

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, 01 December 2016

Time: 14:00

Eibhlin McHugh
Chief Officer

Contact:

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Further Information:

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

1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting

3 Declarations of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

4 Minutes of Previous Meeting

4.1 Minutes of Meeting of 27 October 2016 Public **3 - 8**

4.2 Minutes of Meeting of 27 October 2016 Private

- 3. Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the authority.

5 Public Reports

5.1 IJB Directions 2017-18 **9 - 14**

5.2 Finance (Report to follow)

5.3 Adult Social Care and Health Budget Pressures **15 - 20**

5.4 Chief Officer Report **21 - 24**

5.5 MELDAP Care Inspectorate - Validated Self-Evaluation Report **25 - 38**

6 Private Reports

None

7 Date of Next Meeting

The next Development Session will be held on 12 January 2017; the next Board meeting will be held on 9 February 2017. Both meetings at 2 pm in the Conference Room, The Corn Exchange, High Street, Dalkeith



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 27 October 2016	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Alex Joyce
Cllr Bob Constable	Alison McCallum
Cllr Derek Milligan	John Oates
Cllr Bryan Pottinger	

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Hamish Reid (GP/Clinical Director)
Caroline Myles (Chief Nurse)	Patsy Eccles (Staff side representative)
Marlene Gill (User/Carer)	Ruth McCabe (Third Sector)

In attendance:

Colin Briggs (Associate Director, Strategic Planning, NHS Lothian)	Jamie Megaw (Strategic Programme Manager)
Mike Broadway (Clerk)	

Apologies:

Peter Johnston (Vice Chair)	Dave Caesar (Medical Practitioner)
Aileen Currie (Staff side representative)	Margaret Kane (User/Carer)

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1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to the Meeting of the Midlothian Integration Joint Board, in particular Colin Briggs, Associate Director, Strategic Planning, NHS Lothian.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

The following Minutes of Meetings of the Midlothian Integration Joint Board were submitted and approved as correct records:

- Thursday 18 August 2016; and
- Thursday 15 September 2016.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	NHS Lothian Hospital Plan	Colin Briggs

Executive Summary of Report

Colin Briggs, Associate Director, Strategic Planning, NHS Lothian provided the Board with a briefing on the development of the Lothian Hospital Plan.

Summary of discussion

The Board in discussing the proposed Plan welcomed the potential opportunities that it presented to adopt a different approach towards the provision of functions delegated to the IJBs but delivered in NHS Lothian Hospitals. It was noted that the intention was to present the proposed Plan to the NHS Board in December, following which there would be a period of public consultation.

Decision

The Board thanked Colin Briggs for his presentation.

Report No.	Report Title	Presented by:
5.2	Financial Assurance 2016/17	David King

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Executive Summary of Report

This report concerned the development of the MIJB's financial strategy and laid out the principles behind redesigning the delivery of services moving from specialist and institutional based services to a more generalist and community based model. The report explained that such a strategy would require a fundamental review of the current services and how they used their resources, which would in turn inform the transformation of services and deliver the efficiencies to allow the IJB to achieve its strategic goals. The Financial Strategy and the Strategic Plan would then work together to ensure the long term sustainability of health and care services in Midlothian.

Summary of discussion

The Chief Finance Officer in presenting the report highlighted that the real challenge for the MIJB was to deliver the national outcomes for its population within the financial resources available given that these resources were reducing in real terms and that the demand for the MIJB's functions were likely to increase in the coming years. The Board, in discussing the need for change, acknowledged the budgetary and demographic pressures that were likely to be faced, and the importance of working closely with NHS Lothian and Midlothian Council on a tripartite basis going forward.

Decision

The Board:

- **Noted the contents of the report;**
- **Agreed the approach to the development of the MIJB's financial strategy as detailed in the report;**
- **Agreed, in principle, the MIJB's lead role in the financial planning process for its delegated functions including the governance around any 'recovery' and efficiency plans; and**
- **Agreed that in 2017/18 the financial planning process would move to being a tripartite process with its two operational partners - NHS Lothian and Midlothian Council**

Report No.	Report Title	Presented by:
5.3	Update on Primary Care Developments in Midlothian	Jamie Megaw

Executive Summary of Report

This report updated the MIJB on a number of developments within primary care and specifically General Practice in Midlothian.

Summary of discussion

The Board, having heard from the Strategic Programme Manager, welcomed the

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developments that were taking place and acknowledged that they should hopefully go a long way to helping to address the current situation. It was acknowledged that given the projected growth for the area and also the anticipated changing population demographics, in order to ensure the longer term sustainability of the position, further work was likely to be required.

Decision

The Board:

- **Noted progress to establish a new practice in Newtongrange and the financial implications for the IJB**
- **Noted progress to establish the Midlothian Quality Cluster**
- **Noted the allocation of Midlothian Primary Care Transformation funding**
- **Noted the planned response to the national review on primary care out of hours services**
- **Noted and approved the proposal to develop a strategic programme and plan for primary care in Midlothian.**

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

Executive Summary of Report

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

The report also recommended that John Oates, Non-Executive member of NHS Lothian be appointed as a member of the Midlothian IJB Audit and Risk Committee, replacing Alison McCallum, who had previously attended on a temporary basis.

Decision

The Board:

- **Noted the issues raised in the report;**
- **Agreed to approve the appointment of John Oates, Non-Executive member of NHS Lothian as a member of the Midlothian IJB Audit and Risk Committee; and**
- **Agreed to record thanks to Alison McCallum for her contributions to the work of the MIJB Audit and Risk Committee.**

Report No.	Report Title	Presented by:
5.5	Health and Social Care Services: Quality Improvement	Hamish Reid

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Executive Summary of Report

This report explained the changing approach to maintaining an overview of quality in health and care. A new structure, called the Midlothian Quality Improvement Team, had been put in place to identify areas of service delivery which required attention and make proposals regarding improvements. The report also made recommendations about how the MIJB would be kept informed about key issues of concern

Summary of discussion

Having heard from the Clinical Director, the Board discussed the proposals and the scope for user/carer and third sector representatives to be more involved in the quality improvement process.

