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, 05 October 2017**

Time: **14:00**

Eibhlin McHugh
Chief Officer

Contact:
Clerk Name: Mike Broadway
Clerk Telephone: 0131 271 3160
Clerk Email: mike.broadway@midlothian.gov.uk

Further Information:

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

7 Date of Next Meeting

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

- 16 November 2017 at 2 pm –Development Workshop
- 7 December 2017 at 2 pm – Midlothian Integration Joint Board

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 24 August 2017	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Derek Milligan (Vice-Chair)	John Oates (Chair)
Cllr Catherine Johnstone	Tracey Gillies
Cllr Jim Muirhead	
Cllr Pauline Winchester	

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Caroline Myles (Chief Nurse)
Patsy Eccles (Staff side representative)	Aileen Currie (Staff side representative)
Keith Chapman (User/Carer)	Rosie McLoughlin (User/Carer)
Ewan Aitken (Third Sector)	

In attendance:

Allister Short (Head of Primary Care & Older People's Services)	Jamie Megaw (Strategic Programme Manager)
Mike Broadway (Clerk)	

Apologies:

Alex Joyce	Alison McCallum
Hamish Reid (GP/Clinical Director)	Dave Caesar (Medical Practitioner)
Fiona Huffer (NHS Lothian)	

Midlothian Integration Joint Board

Thursday 24 August 2017

1. Welcome and introductions

The Chair, John Oates, welcoming everyone to this meeting of the Midlothian Integration Joint Board.

2. Order of Business

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

> Agenda Item 5.4 - Annual Performance Report would be taken as the third item of business immediately after the Measuring Performance Under Integration – Item 5.2.

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

4.1 The Minutes of (i) Meeting held on Thursday 15 June 2017 and (ii) Special Meeting held on Thursday 12 July 2017 were submitted and approved as correct records.

4.2 Matter Arising from the Minutes of Meeting held on 15 June 2017:

With reference to paragraph 5.1, the Board agreed that the following Members be appointed to the three vacant positions on the IJB Audit and Risk Committee – Councillor Jim Muirhead, Councillor Pauline Winchester, and Alex Joyce. In addition, it was also agreed that Councillor Jim Muirhead be appointed as Chair.

Action: Chief Finance Officer/Clerk

4.2 Matter Arising from the Minutes of Special Meeting held on 12 July 2017:

With reference to paragraph 4.1, the Chair, John Oates provided the Board with an update on the recruitment of the new Chief Officer for the Midlothian Integration Joint Board. He highlighted that following the recruitment process, which had been as reported to the Special IJB meeting, the unanimous recommendation of the Recruitment Panel was that Allister Short be appointed as Chief Officer.

The Board unanimous agreed to ratified the appointment of Allister Short as Chief Officer.

Action: Chief Executive

Sederent

Allister Short and Alison White joined the meeting at the start of the public reports (2.16pm).

Midlothian Integration Joint Board

Thursday 24 August 2017

5. Public Reports

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

Executive Summary of Report

The purpose of this report was to provide:-

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

Summary of discussion

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

In the longer term the IJB needed to:-

- Review the financial model that was used to set its budgets to ensure that the system that generates the IJB's budget doesn't in any way disadvantage the IJB. Consider the budget setting mechanism for 2018/19 and reflect on the issues that the IJB must now address for next year.
- Prepare a multi-year financial plan that would support the delivery of the IJB's Strategic Plan and support the partners in transforming the services they provide to the IJB.

The Board discussed the considerable financial challenges in meeting the requirement to break even, and the ongoing work that was being undertaken in conjunction with the Council and NHS Lothian to address these challenges. The means by which the Board and partner organisations, particularly those in the voluntary sector, could input to this process was discussed and it was agreed that this could perhaps best be done by way of a workshop. Whilst it was acknowledged that the redesign of the delivery of services was likely to be a fundamental part of the process, the importance of any new models being robustly tested to ensure that they were fit for purpose and didn't simply shift pressures on to other services was emphasised. It was also highlighted that the budget pressures and the pressures from efficiency and recovery plans required to be reflected in the IJB's Risk Register.

Decision

The Board:

- **Noted the outline financial position for the first three months of the current financial year;**

- **Supported the proposal to review the health budget setting model;**
- **Supported the proposal to redesign the financial planning model in 2018/19; and**
- **Supported the development of a multi-year financial plan.**

Action
Chief Finance Officer

Report No.	Report Title	Presented by:
5.2	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 progress towards achieving the Local Improvement Goals.

Decision

Having heard from the Strategic Programme Manager, who responded to Members' questions, the Board:

- **Noted the performance against the Local Improvement Goals.**
- **Noted that the IJB would receive an update on progress every three months. The next update would be in November 2017**

Action
Strategic Programme Manager

Report No.	Report Title	Presented by:
5.4	Annual Performance Report	Jamie Megaw

Executive Summary of Report

This report introduced the 2016-17 Annual Performance Report and sought the IJB's approval of its content.

The report advised that IJBs were required to prepare and publish an Annual Performance Report. The Midlothian Annual Performance Report; a copy of which was appended to the report, provided information on the health and wellbeing of the people of Midlothian. It also described the progress made in redesigning local health and care services; the financial performance of the Partnership; and the quality of health and care services delivered during 2016-17.

Midlothian Integration Joint Board

Thursday 24 August 2017

Summary of discussion
Having heard from the Strategic Programme Manager, who responded to Members' questions, the Board warmly welcomed plans for a user friendly format, noting that partner organisations, particularly those in the voluntary sector, would welcome the opportunity to input into the process of its' production.

Decision
The Board: • **Approved the content of the Midlothian Annual Performance Report; and** • **Approved the proposal to lay out the report in a user friendly format to make it easier for the public to understand how the IJB has performed during 2016-17**

Action
Strategic Programme Manager

Report No.	Report Title	Presented by:
5.3	Addressing Delayed Discharge	Allister Short

Executive Summary of Report
The purpose of this report was to highlight the current challenges within Midlothian in addressing delayed discharge and to set out the actions that were being taken to ensure patients were discharged at the earliest opportunity in their care pathway. 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 6 months, this performance had deteriorated as a result of a number of factors that were set out in more detail within the report. The report also sets out a range of actions that were either now in place or being implemented to address this performance and ensure safe discharge for patients.

Decision
The Board, having heard from the Head of Primary Care & Older People's Services: • **Noted the current delayed discharge performance in Midlothian;** • **Expressed support for the detailed actions in place to address and reduce the number of patients who were delayed in hospital; and** • **Agreed to receive a further report to provide assurance that performance had improved.**

Midlothian Integration Joint Board

Thursday 24 August 2017

Action
Head of Primary Care & Older People's Services

Report No.	Report Title	Presented by:
5.5	Directions – Implementation and Performance	Eibhlin McHugh

Executive Summary of Report

The report provided the IJB with information about how the 2017-18 Directions, issued to NHS Lothian and Midlothian Council on 31st March 2017, were being implemented. The implementation arrangements for each Direction as well as the key performance indicator(s) which should be improved as a result of each Direction were outlined in an appendix to the report

Summary of discussion

Having heard from the Chief Officer, who responded to Members' questions, the Board discussed the implementation arrangements and performance indicators. In terms of future presentation, the possibility of adding, where appropriate, anticipated timescales and a short narrative of current progress would be considered beneficial.

Decision

After further discussion, the Board:

- **Noted the arrangements now in place to ensure that the IJB Directions were being implemented and how progress would be measured.**

Action
Chief Officer/Strategic Programme Manager

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

Executive Summary of Report

With reference to paragraph 5.4 of the Meeting of 9 February 2017, there was submitted a report the purpose of which was to introduces the current version of the IJB's Risk Register and to highlight the risks of major concern.

The report explained that although the MIJB Risk Register was scrutinised by the Audit and Risk Committee and any issues of concern would be reported back to the IJB as required, it was important that the IJB itself was kept informed of the key risks and how they were being managed.

Midlothian Integration Joint Board

Thursday 24 August 2017

Summary of discussion
The Board, having heard from the Risk Manager, who responded to Members' questions, discussed the Risk Register; a copy of which was appended to the report.

Decision
The Board: • **Approved the Risk Register;** • **Agree to review the Risk Register to ensure that it adequately reflected the financial challenges facing the IJB; and** • **Confirmed that the risks otherwise presented in the report reflect the current risks/opportunities facing the IJB.**

Action
Risk Manager/Chief Finance Officer

Report No.	Report Title	Presented by:
5.7	Day Services Policy	Alison White

Outline of report and summary of discussion
The purpose of this report was to seek the Board's approval for a Day Services Policy intended to ensure a stronger approach to the equitable provision of Day Services. The report explained that growing pressures on social care coupled with the continuing budget reductions meant it was essential that there was an overhaul of the approach to the delivery of services. In response to this a Realistic Care Realistic Expectations approach was being taken to social care redesign. Part of this approach included the development of policies to ensure appropriate and equitable access to and allocation of social care resources.

Summary of discussion
The Board, having heard from the Head of Adult and Social Care, discussed the Day Services Policy; a copy of which was appended to the report. It being noted that there had been good involvement from all stakeholders in relation to the revised policy and whilst some tensions still existed these could be better addressed through the new policy.

Decision
After further discussion, the Board agreed to: • **Approve the Day Services Policy; and** • **Note the development and consultation work on the Day Service Strategy.**

Midlothian Integration Joint Board

Thursday 24 August 2017

Action
Head of Adult and Social Care

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

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

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

Decision
The Board: • **Noted the issues raised in the report.**

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

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

8. Date of next meeting

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

- Thursday 14th September 2017 2pm **Special Midlothian Integration Joint Board/**Development Session
- Thursday 5th October 2017 2pm **Midlothian Integration Joint Board**

The meeting terminated at 3.45 pm.

Minute of Special Meeting

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 14 September 2017	**2pm**	**Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ**

Present (voting members):

Cllr Derek Milligan (Vice Chair)	John Oates (Chair)
Cllr Pauline Winchester	Alex Joyce
Cllr Catherine Johnstone	

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	

In attendance:

Councillor Janet Lay-Douglas	Jamie Megaw (Strategic Programme Manager)
Councillor Kenneth Baird	Brian Paris (Planning Officer – Older People)
Kaye Skey (Health & Social Care Partnership)	Janet Ritchie (Democratic Services Officer)

Apologies:

Councillor Jim Muirhead	
Hamish Reid (GP/Clinical Director)	
Caroline Myles (Chief Nurse)	

Midlothian Integration Joint Board

Thursday 15 September 2016

1. Welcome and introductions

The Chair, John Oates welcomed everyone to the meeting of the Midlothian Integration Joint Board.

2. Order of Business

The order of business was as set out in the Agenda.

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report No.	Report Title	Presented by:
4.1	2016/17 Integration Joint Board Annual Accounts – Final Schedules	David King

Executive Summary of Report

As a statutory body, the MIJB is required to produce a set of annual accounts at the end of its financial year (31 March). These accounts are then reviewed by the MIJB's external auditors who report their opinion of the MIJB's annual accounts to the MIJB's Audit and Risk Committee. The Independent auditors have given the accounts an 'unqualified' opinion which means that they meet the requirements of the regulations and give a fair and true view of the MIJB's financial position in 2016/17. The accounts require to be finally signed off by 30 September, signed by the Chair of the MIJB, the Chief Officer of the MIJB, the Chief Finance Officer of the MIJB and the Independent Auditor.

The Independent Auditor reported his view to the meeting of the MIJB's Audit and Risk committee on 7 September 2017. The MIJB's Audit and Risk committee is satisfied with the report of the Independent Auditor and recommends that the Annual Accounts are approved by the MIJB.

Summary of discussion

The Chief Finance Officer presented the Annual Accounts to the Board highlighting the Background of the Midlothian Integration Joint Board (MIJB) and details of the Annual Accounts presented. These accounts have been audited by the MIJB's auditors – EY The MIJB is governed by the Local Government Scotland Act (1973) along with the 2014 regulations and these accounts are prepared on that basis.

The Midlothian Integration Joint Board Annual Accounts were presented to the Midlothian Integration Joint Board Audit and Risk Committee on 7 September 2017.

Decision

The Board is recommended to:

- Approve the Midlothian Integration Joint Board's Annual Accounts for 2016/17.
- Not the report of the Independent Auditor.

5. Any Other Business

No other business was submitted.

6. Date of next meeting

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

Thursday 5 October at 2 pm at Conference Room, Melville Housing,
The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ

The meeting terminated at 2.10 pm.

Midlothian Integration Joint Board
Audit and Risk Committee

Date	Time	Venue
Thursday 9th March 2017	2.00pm	Committee Room, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

Present:

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

Present (non-voting):

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

In attendance:

Stephen Reid (Ernst & Young LLP, External Auditors)	John Boyd (Ernst & Young LLP, External Auditors)
Chris Lawson (Risk Manager, Midlothian Council)	Mike Broadway (Clerk)

Apologies:

Cllr Bob Constable	Peter Johnston

Midlothian Integration Joint Board
Audit and Risk Committee

Thursday 9 March 2017

1. Welcome and introductions

The Chair, Derek Milligan, welcomed everyone to this Meeting of the Midlothian Integration Joint Board Audit and Risk Committee, in particular Stephen Reid and John Boyd from External Auditors, Ernst & Young LLP.

2. Order of Business

The Chair advised the meeting that an additional item of business – an update on the Integration Joint Boards Audit & Risk Chairs meeting with NHSiL - would be considered as Agenda Item 5.6

3. Declarations of interests

No declarations of interest were intimated.

4. Note of Meeting

The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 15th December 2016 was submitted and approved.

5. Reports

Report No.	Report Title	Presented by:
5.1	IJB Annual Internal Audit Plan	Graham Herbert

Executive Summary of Report
The purpose of the report was to present for the Committee approval the Draft Internal Audit Plan for 2017/18; a copy of which was appended to the report. The report advised that with the current resource, the Chief Internal Auditor was unable to review the entire Audit Universe on a three year cycle and would have to concentrate this resource on the high risk areas. In addition, the Internal Audit Section of Midlothian Council was currently undergoing a Service review. Any implications that this might have on available resource to deliver against the 2017/18 plan would be brought to the attention of the Audit and Risk Committee in due course.

Summary of discussion
Having heard from the Chief Internal Auditor, the Committee discussed the importance of the work being undertaken by Internal Audit and emphasised the need to ensure that there was no diminution in the level of service provided to the IJB. It being felt that this should be added to the Risk Register and that a further report should be brought back to the Committee once the service review was completed.

