

Midlothian Integration Joint Board



Thursday, 18th April 2024, 14:00-16:00

Midlothian System Transformation Planning 2024/25

Item number: 5.5

Executive summary

The purpose of this paper is to note the planned Financial Recovery Actions within the context of transformation opportunities within Midlothian Health and Social Care strategic commissioning, planning and operational delivery.

On 21st March 2024, Midlothian Integration Joint Board (IJB) agreed the budget for 2024/25. In order to set a balanced budget, Midlothian IJB asked Midlothian Health and Social Care Partnership (HSCP) management team to progress 5 financial recovery actions and cost reduction programmes within the service areas of Care at Home, Newbyres Care Village, services commissioned from third parties, transportation, and Planning, Performance, and Programme.

In addition, Midlothian IJB also asked the Midlothian HSCP management team to consider the whole-system transformation actions required to bring the greatest system gain, and how this information could be used to develop and initiate a wider piece of whole-system strategic planning.

An initial scoping exercise has been undertaken by the Planning, Performance, and Programme service to explore where the HSCP can develop intelligence and decision making based on objective data that helps identify and describe where the best system impact can be made.

Members are asked to:

- Consider the strategic whole-system transformation proposals and recommendations described in this report
 - Determine which of these recommendations the Board would like to be considered as priority areas for investigation and development within the Strategic Commissioning Plan 2025/40
 - Commission the Strategic Planning Group to take forward any identified strategic development
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Midlothian Integration Joint Board

Midlothian System Transformation Planning 2024/25

1 Purpose

- 1.1 The purpose of this paper is to note the planned Financial Recovery Actions within the context of transformation opportunities within Midlothian Health and Social Care strategic commissioning, planning and operational delivery.

2 Recommendations

- 2.1 As a result of this report, Members are asked to:
- Consider the strategic whole-system transformation proposals and recommendations described in this report
 - Determine which of these recommendations the Board would like to be considered as priority areas for investigation and development within the Strategic Commissioning Plan 2025/40
 - Commission the Strategic Planning Group to take forward any identified strategic development

3 Background and main report

- 3.1 Change is a response to external factors and how we respond to achieve the results we need to meet changing targets or variation in resource. This usually involves the implementation of several discrete, well-defined shifts in activity. Transformation involves more significant reinvention, sometimes in profound ways. This can require a shift in our core beliefs or releasing ourselves from legacy design. Transformation focuses on a portfolio of initiatives which are all interdependent, intersecting and aim to create impact across the whole system.

3.2 Midlothian IJB Financial Recovery Actions

On 21st March 2024, Midlothian IJB asked Midlothian HSCP to pursue 5 financial recovery action plans.

Commissioning

A 3% reduction in overall costs of commissioned arrangements will commence with initial focus on all contracts that do not directly provide services to people. A review of all external contracts will be undertaken working with providers to identify where efficiencies could be made through modifying delivery models. There is a risk that a reduction of this size in commissioned services cannot be delivered through revised delivery alone. Any resulting reduction in capacity will generate significant vulnerability in the system, poorer outcomes for

people and communities, and additional pressure generated within the wider system.

Newbyres

Work is underway to redefine the vision and purpose of Newbyres Care Village. This will be informed by both the Planning, Performance and Programme review due for completion at the end of April 2024, and the Midlothian Bed-Based Care review. Key actions are to establish a new vision, strategy, and workforce plan to deliver high quality, safe and effective care and achieve a sustainable financial model alongside a new communication strategy for residents, their families, staff, elected members, IJB members and the wider community in Gorebridge. There is a risk that lack of care home beds in Midlothian drives the requirement to reopen beds while ongoing staff absence and vacancy rates remain high. This will result in the continued requirement to utilise agency staff and perpetuate high levels of spend beyond the available budget.

Care at Home

A review of the provision of care at home services will be undertaken so that 20% is provided internally and 80% externally. This work will include a review of all packages of care, developing a staffing algorithm to support the new allocation of care at home hours, working with providers to identify how capacity can be created, and the associated amendments to contracts for services commissioned from third parties as required. There is a risk that providers cannot create enough capacity to safely enable this change and that providers decide it is no longer sustainable or cost-effective for them to operate in Midlothian. This could result in contracts not being fulfilled or handed back.

