board will be submitted to Midlothian Council and Lothian NHS Board for information.

12 Matters Reserved for the Integration Joint Board

Standing Orders

12.1 The Integration Joint Board shall approve its Standing Orders.

Committees

12.2 The Integration Joint Board shall approve the establishment of, and terms of reference of all of its committees.

12.3 The Integration Joint Board shall appoint all committee members, as well as the chair of any committees.

Values

12.4 The Integration Joint Board shall approve organisational values, should it elect to formally define these.

Strategic Planning

12.5 The Integration Joint Board shall establish a Strategic Planning Group (Section 32 of Public Bodies (Joint Working) Scotland Act 2014), and appoint its membership (except for the members nominated by each constituent party).

12.6 The Integration Joint Board shall approve its Strategic Plan (Section 33) and any other strategies that it may need to develop for all the functions which have been delegated to it. The Integration Joint Board will also review the effectiveness of its Strategic Plan (Section 37).

12.7 The Integration Joint Board shall review and approve its contribution to the Community Planning Partnership for the local authority area. The Integration Joint Board shall also appoint its representative(s) at Community Planning Partnership meetings.

Risk Management

12.8 The Integration Joint Board shall approve its Risk Management Policy.

12.9 The Integration Joint Board shall define its risk appetite and associated risk tolerance levels.

Health & Safety

12.10 In the event that the Integration Joint Board employs five or more people, it shall approve its Health & Safety Policy.

Finance

12.11 The Integration Joint Board shall approve its annual financial statement (Section 39).

12.12 The Integration Joint Board shall approve Standing Financial Instructions and a Scheme of Delegation.

12.13 The Integration Joint Board shall approve its annual accounts.

12.14 The Integration Joint Board shall approve the total payments to the constituent bodies on an annual basis, to implement its agreed Strategic Plan.

Performance Management

12.15 The Integration Joint Board shall approve the content, format, and frequency of performance reporting.

12.16 The Integration Joint Board shall approve its performance report (Section 43) for the reporting year.

13 Integration Joint Board Members – Ethical Conduct

13.1 Voting and non-voting members of the Integration Joint Board are required to subscribe to and comply with the Code of Conduct which is made under the Ethical Standards in Public Life etc (Scotland) Act 2000. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Chief Officer (or his/her authorised nominee) shall maintain the Integration Joint Board's Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the Chief Officer (or his/her authorised nominee) of the need to change the entry within one month after the date the matter required to be registered.

13.2 Substitutes, of both voting and non-voting members, should be aware of the Integration Joint Board's Code of Conduct and should ensure that they comply with its requirements and the duties it places on members.

13.~~2~~3 The Chief Officer (or his/her authorised nominee) shall ensure the Register is available for public inspection at the principal offices of the Integration Joint Board at all reasonable times.

13.~~3~~4 Members and substitutes must always consider the relevance of any interests they may have to any business presented to the Integration Joint Board or one of its committees and disclose any direct or indirect pecuniary and non-pecuniary interests in relation to such business, before ~~taking~~ determining whether to take part in any discussion or decision on the matter.

~~13.4 The Integration Joint Board or committee must determine whether the interest declared prohibits the member from taking part in the discussion and vote on the relevant item of business.~~

13.5 Members shall make a declaration of any gifts or hospitality received in their capacity as an Integration Joint Board member. Such declarations shall be made to the Chief Officer (or his/her authorised nominee) who shall make them available for public inspection at all reasonable times at the principal offices of the Integration Joint Board.

14 Committees and Working Groups

14.1 The Integration Joint Board shall appoint such committees, and working groups as it thinks fit. The Integration Joint Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required. The terms of reference of these committees and working groups, where appropriate, will be incorporated into a Scheme of Administration (Appendix 1 to these Standing Orders). This Standing Order should be read in conjunction with the Scheme of Adminstration.