Midlothian Integration Joint Board
Audit and Risk Committee

Thursday 9 March 2017

Decision
• **To approve the Internal Audit Plan for 2017/18;** • **To note that with the current resource the Chief Internal Auditor was unable to review the entire Audit Universe on a three year cycle and would therefore concentrate resource on the higher risk areas;** • **To update the risk register accordingly, and** • **To receive a further report on the outcome and likely effects of the currently undergoing Service review of the Internal Audit Section of Midlothian Council once it was completed.**

Action
Chief Internal Auditor/Risk Manager

Reports No.	Report Titles	Presented by:
5.2	Midlothian Integration Joint Board External Annual Audit Plan	Ernst & Young LLP, External Auditors

Executive Summary of Report and Summary of discussion
There was submitted the Midlothian Integration Joint Board Annual External Audit Plan for the financial year ending 31 March 2017. Stephen Reid, External Auditor in presenting the Plan to the Committee explained that it covered the audit approach to the financial statements and the wider responsibilities under the Audit Scotland code which included a review of governance and performance. In addition, the report outlined the key areas and challenges in the current year including the financial pressures and the identification of significant audit risks. Also included within the report was a timetable on the key phases of the audit for 2016/17. Thereafter he responded to questions raised by members of the Committee.

Decision
To note the Report.

Action
EY, External Auditors

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

Executive Summary of Report
The purpose of this report was to present the 2016/17 quarter 3 reports to the Audit and Risk Committee providing strategic risk management updates for the period 1 October to 31 December 2016.

Midlothian Integration Joint Board
Audit and Risk Committee
Thursday 9 March 2017

The report reminded Members that the purpose of the risk register was to capture and maintain information on all the identified threats and opportunities relating to the IJB. The risk register provided a snapshot of the identified risks for the organisational activity, the priority of each risk, the "owner" for each, the internal controls currently in place and where required further action(s) being taken to manage the risks.

Summary of discussion

The Committee, having heard from the Risk Manager, discussed the Risk Register; a copy of which was appended to the report, how it had been prepared and how it was maintained and kept up-to-date. It was felt that the inclusion of a key to explain the symbols and notations used in the register, and making the difference between a risk and an opportunity clearer, would be useful additions. With regards the contents of the register it was felt they were a good reflection of the risks/opportunities currently facing the IJB, although there was some discussion about the means by which they were best met.

Decision

- **To confirm that the risks contained in the report reflected the current risks/opportunities facing the IJB;**
- **To include a key to explain the symbols and notations used in the register, and to make the difference between a risk and an opportunity clearer;**
- **To agree that there were no specific issues that required to be drawn to the IJB's attention; and**
- **To, otherwise, note the report.**

Action

Risk Manager

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

Executive Summary of Report

The purpose of this report was to:

- inform the Audit and Risk Committee of the number of audit recommendations reported as complete; and
- for a sample of recommendations that it has made during the year, report on the adequacy of actions taken by management to complete the recommendations.

The report highlighted that from a sample of 10 issues selected all but one were found to have been acted upon. A number of the risks identified in these recommendations were however continuing and therefore management needed to review these areas regularly. For the one issue that was not completed, Management had indicated that although the Strategic Plan had been developed using two localities, it was not practical, given the size of Midlothian, to split resource by locality and Managements view, reflected in the IJB Strategic Plan, was that it was more meaningful and productive to focus the energies of the Partnership on developing stronger interagency working at the level of natural communities in Midlothian.

Summary of discussion

Having heard from the Chief Internal Auditor, the Committee discussed the issue of showing resources by locality and expressed full support for the position taken in focusing on developing stronger interagency working at the level of natural communities in Midlothian.

Decision

- **To note the report; and**
- **To note that the current strategic plan did not show resource by locality as recommended within the Scottish Government publication (Localities Guidance).**

Action

Chief Internal Auditor

Report No.	Report Title	Presented by:
5.5	Audit and Risk Committee meeting schedule 2017/18	David King

Executive Summary of Report

The Committee received a report setting out the proposed meeting schedule for the remainder of the current financial year, viz:-

Thursday 8th June 2017;
Thursday 7th September 2017;
Thursday 14th December 2017; and
Thursday 22nd March 2018.

Further dates could be added to this schedule should the need arise. The schedule had been approved by the Integration Joint Board at its meeting on 9 February 2017; paragraph 5.9 refers.

Summary of discussion

The Committee, having heard from the Chief Finance Officer, welcomed the advice that plans were in place to offer training/briefings for all those who would be serving on the MIJB and the MIJB Audit and Risk Committee following the Local Government elections in May.

Midlothian Integration Joint Board
Audit and Risk Committee

Thursday 9 March 2017

Decision
• **Noted that plans were in place to offer training/briefings for all those who would be serving on the MIJB and the MIJB Audit and Risk Committee following the Local Government elections in May.;** • **Noted and Approved for its interest the schedule of meeting dates for the remainder of the current financial year, viz:-** **Thursday 8th June 2017;** **Thursday 7th September 2017;** **Thursday 14th December 2017; and** **Thursday 22nd March 2018.**

Action
All Audit and Risk Committee Members to note.

Report No.	Report Title	Presented by:
5.6	Integration Joint Board Audit & Risk Chairs meeting with NHSiL - Update	Jane Crawford

Executive Summary of Report
The Committee received an update from Independent Member, Jane Crawford on the Integration Joint Board Audit & Risk Chairs meeting with NHSiL.

Decision
• **To note the update and thank Jane for attending the meeting on behalf of the Audit and Risk Committee.**

6. Private Reports

No private reports were submitted to this meeting.

7. Date of next meeting

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee will be held on Thursday 8th June 2017 at 2.00pm

8. Valediction

The Committee joined the Chair in thanking the Internal Audit Manager, Graham Herbert, for all his hard work in supporting the MIJB Audit and Risk Committee, and wishing him well in his retirement.

The meeting terminated at 2.53 pm.

Thursday 5 October 2017, at 2.00 pm

Financial Update 2017/18 – Quarter 1 out-turn forecast

Item number:	**5.1**

Executive summary

The IJB is required to break-even in 2017/18. The IJB's Partners (NHS Lothian and Midlothian Council) have now provided a projected out-turn forecast for 2017/18 for the IJB. This forecasts that the IJB will be overspent by c. £1.4m of which c. £1.2m is within Adult Social Care (Midlothian Council) and c. £0.2m in Set Aside (Acute health budgets delegated to the IJB). The IJB must now take actions to ensure a break-even position.

Board members are asked to:

1. *Note the IJB's financial position per the current out-turn forecast for 2017/18*
2. *Note the financial management arrangements*
3. *Note the recovery actions in place*

Report

Financial Update 2016/17 and 2017/18

1. Purpose

1.1 This paper covers lays out the current financial out-turn forecast for 2017/18 as provided to the IJB by its partners – NHS Lothian and Midlothian Council. The paper then lays out the actions being taken to bring the position back to a break-even position.

2. Recommendations

The IJB is asked to :-

2.1 Note the IJB's financial position per the current out-turn forecast for 2017/18
2.2 Agree the financial management arrangements.
2.2 Note the recovery actions in place

3. Background and main report

3.1 At its August meeting, the IJB received a report on the 2017/18 financial position. This report was based on the financial information available for the first three months of the financial year (for health) and indicative work on a projected out-turn position (for social care). This report indicated that, based on the information then available, there could be an overspend of c. £2.3m.

3.2 Both partners have now finalised their quarter one reviews – these being a projected out-turn forecast for the financial year based on the first quarter's financial information. These forecasts show a projected overspend of c. £1.4m for the IJB broken down as follows

	Variance £m
Health	
Core	242
Hosted	107
Set Aside	(548)
Social Care	(1,200)
Total (net)	**(1,399)**

All figures variances (unfavourable)/favourable

3.3 The key drivers behind this position are as follows :-

Set Aside

- Gastroenterology is forecast to overspend by £95k. This due to a recurring medicines pressure being driven by an increasing numbers of patients.

- General Medicine is forecast to overspend by £96k The overall pressure comprises an element of legacy efficiency schemes and higher than planned nursing spend driven by recruitment problems, high sickness absence and increased acuity of a small number of patients

- Junior Medical is forecast to overspend by £297k This primarily relates to A&E at the RIE and St John's and Acute Medicine and MoE on all sites. The gap is driven by the requirement for additional staff to deliver 7 day working, non compliant rotas and the use of locum staff for trainee gaps. The forecast reflects recovery actions totalling £1m which are planned to take effect from August.

Adult Social Care

- Overspends within the Care Homes managed by the partnership driven by high levels of sickness and absence and pressures within the care at home sector. – c. £266k
- Overspend in social care services for adults driven by both increased demand and the high costs of individual packages – c. £1.0m
- It should be noted that there are a range of efficiency target assumptions in the social care budgets and these are not, at this time, fully delivered.

3.4 The IJB's integration scheme lays out the process to manage overspends. An overspend having been forecast the steps are :-

- The partners prepare a recovery plan, this failing then
- The IJB prepares a recovery plan, this failing then
- The partners provide additional resources, this failing then
- The partners make 'interim funding' available to the IJB with repayment in future years

3.5 Of course not every element of the budget is overspent, the value above is a net position – that is that the overspends are netted off against any underspends on individual budget lines. Given that the financial model requires further development – this was also discussed in the August report – and the overall financial management arrangements continue to be developed it is proposed that in 2017/18 the financial management is dealt with on a net basis.

3.6 As was discussed above, the IJB has a forecast overspend in 2017/18 and the Chief Officer and the Chief Finance Officer have been working through the process to manage overspends laid out in the Integration Scheme as above.

- NHS Lothian – the IJB understands that there are no further proposals at this time to bring the set aside budgets back into balance. This will mean

that, the IJB itself should now prepare a recovery plan for the set aside services. In practical terms this is probably unrealistic however discussions are underway with NHS Lothian to identify any further areas wherein the IJB can support recovery. It should be noted that the IJB's core and hosted services are currently projected to support an element of the set aside overspend, if this position were to improve (that is be further underspent) this would in effect be further support to the set aside position.

- Midlothian Council –As reported to the Council at its August 2017 meeting, The Council considered it prudent, given that the IJB has no reserves, to reflect in its own forecasts the impact an additional contribution from the Council to meet the projected overspend. Clearly this is very helpful and the IJB welcomes this provision. The IJB and the Council, however, expects the partnership management team to continue to take further actions to improve the social care position.

Risks

3.7 As with all forecast there are a range of assumption embedded in the position along with a range of risks. The two key risk being :-

- GP Prescribing – these costs are currently being constrained within the 2017/18 financial plan. However, this is a very large element of spend (the IJB has a budget of c. £21.2m) and even small changes may generate relatively large financial pressures.
- Demand – both for social care and for health services has tended to increase over the past few years and the assumptions in the forecast are that demand will remain at current levels. A poor winter, for example, could significantly increase demand and this continues to be monitored.

3. Policy Implications

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

4. Equalities Implications

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

5. Resource Implications

6.1 The resources implications are laid out above

7 Risks

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

8 Involving People

8.1 This report is based on the IJB's Strategic Plan which itself has been consulted on with both the general population and staff. Nevertheless the emerging financial challenges facing the partners, and therefore the budgets likely to be available to the IJB, require a concerted programme of public engagement. Transforming health and care services will only succeed if the people of Midlothian understand the changes being considered; are able to influence these; and are prepared to support them. With this in mind a communications and engagement plan is now being developed.

9 Background Papers

9.1 Previous finance reports to the IJB discussed above.

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DATE	September 2017

Thursday 5th October 2017, at 2.00pm

Measuring Performance Under Integration

Item number:	**5.2**

Executive summary

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

Board members are asked to:

- Comment on performance across the improvement goals.
- Note that the IJB will receive a more frequent update on progress than previously agreed and a report will be received every month.

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

2.1 Comment on performance across the improvement goals.

2.2 Note that the IJB will receive a more frequent update on progress than previously agreed and a report will be received every month.

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 from 1.9% to 1.6% and in an care home from 6.8% by TBD*

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

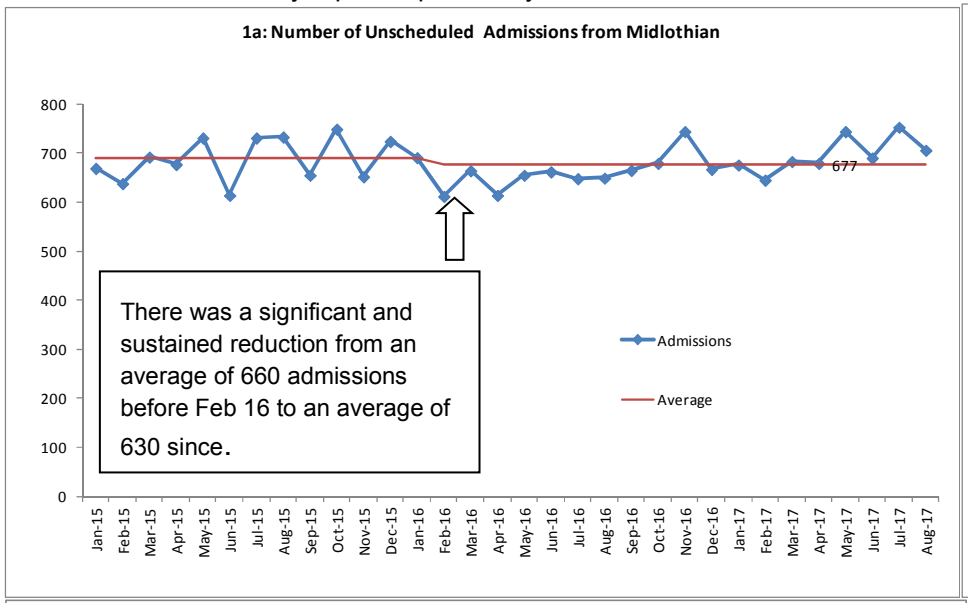
3.2 The IJB agreed in April 2017 to receive a quarterly update on progress towards the Midlothian IJB Local Improvement Goals. It is recommended that this frequency of the reporting is increased so that IJB members receive reports at each IJB meeting.

