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, 11 January 2018**

Time: **14:00**

Allister Short
Chief Officer

Contact:

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

Further Information:

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

7 Date of Next Meeting

The next meeting of the Midlothian Integration Joint Board will be held on 1 March 2018 at 2.00 pm.
A Development Workshop will be held on 8 February 2018 at 2.00 pm

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 7th December 2017	2.00pm	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 Jim Muirhead	Tracey Gilles
Cllr Pauline Winchester	Alex Joyce
Cllr Kenneth Baird (substitute for Cllr Catherine Johnstone)	Alison McCallum

Present (non voting members):

Allister Short (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Hamish Reid (GP/Clinical Director)
Aileen Currie (Staff side representative)	Keith Chapman (User/Carer)
Ewan Aitken (Third Sector)	

In attendance:

Pam Russell	Helen Stein
Jamie Megaw (Strategic Programme Manager)	Tom Welsh (Integration Manager)
Mike Broadway (Clerk)	

Apologies:

Cllr Catherine Johnstone	Patsy Eccles (Staff side representative)
Caroline Myles (Chief Nurse)	Fiona Huffer (Head of Dietetics)
Dave Caesar (Medical Practitioner)	

Midlothian Integration Joint Board

Thursday 7 December 2017

Item 4.1

1. Welcome and introductions

The Chair, John Oates, welcomed everyone to this Meeting of the Midlothian Integration Joint Board, in particular Pam Russell and Helen Stein, and Councillor Kenneth Baird (who was substituting for Councillor Catherine Johnstone), following which there was a round of introductions.

The Board noted that in terms of the membership of MIJB, it was proposed that Pam Russell be appointed to the vacant user/carer representative position, with Helen Stein acting as her depute. The Board agreed to approve the appointments and joined with the Chair in welcoming Pam and Helen to the meeting, and expressing thanks to Rosie McLoughlin (VOCAL), who had undertaken the role on an interim basis.

In addition, the Chief Officer advised that Dave Caesar had indicated that due to pressure of other work, he intended to step down from membership of the MIJB. The Board, having noted that arrangements would be made to find an appropriate replacement, joined with the Chair in expressing thanks to Dave for his contributions to the work of the MIJB.

2. Order of Business

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

Agenda Item No 5.10 - Community Payback Order (CPO) Annual Report 2016/17 would be continued to the next Board meeting, as the Annual Report, which was meant to have been appended to the report had unfortunately been omitted.

3. Declarations of interest

No formal declarations of interest were received, however, Pam Russell did advise for the record that she was a member of VOCAL.

4. Minutes of Previous Meetings

The Minutes of Meeting of the Midlothian Integration Joint Board held on 5 October 2017 was submitted and approved.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Financial Position - December 2017	David King

Executive Summary of Report
This paper laid out the IJB's projected out-turn position for 2017/18 – that was a forecast of the IJB's financial position at March 2018. This forecast was based on the Midlothian Council's quarter 2 review and information from NHS Lothian who provided the IJB with a monthly update of the forecast out-turn.

The forecast projected an overspend position for the IJB and the Integration Scheme laid out the actions to be taken in the event that an overspend was forecast. There were five options:-

1. That the partners prepare a recovery plan – this was already in train
2. That the IJB prepares a recovery plan – this was not considered to be practical at this time.
3. That the IJB transfers resources from one 'element' of the IJB to another – at this time both partners are forecasting an overspend in their element of the IJB's budget
4. That the partners provide additional resources – this has not yet been discussed with the partners
5. That the partners provide 'brokerage' – that is a loan to the IJB.

Discussion were underway between the Chief Officer, the Chief Finance Officer and the partners and these were being progressed on the basis that the IJB was supported to break-even (assuming that the partners can break-even) and that the IJB will not achieve this through brokerage. Progress on this matter would be reported back in more detail to the IJB at its next meeting.

Summary of discussion

The Chief Finance Officer in presenting the report highlighted that the key drivers behind this position remain largely the same as those previously reported – that was an overspend in adult social care, overspends in junior medical staff (in the set aside budget) and challenges in both Set Aside and Adult Social Care in the delivery of efficiency schemes.

The Board, in discussing the budgetary pressures, acknowledged the importance going forward of the Strategic Plan and Directions and welcomed the currently ongoing dialogue with NHS Lothian and Midlothian Council seeking to find ways to address the current position.

Decision

The Board:

- **Noted the forecast out-turn position for 2017/18;**
- **Noted the options available to the IJB; and**
- **Agreed to direct the Chief Officer and the Chief Finance Officer to take the actions laid out in the Integration Scheme.**

Action

Chief Officer/Chief Finance Officer

Midlothian Integration Joint Board

Thursday 7 December 2017

Item 4.1

Report No.	Report Title	Presented by:
5.2	Financial Outline 2018/19, 2019/20 and 2020/21	David King

Executive Summary of Report

The report advised that the first draft of the IJB three year financial plan would be presented to the IJB at its January meeting. This plan would support the delivery of the IJB Strategic Plan and would lay out the expected resources that would be available to the IJB along with the proposed utilisation of these resources indicating the financial challenges to be managed. The IJB received a first draft of its financial strategy – that is how the IJB would manage the financial challenge – at its October 2016 meeting and the financial plan would be built on that strategy. However, as part of the consideration of that financial plan the IJB needed to consider the totality of the financial challenge if there were no changes to the current service delivery mode.

This paper looked at the additional costs that would be incurred in the next three years if there were no changes to the service delivery model and expressed that pressure in financial terms.

Summary of discussion

The Board, having heard from the Chief Finance Officer, welcomed the suggestion that virtual examples be created so that impact of any proposals could be better assessed and articulated; it being acknowledged that the cumulative effect of a number of seemingly minor changes often had a major impact on the most vulnerable groups. The vital importance of the transformation process in changing the way in which services were delivered was again highlighted.

Decision

The Board:

- **Noted the contents of the paper; and**
- **Agreed to ask the Chief Officer and the Chief Finance Officer to present the proposed 2018/19 recovery plans to the IJB at its March 2019 meeting.**

Action

Chief Officer/Chief Finance Officer

Report No.	Report Title	Presented by:
5.3	Developing a policy for healthcare infrastructure contributions from housing developments in Midlothian	Jamie Megaw

Midlothian Integration Joint Board

Thursday 7 December 2017

Item 4.1

Executive Summary of Report
The purpose of this report was to set out the case for working with Midlothian Council to develop an approach to securing financial contributions from new housing developments in Midlothian towards healthcare infrastructure costs that arise as a consequence of that new development. If healthcare contributions were not successfully secured from housing developers then the full cost of future capital developments required to meet the needs of the new population would have to be fully met by NHS Lothian.

Summary of discussion
The Board, having heard from the Strategic Programme Manager, welcomed plans to include provision to secure financial contributions towards healthcare infrastructure costs from new housing developments in Midlothian within the Council's forthcoming Supplementary Guidance on Planning Obligations. However, it was acknowledged that such provision would also in all likelihood require the adoption of new models of care, such as the community-hub model in development in Musselburgh given workforce constraints and revenue budget pressures.

Decision
The Board: • **Agreed to the principle of developing with Midlothian Council an approach to securing financial contributions from new developments (house building) in Midlothian for healthcare infrastructure (buildings) costs that arise as a result of new housing.** • **Noted the impact from population growth on existing services and infrastructure** • **Noted the expected requirement for the equivalent of three new healthcare facilities across Midlothian incorporating General Practice and Dental services to respond to the population growth** • **Agreed the impact on healthcare infrastructure is distinctly different between the Shawfair Development Area and the rest of Midlothian and contributions will be sought differently between these areas.** • **Noted the limitations in overall capital funding available to NHS Lothian from Scottish Government and the risk there will be insufficient capital funding available for the required infrastructure in Midlothian.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.4	Directions	Tom Welsh

Midlothian Integration Joint Board

Thursday 7 December 2017

Item 4.1

Executive Summary of Report
With reference to paragraph 4.3 of the Minutes of the Special Meeting held on 16 March 2017, there was submitted a report providing a summary of the progress made by Midlothian Council and NHS Lothian in delivering the Directions set by the IJB for 2017-18**.** These Directions were intended to provide further clarity about the key changes which needed to be made in the delivery of health and care services as laid out in the Strategic Plan 2016-19 and in the subsequent Health and Care Delivery Plan 2017-18.

Summary of discussion
Having heard from the Integration Manager, the Board considered the progress that had been made and the emerging challenges that remained to be addressed, and discussed the need to continue to challenge existing ways of delivering health and care services. The importance of ensuring that subsequent changes were proportionate and maximised outcomes within the resources available was acknowledged, it being accepted that a balance need to be struck between what could be achieved in the community; through community facilities such as the Community Hospital; and via acute hospital provision, as each was seen as having a role to play. In order to better judge the progress being made the Board felt that in terms of the presentation of information an indication of the relative importance attached to each of the Directions would be beneficial.

Decision
After further discussion, the Board:- • **Noted the progress made in achieving the Directions as outlined in the report; and** • **Noted, that although no formal follow-up communication was considered to be necessary at this time, dialogue with Midlothian Council and NHS Lothian would continue.**

Sederunt
Councillor Baird and A Joyce both left the meeting during consideration of the foregoing item of business, at 3.15pm and 3.30pm respectively. J Megaw left the meeting at the conclusion of the foregoing item of business, at 3.37pm

Report No.	Report Title	Presented by:
5.5	Midlothian Carers Strategy 2017 - 2019	Alison White

Executive Summary of Report
Following the publication of the national carers' strategy *Caring Together; Carers Strategy 2010-15* a programme of consultations was undertaken to develop Midlothian's first local Carers Strategy. This document would be Midlothian's second local carers strategy publication. The implementation of the Carers (Scotland) Act

2016 comes into effect from April 2018, and places a duty/responsibility on local authorities and health boards to produce a carers strategy. This strategy has been reviewed and updated and is presented to both the Council and the Integration Joint Board for formal approval.

Summary of discussion

The Board, having heard from the Chief Social Work Officer, who responded to Members' questions, discussed the Carers Strategy; a copy of which was appended to the report.

Decision

The Board:

- **Noted the content of this report; and**
- **Supported the revised Midlothian Carers Strategy and Action Plan 2017 – 19 as a mechanism of identifying and supporting the needs of unpaid carers in Midlothian.**

Report No.	Report Title	Presented by:
5.6	Wellbeing Service	Tom Welsh

Executive Summary of Report

This report explained the purpose and organisation of the Wellbeing Service which had been introduced in a number of local Health Centres to provide support for people with long term health conditions and to help to address health inequalities. It went on to provide a summary of the evaluation of the service. Finally, the report outlined the options for the future both in terms of service design and in funding the service.

Summary of discussion

The Board, having heard from the Integration Manager discussed the excellent work undertaken by the Wellbeing Service, expressing the importance of it continuing and also interest in seeing the longer term effects of the Service.

Decision

The Board:

- **Noted the impact of this service;**
- **Approved the steps outlined to maintain the service in the short term; and**
- **Agreed that a longer term funding model be developed.**

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

Midlothian Integration Joint Board

Thursday 7 December 2017

Item 4.1

Executive Summary of Report
This report provided a summary of the key issues which had arisen over the past two months in health and social care, highlighting in particular service pressures as well as some recent service developments. The report also described the work that was being taken to address delayed discharge in particular a planning session with the clinical teams to develop and strengthen the current pathway, with the aim of reducing overall length of stay.

Decision
The Board, having heard from the Chief Officer: • **Noted the issues and updates raised in the report.**

Report No.	Report Title	Presented by:
5.8	UNISON's Ethical Care Charter	Allister Short

Executive Summary of Report
This report proposed that Midlothian sign-up to UNISON's Ethical Care Charter and work with UNISON to modernise the charter to reflect developments in the integration and coordination of services since 2012 and support strategic workforce planning.

Summary of discussion
Having heard from the Chief Officer, the Board in discussing the Charter complimented Unison on the work which had go into its preparation.

Decision
The Board: • **Supported the recommendation that Midlothian signed up to UNISON's Ethical care charter for the commissioning of homecare services;** • **Recommend to UNISON that UNISON consider establishing a group to review the existing charter; and** • **The review group consisting of national representatives from NHS, UNISON, third sector representation, home care providers, carers, cared for and Councils as commissioners of homecare services.**

Report No.	Report Title	Presented by:
5.9	East Lothian and Midlothian Public Protection Committee Annual Report 2016/17	Alison White

Midlothian Integration Joint Board

Thursday 7 December 2017

Item 4.1

Executive Summary of Report
The purpose of this report was to present the third annual report of the East Lothian and Midlothian Public Protection Committee (EMPPC) and to provide an opportunity to reflect and take stock of activities and achievements within this complex area of service. The report highlighted that people did not neatly fit into one category and issues like domestic abuse and substance misuse were common themes with many of the service users with whom they worked. Bringing together the individual partnerships into one Public Protection Committee across two local authorities had streamlined processes considerably and now demonstrated a significant level of trust and integrity for example, senior officers chairing case reviews for the other local authority.

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

Decision
The Board: • **Noted the contents of the report; and** • **Noted the progress made by the East and Midlothian Public Protection Committee during 2016/17.**

Report No.	Report Title	Presented by:
5.11	MAPPA Annual Report 2016/2017	Alison White

Executive Summary of Report
The purpose of this report was to bring to the IJB's attention the MAPPA Annual Report for 2016/2017; the final report of the national MAPPA Joint Thematic Review which had been published in November 2015; and the Lothian and Borders response to the areas for development identified in the Joint Thematic Review report. Copies of which were appended to the report.

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

Decision
The Board: • **Noted the content of this report and background papers.**

Midlothian Integration Joint Board

Thursday 7 December 2017

Item 4.1

Report No.	Report Title	Presented by:
5.12	Climate Change Report under the Climate Change (Scotland) Act 2009	Alison White

Executive Summary of Report
This report summarises the IJB's responsibility to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.

Summary of discussion
The Board, having heard from the Chief Social Work Officer discussed the Climate Change Report; a copy of which was appended to the report.

Decision
The Board: • **Approved the Midlothian Integration Joint Board Climate Change Report 2016/2017 for submission to Sustainable Scotland Network.**

6. Any other business

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

7. Date of next meeting

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

- Thursday 11th January 2018 2pm **Midlothian Integration Joint Board**
- Thursday 8th February 2018 2pm Development Workshop

The meeting terminated at 4.17 pm.

Minute of Meeting

Item 4.2

Midlothian Integration Joint Board
Audit and Risk Committee

Date	Time	Venue
Thursday 5th October 2017	10.00am	Committee Room, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

Present:

Cllr Jim Muirhead (Chair)	John Oates
Cllr Pauline Winchester	Jane Cuthbert (Independent Member)

Present (non-voting):

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

In attendance:

Chris Lawson (Risk Manager)	Mike Broadway (Clerk)

Apologies:

Alex Joyce	Keith Macpherson (EY, External Auditors)

Midlothian Integration Joint Board
Audit and Risk Committee

Item 4.2

Thursday 5th October 2017

1. Welcome and introductions

The Chair, Jim Muirhead, welcomed everyone to this Meeting of the Midlothian Integration Joint Board Audit and Risk Committee, in particular Chief Officer, Eibhlin McHugh, for whom this would be her final Audit and Risk Committee meeting. The Committee joined the Chair in thanking Eibhlin for all her hard work in supporting the integration of health and care in Midlothian and more particularly for her work in supporting the Midlothian Integration Joint Board and the Audit and Risk Committee, and wished her well in her retirement.

2. Order of Business

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

3. Declarations of interests

No declarations of interest were intimated.

4. Minutes of Meeting

The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 7th September 2017 were submitted and approved.

5. Reports

Report No.	Report Title	Presented by:
5.2	IJB Internal Audit Reports	David King/ Elaine Greaves

Executive Summary of Report
The report explained that although the IJB has its own Chief Internal Auditor, it relied upon the Internal Audit resources of both partners to deliver its internal audit plan. NHS Lothian Internal Audit and Midlothian Council Internal Audit had recently undertaken audits on behalf of the IJB on its directions and its performance management. The purpose of this report therefore was to provide Members of the Audit and Risk Committee with an update on the outcome of these audit reports; copies of which were appended to the main report. In all three reports the findings were generally positive and the reports themselves were relatively brief. Members were invited to consider the recommendations and the management responses to these recommendations and assure themselves that these responses would address the issues that had been raised.

Midlothian Integration Joint Board

Audit and Risk Committee

Item 4.2

Thursday 5th October 2017

Summary of discussion
The Committee, having heard from both the Chief Finance Officer and the Chief Internal Auditor, who responded to Members' questions, considered the recommendations arising from the three Internal Audit reports. In particular, the management responses were discussed with it being noted that work was ongoing to address many of the points raised.

Decision
After discussion, the Audit and Risk Committee • **noted the internal audit reports and the recommendations contained in the respective management action plans; and** • **agreed that the management responses to the recommendations address the issues raised in the audit reports, albeit that some of the actions were still ongoing.**

Action
Chief Finance Officer

Report No.	Report Title	Presented by:
5.2	Other Internal Audit Reports of interest.	David King

Executive Summary of Report
The report explained that both of the MIJB's partners – NHS Lothian and Midlothian Council – had their own Audit and Risk Committees which provided scrutiny and governance to their respective organisations. Some of the matters discussed by these Committees related to functions that had been delegated to the MIJB and the purpose of this report was to summarise for the Committee those reports of interest to the MIJB, viz: • A report to NHS Lothian – Budget setting and financial management; and • A report to Midlothian Council – Update on the Implementation of Self Directed Support. The report also considered a report from Audit Scotland relating to functions delegated to the IJB: • A report from Audit Scotland on Self Directed Support. Copies of the three respective Audit reports were appended to the main report.

Midlothian Integration Joint Board

Audit and Risk Committee

Item 4.2

Thursday 5th October 2017

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

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

Action
Chief Finance Officer

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

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

Summary of discussion
The Committee, having heard from both the Chief Finance Officer and the Risk Manager, discussed the risk register. In response to Members' comments, it was agreed to circulate a copy of the NHS Lothian Risk Register to Members and to seek a further report on the inter-relationship between the MIJB, NHS Lothian and Midlothian Council risk registers. It was also felt that it would be useful going forward if a key could be added to explain what the evaluation symbols used in the Risk Register meant.

Decision
The Audit and Risk Committee, after further discussion, noted:- • **the current Risk Register;**

Midlothian Integration Joint Board

Audit and Risk Committee

Item 4.2

Thursday 5th October 2017

- **that a further report on the inter-relationship between the MIJB, NHS Lothian and Midlothian Council Risk Registers would be brought forward to the next meeting; and**
- **that a key would be added to the Risk Register to explain what the evaluation symbols meant.**

Action
Chief Finance Officer/Risk Manager

Report No.	Report Title	Presented by:
5.4	Audit and Risk Information Sharing Principles	David King

Executive Summary of Report

The purpose of this report was to provide the Committee with details of a set of principles proposed by NHS Lothian to underpin the working arrangements between the four IJB Audit and Risk Committees in Lothian and NHS Lothian's Audit and Risk Committee.

The report explained that NHS Lothian, in conjunction with Midlothian, East Lothian, West Lothian and the City of Edinburgh Councils had set up Integration Joint Boards in each of the four Council areas. Each IJB had in turn set up its own Audit and Risk Committee as had each Council and NHS Lothian itself. NHS Lothian had proposed that a set of principles be agreed by all five Audit and Risk Committees that essentially boiled down to a general principle of sharing all the Audit and Risk Committee papers and therefore ensuring that each Audit and Risk Committee had a full picture in front of it of any governance issues of which it should be aware.

Summary of discussion

The Chief Finance Officer explained that the set of principles aimed to ensure a clear working relationship between the various Audit and Risk Committees through an agreement to share relevant reports and papers in all the Lothian A&Rs and also to ensure that the chairs had the opportunity to share any information they thought fit to share.

Decision

The Audit and Risk Committee agreed to approve the sharing principles; details of which were appended to the main report.

Action
Chief Finance Officer/Chief Internal Auditor

Midlothian Integration Joint Board

Audit and Risk Committee

Item 4.2

Thursday 5th October 2017

Report No.	Report Title	Presented by:
5.5	Integration Joint Board Audit & Risk Chairs meeting - Update	David King/Jane Cuthbert

Executive Summary of Report

The Committee received an update from David King and Jane Cuthbert on the Integration Joint Board Audit & Risk Chairs' meeting held on 2 October 2017. The key focus of the meeting had been the set of principles to underpin the working arrangements between the Audit and Risk Committees which had been considered as part of the previous item. It had also looked at the issue of resources and 'who did what for whom', which was to be discussed in more depth at a forthcoming workshop.

Decision

The Audit and Risk Committee:-

- **noted the update**
- **looked forward to receiving an invitation to the proposed workshop; and**
- **thanked both Jane and David for attending the meeting on behalf of the MIJB Audit and Risk Committee.**

Action

Chief Finance Officer

6. Private Reports

No private reports were submitted to this meeting.

7. Any other business

No additional business had been notified to the Chair in advance

8. Date of next meeting

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 14th December 2017 at 2.00pm

The meeting terminated at 11.08 am.

11 January 2018

Measuring Performance Under Integration

Executive summary

Item number:

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

Board members are asked to:

- Comment on performance across the improvement goals.

- Note the positive impact that stopping the use of Liberton Hospital has had on the overall unscheduled occupied bed days.

- Note the improvement in A&E 4 hour performance for people who are subsequently admitted into hospital

Performance Information

1. Purpose

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

2. Recommendations

- Comment on performance across the improvement goals.
- Note the positive impact that stopping the use of Liberton Hospital has had on the overall unscheduled occupied bed days.
- Note the improvement in A&E 4 hour performance for people who are subsequently admitted into hospital

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. Item 5.1

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.

4. Summary of what the data shows in Midlothian (all tables in this section use data from January to November unless stated).

Another way to look at the data is to compare total activity between years. Data for December 2017 is not available for this report so only activity from January to November is used.

- **Unscheduled hospital admissions have changed little over the last three years**

2015	2016	2017
7,217	6,662	7,114

- **There has been a more significant decrease in unscheduled occupied bed days and this is driven by a change in use of Liberton Hospital**

2015	2016	2017
57,507	57,086	53,552

The factors affecting hospital attendance and OBD are multifaceted and complex and it can be difficult to make direct conclusions as to the reason behind this fall in activity. One significant factor though is the change in use of Liberton by Midlothian residents. During the last three years the use of Liberton has reduced though planned changes to the pathway. In Liberton there were 7696 OBD in 2015, 5,991 in 2016 and 1,578 in 2017. There have been no Midlothian patients in Liberton since July 2017.

