

Notice of Special Meeting and Agenda



Midlothian Integration Joint Board

Venue: Virtual Meeting,

Date: Thursday, 11 November 2021

Time: 13:30

Morag Barrow
Chief Officer

Contact:

Clerk Name: Mike Broadway

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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 Declaration 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 Public Reports

- | | | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 4.1 | National Care Service for Scotland – Consultation Response from the Board of Midlothian IJB - Carolyn Hirst, Chair, Midlothian IJB | 3 - 10 |
| 4.2 | Development of services for citizens with learning disabilities, and rehabilitation after severe and enduring mental illness – Supplementary Report - Nick Clater, Head of Adult and Social Care | 11 - 16 |

5 Private Reports

No private reports to be discussed at this meeting.

6 Date of Next Meeting

The next meetings of the Midlothian Integration Joint Board will be held on:

- 9 December 2021 at 2 pm - Midlothian Integration Joint Board
- 13 January 2022 at 2.00 pm – Development Workshop

NB: Immediately upon conclusion of this Special Board meeting there will follow a Development Workshop session; an invite and papers for which have been circulated to Board Members only under separate cover.



11 November 2021, 1.30pm

National Care Service for Scotland – Consultation Response from the Board of Midlothian IJB

Item number: 4.1

Executive summary

The purpose of this report is to provide Board members with the Midlothian Integration Joint Board response to the National Care Service for Scotland consultation.

Board members are asked to:

Note the content of the response

National Care Service for Scotland – Consultation Response from the Board of Midlothian IJB

1 Purpose

- 1.1 The purpose of this report is to provide Board members with the Midlothian Integration Joint Board response to the National Care Service for Scotland consultation.

2 Recommendations

- 2.1 As a result of this report Members are asked to:-
- Note the content of the response

3 Background and main report

- 3.1 The Scottish Government commissioned Derek Feeley, a former Scottish Government Director General for Health and Social Care, to lead an Independent Review of Adult Social Care in summer 2020. The report was published in February 2021 and concluded that whilst there are strengths in the Scotland's social care system it needs radical revision.
- 3.2 The Independent Review of Adult Social Care (IRASC) report contained 53 recommendations including the creation of a National Care Service, with Scottish Ministers being accountable for adult social care and support. However, the Scottish Government subsequently reported that its ambition was to go beyond that and create a comprehensive community health and social care service for people of all ages.
- 3.3 A consultation document setting out proposals based on this ambition and the report recommendations was launched on 9th August 2021 and closed 2nd November 2021.
- 3.4 At the IJB Special Board Meeting on 9th September it was agreed that Midlothian IJB provide a response to the Scottish Government that focussed on two critical factors to integrated services:
- i. the requirement for integrated IT systems
 - ii. adequate financial resource
- 3.5 It was further agreed at the IJB Board meeting on 14th October that, in order to meet the consultation closing date, a draft response to the consultation would be circulated to Board Members for comment and agreement. The draft response was amended in the light of comments received from Board Members and a revised

version of the response was circulated to Board Members. No objections were received to this revised version being the final Midlothian IJB Board response to the National Care Service consultation.

- 3.6 The Midlothian IJB Board response to the National Care Service for Scotland consultation was submitted to the Scottish Government on 29 October and is available at Appendix 1.
- 3.7 The Scottish Government reported that the intention was for primary legislation to be in place by summer 2023 and for the National Care Service to be up and running by the end of the parliamentary term in 2026.
- 3.8 The Scottish Government response to the consultation submissions will be brought to the IJB when it is available.

4 Policy Implications

- 4.1 There will be significant policy implications should proposals for a National Care Service be progressed.

5 Directions

- 5.1 This report does not impact on existing Directions. Future impact is difficult to consider as IJBs and existing structures will be replaced if the Government proposals are adopted.

6 Equalities Implications

- 6.1 The review took an equalities and human rights based approach. There is no requirement at this point for a local Inequalities Impact Assessment.

7 Resource Implications

- 7.1 There are no direct resource implications as a result of this report to the IJB.

8 Risk

- 8.1 There are no risks directly associated with this paper.

9 Involving people

- 9.1 The Midlothian IJB response to the Scottish Government consultation document was prepared following discussion with Board members at meetings on 8th September and 14th October 2021.

10 Background Papers

10.1 Information on the Scottish Government National Care Service for Scotland Consultation is available [here](#).

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DATE	11/11/2021

Appendices: A National Care Service for Scotland – Consultation - Response from the Board of Midlothian IJB



A National Care Service for Scotland - Consultation

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:
<https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

Midlothian Integration Joint Board

Phone number

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Address

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
 Publish response only (without name)
 Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

No

Individuals - Your experience of social care and support

If you are responding as an individual, it would be helpful for us to understand what experience you have of social care and support. Everyone's views are important, and it will be important for us to understand whether different groups have different views, but you do not need to answer this question if you don't want to.