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

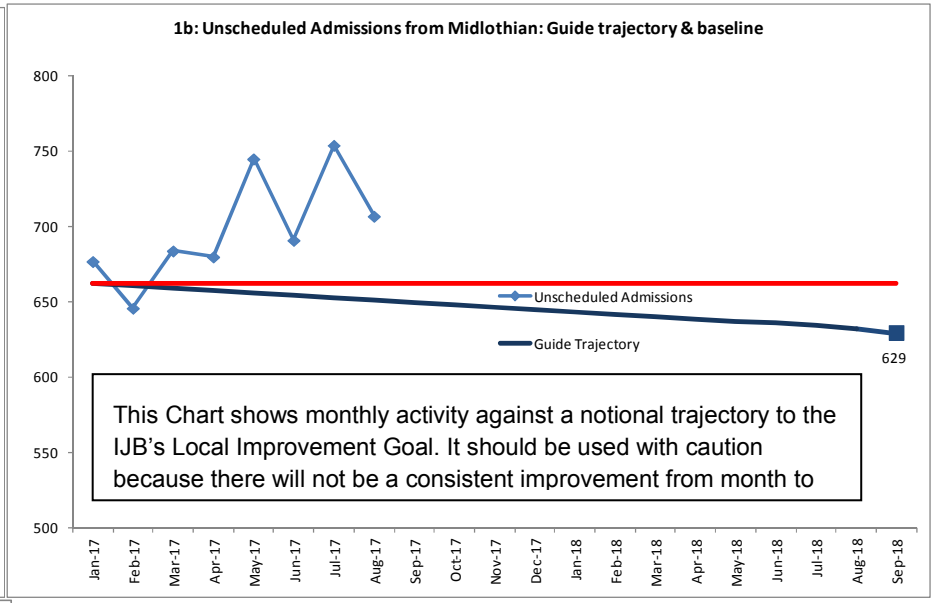
1: Reduce Unscheduled Admissions by 5% by September 2018

Baseline: 662 admissions per month*

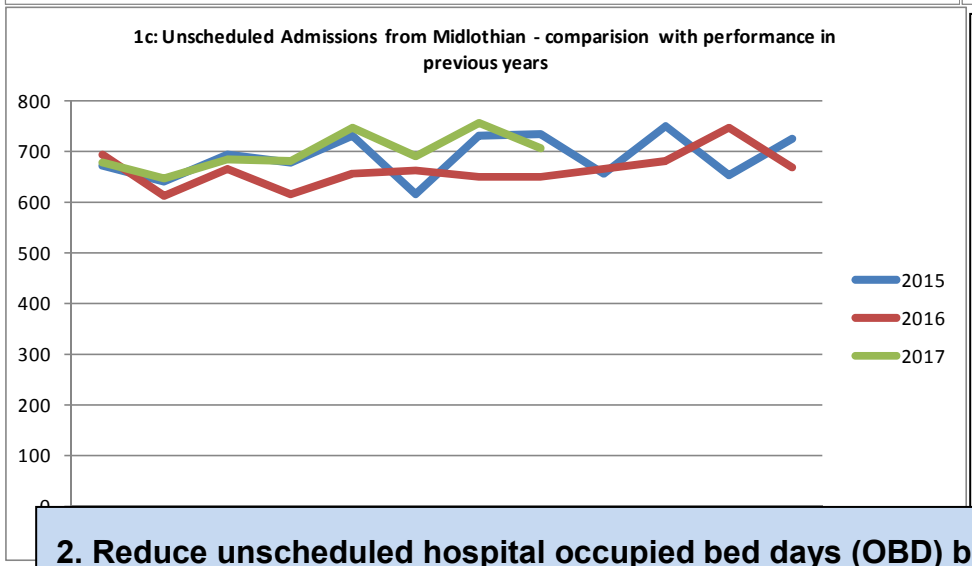
* This was incorrectly reported previously to the IJB as 640



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



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



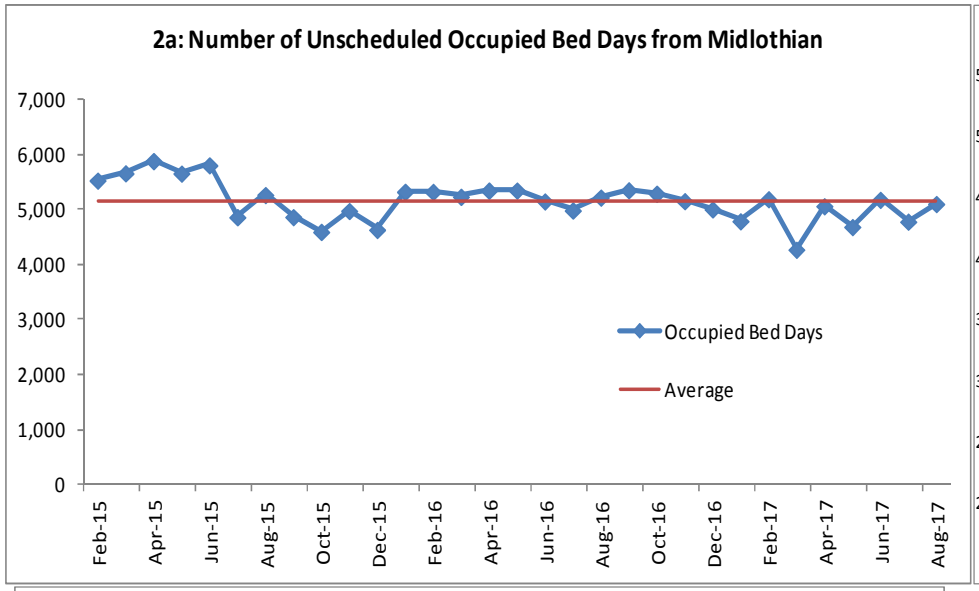
The baseline of 662 unscheduled admissions from Midlothian per month was calculated from performance in 2015 and 2016

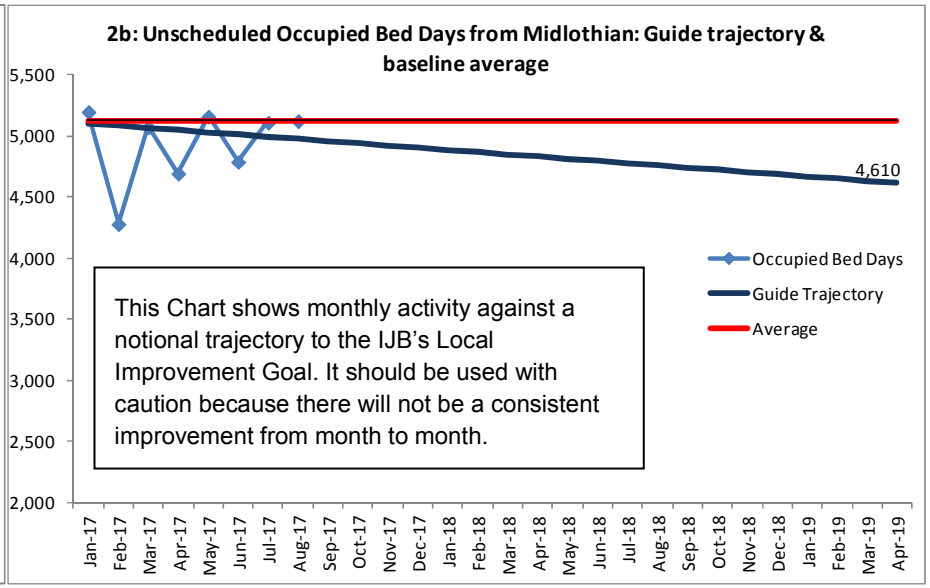
Chart 1c shows that performance in 2017 is tracking closely with performance in 2015.

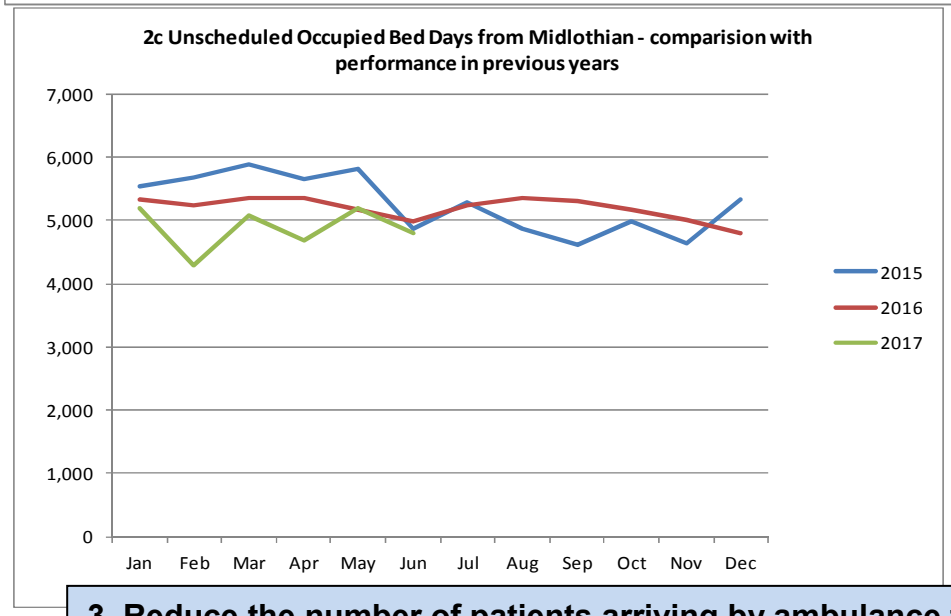
Direction for improvement

2. Reduce unscheduled hospital occupied bed days (OBD) by 10% by April 2019

Baseline: 5,122 OBD per month







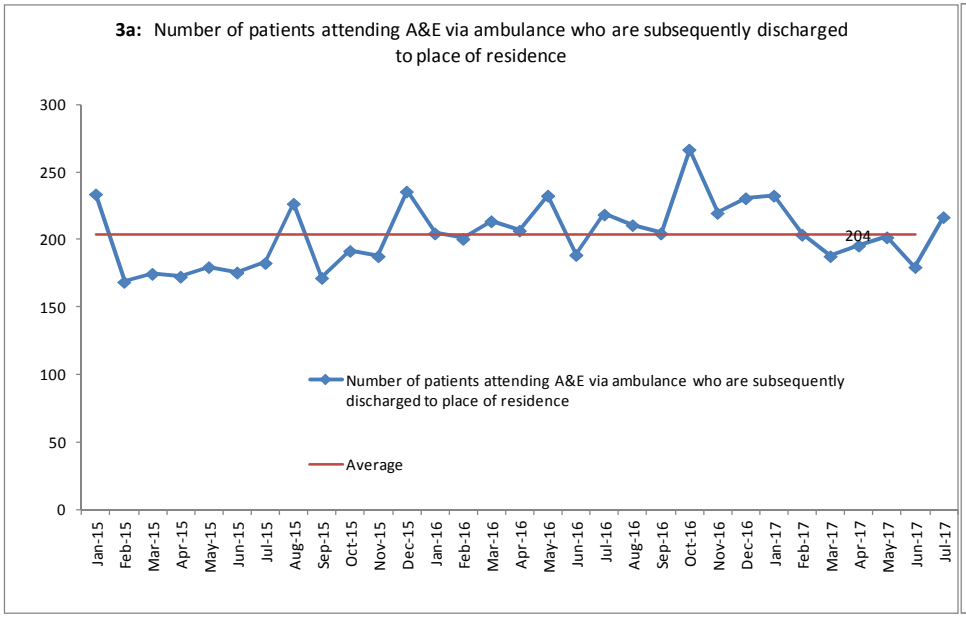
The baseline of 5,122 unscheduled OBD from Midlothian in each month was calculated from performance in 2015 and 2016

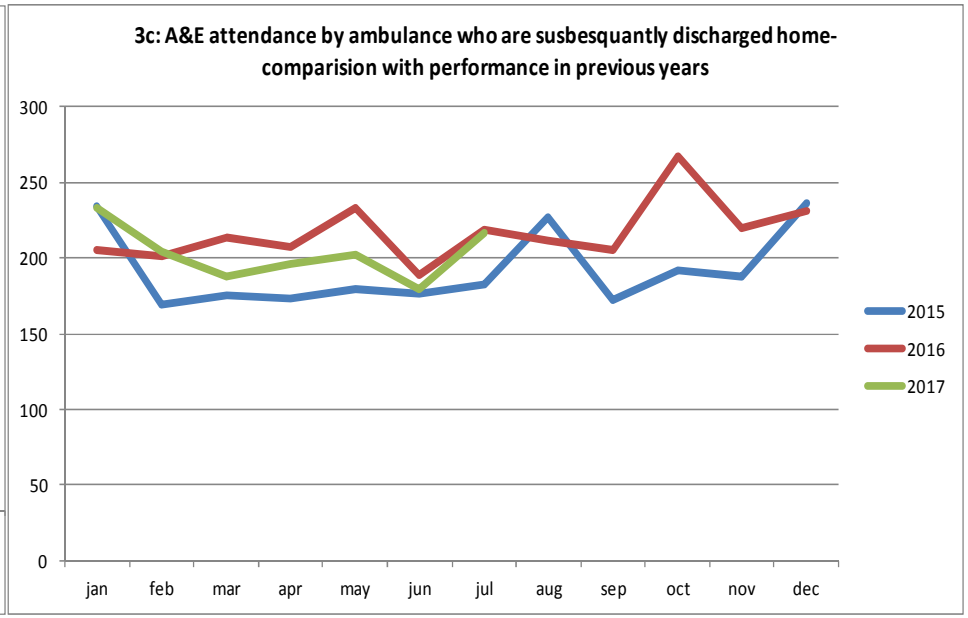
There is seasonally variation apparent in chart 2a.