- **The number of people attending A&E by ambulance who are discharged home from A&E has increased from 2015 (data for Jan – Oct)**

2015	2016	2017
1,881	2,151	1,960

- **The % of people treated within 4 hours who were subsequently admitted has improved (data for Jan –Oct)**

2015	2016	2017
81.2%	79.3%	85.0%

- **A&E activity is increasing**

2015	2016	2017
19,042	19,696	19,975

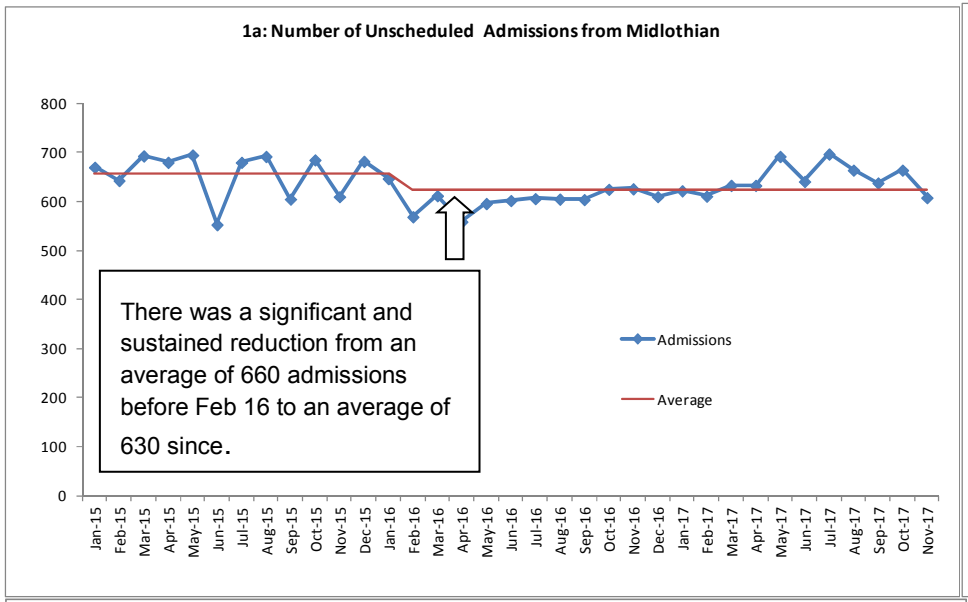
- **OBD as a result of a delayed discharge has increased (Jan to Sep)**

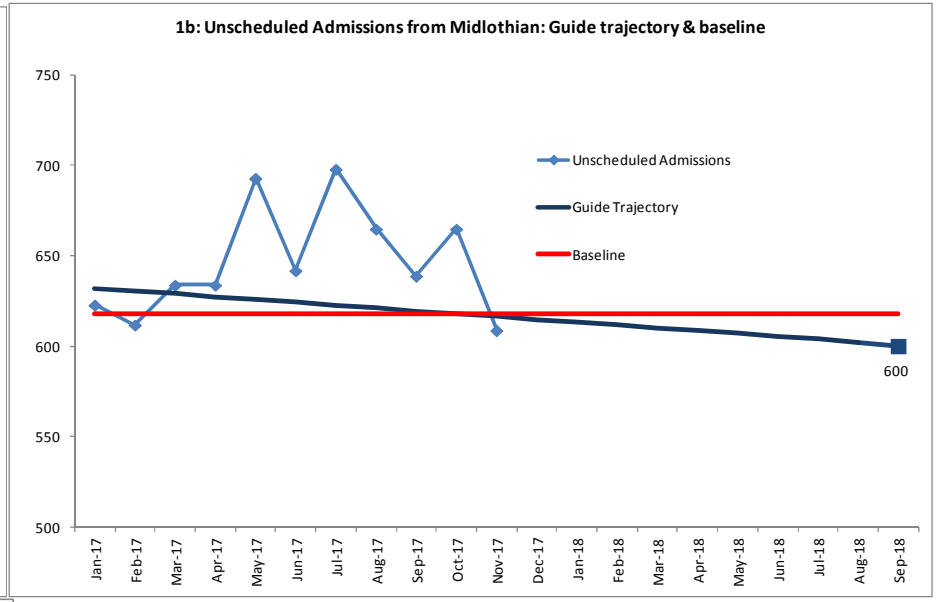
2015	2016	2017
7,409	7,030	8,261

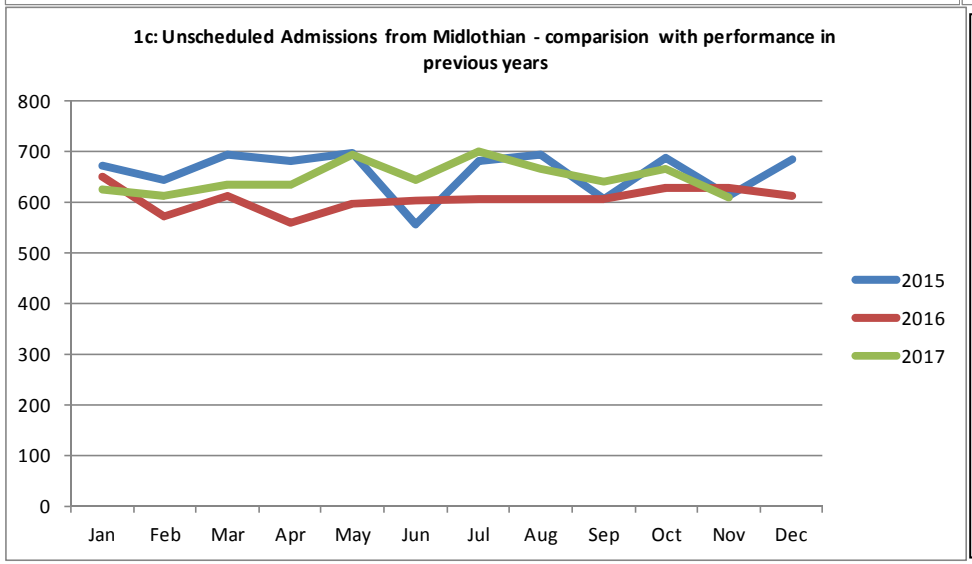
1: Reduce Unscheduled Admissions by 5% by September 2018

Baseline: 662 admissions per month*

* This was incorrectly reported previously to the IJB as 640







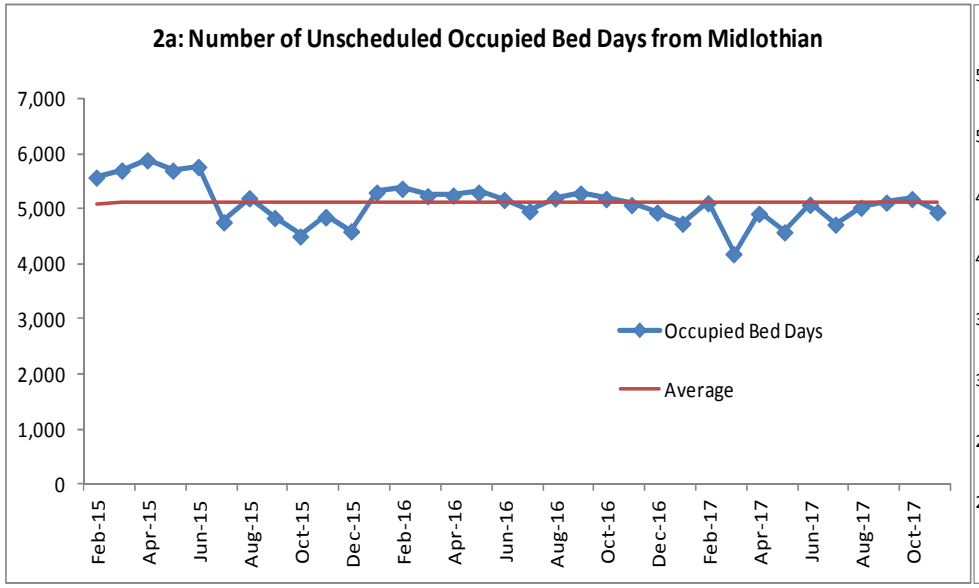
The baseline of 662 unscheduled admissions from Midlothian per month was calculated from performance in 2015 and 2016

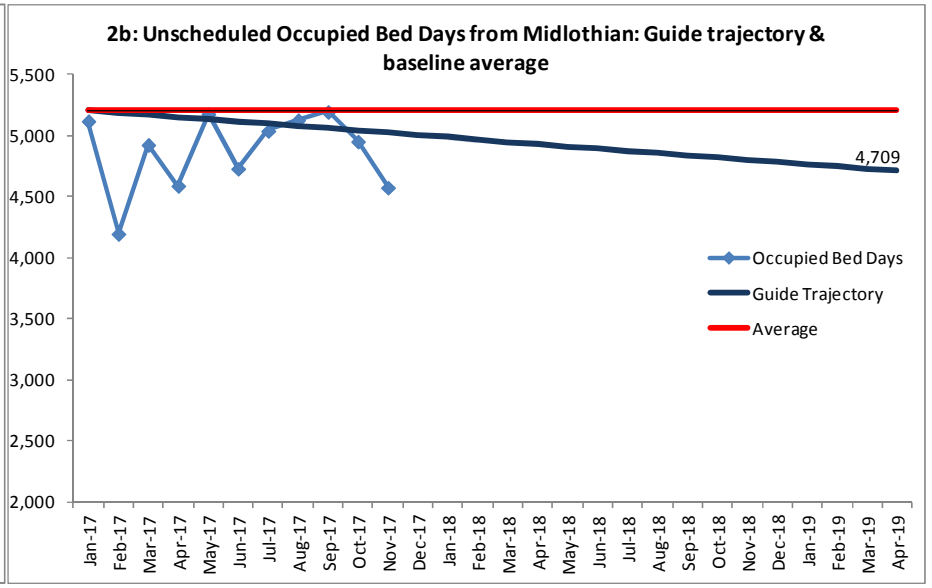
Chart 1c shows that performance in 2017 is tracking closely with performance in 2015.

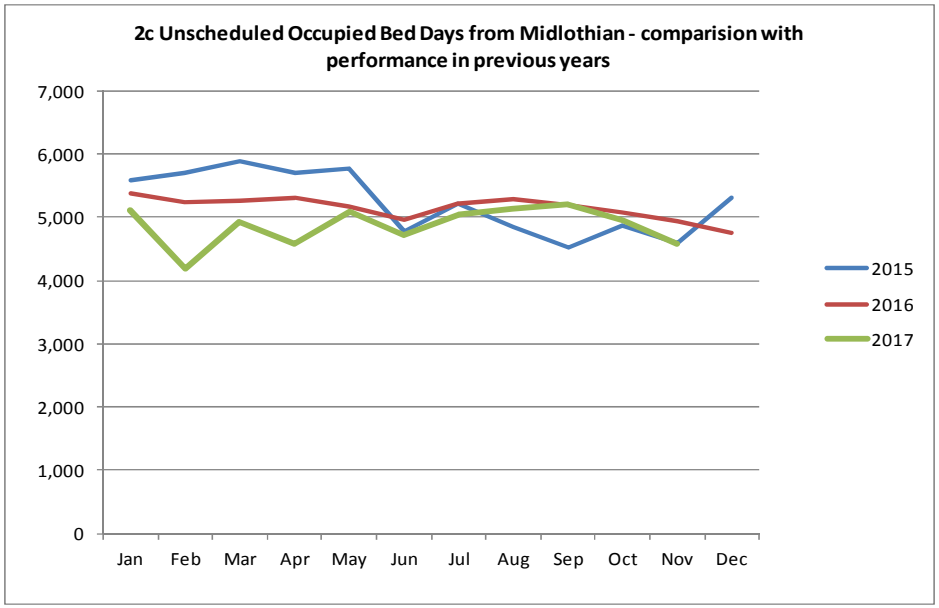
Direction for improvement

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

Baseline: 5,122 OBD per month







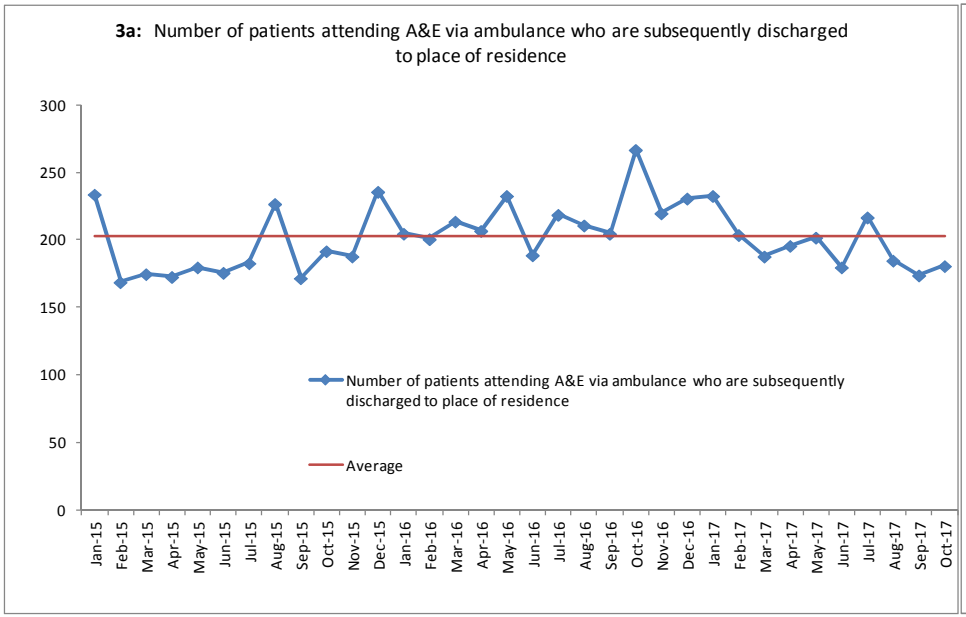
The baseline of 5,122 unscheduled OBD from Midlothian in each month was calculated from performance in 2015 and 2016

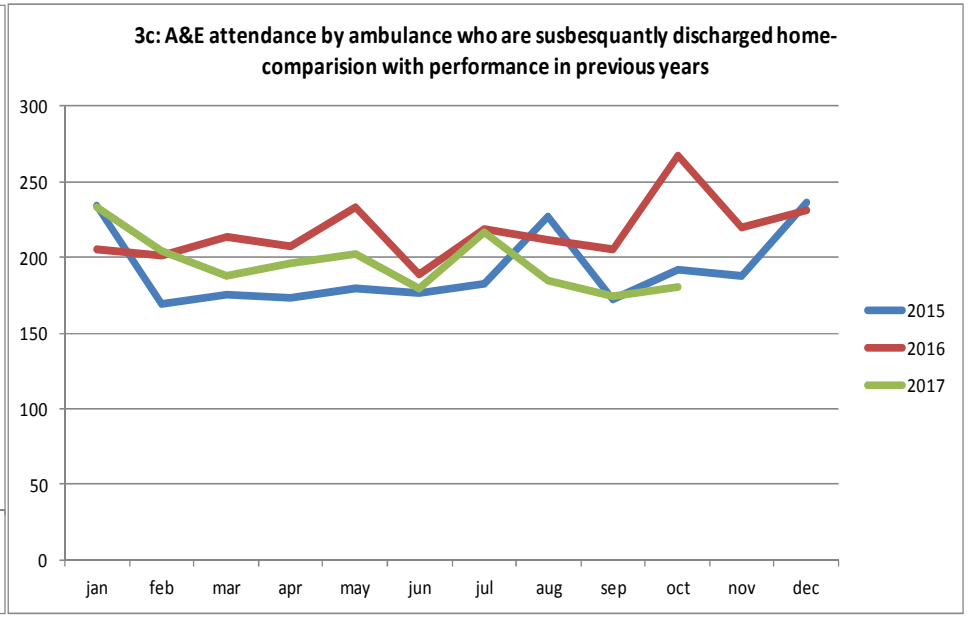
There is seasonally variation apparent in chart 2a.

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



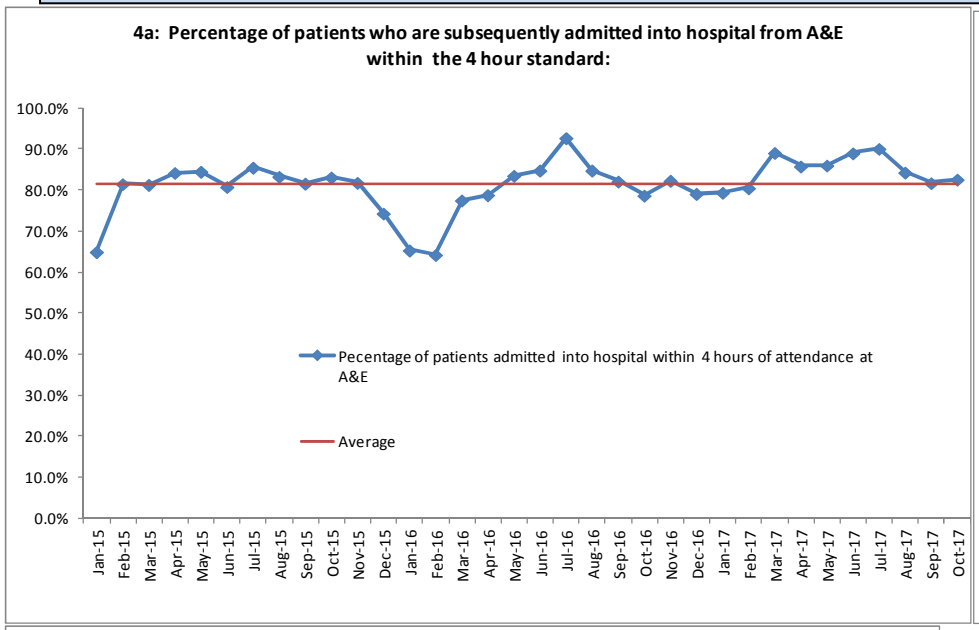


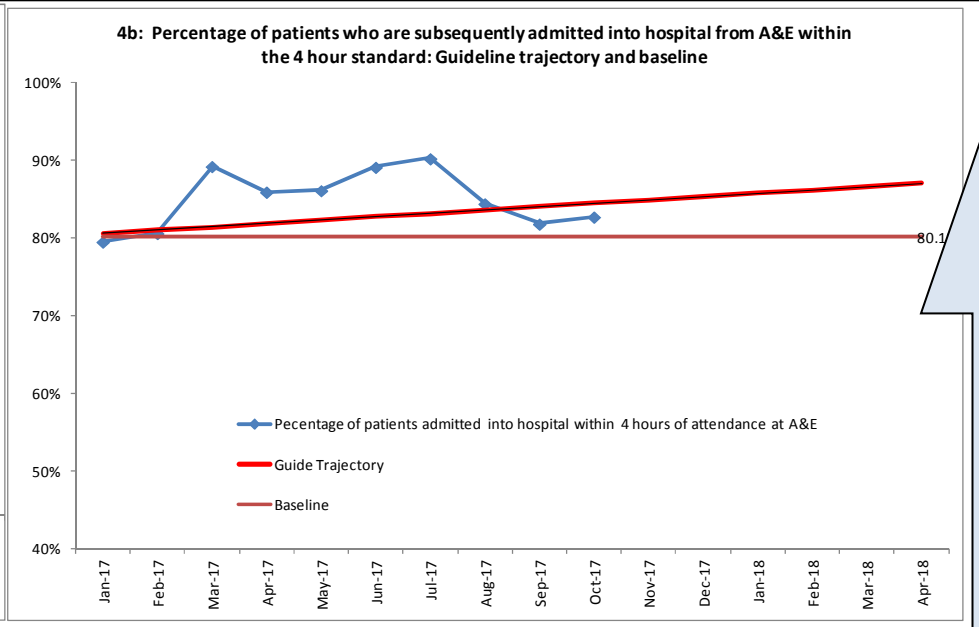
Direction for improvement

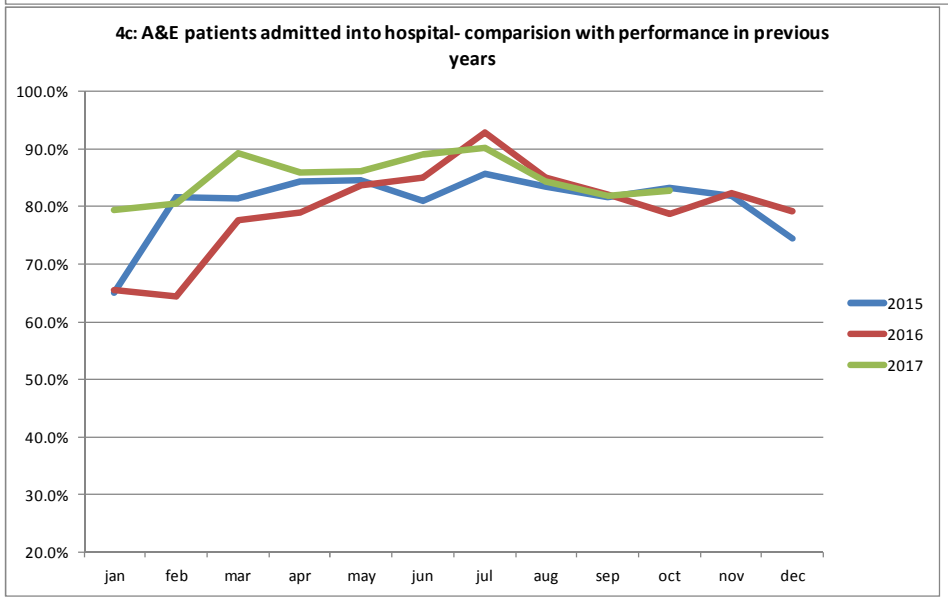
The baseline is 206 patients per month who attended A&E via Ambulance who were subsequently discharged to their place of residence during 2015 and 2016.

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.







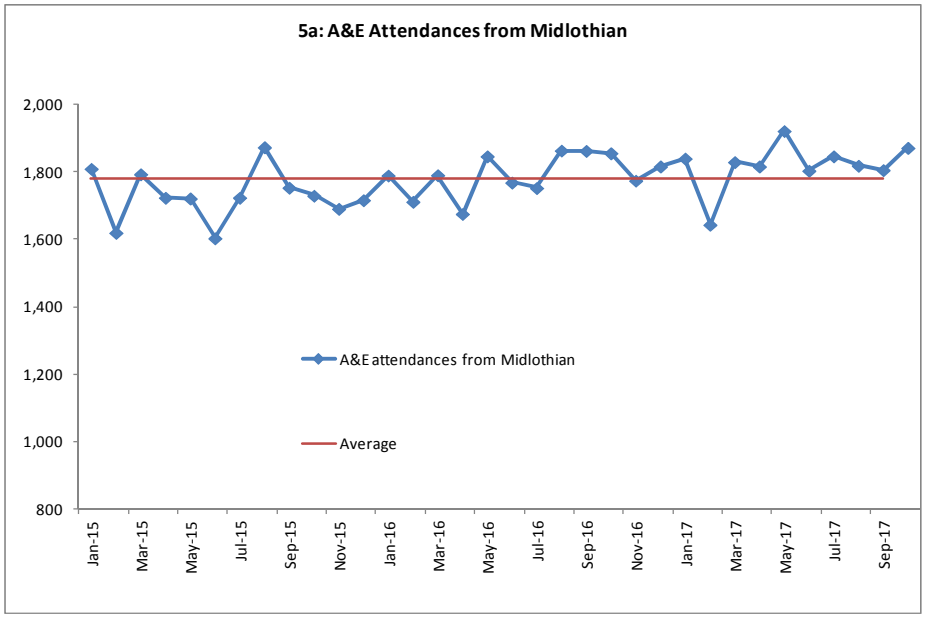
The baseline for this goal is **80.1%** each month which was the average percentage each month during 2015 and 2016 against the 4 hour A&E standard for patients who were subsequently admitted to hospital.

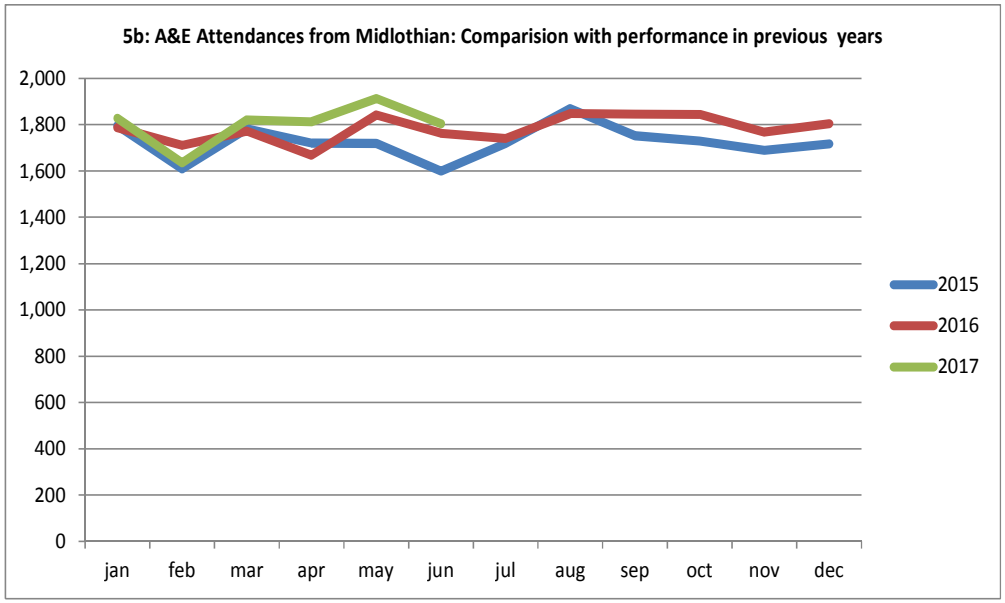
There is seasonally variation apparent in chart 4a.

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

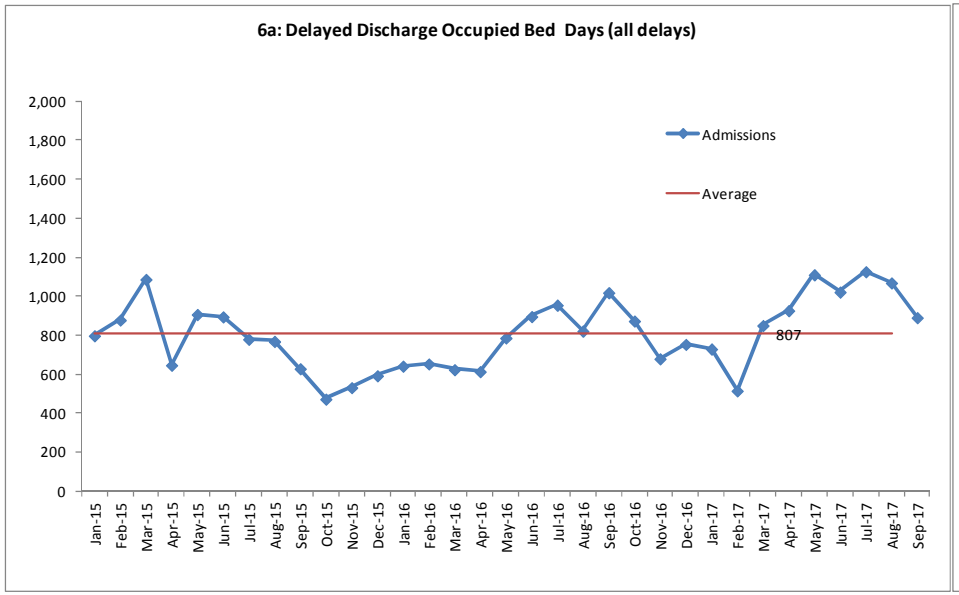


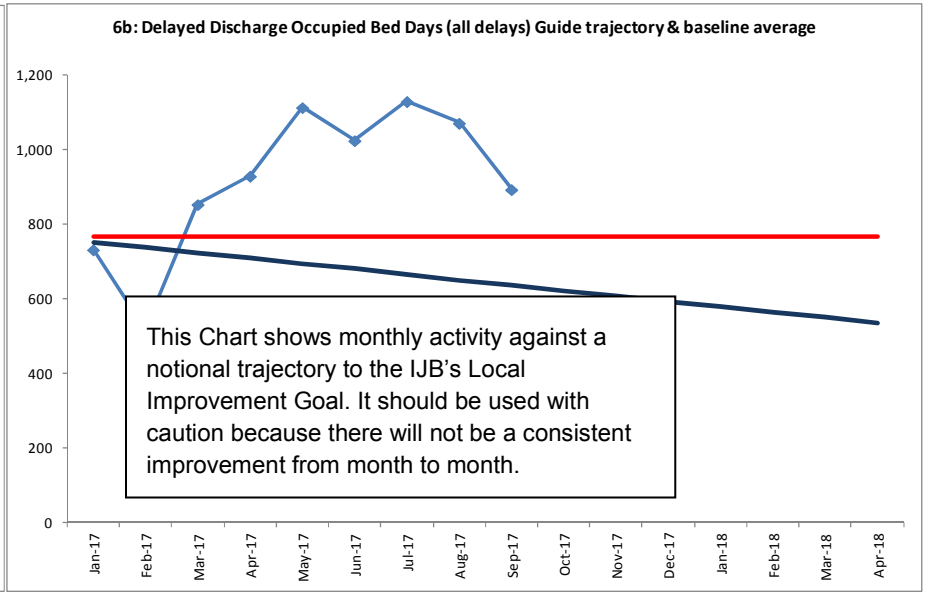


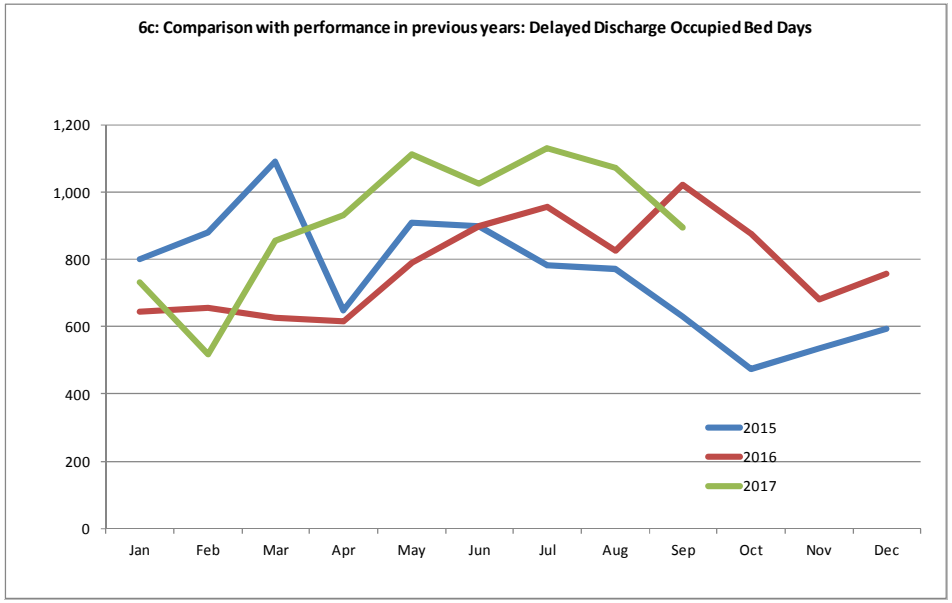
The baseline for this goal is 1,756 A&E attendances which was the average number of monthly attendances in 2015 and 2016.