14.2 The committee must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.

14.3 The Integration Joint Board shall appoint committee members to fill any vacancy in the membership as and when required.

14.4 Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.

14.5 The Standing Orders relating to the calling and notice of Integration Joint Board meetings, conduct of meetings, minutes and conduct of Integration Joint Board members shall also be applied to committee meetings but not working groups.

14.6 The Integration Joint Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Integration Joint Board.

14.7 The Integration Joint Board may authorise committees to co-opt members for a period up to one year. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of the Integration Joint Board, cannot vote and is not to be counted when determining the committee's quorum.

14.8 A member may be regarded as being present at a meeting of a committee if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

15 Urgent Decisions

15.1 If a decision which would normally be made by the Integration Joint Board or one of its committees, requires to be made urgently between meetings of the Integration Joint Board or committee, the Chief Officer, in consultation with the Chair, Vice-Chair and Standards Officer, may take action, subject to the matter being reported to the next meeting of the Integration Joint Board or committee.

Appendix 1

Midlothian Health & Social Care Partnership

MIDLOTHIAN INTEGRATION JOINT BOARD

SCHEME OF ADMINISTRATION

(Relative to Standing Order 14.1)

Approved by Midlothian Integration Joint Board on: 3rd May 2018

MIDLOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

AUDIT AND RISK COMMITTEE TERMS OF REFERENCE

INTRODUCTION

1. The Audit and Performance Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders. The Committee will be a Standing Committee of the IJB.

2. The Financial Regulations for the IJB were approved Integration Board on 29th October 2015. Section 3.11 of the Financial Regulations state that the IJB will have an Audit and Risk Committee

CONSTITUTION

3. The IJB shall appoint the Committee. The Committee will consist of (at least) four members of the IJB, excluding professional advisors and an Independent Member. At least four Committee members must be IJB voting members, 2 from the Health Board and 2 from the Council

4. The Committee may at its discretion set up working groups for review work.

   Membership of working groups will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Risk Committee.

CHAIR

5. The Chair of the Committee will be a voting Member nominated by the IJB, noting that the Chair of the IJB cannot also chair the Audit and Risk Committee.

QUORUM

6. Three Members of the Committee will constitute a quorum.

   The Independent Member (when appointed) and any Substitute Members will be counted for the purposes of the quorum

ATTENDANCE AT MEETINGS

7. The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other professional advisors or their nominated representatives will normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.

8. The external auditor will be invited to all meetings.

MEETING FREQUENCY

9. The Committee will meet at least four times each financial year.

MINUTES

10. The Committee shall receive and review its minutes for agreement at its following ordinary meeting. The minutes, once agreed, will then be submitted to the IJB for noting and consideration of any recommendations.

AUTHORITY

11. The Committee is authorised to request reports and make recommendations to the IJB for further investigation on any matters which fall within its Terms of Reference.

DUTIES

12. The Committee will review the overall internal control arrangements of the IJB and make recommendations to the Board regarding signing of the Governance Statement.

13. Specifically it will be responsible for the following duties:

GOVERNANCE, RISK AND CONTROL

1. To review the IJB's corporate governance arrangements against the good governance framework and consider annual governance reports and assurances.

2. To review the Annual Governance Statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances, taking into account internal audit's opinion on the overall adequacy and effectiveness of the IJB framework of governance, risk management and control.

3. To consider the IJB arrangements to secure value for money and review assurances and assessments on the effectiveness of these arrangements.

4. To consider the IJB framework of assurance and ensure that it adequately addresses the risk and priorities of the IJB.

5. To monitor the effective development and operation of risk management in the IJB.

6. To monitor progress in addressing risk-related issues reported to the committee.

7. To consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.

INTERNAL AUDIT

8. To approve the internal audit charter.

9. To review proposals made in relation to the appointment of external providers of internal audit services and to make recommendations.

10. To approve the risk-based internal audit plan, including internal audit's resources requirements, the approach to using other sources of assurance and any work required to place reliance upon those other sources.

