

# Midlothian Integration Joint Board



## IJB Directions 2017-18

### Executive summary

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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
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## Directions

### 1. Purpose

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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

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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

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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 31<sup>st</sup> 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 18<sup>th</sup> 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 1<sup>st</sup> 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**

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

## 5. Equalities Implications

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- 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 8<sup>th</sup> February 2016 and further changes were made to the Strategic Plan as a consequence.

## 6. Resource Implications

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- 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

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- 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

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- 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

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None

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