Decision

The Board:

- To note and approve the establishment of the reformed QIT;
- To note the 2015/16 QIT annual report;
- To approve the future assurance model for QIT; and
- To approve the proposals for keeping the MIJB informed of the work of the QIT.

Report No.	Report Title	Presented by:
5.6	Directions	Eibhlin McHugh

Executive Summary of Report

This report provided a summary of the progress made by Midlothian Council and NHS Lothian in delivering the Directions set by the MIJB for 2016-17. The Directions were intended to provide further clarity about the key changes which need to be made in the delivery of health and care services in Midlothian as laid out in the Strategic Plan.

Summary of discussion

Having heard from the Chief Social Work Officer, the Board discussed the good progress that was being made in relation to the development of complex care housing and support; the expansion of wellbeing services; and the provision of mental health advice services. While timescales had slipped, plans for the reprovision of Liberton Hospital beds to Midlothian Community Hospital and enhanced community services were clear and robust. The provision of care home and care at home services had proved particularly difficult in the first 6 months of the year with a serious impact on delayed discharge, however a new Direction had been issued to Midlothian Council to undertake a full review of care at home.

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Decision

The Board:

- **Note the progress made in achieving the Directions as outlined in the report.**

6. Private Reports

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraph 3 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

Performance Information – Noted.

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 would be held on:

- Thursday 17th November 2016 2pm Development Workshop –
Liberton/Midlothian Community
Hospital Developments
- Thursday 1st December 2016 2pm **Midlothian Integration Joint Board**

The meeting terminated at 4.27 pm.



IJB Directions 2017-18

Executive summary

This report summarises the key issues which should be addressed in the 2017/18 set of Directions to be issued to Midlothian Council and NHS Lothian. These Directions are intended to provide greater clarity about the key changes which need to be made during 2017-18 in the delivery of health and care services in Midlothian. These Directions should be considered alongside the Strategic Plan 2016-19

Board members are asked to:

1. Approve a number key requirements to be included in the IJBs Directions
2. Agree to receive a further report in March 2017 outlining the formal Directions and approving them for issue to NHS Lothian and Midlothian Council

Directions

1. Purpose

This report summarises the main issues to be considered for inclusion in more detailed Directions which will be issued prior to April 2017.

2. Recommendations

Agree the proposed requirements to be made of NHS Lothian and Midlothian Council in the delivery of health and care services in Midlothian.

3. Background and main report

3.1 **Midlothian Strategic Plan:** The [Midlothian Strategic Plan 2016-19](#) outlines the direction of travel for the development of health and social care services in Midlothian. In many areas the Plan was described at a high level to allow further work to be undertaken with key partners about how to achieve the desired changes outlined in the Plan e.g. to reduce reliance on Acute Hospitals and Care Homes through strengthening Primary Care and Care at Home services.

3.2 **Legislation:** The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and also to issue Directions to NHS Lothian and Midlothian Council highlighting specific changes which need to be put in place to implement the Strategic Plan.

3.3 **Midlothian Policy:** Midlothian IJB approved its Directions Policy on 10th December 2015. This policy stipulates that Directions will be issued for all the functions that have been delegated to the IJB and that these will show the disposition of all the resources allocated to it.

3.4 **A Partnership Approach:** The clarity to be achieved through the issuing of Directions is important in ensuring there is no doubt about how delegated health and care services are to be provided including major service redesign objectives. The IJB has previously noted that the success of the new Integration arrangements is wholly dependent upon effective joint working between the IJB, Midlothian Council and NHS Lothian. Thus whilst Directions must be issued by the IJB to NHS Lothian and

Midlothian Council, these should be considered and enacted in a genuine spirit of partnership.

3.5 **Directions 2016-17:** Following consideration at previous meetings of the IJB, formal Directions were issued on 31st March 2016 to NHS Lothian and Midlothian Council. Direction 5 relating to community services for older people was subsequently amended to require the Council to undertake a full review of Care at Home following consideration of report taken in private on 18th August. A progress report on Directions was considered by the IJB on 27 October 2016.

More recently proposals are being considered within NHS Lothian to increase capacity within the Acute Medical Unit in the Royal Infirmary Edinburgh by a further 8 beds. This development would require both capital investment and an additional annual revenue investment of £1 million. The 2016/17 Directions issued by Midlothian Integrated Joint Board require that it should be consulted prior to any such service change. It is anticipated that NHS Lothian will use the consultation process on the Hospital Plan to allow further consultation on this proposal.

3.6 **Key Issues to be addressed through 2017-18 Directions**

Principles: In developing Directions for 2017-18 there are a number of emerging principles which should inform the redesign of services. These include:

1. A stronger emphasis on prevention being adopted by all services.
2. The development of a shared approach to risk across services
3. An increased emphasis on people being supported and treated at home
4. A move towards more Realistic Medicine and Realistic Care
5. A move towards more open access and seeking to reduce waiting lists
6. Diagnosis and treatment only being provided in hospitals where these can only safely be provided in hospital settings

Key areas for consideration include:

I. Diabetes

- a) Clinics should be undertaken in Midlothian and will require consultants to become more community-based.
- b) As 16% of acute hospital beds are occupied by people who have diabetes it should be possible to reduce bed numbers as preventative actions take effect.
- c) Resources should be redirected from those utilised in Acute Hospital to community based services.

II. Substance Misuse

- a) Midlothian's prorata share of funds relating to substance misuse will be used to redesign the SMD services moving service delivery into the Partnership and reducing the use of "central" bed-based services such as the Ritson Clinic.
- b) The capacity of community substance misuse services to deliver community based detox should be strengthened.
- c) An increased proportion of resources will be directed towards recovery based services.
- d) Midlothian Council and NHS Lothian should work together to support the establishment of a Community Recovery Hub and the co-location of integrated mental health and substance misuse services.

III. Learning Disability

Midlothian purchase a defined number of in-patient beds with the balance of Midlothian's share of resources being directed to the strengthening of community services capacity to support people whose behaviours are challenging for services to manage and those whose health care needs are complex.

IV. Health Inequalities

The appropriate proportion of the NHS Lothian Preventative Spend budget should be delegated to the IJB. This will enable the continuation of the CHIT work in Midlothian (annual cost of approx £120k).