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

Direction for improvement

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



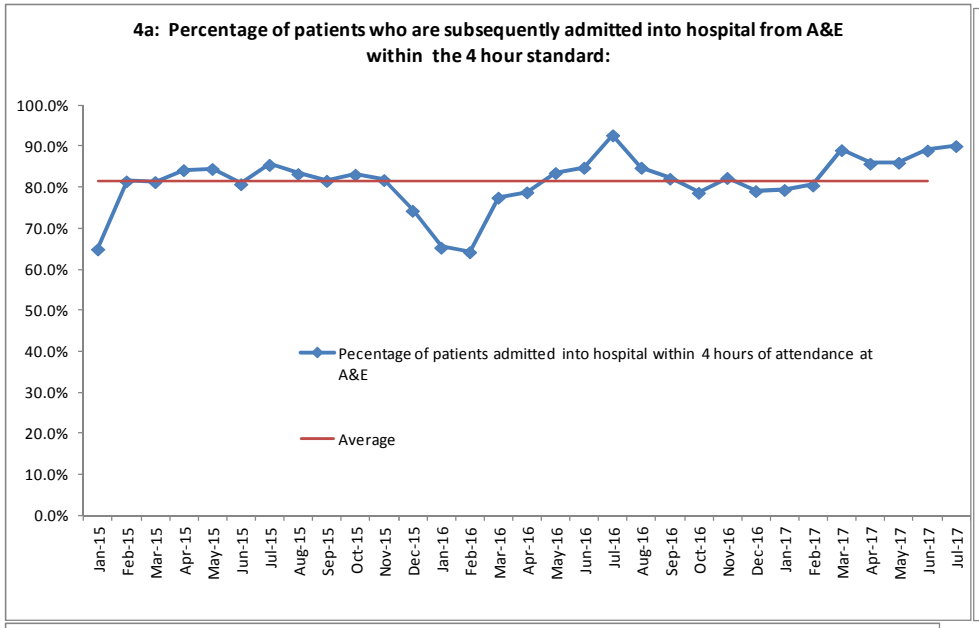


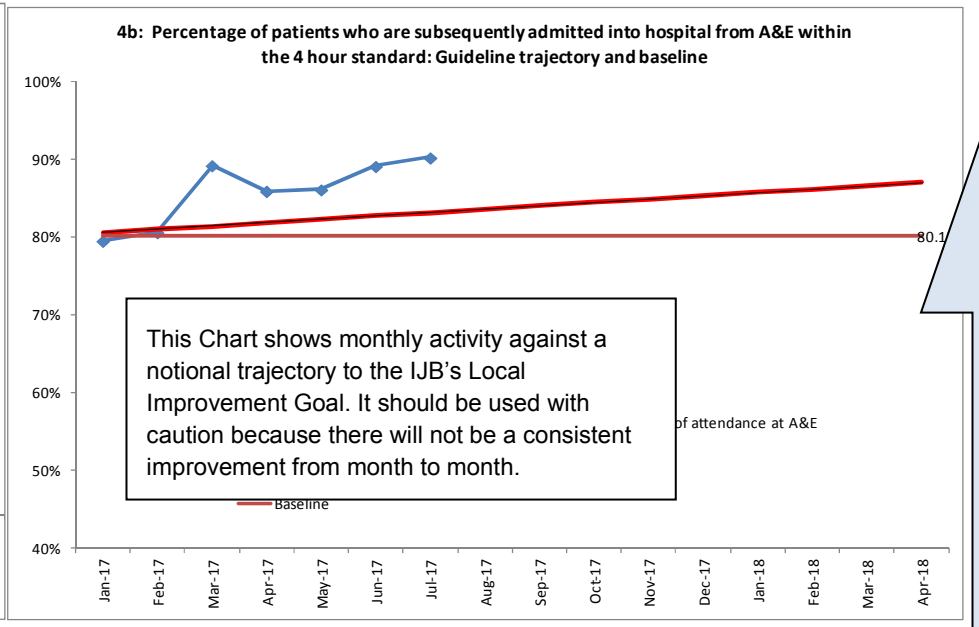
Direction for improvement

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.

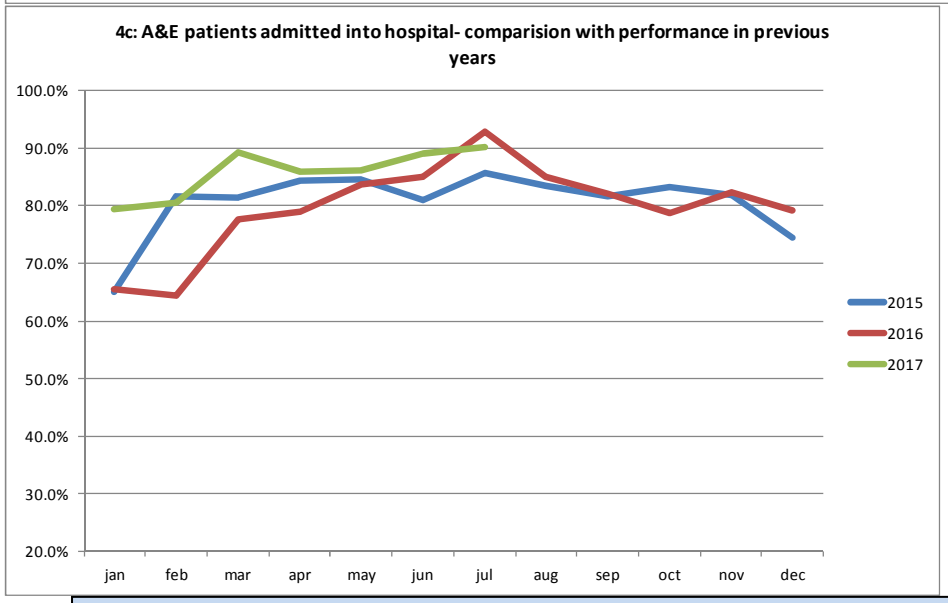
Both charts demonstrate an increasing number of patients are following this pathway.

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





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



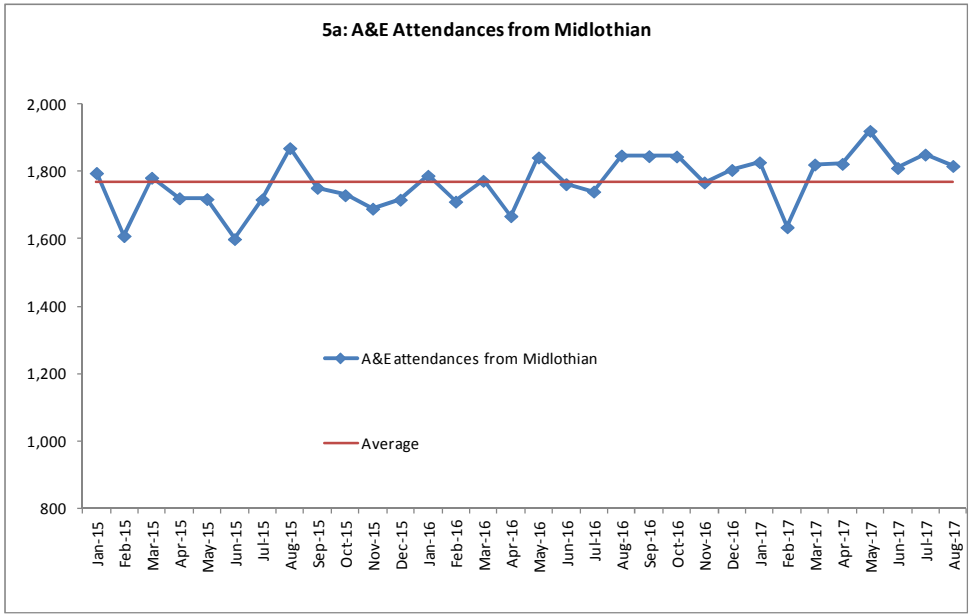
The baseline for this goal is **80.1%** each month which was the average percentage each month during 2015 and 2016 against the 4 hour A&E standard for patients who were subsequently admitted to hospital.

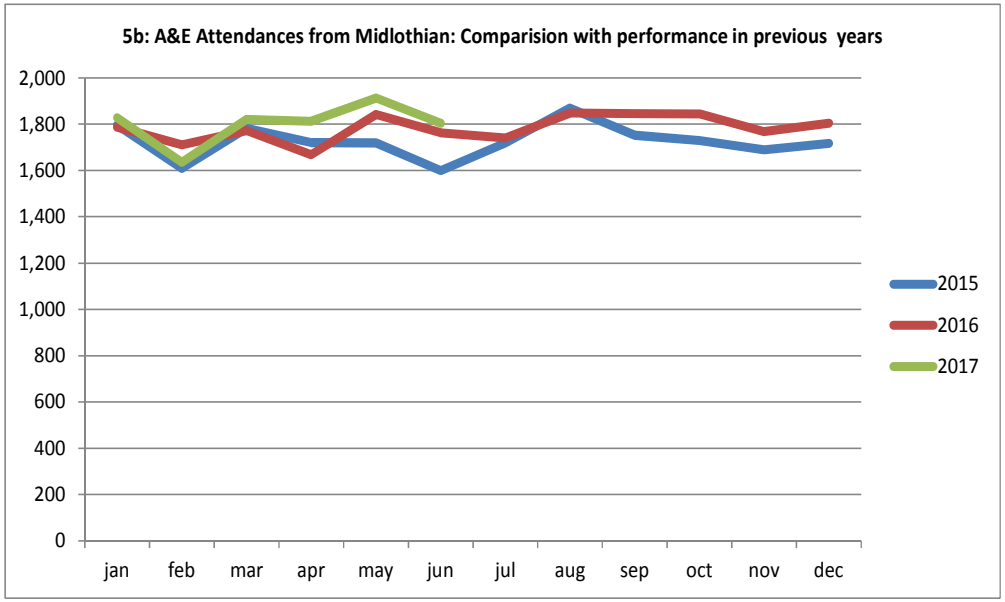
There is seasonally variation apparent in chart 4a.

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

Direction for improvement

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

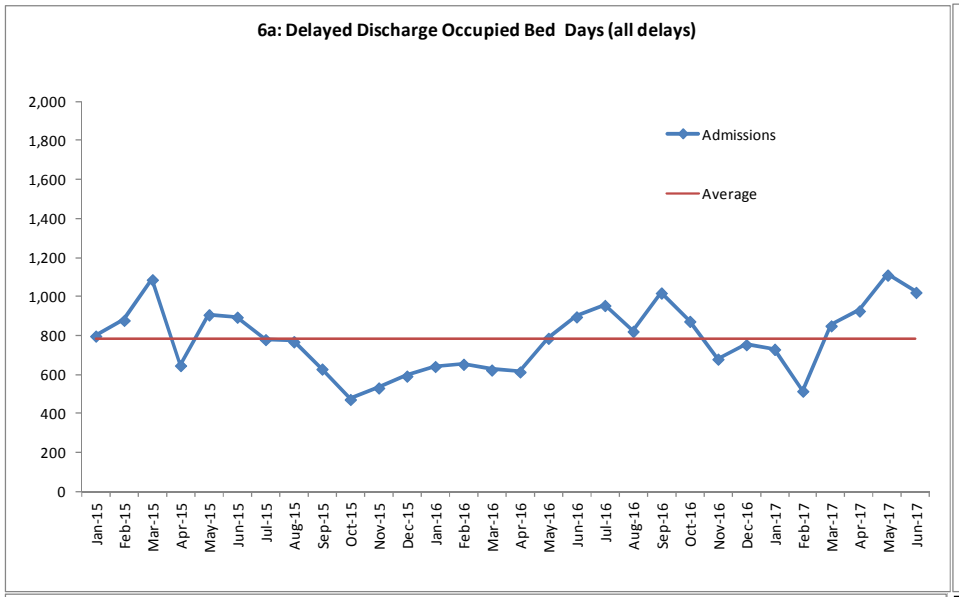


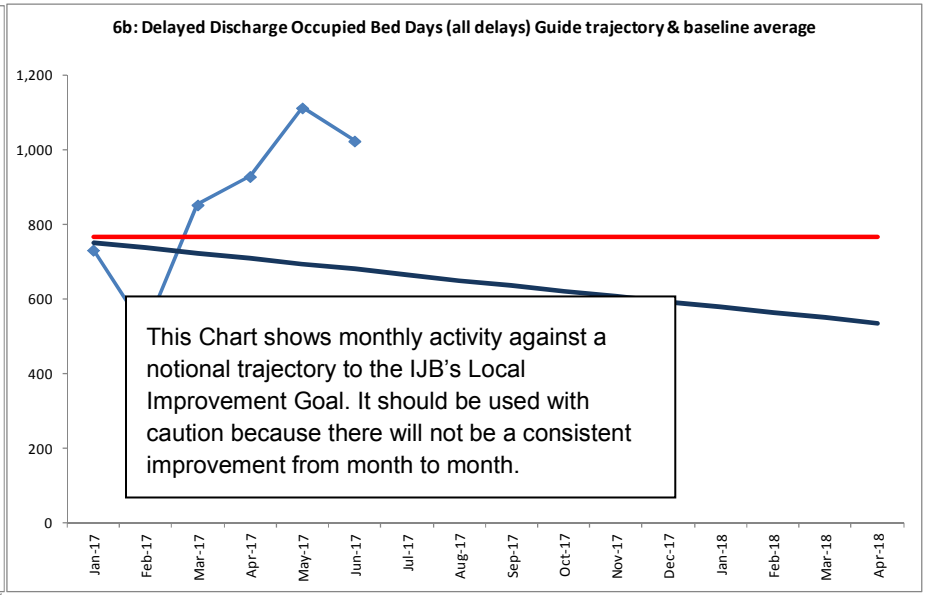


The baseline for this goal is 1,756 A&E attendances which was the average number of monthly attendances in 2015 and 2016.

