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, 27 October 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 held on 18 August 2016 - For Approval	**5 - 10**
4.2	Minutes of Special Meeting held on 15 September 2016 - For Approval	**11 - 14**

5 Public Reports

5.1	Presentation - NHS Lothian Hospital Plan - Colin Briggs	
5.2	Financial Strategy	**15 - 36**
5.3	Update on Primary Care Developments in Midlothian	**37 - 44**
5.4	Chief Officer's Report	**45 - 48**
5.5	Health and Social Care Services Quality Improvement	**49 - 64**
5.6	Directions	**65 - 78**

The Board is invited (a) to consider resolving to deal with the undernoted Business in Private in terms of paragraph 3 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973 – the relevant Report is therefore Not for Publication; and (b) to note that notwithstanding any such Resolution, information may still require to be released under the Freedom of Information (Scotland) Act 2002 or the Environmental Information Regulations 2004.

6 Private Reports

6.1 Performance Report

7 Date of Next Meeting

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

- 17 November 2016 at 2 pm – Development Workshop
- 1 December 2016 at 2 pm - Midlothian Integration Joint Board

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 18 August 2016	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Bob Constable	Peter Johnston (Vice Chair)
Cllr Derek Milligan	Alex Joyce
Cllr Bryan Pottinger	Alison McCallum
Cllr Andrew Coventry (substitute for Cllr Catherine Johnstone)	John Oates

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Caroline Myles (Chief Nurse)
Patsy Eccles (Staff side representative)	Aileen Currie (Staff side representative)
Margaret Kane (User/Carer)	Jean Foster (User/Carer)
Marlene Gill (User/Carer)	Ruth McCabe (Third Sector)

In attendance:

Norma Shippin (Legal Adviser and Director, NHS National Services Scotland)	Catherine Evans (Public Involvement Co-ordinator)
Rosie McLoughlin (VOCAL)	Martin Bonnar (MELDAP)
Tom Welsh (Integration Manager)	Graham Herbert/Elaine Greaves (Chief Internal Auditors)
Mike Broadway (Clerk)	

Apologies:

Cllr Catherine Johnstone (Chair)	Hamish Reid (GP/Clinical Director)
Dave Caesar (Medical Practitioner)	

Midlothian Integration Joint Board

Thursday 18 August 2016

1. Welcome and introductions

1.1 The Vice-Chair, Peter Johnston, welcomed everyone to the Meeting of the Midlothian Integration Joint Board, in particular Councillor Andrew Coventry, who was substituting for Councillor Catherine Johnstone, Norma Shippin, Legal Adviser and Director, NHS National Services Scotland, Catherine Evans and Rosie McLoughlin and Aileen Currie, Midlothian Council Staff side representative.

1.2 In terms of the membership of MIJB, it was noted that Jean Foster would be stepping down as one of the two user/carer representatives, and that Marlene Gill would be taking over until such time as a permanent replacement could be found. The Board joined with the Vice Chair in expressing their thanks to Jean for her contributions to the work of the MIJB and the Shadow Board.

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

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on Thursday 16 June 2016 was submitted and approved as a correct record.

4.2 Arising from the Minutes, the Board noted that it was intended to report to the next Board meeting on the Annual Accounts.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)	Norma Shippin

Executive Summary of Report
Following on from discussion of the Risk Register at the 14 April 2016 Midlothian IJB meeting (paragraph 5.2 refers), Norma Shippin, Legal Adviser and Director, Central Legal Office, NHS National Services Scotland provided a briefing on the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) .

Decision
The Board thanked Norma Shippin for her presentation.

Midlothian Integration Joint Board

Thursday 18 August 2016

Report No.	Report Title	Presented by:
5.2	Public Engagement	Catherine Evans and Rosie McLoughlin

Executive Summary of Report

This report described the local approaches to public engagement in relation to health and care services and provided a summary of the key issues raised by the public over the past 9 months since the completion of the Strategic Plan. Appended to the report was a copy of the Communications and Engagement Strategy 2016-19

Summary of discussion

The Board, having heard from the Chief Officer, received a joint presentation from Catherine Evans, Public Involvement Co-ordinator, Midlothian Health and Social Care Partnership and Rosie McLoughlin, VOCAL (Voice of Carer's Across Lothian) in which they highlighted examples of the types of community engagement events that had been held and the diverse range of issues that had been raised. They also explained how this information was being used to help deliver the MIJB's corporate aims and priorities, as set out in both the commissioning plan and organisational development plan. Thereafter they responded to questions and comments from Members of the MIJB.

Decision

The Board:

- **thanked Catherine Evans and Rosie McLoughlin for their presentation**
- **Noted and approved the Communication and Engagement Strategy; and**
- **Noted the issues that had been raised through public engagement during 2016.**

Report No.	Report Title	Presented by:
5.3 5.4	Financial Assurance 2016/17 Planned Use of the Social Care Fund	David King Eibhlin McHugh

Executive Summary of Report

This report was the final element of the financial assurance for 2016/17. It laid out the final financial assurance processes undertaken by the Chief Finance Officer, following consideration of the formal offer from NHS Lothian (received on 14th June 2016), and highlighted a range of matters which had been identified by the financial assurance process, which needed to be addressed as part of the financial planning and budget setting process for 2017/18 and beyond. It also updated the position on the Council's utilisation of the Social Care Fund, which was cover in more detail in a further report that provided information on the planned use of the £3.6 million allocated by Scottish Government to address social care pressures.

Midlothian Integration Joint Board

Thursday 18 August 2016

Summary of discussion

The Chief Finance Officer acknowledged that the process of financial assurance was a complex one and that whilst this report sought to draw to a conclusion work on the financial assurance process for 2016/17, going forward financial assurance would remain an ongoing area of work. However, it was now more important for the MIJB to plan ahead and move on to a proper budget setting process for 2017/18 and beyond rather than spend more time on considering what had gone before, the Board in discussing the position, considered the potential use of a workshop format to assist the MIJB in developing its understanding of the budget process.

The Board also heard from the Chief Officer regarding the planned expenditure of the social care monies allocated to the Midlothian IJB.

Decision

The Board:

- **Accepted NHS Lothian offer on the basis of a range of caveats including an agreement on financial risk sharing;**
- **Agreed to seek an appropriate risk sharing agreement with Midlothian Council;**
- **Accepted the revised use of the Social Care Fund (the Integration Fund); and**
- **Agreed that the financial assurance process for 2016/17 had now ended with any issues still outstanding being part of the 2017/18 financial planning and budget setting process.**

Report No.	Report Title	Presented by:
5.5	Drug and Alcohol Funding	Alison White/Martin Bonnar

Executive Summary of Report

This report explained that the Scottish Government had announced a 23% reduction in funding of substance misuse services, and outlined the approach being taken by MELDAP (Midlothian and East Lothian Drugs and Alcohol Partnership) to manage this very significant budget reduction.

Summary of discussion

Having heard from the Chief Social Work Officer, the Board discussed the potential impact that this reduction in funding would have, with serious concerns being expressed that this would have implications not just for the services provided directly by MELDAP but on other related services as well. Consideration was then given to the best way of expressing the MIJB's concerns and it was felt that could be best achieved through a response to the Minister's letter.

Midlothian Integration Joint Board

Thursday 18 August 2016

Decision

The Board:

- **Noted the contents of the report;**
- **Noted the process agreed by the Midlothian and East Lothian Drugs and Alcohol Partnership [MELDAP] Strategic Group to manage the loss of 23% of the available income for Drugs and Alcohol Services in Midlothian;**
- **Noted the intention to use MELDAP reserves for Midlothian where appropriate to smooth the transition in making the agreed changes by April 2017;**
- **Noted the high cost of alcohol misuse to public services in Midlothian - estimated to be £27 million per annum - and endorses the need to work closely with NHS Lothian and Midlothian Council to redirect core resources towards prevention and recovery from substance misuse;**
- **Agreed that the Chief Officer respond to the Minister's letter highlighting the implications of, and the MIJB's concerns regarding, the reduction in funding of substance misuse services; and**
- **Agreed to keep the position under review and seek an update report for the December MIJB meeting.**

Report No.	Report Title	Presented by:
5.6	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 the risks related to the capacity of care services to respond to increasing service demand and the quality of service delivery together with the increased risk of delayed discharges which were identified as high on the Health and Social Care Partnership's risk register were escalated to the IJB's risk register.

Summary of discussion

The Board, in considering the Chief Officer's Report, discussed the potential impacts arising from the service pressures and how these were being addressed.

Decision

The Board:

- **Noted the issues raised in the report;**
- **Agreed that the risks of service providers capacity to deliver high quality services and respond to service demands together with the risk of delayed discharges were both escalated to the IJB's risk register; and**

- **Noted the excellent work that has been done by current health visitors in delivering their work under difficult circumstances and also to note the key role played by the Team Manager in managing what was an unprecedented situation to ensure the care of children and families in Midlothian.**

6. Private Reports

In view of the nature of the business to be transacted, the Council 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 paragraphs 8 and 9 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

Care at Home Services – Approved.

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 29th September 2016* 2pm Primary Care Summit - Making Primary Care in Lothian Fit for Purpose
- Thursday 27th October 2016 2pm **Midlothian Integration Joint Board**

* Please note carefully the change of date for this development session.

The meeting terminated at 4.20 pm.

Minute of Special Meeting

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 15 September 2016	**2pm**	**Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ**

Present (voting members):

Cllr Catherine Johnstone (Chair)	Peter Johnston (Vice Chair)
Cllr Andrew Coventry	Alison McCallum
Cllr Derek Milligan	John Oates
Cllr Bryan Pottinger	

Present (non voting members):

David King (Chief Finance Officer)	Eibhlin McHugh (Chief Officer)
Patsy Eccles (Staff side representative)	Ruth McCabe (Third Sector)
Hamish Reid (GP/Clinical Director)	

In attendance:

Grace Scanlon, Grant Thornton (External Auditor)	Janet Ritchie (Democratic Services Officer)

Apologies:

Marlene Gill (User/Carer)	

Midlothian Integration Joint Board

Thursday 15 September 2016

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to the special meeting of the Midlothian Integration Joint Board.

2. Order of Business

Additional items of business were tabled at the meeting and considered at conclusion of the formal Agenda as detailed below.

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report No.	Report Title	Presented by:
4.1	MIJB Annual Accounts 2015-16	David King

Executive Summary of Report
As a statutory public body, the IJB is required to produce a set of annual accounts for every financial year in which it was operating. These are the annual accounts for 2015/16 which have now been audited by the Board's external auditors and reviewed by the IJB's Audit and Risk committee at its meeting of 8th September 2016.

Summary of discussion
The Chief Finance Officer presented the Annual Accounts to the Board highlighting the Background of the Integration Joint Board (IJB) and details of the Annual Accounts presented. These accounts have been audited by the IJB's auditors – Grant Thornton LLP. The IJB is governed by the Local Government Scotland Act (1973) along with the 2014 regulations and these accounts are prepared on that basis. The Midlothian Integration Joint Board Annual Accounts were presented to the Midlothian Integration Joint Board Audit and Risk Committee on 8 September 2016.