V. Model of Social Care

In view of the continuing critical pressures on Social Care budgets the model of social care must be reframed as a matter of urgency. This will include more fully empowering and enabling service users and families to manage independently and gain access to community based services and supports. This will entail revisiting the approach to Self-Directed Support; Risk assessment; and Eligibility Criteria.

VI. Health and Wellbeing

- a) Given the very high numbers of people on medication for anxiety or depression (18% and up to 33% in some communities) much greater emphasis should be placed on "Good Mental Health for All). This will entail strengthening the Wellbeing Service, promoting Peer Support; enabling improved access to income maximisation and employment; and promoting self-management.
- b) Given the strong evidence about the detrimental impact of isolation on physical and mental health, continued emphasis should be placed on addressing this issue working with local communities, ensuring access to

suitable accommodation, promoting peer support and improving information.

VII. Liberton Hospital

The Directions issued in 2016 continue to apply with a revised date of 1st April 2017 and more precise calculations about the transfer of financial resources.

VIII. Allied Health Professionals

To support the move away from activity in hospital settings plans should be developed to deploy more Occupational Therapists and Physiotherapists in community settings to support hospital discharge.

IX. Acute Medical Receiving Unit

Consideration should be given to the possible case for reducing the provision of medical receiving services to one Unit in the City of Edinburgh.

X. Acute Hospital

- a) Midlothian is supportive of the recent work being undertaken to fundamentally review patient pathways in acute hospital settings.
- b) An analysis of the bed numbers utilised by Midlothian residents alongside projections about how these will change as measures to reduce delays, preventable admissions and length of stay take effect.
- c) Analysis of rehabilitation activity undertaken in acute settings should be reviewed with a view to moving this out to community settings where medically safe to do so.

XI. Community Health Services

- a) Resources should continue to be transferred to MERRIT to increase local capacity for Hospital at Home. This will be directly related to the work referred to in X b).
- b) Midlothian Community Hospital should include within its redesign programme the capacity to respond to and eliminate health- related delays in acute settings.
- c) The effectiveness of community services including Intermediate Care, Rapid Response, the In Reach Service and voluntary sector support services should continue to be strengthened working towards the 72 hour discharge target.

4. Policy Implications

- 4.1 The requirement to issue Directions was considered and agreed by the IJB on the 10th December 2015 when a local policy was agreed.

5. Equalities Implications

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

6. Resource Implications

- 6.1 The resource implications of the Direction will be specified within the individual template outlining the details of each Direction
- 6.2 It is acknowledged that the financial context is both complex and challenging. The budgets for 2017-187 are not yet finalised. The process for decision-making about the allocation of hospital (set-aside) and hosted services to each of the Lothian IJBs is complex and not yet complete. More generally the challenges facing both NHS Lothian and Midlothian Council in trying to meet increasing demand with reducing budgets will be equally felt by the IJB in planning how to deliver health and social care services in Midlothian.

7 Risks

- 7.1 There are a range of risks associated with the establishment of the IJB and these are considered in a separate report on the agenda. The risk attached to the Directions issued by Midlothian IJB, are that they are not yet specific enough to ensure delivery. This risk will be managed through the Strategic Planning Core Group which will monitor closely the progress being made in these care areas of service redesign.

8 Involving People

- 8.1 The development of the Strategic Plan was underpinned by an extensive consultation and engagement programme with both staff and the public. The Directions flow from the Strategic Plan and have not been subject to a further process of 'involving people'.

9 Background Papers

None

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DESIGNATION	Integration Manager
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DATE	22/11/2016



Adult Social Care and Health Budget Pressures

Executive summary

This report explains the serious budget pressures within the Council's Adult Social Care and Health services. A summary of the actions being taken to address these pressures is provided along with an outline of the longer-term changes. The report also highlights the key challenges facing social care over the longer term given reducing public finance and continued pressures in recruiting social care staff

Board members are asked to:

- a) *Note the work being undertaken to reduce a major projected overspend in Adult Social Care and Health*
- b) *Consider the implications of the current financial position when decisions are being made about the financial offer to be made to the IJB by the Council for 2017-18.*

Performance Information

1. Purpose

- 1.1 The purpose of this report is to provide members with the background to the current financial pressures in Adult Social Care and Health and a summary of actions being taken to address these. The report also highlights the key challenges facing social care in seeking to remodel services to meet increasing demand in the context of reducing public finance and a finite social care workforce

2. Recommendations

- 2.1 IJB is recommended to:
- I. Note work underway to address a major projected overspend in Adult Care
 - II. Consider the implications of the current financial position when decisions are being made about the financial offer to the IJB for 2017-18

3. Background and main report

Integration Joint Board

- 3.4 A report to Council in June 2016 explained that the Midlothian Integration Joint Board (IJB) was fully established on 1st April 2016 when it became responsible for the utilisation of the budgets delegated to it by Midlothian Council and NHS Lothian, a combined budget of approximately £111 million per annum.
- 3.5 The IJB is required to publish a three year Strategic Plan and determine how best to use these delegated resources to meet the health and care needs of the Midlothian population. The June report explained the respective roles of the IJB, the Council and NHS Lothian in managing the budget reductions required in the public sector. The primary responsibility of the IJB is to oversee the redesign of services towards more community-based services which place much greater emphasis on prevention and recovery. This should entail a shift in resources from hospitals and care homes. The responsibility of the Council and NHS Lothian is to put redesign plans into action and to use the available resources as efficiently as possible.
- 3.6 Audit Scotland recently published its report on Social Care in Scotland (September 2016).

“Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for social work across

Scotland, to make fundamental decisions about how they provide services in the future. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities."

The report goes on to estimate that if social care continues to be provided using the same model and approaches a 16-21% increase in spend by Councils will be necessary by 2020. In Midlothian this would amount to an additional £8 million.