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

Baseline: 765 delayed discharge OBD





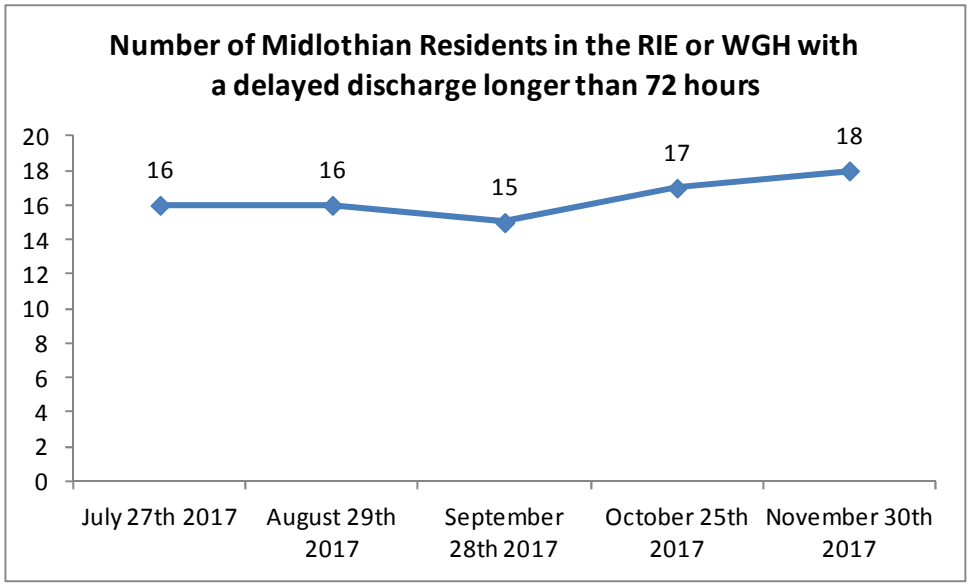


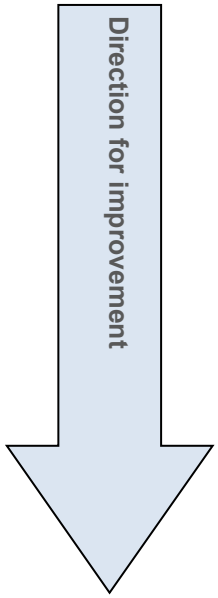
The baseline for this goal is 765 OBD per month. This was average number of occupied bed days per month in 2015 and 2016 as a result of a delayed discharge.

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***	***2016/17***
Midlothian IJB*	***19,172***	***20,498***	***20,961***	***19,473***

** 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

Large Hospital	***2013/14***	***2014/15***	***2015/16***
Midlothian IJB	***2.0%***	***2.1%***	***1.9%***
Care Home			
Midlothian IJB	***6.9%***	***6.7%***	***6.8%***

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

5. Policy Implications

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

6. Equalities Implications

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

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

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

7. Resource Implications

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

7 Risks

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

8 Involving People

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

9 Background Papers

None

AUTHOR'S NAME	Jamie Megaw
DESIGNATION	Strategic Programme Manager
CONTACT INFO	Jamie.megaw@nhslothian.scot.nhs.uk
DATE	03/01/2018

Appendix 1:

Midlothian IJB Local Improvement Goals	Technical information on data used to monitor the goal
1: Reduce unscheduled admissions by 5% by September 2018	• Data Source: TRAK (Oracle Analytical Database), NHS Lothian • Ages Included: 20+ • Hospitals Included: RIE, WGH, STJ, REAS, Liberton, Princess Alexander Eye Pavilion • TRAK Admissions • IJB area of residence: Midlothian • Admission Type: Unplanned
2: Reduce unscheduled hospital occupied bed days by 10% by April 2019	• Data Source: TRAK (Oracle Analytical Database), NHS Lothian • Ages Included: 20+ (report does not allow 18+ to be selected) • Hospitals Included: RIE, WGH, STJ, REAS, Princess Alexander Eye Pavilion, Liberton • IJB area of residence: Midlothian • Admission Type: Unplanned
3: Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home*	• Data Source: NSS Discovery Level 2 A&E Waiting Target Residence • Ages Included: 20+ (report does not allow 18+ to be selected) • IJB area of residence: Midlothian • Arrival Mode: 'Ambulance –Road', 'Ambulance – air', 'ambulance + A&E retrieval tea,' • Discharge Destination: 'Place of Residence'
4: By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard	• Data Source: NSS Discovery Level 2 A&E 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 11 December 2018, 2.00 pm

IJB – Outline Three Year Financial Plan - 2018/19, 2019/20 and 2020/21

Item number:

Executive summary

The IJB requires a multi-year financial plan that will lay out how the IJB will use the financial resources available to it (the budget) to deliver its Strategic Plan. At the IJB's August 2017 meeting its was agreed that an outline financial plan be prepared which would start to lay out both the financial challenges and how these might be resolved over the next three years. This outline financial plan is presented both to inform the IJB's partners of the IJB's plans in financial terms and also to stimulate discussion around the solutions presented. Its important to note that the plan does not differentiate between which partner will deliver services, it simply takes the totality of the resource available to the IJB and employs that resource to deliver the functions delegated to the IJB expressed in terms of 'programmes'

There are three appendices to this paper –

- *An revision of the IJB's financial strategy*
- *An outline financial plan for the next three financial years*
- *NHS Lothian's most recent proposal on the revised IJB budget setting process*

Board members are asked to:

1. *Support the financial strategy*
2. *Support the financial planning model*
3. *Support the continued development of the financial planning model*

1. Purpose

1.1 This paper further develops the IJB's financial strategy and provides a high level outline of the IJB's three year financial plan which has been prepared to support its Strategic Plan.

2. Recommendations

The IJB is asked to:-

2.1 Support the financial strategy and endorse the underlying principles
2.2 Support the financial planning model
2.3 Support the continued development of the financial planning model

3. Background and main report

3.1 The IJB requires to prepare a multi-year financial plan which will lay out how the IJB will resource the delivery of its Strategic Plan. At its October 2016 meeting the IJB was presented with the first iteration of its financial strategy – that is a general set of principles which will underlie the financial plan. A further development of the IJB's financial strategy is attached to this report as Appendix 1.

3.2 At its August 2017 meeting the IJB agreed to draw up a 'straw man' outline financial plan – that is a financial plan laying out a set of propositions which will both inform the partners of the direction of travel and stimulate discussion around the proposed position. Appendix 2 lays out the IJB's indicative three year financial plan.

3.3 There is a difference between the financial strategy and the financial plan. The financial strategy lays out the principles through which the IJB will deliver its financial plan, the financial plan being a statement of what financial resources will be used to deliver the functions that have been delegated to the IJB.

3.4 In terms of operational delivery, its envisaged that the Health and Social Care Partnership will largely be the delivery model for the delegated functions working on the broad premise that any service that can be managed by the partnership should be managed by the partnership.

3.5 That said, in the case of some pan-Lothian health services and specifically the Set Aside services the IJB will have to work with the other Lothian IJBs and NHS Lothian to ensure that the goals in the IJB's Strategic Plan are delivered. Clearly

the IJB needs to understand how its delegated functions managed in the Acute system can be transformed and will work with the Acute management teams to deliver this transformation. This work could be highlighted in a more specific direction to NHS Lothian and this will be considered as part of the 2018/19 direction setting process. Work is underway with NHS Lothian to ensure that a proper financial model exists to allow funds to be transferred from the Acute system as activity is moved into a community based setting.

Financial Context

3.6 Broadly, the financial context is simple. Demand for health and social care services is increasing and the financial (and staffing) resources to deliver health and social care services are decreasing. Demand is driven by improvements in medical technology, increased patient expectation and demographic changes and the UK government's policy of constraining public expenditure has reduced the financial resources available. It is also important to note that health and social care is facing serious staffing shortages – for example it is very difficult to recruit GPs and social care workers.

3.7 It is clear that the current delivery model employed by both Health and Social Care is not sustainable in the longer term and the IJB is committed to changing the service delivery model for health and social care to allow it to live within both the financial envelope and to recognise the current staffing issues.

3.8 Of course, the IJB remains committed to delivering the highest quality of care and to continue to tackle the issue of inequalities. However, achievement of these goals does not necessarily require the expenditure of more money – the IJB will achieve these goals by changing the delivery model of health and social care to a locally managed, locally delivered, integrated services that support the population on a holistic basis. The IJB will also continue to engage with its public and continue to develop the realistic care, realistic expectations programme. This is further explored in the IJB's financial strategy

3.9 At its December 2017 meeting the IJB received a report which was an illustration of the financial challenges and a reflection of the impact of not changing the delivery model. Appendix 3 lays out the financial implications of the 'do nothing' option. This report showed, over the three years additional cost demand of c. £18.7m, and, expressed as a percentage of the IJB's opening baseline for 2017/18 efficiency targets of 5.7% in 2018/19, 4.4% in 2019/20 and 5.2% in 2020/21. Although the Scottish Government has now published its draft budget for 2018/19 work is still underway to revise this model. It is unlikely that the position above will improve.

3.7 In order to address these financial (and operational) challenges the IJB requires a clear financial strategy which will then be used as a basis for the delivery of its financial plan

Financial Strategy

3.8 At its October 2016 meeting, the IJB considered a financial strategy that would underpin its financial plan. In March 2017, the IJB agreed its 2017/18 delivery plan for health and social care. This plan reported on the progress made in

implementing the 2016-19 Strategic Plan and summarises the specific actions planned in 2017-18.

This work will be supported through wide ranging public engagement which will not only explain how the health and social care service delivery is changing but will also engage the public as key elements in the delivery of their own care.

3.8 The IJB has developed a realistic care, realistic expectations model which, through engagement, discusses what health and social care services can appropriately provide and what then is then the expectation of the population.

3.9 The October 2016 financial strategy report presented an overall philosophy and developed some real world examples of how these principles could be (and have been in some cases) applied. The further development of the financial strategy is developed through a range of key themes, these are :-

- Prioritising the Allocation of Resources
- Making more efficient use of resources
- A move from failure demand to prevention
- A move from hospital care or care homes to community based services
- A move to improved quality and access
- A move from working in silos to team working
- A move from reactive to anticipatory care planning

3.10 These themes and, more importantly, examples of how they are being applied to the health and social care services in Midlothian are laid out in more detail in Appendix 1.

3.11 Both NHS Lothian and Midlothian Council have also produced financial strategies. These plans are not really different from that of the IJB in that they both agree that the current service delivery model requires fundamental redesign.

Outline three year financial plan

3.12 Appendix 2 is the first iteration of a high level financial plan for the IJB. This is based on the current information available – that is it prior to the Scottish Government's announcement of their financial settlement for 2018/19 which was made on 14 December 2017. This plan lays out how the IJB would utilise that resource at a high level over the three year period. It is now expected that the operational units will now be required to lay out how they will utilise these resources to deliver the IJB's Strategic Goals. Clearly these operational plans will have to utilise the IJB's overall financial strategies.

3.13 Thus the simple principle behind this financial plan is that the IJB will identify the total resources available to it and then use these resources to deliver its Strategic Plan. The IJB will not plan to spend any more resources than it has available and given the discussion on the pressures arising from the 'do nothing' option (paragraph 3.8 above) this will present significant challenges.

3.14 This process starts with an agreed mechanism through which the IJB agrees the total resources available. The current mechanism by which NHS Lothian and Midlothian Council make offers to the IJB will not change and the IJB will have to undertake financial assurance on the' budget' proposition from the partners however, these proposition will not constitute either health or social care budgets but, as described above, the totality of the resources available to the IJB.

3.15 As before, the IJB will have to decide if the financial propositions from the partners are 'fair' and equitable. NHS Lothian are currently undertaking further work to establish a 'fair share' budget and this process will be more transparent that the current budget setting process. NHS Lothian's most up-to-date position on this work is laid out in a paper that was presented to the Lothian Finance and Resources committee in November 2017. This is attached for reference.

3.16 The Council's budget proposition is simpler in that it is basically the budget for adult social care, although given the principle above the council is actually deciding what resources it will allocate to the IJB having delegated the delivery of social care to the IJB.

3.17 The plan does not differentiate between who will deliver, in operational terms, the functions (presented as programmes in the plan) and the total against each programme also provides an indication in intent – increased investment, continued investment or reduced investment.

3.18 Clearly, given the discussion above regarding the totality of the challenges, even with the application of the changes articulated in the strategic plan there will be financial pressures in individual programmes as (for example) pressures arise from increased pay awards and contractual uplifts along with demand pressures. Against each programme line an indication of the potential pressures in 2018/19 has been made along with a reference back to the strategy which lays out (broadly) how this financial pressures will be managed
.

3.19 The outline plan is based on the assumption of break-even on a year on year basis and although the IJB can create reserves this mechanism has not been considered in this first draft. This plan is really a discussion document in that it shows where the IJB proposes to utilise its financial resources and where it will invest and where it will disinvest. That said, this plan does not, in any meaningful way, propose investments in any programmes. Given the overall constraints in resources it is proposed that the 'best' position in years one to three for a programme is a (relatively) flat settlement.

3.20 The base position in the plan (2018/19) is based on the current operational budgets. Ideally a zero based budgeting exercise would have been undertaken which would have prioritised the overall use of resource and directed the resource accordingly. However, this has not been possible at this time however although the total value for the programme is based on the current budgets this does not mean that individual services budgets will remain the same. The services that deliver each programme will have to deliver the programme using no more that the overall resources for that programme.

3.21 The Management Teams will now have to construct operational budgets that fit the resources envelope expressed in the programmes and this will give them the

opportunity to redesign their services based on the principles that the IJB has articulated in its financial strategic.

3.22 As is described above, the IJB's functions have been gathered into 'programmes'. These programmes are based on those used in local authority planning and reporting with the additional of specific health issues – primary care and set aside. Appendix 2 describes the contents of the programmes

3.23 The IJB was previously presented with the Scottish Government advice on prioritisation. Prioritisation is simply the exercise of deciding which services to support within the constrained resources with those services not prioritised not being supported. This recognises that not every service currently being provided can continue to be provided and the SG advice provides a model to undertake this exercise.

3.24 Its accepted that the 'programmes' are necessarily at a relatively high level and that each programme will, using the principle and models laid out in the financial strategy have to redesign within the resources elements in the plan. Of course, it is also accepted that these overall resource elements are based on the current budgets and not on a fundamental review of how the total resources available to the IJB should be used (and prioritised). This exercise can be carried out in the next financial year to support a revised plan in future periods.

3.23 The plan does not currently recognise any further investments in Health and Social Care as indicated by the Scottish Government in their 2018/19 budget proposition. These elements will be built into subsequent plans once the details have been finalised.

4. Policy Implications

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

5. Equalities Implications

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

6. Resource Implications

6.1 The resources implications are laid out above

7 Risks

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

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.

AUTHOR'S NAME	David King/Tom Welsh
DESIGNATION	Chief Finance Officer/Integration Manager
CONTACT INFO	David.king@nhslothian.scot.nhs.uk
DATE	December 2017

Appendices

1. Financial Strategy
2. Draft outline three year financial plan
3. NHS Lothian – Updating the IJB budget and Cost allocation model

APRIL 2018

FINANCIAL STRATEGY

Midlothian Health and Social Care Partnership

1. Purpose

The IJB and its partners face a significant financial challenge over the next few years. This is driven by a mixture of increasing demand and expectations for health and social care along with a reduction in real terms in the financial resources available. This financial strategy lays out the principles and mechanisms through which the IJB will reduce its cost base whilst managing increases in demand for the care that it delivers.

The IJB will develop a three year financial plan will articulate in financial terms how the IJB will deliver its Strategic Plan and will be based on this overarching financial strategy. It is clear that if no changes are made to the current health and social care delivery model then the cost increase will significantly outstrip any increases in financial resources – this strategy lays out how that financial gap will be managed.

Our Vision

The Midlothian Health and Social Care Partnership's vision is that people will lead longer and healthier lives by getting the right advice, care, and support, in the right place, at the right time.

We aim to achieve this ambitious vision by changing the emphasis of services, placing more importance and a greater proportion of our resources on the approaches described on the right hand side.

The IJB will continue the process of full integration of the services delivery teams, not just between NHS and Council delivered services but also moving pan-Lothian services into the locally managed and locally delivered services. This will generate operational and managerial synergies and should reduce costs, however this will be a step in the redesign of services into the establishment of multi-disciplinary teams delivering care in a community based setting.

Key Changes in Our Use of Resources

2. Prioritising the Allocation of Resources

The IJB will make decisions by reviewing the resources available and prioritising them to achieve the agreed outcomes. Guidance on this process has been issued by the Scottish Government and the themes laid out in this guidance are those that flow through this paper (see appendix 2). These themes are based on a fundamental review of the current use of resources in order to support the redesign of the overall health and social care system. The move of resources should reflect the key strategic aims of the IJB. The key principles guiding this movement are outlined in this report, along with some specific plans which are being developed to achieve the required shifts in expenditure:

3 Making More Efficient use of Resources

There are immediate pressures on the IJB which require action to bring the expenditure in line with the monies now being made available by the Council and NHS Lothian

Social Care: The *Realistic Care Realistic Expectations* Programme is intended to identify significant savings through more efficient and more equitable ways of providing social care services. This is being overseen by the Council Business Transformation Group

Prescribing: In response to major pressures upon the local prescribing budget GPs and the Pharmacy Service are implementing a series of changes to reduce expenditure

Service Integration: The social care and health teams within the Partnership are being joined together into one overall team with a single management structure. This will generate operational synergies and stop 'double doing' – for example multiple assessments etc.

4 Public Engagement

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. A Communication and Engagement Plan in relation to Realistic Care has been developed and is now being implemented. The overall objectives of this communication and engagement plan are to:

- *Inform: People understand the current pressures on social care services in Midlothian and action being taken in response*
- *Inform: Service users and carers understand the specific pressures relating to services they receive*
- *Engage: Social care services understand the experience of service users, carers, the public and partner organisations and what is important to them*
- *Engage: We identify ways to work better together and make changes to our approach*
- *Effective communication and engagement reduces pressure felt by frontline staff*

4 Key Shifts in Our Use of Resources

The financial strategy is based upon the premise that redesigning services as laid out in the Strategic Plan can be funded by moving resources from one model of care to another. Additionally, in time, these shifts in emphasis will result in less costly services.

Move from Failure Demand to Prevention. It has long been accepted that prevention programmes can deliver significant benefits to patients and to the utilisation of health and social care resources. Further development of the prevention principle will be a key part of the IJB's strategy. Much preventative activity is delivered by partners within the broader Community Planning Partnership including employability support services, housing and leisure services. This reflects the findings of the Christie Commission on the future of public services.

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

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

Move to Improved Quality and Access Providing high quality services and enabling quick access to services is likely to lead to reduced costs across the system. People awaiting access to treatment for addiction or to psychological therapies are vulnerable to deteriorating further. People delayed in hospital are more likely to lose their independence skills

Move from Working in Silos to Team Working In order to provide holistic care we need to strengthen our approach to team working. This will be reflected in stronger working arrangements across health, social care and voluntary organisations through joint teams. We will also seek to create more effective working relations between based in local communities

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

5 Workforce

The Midlothian Health and Social Care Workforce Framework is essential to the successful implementation of the Health & Social Care Strategic Plan. The framework will provide a bedrock for the full Workforce Plan, made up of individual Service Plans. This Framework for Workforce Planning will:

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

6 How the Key Shifts will Work in Practice

These plans are being continually developed and strengthened as we explore with staff and with the public about how these changes can be achieved and in a way which ensures long term sustainability. The following are examples of the redesign of health and care services which if implemented effectively will be better for service users whilst also being more realistic than the current models of care both in terms of reducing finances and workforce availability.

The examples provided below are mainly in the services for older people and learning disabilities, our areas of greatest expenditure in social care but the shifts will apply across all aspects of health and care services

Move from Hospital or Care Home Based to Community Based Services

Learning Disability:

Strengthening and improving access to community based services such as Local Area Coordination rather than the default of formal day services by improving access to universal services such as Further Education and Employability.

Older People:

Preventing ill health depends upon strengthening access to opportunities and services which enable people to stay healthy physically and mentally. Working with and in communities is being piloted in Penicuik through the Housebound Project. Stronger partnership working with the voluntary sector will be critical. A key issue in supporting older people is strengthening the opportunities for people to remain socially engaged given the health risks associated with loneliness.

Move from Hospital or Care Home Based to Community Based Services

Long Term Health Conditions

Diabetes services delivered by consultant led teams within the RIE, significant elements of which could transfer to GP practices and community services

Respiratory services being supported and delivered through physiotherapists and anticipatory care nurses, avoiding the need for admission to hospital in managing conditions such as COPD

Learning Disabilities

As Midlothian reduces its reliance upon inpatient beds and other specialist services there will be scope to strengthen community based services to people with complex needs.

Older People

The reliance upon care home services has reduced in recent years, their focus being increasingly on palliative care and dementia. It is vital that alternatives continue to be developed, particularly extra care housing.

The reduction in the reliance upon hospital beds depends upon strengthening services which avoid admission. This in turn requires the release of some resources tied up in acute settings.

Primary Care and the Community Hospital

In order to shift diagnosis and treatment out of hospital into the community there will be a need to strengthen primary care services. The development of Community Nursing, Physiotherapy and Wellbeing services will help reduce the demand upon GPs allowing this shift to take place. There are also opportunities to maximise the facilities at the Community Hospital and this work is underway with the outpatient board. This will be dependent upon developing a better understanding of Midlothian's use of acute hospitals both for inpatient services and treatment clinics and thereafter developing affordable and clinically safe models of care in Midlothian.

Move from Treatment and Support to Recovery and Reablement

Substance Misuse

The shift from treatment to recovery services is most developed in substance misuse and mental health services. Within substance misuse the development of recovery focused services including the Recovery Cafes and the Recovery College have made an important contribution to improved outcomes for individuals There has also been investment in peer support initiatives which recognises the unique contribution of peers and social inclusion in the journey of recovery.

Care at Home

The Reablement service focuses on helping home care clients to regain their daily living skills and reduce their ongoing dependency on care services. At present this approach is confined to a particular group of staff but there is considerable scope to extend this philosophy to all care at home services.

Learning Disabilities

Challenging Behaviour leads to a significant draw upon health and social care resources. Greater investment is needed to support staff to work more effectively with people who present challenging behaviour at home and in day services. This will include achieving a more integrated approach with the NHS Lothian specialist services.

There are a number of people with mild learning disabilities who with support could reduce their reliance upon formal supports through further education, travel training and employability support

Improve Quality and Access

Delayed Discharge

The models of care can result in an inefficient use of resources. One of the most pressing examples is delayed discharge. Delayed discharge consumes resources in the system and delivers no benefit at all to the patients trapped in this process. Work on anticipatory care and hospital at home should support admission avoidance which will strike at some of the root causes of delayed discharge.

Learning Disabilities

Developing new approaches to supporting high levels of need will help ensure the most effective use of both money and workforce. Examples of these include overnight care and one to one support within day services. This work will be underpinned by the Fair Access to Care policy and will, for instance, lead to the development of more shared tenancies working to a set financial cap on care packages.

A number of people are provided with day services in Edinburgh. This wastes money on non-productive transport. Services should wherever possible be provided locally. Some people with mild learning disabilities are supported in expensive services such as Cherry Road. Steps will be taken through individual reviews to ensure people are receiving services appropriate to their needs.

Older People:

The delivery of care at home services in an efficient and yet outcome focused way is challenging. Key issues include effective workforce planning to recruit and retain skilled staff. There is also to organise more efficient models of care which minimise travel time and reduce down time. In relation to care home services shortcomings in quality of care can lead to increased expenditure through Large Scale Investigations and preventable admissions to hospital

Move from Working in Silos to Team Working

This shift is a key driver of the integration agenda aiming to both improve efficiency and more seamless services to individuals

Learning Disabilities

Building on the move to local management of the NHSL Learning Disability Service work is underway to integrate this service with the relevant social work staff.

Older People

Strengthening team working is more challenging in older people's services given the range of staff and services involved. Developments such as MERRIT and the Joint Dementia Team have demonstrated the value of doing so. This must be mirrored at the primary care level, particularly between district nursing and care at home services. The Penicuik Housebound Project may provide some pointers to the way ahead with the possibility that through more efficient team working resources can be freed up.