Decision
The Board members accepted the Annual Accounts for 2015/16.

Midlothian Integration Joint Board

Thursday 15 September 2016

5. Any Other Business

Item Title	Presented by:
Resource Allocation to the Integration Joint Board (IJB) in relation to functions delegated by NHS Lothian	David King

Summary of discussion
The Chief Finance Officer tabled a letter requiring the Board's approval regarding the NHS Lothian's offer as considered at their August meeting. There followed a detailed discussion on the content of the letter and it was agreed that all concerned give further consideration to this matter and provide any feedback to Joint Director of Health and Social Care.

Decision
It was agreed that all concerned would provide feedback to the Joint Director of Health and Social Care by Wednesday 21 September and thereafter with the approval of all concerned take the appropriate action.

Action
The Joint Director of Health and Social Care

The Joint Director of Health and Social Care tabled details of the 'Primary Care Summit – Making Primary Care in Lothian Fit for Purpose' to be held at the Quay, Musselburgh on Thursday 29 September 2016.

6. Date of next meeting

The next meeting of the Midlothian Integration Joint Board would be held on:

Thursday 27 October at 2 pm at Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ

The meeting terminated at 2.30 pm.

Financial Strategy

Item number:	5.2

Executive summary

The challenge for the IJB is to deliver the national outcomes for its population within the financial resources available given that these resources are reducing in real terms and that the demand for the IJB's functions has tended to increase over the past few years.

This paper is about the development of the IJB's Financial Strategy and looks at the principles behind redesigning the IJB's services and moving from specialist and institutional based services to a more generalist, community based model.

In order to provide a background to this strategy the paper also examines the financial projections for the IJB in 2016/17.

Board members are asked to:

2.1 Note the contents of the report

2.2 Agree the approach laid out in this paper to the development of the IJB's financial strategy

2.3 Agree, in principle, the IJB's lead role in the financial planning process for its delegated functions including the governance around any 'recovery' and efficiency plans

2.4 Agree that in 2017/18 the financial planning process will move to being a tripartite process with the two operational partners - NHS Lothian and Midlothian Council

Report

Financial Strategy and Financial Update

1. Purpose

1.1 This report is about the development of the IJB's financial strategy and lays out the principles behind redesigning the delivery of services moving from specialist and institutional based services to a more generalist and community based model. This strategy will require a fundamental review of the current services and how they use their resources. This review will 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 will work together to ensure the long term sustainability of health and care services.

2. Recommendations

2.1 Note the contents of the report

2.2 Agree the approach laid out in this paper to the development of the IJB's financial strategy

2.3 Agree, in principle, the IJB's lead role in the financial planning process for its delegated functions including the governance around any 'recovery' and efficiency plans

2.4 Agree that in 2017/18 the financial planning process will move to being a tripartite process with the two operational partners-NHS Lothian and Midlothian Council

3. Background and Main Report

3.1 Update on the 2016/17 financial out-turn projections.

Both NHS Lothian and Midlothian Council have now completed their quarter one reviews. These reviews look at the actual financial position for the first three months of the financial year and, using that position as a base, develop a projected out-turn position (that is a forecast position at the end of the financial year). Both NHS Lothian and Midlothian Council are predicting an overall break-even position for 2016/17 although, in the case of NHS Lothian, this includes a considerable element of non-recurrent support.

Both partners have provided an analysis of these quarter one reviews as they impact on the IJB's budget and this shows:-

	Budget	Projected Out-turn	Variance
	£000's	£000's	£000's
Adult Social Care	38,563	39,141	(578)
Health			
Core	53,041	53,238	(197)
Hosted	11,802	11,751	51
Set Aside	18,742	19,443	(701)
	122,148	123,573	(1,425)

In summary this analysis projects that the IJB would be overspent by c. £1.4m.

There are three mains drivers behind this projection:-

- Adult Social Care – largely due to additional demand pressures which is expressed through an overspend with the resource panel budgets. The service has a recovery plan in place with proposals to achieve a break-even position before the end of the financial year.
- Health Core Services – the financial plan included a pressure in the GP prescribing settlement which is to be underpinned by a range of efficiency schemes. These schemes have yet to be fully implemented and a recovery plan is in place. NHS Lothian will provide financial cover for any prescribing overspend beyond the financial position agreed in their budget setting process.
- Set Aside services – NHS Lothian will provide cover for this financial pressure in 2016/17.The major pressure is within General Medicine and discussions are underway with colleagues to understand the drivers behind this financial pressure.

3.2 Financial Planning.

3.2.1 Financial Planning - Process

A report was presented to the IJB at its June '16 meeting outlining the financial planning process for 2017/18 asking the Chief Officer and the Chief Finance Officer to develop, along with the partners, an appropriate financial planning process for 2017/18. This work is on-going.

There are two elements to the financial planning process:-

- A consideration of financial pressures - both underlying pressures already in the system and unavoidable pressure in future financial years, for example pay awards and contractual uplifts.

- A consideration of the impacts of changes in the current services delivery as described in the Strategic Plan. This will encompass redesign of services and a reflection of the impact of future demand on the IJB's functions. For example, as part of its investment in primary care services and to reflect the increased population of Midlothian, NHS Lothian is providing another GP Practice in Midlothian.

Midlothian Council and NHS Lothian have started their financial planning processes for 2017/18 which will provide an analysis of the financial pressures that are embedded in the IJB's budgets. Midlothian Council (as reflected in the report to the Council in September '16) and NHS Lothian (as reflected in their letter to the IJB of 22nd September 2016) have both laid out their timetables and some indicative values for the next financial year.

The IJB's Strategic Plan does not immediately address the financial pressures in the system. The current plan is an articulation of the IJB's principles but has not yet tackled the detailed issues of a fundamental redesign of individuals' care pathways. How the financial pressures might be addressed is considered as part of the financial strategy section below. The financial strategy has to be read in conjunction with the Strategic Plan as this financial strategy has to secure the delivery of the strategic plan and inform the transformation process.

The core of the financial strategy will be a fundamental review of all existing budgets and a prioritisation of the financial resources available to the IJB. It is likely that failures in one part of the overall system of health and social care will create demand in another – delayed discharge may be seen as an example of this – and a significant part of this work will be to remove the effects of 'failure demand'.

3.2.3 Financial challenge facing the IJB in 2017/18.

Appendix 1 is a reflection of the financial projections laid out in the indicative financial outlines of both partners. It is very important to note that these are not, by any means, final projections nor have these values been provided by the partners. These are the IJB's own estimates which provide the IJB an indication of the size of the financial challenge in 2017/18.

The rows in this table indicate the types of financial pressures that the IJB will face, although this table does not show any financial changes that arise from the implementation of the strategic plan and from the redesign of services. It is important that the IJB agrees which financial pressures it is prepared to accept and the IJB must inform its partners of any financial 'pressures that the partners identify for the delegated functions that the IJB is not prepared to accept.

It can be seen that the financial pressures are significant although there will be uplift available from the partners and other sources of additional funding may be available and as part of their financial planning processes the partners will be providing a set of recovery plans to produce a balanced position. As was

discussed in the paper to the IJB at its June 2016 meeting, the governance around any recovery plans now lies with the IJB and the IJB will have to consider the impact of these recovery plans on its Strategic Plan.

Audit Scotland has produced a report (Social Work in Scotland) which looks at the future of social care and considers the financial and operational challenge. The report concludes that if social work continues to be delivered in the same way – that is if the current model is not radically changed – then between now and 2020 the costs would rise between somewhere between 16% and 20%. In Midlothian this would mean a cost increase of at c. £8.0m over that period.

3.2.4 Transition from previous financial planning model to an IJB led model.

The financial planning in 2016/17 was led by the partners (Midlothian Council and NHS Lothian) and the IJB has reviewed this work as part of its financial assurance. Ideally in 2017/18 and thereafter financial planning for the functions delegated to the IJB should be led by the IJB. However, the IJB has to accept that the financial planning for 2017/18 will be a tri-partite process – that is the leadership of the financial planning will be shared by the IJB, the Council and NHS Lothian. In 2018/19 the process should move to a much more IJB led process.

This is illustrated in the diagram below:-

Year	Lead financial planning body	Supporting the development of the plan	Influence on the plan
2016/17	MLC & NHSiL	MLC & NHSiL	IJB
2017/18	MLC/NHSiL/IJB	MLC & NHSiL	MLC/NHSiL
2018/19	IJB	MLC & NHSiL	MLC/NHSiL

3.2.5 Facilities, Governance and other Overheads

As part of the process to agree the financial resources available to the IJB to support the functions delegated it was decided to park the issues of the facilities costs – the costs of running the various health and social care facilities both the costs of the property and the non-direct costs of the care (catering, cleaning etc) – and the corporate overheads (corporate management and the various back office costs IT, HR, Finance, Training etc). It would have been too complicated and too time-consuming to allocate out these budgets in the opening IJB budgets and, in any event, the capital assets are not allocated to the IJBs and

the partners organisations have to continue to function as operational delivery units. That said, it is clear that the IJB itself requires sufficient resources to allow it to plan and redesign the services it has been allocated to represent the functions delegated and these resources are currently part of the partners' corporate services.

Governance is a key element of the delivery of health and social care. However, there is a risk that the system becomes over-governed – there being sets of governance for the Health Board, the Council and the IJB. The IJB is committed to not duplicating governance and it may be worth considering seeking a review of the governance processes within the partners to drive out some (albeit modest) elements of cost.

3.2.6 Future years – 2018/19 and 2019/20

As was discussed above, the partners have already started the 2017/18 financial planning processes. The IJB's ambition is to have a financial plan in place by December '16, however given that the Scottish Government will not publish its financial settlement until November '16 it is possible that this timescale will slip.

The IJB is required to have a three year financial plan in place. The current indications are that the Scottish Government will provide a one year settlement for 2017/18; however the IJB will ask its partners to provide indicative three years plans which the IJB will use to develop its Strategic Plan.

The 2017/18 process will continue to move from the previous partners based processes to a process driven by the IJB but this new process will not be fully in place for 2017/18. The IJB will continue to develop an agreed baseline position for its budgets and, working with the partners, improve the financial planning timescales by moving to a proper three year plan rather than the current position of a detailed one year plan with indicative values for the next two years.

3.3 Financial Strategy – How are we going to address these problems?

In summary, the financial strategy is based on delivering an overall movement of care from specialised and, institutional based services to generalist and community based services.

This will begin with a fundamental review of the current services that are allocated to the IJB and a prioritisation of the resources available to the IJB based on the outcomes articulated in the Strategic Plan. This strategy will also release resources from the system which will allow the IJB to reduce its underlying cost base back into line with the resources that will be available to it.