Projected Overspend 2016-17

- 3.7 The Financial Monitoring Report for Quarter 2 submitted to Council on the 8th November projected an overspend of £1.488m on a total budget of £38.526m. The most significant area of overspend is in relation to £1.453m against the Resource Panel budget of £29 M. The Resource Panel manages spend on new or increased care packages; this budget does not include in house service budgets.
- 3.8 Council policy is committed to eligibility criteria of meeting critical and substantial need. However, increasingly the focus is on the development of sustainable models of care that reduce the burden from traditional services to meet need to a stronger focus on acknowledging people's personal assets and informal supports that are available in communities. Examples of this shift will include people with learning disabilities doing voluntary work or engaging in paid employment rather than attending a day centre or people with mental health difficulties taking part in peer support group activities in the community rather than receiving a care package.
- 3.9 Alongside the Resource Panel projected overspend there were also variations of £0.274m on in-house home care and £0.272m on in-house care homes for older people. These projected overspends are offset against underspends of £0.466m across other budgets.
- 3.10 The financial position in adult care must now be considered in the context of the financial pressures facing NHS Lothian. During 2016-17 the local health service must reduce its expenditure by £1.9m on a budget of approximately £47m. This very challenging target increases the necessity for Adult Care and Health to create synergies and invest in transformation to create sustainable services for the future. The current projection indicates an overspend of £0.800m on prescribing although this will be covered under a risk share agreement with NHS Lothian.

Underlying Causes

- 3.11 Financial Information: This projected overspend is based on committed spend whereby calculations are made for the full year on the basis of the cost of all current care packages. The continual change of care arrangements means that there is scope for error both for under and over commitments. Similarly in previous years the annual projection mid-year in NHS budgets has been reduced significantly before the end of the financial year.
- 3.12 Budget Pressure: The budget pressures have carried through from 2015-16 with a £900k over commitment on the 1st April 2016. The overspend in older people's

services can be attributed to the failure of one of the main external care at home providers with consequential increased demand on more expensive in-house home care services having to provide approximately 600 extra hours per week. The resultant pressures on all care at home services will undoubtedly have contributed to both an increased use of care homes for older people and a deteriorating performance on delayed discharge. The Midlothian Partnership had been making good progress in the preceding 2-3 years in both these areas.

The greatest growth in demand has been seen in services for adults with learning disabilities and complex physical disabilities. Under current projections there has been an increase in expenditure of 26% over the past two years. This growth has been contributed by a number of factors including the increased costs in providing overnight care. A recent employment tribunal ruling requires the payment of the national minimum wage for “sleep-over” shifts which has added a further budget pressure. The numbers of young people with very complex needs requiring intensive care is increasing year on year. There has been a growth in individualised packages of care in single tenancies. This model of care is very resource intensive.

The requirement to pay the Living Wage of £8.25 per hour to social care staff from 1st October 2016 and the requirement to pay the national minimum wage for sleepover shifts is estimated to cost in excess of £0.600m in 2016-17. Whilst funding was provided for the cost of implementing the Living Wage of £8.25 in the Local Government Finance Settlement, funding for future increases has not been confirmed.

- 3.13 Unpredictable Demand: The Resource Panel is a needs led budget providing resources to individuals considered, through an assessment process, to be in critical or substantial need. The budget is uplifted each year in recognition of demographic pressures and contractual inflation. However some packages for younger people with disabilities are in excess of £100k per year and while detailed planning is undertaken to project the number of youngsters coming through to adult services from school there remains a degree of unpredictability.
- 3.14 Workforce Challenges: The financial pressures coincide and are interlinked to workforce pressures in social care. This increasingly scarce and stretched resource has exacerbated the service risks and pressures in the system. With an ageing workforce in key areas of social care it seems very unlikely that the projected workforce requirements will be available for the current models of care.

Recovery Plans

- 3.15 Financial Information: Some intense work is underway working with both the Finance Section and the Business Systems Application Team to ensure the commitment records are as accurate as possible.
- 3.16 Resource Allocation: The decision making process is being strengthened to ensure that the capacity and assets of families, communities and the voluntary sector are maximised. The decision making process will also place greater emphasis on risk management.

- 3.17 Review of Existing Care Packages: Some intensive work is being undertaken to reassess care packages which have not been subject to a review process-in some instances for a number of years. The expectation is that, at least for some people, their health will have improved and their capacity to manage independently will have increased e.g. people able to travel independently. For others there may be opportunities to provide more cost-effective support through, for instance, the application of new technology.
- 3.18 Service Redesign: Work is already underway to create more efficient ways of working in areas such as learning disability day care with a number of people being supported to travel into Edinburgh. The approach to resourcing high cost care packages will also be reshaped towards greater emphasis upon shared support arrangements rather than individual tenancies. The intention is to continue to provide people with personalised care but to do so in a shared environment that is sustainable in terms of both resource and staff requirements.

As has already been reported to Council, work is underway with a voluntary sector provider to develop a new model of delivery of care at home services.

Managing Public Expectations

- 3.19 To implement this programme will require a shift in public expectations. Frontline staff will work with individuals and their families to find best solutions which maximises outcomes within available resources. This will mirror the shift in thinking about health as outlined in the report on “Realistic Medicine” recently published by Scotland’s Chief Medical Officer.

4 Policy Implications

4.1 Resource

This report focuses upon the projected overspend in Adult Care of £1.488m. An action plan is being implemented to address this overspend as detailed in Section 2. The current position suggests it will be a major challenge to reduce spending by a further £1.5m in 2017-18 as part of the Council’s strategy to address its overall funding shortfall. In these circumstances the IJB is likely to require some form of risk-share agreement with the Council in order to be reassured that it would be safe to accept an offer of £1.5m less than in 2016-17 given the current serious difficulties of staying within budget. As described in Section 2.3 this is in the context of the national projections about Social Care requiring further investment unless IJBs can move quickly to new models of care.

5 Equalities Implications

- 5.1 There are no immediate equalities implications arising from this report. However any changes to service design and delivery would need to be subject to equality impact assessment.

6 Risks

- 6.1 Given the overall pressures facing the Council the current financial position poses a serious and unsustainable risk. Reductions in preventative spend would undermine the longer term objective of a more sustainable approach to health and social care. In the short term a range of measures, summarised in Section 2, are being implemented to help address the projected overspend. Alongside these actions, work has commenced to help shape a new approach to the provision of social care which more clearly recognises the financial context. This will involve shifting public expectations which may have been inadvertently raised as a result of the shift towards Self-Directed Support. During this transition there will inevitably be a rise in complaints and a fair and robust approach to responding to these will be required.