11. To approve significant interim changes to the risk-based internal audit plan and resource requirements.

12. To make appropriate enquiries of both management and the head of internal audit to determine if there are any inappropriate scope or resource limitation.

13. To consider reports from the head of internal audit on internal audit's performance during the year, including the performance of external providers of internal audit services. These will include:

    a) Updates on the work of internal audit including key findings, issues of concern and action in hand as a result of internal audit work.

    b) Regular reports on the results of the Quality Assurance and Improvement Programme.

    c) Reports on instances where the internal audit function does not conform to the Public Sector Internal Audit Standards and Local Government Application Note, considering whether the non-conformance is significant enough that it must be included in the Annual Governance Statement.

14. To consider the head of internal audit's annual report:

    a) The statement of the level of conformance with the Public Sector Internal Audit Standards and Local Government Application Note and the results of Assurance and Improvement Programme that supports the statement – these will indicate the reliability of the conclusions of internal audit.

    b) The opinion on the overall adequacy and effectiveness of the IJBI's framework of governance, risk management and control together with the summary of the work supporting the opinion - these will assist the committee in reviewing the Annual Governance Statement.

15. To consider summaries of specific internal audit reports as requested.

16. To receive reports outlining the action taken where the head of internal audit has concluded that management has accepted a level of risk that may be unacceptable to the authority or there are concerns about progress with the implementation of agreed actions.

17. To contribute to the Quality Assurance and Improvement Programme and in particular, to the external quality assessment of internal audit that takes place at least once every five years.

18. To consider a report on the effectiveness of internal audit to support the Annual Governance Statement.

19. To support the development of effective communication with the head of internal audit.

EXTERNAL AUDIT

20. To consider the external auditor's annual letter, relevant reports, and the report to those charged with governance.

21. To consider specific reports as agreed with the external auditor.

22. To comment on the scope and depth of external audit work and to ensure it gives value for money.

23. To commission work from internal and external audit.

24. To advise and recommend on the effectiveness of relationships between external and internal audit and other inspection agencies or relevant bodies.

FINANCIAL REPORTING

25. To review the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the IJBl.

26. To consider the external auditor's report to those charged with governance on issues arising from the audit of the accounts.

ACCOUNTABILITY ARRANGEMENTS

27. To report to those charged with governance on the committee's findings, conclusions and recommendations concerning the adequacy and effectiveness of their governance, risk management and internal control frameworks; financial reporting arrangements, and internal and external audit functions.

28. To report to the IJB on a regular basis on the committee's performance in relation to the terms of reference and the effectiveness of the committee in meeting its purpose.

Thursday 3 May 2018 at 2.00pm

Delegation of Powers to Officers

Item number:	**5.11**

Executive summary

The purpose of this report is to invite 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 governance arrangements.

Board members are asked to:

- Approve the Scheme of Delegations as detailed in the **Appendix** hereto;
- Delegate 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;
- Agree that the Scheme should be comprehensively reviewed every three years; and
- Note that the approved Scheme will be published alongside the Board's Standing Orders in order to provide an open and transparent set of decision-making rules and procedures.

Delegation of Powers to Officers

1. Purpose

1.1 To consider and approve a list of powers and responsibilities to be delegated by the Board to its officers, as part of the Board's governance arrangements.

2. Recommendations

2.1. To approve the Scheme of Delegations as detailed in the **Appendix** hereto;

2.2. To delegate 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;

2.3. To agree that the Scheme should be comprehensively reviewed every three years; and

2.4. To note that the approved Scheme will be published alongside the Board's Standing Orders in order to provide an open and transparent set of decision-making rules and procedures.

3. Background and Main Report

3.1 The Midlothian Integration Joint Board is a statutory corporate body with its own legal personality. It was established under the Public Bodies (Joint Working) (Scotland) Act 2014 and has the responsibilities and powers conferred by that Act and associated statutory regulations.