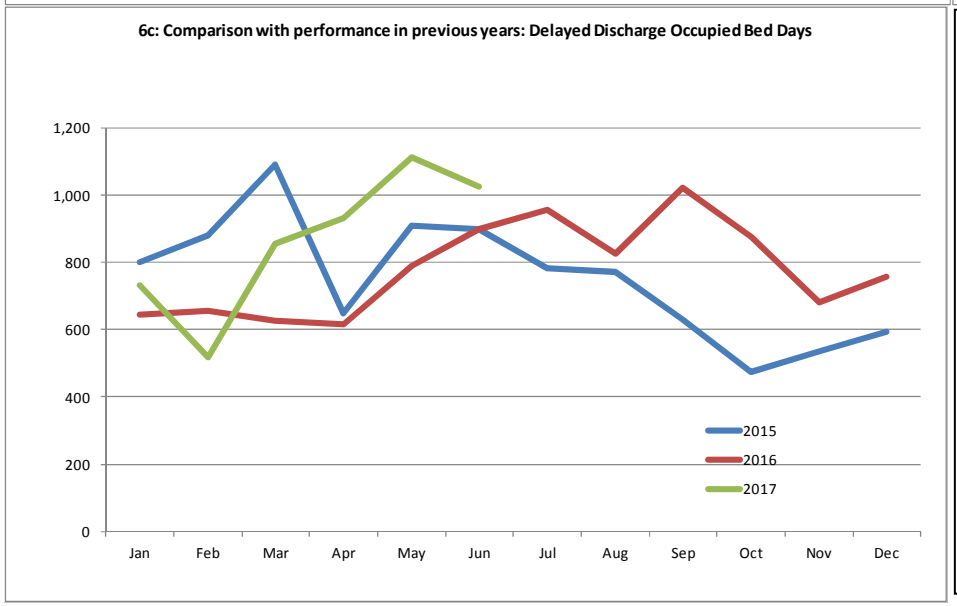
6: Reduce delayed discharge occupied bed days by 30% by April 2018

Baseline: 765 delayed discharge OBD





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

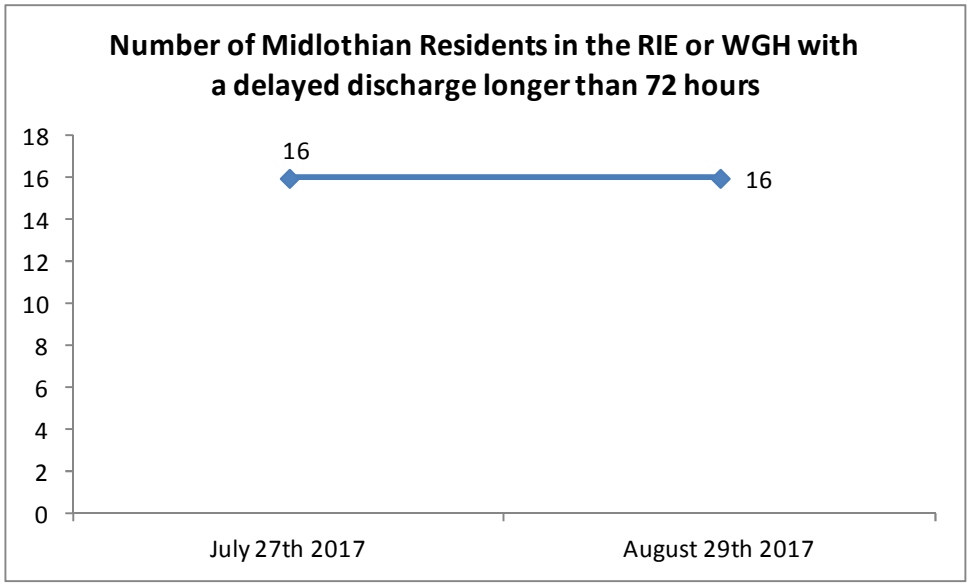


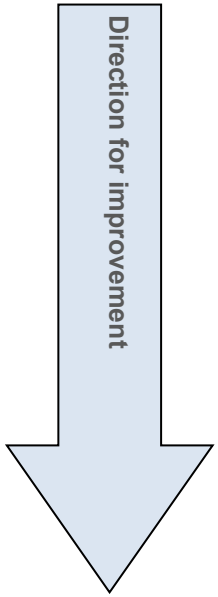
The baseline for this goal is 765 OBD per month. This was average number of occupied bed days per month in 2015 and 2016 as a result of a delayed discharge.

Direction for improvement

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***
Midlothian IJB*	***19,162***	***19,991***	***20,132***

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

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

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

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

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

4. Policy Implications

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

5. Equalities Implications

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

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

5.2 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.

6. Resource Implications

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

7 Risks

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

8 Involving People

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

9 Background Papers

9.1 None

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DATE	20th September 2017

Appendix 1:

Midlothian IJB Local Improvement Goals	Technical information on data used to monitor the goal
1: Reduce unscheduled admissions by 5% by September 2018	• 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 Waiting 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	
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*	

Thursday 5th October 2017, at 2.00pm

Care at Home Review

Item number:	**5.3**

Executive summary

This report explains the need for a comprehensive review of care at home services across the whole of Midlothian which follows a light touch review published in April 2017[1]. The primary purpose of this care at home review is to improve the quality, efficiency and effectiveness of in-house and external care at home services.

To support the primary purpose, the commissioning of community services will be strengthened by improvement focused service development that support IJB local priorities and, promote a partnership approach across the third sector to reduce duplication, improve care pathways and build on community assets.

Board members are asked to agree to:

- *the steps being taken in the short term to improve delivery of the Care at Home service.*
- *the development of a collaborative approach to inform longer term service redesign within the context of an integrated locality approach.*

[1] Care at Home is where the heart is: A service review of domiciliary care for older people in Midlothian (April, 2017)

Report

Care at Home Review

1 Purpose

To update the Integration Joint Board on progress and approach to reviewing care at home services across Midlothian.

2 Recommendations

The IJB is asked to agree to:

- the steps being taken in the short term to improve delivery of the Care at Home service.
- the development of a collaborative approach to inform longer term service redesign within the context of an integrated locality approach.

3 Background and main report

3.1 The Care at Home Review set out an action plan for change (Appendix One). This report outlines progress made in the implementation of the plan.

3.2 To secure and attempt to build capacity an “Invitation To Tender” resulted in securing three care at home providers into a three year framework agreement commencing 1st October 2017.

3.3 The new framework agreement secures additional capacity to provide care across Midlothian for new business not being picked up by the current providers.

3.4 The care workers previously employed by Mears (West) and Carr Gomm have been transferred into Midlothian Council terms and are operating as a team providing care in the Midlothian West area.

3.5 Monthly performance monitoring and quality assurance procedures have been introduced for all care at home providers and in-house care teams. The focus is on monitoring capacity usage, staff turnover and key quality indicators.

3.6 Geo-mapping of care at home service provision has been developed to allow identification of opportunities for care workers to be coordinated more effectively across in-house and external provision. Regular meetings with care coordinators using geo-mapping will be implemented from mid October 2017.

3.7 Greater usage of the in-house electronic system to provide more effective audit and management information is being implemented. The use of electronic and mobile phone monitoring systems is planned for implementation November 2017.

3.8 Community and workforce communication has tapped into existing forums to raise awareness to the scale, challenges and actions being taken to improve care at home. Identifying areas for practice improvement and reducing well intentioned thinking behind referrals that increase care at home pressures have been identified and acted upon.

3.9 Services will co-located with third sector partners into social care and primary care settings. This will enable identification of overlap in service provision and look to create partnerships for commissioned services beyond 31st March 2018.

3.10 Positive talks with UNISON have commenced about developing the Unison Ethical Care Charter to allow greater development and coordination of a care workforce across sectors.

3.11 We are sharing our approach and experience within the care at home market with other local authorities in Scotland facing similar challenges. They include:

- Care providers are pulling out of loss making, unsustainable contracts and co-ordinating a workforce efficiently is proving a significant challenge.
- Care employers are experiencing staff moving from one provider to another or from provider into the public sector. This is incurring duplication of training, administration and ultimately disruption for care delivery and capacity across the care at home system.
- There is a lack of skilled, experienced care co-ordinators who are key to utilising capacity effectively.

3.12 Key outcomes of the local Care at Home Project are (See Appendix 2):

- To shape the care 'market' within Midlothian.
- People have access to the right care at the right time and right setting.
- People have a say in their Care and Support plans that are in line with their eligibility criteria.
- People have realistic outcomes focused conversations with health and social care staff and community services.
- People and communities have a say in the design and delivery of services.
- People in hospital don't face delay in returning home or to a homely setting.
- Unpaid carers fulfil their caring role and have a life outside of that role.
- Public funds are used more efficiently.
- Preventative and reablement services will be delivered effectively.

- More equality and consistency in care provision and care allocation.
- Stakeholders work in partnership to achieve agreed priorities.
- Centralising and localising of services where it makes sense to do so.
- A workforce that has career opportunities, flexibility of working and support to combine a working life with the life they have outside of their role.
- Individual, community and service needs will be identified and responded to sooner, in a planned way and with a focus on local and strategic priorities.
- Communities assets are strengthened

4 Policy Implications

4.1 The outcomes of this project are in line with the Midlothian IJB Strategic Plan 2016-2019, The Joint Strategy for Older People in Midlothian 2016-2019, Midlothian IJB Local Improvement Goals and National Health and Wellbeing outcomes.

5 Equalities Implications

5.1 An Equalities Impact Assessment will be incorporated into the redesign process.

6 Resource Implications

6.1 The total annual spend on care at home services is.£6m.There are considerable financial pressures arising from service failure of the external sector and inefficiencies in the in-house service.

6.2 The Reablement service secures significant savings through the use of the Reablement approach to reduce the cost of care packages. However the overall costs of in-house services when bench marked against other authorities is considerably higher. This is partly attributable to inefficiencies in the Complex Care Service and the high cost of on call arrangements within the Merrit Service together with high sickness absence.

6.3 The recent invitation to tender has attracted three providers to establish a framework to meet new packages of care across Midlothian that cannot ordinarily be taken on by the service provider for that region. The rates submitted by providers within the framework agreement are higher than existing contract arrangements.

6.4 The current pressures within the service means that that not all service needs are being met including patients delayed in hospital. This means that the financial pressures in the sector are under stated.

7 Risk

7.1 There is a high risk of existing care at home service provision continuing to require unplanned intervention due to quality assurance or exit by service providers. Risk is minimised by implementing the business improvement approach (see Appendix Two).

7.2 There is a risk of the project fuelling uncertainty across community and workforce that is disproportionate to what is going well. This will be mitigated through Realistic Care, Realistic Expectations communications plan.

7.3 There is risk of developing a common view of the remodelling care at home as producing a 'quick fix' or 'forever' solution. A structure supporting a continual improvement approach is developing.

7.4 There is risk of disruption across in-house teams, external care provision and community providers if structures and workforce are remodelled. This disruption can be reduced by engaging people in the change discussion and future planning.

8 Involving people

8.1 The project will actively involve all key stakeholders including service users, family, carers, workforce and communities.

8.2 The project will formally and informally engage with key people in Midlothian and beyond through learning from passed and present experiences in reshaping care.

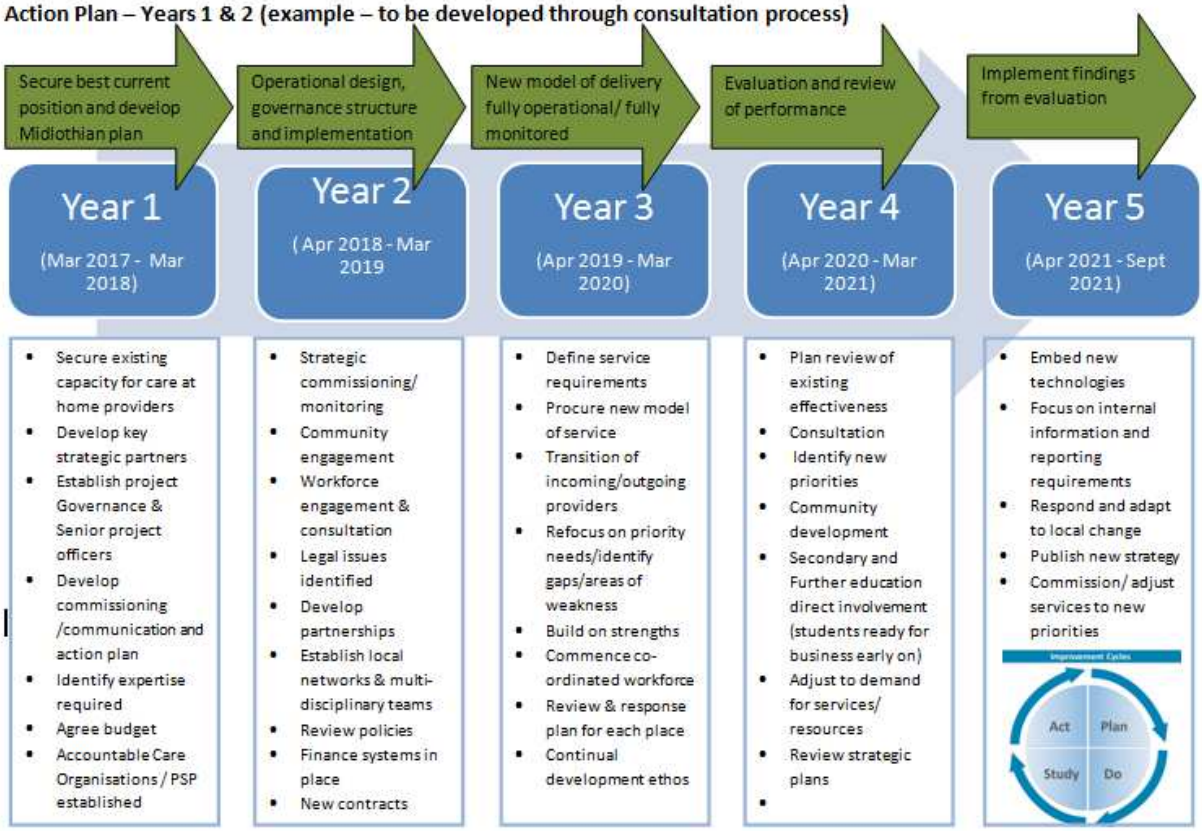
9 Background Papers

9.1 [1] Care at Home is here the heart is: A service review of domiciliary care for older people in Midlothian (April, 2017)

AUTHOR'S NAME	Brian Paris
DESIGNATION	Planning Officer, Older People
CONTACT INFO	0131 271 3752
DATE	7th September 2017

Appendix One

Action Plan – Years 1 & 2 (example – to be developed through consultation process)



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Short Term steps to improve delivery of the Care at Home Service

- *Use geographical mapping to reduce travel time and better coordinate care worker visits.*
- *Participate in strongly linked projects: Penicuik multi-disciplinary team approach; Workforce development; Realistic Care, Realistic Expectations.*
- *Increase and improve quality assurance monitoring for in-house and external care at home service providers.*
- *Put in place exception reporting tools for service managers and care team coordinators to raise awareness of opportunities to release care worker capacity and plan ahead for times when capacity is lower than needed.*
- *Reduce the number of instances when multiple carers from multiple providers are attending the same location at the same or similar time where it makes sense to do so.*
- *To use CM2000 (in-house electronic workforce management software) to support move towards technology, reduce paper recording and paper management, improve service management and quality of care provided.*
- *To use findings from recent Care Inspection Report of in-house care at home service to implement all recommendations within report within 6 months.*
- *To improve care pathways and assessment process for service users and teams making referrals into reablement and complex care teams.*
- *To undertake desktop and location based research to inform analysis and evidence.*
- *Realign staffing structure within 'in-house' care at home service to ensure maximum efficiency and improve quality of care experience*
- *Ensure Care and Support plans are reablement and outcomes focused, completed in partnership with service users and unpaid carers, and acted upon.*

The Development of a Collaborative Approach to inform longer term Service Redesign within the context of an Integrated Locality Approach

- *Meet 1:1 with managers of third sector community services, including the third sector interface, with regards to future commissioning and IJB local priorities.*
- *Facilitate round table discussions with health & social care, community services management and key staff to identify needs, demand, gaps and actions to use co-production to develop services*
- *To use existing Health & Social Care Partnership wide consultations, initiatives and communications to build review. These include: Hot Topics; MOPA; Workforce development, review of UNISON's Ethical care charter, Care at home provider forums; Care at home- schedule of practitioner discussions at Midlothian*

Community Hospital, Bonnyrigg Health Centre, Adult Community Care – all staff meeting; VOCAL – Carers Action Group

- *To use information from care inspectorate report of in-house and external providers to access provider customer satisfaction surveys/ evidence*

- *To conduct a public, service user and un-paid carer survey focused on care at home provision*

Midlothian Integration Joint Board

Thursday 5th October 2017, at 2.00pm

Connecting Health and Care in Midlothian – Shaping our Workforce

Item number:	**5.4**

Executive summary

The delivery of health and care services are almost entirely dependent upon the workforce, staff costs account for the bulk of expenditure. The Workforce in health and care services is committed and talented. We need to celebrate their success, continue to build strong values, invest in development and training, provide clear career pathways and listen to their contributions for improvement. However there are major and growing challenges in being able recruit and develop a workforce which delivers joined up holistic services. It is critical that workforce issues are the subject of careful, considered and integrated planning. The attached Workforce Plan provides a starting point for this process. It will require ongoing development

Board members are asked to:

Adopt and support the Workforce Planning Framework

Note that this Workforce Framework provides a foundation for the continuous work required

Support the key objectives of effective workforce planning described in this report

Report

Connecting Health and Care in Midlothian – Shaping our Workforce

1 Purpose

1.1 The purpose of the report is to outline the Framework for how the Partnership plans the workforce required to support the implementation of the Strategic Plan.