Please tick all that apply

I receive, or have received, social care or support

I am, or have been, an unpaid carer

A friend or family member of mine receives, or has received, social care or support

I am, or have been, a frontline care worker

I am, or have been, a social worker

I work, or have worked, in the management of care services

I do not have any close experience of social care or support.

Organisations – your role

Please indicate what role your organisation plays in social care

Providing care or support services, private sector

Providing care or support services, third sector

Independent healthcare contractor

Representing or supporting people who access care and support and their families

Representing or supporting carers

Representing or supporting members of the workforce

Local authority

Health Board

Integration authority

Other public sector body

Other

A National Care Service for Scotland - Consultation Response from the Board of Midlothian IJB

Thank you for providing the opportunity to respond to the Scottish Government proposals on a National Care Service for Scotland. The Board of the Midlothian IJB have discussed their position on this and would like to contribute the following to the consultation.

We understand from the National Care Service for Scotland Consultation document that this consultation is intended to start discussion and debate about what changes should be made to achieve better outcomes for people. And we look forward to engaging with the proposed future opportunities for people to shape and design the detail of how the system will operate once it has been identified what this will be.

However, at this stage, we are limiting our response to what we consider to be the two key issues which relate to improving the way in which we deliver social care in Scotland.

1. IT systems

It is our view that the proposals in the National Care Service Consultation document risk insufficiently addressing a key issue which has affected Integration efforts from the outset – namely the integration of IT systems. Whilst the provision of such digital solutions has been heralded many times, this has not been followed through and has generated the expectation gap referenced in the consultation.

In an increasingly digital age, it is an unfortunate reality that we have fractured health and social care records. Effective integration requires that services have access to real-time information, appropriate to need, to deliver efficient, person centred care and support.

Despite the aspiration for the integration of Health and Social Care in Scotland, we still lack a national solution to electronic record sharing. Thus, services delegated to IJBs are still not integrated at a technical level. This makes information sharing for operational teams, which is a consistent basic request of the public and the foundation for integrated services, a daily challenge for our 'integrated teams'. Simply put, we can't do integrated care when systems don't talk to one another. And we know that citizens rightly expect us to be joined-up. This challenge requires sustained national focus without which, irrespective of aspirations for wider integration, the technical gaps will continue to divide.

We are also aware that across Scotland, the 14 territorial health boards deploy various versions of 'core' clinical systems and the 32 local authority areas maintain highly localised social care records. The National Digital Platform has offered great promise but limited service deployment (COVID accepted as being a huge mitigating factor here) and with no apparent focus on social care to date. Indeed, while we appreciate the scale of the challenge, we are not aware of an available agreed coding system for social care data (akin to SNOMED in health) to support structuring records or to support interoperability, nor how this relates to models of increased citizen participation and data ownership.

There are efforts to structure data into Public Health Scotland returns in SOURCE but these do not support operational planning and delivery of services which is necessary to build effective integrated services. Further, demonstrating outcomes from this is a very real challenge. While improvements may be necessary and arguments reasonable (or otherwise) about the approach that should be taken, at this stage we are left with more questions than answers to the consultation. Nonetheless, we see the need to adequately support the technical integration of health and social care as a paramount activity to realising the benefits of the task set to IJBs or any other similar bodies.

Achieving truly integrated social care is hard, really hard, and involves a paradigm shift in the structure and function of our teams and processes. We need to build the digital foundation for these services, along with addressing and resolving the longstanding concerns relating to information governance and data privacy. If you are investing funding, our view is that these matters should be a priority.

2. Finance

Our experience of shifting the balance of care, which the Midlothian IJB has driven over the past few years, is that there can be significant 'double running' costs involved in the transformational process. For example, moving care from institutions to the community often requires significant additional investment, but this is not always accompanied by a transfer of resources. Clearly, in the longer term, it is the intention to release resources from institutional services that are no longer required. But in the short term, such a release of resources has proven challenging - especially in the current financial environment.

It is recognised that the Scottish Government has made additional resources available to IJBs - and this is welcomed - but our experience suggests that significantly more resourcing is required to continue to drive the transformational work forward. A key message from the Midlothian IJB is that transformational work has a cost and it will continue to cost more than is being made available until reliance on institutional services can be significantly reduced.