3.2 The Board only has one member of staff - the Chief Officer. It has other officers who are not members of its staff but who carry out duties for it (for example, the Chief Finance Officer, the Chief Internal Auditor, and the Standards Officer). It also receives support from officers and employees of the Council and the Health Board (for example, in relation to the Strategic Planning Group's work). They are not employed by the Board, however they are managed by the Chief Officer.

3.3 To help ensure sound decision-making, adequate control and good governance the Board has approved Standing Orders governing the conduct of Board and other committee meetings. It has also approved Financial Regulations, and has established procedures for making agendas, reports and minutes of meetings freely available on the internet.

3.4 One part of the Board's decision-making structures which still requires to be approved is a document setting out the scope and rules for decisions being taken by officers on behalf of the Board. That document would be known as the Scheme of Delegations to Officers.

Purposes of the Scheme

3.5 It should set out the powers and responsibilities of significance to the Board's discharge of its statutory responsibilities which it chooses to delegate to its officers.

3.6 It should not contain any delegation of powers or duties in relation to functions of the Council or the Health Board or their members of staff. They are both separate legal bodies with different duties, powers and interests in relation to the integration of health and social care. They will have their own internal rules and delegations of powers in relation to their own interests.

3.7 Each of the posts covered by the Scheme has its own role description used by the Board's Appointments Committee and the Board itself when the posts were first filled. It is not the Scheme's purpose to replace those or duplicate them or repeat them. The Scheme is part of a governance framework for efficient, effective and accountable decision-making amongst the Board, its committees and its officers.

3.8 The Scheme is not designed to be an exhaustive list of things that officers can do on behalf of the Board. It records the most significant and standing delegations of powers and responsibility to officers.

3.9 There is no need for it to record temporary or one-off instructions or delegations to officers. Those are recorded in minutes of Board and committee meetings. As a general rule, it is suggested that delegations which will last for more than six months will be included.

Proposed Scheme

3.10 The proposed Scheme is set out in the **Appendix** to this report.

3.11 It makes it clear that in using a delegated power, officers must have regard to and comply with a series of over-arching rules, such as legislation, the Integration Scheme, the Strategic Plan and other Board's policies.

3.12 It allows for the delegation of the use of powers to other officers or employees of the Council or Health Board providing support to the Board. If that is done, they must ensure adequate controls and reporting arrangements are in place. Notwithstanding any such sub-delegation, the officers designated in the Scheme remain accountable directly and personally to the Board.

3.13 Subject to the specific provisions in the Scheme and the Board's Standing Orders and Financial Regulations, powers delegated include anything which is calculated to facilitate, or is conducive or incidental to, their discharge.

Procedures

3.14 Once approved, the Scheme will be published on the internet alongside other documents such as Standing Orders and the Register of Interests.

3.15 When the Board makes a new delegation or amends an existing delegation the Scheme will be amended and re-published by the Chief Officer.

3.16 The Chief Officer will also have a standing delegation to make any minor or administrative changes required, for example when new legislation is introduced or terminology changes.

3.17 The Scheme will be checked each year as part of the annual review by the Board of its system of internal control and in preparing its annual governance statement.

3.18 It will also be comprehensively reviewed every three years and the outcome reported to the Board.

4. Policy Implications

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

5. Equalities Implications

5.1 The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.

6. Resource Implications

6.1 There are no resource implications arising from any decisions made on this report.

7. Risk

7.1 Failure to comply with statutory duties; unclear decision-making procedures; decisions made without authority.

8. Involving People

6.2 There are no implications for involving people as a result of this report.

9. Background Papers

- Public Bodies (Joint Working) (Scotland) Act 2014
- Standing Orders

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DATE	7th November 2017

Appendices:	Proposed Scheme of Delegations to Officers

Midlothian Health & Social Care Partnership

MIDLOTHIAN INTEGRATION JOINT BOARD

SCHEME OF DELEGATION

May 2018

1 Introduction

1.1 The Midlothian Integration Joint Board (MIJB) is a statutory corporate body with its own legal personality. It is established under the Public Bodies (Joint Working) (Scotland) Act 2014 and has the responsibilities and powers conferred by that Act and associated statutory regulations.