7 Involving People

- 7.1 This report has been considered by senior managers and finance officers in Adult Care and Health

8 Background Papers

AUTHOR'S NAME	Tom Welsh
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DATE	22 November 2016



Chief Officer Report

Executive summary

This report describes the work that is being progressed to address the anticipated increased pressures on services in both acute hospital and community services over the winter period. These activities seek to improve the Partnership's performance with regard to reduced emergency admissions to hospital delayed discharges.

Board members are asked to:

1. Note and comment upon the issues raised in the report.

Chief Officer's Report

1. Purpose

- 1.1 This report describes the work that is being progressed to address the anticipated increased pressures on services in both acute hospital and community services over the winter period.

2. Recommendations

- 2.1 Note and comment on the issues raised in the report.

3. Background and main report

Winter Planning

- 3.1 The Midlothian Partnership is working with NHS Lothian partners to implement a range of service developments to ensure that we have the capacity to cope with increased service demand in the coming months.
- 3.2 These activities seek to improve the Partnership's performance with regard to reducing emergency and avoidable admissions to hospital and our delayed discharge performance.
- 3.3 There has been an improvement in Midlothian's delayed discharge performance over the last month and weekly monitoring suggests that this improvement is being maintained in to November. There is still further work to be done and the recent investments from winter funding will continue to support work towards achieving no delays.
- 3.4 We are seeking to minimise delays on acute sites i.e. the Royal Infirmary Edinburgh and the Western General Hospital. The Midlothian Community Hospital is being used increasingly for patients who are likely to be delayed beyond 72 hours as a result of requiring care at home.
- 3.5 There has been increasing attention being brought to reducing delayed discharges both within NHS Lothian and Scottish Government. To ensure there is effective oversight within Midlothian, there continues to be a weekly bed meeting with senior managers and operational staff. There is also full engagement in the weekly delayed discharge teleconference that is co-ordinated by NHS Lothian.
- 3.6 Key service developments that are being implemented include:
- Increased capacity within Hospital Inreach Team to support improved discharge across acute and community sites
 - Additional 0.6 wte medical input to MERRIT (now 1.1wte) to ensure there are no delays in patients being admitted to the virtual ward due to lack of medical input
 - 4 week pilot with the Flow Centre where all care home referrals for admission to hospital will be triaged back to MERRIT to support admission avoidance

- Increased hours for MERRIT at weekends and the service will now operate until 5pm Saturday and Sunday
- Recruitment of additional 10 Homecare workers to expand capacity within Reablement and Complex Care teams (funded from Winter monies)
- Additional physiotherapy and occupational therapy input to MERRIT to increase overall capacity and additional support to MCH
- Change of criteria for admission to Midlothian Community Hospital to enable patients waiting for a package of care to be transferred from acute sites thus minimising delays on acute sites
- Phased reopening of 8 beds within Newbyres Care Home to support greater flow across hospital and Highbank
- Care at home delivery in the West of Midlothian stabilised following the transfer to a new provider (Carr Gomm) supported by additional staff recruitment
- Development of dementia and complex care beds within Newbyres Care Home to support increased choice for LA funded service users thus reducing hospital delays, due to open from January 2017
- Expansion of MERRIT (Hospital at Home) Service to enable growth in beds on virtual ward by 50% (10 to 15 beds)
- Social work staff reviewing all care packages to identify additional capacity that can be released within the system
- Recruitment of Advanced Practitioner Physiotherapist to Hospital at Home team to support introduction of community respiratory service and prevent hospital admissions.

4 Policy Implications

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

5 Equalities Implications

- 5.1 There are no direct equalities issues arising from this report.

6 Resource Implications

- 6.1 The Partnership has obtained additional funding through the winter planning process to invest in service developments that will both seek to avoid hospital admissions and support the early discharge of patients.

7. Risks

- 7.1 These service developments outlined in this report seek to reduce the risks to both acute and community services associated with winter pressures.

8 Involving People

- 8.1 Not applicable

9 Background Papers

None

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MELDAP Care Inspectorate - Validated Self-Evaluation Report

Executive summary

Board members are asked to:

1. Note the significant strengths highlighted in the report in the areas of *Policy, Service Development and Planning, Partnership Working and Resources* and *Leadership and Direction* as well as the area for continuing improvement.
2. Note the progress made by MELDAP and its services in implementing The Quality Principles.
3. Note that the Midlothian Peer Support Project was identified as an example of good practice.
4. Recognise the challenges from 2017 onwards in sustaining the very high level of service performance against a backdrop of reduced funding.

Report

Performance Information

1. Purpose

- 1.1 This report provides a summary of the Care Inspectorate's Report on the work of MELDAP with regards to the progress made in the implementation of The Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services (2014).

2. Recommendations

- 2.1 Note the significant strengths highlighted in the report in the areas of *Policy, Service Development and Planning, Partnership Working and Resources and Leadership and Direction* as well as the area for continuing improvement.
- 2.2 Note the progress made by MELDAP and its services in implementing The Quality Principles.
- 2.3 Note that the Midlothian Peer Support Project was identified as an example of good practice
- 2.4 Recognise the challenges from 2017 onwards in sustaining the very high level of service performance against a backdrop of reduced funding.

3. Background and main report

- 3.1 The Care Inspectorate carried out a validated self-evaluation involving all Alcohol and Drug Partnerships (ADPs) across the country. The aim was to help ADPs determine the extent to which the Quality Principles had been embedded in practice in their areas to support better experiences and outcomes for people affected by substance misuse.
- 3.2 The Quality Principles were introduced by the Scottish Government in 2014. The eight principles sets out what people can expect when they access adult drugs

and alcohol treatment services across Scotland. MELDAP has successfully embedded the Quality Principles across all its services since 2015.