The IJB will employ a prioritisation process – which is basically reviewing the resources available and prioritising them to achieve the agreed outcomes. Guidance on that process has been issued by the Scottish Government and this is attached as appendix 2. The themes laid out in the guidance are those that flow through this paper and based on the fundamental review of the current utilisation of resources as discussed above along with redesign of the overall health and social care system mapped onto the needs of the individuals who require that care

The move of resources should reflect the key strategic aims of the IJBs, and the key principles are as follows:-

Current Position	Moves to	End position
Failure Demand	→	Prevention
Specialist Services	→	Generalist Services
Hospitals/Care Homes	→	Community Services
Treatment and Support	→	Recovery/Rehabilitation

It is worth examining examples of how this philosophy might change the delivery of the services that have been delegated to the IJB.

3.3.1 Move from Failure demand to prevention.

One of the most pressing examples of failure demand is delayed discharge. Delayed discharge consumes resources in the system and delivers no benefit at all to the patients trapped in this process. Work on anticipatory care and hospital at home should support admission avoidance which will strike at the root cause of delayed discharge.

It has long been accepted that prevention programmes can deliver significant benefits to both patients and the utilisation of health and social care resources. Further development of the prevention principle will be a key part of the IJB's strategy. Examples of preventative services include Falls Prevention, Ageing Well and Local Area Co-ordination which supports people to remain active and socially connected within their community. Much preventative activity will be delivered by other partners within the broader Community Planning Partnership. Examples include employability support services, housing and leisure services.

3.3.2 Move from Specialised Services to Generic Services

Specialised Services

In healthcare there has been a growing tendency to over-medicalise conditions and to provide a range of highly specialised services which provide very specific care to a relatively small number of patients. Example of how such services could shift emphasis include:-

- *Diabetes services delivered by consultant led teams within the RIE significant elements of which could be transferred to GP practices and community based services.*
- *Respiratory services being supported and delivered through physiotherapists and anticipatory care nurses, avoiding the need for hospitalisation to manage conditions such as COPD.*

Clearly this is not to be construed in any way as criticism of this type of care. It is simply a reflection that care provided in this way has a very high unit cost and the IJB has to consider how this resource could be employed in a different way to deliver the national outcomes. A mechanism for this is considered below as part of the prioritisation process.

Generalist services

The redesign will be based on generalised models wherein care staff – and those will not be specialised staff – will work with the patient/client on a holistic basis. Specialist staff will be available to support this care as necessary but generally will not be first point of contact. There are specialist staff employed by the Partnership and the roles of these staff will have to be redesigned to ensure that their skills are only utilised as required. An example of this would be the development of the role of the post diagnostic support worker within the Dementia Team rather than the use of specialised dementia nursing staff.

As part of the process of the management of demand and the move away from specialised (generally health) services, the IJB will support the very promising work on ‘realistic medicine’. This is laid out in detail in the Chief Medical Officer for Scotland’s report for 2014/15.

3.3.3 Move from Hospitals/Care Homes to Community based Services

Institutional based services.

Much of the institutionally based services are also specialist in nature although the institutional basis of care is largely a reflection of the historical provision rather than an appropriate care model. Examples would be:-

- *Learning Disabilities in-patient beds: There are a range of LD in-patient services provided across Lothian which provide care for some Midlothian Patients. These services are currently being redesigned to reduce the number of in-patient beds and provide care appropriately in a community based setting.*
- *Rehabilitation in-patient beds. It has been suggested that much if not all rehabilitation could take place in the community*
- *Acute Receiving Unit: There are currently two in Edinburgh (at the RIE and WGH). Most areas of similar populations have only one acute receiving unit and the IJB could consider examining what synergies might come from merging the two current units into one.*
- *Substance Misuse Services: The IJB received a report at its previous meeting outlining a significant reduction in the resources available for specialist drug and alcohol services. This has created a specific challenge but the resolution will be in a fundamental redesign of these services which will be centred around a community based model emphasising recovery rather than treatment*

As part of the establishment of a baseline for the resources that the IJB has allocated to it, the number of beds (both in-patients health beds and care home beds) will be clarified. It is clear that through this overall strategy the number of beds used by the IJB will then reduce from that base.

Community based services

This transfer of resources into a community setting will mean a reduction in the number and shape of the current institutions. Reducing numbers of beds (in care homes and hospitals) will be challenging and can only be actioned if there is sufficient capacity in the community to provide appropriate levels of care. The IJB will have to consider what range of community provisions it will require to support this process and how these provisions will be resourced.

3.3.4 Move from Treatment and Support to Recovery and Reablement

The shift from treatment to recovery services is most developed in substance misuse and mental health services. Within substance misuse the development of recovery focused services including the Recovery Cafes and the Recovery College have made an important contribution to improved outcomes for individuals. We have seen a flourishing in peer support initiatives in both substance misuse services and mental health services. This approach focuses on developing the capacity of each individual as well as the unique contribution of peer support and social inclusion in the journey of recovery.

The Reablement service focuses on helping home care clients to regain their daily living skills and reduce their ongoing dependency on care services.

3.4 Workforce Planning

The IJB will have to develop its workforce planning in partnership with the Council and NHS Lothian. This will follow the same overall principle as the Financial Strategy with an emphasis of moving from specialised institution based workforce into a generalised, community based workforce.

A workforce plan will be brought to the IJB for consideration in early 2017.

4. Policy Implications

This is a discursive paper and there are no further policy implications arising from any decisions made on this report. However, there may be policy decisions that arise from the redesign of the current system of health and social care services

5. Equalities Implications

There are no equalities issues arising from any decisions made on this report.

6. Resource Implications

The resource implications are discussed above.

7. Risk

Some of the risks are discussed above but this work requires to be fully developed and included in the IJB's risk register

8. Involving People

8.1 There are no implications for involving people as a result of this report.

9. Background Papers

9.1 The reports to the IJB :-
April '16 Meeting – Financial Strategy Outline – 2017/18 and beyond.
June '16 Meeting – Financial Planning for 2017/18

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Appendices:
Appendix 1 - Indicative 2017/18 Financial Overview
Appendix 2 - Scottish Government – Advice Note, Prioritisation Process

Appendix 1 – Indicative 2017/18 Financial Overview

Pressures	Health £m	Social Care £m	Total £m	Note
Unmet 16/17 Efficiencies			0.0	Not yet available
Efficiency Targets for 2017/18	2.5	1.5	4.0	NHS based on c 7% overall efficiency
FYE of Living Wage		0.5	0.5	
Living Wage Uplift		0.1	0.1	
NCHC Uplift		0.2	0.2	Based on 16/17
Pay Award	1.0	0.2	1.2	Based on 16/17
GP Prescribing	0.8		0.8	
New Practice	0.2		0.2	
Transitions for LD		0.2	0.2	Based on 16/17
Impact of future demand		0.6	0.6	Based on 16/17
	4.5	3.3	7.8	

Uplifts etc Not yet known

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Advice Note

Prioritisation Process

This advice note has been prepared to support the Statutory Guidance for Strategic Commissioning Plans and should be read along-side the statutory guidance.

September 2016

Public Bodies (Joint Working) (Scotland) Act 2014

Health and Social Care Integration

PRIORITISATION PROCESS

Introduction and Purpose

All Integration Authorities (Partnerships) completed their Strategic Commissioning Plans by 1st April 2016 and some have, or are in the process of, developing further iterations. As part of this on-going work, many Partnerships are keen to further develop the process of decision making on how best to allocate their resources in order to improve outcomes.

Partnerships will need to consider how best to allocate limited resources. There will be existing arrangements and local expertise for making decisions about resource usage that includes a range of methods, particularly options appraisal. Partnerships should draw on this, where possible when making investment and dis-investment decisions. Such decisions must be made on the basis of clear criteria, a robust process and application of relevant and focused information, and must take account of the Partnership's duty to achieve best value.

The purpose of this advice note is to describe the key characteristics that should be incorporated as an integral part of a Partnership's prioritisation process.

Background

In developing its Strategic Commissioning Plan for the functions and budgets it controls, each Partnership has a legal duty to:

- Achieve best value[1] in the use of its resources; and
- Report on its performance.

These duties will be discharged through the resource allocation decisions it makes in the Strategic Commissioning Plan and its assessment in the annual performance report. In the past, the most common resource allocation method has been based on historical allocations – what was provided last year plus a little bit more or, increasingly, what was provided last year with a little bit less. In this regard 'disinvestment' was most often defined purely as cost-cutting, which will only take us so far[2]. Focusing on the 'here and now' or on the short-term can mean the longer-term benefits are not fully considered[3]. Indeed, Audit Scotland go on to warn against the 'aye bin' principle, where it is easier just to carry on with something that has long been done, simply because the alternatives might seem too radical.

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[1] The duty of Best Value applies to all public bodies in Scotland. It is a statutory duty in local government bodies (including Integration Joint Boards) and in the rest of the public sector it is a formal duty on Accountable Officers. It is a duty to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, equal opportunities and to contribute to the achievement of sustainable development. Guidance on the duty of Best Value is available from: http://www.gov.scot/Publications/2004/04/19166/35251

[2] Rational disinvestment, Donaldson et al, June 2010

[3] Audit Scotland

Prioritisation

The prioritisation process used by the Partnership to determine the allocation of its resources in developing the Strategic Commissioning Plan will be key to achieving best value and informing disinvestment decisions, which may be contentious or difficult. Given resources are limited, it is important that this process incorporates key economic principles, including:

- opportunity cost - given that each pound can only be spent once, it is important to choose the option for spend that is more beneficial rather than the alternative that is less beneficial
- the margin - basing resource allocation decisions on assessments of the relative benefit available from different options, and working towards achievement of maximum overall benefit for available resources.

This will broaden the definition of disinvestment to include the removal of an ineffective service (that provides little value) and the reduction of effective services that are deemed to be less value than other, more effective, services.

The notion of 'benefit' is likely to be complex and involve trade-offs between more-efficiency orientated objectives and others, such as equity.

> To bolster challenge and accountability, public service organisations must be required to show the logic of how public money is supporting the achievement of better outcomes. They must demonstrate co-ordinated multiagency strategies and collaboration with individuals and communities.
>
> Christie Commission 2011

Partnerships are fully aware that current models of care are not sustainable and that new models of care are required to address the pressures of growing demand and limited finances. The prioritisation process must therefore be able to facilitate the local review of existing services and existing resource allocation, bringing decommissioning and commissioning decisions within the same process. This will provide a basis for developing new models of care, redesigning existing services, phasing out services and the redirection of resources to ensure these are better focused on meeting need and improving outcomes.

The best value duty applies to all of the functions delegated to a Partnership and so the prioritisation process must encompass its total pool of resources:

- Payments for the delegated functions;
- Amounts set aside by the NHS for Partnership direction for services used in "large hospitals".