A further issue relating to finance relates to increasing demographic pressure. This is a significant challenge in Midlothian which has been affected not only by the ageing population but also by population growth. Again, it is recognised that models for distributing the financial resources across Scotland (NRAC and GAE) do take population changes into account. But in practical terms, these models are too slow to ensure that population growth (for example) does not generate additional financial pressures. The Midlothian IJB would welcome Scottish Government consideration on how the challenges of population increases could be supported on a more direct financial basis.

Carolyn Hirst
Chair – Midlothian IJB
on behalf of the Board

29 October 2021

11th November 2021, 13:30

Development of services for citizens with learning disabilities, and rehabilitation after severe and enduring mental illness – Supplementary Report

Item number: 4.2

Executive summary

This report seeks approval from the Midlothian Integration Joint Board (MIJB) for the Initial Agreements for the development of inpatient facilities at the Royal Edinburgh Hospital campus. Specifically, these facilities will support citizens with Learning Disabilities (known as Intellectual Disabilities) and those with rehabilitation and low secure needs who have severe and enduring mental illness.

A paper was presented to the MIJB on 14 October 2021 which sought approval for the Initial Agreements. Members had a number of questions in relation to points of detail and it was consequently agreed that a further paper responding to these questions would be presented at the next available opportunity ahead of the Initial Agreements being presented to the next stage of NHS Lothian committees. A Special Meeting of the Midlothian Integrated Joint Board has been arranged for 11th November 2021 to reconsider the Initial Agreements.

Board members are asked to:

Approve the Initial Agreements.

Development of services for citizens with learning disabilities, and rehabilitation after severe and enduring mental illness – Supplementary Report

1 Purpose

- 1.1 The purpose of this report is to provide a response to the questions raised regarding the Initial Agreements at the MIJB on 14th October and seek subsequent approval for the Initial Agreements.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
- **Note** the strategic case outlining how services will change over the next 5 years;
 - **Note** that the strategic case aligns with the strategic aspirations of the MIJB;
 - **Approve** the case and agree that NHSL's Finance and Resources Committee consider the capital and revenue aspects in greater detail.

3 Background and main report

- 3.1 Members are referred to the original report written by written by Colin Briggs (Director of Strategic Planning, NHS Lothian) which accompanied the *Initial Agreement - Intellectual Disability and National Intellectual Disability Adolescent Inpatient Unit (NIDAIPU) and the Initial Agreement – Integrated Mental Health Rehabilitation and Low Secure Centre*. This was considered by MIJB on 14th October 2021. This report will focus on the areas raised by MIJB members at the MIJB meeting of 14th October. These could, broadly, be broken down into three areas:
- Clarity sought on bed numbers;
 - Clarity sought on finances and assurance sought on principle of resource transfer due to reduction in beds;
 - Assurance sought that the IA aligns with the strategic direction of MIJB.

Bed Numbers – Learning Disability

- 3.2 In relation to bed numbers for learning disability, Midlothian HSCP currently has 1 patient in a LD bed and has 1 bed proposed for the new configuration.
- 3.3 It is acknowledged that, at the MIJB meeting of 14th October 2021, concerns were expressed by members of the ability to be resilient and flexible with 1 bed.

- 3.4 Usage since February 2020 has been 1 bed and, prior to February 2020, the last time a bed had been occupied was March 2018. Between March 2018 and February 2020, Midlothian had 0 bed usage. One bed has been consistently agreed through the discussions as being appropriate.
- 3.5 This position is supported by the development and use of Teviot Court complex care service in Penicuik.
- 3.6 There is a proposal that, as part of the redesign, Primrose Lodge in Loanhead will be transferred to Midlothian HSCP by NHS Lothian. There are plans that this will be converted to provide an additional 4 complex supported accommodation places.
- 3.7 Any release of funding will enable Midlothian HSCP to further strengthen the community provision to minimise the use of hospital beds.
- 3.8 There will be an ability to use beds flexibly in the new configuration so, should, for example, Midlothian require an additional bed, this will be possible subject to capacity.

Bed Numbers – Mental Health Rehabilitation and Low Secure

- 3.9 It is proposed that Midlothian has 1 bed in the new low secure facility which will be built. At present, Lothian has a number of people out of area and the plan would be to relocate those who cannot go to less secure settings in this new facility. The 1 bed is agreed to be sufficient for Midlothian's needs and is congruent with current out of area usage.
- 3.10 Mental health rehabilitation beds are reducing across Lothian from 64 to 37 with the proposal that Midlothian will have 3.5 beds in a redesigned rehabilitation inpatient service.
- 3.11 Usage over the past 24 months has been difficult to accurately ascertain but has averaged at approximately 3 longer term and up to 3 complex care patients at any one time. It has never exceeded 6 patients and in terms of rehabilitation patients that most likely require a hospital bed has averaged 3 thus putting the number slightly below the 3.5 proposed allocation in the redesigned service.
- 3.12 There will be an ability to use beds flexibly in the new configuration so, should, for example, Midlothian require an additional bed, this will be possible subject to capacity.
- 3.13 It is therefore anticipated that there would need to be a resource transfer to Midlothian HSCP to provide additional capacity in the community. The costs of additional community placements for Midlothian are included in the Initial Agreement.