- 3.3 MELDAP have made clear its expectations to all services on how the Quality Principles should be used and had developed documentation to support service self-assessment. The Quality Principles form part of the MELDAP programme of quality improvement which includes three annual visits to services, performance reporting and service presentations to the Commissioning and Performance Group. The MELDAP format developed to support service self-assessment was adopted by the Care Inspectorate for the national review of ADPs.
- 3.4 Prior to the Care Inspectorate's visit MELDAP completed a Validated Self-Evaluation of the Quality Principles in the form of a Position Statement. The Position Statement included evidence of progress and a rating 'on the level of service performance' against each of the principles.
- 3.5 The final report highlighted a total of 28 strengths. In the key areas of strategic planning and leadership a total of 14 strengths were noted;
- Policy, service development and planning (5 strengths)
 - Partnership working and resources (4 strengths)
 - Leadership and direction (5 strengths).
- 3.6 The strengths identified included:
- the consistently high level of service performance (98%) against the HEAT standard of three weeks referral to treatment (90% of clients) and the role of the Gateways to Recovery in increasing access
 - MELDAP was well governed and had a part-time administrator who communicates and supports all services with their performance outcomes. This role was deemed a crucial success factor in terms of supporting the recording and reporting agendas
 - service users were offered high quality evidence based treatment, care and support interventions
 - the strengthening access to harm reduction services, with robust relationships to appropriate thematic groups
 - services were staffed by workers who had the right attitude and values and worked in a supportive way
 - the ADP had developed robust governance arrangements; it had sound mechanisms in place for reporting progress on its delivery plan through both the Integration Joint Boards and Community Planning Partnerships
 - MELDAP demonstrated a robust approach to self-evaluation and had implemented a framework based on the Quality Principles
 - there was robust evidence throughout that MELDAP was working collaboratively and effectively with stakeholders across all services; staff survey findings highlighted that all staff felt that there was a

positive working relationship amongst practitioners across different services

- despite the complex challenges facing MELDAP, it had successfully worked in partnership to realign a large proportion of their budget to post treatment and recovery focused services evidencing agility and ability to jointly meet changing priorities
- there was a strong collaboration, transparent and robust governance in place with routine reporting on performance, both internally and externally, to joint accountable bodies
- there was evidence of a high level of innovation and commitment to self-valuation and ongoing improvement. This culture was being well supported and encouraged by the leaders the inspectorate team met.

3.7 The MELDAP Position Statement accurately reflected the partnerships performance against the Quality Principles. Of the 27 suggestions for improvement 19 were noted in the MELDAP submission. Nearly all the remaining recommendations were identified through staff surveys or meetings with services users, sources of evidence not readily available to the partnership. A number of the Areas for Improvement were to develop further, areas of work already identified by the partnership or currently underway, for example,

- the need to improve accommodation for the Substance Misuse Service in Midlothian
- the growing demand on services of those presenting with complex psychological needs
- the need to continue to focus on areas of activity to reduce stigma for those accessing services for support for their addiction
- more could be done to communicate more effectively with frontline staff and service users and to manage change more effectively
- improve the quality of recovery plans and ensure that clients have a copy
- strengthening the role and understanding of independent advocacy
- there is a need to refresh and implement its revised commissioning plan to align with the IJB strategic plan, joint needs assessment activity and agreed financial plans.

4. Policy Implications

4.1 The strengths noted in the report reflect the effective links with the IJB and clear lines of accountability to Community Planning Partnerships.

5. Equalities Implications

5.1 The evaluation highlighted the need to continue to address the issues of stigma and discrimination experienced by some of Midlothian's most vulnerable individuals and to communities where the impact of substance misuse is most acute.

6. Resource Implications

- 6.1 There are no direct resource implications arising from this report. However the report highlights the challenge of managing the reduction in funding nationally for substance misuse services and the potential impact on service quality.

7 Risks

- 7.1 While the report highlights the strengths and areas for improvement of Midlothian Substance Misuse Services it also recognises the challenge of maintaining this quality of service with reduced resources.

8 Involving People

- 8.1 The Care Inspectorate report notes that the ADP was working collaboratively and effectively with stakeholders across all services.

9 Background Papers

Care Inspectorate Report

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The Quality Principles: Alcohol & Drug Partnership (ADP) Validated Self-Assessment and Improvement Mid and East Lothian

Introduction

To support effective implementation of the Quality Principles, the Scottish Government commissioned the Care Inspectorate to undertake a programme of validated self-evaluation across Alcohol and Drug Partnerships (ADPs) in Scotland. The aim of the project was to provide an evidence-informed assessment of local implementation, measurement and quality assurance of ADP and service compliance with *The Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services*.

To find this out we gathered the views of staff across services providing treatment, care and support and from individuals accessing drug and alcohol services. We carried out two online surveys in January and February 2016, aimed at gathering both the views of staff and users of services in relation to each of the Quality Principles. In Mid Lothian, the staff survey was completed by 16 staff members and the service user survey was completed by 50 individuals. In East Lothian, the staff survey was completed by eight staff members and the service user survey was completed by 17 individuals.

We read the files of 10 individuals who received treatment and support from health, statutory and third sector services delivering drug and alcohol services. We met with eight individuals receiving services to listen to their views about their experiences of services. We also spoke to 19 staff in these services who work directly with individuals and to members of the Alcohol and Drugs Partnership responsible for strategic planning. We are very grateful to everyone who talked to us as part of this validated self-evaluation process.

The Care Inspectorate validation team was made up of a Strategic Inspector working with an Associate Assessor with knowledge and practice experience in alcohol and drugs services and support from staff from the Scottish Drugs Forum, National Quality Development team.

In the course of the validated self-evaluation process we identified a number of particular strengths which were making a positive difference for individuals and families as well as areas for improvement. These are identified in this feedback summary.

1. Key performance outcomes

Quality Principle 1.

You should be able to quickly access the right kind of drug and alcohol service that keeps you safe and supports you throughout your recovery.

Strengths

- MELDAP had consistently exceeded the three week referral to treatment HEAT target. In some cases, services were achieving 100% success rates indicating that overall the ADP was delivering effective access to services for individuals who required support.
- The ADP had engaged with its stakeholders and undertaken a range of improvement methodology events focussed around LEAN, to identify the system difficulties it was previously having making the waiting time HEAT target. This collaborative approach was innovative and central to its present level of very good performance.
- The ADP was well governed and had also appointed a full time administrator who communicates and supports all services with their monitoring of performance outcomes. This role was deemed a crucial success factor in terms of supporting the recording and reporting agendas.