1.2 The MIJB only has one member of staff - the Chief Officer. It has other officers who are not members of its staff but who carry out duties for it (for example, the Chief Finance Officer, the Standards Officer, the Chief Internal Auditor). It also receives support from officers and employees of the Council and the Health Board. They are not employed by the MIJB but are managed by the Chief Officer.

1.3 To help ensure sound decision-making, adequate control and good governance the MIJB has approved this Scheme of Delegation to its officers. The Scheme sets out the powers and responsibilities of significance to the MIJB's discharge of its statutory responsibilities which it has chosen to delegate to those officers.

1.4 It does not contain any delegation of powers or duties in relation to the Council or the Health Board or their members of staff. They are separate legal bodies with different duties, powers and interests in relation to the integration of health and social care. They will have their own internal rules and delegations of powers in relation to their own interests.

1.5 Each of the posts covered by the Scheme has its own role description that were used when the posts were first filled. It is not the Scheme's purpose to replace those or duplicate them or repeat them. The Scheme is part of a governance framework for efficient, effective and accountable decision-making amongst the MIJB, its committees and its officers.

2 General considerations

2.1 The Scheme is not an exhaustive list of things that officers can do on behalf of the MIJB. It records the significant and standing delegations of powers and responsibility to officers.

2.2 It does not record temporary or one-off instructions or delegations to officers. Those are recorded in minutes of MIJB and committee meetings. As a general rule, delegations which will last for more than six months are included, and others are not.

2.3 Subject to the specific provisions in the Scheme and the MIJB's Standing Orders and Financial Regulations, powers delegated include anything which is calculated to facilitate, or is conducive or incidental to, their discharge.

2.4 In using a delegated power, officers must have regard and comply with the following over-arching considerations:-

a) They must comply with the law

b) They must have regard to statutory guidance

c) They must act within the terms of the Integration Scheme

d) They must not depart from the terms of the Strategic Plan

e) They must comply with the MIJB's Standing Orders and Financial Regulations

f) They must not act where matters are reserved to the MIJB or delegated to a committee

g) They must act in accordance with MIJB policies, procedures and instructions

h) They must not act in relation to issues which are politically sensitive or controversial

2.5 Officers may delegate the use of their powers to other officers or employees of the Council or Health Board providing support to the MIJB. If they do so, they must ensure adequate controls and reporting arrangements are in place. Notwithstanding any such sub-delegation, they remain accountable directly and personally to the MIJB.

3 Chief Officer

3.1 As a matter of law, the Chief Officer is employed by either Midlothian Council or NHS Lothian and seconded to the MIJB as its only member of staff.

3.2 The Chief Officer is accountable to the MIJB. Operationally, the Chief Officer also manages the Midlothian Partnership and therefore also holds positions of authority and responsibility in both the Council and Health Board. In that role, as manager of the Midlothian Partnership, the Joint Director is managed jointly by the Chief Executives of the Council and the Health Board.

3.3 The Chief Officer has the following delegated powers and responsibilities:-

a) The statutory position of Chief Officer in terms of section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014

b) Providing corporate and strategic advice and direction to the MIJB

c) Liaising with the Chair and Vice-Chair in relation to meetings of the MIJB and its committees, and ensuring the timeous preparation, delivery and publication of agendas and reports for those meetings

d) Implementing the Integration Scheme

e) Developing, implementing and reviewing the Strategic Plan and other policies determined by the MIJB

f) Implementing decisions, instructions and directions made by the MIJB

g) Establishing and supporting the Strategic Planning Group

h) Appointing a competent substitute to act in his or her absence or incapacity

i) In consultation with the MIJB Chair, determining whether a matter is likely to be politically sensitive or controversial