Primary Care

There is very clear scope for reducing duplication by creating a more coherent joined up approach to the delivery of community nursing nd care at home services. This may include a move towards a more structured model of care coordination which will be tested through the Penicuik Housebound Project

Move from Reactive to Anticipatory Care Planning

Learning Disabilities

The greatest additional demand on expenditure in learning disabilities arises from children moving into adulthood. Transition is a key stage in working with service users and their families to ensure that

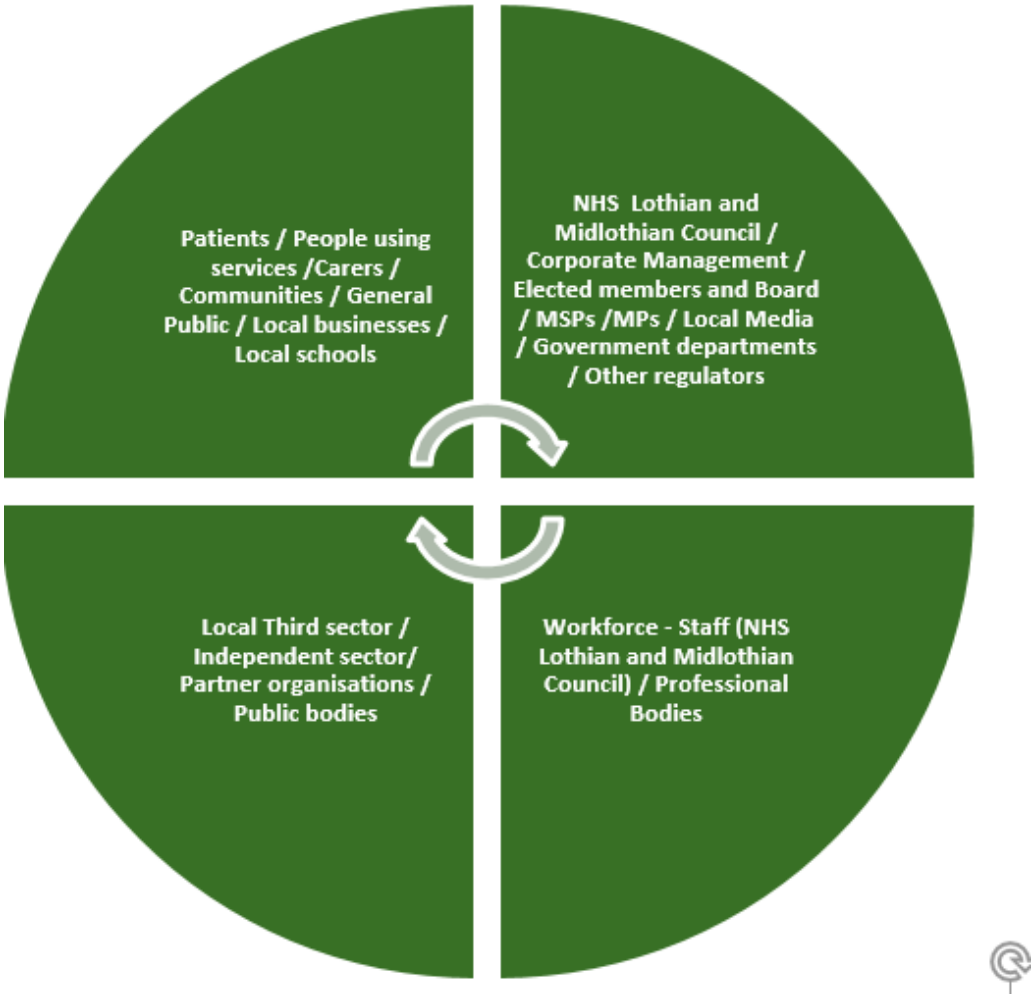
expectations are realistic and t opportunities for independence are planned and maximised as far as possible.

Older People

The value of supporting people to plan ahead has been reflected in the national profile given to developing more holistic approaches to anticipatory care planning; the importance of carers having emergency plans in place; and the promotion of the benefits of Power of Attorney arrangements.

7 Who will make this Strategy Work in Practice

The redesign of health and care services requires the development of a consensus about how we use our limited resources. Inevitably this will pose challenges for decision-makers; staff; partner agencies and people who use services but if we take the time to communicate effectively with one another we will be better placed to reshape our services effectively:



8 Impact of this Strategy if Successfully Implemented

The scale and pace of change required cannot be overestimated. However if we can be brave and think differently about health and care there are strong grounds for trusting that we all stand to benefit> We will place more emphasis upon staying healthy; on recovering; on living well in old age or with long term health conditions; and on being more confident about managing our health now and in future:

Achieving Better Outcomes

Midlothian Integration Joint Board
Three year outline financial plan
2018/19, 2019/20, 2020/21

Midlothian Integration Joint Board

Three year outline Financial Plan 2018/19, 2019/20, 2020/21

1. Introduction

This is the first, draft high level multi year financial plan for the IJB. It shows the totality of the resources that will be available to the IJB and then how the IJB will use these resources to deliver its Strategic Plan.

The use of these resources is laid out on a programme basis and the resources available to each programme in each year shows the intent of the IJB to either invest or disinvest in the overall resources available to each programme.

The operational management teams of the partners will be asked to prepare service budgets that fit into the overall programme envelope. The opening financial plan below is based on the indicative recurrent budgets built up on a service basis, however it may be that the later iterations of the plan will use a zero-based budgeting approach to build up service budgets from scratch but that has not been done at this time.

It should be noted that this plan has been prepared based on the current information provided by the partners which pre-dates the Scottish Government's announcement of their financial settlement for 2018/19. The partners are preparing further information for the IJB to reflect the 2018/19 financial settlement and a further iteration of this plan will be prepared before the end of this (2017/18) financial year

The plan is prepared for the next three financial years and is based on information provided by the partners. That information shows an indicative allocation for the IJB along with a subsidiary analysis of the financial pressures, the financial pressures being pay wards, contractual uplifts and operational pressures. This financial analysis has been used to show an indicative financial pressure in the 2018/19 budget position.

2. Detailed Assumptions.

2.1 The resources available are based on the current status of the partners' financial plans. These do not take account of any additional health resources as indicated by the Scottish Government in their 2018/19 draft budget. The resources are net of client contributions and other income – the IJB has no authority over charges made by either partner.

2.2 The programmes are based on the recurrent service budgets which have been grouped together into programmes, these programmes are described further below. The programmes are services that provide care for that

category of individual and will be provided b y both NHS Lothian and Midlothian Council.

2.3 In principle the budget against each programme indicates the total amount of the resources that the IJB will use to support the delivery of that programme.

2.4 The operational units will be required to lay out delivery budgets that, in accordance with the IJB's financial strategy that will deliver the IJB's delegated functions

2.5 The Primary Care programme consists of :-

- Budgets for the operation of GP Practices across Midlothian (GMS)
- The IJB's share of a range of support to the GMS budgets which is managed on a corporate basis
- Budgets for the GP prescribing

It should be noted that the costs of the delivery of the General Pharmaceutical Services, General Dental Services and General Ophthalmic Services do not have budgets as such and are not included in the Primary Care Programme

3. Financial Plan

3.1 This is the start of an iterative process and the next steps (see below) identify the further work that requires to be undertaken.

3.2 The plan shows the recurrent budgets (expressed in programmes) along with the indicative financial pressures as extracted from the partner's financial planning systems.

3.2 There are, in this plan, apparently no further investments in Primary Care. This is function of this particular model and will not be the case in reality. As the Midlothian population increases, the national formula to distribute the national GMS resource will increase the funds to Midlothian. The Scottish Government has also committed to an increase in Primary Care funding over the next few years of c. £250m nationally. As these funds are made available to the IJB, they will be invested in Primary Care services.

4. Outline Financial Plan

4.1 – Extract from current operational indicating Financial Pressures

Programme	18/19 Budget	18/19 Proj. Exp	18/19 Proj. Variance	19/20 Budget	19/20 Proj. Exp	19/20 Proj. Variance	20/21 Budget	20/21 Proj. Exp	20/21 Proj. Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Older Peoples Services	28,547	29,495	-948	28,996	30,093	-1,097	28,844	30,687	-1,843
Children's Services	1,368	1,429	-60	1,378	1,457	-79	1,388	1,485	-97
Learning Disabilities	15,281	15,678	-397	15,333	15,806	-472	14,985	15,935	-949
Physical Disabilities	3,827	3,724	103	3,831	3,737	94	3,834	3,750	84
Mental Health	8,630	8,860	-231	8,674	9,066	-393	8,651	9,270	-619
Primary Care	31,476	33,926	-2,449	31,485	35,025	-3,541	31,494	36,190	-4,696
Other	8,896	7,988	908	8,990	8,204	786	9,084	8,356	729
Acute Set Aside	17,605	18,833	-1,228	17,716	19,439	-1,722	17,827	20,049	-2,221
Social Care Fund & Integrated Care Fund	6,223	6,336	-113	6,223	6,366	-144	6,223	6,398	-175
Substance Misuse	1,025	1,121	-97	1,051	1,168	-117	1,078	1,216	-139
	122,879	**127,390**	**-4,511**	**123,677**	**130,361**	**-6,684**	**123,409**	**133,335**	**-9,926**

Notes :-

1. The totality of the budget is the totality of the resources available to the IJB per the partners most recent financial plans. A formal financial assurance process will be undertaken to examine the individual offers. These values are indicative.
2. The apparent ‘benefit’ in other is largely the brought forward element of health efficiencies from previous years. These resources will be used as part of the 2018/19 budget setting process

5. Management of Financial pressures

The financial strategy lays out an approach to redesign and this approach will be used to redesign the services in line with the resource envelop as above. However, it can be seen from the first version of the analysis above that the two largest elements of pressure lie within Primary Care and Set Aside.

- The Primary Care pressure is GP prescribing, this being generated by a non-recurrent investment in 2017/18 budget and projected increased growth in future years. The Partnership is working with the Partners to identify if any further recurrent resources are available to underpin this pressure and with GPs who are considering a 'de-prescribing' exercise which will reduce demand and therefore prescribing costs. It may be that further efficiencies will have to be delivered, however, to underpin prescribing resources
- The Set Aside position requires further analysis. Although Set Aside services have a significant staffing element (and therefore cost pressures are generated by pay awards in excess of funding uplifts) there are a further range of pressures which the IJB will require to understand further. The IJB has already directed that it will not support additional investments in Set Aside and it will expect resources (and cost pressures) to be released as the IJB's Acute Bed usage reduces.

6. Programmes

The programmes are as follows and include both health and social care budgets -

- Older People – social care and health services for older people, including beds in the Midlothian Lothian Community Hospital, Care Home beds and district nursing.
- Children's Services – only Health Visiting services are currently delegated to the IJB. These are considered to be the only children's services
- Learning Disabilities – social care and health services for individuals with learning disabilities – much of the health services are currently provided corporately by NHS Lothian (including beds at the REH) although the community element of these services is currently being transferred to the Partnership.
- Physical Disabilities –health services for individuals with physical disabilities largely services delivered on the Astley Ainslie Hospital site
- Mental Health - social care and health services for individuals with mental health issues including acute and rehabilitation beds at the REH.
- Primary Care – this is described above and does not include non-cash limited services (GOS, GPS and GDS)

- Other – costs of management administration and planning and Public Protection and Criminal Justice for the Partnership. The IJB's share of Dental, Dietetics, Arts Therapies, Smoking Cessation, Family Planning and Podiatry services. There are also a range of budgets for the support to voluntary organisations.
- Acute Set Aside – the delegated services are :-
    - A & E (outpatients)
    - Cardiology
    - Diabetes
    - Endocrinology
    - Gastroenterology
    - General Medicine
    - Geriatric Medicine
    - Infectious Disease
    - Management
    - Rehabilitation Medicine
    - Respiratory Medicine
    - Therapies
- Integrated Care Fund /Social Care Fund – although much of the SCF is currently invested in supporting increased service delivery costs (living wage etc), the IJB wished to retain a governance overview of this investment.
- Substance Misuse Services – health and social care services to support those individuals with misuse issues with drugs and alcohol, including MELDAP.

7. Next Steps

As was discussed above this is the start of an iterative process. Ideally the plan should reflect changes in investments and changes in priorities expressed in financial terms with a direction of travel obvious over the period of the plan and showing (if applicable) movements between programmes. The following steps are required :-

- Consideration of the delivery of efficiencies laid out above within the current position
- Consideration of prioritisation of the overall resources available to the IJB.
- Engagement with partners and discussion of any reprioritisation of IJB resources
- Engagement from the operational teams regarding their proposals and agreement to deliver services within the agreed financial envelope.
- Further mapping the revised financial plan onto the directions
- Improved financial monitoring and management in year in terms of cost and delivery

- Improved financial monitoring in terms of outcomes.

NHS LOTHIAN

Finance and Resources Committee
15th November 2017

Director of Finance

UPDATING THE IJB BUDGET AND COST ALLOCATION MODEL

1 Purpose of the Report

1.1 This paper seeks endorsement of the proposal to progress an update to the allocation of budget and cost to each IJB within Lothian using a refined allocation model.

1.2 This paper sets out the following:

- The current arrangements in place to model and allocate NHS Lothian budgets and costs to each IJB;
- The proposed changes to modelling and allocating budget and cost to more fairly reflect the resources delegated to and utilised by each IJB;
- The next steps required in order to ensure these arrangements can be progressed timeously.

2 Recommendations

2.1 The Committee is recommended to:

- **Agree** the principle to explore the modification of the budget setting model based on an NRAC share;
- **Endorse** the proposal to utilise patient level data as a means to ascribe costs to IJBs based on the utilisation of services within their patient population.

3 Discussion of Key Issues

Current Allocation Model

3.1 With the creation of the four IJBs, a budget allocation model was agreed by NHS Lothian through its Finance and Resources Committee in 2015/16, taking effect from 1st April 2016. This model has been the basis of financial reporting throughout 2016/17 and 2017/18. The IJBs accepted the principles within the model on the basis that this would be reviewed again in the future.

3.2 In summary, the extant allocation model identifies budgets associated with delegated functions, and allocates those budgets to IJBs using an appropriate allocation tool:

- For **Core** services, Partnership budgets are allocated in full to the IJB;

- For **Hosted** services (held within a specific Partnership on behalf of all Partnerships), budgets are allocated to IJBs based on appropriate shares, mainly using PCNRAC;
- For **Set Aside** services (those services operationally managed within Acute services but are functions delegated to the IJB), the same principle is applied as that used for Hosted Services.

3.3 PCNRAC is a derivative of the National Resource Allocation Committee model utilising information from Practice list sizes. Where delegated functions contain services that are used by the wider Lothian population, PCNRAC is a tool which can allocate shares of budget to the IJBs on the following basis:

- Edinburgh 57%
- East Lothian 12%
- Midlothian 10%
- West Lothian 21%

3.4 For costs, the same allocation principles apply. Therefore if PCNRAC is used to allocate a budget in a cost centre, the same PCNRAC calculation will be applied to the expenditure against this budget heading.

3.5 Chief Finance Officers have been fully involved in the construction of the model, and continue to participate in the refinement of allocations. They are also supportive of the principle to modify the model as set out in this paper, although remain concerned with the potential turbulence that a refinement to the model may cause, highlighting a requirement to have measures in place to protect IJBs from any volatility.

Challenges of the Current Allocation Model

3.6 Whilst the current model has been useful in supporting agreements around budget setting, financial planning and reporting financial performance in the early years of the IJB, there is recognition that the model would benefit from enhancements, both in relation to the allocation of budgets to the IJB, and distribution of cost.

3.7 NHS Lothian currently receives its allocation from the Scottish Government on an NRAC basis. The current IJB allocation model applies a split which is essentially historical in nature and does not take a holistic view when considering budget allocation. For example, budgets for Core services are allocated directly to each IJB without any consideration of the relative size of those budgets.

3.8 The latest information on NRAC shares at an IJB level in 2017/18 (based on the latest IJB data) are:

- Edinburgh 56.16%
- East Lothian 12.36%
- Midlothian 10.61%
- West Lothian 20.87%

3.9 One of the key tasks of the IJB is to strategically plan healthcare provision for its patient population. To do this, the IJB also needs good information on how its patient group currently utilise services across Lothian. The current cost allocation model does not distinguish this.

3.10 Given the current model has been in situ for two years giving IJBs time to settle, it is now an appropriate time to review the allocation principles with the aim of making it more responsive to IJB requirements, whilst recognising those concerns raised around system turbulence.

A new approach to setting budget and allocating actual cost to IJBs

3.11 It is now proposed that a review to the allocation model be undertaken to provide more robust budget and cost information to the IJBs. The proposal breaks down as follows:

- **Budgets** – The allocation model would be revised to recognise proportionate shares of the total resource included within delegated functions. This would result in an NRAC share of Core, Hosted and Set Aside budgets being allocated to each IJB;
- **Costs** – Patient level data would be used to create a new proxy for resource utilisation where possible. Costs associated with a specialty would be split across each IJB based on an appropriate usage related weighting, such as occupied bed days for a ward cost. It is recognised that patient level data may not be available across all services, and where this is unavailable an agreement to use NRAC to split actual cost will be pursued as an interim measure.

3.12 Allocating costs to an IJB on the basis of usage would reflect the use of services from the relevant population and would allow a better understanding of how resources should be deployed in the future.

3.13 It is important that any budget and cost allocation model is clearly understood by both NHSiL and each IJB. The model requires to be tested and any turbulence caused by this change of approach understood and, if required, a transition plan prepared and agreed. Any issues relating to specific budgetary areas within IJBs which may render the application of an NRAC approach inappropriate will also need to be reviewed. Any model revision must also consider the consequent strategic and operational arrangements to support the delivery of the services, and the ongoing reporting support required. And finally the model needs to be agreed by the IJBs.

3.14 Timescales for the implementation of any new model will be dependent on a number of factors, and it is not currently expected to have the new arrangements agreed and in place for the 2018/19 financial year.

Next Steps

3.15 Following agreement by the F+R committee and subsequent support from each IJB, a number of strands of work will be progressed:

- Application and review of NRAC shares to overall delegated (and agreed) budgets;
- Application of Patient level data to delegated costs to provide an updated share of resources;
- Agreement on the arrangements for monitoring performance;
- Agreement with the IJBs on any interim arrangements required to mitigate against turbulence created from the new model;
- Agreement on the protocols for budget reallocation based on IJB requirements.

4 Key Risks

4.1 There is a risk that the development of budget and actual models do not provide sufficient detail to allow an accurate understanding of the use of resources at IJB level. There is also a risk that the output will create too much potential turbulence that the model cannot be agreed.

5 Risk Register

5.1 At this stage, no further updates need to be added to the Risk Register. This will be reviewed following the conclusion of the modelling process.

6 Impact on Inequality, Including Health Inequalities

6.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper. This will require to be reviewed from any follow up work required.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 As this particular paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

8 Resource Implications

8.1 There are no resource implications arising specifically from this report.

Andrew McCreadie
Head of Management Accounting
2nd November 2017
andrew.mccreadie@nhslothian.scot.nhs.uk

Thursday 11 January 2018

The General Medical Services Contract in Scotland

Executive summary

Item number:

The purpose of this report is to provide the Integration Joint Board (IJB) with a brief summary of the new General Medical Services (GMS) Contract proposals and timescales and a proposal for implementation arrangements.

Board members are asked to:

1. *Note the key content in the proposals for the new General Medical Services Contract in Scotland.*
2. *Support the model for implementation as set out in the paper.*

The General Medical Services Contract in Scotland

1. Purpose

1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with a brief summary of the new General Medical Services (GMS) Contract proposals and timescales and a proposal for implementation arrangements.

2. Recommendations

2.1 Note the key content in the proposals for the new General Medical Services Contract in Scotland

2.2 Support the model for implementation as set out in the paper

3. Background and main report

3.1 The Scottish Government and the Scottish General Practitioners' Committee of the British Medical Association have agreed the proposed terms of the 2018 General Medical Services contract offer (Blue Book). (Appendix 2)

3.2 The contract is part of the Scottish Government's plans to transform primary care services in Scotland. A brief initial summary of the sections of the Blue Book is attached. (Appendix 3)

3.3 A co-produced *draft* Memorandum of Understanding (MOU) between the Integration Authorities (IA), the Scottish General Practitioners' Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government is being developed setting out an agreed approach that, if accepted by the profession, will support the implementation of the General Medical Services (GMS) contract in Scotland from April 2018. (Appendix 4)

3.4 A national code for GP Premises sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GPs providing their practice premises. (Appendix 5)

3.5 A poll of the profession will inform a vote on the contract proposals, the outcome of which will be known on 18 January 2018.

3.6 The key principles in the proposals are:

- A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises.

- A new workload formula for practice funding and income stabilisation for GPs.
- Reducing GP workload through HSCPs employing additional staff to take on roles currently carried out by GPs.
- Reducing risk to GPs through these measures.

3.7 Overall the Scottish Government has committed at least £250m over the next four years to the implementation of the contract. The financial offer to GPs is to be set out in two phases with a vote on each. In phase 1 a new allocation formula has been developed which is intended to be more representative of GP workload. £23m will be used in 2018/19 to fund all practices up to the level of the formula (all GP practices have been provided with information as to how this affects them). Practices currently earning more will be protected. In Phase 2 (subject to another vote) a minimum income guarantee for a full time GP will be introduced along with reimbursement of practice and premises expenses.

3.8 The funding will also be used to fund HSCP and NHS Board implementation of their responsibilities including development and employment of additional staff, meeting same day demand, transferring vaccinations, pharmacists and links workers.

3.9 The premises code essentially sets out a programme that aims over time to remove the need for GPs to own their own premises or to lease from private landlords. These responsibilities will shift to NHS Boards. £40m has been set aside for the next four years to provide interest free loans to resolve premises issues that are affecting practice sustainability and preventing growth.

3.10 While the 2018 GMS contract is aimed at providing robust and sustainable in-hours GP services it is vital that it does not deliver any unintended consequences for the current fragile GP out of hours service. The contract includes an “opt in” rather than an “opt out” for out of hours. This could be an area of risk. The National GP Out of Hours Operations group will work with the Scottish Government, SGPC, IJBs and NHS Boards to ensure that any uncertainty about how the new contract will affect out of hours and patient access to 24/7 care is resolved quickly.

3.11 Should the proposals go ahead there will be the need for an integrated implementation plan across NHS Lothian for the delivering the GMS contract in Scotland. The contract proposal sets out the responsibilities of the NHS Board, HSCPs and the GP Sub Committee. Each HSCP will be required to develop a Primary Care Improvement Plan as part of their Strategic Planning processes and this will be implemented alongside the NHS Board arrangements for delivering the contract. All the plans are to be developed collaboratively with advice and support from GPs and explicitly agreed with the GP Sub-Committee of the Area Medical Committee (and in the context of the arrangements for delivering the new GMS contract explicitly agreed with the Local Medical Committee) and be in place by the end of July 2018.

3.12 The new contract sets out complex changes that will have to be negotiated and managed at both HSCP and NHS Board level over the next three years. The

existing infrastructure in the Board, HSCPs and GP Sub Committee is inadequate for this task.

3.13 A proposed structural approach to the implementation of the contract is set out at Appendix 1. The roles of the parts of the system are summarised in the appendix.

3.14 It is proposed that the each Chief Officer should be a member of the Oversight Group and that it be co-chaired by Chief Officer/GP Sub Committee/NHS Lothian Director.

3.15 Subject to discussion with the GP sub-committee, it is proposed that the GP sub-committee members should comprise the chair and a member from each HSCP in order to ensure strong local connections for the GP sub-committee. The local member would work closely with each HSCP's GP engagement structures and primary care planning structures.

3.16 It is proposed that a role of Director of Primary Care Contract Implementation is established in NHS Lothian in order to lead this process. It is likely that additional resources will also be required in the HSCPs, the PCCO and the Finance function to support this work.

3.17 The Director would work on behalf of all stakeholders and the costs would be top sliced from the total resources available to implement the contract from 2018 to 2021

3.18 It is proposed that following IJB and GP Sub Committee discussions the proposed implementation approach will be presented to the NHS Board in February 2018.

4. Policy Implications

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

5. Equalities Implications

5.1 No impact assessment has been carried out on the issues discussed in this paper however the final Primary Care Implementation Plan will be subject to a full Integrated Impact Assessment.

6. Resource Implications

6.1 There will be resource implications in terms of implementing the 2018 GMS contract. The intention is that the detail of this is worked up over the coming weeks. It is proposed that these costs are funded from within the total resources available for contract implementation.

7 Risks

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

8 Involving People

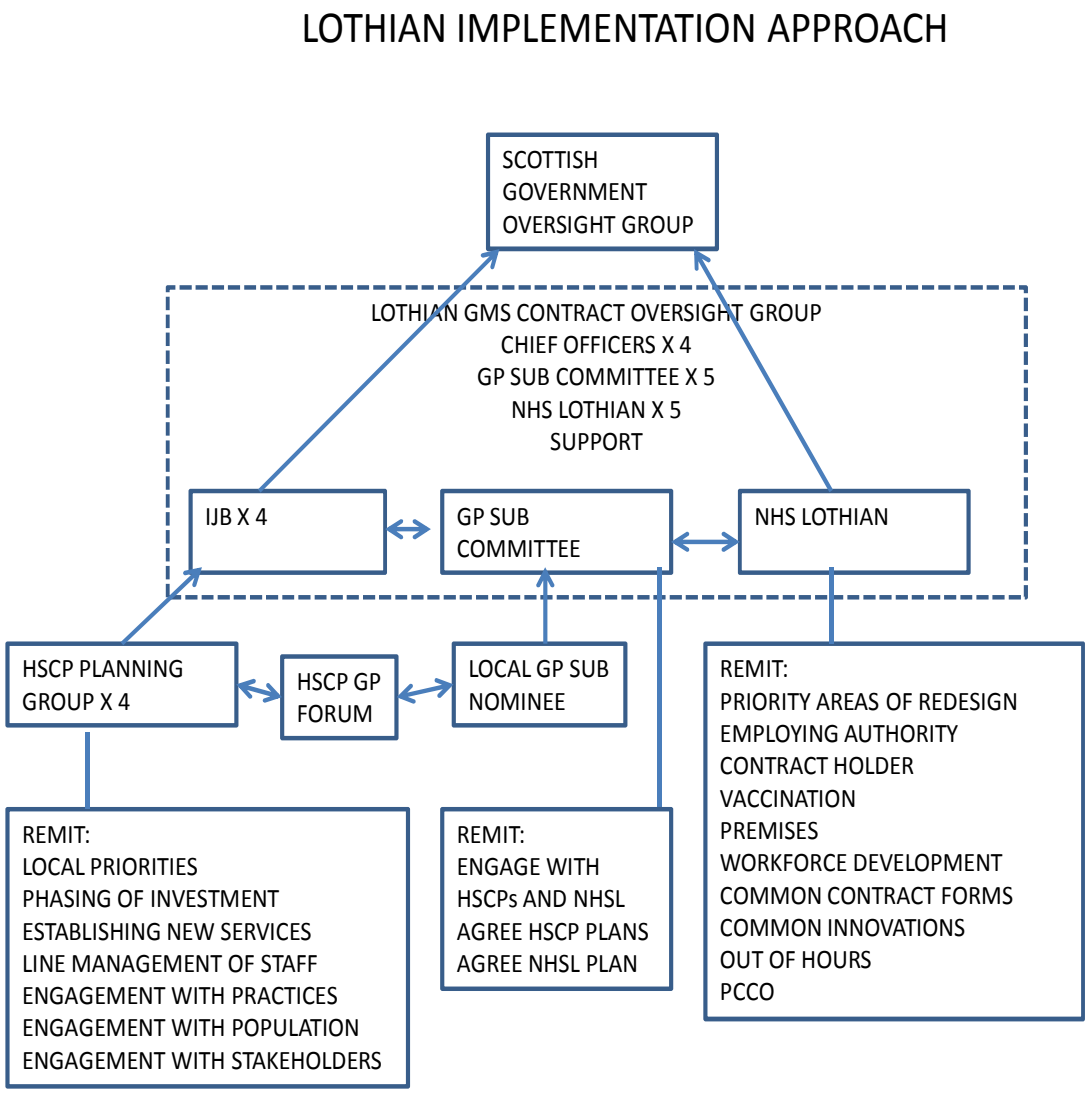
8.1 The IJB has discussed the issues in primary care and approved primary care priorities. These have been developed together with the GP involvement structures. A number of papers relating to primary care have been discussed and supported with a wide range of stakeholders at the Primary Care Forward Group, Primary Care Joint Management Group, NHS CMT, NHS Healthcare Governance Committee and NHS Board.

