

Midlothian Integration Joint Board



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.*
-

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 km²) 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