j) In consultation with the MIJB Chair, Vice-Chair and Standards Officer, taking urgent action on behalf of the MIJB under Standing Order 15

k) Collecting, monitoring and periodic reporting to the MIJB and the public of service performance and providing service information for the annual statutory performance report

l) Collating service and financial performance information and providing the annual statutory performance report for MIJB approval

m) Issuing directions to the Council and Health Board on the MIJB's instructions and monitoring and reporting on compliance by the Council and Health Board

n) Maintaining the MIJB's risk register, monitoring risk and taking mitigating action, reporting on risk to the MIJB

o) Representing the MIJB on the Community Planning Partnership Board and ensuring the MIJB's participation in the community planning process

p) Ensuring adequate provision of professional, technical and administrative support services by the Council and/or Health Board to the MIJB

q) Ensuring the MIJB's compliance with statutory regimes such as best value, public sector equality duties, freedom of information, data protection, climate change, etc

r) Providing and operating a complaints handling procedure and liaising with and complying with the requirements of the SPSO

s) Implementing a public and stakeholder engagement strategy and communications and public relations arrangements (including an MIJB website)

t) Business continuity planning

u) Liaising with other IJBs in the NHS Lothian area, and with the Council and the Health Board, in relation to both integrated and non-integrated functions

v) Dealing with inspections by regulatory authorities

w) Responding to consultations on non-controversial or technical issues, subject to those responses being reported to the MIJB for information

3.4 The Chief Officer is a non-voting member of the MIJB, and a member of the Strategic Planning Group

4 Chief Finance Officer

4.1 The Chief Finance Officer cannot be a member of staff of the MIJB and does not have to be an officer of the Council or the Health Board. It is for the MIJB to determine the appropriate appointment and contractual arrangements in consultation with the Council and the Health Board.

4.2 The local authority financial and accounting regime is applied as a matter of law to the MIJB. The Chief Finance Officer therefore carries the duties of what in Council terms is the "Section 95 Officer". That position includes ensuring compliance with relevant legislation and guidance, including Part VII of the Local Government (Scotland) Act 1973, Part I of the Local Government in Scotland Act 2003 and the Local Authority Accounts (Scotland) Regulations 2014.

4.3 The Chief Finance Officer has the following delegated powers and responsibilities:-

a) The statutory responsibility for the proper administration of the MIJB's financial affairs in terms of section 95 of the Local Government (Scotland) Act 1973, as applied by section 13 of the Public Bodies (Joint Working) (Scotland) Act 2014

b) Establishing, maintaining, applying and reviewing Financial Regulations

c) Accounting record-keeping, financial management and accounting control systems

d) Ensuring that proper accounting practices are observed in the financial administration of the MIJB

e) Providing strategic financial advice, planning, forecasting and direction

f) Liaising and negotiating with the Council and the Health Board in relation to their annual budget contributions, efficiencies, budget pressures and in-year and end-of-year adjustments

g) Financial performance and budgets - monitoring, periodic reporting and providing financial information for the statutory annual performance report

h) Provision of the annual financial statement required to accompany the Strategic Plan

i) Preparing the Annual Accounts and abstract and accompanying statements, signing them and securing their submission for external audit

j) Publishing the unaudited Annual Accounts for public inspection, advertising their availability and responding to any objections made to them

k) Reporting the audited Annual Accounts and external auditor's report to the MIJB for approval, arranging for their signature, submitting them to the external auditor and publishing them

l) Securing compliance with relevant statutory financial regimes in relation to the financial administration of the MIJB

m) Reporting to the MIJB and publishing any report or special report or the findings of the Accounts Commission following any hearing on a report or special report, in terms of Part VII of the Local Government (Scotland) Act 1973

n) Liability insurance and other indemnity arrangements

o) Liaison with and supporting the MIJB's Internal Auditor and the Audit and Risk Committee in relation to the internal audit function

p) Liaison and cooperation with the MIJB's external auditor and the Accounts Commission