In addition, Partnerships should include clear consideration of the wider resources available through integrated working with the third and independent sectors, which have the capacity to draw resources from beyond the public purse. The Act includes a principle that best use should be made of all available facilities, people and other resources. Therefore, an assets-based approach that fully recognises, develops and

makes best use of assets and resources available in local communities, and builds the strengths of individuals is also recommended. The significant contribution of unpaid carers is an example of this, as is the wide-range of community based activity that is generated and supported by local communities.

Adopting a human rights based approach provides an additional supportive framework. This will support Partnerships to reach decisions through a process that is fair and which involves the active participation of people whom the decisions will impact upon.

Partnerships will need to be able to explain to stakeholders and the wider public both why and how particular decisions in the Strategic Commissioning Plan have been made and so the prioritisation process must also incorporate ethical considerations. Decision making must be consultative, transparent, objective and fair.

Finally, the process must be practical and proportionate. In particular, planning decisions will be made at Partnership and increasingly at locality levels, within a framework of delegated decision making. The operation of the process at each level, although based on the same principles, should be proportionate to the scale of the decision being made and resources at stake.

Prioritisation process overview

To meet these criteria a prioritisation process will require:

- Examination of how total resources are currently spent (i.e. on current pathways and population needs). This can be used to estimate the projected resource implications for current pathways of future needs.

- Assessment of the effect of changes in how resources are spent. This should focus both on the change in outcomes and on the change in expenditure resulting from any proposals for change; it must encompass the effects of service growth as well as the effects of service reduction.

- An objective process of evaluation by the Strategic Planning Group to consider the effects of proposals for change and make recommendations for the reallocation of resources.

- Ethical evaluation, based on the conditions of accountability for reasonableness, conducted alongside economic appraisal.

Partnership priority-setting process

Option appraisal is one decision making tool for defining objectives, identifying options and examining the issues before reaching a decision. The Chartered Institute of Public Finance and Accounting (CIPFA) describe why an option appraisal should be used[4]:

[4] CIPFA, General Guidance on options appraisal

- to enable informed or transparent decisions;
- to provide a consistent approach to decision making;
- to help achieve maximum effectiveness and best value;
- to provide a clear basis for review.

Audit Scotland warn of the significant consequences of not having in place a proper appraisal process[5]:

- Services may not be as efficient as they could be.
- Services may not be achieving value for money.
- Resources may not be directed to priority areas, such as preventative expenditure, and strategic objectives may not be achieved.
- There may be criticism from the Accounts Commission, auditors and other scrutiny agencies .
- It will not be possible to demonstrate Best Value.

Most importantly it may lead to criticism from individuals, including those directly affected by the decision.

Whether or not adopting option appraisal as a technique, it is recommended that Partnerships incorporate a prioritisation process in the commissioning cycle for development of the Strategic Commissioning Plan. There are a number of documented processes that can be used. The Scottish Government recently piloted the use of Programme Budgeting and Marginal Analysis with a number of partnerships[6]. In addition, the Institute of Public Care has provided briefing on three techniques which can be used to support and strengthen prioritisation decision making - Cost Benefit Analysis, Social Return on Investment, and Multi-criteria Analysis[7].

There is no single best way of prioritising complex and varied health and care issues so any such process will need to involve a degree of subjectivity. There is no one 'tool' that will make the decisions for us, but there are tools and processes that can help inform and evidence the final decisions made.

Audit Scotland, CIPFA and others have described the key components of a prioritisation process:

- Everyone involved needs to have clear roles and responsibilities
- Clear objectives should be defined
- Good quality information informs good decisions
- Consultation with stakeholders is key to success
- Critically appraising a wide range of options ensures the process is robust
- Costs and benefits should be valued
- Weighting should be applied to allow scoring options to be

[5] Options appraisal; are you getting it right? Audit Scotland, March 2014
[6] http://www.scotphn.net/wp-content/uploads/2015/11/Priority-setting-in-Health-and-Social-Care-Partnerships.pdf
[7] Three techniques to support option appraisal and evaluation: Briefing paper, IPC, March 2011

- The decision on selecting the preferred option needs to be transparent (in which a scoring and weighting system will offer a fair and systematic assessment of a range of factors).

It is unlikely that Partnerships will be able to apply a prioritisation process to all delegated functions, so the aim and scope of the priority setting exercise should, as a starting point, be based on strategic priorities identified through the strategic commissioning consultation process.

As a first step, the Partnership should analyse the total resources, including the payments received and the sum set aside, and activity information. This is most practically achieved by segmenting the total resources into programmes that may be defined geographically (e.g. localities, GP practice), by care group (e.g. dementia, drugs and alcohol) or some other method (e.g. deprivation, age).

It is recommended that the total resources are segmented into locality budgets and then aggregated where necessary to create cross-cutting intermediate and Partnership level programmes.

This will provide an understanding of how resources are currently allocated across programmes and of their utilisation by services within programmes. These should be related to performance on outcomes, and may give early indications, based on current service usage, as to where changes in the balance of care might be appropriate.

It is recommended that individual level data available through Source (based at Information and Statistics Division, NHS National Services Scotland) is used for this purpose and aggregated to programme level. This can provide analysis of current pathways and model the impact of future needs assessment, and of the effect of proposals for change.

The role of the Strategic Planning Group

The role of this Group is to lead the process and consider the effects of proposals for change and make recommendations to the Partnership for the reallocation of resources through the Strategic Commissioning Plan.

The Group should receive information on the prioritisation methodology and have the opportunity to fully explore the principles of priority setting to ensure that members have ownership of the process.

The Group should determine priorities for the Partnership based on the national and local outcomes, and the strategic priorities agreed through the strategic commissioning process. A set of criteria should then be developed to describe the potential benefits of the proposals for change and by which proposals will be assessed.

The Group should use the local Strategic Needs Assessment, the programme budget information and its local priorities, along with evidence on the costs and benefits of proposals for change to identify options for investment and disinvestment.

All proposals (investment and disinvestment) should be developed using standard templates that specifically require reference to evidence for how well the proposal meets the decision making criteria.

The Group should consider proposals for change affecting both resource allocations between programmes and resource utilisation within programmes.

The Group should evaluate the evidence on the costs and benefits for each proposal based on the previously defined criteria and make recommendations for change.

The Group should review and validate the evidence and judgments used in the process and confirm its recommendations to the Partnership.

Summary

The allocation of resources to improve outcomes is a key task of Integration Authorities, particularly in view of the challenges of increasing demand for health and social care services coupled with increasingly tight finances. This requires the adoption of a prioritisation process that will support decisions about investment and disinvestment. The process itself must be fair, practical and proportionate, and assist Partnerships deliver new models of care that are sustainable and focused on improving outcomes. Taking a human rights based approach will provide an additional supportive framework, underlining the importance of engaging with people affected by decisions in the prioritisation process.

Further reading

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Update on Primary Care Developments in Midlothian

Item number:	5.3

Executive summary

Board members are asked to:

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

Report

Update on Primary Care Developments in Midlothian

1. Purpose

1.1 The purpose of this report is to describe to the IJB a number of developments within primary care and specifically on General Practice.

2. Recommendations

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

3. Background and main report

3.1 **Newtongrange Development**

A new practice will open in Newtongrange in 2017 with a potential list size of 4,500 to 5,000. The practice will be located in a building owned by NHS Lothian. The capital development will be funded by NHS Lothian and capital work will commence in spring 2017.

Newtongrange is within the catchment areas of six General Practices in Midlothian including four of the five Practices with restricted lists. The expected catchment of Newtongrange Practice will overlap with all practices currently with restricted lists which will support these practices to return to a sustainably list-size.

There has been interest from potential providers in the Newtongrange Practice and the service will be tendered in order to receive applications from a full range of interested parties to allow the contract to be awarded to the best provider.

The Newtongrange Practice will be commissioned under the Independent Contractor Model (instead of the alternative model where NHS Lothian employs all the staff in the practice). Midlothian Health and Social Care Partnership are committed to all practices in Midlothian operating under this model.

The Newtongrange Practice contract will be tendered via the Official Journal of the European Union (OJEU) because of the value of the contact. The tendering timeframe is circa two months from advert to award. The tender will be advertised in October 2016 and the contract will be awarded by January 2017.

There are three key financial issues relating to the new practice:

- Providing financial support for the practice until the practice-size reaches a self-sustaining level.
- Accessing funding due to the practice that comes from restricted budgets (e.g. enhanced services) which may put pressure on these budgets unless income to other practices decreases or the budget is increased

- Accessing quality funding which has previously been allocated based on historical attainment of QOF.

Funding in the first year to support growth and provide a *quasi*-historical QOF allocation can be provided from the Lothian LEGUP (List Extension Growth Uplift) budget and potentially from the additional primary care funding confirmed by the NHS Lothian acting Chief Executive at the Primary Care Summit in September. The IJB will then need to identify a recurring funding source.

3.2 **Midlothian Quality Cluster**

The Quality and Outcomes Framework (a national framework funding General Practices for specific activity) has been abolished and replaced by local GP clusters which decide the activity practices should focus on. This was intended to be a first significant step toward a future in which securing better outcomes for patients would be based much less on national priorities and much more on the professionalism of general practitioners individually and in groups, in full collaboration with their local Health and Social Care Partnership.

The removal of QOF and introduction of a 'peer led, values based' approach to quality, based on GP clusters is a fundamental change. It is predicated on the establishment of productive and respectful relationships between GPs and between GP clusters and their local Health and Social Care Partnership. Building such relationships will take time and may take different forms in different areas. Scottish Government has made a deliberate choice to allow the relationships to develop naturally to suit local circumstance and the same should apply to the quality areas on which the cluster decides to focus.

There will be one Cluster in Midlothian and Dr John Hardman has been appointed as the Cluster Quality Lead (CQL). Each Practice has identified a Practice Quality Lead (PQL) who undertakes quality work within the practice. This forms part of the Transitional Quality Arrangements (TQA) in the 2016/17 General Medical Services Contract.

The Midlothian Quality Cluster is meeting and considering the following issues from the prescribed list suggested by Scottish Government:

1. Registers, coding and lifestyle advice
2. Flu immunisation
3. Access to GP appointments
4. Complex patients and Anticipatory Care Plans

5. Quality Prescribing

The Cluster is also keen to focus on other quality areas, both within and outwith practices, such as:

1. Shared Learning from Significant Event Analyses
2. The electronic Frailty Index (eFI) project
3. Sharing good practice on workload management
4. Macmillan cancer care in primary care quality toolkit

3.3 Primary Care Transformation Fund

Lothian will receive £1.16M in 2016/17 of the Primary Care Transformation Fund. The Midlothian proportion (£116K) will fund the following developments:

- Training of Advanced Nurse Practitioners to work within primary care teams*
- Practice-based phlebotomy service*
- Support to the Midlothian Quality Cluster
- Expansion of the Midlothian Wellbeing Service
- Lothian-wide and supported by the four IJBs in Lothian

The Wellbeing service was operating from two practices (Newbattle and Penicuik) and funding from the primary care transformation fund will extend the service to a further six practices from January 2017. The Wellbeing Team offers person centred support and care to live well. The service is for adults with or at high risk of long term conditions. Wellbeing Practitioners facilitate a *Good Conversation* with the person to identify their personal outcomes. This approach offers additional space and time to help people focus on what they want to change to make their health better.