2 Recommendations

IJB members are asked to:

2.1 Adopt and support the Workforce Planning Framework as the approach of Midlothian Health & Social Care Partnership

2.2 Note that this Workforce Framework provides a foundation for the continuous work required in response to changing priorities, national and local drivers and challenges.

2.3 Support the key objectives detailed, namely the need for:-

- Investment in effective workforce planning
- Sustained investment in learning and development.
- Continued investment in the development of new models of integrated working

2.4 Receive a further report on the action plan to support implementation of the Framework

3 Background and main report

3.1 The Scottish Government requires each partnership to have an Integration Workforce Plan and have provided guidance and a high level framework. The Workforce Framework for the Midlothian Health and Social Care Partnership will be critical to ensuring the IJB Strategic Plan will be implemented with confidence, knowing we have the right skill mix across our workforce.

3.2 NHS Lothian and Midlothian Council as major employers are developing workforce plans whilst some of the larger voluntary and independent providers do likewise. The IJB Workforce Framework will be consistent with these plans but retains an emphasis on effective whole system working in terms of skill mix and joint working

3.3 The Workforce Framework is supported by detailed analysis of the workforce and the challenges facing both NHS and social care services at local and national levels. Given the critical role which the Voluntary and Independent Sector have in the delivery of social care services it is essential that they are fully incorporated in this Workforce Plan.

3.4 The ambition of the Midlothian IJB is for the people of Midlothian to be supported to maintain healthy, independent lives and to have access to services and community resources which 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 and takes a strengths-based approach to their responses. Successfully implementing this Framework, will provide a consistent and positive step towards meeting that commitment in an effective and efficient way.

3.5 It is also vital that we encourage new ways of working with partners in the Voluntary and Independent Sectors which break down barriers and place emphasis upon:-

- Working together as being essential to success – through co-location, through shared learning, sharing information, understanding roles and having honesty and trust in professionals at all levels in all sectors.
- Scoping out an alliance approach to Care at Home service provision to address challenges around recruitment and direct provision of care hours, including night time supports.
- Putting into practice our desire to work closely with Communities, addressing inequalities and investing in an approach which really makes use of community assets.

4 Policy Implications

4.1 The Scottish Government has committed to the development of a National Workforce Plan for the health and care workforce. The National Health and Social Care Workforce Plan, published in June 2017, is a first step to harmonising planning for the NHS workforce at a national, regional and local level. A further plan incorporating integrated planning across primary care and integrated community services will be published in 2018.

4.2 The Midlothian Health & Social Care Workforce Framework links directly with the ambition set out in the Strategic Plan and needs to work within the agreed financial framework.

5 Equalities Implications

5.1 This Workforce Framework will seek to address inequalities by promoting better career progression opportunities for workforce.

5.2 Through learning and development and service redesign the Framework will ensure that all staff are aware of the impact of inequalities on people who use health and care are able to maintain a strong focus on addressing inequalities in service delivery.

6 Resource Implications

6.1 The Workforce Framework will contribute to the delivery of the IJB's financial strategy. Developing a culture of prevention, self-management, deepening collaboration between services and professionals and making best use of community resources will all contribute to better use of both human and financial resource.

7 Risk

7.1 The Partnership is facing significant risks in key areas of service delivery because of lack of available skilled staff. The Framework will seek to mitigate these risks by supporting the development of detailed workforce plans across all service areas. These plans will ensure that our workforce is supported and developed to meet the challenges of their roles.

8 Involving people

8.1 This Framework has been developed in collaboration with Midlothian Council, NHS Lothian and the Independent sector.

8.2 The key priorities for our Workforce, as determined within a variety of Collaborative Conversation Workshops throughout 2016 and 2017 are:

- A management structure which enables us to respond quickly and effectively to change pressures
- An empowered frontline workforce, equipped with skills and knowledge to deliver a seamless service to the public,
- A Workforce able to operate flexibly**,** both in terms of meeting demand and across a range of service areas
- A Workforce working in a modern and flexible way, making best use of Technology to meet personal outcomes
- A Workforce working in teams, reflecting the diversity of each community, enabling people to stay in their own home as far as possible
- A Workforce promoting people in Midlothian to take responsibility for their own health and wellbeing, working with communities differently to maximise and develop their talent and capacity.
- Midlothian offering real opportunities for a Career in Care.

- Developing a culture that enables talent management to ensure we have the diverse leadership and talent needed.

8.3 A process of engagement with managers and staff has been established and will continue to support implementation of the Framework.

9 Background Papers

9.1 **'Connecting Health & Care in Midlothian – Shaping our Workforce'** – copy 'To Follow'

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DATE	19th September 2017

Midlothian Integration Joint Board

Thursday 5 October 2017, 2.00 pm

Update on the Implementation of Self Directed Support in Midlothian

Item number:	**5.5**

Executive summary

Midlothian has been making good progress in the implement of Self Directed Support that is resulting in a change in practice and culture related to the provision of social care support. Work is now focussing on ensuring that Self Directed Support is embedded within the normal working practices of Midlothian Council.

Board members are asked to:

1 Note the progress with regards to the implementation of SDS across both Adult and Children's Services.

2 Note the progress against Audit Scotland's report on SDS

Report

Update on the Implementation of Self Directed Support in Midlothian

1 Purpose

1.1 To provide an update on the progress made with implementation of Self Directed Support (SDS) in Midlothian.

2 Recommendations

2.1 Note the progress with regards to the implementation of SDS across both Adult and Children's Services.

2.2 Note the progress against Audit Scotland's report on SDS

3 Background and main report

3.1 The Self Directed Support (Scotland) Act 2013 introduced more choice and flexibility in how individuals receive social care support reflecting a goal of delivering better outcomes for individuals and communities.
The SDS act required local authorities to use an outcomes focused approach to assessment and to offer 4 options to individuals who are eligible to receive social care:

- Option 1 – A direct payment to allow an individual to arrange their own support. An individual can use their direct payment to employ personal assistants, or purchase equipment and services.
- Option 2 – The individual chooses the support organisation and the council arranges support
- Option 3 – The individual asks the local authority to arrange the support
- Option 4 – A mixture of the first three options

Whichever SDS option is selected individuals must be eligible to receive support and funds can only be used to meet the outcomes agreed in the care plan.

3.2 In addition to introducing choice about how support is provided the Act required the Local Authority must make sure it adheres to the following values; Respect, Fairness, Freedom, Safety and Independence. It must also ensure it has due regard to the statutory principles of Collaboration, Informed Choice, Participation & Dignity and practice should be informed by the principles of Innovation, Risk Enablement and Responsibility.

3.3 In order to support the implementation of Self Directed Support a project team was set up to co-ordinate the work necessary to ensure that Midlothian Council

meets its obligations under the Act. This work is being overseen by a Project Board, whose membership includes Heads of Service, service user / carer representatives and representatives from voluntary organisations. The work completed to date has focused on ensuring the necessary policies, procedures and working practices are in place to meet Midlothian Council's obligations.

3.4 It is recognised by Scottish Government that the implementation of SDS will take a number of years to fully embed the changes the Act introduces. Consequently despite the progress made to date the work to fully implement SDS is ongoing. Currently the local picture is positive with regards to progress. The following points relate to Midlothian Council across Adults and Social Care and Children and Families Divisions:

- Nationally based on 2015/16 figures Midlothian is ranked in the top 3 Local Authorities where service users have made a choice over how they receive their support (Scottish Government, Self Directed Support Scotland 2015/16 report published June 2016).
- The local 2016/17 figures show an increase in the number of individuals choosing direct payments for their support (135 in the final quarter compared to 122 in the first). By client group the largest uptake has been by people with a physical disability, followed by people with a learning disability. Older people with dementia and children not affected by a learning disability have the lowest uptake.
- There has been a significant uptake of SDS option 2 in Midlothian and in particular by older individuals choosing care at home providers. There was however a slight decrease in numbers over the year (109 in the first quarter to 106 in the final quarter). More recently and thus not reflected in the figures is the extensive choice of option 2 for alternative summer support for families with children affected by a disability.
- Option 3 has by in large remained the most used option with 2092 people having their support provided through option 3 in the final quarter. It should be noted that in some cases individuals having support provided by option 3 will be actively involved in choosing the support provider.
- Regardless of the option chosen there is evidence of increased creativity and flexibility in the provision of support and individuals outcomes being met by non – traditional support.

More detail on the key objectives and progress to date in implementing Self Directed Support can be found in appendix 1.

3.5 A recently published Audit Scotland Report published in August 2017 has highlighted both the successes and challenges around the implementation of SDS across Scotland. A full copy of their report can be found at http://www.audit-scotland.gov.uk/report/self-directed-support-2017-progress-report As part of that report they included a checklist for Councillors to ensure that elected members were aware of the challenges experienced within their own area. Appendix 2 contains the information required from a Midlothian perspective.

4 Policy Implications

4.1 The proposed policy identifies the need for and supports the application of preventative approaches in the provision of Social Care Support.

5 Equalities Implications

5.1 SDS ensures that people who require support from social work have more choice and control. There are no equalities issues as a result of this report.

6 Resource Implications

6.1 There are no resource implications as a result of this report.
While SDS aims to increase the choice and control that individuals have over their support this needs to be done within existing budgets. In some cases this has led to a perception that local authorities are not offering support in line with SDS principles whereas in many cases support is not being offered as the individual was not eligible for social care funding.

6.2 Nationally there remains a view that SDS is something 'extra'. This impacts on the public's expectation of SDS and what support individuals feel they should be entitled to from Social Work. Within Midlothian SDS is being promoted as business as usual and is embedded in our assessment process and eligibility criteria.

7 Risk

7.1 There are some aspects of the implementation of SDS that continue to be challenging both in Midlothian and nationally.
One of the challenges that has been recognised nationally is need to develop a shared understanding of SDS and how it fits within the wider Health and Social Care system. Within Midlothian this is being addressed through the involvement of health professionals in the SDS development work.

7.2 The definition and application of Option 2 has also posed challenges both locally and nationally. Ability to provide choice under this option has been problematic particularly for care at home in Adults and Social Care as a result of capacity issues and also location. A review of Care at Home services is currently underway. In addition to this different Local Authorities have interpreted this option differently and a Midlothian Specific definition has been established.

7.3 The new Carers Act (due to come into effect in April 2018) changes the criteria under which a carer can request an Adult Carer Support Plan. The need to be providing regular and substantial care has been removed. This may lead to an increased demand for Adult Carer Support Plans and ways to best manage this are being considered through the pilot project including how best to use the local Carers support centre.

8 Involving people

8.1 The premise of SDS legislation is to ensure that individuals have more choice and control with regards to how they are supported.

8.2 A project board which oversees the local development and practice has both user and carer representation.

8.3 Questions about SDS are included in our annual user/carer survey.

9 Background Papers

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Appendix 1

Self Directed Support Implementation

Key objectives and progress to date

Adult Community Care

Objective	Progress to Date
Continue to strengthen outcomes focussed practice in relation to social work assessment and support planning	• The outcomes approach to assessment has been embedded in all tools for recording and guiding assessments for service users and for carers. • Midlothian specific Outcomes Focused training opportunities for practitioners have been developed and are in their second phase of running. They have been well attended across Health and Social Care.
Increase creativity and flexibility in support planning to ensure individuals receiving support benefit from more choice and control	• A new support plan is being progressed to better capture, direct and review the difference support makes in people's lives. • The Personal Assistant Scheme to try to widen the opportunities for the employment of personal assistants is in the final draft stages. It will be available across Adults and Social Care and Children and Families. • Good practice has been promoted through a positive uptake of 1:1 sessions with the SDS Practice Development Worker in addition to presentations and discussions at team meetings and peer development events in addition to a regular email update.
Embed SDS in commissioning processes to ensure services commissioned by Midlothian Council are delivered in line with SDS values and principles	• Support is being provided to 3rd sector organisations who have been awarded Scottish Government SDS funding to ensure the impact of this funding is maximised. • Links are being made across health and social care through the House of Care and Bite Sized Workshops.
Ensure public information, policies and processes are updated to reflect SDS policy including the development of Health and Social Care Information Hub to enable easier access to information about support available in the Midlothian area	• the hub objective has been redefined to analyse and update the information on the current Midlothian Website and to update the information on the Wee Breaks platform. • a review of the information pathway was carried out in 2016 and clear points of information sharing defined and implemented. This has been reinforced across the processes in 2017. • Option 2 specific information has been drafted and also a carers specific leaflet which will be reviewed and distributed in line with the Carers (Scotland) Act

	2016.
Ensure internal information, policies and processes are updated to reflect SDS policy and practice.	• Policies, guidelines and clear processes for staff have been reviewed and information will be centrally located to promote knowledge and consistency on the intranet. • The redesign of the resource panel and finance processes is in its final stages. This will streamline the funding application process and will ensure finances systems are able to manage increased flexibility and creativity in the use of funds.