8.2 Going forward HSCPs will be responsible for local engagement and the NHS Board for Lothian wide engagement.

9 Background Papers

Appendix 1: Proposed implementation structure
Appendix 2: Contract offer http://www.gov.scot/Publications/2017/11/1343
Appendix 3: Summary of sections of the Blue Book
Appendix 4: Draft MOU http://www.gov.scot/Resource/0052/00527517.pdf
Appendix 5: Premises Code http://www.gov.scot/Resource/0052/00527533.pdf

AUTHOR'S NAME	Allister Short
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3605
DATE	27 December 2017


LOTHIAN IMPLEMENTATION APPROACH
SCOTTISH GOVERNMENT OVERSIGHT GROUP
LOTHIAN GMS CONTRACT OVERSIGHT GROUP
CHIEF OFFICERS X 4
GP SUB COMMITTEE X 5
NHS LOTHIAN X 5
SUPPORT
IJB X 4
GP SUB COMMITTEE
NHS LOTHIAN
HSCP PLANNING GROUP X 4
HSCP GP FORUM
LOCAL GP SUB NOMINEE
REMIT:
LOCAL PRIORITIES
PHASING OF INVESTMENT
ESTABLISHING NEW SERVICES
LINE MANAGEMENT OF STAFF
ENGAGEMENT WITH PRACTICES
ENGAGEMENT WITH POPULATION
ENGAGEMENT WITH STAKEHOLDERS
REMIT:
ENGAGE WITH HSCPs AND NHSL
AGREE HSCP PLANS
AGREE NHSL PLAN
REMIT:
PRIORITY AREAS OF REDESIGN
EMPLOYING AUTHORITY
CONTRACT HOLDER
VACCINATION
PREMISES
WORKFORCE DEVELOPMENT
COMMON CONTRACT FORMS
COMMON INNOVATIONS
OUT OF HOURS
PCCO

Appendix 3

Main points from each section of the contract offer

1. THE ROLE OF GPs IN SCOTLAND – EXPERT MEDICAL GENERALISTS

Key Points

- The GP as expert medical generalist will focus on undifferentiated presentations, complex care and quality and leadership. All are equally important.
- GPs will lead and be part of an extended team of primary care professionals.
- GPs will have more time to spend with the people who need them most.

2. PAY AND EXPENSES

Key Points

- A new practice income guarantee will operate to ensure practice income stability.
- A new funding formula that better reflects GP workload will be introduced from 2018 with additional investment of £23 million.
- A new minimum earnings expectation will be introduced from 2019.

3. MANAGEABLE WORKLOAD

Key Points

- GP and GP Practice workload will reduce.
- New staff will be employed by NHS Boards and attached to practices and clusters.
- Support for redesign of services for urgent and unscheduled care (to reduce GP workload)
- Paramedic home visiting service
- Additional professional clinical services including acute MSK physio and CMHN service
- Priorities include *pharmacy support* in practices and *vaccinations transfer.*
- Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
- There will be national and local oversight of service redesign and contract implementation involving SGPC and Local Medical Committees.
- OOH – move to an opt in service for practices that chose to provide out of hours
- Enhanced Services – no expansion but no major changes to existing

4. IMPROVING INFRASTRUCTURE AND REDUCING RISK

Key Points

- The risks associated with certain aspects of independent contracting will be significantly reduced.
- GP Owned Premises: new interest-free sustainability loans will be made available, supported by additional £30 million investment over the next three years.

- GP Leased Premises: there will be a planned transition to NHS Boards leasing premises from private landlords
- New information sharing agreement, reducing risk to GP contractors.

5. BETTER CARE FOR PATIENTS

Key Points

- The principles of contact, comprehensiveness, continuity and co-ordination of care for patients underpin the proposals.
- GP time will be freed up for longer consultations where needed – improving access for patients.
- There will be a wider range of professionals available in practices and the community for patient care.

6. BETTER HEALTH IN COMMUNITIES

Key Points

- GPs will be more involved in influencing the wider system to improve local population health in their communities.
- GP clusters will have a clear role in quality planning, quality improvement and quality assurance.
- Information on practice workforce and activity will be collected to improve quality and sustainability.

7. THE ROLE OF THE PRACTICE

Key Points

- General practice nursing will continue to have a vital role under the proposed new contract.
- There will be new enhanced roles for practice managers and practice receptionists.
- In addition, a number of clarifications and improvements to the underpinning GMS and Primary Medical Services (PMS) regulations will be made.

Thursday 11 January 2018, 2.00 pm

Carers (Scotland) Act 2016

Executive summary

Item number:

The paper sets out the requirements for the need to review the Midlothian Integration Scheme as a result of the Carers (Scotland) Act 2016.

Board members are asked to:

1. *Note the requirement to review the Integration scheme as a result of the Carers (Scotland) Act 2016 coming in to force on 1 April 2018, which places some new duties on Integration Joint Boards, for both adult and children's services.*

2. *Note that NHS Lothian has since written to the Chief Executive of Midlothian Council setting out the intention to work collectively to review the Integration scheme.*

3. *Agree that the focus of the review should be on the required adjustments arising from the Carers Act.*

4. *Note and agree that the request asking for the revised Integration schemes being presented back to Scottish Government by 2 March 2018 is not achievable and that NHS Lothian will advise Scottish Government accordingly of an appropriate timeline.*

Carers (Scotland) Act 2016

1. Purpose

1.1 The paper sets out the requirements for the need to review the Midlothian Integration Scheme as a result of the Carers (Scotland) Act 2016.

2. Recommendations

2.1 Note the requirement to review the Integration scheme as a result of the Carers (Scotland) Act 2016 coming in to force on 1 April 2018, which places some new duties on Integration Joint Boards, for both adult and children's services.

2.2 Note that NHS Lothian has since written to the Chief Executive of Midlothian Council setting out the intention to work collectively to review the Integration scheme.

2.3 Agree that the focus of the review should be on the required adjustments arising from the Carers Act.

2.4 Note and agree that the request asking for the revised Integration schemes being presented back to Scottish Government by 2 March 2018 is not achievable and that NHS Lothian will advise Scottish Government accordingly of an appropriate timeline.

3. Background and main report

3.1 On 17 November, Alison Taylor, Head of Integration Division, Scottish Government, wrote to Chief Executives (of NHS Boards and Local Authorities) and IJB Chief Officers setting out the implications of the new Carers (Scotland) Act 2016 (Appendix 1). The new legislation, which comes in to force on 1 April 2018, introduces new duties, some of which are delegated to Integration Joint Boards (IJB). Where children's services have been delegated to an IJB, the responsibility for young carers will also sit with the IJB.

3.2 Within Midlothian, whilst children's services within the Council have not been delegated to the IJB, Health Visiting and School Nursing within NHS Lothian have been delegated. The introduction of the new legislation may potentially impact on the development of young carer's statements for pre-school children as NHS Boards are the responsible authority for these young carers. Therefore, this will need to be given consideration within the Midlothian integration scheme.

3.1 As a result of the new Act, there is a requirement under the legislation to review the current Integration scheme previously agreed by the Council, NHS Board and Scottish Ministers in 2015. The Chief Executive of NHS Lothian has written to Midlothian Council Chief Executive giving notice to start the review process.

3.2 Given that the Integration scheme was submitted less than 3 years ago, the main purpose of the review will be to focus on the legislative change brought about by the new Act rather than a systematic review of the Integration scheme. In line with previous arrangements, the review will be subject to public consultation and governance sign-off by each Partner. Therefore, it is not feasible for these processes to be completed by the requested date of 2 March and NHS Lothian had contacted Scottish Government to inform them of this and to agree and appropriate timeline.

3.3 A further update on progress will be presented at a future IJB meeting.

3.4 It is worth noting that the IJB received a detailed report and updated Carers Strategy at the meeting on 7 December which highlighted the impact of the new legislation and Midlothian, along with its partners, is well placed to respond and meet the requirements within the new Act.

4. Policy Implications

4.1 The legislative change supports the overall commitment to Carers within the IJB.

5. Equalities Implications

5.1 The aim of the legislation is to provide additional support to Carers.

6. Resource Implications

6.1 The main resource implications will be through the allocation of staff time to progress the review process and this will be managed within existing resources.

7 Risks

7.1 The timescales associated with the legislative framework are challenging, along with the need for public consultation and Partner governance processes.

8 Involving People

8.1 There is a requirement to consult on the revised Integration scheme and this will be progressed as part of the overall process.

9 Background Papers

Appendix 1: Letter from Alison Taylor, Scottish Government

AUTHOR'S NAME	Allister Short
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3605
DATE	3 January 2018

Health and Social Care Integration Directorate
Integration Division

T: 0131-244 5453
E: Alison.taylor@gov.scot

NHS Chief Executives
Local Authority Chief Executives
Chief Officers of Integration Authorities

Our ref: IAscheme-CA2016

17 November 2017

Dear Colleagues,

CARERS (SCOTLAND) ACT 2016 - IMPLEMENTATION

As you know, the Carers (Scotland) Act 2016 (the Carers Act) comes into effect on 1 April 2018. Implementation of the Act has implications for Integration Authorities, Local Authorities and Health Boards, as new duties come into force and are delegated. This letter provides an update on timing for the changes coming into force and outlines changes that Health Boards and Local Authorities need to put in place in their Integration Schemes.

The Carers Act is designed to support carers' health and wellbeing and to help make caring more sustainable. All Integration Authorities are already responsible for support to adult carers as part of their responsibilities for adult social care. Where children's services are also delegated, responsibility for support to young carers also sits with the Integration Authority. In order to implement the Carers Act, the Scottish Government must incorporate provisions stemming from the Carers Act into those regulations that support the Public Bodies (Joint Working) (Scotland) Act 2014 that relate to functions for delegation. Once changes to the regulations have been made, Health Boards and Local Authorities, working with Integration Authorities, need to amend their Integration Schemes to take account of the new provisions.

To date we have made an amendment through the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017, which covers Section 21 of the Carers Act and places a duty on Integration Authorities to set local eligibility criteria for carer support in relation to adult services and where appropriate the delegated functions relating to children's services.

We have now laid two further statutory instruments with the Scottish Parliament to accommodate the remaining necessary changes. The instruments lie in Parliament for 40 days and, subject to parliamentary approval, will come into force on 18 December 2017, at which point you will be able to start work on amending your Integration Schemes. The two instruments are:

- The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No 2) Regulations 2017, which identifies a number of functions that *must* be delegated. In line with requirements on integration, the requirement to delegate these functions only extends to adult social care. Delegation of these functions with respect to children's social care remains a matter for local discretion.

- The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland Amendment Regulations 2017, which identifies functions that *may* be delegated.

For further details, see the regulations and the associated policy notes attached to the covering email to this letter.

In order to accommodate these changes, Health Boards and Local Authorities will need to amend their Integration Schemes to include the new duties put in place by the Carers Act for delegation to Integration Authorities. As per the process when Integration Schemes were originally written, Health Boards and Local Authorities will need to ensure that stakeholders identified within The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 are informed of the proposed changes. Following this process and appropriate approval by the Health Board and Local Authority, revised Integration Schemes should be submitted to Scottish Ministers via this division for their approval. We would ask that revised Integration Schemes are submitted to Scottish Government no later than 2 March 2018.

Once the process for reviewing Integration Schemes is completed, Integration Authorities will need to consider the implications of these new duties in the context of their overarching strategic commissioning plan. We anticipate that any changes to the strategic commissioning plan will be incorporated incrementally as part of the local, ongoing, planning process.

If you have any questions in relation to this process, I would be grateful if these could be directed to Brian Nisbet – brian.nisbet@gov.scot,

Yours faithfully

Alison Taylor

Alison Taylor
Head of Integration Division

Thursday 11 January 2018, 2.00 pm

Regional Planning – Health & Social Care Delivery

Executive summary

Item number:

The purpose of this paper is to update the Midlothian IJB on the progress being made in developing a regional plan for health and social care in the East region of Scotland and to seek agreement to support a regionalised approach to diabetes prevention.

Board members are asked to:

1. *Note the progress to date on developing and implementing the Health & Social Care Delivery Plan in the East region in relation to primary, community and social care.*

2. *Note and comment on the work being done, led by Scottish Borders, to establish an East of Scotland Diabetes Prevention Partnership.*

3. *Agree that Midlothian IJB supports the establishment of a regional approach to the Diabetes Prevention Partnership and to confirm our commitment to being involved in this Partnership.*

Item 5.5

Regional Planning – Health & Social Care Delivery

1. Purpose

1.1 The purpose of this paper is to update the Midlothian IJB on the progress being made in developing a regional plan for health and social care in the East region of Scotland and to seek agreement to support a regionalised approach to diabetes prevention.

2. Recommendations

2.1 Note the progress to date on developing and implementing the Health & Social Care Delivery Plan in the East region in relation to primary, community and social care.

2.2 Note and comment on the work being done, led by Scottish Borders, to establish an East of Scotland Diabetes Prevention Partnership.

2.3 Agree that Midlothian IJB supports the establishment of a regional approach to the Diabetes Prevention Partnership and to confirm our commitment to being involved in this Partnership.

3. Background and main report

3.1 Following the production of the NHS Scotland Health and Social Care Delivery Plan, work has been progressing to address the regional aspects set out within the document, with Regional Programme Boards having been established to oversee this work. The Midlothian IJB is within the East Region, which is made up of three health boards, six local authorities and six Integration Joint Boards. It covers 10% of the Scottish landmass (7,781 km^2) and has 25% of the Scottish population. There are an estimated 1.36 million people resident in the region.

3.2 A key focus for the approach within the East Region is that it should be whole-system, from prevention through primary, community, social and secondary care. A programme board has been established, chaired by Tim Davison (Chief Executive of NHS Lothian) covering a range of workstreams including acute services, business support, population health and primary, community & social care. This Programme Board meets monthly and has representation from all of the key partners within the area.

3.3 There is further work being progressed to consider what can best be delivered at a national level, which includes work with NHS 24 and the Scottish Ambulance Service on demand management and also programmes of work on digital technology and wider recruitment, retention and employee experience. This is a separate area of work but will contribute to the regional planning agenda across Scotland.

3.4 It is important to acknowledge that Regional Planning does, to an extent, run counter to the development of the IJBs, which have a specific focus on locality working and being responsive to local needs. Therefore, there is need to ensure that planning on a regional basis adds value and supports what is delivered locally. A diagram setting out the interconnectedness across the different planning forums is set out at Appendix 1.

3.5 In taking forward this approach with the 6 IJB Chief Officers, key themes and programmes of work have been identified and work is underway to refine and prioritise these workstreams:

- **Public Health**: Diabetes, Obesity, Public Health work, identifying regional inequalities, physical activity.
- **Collaborative Commissioning on Social Care**: Care at Home (contract management, care costs, protocol development for assessment), National Care Home Contract (capacity support for IJBs, market stability, cost control).
- **Mental Health:** specialist commissioning (out of area, thresholds, pathways, placements), prevention and early intervention (eCBT, self-help).
- **Realistic Medicine, Realistic Care and Anticipatory Care** – Formulary review, prescribing (sharing from learning) and realistic care linking 'fit' to workforce model and realistic care delivery options for H&SCP's). ACP - setting principles for IJB's on end of life planning decisions.
- **Workforce planning** – collaboration around workforce planning, recruitment, new role development, sharing good practice.
- **Working Differently/New Model Care development** – working with NHS 24, SAS and develop, test and review new models (step up/step down, primary care, MDT working).

3.6 A lead officer has been identified for these workstreams and there is representation from Midlothian within each of these groups to ensure influence and confluence of local needs.

3.7 The overall achievements for the work on primary, community and social care will be to contribute towards the three key areas set out in the Health and Social Care Delivery Plan;

- Reducing inappropriate use of hospital resources
- Shifting resources to primary and community care
- Supporting capacity of community care

3.8 In considering the impact at a local IJB level, it is hoped that these areas of focus will deliver the following benefits:

- Health and other key public sector services, social care, education, housing, etc. working together and systematically.
- Contributing towards reducing inequalities.
- System outcomes and outputs working towards the triple aim.
- Improved health and wellbeing for the populations across Health and Social Care Partnerships.

- Improving care and quality of care.
- Potential to scale up across primary, community and social care programme and projects developed within this work stream and in partnership with other work streams.
- A focus upon out of hospital collaboration at individual IJB and across the south east region through model development and sharing.
- Supporting transformation of services and service delivery through the development of new models and transforming existing delivery approaches.
- Increasing benefits of integrated working with health, local authorities (and partners within social care, housing etc) and the third and voluntary sector.

3.9 The outline Regional Plan is due to be presented to Scottish Government early this year and further reports on progress on the regional plan will be presented to future meetings of the IJB.

3.10 As noted at 3.5, an agreed area of focus is on diabetes (specifically Type 2 Diabetes), which is recognised as a major cause of ill health across the East of Scotland region and Scotland more generally. In response to this, the Chief Executive's from Scottish Borders Council and NHS Borders convened a meeting of senior leaders across the East Region to consider a collaborative approach to diabetes prevention.

3.11 A proposal to take this forward and to establish a regional partnership approach to diabetes prevention has been developed by the 2 Chief Executives and agreement is now being sought from all the Partners to support this proposal. A detailed copy of the proposal is attached at Appendix 2.

3.12 In summary, the report notes the increase in type 2 diabetes within the area, with more than 1 in 7 people over 65 years who have the condition. In recognising the challenges, the paper notes the strong association between deprivation and an unhealthy lifestyle, poor diet, high levels of physical inactivity, community isolation and wider environmental and structural barriers.

3.13 The paper suggests there are 3 broad components to population-based prevention, namely:

- Structures within Government
- Population-wide policies and initiatives
- Community-based interventions

3.14 The aim of the Partnership will be to lead an ambitious change programme through collective and collaborative leadership in tackling a problem that impacts directly across health, councils, voluntary sector, private sector, communities, families and individuals.

3.15 This proposed Partnership is welcomed within Midlothian where work has already started on addressing and preventing diabetes, with a local partnership having already been established. The initial output from this work is attached at Appendix 3 and is supporting the development of a local diabetes strategy that will be presented to the Midlothian Community Planning Partnership.

3.16 In taking forward this work at a regional level, Midlothian is well placed to contribute and influence the Partnership as well as benefitting at a local level. In order to ensure governance is in place for the Partnership, Midlothian IJB is being asked to endorse this regional approach.

4. Policy Implications

4.1 The wider regional planning agenda has prioritised programmes of work that support a shift in the balance of care, build capacity within communities and reduces inappropriate use of hospital resources, all of which are key drivers within the Midlothian IJB Strategic Plan.

5. Equalities Implications

5.1 No impact assessment has been carried out on the issues discussed in this paper however the development of the Regional Plan and the Diabetes Prevention work will be subject to a full Integrated Impact Assessment.

6. Resource Implications

6.1 There are no direct resource implications associated with this report however Type 2 Diabetes has significant healthcare costs, some of which are delivered within secondary care that could be used more effectively within primary, community and social care through prevention and early intervention.

7 Risks

7.1 The prevalence of Type 2 Diabetes presents significant risks to the population generally as well as placing considerable burden on public sector resources. The solutions go beyond any single agency, therefore a collaborative approach is required, with a focus on prevention.

8 Involving People

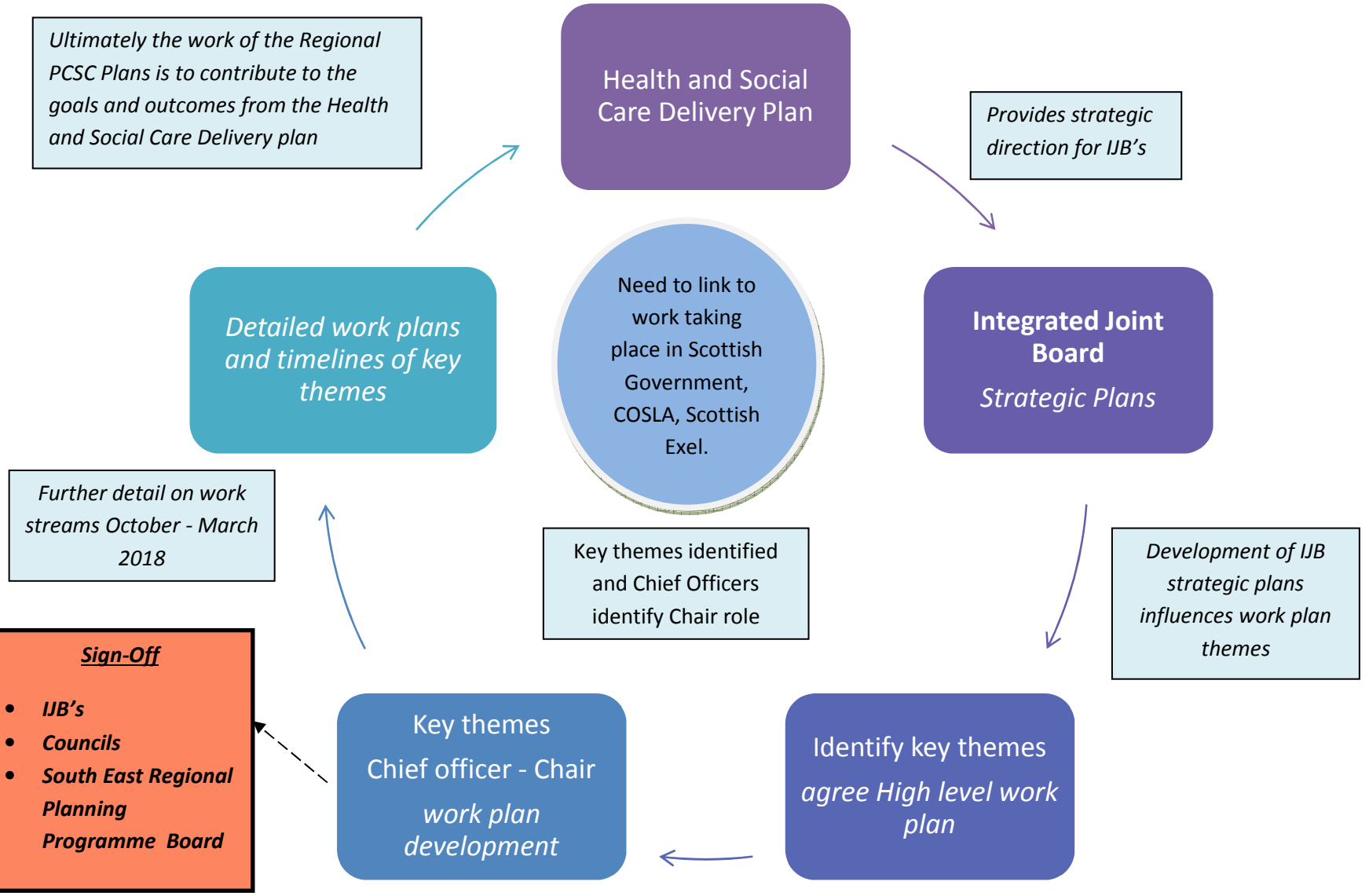
8.1 There remains a commitment to ensure the full involvement and engagement of communities within the regional planning agenda and this will be progressed over the coming months as each of the workstreams are more fully developed.

9 Background Papers

Appendix 1: Diagram setting out planning arrangements
Appendix 1: Proposal to establish an East of Scotland Diabetes Prevention Partnership
Appendix 2: Obesity and Type 2 Diabetes in Midlothian – summary paper

AUTHOR'S NAME	Allister Short
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3605
DATE	27 December 2017

Primary, Community Health and Social Care work stream



[1] 2016, December Health and Social Care Delivery Plan, Scottish Government

Implementing the Health and Social Care Delivery Plan in the East Region– Follow up meeting; 12th December 2017

Proposal to establish an East of Scotland Diabetes Prevention Partnership

Context

Scottish Borders Council and NHS Borders Chief Executives, invited Council Chief Executives, NHS Chief Executives and the IJB Chief Officers across the East of Scotland Region to a meeting on 6th November to consider collaboration on a major preventive approach to address Type 2 Diabetes (T2D). This builds on recent dialogue with these partners across the region on harnessing our collective leadership and brain power to address the challenges outlined in the emergent East Region Delivery Plan.

Purpose

This paper presents a proposition for an East Region collaboration on a major preventive approach to T2D. Colleagues are asked to affirm their "in principle" support to work collaboratively on this priority area; are asked to consider the establishment of an East of Scotland Diabetes Prevention Partnership; and to acknowledge that this work will require strong and robust programme management which will require to be adequately resourced.

Background

There has been significant local increase in T2D in the last 10 years in the East of Scotland; more than one in seven people over 65 now have T2D. Addressing the growing rate of diabetes is a local, regional and national ambition.