Areas for improvement

- Whilst the ADP consistently met and exceeded the waiting time targets, the service user survey findings highlighted that this did not always match up with the service users' experiences. The ADP would benefit from evaluating this further to ensure a more congruent outcome for all its stakeholders.
- Although the ADP had made the positive decision to adopt the Recovery Star for all its services including children's, the success of this will need to be fully considered in the context of the Recovery Outcome Web (ROW) and its compatibility with DAISy when this is implemented, to ensure it continues to robustly capture and report on outcomes.
- Frontline staff we met told us about the growing pressure on their capacity to meet waiting time performance outcomes. The ADP needs to continue ensuring that adequate capacity is available to continue meeting and exceeding targets in frontline services.

2. Getting help at the right time

Quality Principle 2.

You should be offered high quality, evidence-informed treatment, care and support interventions which keep you safe and empower you in your recovery.

Strengths

- It was evident that service users were offered high quality, evidence informed treatment, care and support interventions.
- The ADP had introduced a number of innovative recovery gateways since 2012, staffed jointly by the third sector and health services who provided a wide range of accessible drop in support services.

- Both the survey and case file reading analysis highlighted that there was strengthening access to harm reduction services, with robust relationships to appropriate thematic groups. Examples of this included the recovery gateways which were providing effective advice and guidance, the needle exchange outreach network, the Pan Lothian NPS group and their intelligence led action plan along with links to workforce development activity.
- The Peer Support Project was discussed in very positive terms in our focus group. This initiative was formally evaluated as a success and is currently based in one GP practice, although, there are plans to extend this model more widely. The ADP had collaborated well with primary care in this instance and would benefit from a further roll out to capture the hard to reach populations.

Areas for improvement

- Whilst both the position statement and case file reading concluded that consent was built into key operational processes, the service user survey findings was not so consistent, suggesting that this needs to remain an area of focus for the ADP.
- Mid Lothian staff felt they had access to good accommodation, however, their colleagues in East Lothian were not as positive. In addition, NHS staff we met said that their access accommodation needed to improve and that managers were exploring various community contact options. The ADP needs to support this to ensure individuals access secure and comfortable surroundings.
- Although staff were very supportive of service developments, they told us that there was a significant level of inequity in respect of access to services across Mid and East Lothian. Services were resourced and constructed differently across the two areas, particularly in relation to the recovery services which were considered less advanced in Mid Lothian. In light of this, the ADP needs to continue considering how to develop services more uniformly across MELDAP.

3. Impact on staff

Quality Principle 3.

You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.

Strengths

- Almost all of the service users we met and who completed the survey said that workers had the right attitude and values and worked in a supportive way. Service users we met supported this describing staff as very courteous and helpful.
- The majority of staff who completed the Mid Lothian staff survey said that they felt well supported by their manager which is important in the context of the complex work they undertake.
- Both the ADP and staff we met said frontline services were well positioned to recognise and support trauma and this was supported by very positive case file reading analysis findings.

Areas for improvement

- Whilst the East Lothian staff survey sample was relatively small, only half felt well supported by their manager and the ADP needs to consider evaluating this further to determine if this issue is reflected more broadly.
- Although staff were well trained to recognise and provide initial support to people affected by trauma, staff we met in focus groups said that there were challenges in terms of the capacity of some specialist services to meet the growing demand of those presenting with complex psychological needs. The ADP needs to ensure it has robust pathways and the capacity to address this need.

4. Impact on the community

Strengths

- There was good evidence that the ADP had laid strong foundations in terms of their community work through the independently commissioned Recovery Orientated System of Care (ROSC) service review and subsequent Recovery Connections Network, mutual aid, whole population approach, new psychoactive substance (NPS) strategy and links to other thematic groups such as community safety.
- The ADP had appointed a Recovery Development Coordinator which was a positive step in terms of an identified lead role for taking the agenda forward in to the wider community.

Areas for improvement

- Whilst we recognised that the ADP was working hard with commissioned organisations to embed the Quality Principles in to practice and to self-evaluate the success factors, none of the service users attending our focus knew about them. The ADP needs to ensure that all its stakeholders know and understand how these shape their experiences working in addiction services.
- Whilst we recognised that there was a lot of work being undertaken to raise awareness and educate the wider community, service users completing the survey and those we met had mixed feelings about how this was progressing. The ADP needs to continue focussing on this aspect of work to reduce stigma for those accessing services for support with addiction issues.
- The staff survey suggests that the ADP needs to demonstrate more effectively to staff how it is improving the quality of people's lives in the wider community so they can more clearly understand the wider benefits of the roles they undertake.

5. Delivery of key processes

Quality Principle 4.

You should be involved in a strength based assessment that demonstrates the choice of recovery model and therapy is based on your needs and aspirations.

Quality Principle 5.

You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on safety throughout your recovery journey.

Quality Principle 6.

You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs and aspirations.

Quality Principle 7.

You should have the opportunity to be involved in an ongoing review of how services are delivered throughout your recovery.

Quality Principle 8.

Services should be family inclusive as part of their practice.

Strengths

- The majority of service users completing the survey said their recovery plan felt personal to them and was achieved in partnership with staff. This was also reflected in the positive comments we received in the service user focus groups. In all cases, the recovery plans were in place, outcome focussed and the majority were up to date indicating good working practices.
- Both the survey and case file reading analysis evidenced that the majority of service users benefited from reviews that reviewed treatment, worked to agreed actions and were held at intervals appropriate to their needs.
- Both the service user survey and various focus groups evidenced that despite some challenges there was a growing commitment towards a strengths based approach which was an important factor in developing recovery potential for individuals accessing services

Areas for improvement

- Whilst most recovery plans were SMART, continued focus was needed to continue on this aspect of practice to ensure it can more accurately measure the personal outcomes for individuals accessing services.
- Whilst the position statement indicated the challenges and processes that are in place to ensure that service users are offered copies of recovery plans, both the service user survey and case file reading findings indicated that less than half felt they were offered copies. The ADP needs to improve in this area to ensure service user involvement is maximised.
- Both the case file reading and service user survey indicated that the ADP would benefit from strengthening the role and understanding of independent advocacy throughout the area to ensure that all those needing support have access to this service.
- Whilst the case file reading findings showed that there were up to date assessments, including risk assessments, in almost all of the files, the ADP needs to continue strengthening the quality of their risk assessments to reflect the complex nature of the work involved.