Children and Families

Objective	Progress to Date
Implementation of personal outcomes approach to assessment across Children and Families services	• The outcomes approach to assessment has been embedded in all tools for referring and recording. The Permanence Outcome Focussed Assessment is in its pilot phase. • The risk assessment tool is now embedded in the assessment tool and is no longer a standalone document. Risk is now discussed explicitly with the family/young person so that they are aware of the workers concerns, why this is a concern and help them to understand why professionals are involved in their lives. • A “Multi-agency Risk and Protection Plan” has been developed for when risk is “high” – this is currently being piloted within Residential Provisions. • A bespoke “Outcome Focussed” training programme has been delivered to all practitioners. This training focussed on the Outcome Focussed Approach and the new assessment templates. • Bespoke training has also been delivered to Hawthorn Children and Family Centres and other partner agencies.
Increase creativity and flexibility in support planning (with a particular focus on children affected by a disability)	• An outcomes focused support plan has been devised and is in operation. • In addition to the bespoke training there has been a good uptake of 1:1 sessions with the SDS Practice Development Worker for staff to discuss creative practice which is supported by team leaders. • The work has been planned in an integrated way which incorporates the needs of all children including those who are affected by a disability. • Changes in summer holiday provision for children affected by a disability have resulted in increased creativity and flexibility in support.

	• The Personal Assistant Scheme to try to widen the opportunities for the employment of personal assistants is in the final draft stages. It will be available across Adults and Social Care and Children and Families.
Support the development of respite services to ensure incorporation of SDS principles	• SDS has enabled a wider choice of supports to be offered for families in place of the traditional summer programme for children affected by a disability. The majority of families opted for Option 2
Ensure public information, policies and processes are updated to reflect SDS	• A leaflet specific to children affected by a disability has been published. • training sessions for all contact centre staff have been held.
Examine how SDS should be applied in relation to young people leaving care	• Training has been delivered to Residential Services – this is to ensure a consistent approach across partner agencies.

Appendix 2

Self-directed support
Checklist for councillors and board members

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required actions
Para 15-22, 65-66	Do we now offer self-directed support (SDS) to all eligible people when we assess or review their social care needs? • In what circumstances are people not offered the four SDS options? • What are we doing to give these people more choice and control?	The 4 options of SDS are offered to all eligible people when either assessing or reviewing. The exceptions to this are as in the legislation: • Crisis Intervention (Rapid Response Team) • Hospital discharge & Reablement • Residential Care • Child Protection and Adult Protection Increased choice and control is being achieved through: • Utilising assessment and review tools that are outcomes focused. This is the approach which underpins SDS. Staff are trained on outcomes and outcomes are part of our everyday language in assessment and review. • Social Work teams use an outcomes focused approach to their assessment • There is a process in social work teams for information provision and to explore the options if longer term needs exist.	None at present. Processes are in place and embedded within each team. The SDS Practice Development Worker links in with these teams and reinforces this.
Para 23-29	How many people do we support, how many people have been offered the SDS options, and how many people	Information is collated on a quarterly basis of the number of individuals in receipt of social care support and which SDS options are selected.	None at present.

	have chosen each option? • How do we expect these numbers to change in future, and why?	We expect to see more variation of choice and control being exercised under each of the 4 options. Option 3 will likely remain the most popular option, however with our launch of a Personal Assistant Scheme it may be that option 1s increase. We may also see an increase in option 2s. We also have, and are working to increase, choice and control under option 3. Having choice and control under option 3 may impact the number of people choosing option 1 or 2.	
Para 8, 36-43	How do we involve service users, carers and providers to help design more flexibility and choice into support options? • What do they tell us about how we could improve?	There is carer and support user representation on the SDS Programme Board and a SDS Reference Group is being established to look at increased involvement and feedback pathways. We listen to individual feedback from assessments and reviews about how we could do things better and we have close links with the local carers centre. There is ongoing dialogue with providers about SDS either individually or at provider's forums.	SDS Reference Group to be progressed with a clear framework of objectives. Continue to work with providers to ensure SDS principles are embedded in service provision.
Para 36-43, 47-51	Have we reviewed our assessment and support planning processes to make them simpler and more transparent? • What do users and carers think about the processes?	In 2012/13 we undertook local research on outcomes focused assessments, supported by the University of Edinburgh. This involved document analysis and focus groups of practitioners and carers. We redesigned our forms and processes based on our learning. Following on from this we have regularly reviewed our processes. All Assessment, Support Planning and Review tools have either recently been reviewed or are scheduled for	None at present.

		review in both Children and Families and Adults and Social Care. We have tried to simplify the processes and the forms to place the person at the centre. We are confident that our forms for recording outcomes and SDS are of a high standard.	
Para 38	Have we reviewed our processes for supporting children to transition into adult services? • Have we jointly agreed improvement actions between children's and adult services?	There is a dedicated Transitions Team for young people with a learning disability/Autism transitioning to Adults Services. Work is ongoing to improve the transition pathways between children and adults services. A project team made of staff from both children's and adult services are progressing this work. There has been some progress in applying SDS to young people leaving care. A project manager is being recruited to oversee the progression and development of support for this group of people.	Continue work to deliver improvements to transition support. Applying SDS to young people leaving care to be progressed.
Para 35, 47-51	Have we reviewed the information and help we offer to people during assessments, reviews and planning discussions? • Do people understand our information? Does everyone who needs it get it? Do they get it at the right time? • How have we involved users, carers and providers in reviewing the	The information pathway in Adults and Social care was mapped in 2016 to review the stages of information sharing and to determine the best points in someone's journey through Social Care to share information about SDS. Changes to when and how information was provided were adopted as a result. Information leaflets specific to children with a disability and carers have been written in collaboration with VOCAL who have helped us obtain feedback from carers.	Carers leaflet to be finalised pending the changes to be introduced by the new carers legislation. Remit of SDS Reference Group to include reviewing information provision in relation to SDS

	information and help? • Do we offer people independent advice and advocacy when they need it?	Other relevant information leaflets are being prepared and the information on our webpage is being reviewed. Midlothian works alongside several Independent and collective advocacy agencies and offering independent advocacy is a routine in practice.	
Para 25, 36, 44-46	What difference is SDS making to people's personal outcomes? • How do we record and monitor this so that we know if things are improving across the board? • How are we using this information to plan future SDS processes and services?	Information is collected on what SDS option people choose and what difference people report in their lives from assessment to review. We also ask people in the annual service user and carer survey for feedback. Feedback sessions have been presented once a year within Adults and Social Care to feed back the difference which has been made in people's lives following assessment and support. This is based on the statistics we collect at the review stage. This was cited by staff as being a really positive and reaffirming exercise. The outcomes focused approach is newer in Children and Families and a review will be conducted after the approach has been in place for a period of time.	Continue to review information from annual service user and carers' survey to identify areas of good practice and areas for improvement.
Supporting social work staff to implement SDS			
Para 44-46, 52-54	Do all our social work staff feel they have the time, information, training and support they need to be able to identify and plan for people's personal outcomes?	Individual feedback to the SDS Practice Development Worker and Team leads has generally been positive with regards to information and training on outcomes and the 4 options. An initial survey was taken in 2015 to rate practitioners' confidence in SDS. This will be retaken over the next few weeks to review the difference and where we need to focus practice	Complete further practitioners' confidence survey. Continue to embed knowledge of SDS with Team Leaders to ensure consistency of SDS practice.

		development. Staff have access to a dedicated SDS Practice Development worker in each the Children and Families and Adults and Social Care Team in addition to support via Team Leaders and the SDS Planning Manager. Clear guidelines and processes are in the process of being gathered together to be housed on the Intranet. Time, waiting lists, financial pressures and processes are all noted as being significant challenges. Practitioners have also noted inconsistent advice around SDS as an issue.	Ongoing review of information available on the intranet to ensure staff have up to date guidance in information.
Para 44-46	Do all our social work staff fully understand outcomes? • Are they confident about working with personal outcomes? • Have they had sufficient training?	The majority of practitioners and Team Leaders have undergone outcomes training and there is a further 2 day workshop being run in October. There are also plans to offer a regular hour session as an 'update' via the 'bite sized health and social care workshops. Both mandatory and elective training has been trialed. Staff supervision is in place to ensure the outcomes approach is being applied consistently across all social work staff. Feedback loop sessions once a year are also done through team meetings to feed back 'the difference' the 'conversations' we have had with people have made in their lives. This was cited by staff as being a positive and motivating exercise.	Continue to embed outcomes into practice. A focus needs to be had on Team Leaders to model the approach going forward. Continue to offer training opportunities in a variety of ways, i.e. through discussion at peer practitioner groups, formal training days and bite sized training. Arrange the next Feedback session.
Para 52-54	Do our behaviours and processes encourage and support social work	There is evidence of innovative practice and use of creative ways of meeting eligible needs. These	Eligibility Criteria and budget allocation are areas which need

	staff to develop innovative solutions to meet individual needs flexibly?	examples are recognised and shared. Our systems, particularly our financial system has struggled to record innovative ways of spending money and a working group has been established to try and work through the issues.	reviewing to ensure they reflect SDS, outcomes also ensure the promotion of innovative uses of funds
Para 55-58	Do social work staff have sufficient guidance and support on how to balance innovation, choice and risks with service users and carers? Do we regularly review our progress in implementing SDS? • Do we review progress against our SDS implementation plans? • Do we monitor and report on the SDS options chosen by people, ensuring this data is accurate and consistent? • Do we monitor and report on whether people's personal outcomes are being met with SDS?	Sessions have been run with staff with regards to balancing risk and outcomes, there is 1:1 support from team leads, the SDS Practice Development Workers and SDS Planning Manager. Guidance has been issued in Children and Families specific to risk and drafted for Adults and Social Care. Progress is regularly reviewed through the SDS Programme Board. This involves reviewing progress against our implementation plan. Information is collected on what SDS option people choose and what difference people report in their lives from assessment to review	Review use of data and whether improvements can be made to reporting processes.
	Do we use national information, reports and tools to help us improve how we are implementing SDS?	Information, reports and tools are shared, and key points for learning are shared and discussed at the SDS Programme Board.	None at present.
Para 63-72	Do our strategic commissioning and	There is ongoing dialogue with providers about SDS	Further work is being progressed to

	related plans show: • how more choice and control will be achieved for service users? • how decisions will be made about re-allocating resources from one type of service to another in response to people making their SDS choices?	either individually or at provider's forums. There is evidence of services embedding principles of choice and control within service provision, however there is a need to further develop this. Since the introduction of SDS there has been a shift in the services being commissioned as individuals make choices under SDS.	ensure providers are embedding principle and values of SDS within their support provision.
Para 65-70	Are we using flexible contractual arrangements that give supported people and providers the opportunity to be flexible about' support? • Have we involved users, cares and providers in developing this? • If we do not have outcomes-focussed contractual arrangements, how are we giving supported people flexibility, choice and control?	More flexible contractual arrangements have been introduced since the introduction of SDS. These allow more flexibility in service provision. Work is ongoing to increase the levels of flexibility within care packages and finance processed and systems are being developed to support this.	Further work is being progressed to ensure providers are embedding principle and values of SDS within their support provision.
Para 73-75	Are we working with communities to develop alternative services and activities that meet local needs? • How are these community-based services and activities helping to support people? • Are there opportunities to develop more community-based services and	Focus of SDS implementation work has been supporting individuals. There has been some work with communities and groups, but scope for further development in this area.	Work with communities to develop alternative services and activities to meet local needs.

	activities?		
Para 91	Have we developed targeted information and training on SDS for healthcare professionals who have direct or indirect influence on people's health and social care support, including: • primary care professionals such as GPs, district nurses, occupational health professionals? • hospital staff who may influence decisions about discharging patients when they need temporary or permanent support? • managers and administration staff?	The 2 day outcomes focused training is directed at both healthcare and social care practitioners. We also have plans to introduce a bite sized workshop on SDS and outcomes to the Bitesized training calendar. These also run across health and social care. One of our SDS Practice Development Workers provides an information link between social care and the House of Care The Contact Officers who are the first port of call for most people referring into social work have received a training session on outcomes and SDS The finances and admin staff are also being provided with appropriate information and training related to their role.	Continue to support the sharing of information regarding SDS across health and social care.

Thursday 5th October 2017, at 2.00pm

Type 2 Diabetes and Obesity in Midlothian

Item number: **5.6**

Executive summary

This report explains why the Health & Social Care Partnership has agreed to focus attention on Type 2 Diabetes and weight management. Both obesity and Type 2 Diabetes place a financial burden on health and other services but they also impact on the health and wellbeing of Midlothian residents and their families.

The Health & Social care Partnership is keen to reduce the number of people requiring acute treatment and plans to develop or promote services and facilities that could help people avoid significant weight gain and in some cases avoid the development of type 2 diabetes.

There is a range of local activities underway that will have a positive impact on type 2 diabetes. Some are included in this report and involve health, council and voluntary sector services.

While it is acknowledged that there have been a number of local developments over the past 18 months there is still work to do. A strategic approach to this work is required.

Board members are asked to:

- Note the content of the report in particular the intention to develop a strategic approach to the prevention and treatment of diabetes and obesity in Midlothian.

Report

Type 2 Diabetes and Obesity in Midlothian

1 Purpose

1.1 This report summarises developments in relation to Type 2 Diabetes in Midlothian and plans to progress this work.

2 Background and main report

Background

2.1 1451 people in Midlothian were diagnosed with type 2 diabetes in the last 5 years. (108 aged 18-44, 650 aged 45-64, 692 aged 65+). Last year 56 people were diagnosed with pre-diabetes (a condition that can be reversed). If national prevalence data is correct, that is that 5.4% of the population have type 2 diabetes, then it is safe to assume that there are many people in Midlothian who have yet to be formally diagnosed.

2.2 Diabetes care is thought to account for around 10% of all NHS expenditure. The York Health Economics Consortium state that if no changes are made to the way diabetes is treated by 2035/2036, this will rise to around 17% of NHS expenditure[i]. This high level of investment emphasises the importance of preventing or reversing the condition and ensuring that those who require care receive cost-effective, evidence-based and person-centred treatment and support in a timely manner and ideally in their local community.

2.3 Some incidences of type 2 diabetes can be prevented or its onset delayed. Prevention of type 2 diabetes, and the avoidance of complications in those with the condition would be extremely cost-effective, but even more importantly would contribute greatly to quality of life.