3.4 Primary Care Summit

The first of three 'summits' on primary care in Lothian was held on September 29th 2016. These summits have been organised by the four IJBs in Lothian to develop a consensus on the seriousness of crisis affecting general practice.

Key messages from the Summit were:

- General Practice is in crisis. There are 42 practices across Lothian operating with restricted lists and 2 practices have handed back the contract to NHS Lothian.

- General Practice is experiencing a falling share of NHS spending and key issues experienced relate to recruitment, premises (mainly an Edinburgh issue), income and rising demand, expectations and complexity of workload.

The actions have not been circulated from the first summit but will inform the development of the Midlothian Primary Care Strategic Plan and the Midlothian IJB Development Session on November 17th.

3.5 **Primary Care Out-of Hours Provision**

The National Review of Primary Care Out of Hours Services (2015) recommended a model for out of hours and urgent care in the community that is clinician-led but delivered by a multi-disciplinary team that recognises that patients will be seen by the most appropriate professional to meet their individual needs – that might not be a GP but could be a nurse, or a physiotherapist or social services worker, for example.

The Review also suggests that GPs should continue to play a key and essential part of urgent care teams, providing clinical leadership and expertise, particularly for complex cases.

Scottish Government has identified funding to implement the recommendations of the review. A Lothian bid was submitted by the East Lothian IJB via the Lothian Unscheduled Care Service on behalf of the four Lothian IJBs. In it were the following proposed work streams:

- Develop a Lothian Urgent Care Resource Hub (UCRH) for OOH.
- Integrate Mental Health out-of-hours provision.
- OOH prescribing pharmacist pilot to diversify the OOH workforce from its dependency on GPs.
- Development of a shared physiotherapy service between the Emergency Department and LUCS to assess unscheduled orthopaedic presentations.

A steering group will be established with membership from the Midlothian Health and Social Care Partnership to oversee this work and ensure that it is integrated with OOH service provision in Midlothian.

Development of the Midlothian Primary Care Strategic Programme

Midlothian requires an overarching strategic programme for primary care to bring together the many work streams and activity underway that impact on primary care and to ensure that work is progressing at sufficient pace and scale to make progress on the national health and wellbeing outcomes. There will be a considerable focus on general practice in the strategic programme.

A strategic plan for the programme will be developed and the IJB are meeting on November 17th to consider the components of the plan. A draft framework for the plan is describe in the following table and will be developed with stakeholders including the IJB over the next few months with the intention that a full plan will be presented to the IJB in May 2017.

Goal:	To make general practice in Midlothian sustainable and resilient to current and future demand
Primary Drivers: A set of factors or improvement areas that must be addressed to achieve the desired outcome.	
Driver 1:	**Reduce demand on existing practice teams** (examples underway in Midlothian: Newtongrange Clinic; Choose Wisely Information leaflet
Driver 2:	**Change the skill-mix in primary care teams to align skills to tasks** (examples underway in Midlothian: pharmacists in practice teams; Advanced Nurse Practitioner training)
Driver 3:	**Strengthen relationship between practice teams and other health and care services and voluntary sector services operating in the same community** (examples underway in Midlothian: Wellbeing service; Dalkeith Carer Support service))
Driver 4:	**Maximise opportunities from digital technology** (example in development in Midlothian: electronic Frailty Index tool)
Driver 5:	**Match resources to the changing demand on primary care teams**

4. Policy Implications

4.1 There are no significant policy implications

5. Equalities Implications

5.1 The Strategic Programme will change elements of general practice in Midlothian.

The programme will take cognisance of the Midlothian Strategic Needs Assessment and expertise on inequality. Equality Impact Assessments will used where there are changes to the provision of services.

6. Resource Implications

6.1 There are resource implications relating to the development of the new Newtongrange Clinic. There is a plan to fund the shortfall in 2017/18 but the IJB and NHS Lothian will need to agree the funding source from 2018/19 to make up shortfalls in practice income from enhanced service and QOF budgets and whilst list-size grows.

7 Risks

7.1 The main risks concerning this paper are

a. The Newtongrange Practice is not established and therefore existing pressure on nearby practices is not reduced
b. The Primary Care Strategic Programme does not achieve sufficient change at scale and pace to support general practice to become sustainable and resilient to demand.

8 Involving People

8.1 The Primary Care Strategic Programme will build on the established public and patient involvement that the Midlothian Health and Care Partnership has already undertaken. An Involving People plan will be developed to support the development of the programme

9 Background Papers

9.1 There are no background papers

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Chief Officer's Report

Item number: **5.4**

Executive summary

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

Board members are asked to:

- ***Note and comment upon the issues raised in the report.***

Chief Officer's Report

1. Purpose

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

2. Recommendations

2.1 Note the issues raised in the report.

3. Background and main report

Service Pressures

3.1 **Care at Home** As reported in private at the 18th August IJB meeting "Care at Home" continues to pose significant challenges during the transition to the new provider. As agreed at the IJB a new Direction has been issued to Midlothian Council; a Public Social Partnership with voluntary sector has been established to drive innovation in the model of care at home.

3.2 **Delayed Discharge:** Midlothian's performance continues to be very worrying with delays arising due primarily to sustained high levels of demand, a shortage of care at home capacity and the lack of care home places in people's preferred care homes. As of 30 September, there are 37 delayed discharges including 8 complex cases. Excluding the complex cases, 15 people have been delayed for more than two weeks. This is a key priority for the management team with a daily focus on trying to reduce the incidence of delayed discharge.

3.3 **District Nursing:** There is currently a national shortage of qualified District Nurses (DN). NHS Lothian is no exception with a large number of vacancies. Within Midlothian by January there is likely to be a vacancy rate of just over 40% of qualified DNs, with a further number of DNs nearing or beyond the retirement age (55yrs). A number of measures are being taken including increased numbers of DNs being trained and the recruitment of additional Staff Nurses on a temporary basis. The workforce issues relating to district nursing needs to be seen within the broader context of the workforce development plan across all professional groups.

Integration

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

3.5 **Recovery Hub:** In partnership with Property Services, plans are progressing for the establishment of a Recovery Hub in St Andrews Street. Alongside this, work is progressing on the redesign of pathways and on increasing capacity to strengthen delivery of both detox in the community and recovery support services.

3.6 **Newbyres Care Home:** The move to a new model of care is progressing well with a major staff recruitment exercise including recruitment of nurses. A multi disciplinary team is now planning the arrangements for the provision of specialist dementia beds.

3.7 **Grant Thornton:** In the Controller of Audit Report on Midlothian Council for the year ended 31st March 2016, reference was made to the new governance arrangements, workforce planning and Best Value related to the establishment of the IJB. In summary they concluded that "the IJB has made a good start".

3.8 **Audit and Risk Committee** John Oates Non-Executive member of NHS Lothian has agreed to become a member of the Midlothian IJB Audit and Risk Committee, replacing Alison MacCallum, who has attended on a temporary basis.

4. Service Developments

4.1 **Primary Care:** As is described in the Primary Care Transformation Report elsewhere on the agenda, progress is being made in providing additional support in Health Centres with a Mental Health Access Point in Penicuik and a number of new Wellbeing Practitioners being recruited through the Primary Care Transformation Fund.

4.2 **Living Wage:** Arrangements are now firmly in place for all social care workers in Midlothian to receive the living wage through the allocation of the Social Care Fund monies to the IJB

5. Policy Implications

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

6. Equalities Implications

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

7. Resource Implications

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

8 Risks

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

9 Involving People

9.1 Not applicable

10 Background Papers

None

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Health and Social Care Services: Quality Improvement

Item number:	**5.5**

Executive summary

This report explains the changing approach to maintaining an overview of quality in health and care. A new structure, called the Midlothian Quality Improvement Team, has been put in place to identify areas of service delivery which require attention and make proposals regarding improvements. This report makes recommendations about how the IJB will be kept informed about key issues of concern

Board members are asked to

1. ***Note the establishment of this new structure***
2. ***Agree to proposals for keeping the IJB informed of key issues arising through the work of the QIT***

Report

Health and Social Care Services: Quality Improvement

1. Purpose

This report explains the role of the reformed Midlothian Quality Improvement Team and makes proposals about how this group's work will be communicated to the IJB.

2. Recommendations

1. To note and approve the establishment of the reformed QIT

2. To note and comment on the 2015/16 QIT annual report and to agree on future assurance model for QIT.

3. To agree to proposals for keeping the IJB informed of the work of the QIT

3. Background and main report

3.1 The Midlothian Integration Scheme noted that Midlothian Council and NHS Lothian have well established systems to provide clinical and care governance and confirmed that these systems will continue following the establishment of the IJB. It goes on to state that the IJB would not duplicate these systems but would seek to develop more integrated governance arrangements "to complement existing clinical and care governance arrangements".

3.2 NHS Lothian has a Healthcare Governance Committee which seeks to ensure that services are being delivered in keeping with the national standards of quality in health care, namely "Person-centred" "Safe" "Effective" "Efficient" "Equitable" and "Timely".

3.3 The Chief Social Work Officer reports annually to the Council on standards achieved, governance arrangements (including supervision and case file audits), volume/quantity of statutory functions discharged, the registration of the workforce and on training, including mandatory training and post-qualifying learning and development. These reports must comply with national guidance issued by the Scottish Government.

3.4 The IJB has four non-voting members who carry direct responsibility for quality- the Chief Social Work Officer, the Chief Nurse, the Clinical Director and a medical practitioner who is not a GP.

3.5 The Midlothian Health & Social Care Partnership Quality Improvement Team has evolved from the previous health structure. It has the remit to maintain an oversight of and to lead quality improvement work across the Partnership.

3.6 The QIT has senior level representation from all services within Midlothian HSCP as well as representation from Clinical Governance and Lothian Health Infection Control Team (see membership at appendix 1). Most recently we have included the newly appointed GP Cluster Lead as a member of the QIT. The Committee is currently chaired by the Clinical Director and the deputy chair is the Chief Social Work Officer.

3.7 At its heart the QIT aims to ensure that patient experience influence the design, delivery, responsiveness and patient centred approach of improvements in care. It seeks to do so by closing the loop in lessons learned from, for example, complaints, national guidelines, national and local audits, fatal accidents and adverse events. A standard QIT agenda is attached at appendix 2.

3.8 The Joint Management Team (JMT) reviews the minutes of each QIT in order to consider and take responsibility for any necessary actions arising from the recommendations of the QIT.

3.9 The overall responsibility for the quality of services rests clearly with NHS Lothian and Midlothian Council. However given the IJB's responsibility for "Operational Oversight" it is important that arrangements are in place to inform the IJB of key issues which arise in relation to the quality of health and care services along with any high level actions planned to ensure quality improvement. Issues which merit the attention of the IJB will either be included in the regular report from the Chief Officer or if necessary will be the subject of a separate report.