- We were told in focus groups about the huge benefit of services designed to help families such as Children First. Whilst these accounts and the position statement articulated the range and positive impact of family services, very clearly the case file reading and service user survey indicated that the ADP needs to ensure that the whole family approach is embedded in their key processes more systematically.

6. Policy, service development and planning

Strengths

- The ADP had developed robust governance arrangements within the local and pan Lothian context in which it operated. Despite the current challenges including health and social care integration, it had sound mechanisms in place for reporting progress on its delivery plan through both the Integration Joint Board (IJB) and Community Planning Partnership and was linked in well to other appropriate thematic groups.
- The ADP's current 2015-18 delivery plan was based on a joint approach to needs analysis work across the sectors and there has been a number of thematic needs assessments undertaken that had shaped the positive shift in the balance of care and current commissioning strategy towards post treatment recovery and early intervention services.
- Despite the lack of agreed financial plans the ADP was making very positive attempts to effectively communicate, engage and inform its stakeholders. They were proactively and collectively looking at potential efficiencies to mitigate the financial risks in a transparent manner.
- Positive steps had been taken to issue letters of reassurance to commissioned organisations, committing to funding agreements. In the focus group, the ADP members said that this had a reassuring effect for all staff delivering addiction services.
- The ADP demonstrated a robust approach to self-evaluation and had implemented a quality assurance framework based on the Quality Principles. The outcomes from this work are overseen by an appointed quality assurance officer who highlights any issues of note to the governing groups.

Areas for improvement

- The ADP needs to refresh and implement its revised commissioning plan to align with the IJB's strategic plan, joint needs assessment activity and agreed financial plans, to ensure it is consistent with the needs of the population and ADP vision.
- Whilst the ADP was responding well to the very complex budget challenges in terms of planning, developing and delivering services, it would clearly benefit from agreed financial plans as soon as possible to avoid any impact on the continuity of service delivery.
- Whilst there is robust evidence that all stakeholders have consistently been involved in shaping service developments through needs assessment activity, commissioning processes, numerous consultation events, the survey results and some focus group feedback indicated that staff and service users feel more could be done in this area to develop their involvement.

7. Management and support of staff

Quality Principle 3.

You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.

Strengths

- All of the staff in Mid Lothian completing the staff survey said they had an annual appraisal or performance review in the last year. This was also the case for the majority of the East Lothian staff. This demonstrated the ADP was supporting personal and professional development for staff.

Areas for improvement

- The ADP was being supported by the Scottish Drug Forum to design and undertake joint workforce development work aligned to the ROSC across the partnership. Whilst this will provide an effective foundation for the ADP, it was too early to establish what impact this will have on shaping the changing roles and working practices arising through the new models of service delivery.
- Both the staff survey and focus group we attended reflected positive feedback from staff about feeling well supported and regularly receiving feedback on the quality of their work. Whilst this was positive, it was only evident in a few case files we read and the ADP needs to consider how to better demonstrate this in case notes.
- The staff survey indicated that the ADP needs to continue supporting new staff to undertake induction and demonstrate that workforce development is an ADP priority.

8. Partnership working and resources

Strengths

- There was robust evidence throughout that the ADP was working collaboratively and effectively with stakeholders across all sectors. There were joint operating procedures, performance reporting and governance as well as strategic planning and delivery arrangements.
- The ADP have strategically co-located the MELDAP team with the public protection unit and this arrangement had forged close and beneficial working arrangements across other thematic groups. In addition, the ROSC, mutual aid and whole population work were also firmly rooted in strong partnership arrangements.
- The staff survey findings highlighted that almost all staff felt that there was positive working relationships amongst practitioners across different services. This feeling was also evident in the extremely positive staff focus group, further reflecting a very collaborative working culture across the ADP.
- Despite the complex challenges facing the ADP, it had successfully worked in partnership to re-align a large proportion of their budget to post treatment and recovery focussed services evidencing agility and an ability to jointly meet changing priorities.

Areas for improvement

- The ADP would benefit from having an agreed budget as soon as possible in order for it to re-develop and align its key strategic drivers such as its commissioning and delivery plans. This will bring greater stability to the ADP and help stakeholders to remain focussed on the overarching vision.
- Whilst the ADP was deeply rooted in joint working, there was evidence in our focus groups that certain resources were not distributed equally, such as some recovery based services. The ADP needs to continue working with its stakeholders to address any localised gaps in service provision identified.
- The position statement and staff and service users we met highlighted that the ADP would benefit from developing their joint processes, for example, shared assessments, outcome tools, and recovery plans to avoid areas of duplication.

9. Leadership and direction

Strengths

- The ADP was consistently meeting and exceeding on key performance targets indicating that they were successfully delivering accessible services.
- Our focus group with ADP members confirmed that the chair was effectively communicating all the necessary information to stakeholders and providing them with a clear picture of the current issues impacting on them.
- There was strong collaboration, transparent and robust governance in place with routine reporting on performance, both internally and externally, to joint accountable bodies.
- There was evidence of a high level of innovation and commitment to self-evaluation and ongoing improvement. This culture was being well supported and encouraged by the leaders we met.
- The ADP benefited from a culture within services where the majority of staff felt motivated, supported by their manager and evidenced person-centred approaches to their work, all of which was positive in the context of the demanding working environment they operated within.

Areas for improvement

- Whilst ADP members felt positive about understanding the vision for the ADP, both the staff survey analysis and focus group suggest there is more work to be done to communicate more effectively with frontline staff and service users and to manage change more effectively.
- Service users, the ADP and its commissioned organisations would benefit from clear financial plans being agreed as soon as possible and transparent, longer term commissioning arrangements for stability purposes.

Examples of good practice

As part of the validated self-evaluation process, we asked partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of individuals, families and communities. During the onsite visit we assessed these examples to identify those which we consider would be useful to other alcohol and drugs partnerships across Scotland.

- **Peer Support Project.** This was an integrated approach delivered in partnership between service users, GPs, secondary care and non-statutory agencies who introduced peer support for substance misuse into a general practice in Mid Lothian. The pilot was effectively deployed, structured and implemented with effective outcome measures and tools put in place to determine the success of the work. The pilot demonstrated some very positive outcomes and there is strong evidence that the learning and innovation potential was acknowledged in the recommendations to expand the pilot more widely.