The challenges faced include:

- aging population
- community isolation
- strong association between deprivation and unhealthy lifestyle
- high levels of physical inactivity
- poor diet
- rising rates of overweight and obesity from an early years
- a need to make healthy choices easier (access to affordable healthy food, knowledge of what physical activity opportunities exist) particularly in our geographically remote or isolated communities

- a need to support people with making the first steps in a healthier diet and increased physical activity, particularly those who are time poor or don't see healthy lifestyle as 'their thing'
- a need for intensive support for individuals at greatest risk

A greater focus on creating conditions that prevent illness rather than treating conditions once they occur is needed. This will increase wellbeing, reduce inequality and improve sustainability of our health and social care system.

Approaches for population-based T2D prevention can be divided into three broad components.

The first component is the structures within government to support obesity prevention and physical exercise policies and interventions. These are structural aspects such as leadership, "health-in-all-policies", dedicated funding for health improvement, workforce capacity, and networks and partnerships that need to be in place in order to support and enhance the effectiveness of the more direct policy initiatives and community-based interventions.

The Government's recently published Programme for Scotland recognises the need to support those with or at risk of T2D to maintain a healthy weight as well as the need to modify our environment in terms of limiting the marketing of foods which disproportionately contribute to ill health and obesity. The new Scottish Government Consultation Document, 'A Healthier Future – Action and Ambitions on Diet, Activity and Healthy Weight' concludes that:

- a broad range of interventions is needed because the factors contributing to overweight and obesity are complex.
- consumer education and personal responsibility are important, together with physical activity, but they will not be sufficient to produce the change we want to see across Scotland as a whole and they will not be sufficient for people who are already overweight and obese.
- interventions that rely less on individual choice and more on changes to the wider environment are essential in making healthier choices easier when we eat at home, eat out or eat on the go.

The Scottish Government 'Active Scotland Outcomes Framework' also sets out the Scottish Government's vision for an active nation through changing lifestyles supported by an environment supportive of physical activity e.g. daily walking, playing in a park, going to a gym, training with a team etc.

The second component is population-wide policies and initiatives. These are direct policy actions that help to create environments that support healthy diets and physical activity. The types of policy instruments typically used as part of this component of a comprehensive obesity prevention and physical exercise strategy are laws and regulations, taxes and subsidies, and social marketing campaigns that affect the population as a whole (or large population groups). Policies influencing food environments that are likely to be effective interventions include restrictions on the marketing of unhealthy foods and non-alcoholic beverages, nutrition labelling, and food taxes and subsidies. Policies influencing physical activity environments that

have been demonstrated as effective include environmental interventions targeting the built environment, policies that reduce barriers to physical activity, transport policies, policies to increase space for recreational activity, and school-based physical activity policies.

The third component is community-based interventions. These are multi-component interventions and programmes, typically applied across multiple settings, tailored to the local environment and implemented locally. Best practice principles for designing and implementing community-based interventions include strong community engagement at all stages of the process, careful planning of interventions to incorporate local information, and integration of the programme into other initiatives in the community. Community-based interventions have been demonstrated to be successful when applied in multiple settings, including early childcare settings, schools and other community settings. Importantly, single-component interventions may still form an important part of a step-based approach to T2D prevention – for example as the first step in implementing a multi-component, multi-setting intervention programme.

In summary, there is a broad range of population-level actions that partners in the East of Scotland can take to prevent T2D. A comprehensive strategy will incorporate aspects of each of the key components. Strategic investment is required to implement effective and culturally appropriate population-based prevention programmes and initiatives, and to ensure that they include vulnerable groups, such as persons with disabilities. It is essential that such interventions occur across the whole population, in a variety of settings, and through multiple strategies.

At an East of Scotland level to be effective we must:

- have prevention activities with appropriate reach and capacity to serve the at risk population
- have robust awareness and coordination of all available prevention resources to which at risk individuals may be signposted or referred (e.g. clear referral and signposting pathways communicated to stakeholders)
- ensure that prevention activities are appropriately targeted (e.g. our most deprived communities and at risk groups)
- address disproportionate system investment towards treatment, rather than primary prevention**.**
- ensure staff have time to provide detailed prevention advice.
- focus our efforts on the whole life course

The Proposal

A new East of Scotland Regional Diabetes Prevention Partnership will be a strategic multiagency group established to facilitate change management to tackle the growing epidemic of T2D. This is an opportunity to be ambitious and to lead for Scotland in tackling this national health challenge. This is not a replacement or duplication of work already underway or planned in local councils, boards, IJBs – the majority of delivery will continue to be done there – it is however an opportunity to provide collective leadership and capitalise on strategic opportunities.

Our aims would be:

- To reduce the numbers of people developing T2D, through commitment to a person-centred approach
- To ensure that the East of Scotland is a place where eating a healthy diet and being as active as possible is achievable for everyone
- To empower people and reduce barriers to making healthy choices and adopting healthy behaviours.

The Benefits of an East of Scotland Diabetes Prevention Partnership

In the East of Scotland there is scope to work collaboratively to share learning around T2D prevention and close health inequities. The region could build upon international models which use physical activity and dietary interventions to reduce the incidence of diabetes in those found to be at elevated risk. Furthermore, working as a region, we can work collaboratively to maximise our impact across a number of setting e.g.

- Families
- Early Years
- Youth Work
- Health Care
- Workplace
- Healthy Food Environments
- Healthy Activity Environments

Examples of what we could do working together include:

- High visibility regional campaigns to promote access to healthy living in deprived communities using well known regional public figures from public life, entertainment or sport.
- Working across local authorities to implement more effective retail standards in relation to food and beverages e.g. school, leisure, culture and workplace canteens.
- Working with Sport Scotland and regional Sport and Leisure trusts to offer intensive physical activity and exercise packages particularly for those at high risk of T2D e.g. agreeing common programmes and objectives for activity offers.
- Using specialist expertise to jointly develop pathways for support with lifestyle change with a particular focus on vulnerable groups e.g. sharing tools and workforce development resources.
- Promoting a greater range of physical activity options in schools learning from good practice in each local authority.
- Having a regional approach to supporting employers achieve ‘Healthy Working Lives’.

- Sharing best practice and setting regional objectives in promoting physical activity across the life course.
- Agreeing a regional approach to 'Health-in-All-Policies' supported by pooling our regional expertise in this area.
- Working collaboratively to leverage in additional resources e.g. City Deal, to support policies influencing physical activity environments that have been demonstrated as effective include environmental interventions targeting the built environment, policies that reduce barriers to physical activity, transport policies, policies to increase space for recreational activity, and school-based physical activity policies.
- Working collaboratively with appropriate research partners to develop and evaluate innovative new approaches to community engagement around nutrition and physical exercise.
- Providing a strong collective voice to influence Scottish and UK government policies that impact on the health and well-being of our populations.

All these efforts require strong collaboration between service providers, the wider workforce, local government, health and other stakeholders at an East of Scotland level and the fullest possible use of skills and experience is required to generate the momentum needed to sustain a preventative programme of action.

Achieving our Vision will require support from, and co-production with, the following East of Scotland partners:

- NHS Boards
- Local Authorities
- Leisure and Culture Trusts
- Integration Joint Boards / Health and Social Care Integration Partnerships
- NHS Health Scotland
- Sport Scotland
- Youth representation
- Older People's Forums
- Diabetes UK
- Diabetes MCNs representative
- Academic input e.g. universities and relevant public health organisations

The proposed Diabetes Prevention Partnership will have a number of themed workstreams:

- Intensive Prevention - this workstream will clarify and establish pathways for identification of individuals at elevated risk of T2D and referral on to appropriate risk mitigation interventions primarily based around physical activity, nutrition advice and peer support.

- General Population Health and Health Inequalities - this workstream will examine ways to support physical activity and healthy nutrition amongst the general population and will use evidence to target according to need. This workstream's interest will range across the life course and consider the needs

of minority groups. It will consider the use of established sites as well as seeking to make innovative use of our environment and new interventions.

- Communications and Campaigning - this workstream will ensure that communications between stakeholders and other groups are maintained and have an important role in communicating key health messages to the community. Furthermore it will insure that stakeholders are kept informed about what initiatives and programmes already exist and how they may be accessed. It will also lead on any community focussed campaigning and awareness-raising.

- Community Stakeholders- this workstream will ensure that any initiatives created are co-produced by and acceptable to the local community. It will facilitate the gathering of information through activities such as focus group discussions but also create and maintain strong links with the community and other stakeholders as appropriate.

- Maximising resources– this workstream will support the work of the partnership as a whole by identifying synergies across partners and writing bids to attract external funding.

Measuring success

A set of indicators against which we will measure our success will be established. There is a time lag between intervention and health outcomes so many of the initial indicators will be focussed on process.

Indicators:

- Engagement levels with social marketing campaigns
- levels of participation and satisfaction with individual interventions – community group access, acceptability, appropriateness
- success of individual interventions (efficacy, cost-effectiveness)
- realist evaluation of the approach taken with community partners
- achievement of programme of activities
- number of individuals screened and identified at high risk of T2D
- number of individuals referred to targeted individual support for lifestyle change
- achieving sustainable services that can continue post funding period
- increased levels of physical activity (particularly in older age groups)
- increased consumption of fruit and vegetables

Outcomes:

- increased self report of wellbeing
- increased self report of activity
- increased healthy eating
- increased awareness of protective benefits of healthy diet and physical activity
- standardisation of evaluation tools

- reduced prevalence and inequity of obesity
- reduced incidence and inequity of T2D
- reduced T2D admissions and referrals

Support for the Partnership

This will require strong and robust programme management and leadership - appropriately resourced. The Partnership will look to the East Region Health and Social care Delivery Plan for resource and further detail will be worked up. This will ensure the different components of the Partnership workplan remain interlinked and that set goals and objectives are achieved.

Summary

T2D is a major cause of ill health across the East of Scotland region. This proposal outlines the development of a regional approach to prevent T2D by mobilising the full resources of all regional partners within the statutory and non statutory sectors. An East of Scotland Diabetes Prevention Partnership will help achieve these goals and provide the necessary leadership and coordination to really make a difference in improving the health of our populations. The proposed Partnership will take forward East of Scotland initiatives where economy of scale and pooling of resources will achieve outcomes that local organisations find it difficult to achieve on their own.

Obesity and Type 2 Diabetes in Midlothian

Wed 4th October 2017

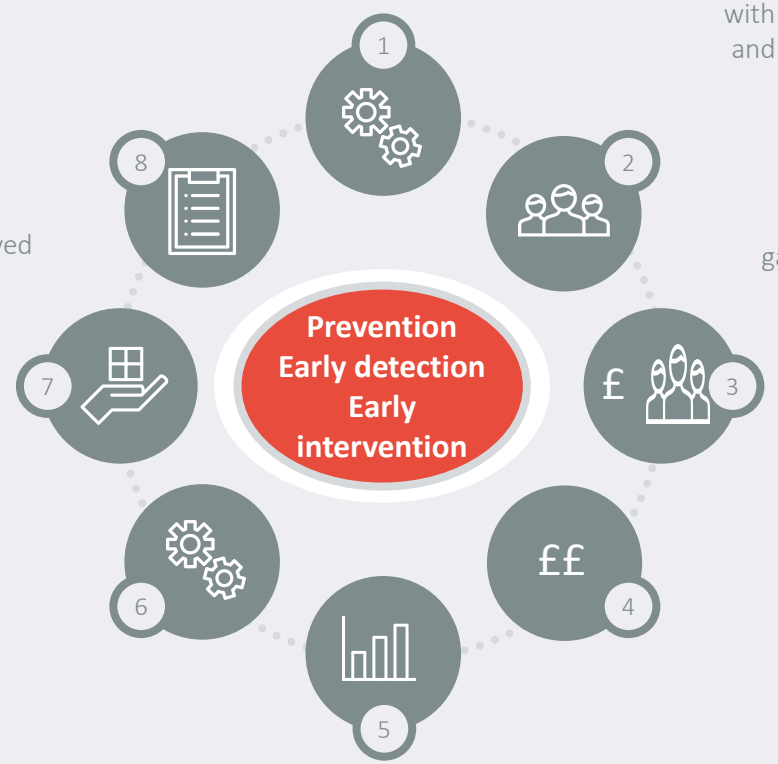
The following key areas for development/consideration were raised:

1 **IT'S MORE THAN 'HEALTH'**
We require buy-in and ownership across the Community Planning Partnership (CPP)

2 **ENGAGE COMMUNITIES**
We need to engage people with lived experience, community groups, others in planning and review

3 **COSTS TO INDIVIDUALS AND COMMUNITIES** - living in poor health, unable to work, reduced school attendance & engagement, etc).

4 **COST TO PUBLIC SECTOR**
Drug and other treatments, condition monitoring and support, complications (retinopathy, vascular issues, etc), aids and adaptations to living spaces, care



DATA
Help us better understand our populations with pre-diabetes, with type 2 diabetes and people who are at risk, e.g. obese. Measure impact of interventions. 5

SERVICES
Strengthen services we have. Improve links & pathways. Identify gaps & opportunities (services. peer support (formal & informal), vol sector (a current gap) 6

EDUCATION/UNDERSTANDING 7
For whole community, at risk groups, people with pre-diabetes, people with type 2 diabetes (inc gestational diabetes) .

TESTS OF CHANGE/ACTIONS 8
As a CPP. As a H&SCP. What can we do locally? What should be pan-Lothian/across areas?

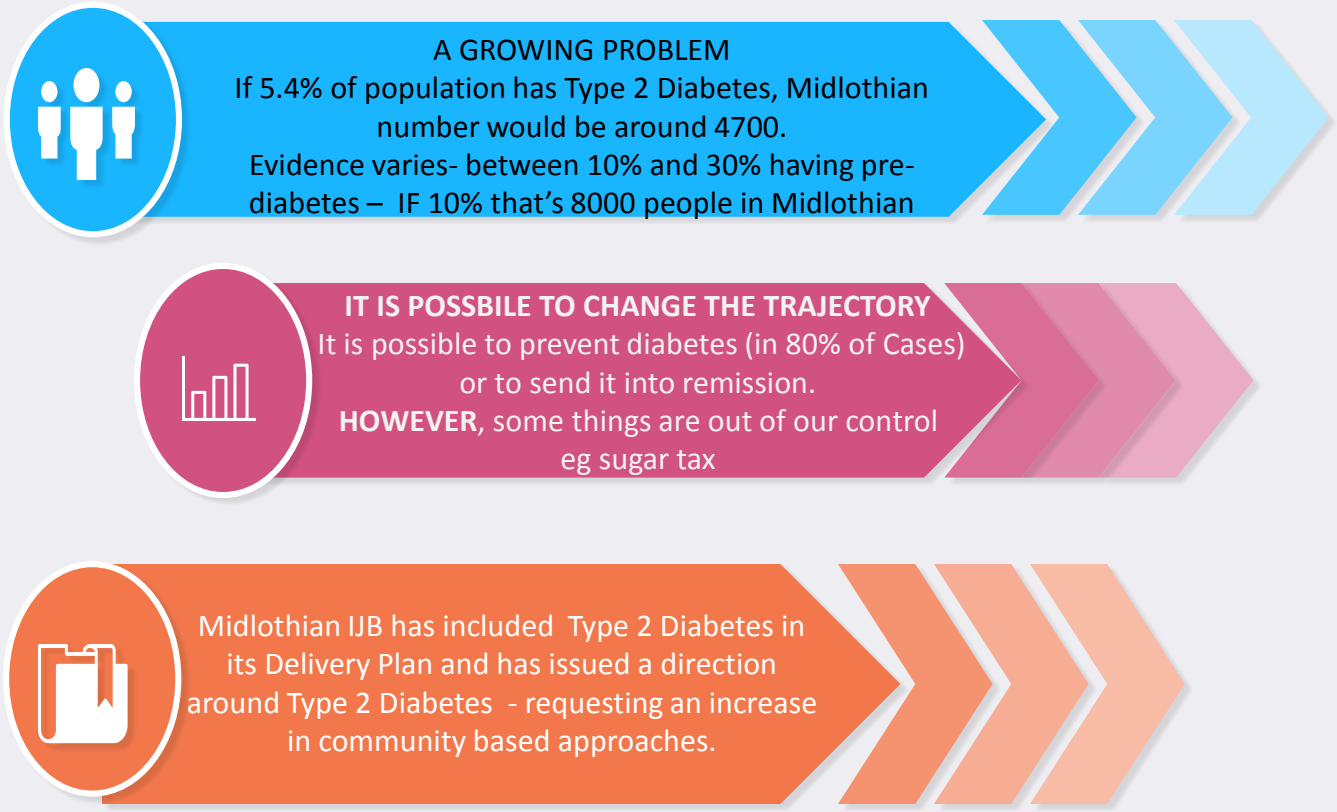
In Attendance: Sheena Wight, Alison Milne, Dervilla Brey, Bill Ramsey , Allister Short, Tom Welsh, Mairi Simpson, Sandra Bagnall, Fiona Huffer, Ian Morrison, Nicola Zammitt

Apologies: Alison Diamond, Hamish Reid

Aspirations around this area of work from attendees: strategic approach across the Community Planning Partnership, whole system/holistic approach, prevention and early intervention focus, recognise strong links to deprivation/complex lives, self-management approach, think early about data, pharmacist involvement/interventions, costs to people, communities and services, complex issue, acknowledge work underway.

Our Rationale

Also see Sandra's document



ACTIONS/IDEAS

1 CPP OWNERSHIP

Discuss at IJB. Prepare draft strategy/strategy direction paper to take to CPP. Demonstrate responsibility/opportunities across the partnership. Highlight current opportunities, such as the forthcoming Physical Activity Strategy. Once we have CPP Board agreement work with relevant groups and services to develop a plan/strategy.

[Tom and Mairi have offered to prepare an initial a plan for approval at the Strategic Planning Group -18th December.]

2 ENGAGE COMMUNITIES

We need to engage people with lived experience of obesity issues and/or diabetes. Families and individuals. Make better use of national organisations that could help e.g. Diabetes Scotland. Are there informal peer support groups in Mid? Could there be? Virtual groups. Bid for work around voluntary organisation involvement is being submitted

3 &4 COSTS

Costs to individuals, to families, to communities and to services. Do we need a better understanding of this? Can we illustrate this?

There is the potential to make significant savings if we make an impact with this work.

5 DATA

Can we build vignettes using local data to help people across the CPP understand the profiles of people and families affected and wider context of their lives? Include people who acquire gestational diabetes, Type 2 diabetes, who are obese, etc. What other data should we be considering to help (i) improve our understanding of the local picture and (ii) assist us implement tests of change? Link to other work – eg Collaborative Leadership in Penicuik Programme ('housebound')

ACTIONS/IDEAS

6 **SERVICES**

Are the services we do have joined up? Do people know about them? Can we consider some in tests of change?

7 EDUCATION/ UNDERSTANDING

UNIVERSAL EDUCATION/SUPPORT RE HEALTHY WEIGHT AND ACTIVITY
- schools communities workplaces via services etc

DESMOND CHIT PRE0DIABETES PROGRAMME METABOLIC CLINIC GESTATIONAL DIABETES MY DIABETES MY WAY

ADVICE TO PEOPLE FROM PRIMARY CARE AND SECONDARY CARE
- who attends/accesses (SIMD, age, working or not), outcomes, waiting time, cost, who delivers, could others deliver, opportunities to enhance

8 **ADDITIONAL ACTIONS INC TESTS OF CHANGE**

•ENGAGE THE CPP AND AGREE STRATEGIC APPROACH– paper to CPP and IJB. Outline potential areas of involvement by schools, parks, workplaces, welfare rights, health, etc.
•PRE-DIABETES – can we 'strike while the iron's hot'. Involve CHIT programme. Involve wider services, e.g. leisure.
•WEIGHT MANAGEMENT PATHWAY – re-launch. Include interagency training around core messages (physical activity, healthy eating, measure and talk about weight/BMI)
•GESTATIONAL DIABETES – identified group. Small numbers but could work across areas.
•POLY-PHARMACY REVIEW – related to diabetes medication
•OTHER ACTIONS – listed in sections above.

Thursday 11 January 2018, 2.00 pm

Community Payback Order Annual Report 2016/17

Item number:	Agenda number

Executive summary

Board members are asked to:

Note the content of the Community Payback Order Annual Report 2016/17.

Report title

1 Purpose

1.1 The purpose of this report is to provide a context for the Community Payback Order (CPO) Annual Report 2016/17 which is attached below.

2 Recommendations

2.1 As result of this report Midlothian IJB are asked to Note the content of the Community Payback Order Annual Report 2016/17.

3 Background and main report

3.1 Section 227ZM of the Criminal (Procedure) Scotland Act 1995 imposes a duty on local authorities to submit an annual report on the operation of the Community Payback Orders (CPOs) to Scottish Ministers. Circular LJ/02/2013, which was issued to local authorities on 23 September 2013, explained that local authorities would be expected to fulfil this requirement in two ways:

- By continuing to submit statistics for each financial year to the Scottish Government on the operation of community sentences in their areas; and
- In addition to these statistics, by providing a narrative account of the implementation and operation of the CPO in the financial year to which the statistics refer.

3.2 This is the fifth CPO Annual Report provided for Scottish Ministers since CPOs were introduced in February 2011. The Scottish Government provided a template for the report prior to the compilation of the 2012/13 report and confirmed that the same template was to be used for subsequent reports. The template focuses on Unpaid Work to a greater extent than other aspects of CPOs.

.

3 Report Implications

3.1 The report includes extensive feedback from service users (individuals subject to CPOs) and from the beneficiaries of Unpaid Work projects. The Criminal Justice team, now in conjunction with Community Justice staff, are very keen to consult with communities as fully as possible about Unpaid Work and other aspects of Community Justice. In 2014/15 Midlothian Criminal Justice Team set up an interactive facility on the Council website where members of the public can suggest ideas for Unpaid Work projects, comment on completed or ongoing projects and ask any questions about how service users are supervised on CPOs. Suggestions have been forthcoming for Unpaid Work projects that the

team take on where possible and appropriate. Briefing sessions to other community groups and elected members have also generated referrals.

In addition the Citizen's Panel questionnaire has included a question about Unpaid Work for the last few years. In the 2016/17 survey the largest group, 75% of respondents, wanted to see the Unpaid Work team improve community facilities. 74% wanted to see the team landscaping parks and playgrounds and 64% wanted to see the team improve the lives of communities and individuals affected by crime. The Unpaid Work team has been involved in all of these types of projects during 2016/17.

3.2 As can be seen from the report, feedback from service users and beneficiaries is generally positive. The Unpaid Work team offered a number of individual placements over the past year as well as small group projects. Obviously risk assessments are undertaken before individual placements are agreed. Team members have also focused on increasing the number of projects and placements where service users have face to face contact with the beneficiaries of the work they have carried out. The work done by individuals on Unpaid Work on large projects, such as in the country parks, is very much appreciated by the forest rangers. However staff members are keen to maximise the number of projects and placements where the person on the order can directly appreciate the positive impact of the work they carry out. This is more meaningful for clients and beneficiaries and therefore more likely to change attitudes.

.

3.3 The Criminal Justice team continues to look at ways to communicate to the public the challenging work that clients undertake when on a CPO with a supervision requirement. This would previously have been known as a Probation Order. There is often an impression that if an individual does not receive a custodial sentence they do not have to face up to the consequences of their behaviour. In fact Criminal Justice social workers spend much of their working lives assessing and managing risk and delivering offence-focused interventions to their clients. The impact of offending behaviour on victims and encouraging individuals to confront the issues that have led to them becoming involved in offending in the first place are key components of supervision. Individuals subject to CPOs who have committed sexual or domestic abuse offences are usually required to undertake lengthy and challenging programmes that combine group and individual components.

4 Policy Implications

4.1 The Criminal Justice team in Midlothian performs well in relation to National Outcomes and Standards for Criminal Justice Social Work and significantly contributes to safer communities in Midlothian. The team works closely with partners such as police, particularly in managing individuals assessed as at risk of causing significant harm and Midlothian Criminal Justice social workers are perceived by other agencies as being strongly committed to partnership working.

4.2 Midlothian Community Safety and Justice Partnership have agreed a three-year Community Justice Outcomes Improvement Plan which was submitted to the new national body, Community Justice Scotland, at the end of March 2017.

4.3 In August 2017 representatives of Community Justice Scotland attended the Item 5.6 Community Justice Working Group and then met with key staff to provide feedback about the Community Justice Outcomes Improvement Plan. This was generally very positive and the recommendations for improvement, which mainly involved making some of the indicators more specific, will be included in the plan when it is refreshed prior to the end of March 2018.

4.4 The Community Safety and Justice partnership hopes that the new structure, and the requirements for community consultation inherent in it, will reinvigorate conversations about offending behaviour and the responses to it in Midlothian. In the past year a number of briefings about Community Justice have taken place with community councils, tenants' associations and other community groups, with a presentation also made to the Integration Joint Board. The chair of Community Justice Scotland, Karyn McCluskey, attended the Community Safety and Justice Board meeting in March 2017.

5 Equalities Implications

5.1 The Criminal Justice team set up the Spring service in 2014 as a result of recommendations in the Commission for Women Offenders report (April 2012) that women in the Criminal Justice system cannot be expected to engage successfully with services set up originally for male offenders including community disposals such as CPOs.

5.2 The Spring service has gone from strength to strength and we now have a full-time Spring social workers as well as a part-time Team Leader.

6 Resource Implications

6.1 There are no resource implications from this report. Criminal Justice Social Work continues to be paid for by ring-fenced Section 27 funding that comes from the Scottish Government. A new funding formula was introduced when the new structure was established in April 2017. This resulted in an uplift in Section 27 funding for Midlothian.

Over the past three years every local authority has received an extra £50,000 per annum to help with the transition to the new structure. This is due to end on 30th March 2018 although there are indications that is may continue in some form. The Section 27 uplift can be used to support Community Justice planning if required.

7 Risk

7.1 The principal aim of the Criminal Justice team is the reduction and management of risk. This includes risk of reoffending and risk of harm to other people. The team is highly trained and skilled in assessing and managing risk.