3.10 The QIT currently produces an annual report using a template provided by the Quality Improvement Support Team (QIST) of NHS Lothian. The report is normally submitted to the QIST who share this widely within the NHS Lothian organisation and include the NHS Lothian Healthcare Governance Committee in this circulation. Attached is a copy of the 15/16 report (Appendix 3) although it must be noted that this report is more health focussed than will be the case in future years. It proposed that the Midlothian QIT submit this annual report for consideration by the IJB.

3.11 The Chief Social Worker produces an annual report which is submitted to Scottish Government as well as being considered by Midlothian Council. It is proposed that this report also be considered by the IJB.

4 Policy Implications

4.1 Quality of care and treatment is a critical issue in the field of health and social care. Professional and vocational training and qualifications requirements seek to ensure the workforce is fully equipped to deliver high quality care. Health and Social care staff are also bound by the conditions of registration-for example social care staff must adhere to the Scottish Social Services Council (SSSC) code of conduct. Clear procedures and processes are intended to minimise the occurrence of poor quality care and treatment. Internal and external audits, managerial and professional supervision all help to support the pursuit of good quality service delivery. The QIT supplements these systems by taking a

proactive overview of any issues which arise that may indicate further improvement is required in terms of systems and staff skills.

5 Equalities Implications

5.1 The role of the group includes maintaining an overview of the extent to which quality of service is consistent across all equality groups and areas of deprivation.

6 Resource Implications

6.1 There are no financial implications arising from this report. There are time implications for key managers preparing reports and attending QIT meetings. However the personal, financial and reputational costs of poor quality care and treatment are such that quality improvement must be given very high priority by managers

7 Risks

7.1 There is a serious risk that without a structure in place to maintain an overview of quality issues and a proactive and concerted approach to quality improvement, lessons from service weaknesses or failure will not be learned. This is particularly important when services are being reshaped, integrated structures are being developed and demands on services are growing.

8 Involving People

8.1 The Joint Management Team were fully involved in the development of these proposals.

9 Background Papers

Appendix 1 – QIT Membership List

Appendix 2 – Standard QIT Agenda

Appendix 3 – Midlothian QIT Annual Report 2015/16

AUTHOR'S NAME	Dr Hamish Reid
DESIGNATION	Clinical Director
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DATE	5th August 2016

Appendix 1

MIDLOTHIAN H&S CARE PARTNERSHIP
QUALITY IMPROVEMENT TEAM
MEMBERSHIP

Name / Position	e-mail address
Dr Hamish Reid, Clinical Director	Hamish.reid@nhslothian.scot.nhs.uk
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For Information Only	
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Ebhlin McHugh, (mins only)	Eibhlin.mchugh@midlothian.gov.uk
Dania Wood, Dietetics	Dania.wood@nhslothian.scot.nhs.uk
Liz Mackenzie, HV Team Lead	Elizabeth.mackenzie@nhslothian.scot.nhs.uk
Tom Welsh, Integration Manager NHS	Tom.welsh@midlothian.gov.uk

Appendix 2

AGENDA

Meeting Name: **MIDLOTHIAN QUALITY IMPROVEMENT TEAM (QIT)**
Date: 3rd August 2016
Time: 10am – 12noon
Venue: **Meeting Room 1 Fairfield House, Midlothian Council**

	Apologies received	
	Notes of Previous Meeting:	
1.	Safety / Alerts	
2.	Incident reporting and management including major / significant incidents / adverse drug events 2.1 Quarterly Incident Reporting	
3.	HAI update 3.1 Infection Control Report	
4.	Leading Better Care *(including CQIs, QIDs)* 4.1 QIDS past months	
5.	Patient/ carer experience *(e.g. Fast, frequent feedback, Better together)*	
6.	Scottish Patient Safety Programme Workstreams	
7.	Complaints / Compliments 7.1 Complaints	
8.	Update from reporting/associated groups e.g. clinical QI teams, health & safety / teams 8.1 Mental Health Report & QIT Minutes 8.2 Care Homes Report 8.3 Learning Disabilities Report 8.4 Older People's Services Report 8.5 Social Care 8.6 OT/PT Service Report 8.7 Nursing Report (Hospital @ Home, Community, MCH Quality Improvement Plan) 8.8 Flu Report 8.9 GP Cluster Report	
9.	Standards / reviews *(e.g. HIS, HEI, MWC, JAG. Care Home Inspectorate, SIGN, NICE, Scottish Medicines Consortium)*	
10.	External quality assurance *(e.g. mock HEI, PEAT)*	
11.	National audit / data releases	

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12.	Project Proposals Forums 12.1 **These will be circulated round the group when they come in.**	
13.	QIT Annual Reporting	
14.	AOCB	
15.	Dates of Future Meetings	

Appendix 3

UHS / Community/ Single System / HSCP	Midlothian
Name of QI Team	Midlothian CHP
QIT Chair/ Co-Chair	Hamish Reid
Which groups does the QIT report to, how often and in what format?	Midlothian SMT Chair attends meeting and gives regular updates

TABLE 1 - LOOKING BACK TO 2015/ 16

- We have included your stated priorities for 2015/ 16 and would like you to update us on what has happened with these. Please tell us whether they were achieved and what has changed / improved as a result.
- Please also tell us if anything prevented this from happening i.e. your team focussed on a different priority.

TABLE 2 – ADDITIONAL ACHIEVEMENTS FOR 2015/ 16 NOT PREVIOUSLY STATED

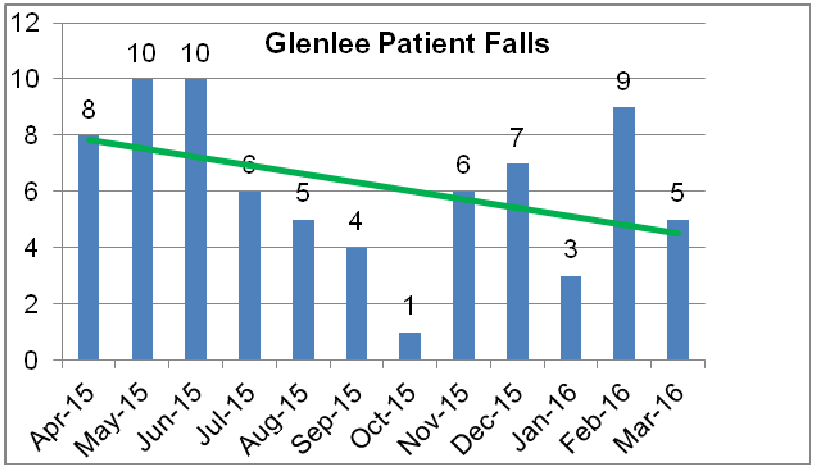
- There is also space to record any other achievements you would like to highlight which may not have been identified previously as a priority.

TABLE 3 – LOOKING FORWARD TO 2016/ 17

- As before, we would like you to state your priorities for the coming year. In order to help identify improvement activities you may find it helpful to use your own local data or your data from QIDS (Quality Improvement Data System). Links to further information on patient safety and improvement activity nationally and locally can be found in the cover letter sent with this template.

TABLE 1 – WHAT YOU STATED WERE YOUR PRIORITIES FOR 2015/ 16

	Stated priority 2014/15	Achieved Y/N	If yes, changes / improvements made as result and supporting data. If no, what prevented you from achieving these?
Person Centred Care	Increased awareness and support for Cow Milk Protein Intolerance in babies and development of an appropriate care pathway.	**ongoing**	Analysis of prescribing data of products/baby milks for children with cow's milk intolerance has demonstrated potential for improving prescribing. The different products available are age related so guidance is necessary. The national care pathway is being reviewed in RHSC by Allergy and GI Consultants and the aim is to have a primary care pathway to link with guidance for Health Visitors and GPs. The referral care pathway to Dietetics will also be reviewed as the waiting times are over 18 weeks in some localities. Improving access to the correct prescription products, to Dietetics and where necessary to secondary care for further assessment and treatment will be the focus for this work over the next 12 months.
	Increased provision of gluten free products and support from Community Pharmacies.	**YES**	Products are now available through community pharmacies rather than by GP prescription,
	Ensure that social care colleagues are integrated in to the work of the Quality Improvement Team. We hope that this will have a positive effects on our joint understanding of how we can improve the quality of our work and allow joint improvement solutions to be found.	**YES**	There has been very positive integration in the QIT with social work and health colleagues attending, contributing, sharing and working together well.

Safe Care	Addressing the actions required in the Glenlee Mental Welfare Commission report.	**YES**	The main issues in the MWC report have been addressed and MWC have re-visited Glenlee and been satisfied with the improvements. Only a few minor recommendations remain to be implemented and these are under way. The number of falls has reduced year on year. 
	Implementation of the actions required from the HAI report at Midlothian Community Hospital.	**NO**	The latest environmental inspection raised a number of issues that are being addressed.
	Continue the warfarin current monitoring according to the Grade protocol (Coagucheck) with monitoring and feedback	**YES**	Warfarin Coagucheck continues to be used and an evaluation of patient feedback last year gave very positive results.
Effective Care	Improve compliance with antimicrobial guidance with monitoring and feedback	**YES**	There has been a significant reduction in the total number of antibiotics prescribed in Midlothian over the past number of years. There has also been a drop in the number of broad spectrum antibiotics prescribed. This is in line with local and national recommendations. Work continues in this area of

			prescribing. Practices continue to receive feedback on their individual practices prescribing..
	Review the skill mix on the wards to address the issue of nursing cleaning duties.	**ongoing**	The Housekeeper role has been developed for Glenlee to free up nurse time and the value of this will be monitored.
	Evaluation of the effectiveness of the new MERRIT team (Midlothian Enhanced Rapid Response and Intervention Team)	**YES**	An evaluation carried out in March 2016 gave consistently positive results and comments. • *'I would prefer this way of treatment rather than go to hospital – one gets so much more involvement with the team as a whole – this team can keep you informed clearly'* • *When I asked about my treatment they explained it all in plain language as when in hospital they seem to discuss with colleagues rather than explain'* • *' timely, personal, prevented admission'*

TABLE 2 – ANY ADDITIONAL ACHIEVEMENTS FOR 2015/ 16 YOU WISH TO HIGHLIGHT

	Key Achievements	**Challenges / Successes**	**Supporting Data** (e.g. audit; SPSP; Pt. Experience)
Person Centred Care	The Care Inspectorate has revisited Newbyres and there is great improvement as shown by improved grades. Pittendreich Care Home is due for another inspection so the low level concerns are being monitored to prevent escalation.	A staffing review has shown that integration is progressing well with nurses becoming part of the staff team and providing specialist dementia care. This will help with flow	
	Twelve new houses are being built in Penicuik for adults with challenging needs, using learning from best practice throughout Scotland.. These will be available by February 2017.		
Safe Care	In Learning Disabilities, the decamp protocols and plans worked well following a gas leak. Further improvements have been made to the process based on learning from the event.		
	In December 2015, Midlothian Community Hospital established a Quality Improvement Team looking specifically at issues relating to the four wards in MCH	The two QITs have a similar agenda including looking at open and closed SAEs, reviews and investigations. They provide a forum to share feedback from	Minutes of the QIT meetings are shared with the Midlothian HSCP

	and Lammerlaw. The East & Midlothian Mental Health QIT now has its focus on the community service.	surveys, projects, inspections etc as well as to plan future activity and discuss concerns.	QIT.
Effective Care	Angela Henderson, Care Home Liaison Nurse, has been nominated as a finalist in the Celebrating Success Awards.	Unfortunately Angela was not short listed for this award.	