4.4 The Chief Finance Officer is a non-voting member of the IJB.

4.5 The role of Chief Finance Officer is currently undertaken on a shared basis with East Lothian IJB.

5 Chief Internal Auditor

5.1 The Chief Internal Auditor cannot be a member of staff of the MIJB and does not have to be an officer of the Council or the Health Board. It is for the MIJB to determine the appropriate appointment and contractual arrangements in consultation with the Council and the Health Board.

5.2 The local authority financial and accounting regime is applied as a matter of law to the MIJB. That requires the MIJB to establish and maintain a professional and independent internal auditing service in accordance with recognised standards and practices in relation to internal auditing. The post is also governed by Part VII of the Local Government (Scotland) Act 1973, Part I of the Local Government in Scotland Act 2003 and the Local Authority Accounts (Scotland) Regulations 2014.

5.3 The Chief Internal Auditor has the following delegated powers and responsibilities:-

a) Ensuring the provision of a professional and independent internal auditing service in accordance with recognised standards and practices in relation to internal auditing

b) Obtaining approval of the MIJB Internal Audit Charter

c) Preparing, submitting for approval, implementing and reporting on an annual Internal Audit Plan

d) Supporting and advising the Audit and Risk Committee in fulfilling its remit

e) Liaising with and supporting the Chair of the Audit and Risk Committee in relation to that role

f) Conducting audits and investigations as required by the Internal Audit Plan or as directed by the Joint Director or the Audit and Risk Committee

g) Reporting to the Audit and Risk Committee on audits and investigations carried out and on other matters within its remit

h) Reviewing the MIJB's system of internal control

i) Liaising and cooperating with the Internal Auditors for the Council, the Health Board and other IJBs in the NHS Lothian area

j) Liaising and cooperating with the MIJB external auditors

k) Preparation of the annual governance statement to accompany the Annual Accounts

5.4 The Chief Internal Auditor is not a member of the MIJB.

6 Standards Officer

6.1 The Standards Officer cannot be a member of staff of the MIJB and does not have to be an officer of the Council or the Health Board. It is for the MIJB to determine the appropriate appointment and contractual arrangements in consultation with the Council and the Health Board.

6.2 The Standards Officer is a statutory position required under regime of ethical standard in public life in Scotland. It carries statutory duties as well as additional duties contained in guidance by the Standards Commission.

6.3 The Standards Officer has the following delegated powers and responsibilities:-

a) The statutory role defined in the Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003

b) Having regard to and applying the Standards Commission's Advice on the Role of a Standards Officer

c) Ensuring MIJB members are eligible for membership

d) Establishing, maintaining, reviewing and publishing a Register of Interests for MIJB members

e) Adoption, approval, maintenance and review of a Code of Conduct for MIJB members

f) Advising and assisting MIJB members in relation to the Register of Interests and the Code of Conduct

g) Ensuring MIJB compliance with its other general duties under the Ethical Standards in Public Life etc. (Scotland) Act 2000 and related statutory regulations and guidance

h) Liaising with the Commissioner for Ethical Standards in Public Life and the Standards Commission

i) Establishing, reviewing and reporting on a local Code of Corporate Governance

j) Consulting with the Chief Officer in relation to the taking of urgent action on behalf of the MIJB under Standing Order 15

k) Liaising with the Internal Auditor in relation to the internal audit function

6.4 The Standards Officer is not a member of the MIJB.

Midlothian Integration Joint Board

Thursday 3 May 2018 at 2.00pm

Proposed Midlothian IJB Meeting Schedule and Development Workshops dates for 2018-19

Item number:	**5.12**

Executive summary

The purpose of this report is to set the dates for the meetings and development workshops of the Midlothian Integration Joint Board, and for the meetings of the Audit and Risk Committee, for 2018/19.