Transport

This recovery action aims to achieve a reduction in spend on transport for service users by £170,000. Work will include a review of all transport provision for Social Work within Midlothian and form part of Midlothian Council's Transformational Blueprint work on transport. There is a risk that demand increases for placements for people with disabilities which could increase the need for transport and result in rising external transport costs through capacity/demand and inflationary uplifts.

Planning, Performance, and Programme

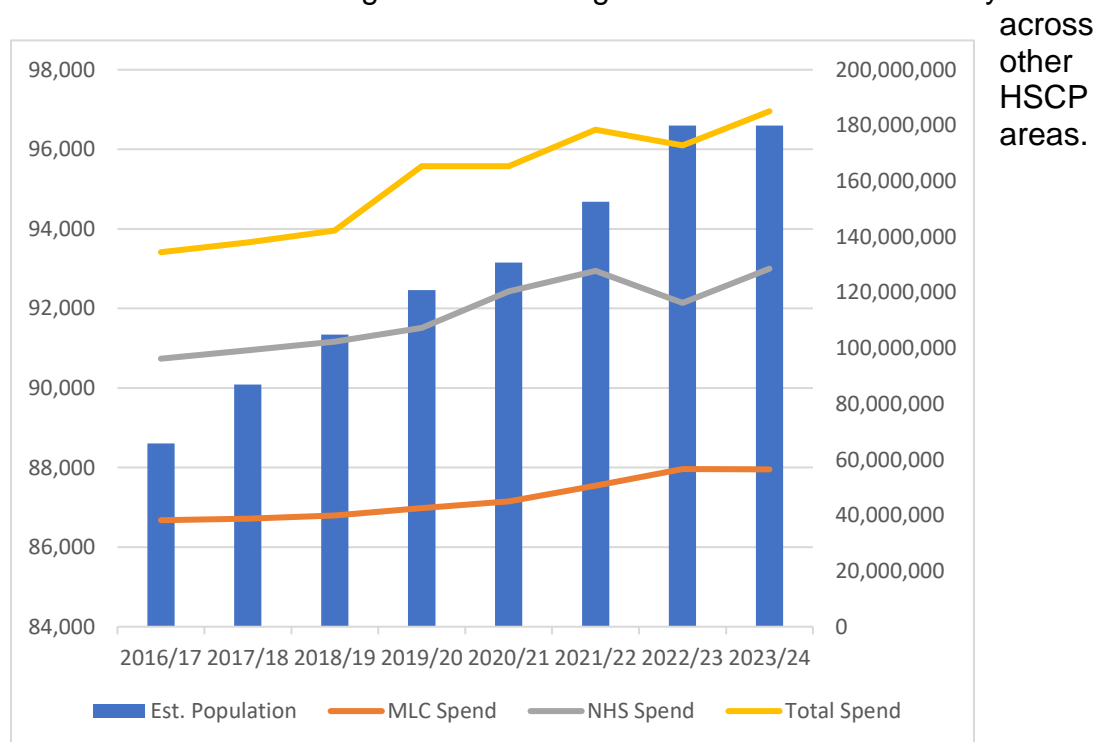
This recovery action required the review of the posts within the Planning, Performance and Programme service previously agreed to be funded by Midlothian IJB. The total investment in this team was £448k annually, and the three options have been presented to Midlothian IJB to establish a reduction or withdrawal of investment support. There is a risk that this team becomes an organisation risk without the resource, capacity, and ability to support the delivery of the statutory functions of a public body.

- 3.3 The areas of finance recovery action were generated at pace to achieve financial balance in 2024/25, and despite aiming to deliver service change, are not system transformation. Delivering a balanced budget based on areas of overspend cannot be conflated with an integrated system making powerful strategic decisions to

deliver best whole system benefit. It is clear that the financial recovery action activities alone are unlikely to deliver the scale of change required to transform health and social care in the way our communities need.

- 3.4 System transformation will involve Midlothian IJB developing their ability to understand the relationship and connections between services to enable decisions that focus our efforts to realise the greatest system gain. This includes developing intelligence and decision making based on objective data that helps identify and describe where best system impact can be made.
- 3.5 The following information and subsequent proposals are early high-level intelligence and examination of system data to support a new way of developing a system approach to transformation in Midlothian.
- 3.6 **Background information**
Since the first year for which we have finance data for Midlothian IJB in 2016/17, the population of Midlothian has grown by 9%. Over the same time period, the Midlothian Council spend has grown by 48% and the NHS Lothian spend has increased by 34%.
- 3.7 The chart below shows the Midlothian population growth year by year, based on estimates from National Records of Scotland, in the blue bars. The annual spend of Midlothian Council is shown by the orange line, and the NHS Lothian spend by the grey line. The yellow line shows the combined spend of both partner organisations. It is important to note the impact of short-term increases relating to Covid funding during 2020/21 and 2021/22. Some of the increases in social care are related to Scottish Government funding for policy, for example the real living wage. An element of the increase in spending across both partners will only reflect pay awards.

