

# Midlothian Integration Joint Board



Thursday 9 February 2017 at 2pm

## Chief Officer Report

Item number: 5.3

### Executive summary

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This report describes progress with integration, some pressures being faced by health and care in recent months as well as some recent service developments.

#### ***Board members are asked to:***

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

## Chief Officer Report

### 1. Purpose

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

### 2. Recommendations

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- 2.1 Note the issues raised in the report.

### 3. Background and main report

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#### 3. Service Pressures

##### 3.1 Care at Home Review Progress

At the IJB Meeting on 18<sup>th</sup> August 2016 a new Direction was issued to Midlothian Council requiring a review of the current design of care at home services and to develop proposals which address the current risks facing the service. The Council Chief Executive acknowledged and agreed to progress this Direction. Progress is described in some detail in Appendix 1.

##### 3.2 Substance Misuse Services

At the August IJB Meeting on the 18<sup>th</sup> of August the IJB agreed the proposed approach by Meldap to manage the 23% reduction in 2016/17 budgets including short term measures to achieve a smooth transition for services. The IJB also agreed to write to the Cabinet Secretary for Health and Wellbeing, Shona Robson raising concerns about the impact of the funding reduction on people who rely on these services. A copy of the response received is attached in Appendix 2

Subsequent to this response the draft budget letter to NHS Boards included ADP funds in NHS Boards baseline budgets for transfer to integration authorities. While this allocation maintained the reduction in funding it afforded a degree of protection from further reductions.

Locally Meldap has continued to work with local providers to agree a range of budget reductions across services. Critical to the management of the risks arising from these reductions is the strengthening of community based services through the local management of the NHS Community Substance Misuse Team and the closer integration across all mental health and substance misuse services in Midlothian through the development of a locally based Recovery Hub as outlined at the IJB development session. On a pan Lothian basis Meldap has worked with Lothianwide substance misuse services and the other ADPs to

manage the risks arising from reductions in pan lothian services. The Meldap Strategic Group has agreed final proposals that are now subject to further consultation before implementation. The impact of these reductions will be monitored by the Meldap Strategic Group.

#### **4. Service Developments**

- 4.1 **The Wellbeing Service** This new service has now been rolled out to a further six GP practices. This service is a key development in supporting the sustainability of primary care services as well providing a more appropriate response to patients with long term conditions and poor mental health.
- 4.2 **Business case for expansion of the Acute Medical Unit:** The NHS Lothian Finance and Resource Committee considered a business case for the extension of the AMU at the Royal infirmary Edinburgh to provide a further 8 inpatient beds requiring an investment of £1million revenue funding. The Committee agreed as strategic planning for this service is delegated to the IJBs that a decision should be delayed to allow further consideration by IJBs. In order to consider alternative options to this development, East Lothian and Midlothian IJB Chief Officers have commissioned analysis of available data on patients who have been admitted to hospital and were discharged within 24 hours in order to explore the development of an ambulatory model of care for this group of patients that could be delivered within the hospital in partnership with hospital at home services. The outcome of this will be presented to the IJB at the March meeting.

#### **5. Policy Implications**

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

#### **6. Equalities Implications**

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- 6.1 An equalities impact assessment is informing the decision making and the mitigation of risks in relation to the proposed budget reductions in substance misuse services.
- 6.2 The extension of wellbeing services in Health Centres will contribute towards addressing health inequalities

#### **7. Resource Implications**

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- 7.1 The reduction in funding available for substance misuse service is being managed through the closer integration of services and the strengthening of the recovery approach to service delivery.
- 7.2 The Primary Care Transformation Fund is providing funding for the extension of the Wellbeing Service

## **8 Risks**

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- 8.1 The service review of care at home service is addressing both the short term risks in relation to service delivery and the longer term risks of service sustainability
- 8.2 The risks arising from the reductions in substance misuse budgets are being managed in close collaboration with local service providers through the redesign of services and on a pan Lothian basis through the Lothian Substance Misuse Collaborative

## **9 Involving People**

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- 9.1 Not applicable

## **10 Background Papers**

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None

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## **Care at Home**

### **1. Key Areas of Activity**

Following the report to the IJB meeting on the 18<sup>th</sup> August IJB meeting work has begun on the review with an initial focus on stabilising short term delivery while developing plans for a more sustainable approach in the longer term. This approach was required because of the continuing instability in service delivery from commissioned providers.

In particular we have been managing:

- continuing problems with external providers unable to provide the level of service commissioned.
- fluctuations in quality that have increased the risks around service sustainability.
- The prioritisation of service for hospital discharge means that we are managing unmet need arising from assessments of service users in the community.

### **2. Work with external providers**

The following actions are being progressed:

- The termination of the contract with a care provider because of the poor quality of care that was being delivered and their continuing inability to deliver required levels of care hours.
- Establishment of a Public Social Partnership with a voluntary sector provider has provided short term sustainability and allowed some exploration of a model of care that is more outcome focused and less focused on time and task. The findings of the initial scoping and proposals for a new model of care are being carefully being considered before there is a decision to commit to further implementation.
- Intensive support for another provider to support service improvement whilst also ensuring the safety and wellbeing of service users who are dependent on the service.
- Planning to undertake a further procurement exercise to address short falls in delivery.
- Active dialogue with external providers to explore closer partnership working in relation to staff induction and training and in particular to consider how we can position the Reablement Service to support the development of more sustainable delivery across all services

### **3. Midlothian Council in-house services**

The model of delivery for Midlothian Council's internal services is dependent on the capacity of external services to take on cases at agreed points of transfer. The problems that external providers are experiencing is reducing the efficiency of in-house services and contributing to budget pressures.

- Reablement was established to provide an initial 6 week support for all new packages of care. It provides a vital link between hospital and home for service users. The service is staffed by occupational therapists and care workers. The focus is on reducing service users' dependency on care packages by using a Reablement approach. It is estimated that the service reduces care packages by an estimated £1 ?m per year. However the capacity of the service is reduced when it is unable to pass care packages onto external providers after the six week period.
- The Complex Care Service was set up initially to provide long term care where needs are complex. In reality individuals needs vary considerably and often external providers retain cases that are complex and provide both continuity and a good quality of service for service users. More recently we have been testing some shifts in the model of delivery that has resulted in increased capacity and consequent reductions in costs. We are continuing to explore how this service can be better positioned to deliver a more cost effective service.
- The MERRIT service, was initially set up as an integral part of the hospital at home service, to provide a 24/7 emergency response crises service. Increasingly the service is providing longer term care after the initial emergency. This is not the purpose for which the service was set up and it is not a cost effective service response.

The challenges facing care at home services are complex and require a range of both short term responses to address immediate pressures and test new ways of working as well as a longer term strategy that adopts a whole system approach including a review of the role of both internal and external service provision, new models of care and workforce issues in order to achieve the service improvements that are required for a sustainable service.