Finance

- 3.14 Assurances have been received that there will be funding released to Midlothian IJB based on the bed reductions.
- 3.15 In relation to learning disability, there is not a current need to move anyone out into the community in Midlothian as we have 1 patient in currently and are proposing to commission 1 bed (see above) so it is therefore anticipated that there will be a cash release to Midlothian HSCP. It is proposed that any cash release is seen in the context of wider learning disability cost pressures in Midlothian. A report on this will be brought to the December Midlothian IJB.

- 3.16 With regard the mental health rehabilitation, as a minimum the finance released will broadly be equivalent to what it would cost to place two people (2.4 to be precise) in Grade 5 Wayfinder community placements (ie. Supported accommodation with the highest level of community support) although the details require agreement from the Chief Finance Officers.

Strategic Alignment

- 3.17 The move from inpatient to community is consistent with current mental health strategic planning in Midlothian which indicates the following:
- Enable more people to get support, treatment and care in the community and home based settings;
 - Increase people's choice and control over their support and services;
 - Support more people with rehabilitation and recovery.
- 3.18 What is being put forward for approval are two Initial Agreements. Initial Agreements are the very first stage in the process and will be followed by outline business cases and then full business cases which will all be subject to the same extensive governance process with the IJB.
- 3.19 However there is a detailed financial model for both Initial Agreements and one that is revenue neutral for both Initial Agreements. It was previously agreed with the Chief Finance Officers for each Lothian IJB that these Initial Agreements should focus on overall revenue affordability and that that the next stage (the outline business case) would be the point an agreement would be made on a mechanism for splitting the case by IJB. Consequently, there are no final figures at this stage.
- 3.20 What is being sought is an agreement to progress to the next stage of the process with an understanding that there will be further discussions involving the Chief Finance Officers regarding resource allocation.

Conclusion

- 3.21 Clarity has been provided on learning disability bed usage and it is suggested that the proposal represents low risk to Midlothian HSCP. Inpatient bed usage for learning disability is historically very low in Midlothian and it is anticipated that, even allowing for population growth, this will remain the case. This is largely due to the community provision in place, particularly at Teviot Court and the developments planned for Primrose Lodge which will bring an additional 4 complex supported accommodation places into the system. It is suggested that this represents a positive development for Midlothian HSCP.
- 3.22 It is acknowledged that the bed reductions in mental health rehabilitation are not insignificant. However, the move from inpatient to community is congruent with the strategic planning for mental health in Midlothian.
- 3.23 It is proposed that the financial details which will follow will provide resource for additional community mental health rehabilitation placements at Wayfinder Grade 5.
- 3.24 It is proposed that the Initial Agreements are approved by Midlothian IJB at this stage to enable further and final discussions on the exact amounts of resource transfer for both learning disability and mental health rehabilitation.

4 Policy Implications

- 4.1 The Initial Agreements fit with the general policy direction of the Midlothian IJB, in providing more care closer to home and more care being community based.

5 Directions

- 5.1 The Initial Agreements deliver in part on the requirements of Direction 11 on Mental Health, specifically: “work with other Lothian IJBs to agree plans for pan-Lothian and hosted mental health service provision 2022-25 by November 2021”.

6 Equalities Implications

- 6.1 These proposals significantly reduce inequalities for cohorts of individuals with sever and enduring mental illness and/or learning disabilities.

7 Resource Implications

- 7.1 Capital implications are for NHS Lothian. Revenue implications are currently expected to be neutral – it is anticipated that there will be release of funding to provide community placements. The exact figures are still to be agreed by Chief Finance Officers in the 4 IJBs and the Director of Finance in NHS Lothian.

8 Risk

- 8.1 Risks are described in the Initial Agreements and are consistent with any and all large capital projects.

9 Involving people

- 9.1 Midlothian HSCP teams have been involved throughout the development of these IAs. It is noted that change in senior management within the HSCP has resulted in a fresh look at the proposals.

10 Background Papers

- 10.1 None – the IAs had previously been submitted to the MIJB meeting of 14th October 2021.

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Appendices: None.