- 3.8 In 2016/17, when the population was approximately 88,610, the Midlothian Council average spend per head of population was £432. By 2023/24, with a population of approximately 96,600, the Midlothian Council average spend per head of population was £585, an increase of 35%. In 2016/17 the NHS Lothian average spend per head of population was £1086. By 2023/24 the NHS Lothian average spend per head of population was £1331, an increase of 23%. The ambition is to benchmark Midlothian data against national figures and to understand any variation



- 3.9 The 2022 Census tells us that the percentage of the Midlothian population currently aged 65+ is 19%. It is of interest to note that this figure is the seventh lowest of all HSCP areas, which means that Midlothian has the seventh lowest percentage of people aged 65 and over in Scotland.
- 3.10 Long term predictions indicate that the 75+ age group is projected to see the largest percentage increase (+40.9%). In terms of size, however, those aged 25 to

44 is projected to become the largest age group (National Records of Scotland data).

3.11 Proposal 1: Opportunities for powerful system review

There are some emerging indications from primary care data sets that people on waiting lists for planned care, social care and rehabilitation require increasing interim care with limited options for support beyond GPs and unscheduled care. Some data suggests that people unable to access the identified care they need will on average visit the GP 2 to 3 times more frequently compared to age matched control groups.

3.12 Additionally, early investigation suggests that one of the places where are likely to be able to effect most significant change and increase volume in the system is social care (**appendix 1**). The level of investment required to provide the necessary social care capacity may simply be in excess of the available budget, rather than the budget being under pressure from social care expenditure.

3.13 To be able to test this assumption, a larger piece of work to better understand the connections, relationships, and interdependencies between the individual element within the health and social care system. This will require a level of veracity to the data that is also agnostic to the system and enables the identification of the areas where the Board has the greatest leverage to create the biggest impact.

3.14 Recommendation 1:

The Board is therefore asked to consider and commission the Strategic Planning Group to undertake the work as described in 3.13.

3.15 Proposal 2: Redesigning beyond the places of observed pressure for system gain

Severe and recurring challenges in relation to improving flow and reducing delayed discharges continue to be a focus of HSCP activity. Planning, Performance, and Programme have conducted an initial high-level analysis using average monthly rates from NHS Lothian data. This shows very little variation in the use of unscheduled care across all four Health & Social Care Partnerships.

3.16 An initial review of NHS management data, stratified by all 4 Lothian HSCPs, shows the percentage of all adult A&E attendances, by people aged 75+, ranges from 13 – 16%. Of those people aged 75+ who present at A&E, between 74% and 86% had been professionally directed there, with a conversion rate from A&E attendance to Inpatient Admission ranges from 54% to 59%.

3.17 There is no evidence to suggest that a Midlothian-only approach to the challenges will bring the sustainable change, and a pan-Lothian approach is required to achieve the required impact and tackle the challenges in relation to unscheduled care.

3.18 Local management data from two HSCPs in NHS Grampian indicated that where social care resource is directly targeted at reducing delayed discharges, the corresponding impact was an increase of 30% in community waiting lists for

packages of care. People who were waiting for a first assessment in the community were found to be at higher risk of presentation to unscheduled care.