TABLE 3 – WHAT ARE YOUR PRIORITIES FOR 2016/ 17

Person Centred Care	Twelve new houses are being built in Penicuik for adults with challenging needs, using learning from best practice throughout Scotland. These will be available by February 2017. This is an example of joint working between \health and Social Care in developing optimal service provision for the residents.
	The referral care pathway for Cow Milk Protein Intolerance to Dietetics will be reviewed as the waiting times are over 18 weeks in some localities.
	The Primary Care Communication and Engagement Strategy is in development. Information about access issues is being gathered from right across primary care and fed back to the general public via newspapers, leaflets, community councils, community groups etc.
Safe Care	All GP practices will review hypnotic and anxiolytic drug use and measure success in reducing use by Practice Prescribing Indicators. There will be also improvement in the appropriateness of Pregabalin prescribing (for pain) which will also lead to a reduction in prescribing.
	The QITs for the mental health services (Midlothian Community Hospital wards and E&M Community Services) will ensure that the service provided in optimum within the funding available.
	A joint complaints report will be developed between health and social care.

	The falls bundle in Rossbank and Glenlee (Midlothian Community Hospital) will continue to be monitored and improved to reduce the number and severity of falls,
Effective Care	GP clusters for Quality will inform the Quality Framework. Each practice will have a Practice Quality Lead (PQL).
	In order to try to meet the A12 waiting time HEAT target, work has begun to develop a self-referral / gateway model for psychological therapies in Midlothian, in collaboration with Health in Mind. This will improve access for people with health inequalities and reduce GP workload, as the patient can go directly to the Access Point for assessment for psychological therapies. DNA rate and waiting times should also reduce.
	The staff flu vaccination programme was highly positive in Midlothian last year and there is intention to consolidate and build on this success.

Directions

Item number:	5.6

Executive summary

This report provides a summary of the progress made by Midlothian Council and NHS Lothian in delivering the Directions set by the IJB for 2016-17. These 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.

Board members are asked to:

1. ***Note the progress made in achieving the Directions outlined in appendix 1***
2. ***Consider whether any follow-up communication is required with Midlothian Council and NHS Lothian***

Directions

1. Purpose

This report summarises the progress made in meeting the Directions issued to NHS Lothian and Midlothian Council on 31st March 2016.

2. Recommendations

2.1 Note the progress made in achieving the Directions outlined in appendix 1

2.2 Consider whether any follow-up communication is required with Midlothian Council and NHS Lothian

3. Background and main report

3.1 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 is 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 –for example reducing reliance on acute hospitals and care homes through strengthening Primary Care and community –based services.

3.2 The Strategic Planning Group maintains an overview of the progress being made in the delivery of the Strategic Plan.

3.3 NHS Lothian and Midlothian Council have been asked to develop and implement detailed action plans which enable the direction of travel outlined in the Strategic Plan. A Transformation Board has been established which oversees the implementation of these action plans.

3.3 The Public Bodies (Joint Working) (Scotland) Act 2014 not only places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control but includes a requirement for IJBs to issue Directions to one or both of the NHS Board NHS Lothian and the Local Authority. These Directions are intended to highlight specific changes which need to be put in place to implement the Strategic Plan.

3.4 Midlothian IJB approved a Directions Policy on 10th December 2015. This policy noted that monitoring systems for the delivery of Directions will be required by the IJB and by NHS Lothian and Midlothian Council.

3.5 The IJB issued Directions on 31st March 2016. In their formal response to these Directions NHS Lothian sought clarification on a number of issues. As a result it was agreed to establish monthly meetings with NHS Lothian Associate Director of Strategic Planning to ensure ongoing effective communication regarding the implementation of these Directions.

3.6 Progress against the Directions is outlined in appendix 1. Good progress is 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 have slipped, plans for the reprovision of Liberton Hospital beds to Midlothian Community Hospital and enhanced community services are clear and robust. The provision of care home and care at home services have proved particularly difficult in the first 6 months of the year with a serious impact on delayed discharge.

3.8 In addition a new Direction was issued to Midlothian Council to undertake a full review of care at home. This followed the report taken in private at the IJB Meeting on 18th August 2016

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 are specified within the individual template outlining the details of each Direction.

6.2 It is acknowledged that the financial context is a complicated one.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 (Transformation Board) which will monitor closely the progress being made in these key areas of service redesign. Regular meetings involving the Associate Director of Strategic Planning in NHS Lothian ensure good communication and ongoing clarification about the Directions.

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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Appendices: Appendix 1 – Directions Update

Direction 1 - Midlothian Community Hospital (MCH)	**What is to be done?**	**Progress 01/10/2016**
	Plan the relocation of Liberton Hospital services	(see Direction 2)
	Review with the NHSL Outpatient Board which services could be provided in MCH including through video conferencing.	An action plan for MCH has been developed, based on staff and public engagement. This has been shared with the NHS Lothian Outpatients Board and work is now underway to explore options for future clinic delivery for key specialities within MCH.
	Develop closer working relationships between MCH and Newbyres Care Home This will support the development of specialist dementia care at Newbyres and facilitate timely discharge from hospital for patients.	The proposed implementation date for the new specialist dementia care provision within Newbyres Care Home is January 2017. A small working group across health and social care has been established to oversee this work.
Direction 2 - Liberton Hospital	**What is to be done?**	**Progress 01/10/2016**
	20 East Lothian beds in Midlothian Community Hospital transferred in to ELIJB Services	In support of the establishment of post-acute care in MCH for Midlothian patients currently cared for in Liberton, there is a need to reprovide the East Lothian beds that are currently in Edenview Ward, MCH. This piece of work is being led by East Lothian IJB and will be concluded by March 2017.
	20 beds in Liberton to be transferred to MCH	Midlothian Project Team meets fortnightly to monitor progress against project plan that details 3 high level work packages. • Establish level of medical, nursing and AHP care to be delivered at post-acute ward at MCH • Establish Edenview ward (20 bed HBCCC ward for reprovisioning) at MCH as post-acute ward to replace current provision at Liberton hospital • Produce 5- 10 year plan for post-acute rehabilitation care provision in Midlothian At present, the team are working to establish the nursing and AHP complement based on data from current provision and resource allocation at Liberton. This reflects a pragmatic approach to facilitating a more straight forward transition of patients being cared for in Liberton to being cared for in Edenview Ward. Staff engagement has commenced as part of a wider programme for all reprovisioning projects related to Liberton Hospital and one to ones are imminent for staff on

		Edenview Ward. In addition to the work with staff cohort, we have established an approach to monitoring the flow of patients through Liberton, MCH and Highbank (the community care rehabilitation service). This weekly review of patient flow will enable the team to prepare for the switch over planned for the beginning of March 2017. This monitor also provides information that, (along with other sources of information), enables the Midlothian IJB to strategically plan resource allocation over the coming 5 – 10 years to meet projected needs for different rehabilitation pathways and an ageing population in the medium term.
	Resources transferred from Liberton to Midlothian Partnership	The resource allocation methodology has been agreed in principle across the Partnerships based on existing use of Liberton Hospital. The transfer of resources will take place in March 2017 when the function moves to MCH.
Direction 3 - Unscheduled Care	**What is to be done?**	**Progress 01/10/2016**
	Review the services financed through Unscheduled Care funds and report back to the IJB. The objective is to identify additional funding to expand the MERRIT Service.	Whilst there has been no explicit review of services previously financed through Unscheduled Care funds, there is now a clear role for IJBs within the Unscheduled Care Committee. An initial piece of work has been to focus on Winter and the plan to put in place alternatives to a bed-based solution has resulted in investment for Homecare and MERRIT within Midlothian. Further funding from the Social Care monies in Midlothian has enabled capacity in MERRIT to be increased by 50%, thereby further reducing demands on unscheduled care within acute settings.
Direction 4 - Primary Care	**What is to be done?**	**Progress 01/10/2016**
	Wellbeing Services should be developed.	Two key objectives of the Health & Social Care Partnership are to provide preventative support to people with long term health conditions and to develop a much more effective approach to addressing health inequalities. Midlothian Health & Social Care Partnership has introduced the Wellbeing Service to two GP Practices in Midlothian and plans to extend the service to a further six practices. The Wellbeing Service offers person centred support and care to people to live well. The service is for people with or at higher risk of long term conditions who are 18 years and over.

		Wellbeing Practitioners facilitate a *Good Conversation* with the person to identify their personal outcomes and what is important to them, including the wider determinants of health such as social, financial and emotional factors. This approach recognises and makes use of people's own strengths and resources. The Wellbeing Practitioner's toolkit also includes social prescribing; people are also supported to access local services and facilities when appropriate, including local group work. The service will be delivered in eight GP practices by January 2017
	Skill mix should be enhanced with a particular emphasis on pharmacy	Two pharmacists in post working with the Bonnyrigg and Newbyres practices alongside further pharmacy support to Archview Care Home, MERRIT & Highbank.
	A Public Education Programme should be signed and delivered to ensure the public e services wisely".	High profile "advertorial" in local press during October as well as further meetings held with public groups and Community Councillors.
	Preparation for the implementation of the GP contract and multi-disciplinary cluster working.	Cluster Quality Lead has been appointed in Midlothian and each of the Practices has appointed their Practice Quality Lead. A series of Quality Lead meetings have been arranged for the next 12 months and key priorities identified, including Frailty, Anticipatory Care Plans and Access.
	Review primary care capacity in the light of new housing developments in Midlothian to inform the Lothian capital plan.	Following agreement for a new Practice for Newtongrange, the procurement process is now underway with the intention of the new Practice opening in Spring 2017. Agreement in principle that Housing Developers will be expected to make a contribution to the cost of new Health Centre premises
Direction 5 - Community Services to Older People	**What is to be done?**	**Progress 01/10/2016**
	Midlothian Council is asked to continue to reshape Newbyres Care Home to ensure it is able to meet the shift towards providing care services to people at the more advanced stages of dementia and end of life care. This will require the support of NHS Lothian in the provision of nursing and specialist support services.	Newbyres: Nurses have been recruited with one nurse in post from 3rd October, 1 in post from 10th October and the last nurse due to start in November. A project team has been identified for the dementia units and there have been 2 meetings to take it forward. The manager has been recruited together with care staff, care practitioners and activity staff. The remaining vacancies including AUM posts are out to advert.