Board members are asked:

- ***To approve the schedule of meetings of the Midlothian Integration Joint Board.***
- ***To approve the schedule of Development Workshops.***
- ***To approve the schedule of Joint Special Midlothian Integration Joint Board/Development Workshops.***
- ***To approve the schedule of meetings of the Audit and Risk Committee.***
- ***To note the approach for Service Visits for the Members of the Midlothian Integration Joint Board.***

Report

Proposed Midlothian IJB Meeting Schedule and Development Workshops dates for 2018-19

1. Purpose

To set the dates for meetings and development workshops of Midlothian Integration Joint Board, and for meetings of the Audit and Risk Committee, for 2018/19, in accordance with Standing Order 5.2.

2. Recommendations

2.1 To approve the schedule for meetings of the Midlothian Integration Joint Board for 2018/19, as set out in section 3.4 of the report.

2.2 To approve the schedule of Development Workshops for the Midlothian Integration Joint Board as set out in section 3.4 of the report.

2.3 To approve the schedule of Joint Special Midlothian Integration Joint Board/Development Workshops as set out in section 3.4 of the report.

2.4 To approve the schedule for meetings of the Midlothian Integration Joint Board Audit and Risk Committee for 2018/19, as set out in section 3.4 of the report.

2.5 To note the approach for Service Visits for the Members of the Midlothian Integration Joint Board as set out in section 3.7 of the report.

3. Background and Main Report

3.1 The Midlothian Integration Joint Board is required to approve a schedule of meeting dates for session 2018/19. Over the past two years Board meetings have been scheduled on a bi-monthly basis of Feb/April/June – Aug/Oct/Dec, with Development Workshop sessions scheduled in the months in between Jan/March/May – Sept/Nov. The only exception to this being July when there are no meetings because of Midlothian Council's summer recess.

3.2 In order to bring more uniformity to the schedule it is proposed, with the exception of the Aug meeting, to move meetings to the second Thursday of the month and for the March/Sept Development Workshops to double up as Special Board meetings to approve the budget/directions and annual accounts respectively.

3.3 The Audit and Risk Committee currently meets quarterly – March/June/Sept/Dec – and it is proposed that this continue with the schedule being adjusted so that it meets on the first Thursday of the month so that it can feed into Board meetings the follow week as/when required.

3.4 The proposed schedule of meetings for 2018/19 is therefore as follows:

Meetings of the Midlothian Integration Joint Board

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

Development Workshops

- Thursday 15th November 2018, 2pm
- Thursday 17th January 2019, 2pm
- Thursday 16th May 2019, 2pm
- Thursday 14th November 2019, 2pm

Joint Special Board Meeting/Development Workshops

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

Midlothian Integration Joint Board – Audit and Risk Committee

- Thursday 7th June 2018, 2pm
- Thursday 6th September 2018, 2pm
- Thursday 6th December 2018, 2pm
- Thursday 7th March 2019, 2pm
- Thursday 6th June 2019, 2pm
- Thursday 5th September 2019, 2pm
- Thursday 5th December 2019, 2pm

3.5 The venues for all meetings will be confirmed once the session information is confirmed.

3.6 Members should note that Standing Orders also allow for additional meetings of the Midlothian Integration Joint Board to be called, if required. This could potentially result in some Development Workshop dates being re-designated as Board meetings, and vice-a-versa, should the need arise. In the event that a meeting date or venue requires to be changed, members will be notified as soon as practicable.

Service Visits

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

4. Policy Implications

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

5. Equalities Implications

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

6. Resource Implications

6.1 There are no resource implications arising from any decisions made on this report.

7. Risk

7.1 There are no risk implications as a result of this report.

8. Involving People

8.1 There are no implications for involving people as a result of this report.

9. Background Papers

9.1 There are no background papers in relation to the content of this report

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DATE	13 March 2018

Appendices: None.