8 Involving people

8.1 The CPO Annual Report is to a large extent based on feedback from communities and other stakeholders, particularly in relation to Unpaid Work. However the wide-ranging consultation exercises now forming part of the Community Justice agenda will enhance our ability to take the community's views into account when planning and delivering services

AUTHOR'S NAME	Margaret Brewer
DESIGNATION	Statutory Service Manager
CONTACT INFO	0131 271 3833
DATE	28 November 2017

COMMUNITY PAYBACK ORDER ANNUAL REPORT

FINANCIAL YEAR: **2016/17**

LOCAL AUTHORITY: **Midlothian**

Community Payback

Types of unpaid work projects and activities which have been carried out; the total number of unpaid work hours completed during the year; and information and examples that help to demonstrate how communities benefit from unpaid work.

During the 2016/17 financial year we had 293 individuals complete 15903 hours of unpaid work.

Types of Unpaid Work projects carried out by Midlothian Unpaid Work team in the year include;

- Landscaping
- Removing fly tipping and undertaking a waste amnesty
- Litter picking
- Improvements to school/ nursery playgrounds and to community facilities
- Painting and Decorating
- Gardening
- Constructing garden furniture in our workshop
- Personal placements in local charities
- Recycling projects producing outdoor and garden materials and furnishing
- Helping increase the safety of victims of domestic violence and stalking

Landscaping

Landscaping was carried out by the Unpaid Work team in various locations and for numerous organisations including:

- Public parks and walkways in Midlothian. This involved partnership working between the Countryside Rangers and the Unpaid Work team. Tasks completed included the maintenance of walkways in Vogrie Park, Gore Glen, Burghlee Park, Nine Mile Burn and Roslin Glen. We have also assisted with the construction and maintenance of a roundabout to help the flow of traffic within the country park. Within these country parks we have also been involved in fence repairs, reinstatement of subsided land, pruning and general tidying up of public parks and walkways.
- We continue to work in partnership with Newbattle Abbey College who provide a rural skills taster course for clients on CPOs every quarter. CPO service users have done a significant amount of gardening and landscaping work in the grounds of the college, including the maintenance of a community garden that is used by local schools and other community groups.
- We have been able to assist a local community clear an area of fly tipping and landscape the area into a pleasant green space where local children are now able to play in a safe environment.
- With the introduction of the Borders Railway we have worked with local community groups who have taken over responsibility for maintaining the railway stations, helping them to landscape and maintain the green space around the station. This included constructing hanging baskets as well and planting flower beds, working alongside the volunteers.
- A local community cafe for older people approached us to help improve the look of their building. We landscaped the garden area at the rear of the property, creating a low maintenance flower bed and we painted the exterior

metalwork on the building and the fences around it. We are in the process of completing raised beds to go around the trees outside the cafe to provide a more welcoming environment for the older people who use this service.

- We have worked with community councils to assist them in renovating and installing community notice boards in several communities around Midlothian.

Fly Tipping/ Waste Amnesty

This was the second year that we helped co-ordinate and run a waste amnesty to reduce the risks of unplanned fires and unsanctioned bonfires in the week running up to Guy Fawkes Night. We received positive feedback from the fire service who said that 2016 was their quietest bonfire period for many years.

Fly tipping continues to be an ongoing problem in the rural areas of Midlothian as well as occasionally on common ground in local housing estates. We receive referrals from community councils and other council departments and have developed close relationships with community partners to identify and respond quickly to new incidents.

Litter Picking

Midlothian Unpaid Work team carries out regular litter picking projects in Midlothian working alongside various Community Councils and voluntary groups. Rather than simply clearing the area as a standalone project we work alongside members of the community, enabling local people to maintain and improve their environment with our assistance.

Improvements to School Playgrounds and Community Facilities

The Unpaid Work team have been involved with various secondary and primary schools as well as nurseries, sure start centres and adult day care centres undertaking a range of work including:

- The construction of raised flower beds, bird boxes and playground furniture.
- Removal and disposal of waste.
- The construction of seated areas.
- Improving access to community facilities for disabled people.
- Regular grass cutting and maintenance at local playgroups and nurseries.
- Creating eco friendly sensory gardens for children to play in.
- Cutting back overgrown trees.
- Painting the interior and exterior of schools and buildings used by community groups.
- Creating bright and engaging garden furniture to stimulate the senses of service users in an adult day care centre.

Painting and Decorating

Painting projects have been carried out for community organisations including a local charity, nursery, and community centre. We have worked alongside colleagues in the Community Mental Health Team to renovate and decorate clients' homes to support the individual's rehabilitation and also ensure that they meet the requirements of occupancy agreements. We have also started an initiative to support social work clients who may be at risk of eviction by helping renovate their homes to meet

expected standards. This has facilitated the provision of social care support to help people maintain their tenancies.

Gardening

We continue to undertake gardening projects for vulnerable people in the community including the elderly and those affected by disability. This has helped beneficiaries access and make full use of their gardens as well as maintain their tenancy when due to their health problems they have been unable to manage this themselves to an acceptable standard. We have also developed gardens for local nurseries and schools to enable children to play in a safe environment and learn new skills through growing their own fruit and vegetables in the raised beds that we have developed.

Constructing Garden Furniture

Midlothian Unpaid Work team have constructed gardening furniture that is requested by community organisations. The furniture is built to a high standard and costs to the beneficiary are kept to a minimum with beneficiaries paying for the cost of the materials. We have produced furniture for schools, community groups, sports facilities and public parks.

Garden Furniture which is built by the unpaid work team includes:

- Garden benches
- Memorial benches
- Picnic tables [large and small]
- Love seats
- Bird tables
- Wishing wells.
- Sand pits
- Bird boxes

Personal Placements with Local Charities

We continue to develop opportunities for service users to give their time and skills on placements with local charities and community groups. This provides an opportunity for individual clients to carry out work that benefits the charity as well as the wider community. It assists service users to make connections with their local communities and learn new skills. Often clients remain involved in a voluntary capacity with the charity once their CPO has ended. Our placements include local charity shops, a furniture recycling project, a charity supporting ex-service personnel, a community food growing project, a food bank, sport organisations and a lunch club for older people. We have been working with a local charity to allow clients on placement to access the training and development opportunities available to their volunteers so that clients can improve their employability skills while completing their hours.

Recycling projects producing outdoor and garden materials and furnishing

The team is continuing to develop relationships with local firms where we can recycle items from the business like pallets, left over materials, tyres and other materials that would otherwise have been disposed of. We have been able to use materials like tyres to build fun planters that look like cartoon characters including Olaf (from the film Frozen) and Minions. We have used wood that would have been thrown away to construct garden furniture for a local nursery. Wood donated by a tree surgeon was

used to create chairs and tables for a school. We have improved several nursery and school playgrounds where recycled tyres have been used to create a cycle course or a raised bed for planting flowers. We are also in the early stages of developing a working agreement with a local charity to renovate furniture on their behalf that they can then sell in their charity shop.

Helping increase the safety of victims of domestic violence and stalking

We have continued to develop links with local MARAC partners who support survivors of domestic abuse. We have worked with these agencies to complete projects that assist in increasing the safety of the women concerned. Examples of this work include cutting back a garden to reduce places where a stalker could hide, erecting fencing round a garden to provide a safe and secure area for the family, helping a victim's family move to new accommodation and renovating a property damaged in the course of the abusive behaviour to allow the woman to be granted a management transfer to a new property and live at an address unknown to her abusive ex-partner.

Quotes from people on CPOs and beneficiaries about the impact of the unpaid work on them and/or the community.

Feedback from Service Users

- 91.5% of clients felt they had made "payback" to the community through their CPO. .
- 72% felt that that they had gained new skills during their Order.
- 85% of client's felt that their attitude towards offending had improved during the course of their Order.
- 98% of clients felt they were treated with respect.

Quotes from service users in relation to impact on likelihood of offending

- *I have really enjoyed my placement and felt that from the start I was treated with respect. I enjoyed being involved in planning what work we would do and then produce stuff for the nursery. I feel proud that the kids will enjoy our work and this helped me think about trying to find work so that I can be there for my own family.*
- *The opportunities given to me have helped me gain confidence and Start College. I would never have done this without your help. I can't see me making the same mistakes as in the past as I now have something to lose.*
- *I am in a better place now and have my own house. There is no way I will risk this again. I am getting too old for this.*
- *As much as I have enjoyed it I dinnae want to be back.*
- *It's given me something to get up for and meet new people who like me want to leave the old ways behind.*

Quotes from service users about the benefits of their Unpaid Work requirement

- *I was able to help some of the younger lads and teach them some joinery skills. I felt good doing this and I feel that I maybe have something that I can*

give back.

- *It was magic seeing the old dears enjoy their new garden furniture.*
- *Supervisors gave me the confidence to try something new and to get involved with a group.*
- *I have learned new skills and am going to make some garden furniture at home.*
- *It got me out of bed.*
- *I didn't think I would have much to do at the start and that it would be easy. We were worked hard and you could see the difference our work made to people.*
- *I would like to thank you for getting me through this order and I have learned new skills.*
- *Gets me out the house and doing things for the day.*
- *It's given me confidence. I have a job interview next week.*

Quotes from service users about what they see as the benefits to the community of their Unpaid Work

- *No one else would do what we do. There's no money to help old folks these days.*
- *We are all from different backgrounds and bring different skills which mean we can blast a project and help do work that no one else would do.*
- *Charities will be able to make money from my work and will be able to help people more.*
- *The kids will be beaming when they see what we have done.*

Feedback from beneficiaries of Unpaid Work

- Elderly couple who received help with garden maintenance, ‘*'The guys are amazing. Thanks for helping us look after our garden. Without your help it would be a jungle out there."*
- Local Environmental group given landscaping and land clearance assistance, *'' My experience working with the Justice Team has been very positive. I would have no hesitation in approaching the Justice Team again in the future, we are a small team of volunteers so having the boys involved was immensely helpful."*
- Community Council given help with a community litter pick, ‘*'This is the third occasion that the team has joined us. Yesterday at the pick up and twice at another location. We can't thank you enough for all your help. We really appreciate your help in achieving our goals. Big thumbs up to the team.*
- Individual beneficiary with two children with severe learning difficulties, ''The *clearance of the garden and creating a safe play space has been invaluable as my two children with LD need a secured safe space. Thanks."*
- Charity shop – house clearance and drop off at charity shop – ''*We have made over £3000 for our charity from the pick ups. This is an outstanding service. Thanks you very much."*
- Adult Day Care Centre – *''The team have been wonderful. They were respectful to our elderly clients and enjoyed a cup of tea and a blether. The bright garden furniture and freshly painted fence has created an engaging and dynamic outdoor space for our service users to use. I had thought that community service clients just sat in their vans. I had no idea they did such good and hard work. Thanks so much for everything."*

Item 5.6

Types of "other activity" carried out as part of the unpaid work or other activity requirement.

The take up of the other activity in Midlothian remained low during the 2016/17 financial year although was up on the previous years with 31 individuals undertaking the other activity. Current activities on offer are:

- A Rural Skills taster course that was developed in partnership with Newbattle Abbey College. The course is delivered quarterly over a 5 day period and lasts for 30 hours. This partnership has been running for six years now and has allowed numerous clients to access further education.
- The Spring service works with women who are involved or at risk of becoming involved in offending behaviour. The opportunity to attend is made available to all women on CPOs. The service provides a holistic service to women and focuses on mental health, experiences of victimisation, self-esteem and substance misuse as well as on reducing the likelihood of offending.
- Venture Trust have continued to offer their “Wild Living – Chance for Change” personal development course to clients subject to Unpaid Work. We have had several young people attend this project as part of the “other activity”.
- We are keen to help clients make contacts with local services so that support can be maintained when their orders have ended. Referrals to services dealing with substance misuse has allowed clients to initially use their “other activity” allowance of hours towards establishing contact with agencies including MELD, the Substance Misuse Service, ELCA (Edinburgh and the Lothians Council on Alcohol) and Transitions. These services then continue to support clients after their orders have been completed.
- Also available to offenders are literacy and numeracy courses which are delivered on a regular basis by MALANI, Midlothian Council’s adult literacy and numeracy project.
- Service users have also been able to attend training courses to assist them to gain employment, dependent on eligibility for funding through their ILA (Individual Learning Account). This has allowed individuals to complete training on Health and Safety related issues and obtain the Health and Safety certificates needed for work on building sites. Clients have also been able to gain their forklift truck driving licence. We have been working with colleagues from Lifelong Learning and Development to develop opportunities for Unpaid Work clients to engage in adult education. LLD have agreed to provide additional support to help clients overcome some of the barriers they face when returning to education.
- In partnership with the British Heart Foundation we continue to deliver emergency first aid courses. Service users are trained to recognise the signs and symptoms of heart attacks and strokes and learn how to deliver basic first aid in emergency situations. There was recent positive feedback from a service user and the Scottish Ambulance Service. The service user was in temporary accommodation at the time and was able to use the first aid skills he had learned to help a fellow resident who attempted suicide and he continued to assist until the ambulance arrived. The ambulance crew were surprised that the client learned the skills as part of his Court Order and praised him for his efforts.

We are undertaking a review of Unpaid Work. The vision for the new Unpaid Work service is that a training and development pathway is developed for service users. As far as possible, individuals on Unpaid Work orders will undergo in house training delivered by our supervisors and when appropriate referrals can be made to outside agencies. We want people on Unpaid Work orders to complete their hours prepared and motivated to engage with external agencies, in terms of either education or employment. We will use the 'other activity' option to support this.

Activities carried out to consult prescribed persons and organisations, pursuant to section 227ZL of the 1995 Act, and wider communities on the nature of unpaid work and other activities and how the consultation results helped determine which projects were undertaken.

We have undertaken a number of consultation activities since April 2016:

- Having set up an interactive facility on the Midlothian Council website during 2014 we have been receiving referrals directly from members of the public. This portal has been reviewed by our communications department who are creating a live feed within the website to publicise the day to day work of the team.
- We have visited Community Councils and met with local councillors and this has resulted in several referrals for projects being made to our team.
- We have been an active member of the Community Safety Partnership which has helped us work with partner organisations to the benefit of the community. An example of this work is the waste amnesty that took place before bonfire night.
- We attended the Midfest Family Fun Day for the third year running to publicise our service and to engage with the public about projects they would like our Unpaid Work team to take on.
- As part of the developments within Community Justice we have been able to work with partners to highlight the top three areas in Midlothian affected by anti-social and offending. Through this we have created strong links with community groups and have been prioritising work in these areas to ensure that those most affected by crime receive a clear benefit in their community from the work of the Unpaid Work Team.

In the past year we have worked hard to engage with other teams within social work and throughout the council so that we expand the range of people who can access our service. This has allowed us to develop work that has supported people with mental health problems to remain in their homes, assisted families avoid eviction, and helped some of the most vulnerable families improve their home environment. Many of the service users we have completed projects for had not heard of our service until advised by their social worker.

Use by the courts of CPO requirements other than unpaid work, for example what, and in what way, different requirements are being used for those whose offending is driven by drug, alcohol and mental health issues; or how requirements such as programme or conduct are being used to address

offending behaviour.

Item 5.6

The Courts imposed a total of 226 Community Payback Orders during 2016-2017; 206 were imposed on men and 20 on women. This is a 3% increase in the total number of CPOs imposed in 2015/16 (n= 219). The use of requirements during 2016-2017 year is as follows (figures also shown for previous year):

	2016/17	2015/16
Alcohol	0	2
Compensation	11	2
Conduct	10	6
Programme	12	6
Restriction	0	0
Unpaid work	116	179
Supervision	55	40
Unpaid work and supervision	55	37

As in previous years Unpaid Work remains the most commonly used requirement however for the first time there has been a decrease in its use as the sole requirement but an increase in the number of orders imposed with both Unpaid Work and Supervision. There has also been a significant increase (37.5%) in the number of orders imposed with a supervision requirement. We have now started to record offence type for each Order and this will enable us to consider the imposition of CPOs by offence type and evaluate the impact of interventions in the longer term. We are being assisted in this by the Community Justice Partnership Analyst.

As we have noted in previous reports the Courts continue to use the compensation requirement and this year there has been an 82% increase in its use when compared with the previous year. However as in previous years this requirement has been most frequently used in instances where supervision was not recommended due to an assessed low level of risk and need, however supervision has to be included in all cases where the Court has imposed a compensation requirement.

There are two main programme requirements that are delivered by Midlothian Criminal Justice Team and these are Moving Forward Making Changes (MF: MC) and the Caledonian System. There are other programme requirements available but these are delivered by third sector providers such as Venture Trust. In the reporting year the Courts used the programme requirement in nine orders for Caledonian and in two for MF: MC.

The Court imposed one ‘incompetent’ programme requirement during this reporting year. The wording of the requirement is as follows: ‘requires the offender to participate in alcohol counselling to be held as and when directed for 2 years; and to comply with any instructions given by, or on behalf of, the person in charge of the programme’. This is not an appropriate use of this type of requirement and following discussion with the Sheriff Clerk’s office we are managing this condition as a conduct requirement. We will continue to discuss the use of or wording of CPO requirements as necessary with the sentencing Court.

The following is a quote from a service user who had completed a programme requirement:

''For the first time in my life I came across an excellent type of professional and I managed to benefit from them greatly. They understand the actual problem I was facing since my childhood. Thanks to all of them. Special thanks to: [worker A's name], my suspension officer who helped me throughout. [Worker B's name], very caring, always showed me the right path. [Groupworker's name], extremely hardworking professional in the group work programme, who knew how to put things right for us. Now I just wish to lead a good crime free life with my family and I have a lot of things to do in future I will be very careful dealing with other people. I feel happy to tell you that my offending chance is ZERO, that is how I feel and I am happy about that."

There has continued to be a year on year increase in the use of conduct requirements. A conduct requirement tends to be used as a means to prohibit an individual from a course of action or as a means of requiring them to do something, for example attend or engage with substance misuse services.

Domestic Abuse offences

The Caledonian System provides a combined response to men's abuse of their partners and ex-partners, comprising of a programme of work for men convicted of domestic abuse related offences and a support service for women, children and families affected by these offences. The system includes inter-agency protocols for joint working. However not every man convicted of a domestic abuse offence is assessed as suitable for the Caledonian programme, or is able to successfully complete the requirement when imposed. To ensure the safety of women and children it is critical that there is effective information sharing to identify risk and to put measures in place to manage or reduce this. A significant proportion of social workers in Midlothian Criminal Justice Team are accredited assessors and case managers for the Caledonian System. This ensures that those working with men convicted of domestic abuse offences are supervised by workers who are aware of the risks and can undertake offence focused work, on a 1:1 basis, to challenge attitudes and behaviour. Both Team Leaders are Delivery Managers for the Caledonian System in Midlothian and are representatives on the following multi-agency information and decision making forums:

- MAPPA
- MARAC
- MATAC
- Midlothian Anti-social and Violent Behaviour Monitoring Group.

Sexual Offending

The Community Intervention Service for Sex offenders (CISSO) provides support and consultation in our work with those convicted of a sexual offence. They deliver the groupwork element of the accredited programme for sexual offenders, Moving Forward Making Changes (MFMC). If a client is assessed as suitable for inclusion in Moving Forward Making Changes they will complete the pre-group work on a 1:1 or 2:1 basis with the local Criminal Justice team before undertaking the groupwork programme in Edinburgh. However there are a number of short (6 – 12 month) CPOs imposed on individuals who were assessed as posing a low risk of harm.

These orders are mainly imposed on those convicted of non-contact or internet related offences. During the course of such an order we will liaise with colleagues in the local police Offender Management Unit (OMU), and sometimes also with staff at CISSO and Stop It Now to ensure that the individual is aware of triggers to their behaviour and has a relapse prevention plan. For those convicted of internet related offences it is important to encourage moving from an external locus of control (for example court imposed restriction on internet use) to an internal locus of control. This is undertaken in conjunction with OMU officers and the individual to develop an Internet Safety Contract and then an internet Safety Plan. The former is an agreement which includes expectations and restrictions on online behaviour. Monitoring is a key part of this through the checking and inspections of internet enabled devices. Police Scotland most often take the lead in monitoring but it is important that Criminal Justice social workers are also able to do this to the best of their ability; it is accepted that staff can be supervising individuals who are more technically able and that internet enabled devices themselves can differ. The aim is for the individual to ultimately develop an Internet Safety Plan, enabling them to move from higher levels of external supervision to reliance on self-monitoring.

Any issues affecting access to services which are provided by other partners (e.g. drug and alcohol services) and, where such issues have been identified, what work is underway to resolve them.

There has been a reduction in funding for drug and alcohol partnerships and consequently some local services have seen their capacity reduced. However the service manager responsible for Criminal Justice social work has been part of a strategic group led by MELDAP to minimise the impact on access to services. The substance misuse gateway clinics continue to operate and provide quick and easy access to substance misuse services for Midlothian residents. Peer support is growing in this area and partners are soon to recruit a peer support development worker who will be based in the third sector but who will work across substance misuse, mental health and criminal justice services.

Access to psychological services has been an issue but access clinics have been set up that work in the same way as the gateway clinics. These clinics can refer people with mental health issues to a range of services, many of which are much quicker to access than psychological services, although obviously there will always be some individuals who require this kind of intervention.

It has been recognised for some time that there is a significant overlap in people engaged with criminal justice, mental health and substance misuse services. An exciting development is the creation of a Recovery Hub in Midlothian where substance misuse, mental health and criminal justice teams will share a building. In relation to substance misuse and mental health this will include health as well as social work staff. This will provide an excellent foundation for better partnership working and there is a commitment to creating a trauma-informed service and environment.

it is hoped that the Recovery Hub will reduce the time that individuals wait to access the service that best meets their needs.

Any other relevant information. This might include details of work which is carried out with people on CPOs to address their offending behaviour but which does not fall into the category of a specific requirement.

General Offending

The primary focus of supervision is to reduce the risk of re-offending and of harm through providing the individual with opportunities to engage in a process of change, with the aim of increasing their ability to desist from offending in the future. At the pre-sentence stage, if recommending supervision as part of a CPO, criminal justice social workers outline provisional action plans for promoting positive change and increasing desistance. LS/CMI provides a more detailed framework of assessment leading to an individualised case management plan which targets the identified risks and needs; as noted in the previous section certain offence types require the use of specialised risk assessment tools in conjunction with LSCMI.

When working with service users social workers use a range of interventions and theories to support the process of change. These include:

- Cognitive Behavioural Therapy (CBT)
- Motivational Interviewing
- Mentalisation Based Therapy (MBT)
- Desistance Theory
- Good Lives model
- Stages of Change
- Alcohol Brief Interventions
- Strengths Based Approaches
- Internet Safety Planning.

The work is generally completed on a 1:1 basis using both written and verbal exercises. The overall goal of the work is to enable the service user to consider the triggers to their offending behaviour and also their strengths. He or she is encouraged to build on existing skills and develop effective ways to reduce their risk of re-offending and causing harm.

Clearly there are a number of factors that can influence the risk of reoffending, such as substance misuse, employability, health and accommodation issues and to help individuals address these issues Criminal Justice social workers rely on partnership working.

Partnership Working

To enable us to work effectively with service users it is important that we work holistically and see people in the context of the challenges they are facing on a day to day basis. To do this we are committed to working with a wide range of services that are involved with that person or who may be able to positively impact on presenting risk and needs. These agencies/partners include:

- Adults and Community Care
- Police Scotland
- Community Safety Team (Midlothian Council)
- Housing and Homelessness teams
- Substance Misuse services including: NHS Lothian Substance Misuse Service; Mid and East Lothian Drugs (MELD, which also works with individuals who have alcohol issues); Edinburgh and Lothians Council on Alcohol (ELCA), MELDAP

- Children and Families social work
- NHS Lothian
- Mental Health Services including: Serious Offender Liaison Service (SOLS); Joint Mental Health Team; Orchard Centre
- Lifelong Learning and Development (Midlothian Council)
- Shine Mentoring Service
- Change, Grow, Live
- Veterans First
- SACRO
- Women's Aid
- Willow Centre
- Scottish Prison Service
- Stop It Now
- The Venture Trust
- Midlothian Young People's Advice Service (MYPAS, for sexual health and substance misuse issues)
- Spring Service
- Fairbridge/Prince's Trust
- Midlothian Adult Literacy and Numeracy (MALANI)
- Places for People (for tenancy support)
- Recovery College (Transitions)

Women offenders

The needs of women offenders remain a key consideration at the assessment stage. Where possible, in terms of the individual's availability and presenting needs, women placed on a CPO are referred to the Spring Service. Spring is a service enabling women with complex needs to access physical and mental health assessments, support for emotional issues, offence-focused work and substance misuse interventions. The service is modelled on the programme delivered at the Willow service in Edinburgh and runs one day each week. Women referred to Spring are either involved in the Criminal Justice system or at risk of becoming involved.

We have now employed a full-time social worker for the Spring service having already appointed a part-time Team Leader. This has allowed us to develop one to one support for the women involved with Spring. The service is delivered in partnership with Women's Aid, MELD (local substance misuse service), NHS Lothian, CHIT and Adults and Community Care social work. We had an OT involved with the service for several months and this was very helpful in helping the women to link in with positive activities in their local area. Another OT is about to be appointed.

Willow in Edinburgh is accessible to Midlothian women who are experiencing very high levels of psychological difficulties. There are also Survive and Thrive groups running in Midlothian that women can be referred to.

.

Service User Feedback

The following are comments provided by clients who have been on supervision as part of a CPO:

Attitude to offending:

"I feel I am now more assertive instead of aggressive. I now think before I act"

"I know what I did was wrong but have realised I've grown into a better person for doing something so stupid... learned to think about consequences before reacting in the wrong way"

"I feel I am able to deal with the triggers that cause me to offend a lot easier as I have a better understanding of them"

Family and relationships:

"They were disappointed with me about offence but supported me to change how I act and behave"

Being on an order:

"Before I stopped drinking the order kept me on the straight and narrow"

"I am amazed and happy I got through my order. I feel that I am a different person''

"I enjoyed this because I learnt new calming methods to be used all the time in normal life"

"Thanks to [worker's name] and everyone else who took the time to help me with offending and normal day stuff."

"I felt like I was treated like a human being rather than a criminal"

Attending Spring:

"*You're better able to deal with things – like your actions and behaviours – you learn how to talk about stuff rather than keeping things to yourself and blowing them all out of proportion. You ken right "this is what I do, work it out in my head, talk it through" instead of doing something daft or stupid – work around it. There will be people to help you out as well.*"

Future Plans

Domestic abuse is a significant problem in Midlothian, with the local authority ranking sixth highest for reported incidents out of thirty-two. The Criminal Justice team has recently appointed an extra social worker to provide capacity within the team to work with non-Court mandated domestic abusers. We would also provide support as part of this new venture for partners and ex-partners. This is to complement the new system of child protection work with families where domestic abuse is an issue, Safe and Together, which is due to be introduced in Midlothian early in 2018.