2.4 Long-term complications of Type 2 Diabetes include damage to eyes (retinopathy), heart (cardiovascular disease), kidneys (nephropathy), and nerves and feet (neuropathy). The Scottish Government[ii] has reported that recently in Scotland 19% of those diagnosed with type 2 diabetes had some retinopathy within 1 year of diagnosis. Approximately 80% of diabetes complications are preventable or can be significantly delayed through early detection, good care and access to appropriate self-management tools and resources.

2.5 Being overweight or obese is the main modifiable risk factor for type 2 diabetes. In England, obese adults are five times more likely to be diagnosed with diabetes than adults of a healthy weight[iii]. Currently 90% of adults with type 2 diabetes are overweight or obese. People with severe obesity are at greater risk of type 2 diabetes than obese people with a lower BMI. (However diabetes can occur for other reasons.)

2.6 Scotland has one of the highest levels of obesity in OECD countries; only the USA and Mexico having higher levels. According to 2013 figures, almost two thirds of adults in Scotland were overweight, with 27.1% classed as being obese. The McKinsey report suggests the cost of obesity is £73billion/year in the UK (this would reflect around £7billion in Scotland).[iv]

2.7 Deprivation is closely linked to the risk of both obesity and type 2 diabetes[v]. Prevalence of type 2 diabetes is 40% more common among people in the most deprived areas compared with those in the least deprived areas. 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 directly related to poverty, such as access to affordable healthy food, and the cost of participating in leisure activities. There may also be specific issues around access to support for those living in rural communities. A reshaped system around obesity and diabetes will involve welfare rights and other services that mitigate the impact of inequality.

Local Developments

2.8 Work is already underway to tackle obesity and reduce the incidence of type 2 diabetes. The following examples are intended to illustrate the range of local activity in Midlothian in the last twelve months.

Weight Management

2.9 Work has progressed to reshape and simplify the weight management pathway for Midlothian residents. All referrals are now triaged by the Weight Management Team who then offer community based services such as Midlothian Active Choices (MAC), Ageing Well, Leisure Services, the Community Health Inequalities Team (CHIT) and Dietetic–led weight management group programmes or individual assessment and treatment based in Midlothian.

2.10 Core messages around healthy eating and physical activity have been agreed. These are to be used by Midlothian local staff, such as leisure attendants and GPs, to reduce confusion around messages. Multi-agency training on the core messages has taken place.

2.11 At a Professional Forum for local health and social care staff, all organisations were encouraged to ask the question ‘have you ever thought your weight is a problem to you?’ and start dialogue with patients/clients about their weight, alerting them to available support.

2.12 Weight management programmes for adults and families, Counterweight and Get Going, continue to be delivered by Midlothian Council Leisure Services staff (funding from NHS Lothian as part of the Weight Management Care Pathway)

2.13 A weight management programme for people with a learning disability is being investigated as they have an increased risk of Type 2 Diabetes and a higher likelihood of obesity.

2.14 Work is underway with a women’s group at the Midlothian Muslim Community Centre (Bonnyrigg Mosque) to run a 6 week programme covering healthy Asian

cooking, physical activity and awareness about diabetes and the risk factors. A funding bid has been submitted to Community Food and Health Scotland to pilot this. Discussions are underway with Midlothian Leisure regarding "women only" swim sessions. The use of Burkinis has been approved by Midlothian Council Leisure Services.

2.15 During May and June 2017 there was £50,000 made available by Midlothian Council and NHS Lothian for healthy eating/food poverty programmes across the three target areas. Grants (up to £3,000) were awarded according to the Participatory Budgeting process

2.16 A Big Lottery Bid is being considered around whole system change to improve prevention and early intervention. (Big Lottery Fund – Early Action System Change).

Pre-diabetes

2.17 Community Health Inequality Team nurses are delivering a pre-diabetes programme – a 6 week programmes aimed at '*prevention of Type 2 diabetes by addressing modifiable risk factors and supporting individuals using person centred behaviour change approach with the outcomes of risk factor reduction'.* CHIT also offering 'good conversation' appointments with people at risk of diabetes who are also homeless, experiencing mental health or substance misuse difficulties, women involved with the 'Spring' programme, and others.

Improved data to improve our understanding

2.18 In order for us to improve our work around obesity and diabetes it is important that we have a better understanding of the people affected and the care and support they have received. Data has been received from a patient information system (Sci-Diabetes) and is being analysed. In addition data on type 2 diabetes and the links to deprivation has been made available and will be used to influence service planning and review.

Care and Treatment

2.19 Dr Nicola Zammitt has been identified as the diabetic consultant from the Edinburgh Royal Infirmary who will link with Midlothian H&SCP. Dr Zammitt has been a point of contact for local GPs and has advised on medication and other aspects of care and treatment.

Strategic Planning

2.20 A group has been called to meet to discuss diabetes in Midlothian and to prioritise actions around prevention, reversal and care related to type 2 diabetes and obesity. This meeting is scheduled for 4th October 2017 and involves representatives from Primary Care, Edinburgh Royal Infirmary, Dietetics and other members of the Health & Social Care Partnership.

2.21 Partners across the Community Planning Partnership can contribute to this work. An example of this is the forthcoming Physical Activity Strategy for Midlothian as it will be influential to developments around obesity and type 2 diabetes.

2.22 There has been a preliminary discussion around a regional approach to diabetes prevention and service provision. This proposal is at a very early stage. Meanwhile we continue to develop a strategic approach locally.

3 Policy Implications

Scotland's Diabetes Improvement Plan

3.1 The Scottish Government produced a Diabetes Improvement Plan, built around eight key priorities: prevention and early detection of diabetes and its complications; type 1 diabetes care; person-centred care; equality of access; supporting and developing staff; inpatient diabetes care; improving information; and innovation.

The Scottish Government is leading the Scottish Diabetes Group. Midlothian IJB has representation on the Diabetes Prevention Subgroup which reports to this group.

Scottish Government's Programme for Scotland 2017 -18

3.2 The Scottish Government programme for 2017-18 includes action across government to increase activity levels and tackle diet and obesity to reduce the long-term challenges facing health services and allow people to live healthier for longer Work streams have been established to develop pathways on child and adult obesity which include plans to consult on a range of actions to deliver a new approach to diet and healthy weight management –these are linking in with National Diabetes Prevention, Early Detection and Early Intervention strategy to support targeted weight loss support for people with, or at risk of, type-2 diabetes. To support this, there are also plans to limit the marketing of products high in fat, sugar and salt which disproportionately contribute to ill health and obesity.

Midlothian IJB Delivery Plan

3.3 The IJB Delivery Plan 2017/18 summarises activities planned around diabetes. Consequently a specific Direction has been stipulated by the IJB to Midlothian Council and NHS Lothian.

- Direction 16 – NHSL Set-Aside Diabetes Services. This includes a statement that a community based approach should be developed drawing on best practice from elsewhere.

- In addition Direction 17 (Health Inequalities) makes specific reference to diabetes and weight management, including prevention and pre-diabetes work.

4 Equalities Implications

4.1 Deprivation is closely linked to the risk of both obesity and type 2 diabetes[vi]. (Outlined in 2.7)

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

4.3 The planning and review of developments will continue to include an inequalities perspective.

5 Resource Implications

5.1 The resource implications around this work are complex. There is a commitment by the Chief Finance Officer to investigate costs associated with the care for people with diabetes. This will involve primary and secondary care costs as well as the cost of services funded from NHS prevention budgets (Prevention Bundle) and other sources.

5.2 This is complicated by the fact that the recording of hospital admissions or primary care appointments may not identify diabetes but the presenting condition, such as coronary heart disease or vascular difficulties.

5.3 In order to maximise opportunities for prevention and reversal of this condition there will need to be a shift in the balance of spend from crisis, treatment and the management of complications.

5.4 Some existing programmes are reliant on short term funding, for example the Community Health Inequalities Team nurses and the Weight Management Pathway programmes such as Get Moving with Counterweight. Work is underway with NHS Lothian to develop plans to ensure longer term sustainability.

6 Risk

6.1 The cost of obesity and type 2 diabetes to health and other services, to individuals and families and to the local economy is excessive and will be unmanageable in the near future. The majority of incidences of obesity and type 2 diabetes can be prevented. It is imperative that Midlothian IJB agrees local action to tackle this growing problem.

7 Involving people

7.1 The engagement of local people in the planning of new developments and in the review of current initiatives is important. At present people engaged with services have opportunities to provide feedback related to these services but more work is required to meaningfully engage people and communities in work to consider the whole system.

7.2 The proposed Big Lottery Bid therefore includes a request for funds to improve the involvement of people with lived experience of weight management issues and Type 2 Diabetes in the shaping of activity and services for people at risk of obesity and diabetes.

8 Background Papers

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References:

[i] https://jdrf.org.uk/wp-content/uploads/2015/10/Hex-and-Bartlett.pdf

[ii] http://www.diabetesinscotland.org.uk/Publications/Diabetes_Improvement_Plan_2014.PDF

[iii] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult_obesity_and_type_2_diabetes_.pdf

[iv] http://www.consultancy.uk/news/1278/mckinsey-obesity-costs-uk-society-73-billion-per-year

[v] www.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult_obesity_and_type_2_diabetes_.pdf

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Thursday 5th October 2017, at 2.00pm

Chief Officer Report

Item number:	**5.7**

Executive summary

This report describes the progress being made on integration and key service developments as well as some of the significant pressures being faced by health and care in recent months.

Board members are asked to:

1. *Note the issues raised in the report*

Chief Officer Report

1. Purpose

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

2. Recommendations

2.1 To note the issues outlined in the report.

3. Background and main report

Background

Thematic Inspection of Adult Protection

3.1 Midlothian is one of the six Health and Social Care Partnership areas selected to participate in the Joint Adult Support and Protection thematic inspection to be carried out by the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland, (HMICS) and Healthcare Improvement Scotland (HIS). This is the first time any of the Scottish scrutiny bodies have scrutinised adult support and protection

3.2 Work has begun on the inspection with the submission of a position statement as required by the inspection team. The inspection will focus on outcomes for adults at risk of harm, the partnership's actions to make sure adults at risk of harm are safe, protected, supported, involved, and consulted, as well as leadership for adult support and protection. A report on the inspections findings will be published early in 2018.

Property Strategy

3.3 The Health and Social Care Partnership has sought to make the best use of existing buildings available to it, from across the Midlothian Council and NHS Lothian estate, to progress the integration of services and development of new services.

3.4 Each partner is responsible for the cost of refurbishing the buildings that they own except for IT costs where each partner meets the costs required for their staff.

3.5 In Directions issued by the IJB earlier this year a request was made to Midlothian Council to provide a building to support the development of a Recovery Hub while NHS Lothian was asked to make a building currently used to deliver a pan Lothian service in Loanhead available to the Partnership to support the delivery of services to people with learning disabilities.

3.6 The Primary Care Strategy has identified the requirements for new Primary Care premises to meet the needs of Midlothian's expanding communities. Both NHS Lothian and Midlothian Council have begun to work collaboratively together on new capital developments. The new development at Loanhead incorporates a new GP practice alongside a school and other community facilities. A similar development is being considered for Shawfair.

3.7 With increasingly constrained capital budgets, it is proposed that a Property Strategy should be developed that will set out the IJBs future needs and inform the capital strategies of both partners as well as support a strengthening of partnership working between both partners.

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Substance Misuse Services

3.8 MELDAP implemented most of the savings to local and central savings in April 2017. However, there were savings that were unable to be made in relation to Alcohol Brief Interventions in Primary Care, some central service provision such as Ritson Clinic [redesign of this service is to begin in September/October 2017] and economies of scale related to the implementation of the Recovery Hub in Dalkeith. Work is on-going to identify further savings and to fully implement previously identified savings.

3.9 Performance has reduced against the HEAT A11 standard [90% of people are seen within 3 weeks –referral to treatment]. The Midlothian NHS Substance Misuse service [SMS] has not met the standard in the first two quarters of 2016/127. Whilst the resource reduction has had an impact, there has also been a re-calibration of workload and increase in referrals through the "Gateways to Recovery" Clinics.

3.10 We have seen a sharp rise in drugs deaths in Midlothian in the current year. In August of this year, (while still to be confirmed) we had eight drugs deaths which is equivalent to the number that we had last year. Early indications are that there does not appear to be a direct link between the deaths and recent service changes as a consequence of reduced funding instead it appears to reflect an ageing population of drug users with more complex health care needs. Meldap is working with service providers to further develop assertive outreach responses to those individuals who are most at risk of overdose.

3.11 In the "A Nation With Ambition: The Government's Programme for Scotland 2017-18 document published in September 2017, the Scottish Government stated that "renewed focus on alcohol and drugs will be backed by additional investment of £20 million in treatment and support services." No further detail is available on how this funding will be allocate but it may provide an opportunity to alleviate the impact of the previous 23% reduction in funding as well as support the further redesign of services. .

Overall Progress with Integration

3.12 In reviewing overall progress with integration, the Midlothian IJB's achievements since it was first established as a Shadow IJB in 2013 are considerable. The early focus on robust governance arrangements together with the development

of the Joint Needs Assessment and the Strategic Plan helped the IJB to establish a clear understanding of its role and its ambitions for the Midlothian Population. The process of engagement and consultation carried out for the needs assessment and strategic plan has provided the foundations for a strong partnership with the local population.

3.13 The culture of working together has been led by the IJB and the Joint Management Team. While there is much more that needs to be done before we will have embedded truly integrated practices across our front line teams there is no doubt that we are making progress in establishing a culture that supports collaboration across all services.

3.14 Service changes that are introducing new ways of working and making a difference to people who use services e.g. MERRIT Service, Wellbeing services etc Mental health Access Point etc. have been introduced across all areas.

3.15 In partnership with the voluntary sector and working with the community planning partnership we have managed to establish a strong focus on addressing inequalities and ensuring that we strengthen our preventative services. This is evident in our strengthened approach to capacity building, self management and recovery.

3.16 The challenges that we face are considerable; workforce, access to primary care, quality of older peoples services and budget constraints. The instability of the environment that we are working in is considerable and making longer term planning problematic. There is some way to go before the IJB realises its ambition of a truly sustainable health and care service in Midlothian. Undoubtedly the learning from these early experiences will inform the IJB's continuing work in the transformation of services.

4 Policy Implications

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

5 Equalities Implications

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

6 Resource Implications

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

7 Risks

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

8 Involving People

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

9 Background Papers

None

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