- 3.19 This suggests there may be some benefit to reviewing both the mechanisms available to access unscheduled care, and how and when the system directs people to A&E. There is also an opportunity to better understand how we can contribute to a transformed approach to unscheduled care presentation and assessment that could be supported with a greater social care contribution and appropriate resource.
- 3.20 **Recommendation 2:**
The Board is therefore asked to consider and commission the Strategic Planning Group to undertake the work as described in 3.19.
- 3.21 **Proposal 3: Service design by predictable clusters of need (multimorbidity)**
The data show that age as a single indicator doesn't provide the richness of information needed to effectively consider the redesign of services, particularly when seeking to better connect integrated services to improve outcomes.
- 3.22 In the UK, one in four people are now living with at least two health conditions, also known as multimorbidity. We know that people often have several long-term conditions, and focusing on people who we can predict are most likely to have multiple long-term conditions is one way to make a significant system impact.
- 3.23 Emerging data tells us that there are predictable clusters of disease that frequently occur together. By establishing the most frequently occurring and predictable clusters of multimorbidity in Midlothian, the opportunity to reorganise our health and social care around those clusters, rather than individual diseases, is likely to provide better care, more efficiently, alongside how people live their lives.
- 3.24 Scottish Government currently collect information about long term conditions based on single conditions across the population. There is currently no data to indicate the profile of people living with more than one long term condition, or the most commonly occurring clusters of health and social care need.
- 3.25 The development of local evidence could connect services and multidisciplinary teams (MDTs) in new ways. It will be essential to continue working with our colleagues at Public Health Scotland to use data in ways we have not been able to do before. The additional benefit of this approach is the ability to design and build better mechanisms of likely future service demand modelling, and therefore financial, capacity, and workforce resource planning.
- 3.26 **Recommendation 3:**
The Board is therefore asked to consider and commission the Strategic Planning Group to undertake the work as described in 3.25.

3.27 Proposal 4: Enabling a connected system from the perspective of people and communities to understanding what planned support is missing

There are a range of initiatives that have already been identified as part of the ongoing process to improve how people and communities have access to information and services and how we are better guests in their lives.

3.28 As part of the work to develop the new Strategic Commissioning Plan, people told us they don't want to have to rely on services to live the life they choose. People don't want services; they want a good life. People told us they wanted support, relationships, and most of all, to be understood. People who do need our support, care, or treatment have told us they want practical help, not to be reliant on services and feel trapped in 'the system'. People told us they want us to be honest and realistic about what we can do as well as what we can't and come alongside them.

3.29 There are a number of opportunities for wider system thinking to improve the facilitation and provision of often multiple services in a way that feels seamless and supports people take action to prevent, ill or worsening health and stay well. Areas for transformation range from how we provide and signpost information, improvements in flexible access to and relationship across services in a connected way across health and social care, and digital opportunities.

3.30 Recommendation 4:

The Board is therefore asked to consider and commission the Strategic Planning Group to undertake the work as described in 3.29.

3.31 Decisions and next steps

The Board is now asked to consider each proposal and recommendation to determine which areas it would like to commission the strategic planning group to explore and define future strategic planning opportunities 2024/25 for integrated health and social care.

Ongoing work to connect the strategic ambitions of the IJB to operational strategic planning continues and will be addressed through the Midlothian HSCP Operational Transformation Group. Examples of work already underway include a review of Community Nursing models, the Midlothian Bed-Based Care Review, redesign of Home First and a review of the strategy and vision for Newbyres Care Village. In addition, the HSCP is mindful of increasing demands on adult services as young people transition across the system with an estimated financial pressure of £2.5m within Learning Disability services for the period 2023-24 to 2025-26. A Transition Development Worker is now in post to support the development of a Transitions Framework.

4 Policy Implications

4.1 This report does not have any direct impact on policy. However, should the Board wish to pursue the proposals for system transformation described above, it will

influence the development of the IJB Strategic Plan 2025/40 and is likely to impact on a number of operational policies.

5 Directions

- 5.1 The content of this report does not have any direct impact on existing Directions at this time. However, should the Board wish to pursue this approach to system transformation it will require a number of new Directions to enable the development of system wide planning and change.

6 Equalities Implications

- 6.1 The content of this report does not have any direct impact on equalities at this time. However, should the Board wish to pursue this approach to system transformation, a range of Equality Impact Assessments will be required to inform and enable the development of system wide planning and change.

7 Resource Implications

- 7.1 There are no resource implications as a result of this report.

8 Risk

- 8.1 There are no direct risks related to the contents of this report. However, it is worth noting that the proposals and recommendations in this report have been developed by the Planning, Performance, and Programme service who are uniquely placed to deliver the analysis, strategic planning and design required to successfully navigate whole system transformation. This team are currently under financial review, and this may impact on the ability of this service to support work of this nature in the future.
- 8.2 There is a risk that without whole system transformation, health and social care will be unable to deliver the care and support required to see progress towards the 9 national Health and Wellbeing outcomes in the most effective and deficient way.

9 Involving people

- 9.1 This report has been written following consultation with the Midlothian HSCP executive management team, the LIST team, and our partners.

10 Background Papers

- 10.1 None.

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Appendices:

Appendix 1: Initial Capacity and Volume Analysis within Midlothian HSCP