COMPLETED BY: Alison White, Head of Adult Services

Item 5.6

DATE: 25/10/2017

CONTACT FOR QUERIES ABOUT THE REPORT

Name: Margaret Brewer

E-mail: Margaret.brewer@midlothian.gov.uk

Telephone: 0131 271 3833

Thursday 11 January 2018, 2.00 pm

Chief Officer's Report

Executive summary

Item number:

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

Board members are asked to:

1. *Note the issues and updates raised in the report*

Chief Officer's Report

1. Purpose

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

2. Recommendations

2.1 To note the issues and updates raised in the report

3. Background and main report

Service Pressures

3.1 Care Homes

As previously reported in the December 2017 report, quality and care issues remain a concern within Springfield Bank Care Home in Midlothian. Following a multi-agency meeting and inspection by the Care Inspectorate, the care home is now under Large Scale Investigation and is currently closed to new admissions. There is work continuing with the senior management team within the care home to review processes and to support the implementation of an improvement plan.

3.2 Care at Home

Following the recent changes to the current providers, there has been some stability within the service over the last month, though challenges still remain in terms of recruitment and retention of staff. This is having a corresponding impact on packages of care being passed from the Reablement service to external providers, with a resulting pressure within hospitals due to delays in discharge for those patients awaiting a package of care. A series of weekly meetings with providers has been helpful in identifying potential transfers of care and these meetings will continue in 2018.

3.3. Winter Planning and Delayed Discharge

The early indications from acute services are that is has been a difficult and busy festive period, with a significant number of emergency admissions and patients with presentations of high acuity of need. This has placed huge pressures on the front door of each of the sites and all services have been working hard to avoid admission and support early discharge. The winter plan for Midlothian has been in place since mid-December and this is being reviewed to ensure it delivers as planned. A focus of the plan has been to increase capacity of physiotherapy, care support workers and discharge co-ordination. A key output from these investments has been the continued discharge of patients across the festive period, though there are delays from care homes undertaking assessments, which we have raised directly with care home managers. However, there continues to be a number of patients delayed within acute and community hospitals and this remains a focus for all services in Midlothian.

Service Developments

3.4 Primary Care

As report, general practice in Midlothian has been under significant pressure. Whilst progress has been made in alleviating some of these pressures with the introduction of different professionals within Practices and additional capacity with the opening of Loanhead and planned opening of Newtongrange in early 2018, there are still ongoing difficulties. However, on a positive note, both Newbattle and Strathesk have now reopened their lists to new patients.

An issue that was acknowledged was Practices covering quite a wide area and having overlapping boundary areas - with the advent of significant house building, this would only put more pressure on a practice list size. We also know that home visits place considerable strain on Practices and this was being exacerbated when GPs were having to travel a distance to visit a patient. Therefore, work has been progressed to review all the boundaries within Midlothian in partnership with the Practices and agreement has been reached with all 12 Practices on the proposed new boundaries. There is almost universal coverage of at least 2 Practices covering every area of Midlothian, which is good for patient choice but also means that Practices are not stretched too thinly.

3.5 Physiotherapy in General Practice

The HSCP has appointed a Physiotherapy Clinical lead to develop the new physiotherapy service in General Practice. Another post will be appointed to later in January. This service will initially work in three practices (Pathhead, Newbattle and Strathesk) to test the new service. The GP Physiotherapist will work within practice teams as a first point of contact for patients with MSK (musculoskeletal) complaints. They will see patients who have traditionally seen their GP. The physiotherapy service will assess, clinically diagnose, triage and refer patients with MSK symptoms.

The role of physiotherapy within General Practice has been explored across the UK and it is now widely recognised that MSK Advanced Physiotherapy Practitioners can work within practice teams on musculoskeletal complaints. Musculoskeletal (MSK) complaints are reported to account for between 10% and 30% of GP appointments. There are a number of pilots and established services to draw learning from to establish a MSK APP service across General Practice.

3.6 EFI and Heath Foundation

The HSCP and the Quality Cluster have been working together to use the electronic frailty index (eFI). This uses General Practice records to identify people living with frailty and grades the frailty by mild, moderate or frail. The practices in Midlothian have been working to improve clinical coding so that the eFI accurately identifies all people living with frailty. This tool has significant potential to transform how we provide care and support by providing less reactive, episodic care and more proactive care management.

The HSCP successfully secured funding from the Health Foundation to develop the electronic frailty programme. The funding will be used to support practices and the HSCP to optimise the benefit from the eFI and create the data environment that supports the development of a proactive, tiered system of care for people living with frailty.

The funding is from the Health Foundation's Advancing Applied Analytics programme. An analyst will be appointed for 12 months to lead this work and practices have dedicated funding to allow GPs to participate in the programme and undertake Quality Improvement projects within their practice.

This programme will potential transform how and when we provide care for people with frailty. During 2018 the HSCP will lead a collaboration across health, care and 3rd sector partners to use this information to change how we care and support people living with frailty.

Integration

3.7 Royal Edinburgh Hospital – Phase 2
Midlothian is currently engaged with partners across Lothian to explore future models of inpatient care required for people with Mental Health issues (including low secure provision and rehabilitation) and those with complex and multiple physical disability. The work is allowing to consider what might be more appropriately delivered within a community setting and what does still require to be delivered in a hospital setting. A future paper will be shared with the IJB to agree the Midlothian position and budget contribution to the service.

3.8 Learning Disability Services
The work continues with the integration of the Community Learning Disability Team (CLDT) with the local Learning Disability service in Midlothian. The CLDT were previously managed as part of the pan-Lothian service but as part of the integration agenda, this has now transitioned over to the Partnership. This is a very positive change and will allow for an aligned management structure that can focus on the needs of people in Midlothian through a single, integrated team.

3.9 Primrose Lodge
Following the planned discharge of 2 patients from the 'health house', Primrose Lodge, in February 2018, Midlothian is keen to work with NHS Lothian on how the facility can be changed to provide a core and cluster approach to supporting people with a learning disability. This would require a change in function of Primrose Lodge and some internal refurbishment but would deliver the wider strategic direction of the Partnership in supporting people within the community. We are currently seeking agreement from NHS Lothian to enable this change.

Staffing

3.10 Catherine Evans, Public Involvement Co-ordinator with the HSCP, will leave the Partnership on 12 January to take up a secondment for 18 months with the Mental Welfare Commission. This is an exciting development opportunity for Catherine but it will also be a loss to the Partnership, given the important and influential role that Catherine has provided over numerous years. We are currently reviewing options for backfilling this post but in the meantime would wish to acknowledge and recognise the excellent work that Catherine has delivered in terms of public involvement and engagement for the Partnership.

4 Policy Implications

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

5 Equalities Implications

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

6 Resource Implications

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

7 Risks

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

8 Involving People

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

9 Background Papers

None

AUTHOR'S NAME	Allister Short
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3605
DATE	3 January 2018

11 January 2018, 2.00 pm

Midlothian IJB Property Strategy

Executive summary

Item number:

This report explains the case for the IJB developing a strategy for its future property requirements. Whilst the IJB does not have any direct control over capital or housing revenue budgets it must give clear advice to Midlothian Council and NHS Lothian about investments needed to enable the IJB to fulfil its objectives regarding the delivery of health and social care.

Board members are asked to:

1. *Note this first version of a property strategy*
2. *Agree to formal discussions with NHS Lothian and Midlothian Council with a view to developing this strategy within the finances available to both bodies*
3. *Agree to receive a further more comprehensive strategy by June 2018*

Property Strategy

1. Purpose

1.1 This report provides an overview of current properties in use by the local Health and Social Care Partnership and an indication of the future requirements including special needs housing.

2. Recommendations

2.1 The IJB is recommended to:

Note this first version of an IJB property Strategy

Agree that the issues raised in this strategy be discussed within the relevant forums in Midlothian Council and NHS Lothian.
Agree that a more developed strategy be presented at a future meeting of the IJB no later than early June 2017.

3. Background and main report

3.1 The delivery of the Midlothian Strategic Plan is dependent upon the successful design and implementation of its

Financial Strategy

Workforce Plan

Directions issued to NHS Lothian and Midlothian Council and

Property and Housing Strategy

3.2 Midlothian IJB has no direct role in commissioning capital projects. This remains the responsibility of Midlothian Council and NHS Lothian. As integrated services develop, issues surrounding property, including the use of existing buildings and plans for new builds, require close collaboration. Joint teams and multidisciplinary working with the voluntary and independent sector is increasingly the norm and this brings with it property-related challenges.

3.3 Alongside this, the growing population in Midlothian requires forward planning for facilities such as Health Centres and Dental Practices. As well as agreeing and managing capital and revenue costs there are other infrastructure considerations such as IT and telephony.

3.4 The drive towards the development of more sustainable health and care services is dependent of the provision of suitable housing for people with some form of special needs. The provision of extra care housing at Cowan Court and special needs housing for people with learning disabilities at Teviot Court are excellent examples of the role of housing in providing alternatives to residential or hospital based care.

3.5 Following discussions involving the Chief Officer, the Council Chief Executive, Kenneth Lawrie, and NHSL Deputy Chief Executive, Jim Crombie, both were supportive of the proposal that a Midlothian Health and Social Care Partnership Property Strategy be developed to inform the capital programmes of both organisations as well as the Midlothian Council Housing Strategy.

3.6 The key objectives of the strategy are to seek sufficient capital investment to enable the IJB to ensure it has:

- the capacity to respond to the growing population
- the scope to develop more integrated services
- new housing models to provide more cost-effective services
- buildings which are fit for purpose

4. Policy Implications

4.1 The Public Bodies Act 2014 required IJBs to include a Housing Contribution Statement in its Strategic Plan in recognition of the critical role which housing has in the successful redesign of health and care services.

5. Equalities Implications

5.1 There are no specific equalities implications arising from this report in relation to the provision of public buildings such as Health Centres or Intermediate Care facilities. However the development of the Recovery Hub already agreed by Midlothian Council will help improve services to people with mental health needs, substance misuse needs and those involved in the criminal justice service.

6. Resource Implications

6.1 The capital resources required could only be provided by Midlothian Council and NHS Lothian while housing developments would need investment through the Housing Revenue Account. However the IJB has had a role in helping to secure Section 75 investments through developer contributions.

6.2 Any additional revenue implications arising from property developments would need to be considered and agreed by the IJB on a case by case basis.

7 Risks

7.1 There are a range of risks attached to failure to invest in properties for use by health and care services. These include financial risks through failure to provide more cost effective services such as extra care housing; risks to quality by remaining in buildings no longer fit for purpose such as intermediate care in Highbank; and inability to respond to growing demand such as health centre facilities.

8 Involving People

8.1 The development of this strategy has not yet been subject to formal discussion with colleagues in NHS Lothian and Midlothian Council. However in relation to specific issues such as extra care housing or health centre expansion there have been previous discussions with both the relevant staff groups and to some extent with the public.

9 Background Papers

Appendix 1 2018-21 Property Strategy

AUTHOR'S NAME	Tom Welsh
DESIGNATION	Integration Manager
CONTACT INFO	0131 271 3671 tom.welsh@midlothian.gov.uk
DATE	29th December 2017

MIDLOTHIAN HEALTH AND CARE PARTNERSHIP

2018-21 PROPERTY STRATEGY

29th December 2017

Midlothian Health and Social Care Partnership

Property Strategy 2018-21

CONTEXT:

Midlothian IJB has no direct role in commissioning capital projects. This remains the responsibility of Midlothian Council and NHS Lothian. As integrated services develop, issues surrounding property, including the use of existing buildings and plans for new builds, require close collaboration. Joint teams and multidisciplinary working with the voluntary and independent sector is increasingly the norm and this brings with it property-related challenges. Alongside this, the growing population in Midlothian requires forward planning for facilities such as Health Centres and Dental Practices. As well as agreeing and managing capital and revenue costs there are other infrastructure considerations such as IT and telephony. In light of this it was agreed by Council Chief Executive, K Lawrie, and NHSL Deputy Chief Executive, J Crombie, that a Midlothian Health and Social Care Partnership Property Strategy be developed to inform the capital programmes of both organisations as well as the Midlothian Council Housing Strategy.

KEY OBJECTIVES:

This strategy is intended to ensure that the IJB has

1. The capacity to respond to the growing population
2. The scope to develop more integrated services
3. New housing models to provide more cost effective health and care services
4. Buildings which are fit for purpose

CURRENT ESTATE

1. **Council Properties:** The following buildings are owned and maintained by the Council
    - Cherry Road Day Centre Learning Disability
    - Highbank Intermediate Care Centre Older People
    - Newbyres Residential Care Home Older People
    - Cowan Court Extra Care Housing Older People

2. **NHSL Properties:** The following buildings are owned and maintained by NHS Lothian
    - Penicuik Medical Centre General population
    - Dalkeith Medical Centre General population
    - Old Bonnyrigg Health Centre Dentistry and Office Space
    - Primrose Lodge Learning Disability

3. **NHSL Leased Properties:** The following properties are leased directly by NHS Lothian
    - Midlothian Community Hospital (PFI) General population
    - Glenesk (Private Lease) Substance Misuse

4. **GP Practices**: The following properties are partially funded by NHS Lothian in relation to rental costs:

    - Bonnyrigg Medical Centre (21.3% -a number of community teams are based there)
    - Eastfield Medical Centre (19.88% community teams plus outpatient spaces)
    - Newbattle Medical Centre (DNs; HVs; and outpatient spaces)
    - Roslin
    - Pathhead
    - Loanhead/Paradykes
    - Newbyres
    - Danderhall Practice

SHARED ACCOMMODATION ACROSS HEALTH AND CARE:

The current arrangements for co-location of health and social care staff have been managed on a reciprocal basis with no financial transactions for property costs. The main logistical issue has been the provision of suitable IT access.

1. Health and Social Care Headquarters-Fairfield House Midlothian Council
2. Mental Health Team Old Bonnyrigg Health Centre
3. Joint Dementia Team Bonnyrigg Health Centre
4. MERRIT (Rapid Response and Hospital at Home) Bonnyrigg Health Centre
5. Newbyres Care Home which now includes a small nursing team

PROJECTS CURRENTLY UNDER CONSIDERATION IN HEALTH AND CARE:

1. **Recovery Hub:** The objective of strengthening links between mental health and substance misuse services led to a bid for capital funding from Midlothian Council. Following a feasibility study funded by NHS Lothian the Council agreed to allocate funding and a project plan is now being developed and implemented which includes IT and telephony as well as organisational development in terms of new ways of working. Following this decision, work is also underway to examine the options for providing more suitable accommodation in Old Bonnyrigg Health Centre for two voluntary organisations-Health in Mind and Women's Aid.

2. **Outpatient Space** A capital award is enabling outpatient space to be developed/improved in the Medical Centres in Bonnyrigg HC, Eastfield, and Newbattle.

3. **Newtongrange Clinic**: Refurbishment of a clinic in Newtongrange is underway to provide a branch surgery for the Newbattle Medical Practice.

4. **Learning Disability Premises Loanhead**: Inpatient premises for people with learning disabilities in Loanhead are the subject of negotiation about adapting them to residential and respite care facilities.

FUTURE PROPERTY REQUIREMENTS

1 **Intermediate Care:** The gradual expansion of intermediate care facilities in Highbank has proved a key component of the shift towards rehabilitation and consequent reduction in the reliance upon of residential care in particular. However Highbank was built as a residential home and despite some refurbishment it is not a particularly suitable environment for intermediate care. New build premises are required and, as part of such a development, there would ideally be scope for day care facilities currently located on a short term basis in the Community Hospital.

2. **Learning Disability Service**: The development of joint teams has been possible as a result of capacity freed up in local health centres. The planned recovery hub will allow further collocation of health social care and voluntary organisations. Another service which lends itself to co-location and eventually joint management is Learning Disabilities and, suitable premises have yet to be identified.

3 **Health Centres**: The projected significant growth in population in Midlothian requires future planning for Health Centre expansion as detailed below. Negotiations continue towards securing Section 75 developer contributions towards the cost of the premises. Similarly there is likely to be a need for additional dental practice premises although this has not yet been scoped out.

a. Shawfair 2023
b. Danderhall practice expansion (2019)
c. Newtongrange Clinic replacement (2025)
d. Increase Health Centre capacity in Rosewell/South Bonnyrigg

4 **Dental Practices:** House-building may reduce access to NHS dental services in Midlothian. There are 16 dental practices across Midlothian offering a combination of NHS and private dental services. There is currently not a reported issue of access to NHS dental services but there is a risk that as the population increases that there will be insufficient capacity for NHS dental services unless the existing dental practice can expand (both staffing and buildings). Further analysis of this is required. If expansion is not possible the population increase may lead to practices changing their business model and withdrawing from NHS provision as demand for private provision increases. This would widen health inequalities. To mitigate this risk the IJB and NHS Lothian should develop additional dental facilities in Midlothian which would provide NHS dental services. Further work is required with the local dental providers to assess the impact and their ability to absorb population growth.

FUTURE HOUSING REQUIREMENTS

There has been a long-standing policy initiative to reduce reliance upon institutional settings including long stay learning disability hospitals, psychiatric hospitals, and long stay hospitals and care homes for frail older people. The success of this shift to community based care has been heavily dependent upon the contribution of Housing providers. The escalating pressures on acute hospitals and care homes, alongside the public sector financial pressures has led to the demand for a further transformation of health and care services which again will require a major investment in special needs housing.

The vital role of housing was reflected in the requirement upon IJBs to include a Housing Contribution Statement (HCS) in their Strategic Plans. The Midlothian Housing Contribution Statement provides an analysis of local demographic features including the changing numbers of older people and those with disabilities and long term illness. It also explains what this analysis means for the provision of special needs housing, adaptations and supporting the objective of reducing inequalities.

Over the past 12 months the implication of the severe reductions in the Council budget has led to a further review of local models of care. This has identified the scope for delivering more cost effective services through the increased provision of specialist housing. The main areas for development are

a. Extra care housing for older people building on the success of Cowan Court. This provides good quality housing, readily accessible support and companionship whilst reducing reliance on more expensive residential care.

b. Shared or clustered tenancies for people with learning disabilities and those with complex physical disabilities. These would complement the recent 12 person development in Penicuik at Teviot Court

c. Homeless accommodation for people with mental health needs

In October 2016 Council approved the proposed expansion of extra care housing for older people. This included work with RSLs to maximise existing sheltered housing schemes, consideration of new models of support to the Council's existing wheelchair accessible schemes, and consideration of opportunities for Council new build complexes, particularly in Dalkeith and Bonnyrigg.

Since the announcement of the Council's commitment to a further1000 new houses, work has been undertaken to collate existing provision, particularly in the field of learning disability, and to quantify the requirement for special needs housing.

Although housing developments will be funded through the Housing Revenue Account depending on the design there could be some General Fund capital implications for communal facilities.

NHSL CAPITAL PROGRAMME

NHSL has recently agreed a Prioritisation Process through which all of NHS Lothian's capital investment decisions should be made. This process was approved by F&R Sep 2017 and work is underway to agree how to implement across 4 key areas;

- Four Health and Social Care Partnerships
- Royal Edinburgh Acute Services
- Acute Services
- Corporate Infrastructure

The prioritisation tool has been tested with Acute Services. The next step is to populate the 6 criteria with aims and potential measures that adequately reflect Primary Care to ensure the tool is fit for purpose for HSCPs. (Midlothian HSCP is represented through the Business Manager R Miller)

MIDLOTHIAN COUNCIL CAPITAL PLAN AND ASSET MANAGEMENT BOARD

The Council's Capital Plan Board oversees the General Services Capital Plan 2017/18 to 2021/22 currently at a projected cost of £110m. Alongside the ongoing capital commitment for the annual cost of telecare equipment capital funding for the Recovery Hub in Dalkeith and a feasibility study for a replacement for Highbank Intermediate Care Centre are included in this Plan. (Health and Social Care is represented through the Head of Customer and Housing Services, K Anderson.)

Thursday 11 January 2018, 2.00 pm

Achieving Financial Balance in the IJB

Executive summary

Item number:

This paper sets out the current challenges to achieving financial balance in 2018/19 for Midlothian IJB and sets out some initial proposals for delivering efficiencies in support of a balanced budget. The report notes the challenging position and acknowledges that the scale, pace and quantum of savings that is required goes beyond what has been achieved in previous years within the Partner organisations.

Board members are asked to:

1. *Note the projected deficit of the 'do nothing' option as a result of the growth and demand pressures across health and social care.*

2. *Note that the current projections are based on information provided by Midlothian Council and NHS Lothian in advance of the Scottish Government's announcement of their financial settlement for 2018/19.*

3. *Discuss and comment on the proposed high-level areas for transformational change and disinvestment to achieve financial balance.*

4. *Agree to receive detailed information on all efficiency programmes at the March 2018 meeting of the IJB.*

Achieving Financial Balance

1. Purpose

1.1 This paper sets out the current challenges to achieving financial balance in 2018/19 for Midlothian IJB and sets out some initial proposals for delivering efficiencies in support of a balanced budget. The report notes the challenging position and acknowledges that the scale, pace and quantum of savings that is required goes beyond what has been achieved in previous years within the Partner organisations.

2. Recommendations

2.1 Note the projected deficit of the 'do nothing' option as a result of the growth and demand pressures across health and social care.

2.2 Note that the current projections are based on information provided by Midlothian Council and NHS Lothian in advance of the Scottish Government's announcement of their financial settlement for 2018/19.

2.3 Discuss and comment on the proposed high-level areas for transformational change and disinvestment to achieve financial balance.

2.4 Agree to receive detailed information on all efficiency programmes at the March 2018 meeting of the IJB.

3. Background and main report

3.1 As set out in the Financial Strategy that was presented to the IJB, demand for health and social care services is increasing and the financial resources to deliver health and social care services are decreasing. Demand is driven by improvements in medical technology, increased public expectation and demographic changes that are placing considerable pressures on services.

3.2 The current position for Midlothian IJB, which should be noted predates the recent Scottish Government financial settlement for 2018/19, is a projected gap of £4.5m in 2018/19 against an overall budget of c.£123m. This position may change following revision of the financial model based on the settlement from Scottish Government however it is unlikely to change significantly and remains the working position to achieve financial balance.

3.3 There are a number of factors that need to be taken into account, including:

- Savings need to be achieved against a backdrop of rising demand, rising costs and rising expectations
- Challenging areas around delayed discharge, unscheduled admissions, quality issues within care home, workforce issues, etc.

- Some services not currently delivering on budget in-year
- Acceptance that some work and services will have to stop
- Some services are outwith the direct operational management of the Health & Social Care Partnership
- Opportunity to build on what has been achieved through Realistic Care, Realistic Expectations
- Many good things happening and a track record of service transformation

3.4 In taking forward the efficiency programme, there is a need to remain focused on the overall aim of Integration and to deliver new models of care that better supports the population of Midlothian and improves outcomes. The framework below continues to be at the centre of service redesign & service transformation:

Current Model	New Model
Geared towards acute / single condition	Designed around people with multiple conditions
Hospital - centred	Located in local communities and their assets
Doctor dependent	Multi-professional and team - based care
Episodic care	Continuous care and support when needed
Disjointed care	Coordinated and integrated health and care
Reactive care	Preventive and anticipatory care
Patient as passive recipient	Informed, empowered patients and clients
Self-care infrequent	Self-management / self-directed support
Low tech	Technology enables choice and control

3.5 There is also a need to ensure that data is used to drive forward service improvements and to benchmark activity both internally and externally to better understand the capacity and capability for change.

3.6 The table below sets out the high-level areas for transformational change within Midlothian and acute services:

Service Area	Analysis of Issue	Proposed Saving
Reablement Service	Significant time spent on travel resulting in reduced productivity	£277,000
Prescribing	Costs are £6 per patient higher than Scottish average	£940,000
Homecare/Care at Home	External providers not delivering to the full contract	£900,000
Learning Disability Services	Reviews and assessments outwith recommended review period	£200,000
Bank & Agency (NHS)	Ongoing use of bank staff beyond vacancy coverage	£75,000

Agency & Standby (MLC)	Usage has reduced but still scope for further improvement	£75,000
Service Area	**Analysis of Issue**	**Proposed Saving**
Mental Health	Opportunity to move beyond bed-based model of care	£50,000
Acute Services	Redesign services to reflect shift in the balance of care - Frailty - Diabetes - Respiratory - End of life care	£540,000
Charging for Services	Scope to introduce charging to bring in to line with other areas	£300,000
Operational Management	Review and reduction of travel, non-pay and other costs	£50,000
Service Delivery	Service reviews to reflect changing models of care	£80,000
		£3,487,000

3.7 Whilst still high-level provides, there remains a gap of £1m on the required levels of efficiencies within Midlothian to achieve financial balance and further work is required to provide a detailed breakdown on the proposed high-level savings. A full report will be brought to the Midlothian IJB meeting in March 2018. This will also have the details of the revised settlement from Midlothian Council and NHS Lothian, which may impact on the overall budget for the IJB.

4. Policy Implications

4.1 Whilst the main aim will be to consider delivering services differently through a transformational approach that will maintain service provision, the size of the savings required may impact on the effective delivery of the Strategic Plan.

5. Equalities Implications

5.1 A full integrated impact assessment will be produced as part of the detailed report for the IJB to consider at the March meeting.

6. Resource Implications

6.1 The will be a need to consider what resources and staffing is available to support delivery of the efficiency plans given the scope and scale of the changes required. This will be particularly relevant in working with acute services to drive forward service improvements to support a shift in the balance of care.

7 Risks

7.1 The level of proposed savings that are required, against a backdrop of increasing demand, will risk compromising delivery of the Midlothian IJB

Strategic Plan, including the shift to a preventative approach and community capacity building to support early intervention.

8 Involving People

8.1 There has been some initial consultation with members of the public through the Midlothian Council budget consultation exercise and the future models of care in terms of care at home has been discussed within Hot Topics, carers and service users. As the plans are developed, further engagement will take place across the Midlothian population.

9 Background Papers

None

AUTHOR'S NAME	Allister Short
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3605
DATE	3 January 2018