	Midlothian Council and NHS Lothian are asked to continue to give high priority to the strengthening of the intermediate care facilities in Highbank Care Home including the possibility of capital works being required.	Following a high-level review of the function and activity within Highbank, a Business Case is being developed that will present a range of capital options for consideration and agreement that will best meet the intermediate care needs of the Midlothian population.
	Rehabilitation and Reablement are critical to supporting the emphasis on prevention and reducing unnecessary dependency on health and care service. The Reablement Services should be reviewed to determine what scope there is to improve its effectiveness through investment in capacity and/or redesign of processes.	Reablement Review: Data is currently being collated in terms of referrals, staff, outcome etc. This will allow us to map the service we currently have and the service we need. Complex Care will also form part of that review. This Direction has been reissued to include all care at home services. Internal reviews of reablement and complex care are underway whilst a Public Partnership Forum has been established to develop new models for delivering care at home
	Midlothian Council and NHS Lothian should make tangible progress in developing strong partnership working at local levels.	This work will begin in earnest once the new care at home provider is operational.
Direction 6 - Prescribing	**What is to be done?**	**Progress 01/10/2016**
	NHS Lothian should implement measures which will support the reduction in spend. These will include "Script Switch"; the promotion of improved self-management through Wellbeing Services; the strengthening of pharmacy support in Health Centres and the provision of better information to patients on the efficacy of drugs.	A Midlothian Prescribing Action Plan has been drafted, which sets out the key issues that need to be taken forward and implemented within Midlothian to address challenges within prescribing. This includes Script Switch, which has been implemented, and the recruitment of pharmacists to support primary care.
Direction 7 - Learning Disability Services	**What is to be done?**	**Progress 01/10/2016**
	The new 12 person unit for people with complex care needs will become operational in late 2016. NHS Lothian and Midlothian Council will need to design and	The build is on schedule and is due for completion in February 2017. The tender for care provision is underway. There is a robust project plan and team monitoring this work. The first tenants will begin to move in from late February.

	implement robust arrangements for providing support services.	
	Plans will also be implemented to resettle the remaining 3 patients in learning disability hospital care with the commensurate transfer of resources to community services.	Plans are in place for all three patients with one moving to the new 12 person project. Timescales are tight for the moves but there is active management of the cases.
	Midlothian will need access to 2 beds in the NHSL assessment and treatment service and more generally access to community based health services in keeping with the evolving redesign of specialist health services.	Work continues at the LD collaborative to ensure that plans for the redesign of inpatient services meets the needs of Midlothian. There have been no recent admissions to hospital from Midlothian.
	Midlothian Council and NHS Lothian should move towards more integrated and locally managed arrangements for specialist community based services.	Planning is underway within the NHS to ascertain who will be managed locally. The management review will be completed early 2017 and at this point the management arrangements will transfer over.
	The Challenging Behaviour Service provided by NHS Lothian should become more embedded in an integrated local community service. It may be possible to enhance such a service if new Social Care monies allow.	Work, on a Lothian Wide basis is beginning early 2017 to fully explore what the new challenging behaviour service will look like in each locality. Agreement is still to be reached on what this will mean in each locality.
	There should be no change to Midlothian's indicative share of the NHSL Learning Disability budget without discussion with the local Partnership.	Discussions regarding budget continue to take place at the *Lothian LD Collaborative.*
Direction 8 - Mental Health	**What is to be done?**	**Progress 01/10/2016**
	New services should be introduced using funding sources such as the Innovation Fund, the 3 streams of the National Mental Health Fund and monies applied for through Primary Care Transformation. Additionally, strong links should be developed with new Wellbeing Services	Funding from the Innovation fund and NHS funding has enabled us to set up Access Points in two locations in Midlothian. This self referral service offers earlier access to psychological therapies or other appropriate community services. Staff involved have already made links with the House of Care practitioners forum and will be involved in a joint learning event.

	introduced through the House of Care and the CHIT which are contributing to the support network for people with low level mental health problems.	
	Alongside this, alternative approaches to speeding up access to Psychological Therapies should be introduced. This activity should be led and managed by the local Joint Mental Health Strategic Planning Group through a service transformation programme that provides access to a full range of timely interventions to the local population.	A local group now monitors waiting list for psychological therapies. The differences between East and Midlothian are being investigated and lessons are being learned about more effective methods of service delivery. A more holistic approach for patients through including group work is in place but there continues to be a fair number of complex cases coming through and this is where the longest waits are. There are still some staff in Midlothian not qualified to deliver CBT (Cognitive Behavioural Therapy) however additional staff are being recruited. We have commissioned *CAPS* advocacy to carry out some research on the views of people who have accessed and are waiting to access psychological therapies in Midlothian.
	While services are already well integrated, further work is needed to strengthen joint work with substance misuse services. This is not just a matter for health and social work; the third sector is key. Co-location will be helpful to this objective if this can be achieved.	Work is underway to co-locate staff in shared accommodation A *Crossover* pilot has helped to give greater clarity of roles and share expertise.
	The IJB supports the redevelopment plans for the Royal Edinburgh.	Local staff are involved in redevelopment plans.
Direction 9 - Substance Misuse Services	**What is to be done?**	**Progress 01/10/2016**
	In light of reducing budgets for Substance Misuse, decisions will be required about disinvestment.	A local group has been established to oversee the reductions in budgets and disinvestment. This multi agency groups has engaged with users and carers to ensure that their voice is heard within this process.
	It is vital that despite this difficult climate, services which support recovery are strengthened. This will include rolling out	Funding has been agreed to extend the GP peer support pilot into 6 additional practices for a 1 year period. Recovery remains the focus of the local delivery group.

	existing models of peer support through both the recovery network model and work being undertaken in Health Centres.	
	Integration should be pursued to ensure key services work effectively together. This is not just a matter for health and social work; the third sector is key and links with the mental health services are vital. Co-location will be helpful to this objective if this can be achieved	Work is continuing to develop a recovery hub within Dalkeith where both health and social care staff across MH and SMS services can be collocated and jointly managed.
Direction 10 - Services for Unpaid Carers	**What is to be done?**	**Progress 01/10/2016**
	A new local Carers Strategy should be developed and widely cascaded.	Strategic planning meetings relating to the priority areas of the new strategy are nearing completion and a draft strategy will be developed for comment and consultation. The publication and passing of the Local Authority duties and responsibilities identified within the new Carers (Scotland) Act will also help identify issues and inform the Strategy and Action Plan for Adult and Children's services. The next Midlothian Carers Strategic Planning Group is scheduled for 06/10/16. A separate planning group meeting focussing on the needs of Young carers has been established, and this will hopefully inform the wider Midlothian Carers Strategy and communicate areas for development within Children's Services.
	The implications of the new Carers legislation should be widely disseminated to staff	Discussions are taking place with Team Leaders to find out the best format for staff to receive updates and to gain feedback re any additional training needs. Given the legislation and local strategy is for adults and children, updates will need to be given to staff groups covering Adult and Children's Services.
	A system of emergency planning for carers should be designed and implemented ensuring that all key agencies - GPs, Social Workers, specialist teams eg Dementia, MERRIT- and Acute Hospital staff. Links should be made as appropriate with existing Anticipatory Care Planning systems.	Emergency planning is a theme from the new legislation, but was an issue that was identified during earlier meetings with local carers. A working group is being established for Adult services and carers to develop an approach locally. Emergency planning is also an issue for Young carers and I have previously had introductory conversations with Children 1st about this topic. Discussions re emergency planning for young carers is an issue that can be raised at the meetings of the Young Carers Strategic Planning group, with discussion to see if a

		separate working group is also required or whether this could be contained within the strategic group.
Direction 11 - Utilisation of Specific Funding Streams- Delayed Discharge; Integrated Care Fund; Social Care	**What is to be done?**	**Progress 01/10/2016**
	These funding streams help to support the transformation and strengthening of a wide range of functions some of which are closely interrelated. The key task is close monitoring and active management of spend and performance in order to maximise the impact of these monies.	The monitoring, review and management of these funding streams is by the Midlothian H&SCP Transformation Board, chaired by the Joint Director. This ensures there is clear alignment and overview of these funds and to ensure effective delivery against the agreed outcomes of the funds.
Direction 12 - Resource Transfer Funds	**What is to be done?**	**Progress 01/10/2016**
	Accountability for the application of these monies should now be treated in the same way as the use of all other resources deployed by the Council and NHS Lothian on behalf of Midlothian IJB. i.e.: • They should be utilised in ways which are consistent with the Strategic Plan. • Every effort should be made to identify potential savings through more efficient ways of working.	The IJB directed NHS Lothian to transfer these funds to Midlothian council and their use was governed by the principles laid out in the original resource transfer agreements. The principle being that the funds would be used to support the plans already agreed by the parties and that there should be no substitution by the council. The Chief Finance officer has confirmed that these funds have been made available to the Midlothian Social Care budget and thus fulfilling the principle of no substitution and given that the parties concerned are now represented by the Partnership, it is the Partnership's responsibility to allocate out these funds to operational budgets. This is acceptable to the IJB and described in the direction. As to the actual expenditure against these budgets that will be captured in the reply to the direction pertaining to the delivery of social care services by Midlothian Council. NHS Lothian has been transferring these funds to Midlothian council on a quarterly basis. Although it is worth noting that the indicative value laid out in the direction to NHS Lothian includes an element of uplift, this uplift is not reflected in the current payments being made. The IJB will have to issue further directions to reflect the NHS Lothian final offer for 2016/17 and the payments will be adjusted accordingly.

Direction 13 - Social Care Services	**What is to be done?**	**Progress 01/10/2016**
	Services should be provided in accordance with legislation, policies and procedures.	The development of the health and social care QIT (Quality Improvement Team) ensures clear governance.
Direction 14 - Other Core and Hosted NHSL Services	**What is to be done?**	**Progress 01/10/2016**
	Services should be provided in accordance with legislation, policies and procedures.	In the main, the core and hosted services within NHS Lothian continue to deliver against the key areas within the Midlothian Strategic Commissioning Plan. These will be further explored over the coming year. However, progress has been made on some specific areas, including Substance Misuse, Learning Disabilities and Psychological Therapies, which has resulted in closer alignment to local management arrangements, which is beginning to yield positive results. The development of alternative access routes for psychological support is enabling better connections to local services, particularly with third sector organisations.
Direction 15 - NHSL Set-Aside Services except Unscheduled Care	**What is to be done?**	**Progress 01/10/2016**
	Services should be provided in accordance with legislation, policies and procedures.	The development of the NHS Lothian Hospital Plan for the 3 acute sites will support the delivery of this Direction. The plan is currently in draft form and there is an ongoing consultation and engagement process for the Plan, which will include input from the IJB.