Midlothian Integration Joint Board





Chief Officer's Report

Item number: 5.4

Executive summary

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

Board members are asked to:

Note and comment upon the issues raised in the report.

Report

Chief Officer's Report

1. Purpose

This report provides a summary of the key issues which have arisen over the past two months in health and social care

2. Recommendations

- 2.1 Note the issues raised in the report.
- 3. Background and main report

Service Pressures

- 3.1 **Care at Home** As reported in private at the 18th August IJB meeting "Care at Home" continues to pose significant challenges during the transition to the new provider. As agreed at the IJB a new Direction has been issued to Midlothian Council; a Public Social Partnership with voluntary sector has been established to drive innovation in the model of care at home.
- 3.2 **Delayed Discharge:** Midlothian's performance continues to be very worrying with delays arising due primarily to sustained high levels of demand, a shortage of care at home capacity and the lack of care home places in people's preferred care homes. As of 30 September, there are 37 delayed discharges including 8 complex cases. Excluding the complex cases, 15 people have been delayed for more than two weeks. This is a key priority for the management team with a daily focus on trying to reduce the incidence of delayed discharge.
- 3.3 **District Nursing:** There is currently a national shortage of qualified District Nurses (DN). NHS Lothian is no exception with a large number of vacancies. Within Midlothian by January there is likely to be a vacancy rate of just over 40% of qualified DNs, with a further number of DNs nearing or beyond the retirement age (55yrs). A number of measures are being taken including increased numbers of DNs being trained and the recruitment of additional Staff Nurses on a temporary basis. The workforce issues relating to district nursing needs to be seen within the broader context of the workforce development plan across all professional groups.

Integration

3.4 **Restructuring:** Following the move to a more integrated structure at Head of Service level, work is underway to ensure more integrated working at Tier 3 level of management.

- 3.5 **Recovery Hub:** In partnership with Property Services, plans are progressing for the establishment of a Recovery Hub in St Andrews Street. Alongside this, work is progressing on the redesign of pathways and on increasing capacity to strengthen delivery of both detox in the community and recovery support services.
- 3.6 **Newbyres Care Home:** The move to a new model of care is progressing well with a major staff recruitment exercise including recruitment of nurses. A multi disciplinary team is now planning the arrangements for the provision of specialist dementia beds.
- 3.7 **Grant Thornton:** In the Controller of Audit Report on Midlothian Council for the year ended 31st March 2016, reference was made to the new governance arrangements, workforce planning and Best Value related to the establishment of the IJB. In summary they concluded that "the IJB has made a good start".
- 3.8 Audit and Risk Committee John Oates Non-Executive member of NHS Lothian has agreed to become a member of the Midlothian IJB Audit and Risk Committee, replacing Alison MacCallum, who has attended on a temporary basis.

4. Service Developments

- 4.1 **Primary Care:** As is described in the Primary Care Transformation Report elsewhere on the agenda, progress is being made in providing additional support in Health Centres with a Mental Health Access Point in Penicuik and a number of new Wellbeing Practitioners being recruited through the Primary Care Transformation Fund.
- 4.2 **Living Wage:** Arrangements are now firmly in place for all social care workers in Midlothian to receive the living wage through the allocation of the Social Care Fund monies to the IJB

5. Policy Implications

5.1 The issues outlined in this report relate to the new arrangements for the delivery of health and social care.

6. Equalities Implications

6.1 The provision of a recovery hub and the extension of wellbeing services in Health Centres will contribute towards addressing health inequalities

7. Resource Implications

7.1 The Primary Care Transformation Fund will provide funding for the extension of the Wellbeing Service

8 Risks

8.1 There are a range of risks associated with the lack of care at home capacity in terms of both quality of care and impact on delayed discharge.

9 Involving People

9.1 Not applicable

10 Background Papers

None

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