

Notice of Meeting and Agenda



Midlothian Integration Joint Board

Venue: As a consequence of the current public health restrictions this will be a virtual meeting - Please also note the earlier start time.

Date: Thursday, 16 April 2020

Time: 13:00

Morag Barrow
Chief Officer

Contact:

Clerk Name: Mike Broadway

Clerk Telephone: 0131 271 3160

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Further Information:

1 Welcome, Introductions and Apologies

2 Order of Business

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

3 Declaration of Interest

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

4 Public Reports

4.1 Covid-19 (Coronavirus) Management in Midlothian - Chief Officer to Report

4.2 NHS Lothian Formal Budget Offer to the IJB for 2020/21 – Report by Chief Finance Officer 3 - 18

4.3 Midlothian IJB Directions 2020 – Report by Chief Officer 19 - 56

4.4 Covid-19 Emergency Recess Procedures - Report by Chief Officer 57 - 62

5 Private Reports

No private business submitted for this meeting.

6 Date of Next Meeting

TBC



Thursday 16th April 2020 - 1pm

Formal Budget Offer from NHS Lothian to the IJB for 2020/21

Item number: 4.2

Executive summary

This report is provided for the IJB to consider and formally accept the budget offer for Midlothian IJB from partner NHS Lothian. The formal budget offer from partner Midlothian Council was accepted at the meeting of the IJB on the 12th March 2020.

Board members are asked to:

- *Agree and accept the budget offer from NHS Lothian*
- *Note the wider risks and uncertainty as consequences of COVID 19*

NHS Lothian Formal Budget Offer to the IJB for 2020/21

1 Purpose

- 1.1 This report presents the Board with the formal 2020/21 budget offer from NHS Lothian for consideration. The budget offer from Midlothian Council was accepted back at the March meeting of the IJB.

2 Recommendations

- 2.1 As a result of this report Members are being asked to:-
- Accept the formal budget offer from NHS Lothian for 2020/21
 - Note the wider risks and, in particular, the rapidly developing situation in response to the COVID 19 pandemic.

3 Background and main report

- 3.1 It is important to note that the 2020/21 budget proposals below are presented on the basis of “business as usual”, ongoing and developing COVID-19 issues highlight that this is not the case.
- 3.2 At the IJB meeting in March we reported on the NHS Lothian indicative budget offer to the IJB per their recent correspondence with the formal budget offer following after agreement at the NHS Lothian Board meeting on the 8th April 2020.
- 3.3 Following the Scottish Governments indicative allocation letter issued to NHS Boards on 6th February, NHS Lothian has issued an indicative budget offer on 27th February to the IJB detailing their assumptions and principles. NHS Lothian has for 2020/21, received uplift to its baseline funding of 3% plus further additional funding to support their move towards NRAC (national resource allocation formula) parity.
- 3.4 The budget offer to the IJB is shown below. Recurrent budget is based on budget used in the latest NHS Lothian financial plan and includes General Medical Services (GMS) recurrent budget. This GMS budget does not get included when calculating the value of the 3% uplift as GMS is uplifted in a separate allocation. This formal offer was signed off by the NHS Lothian Board on the 8th April 2020.
- 3.5 In recent years a variety of additional funding has been allocated to Integration Authorities to support for example Primary Care Improvement, increased Mental Health Workforce as part of Scottish Government’s Mental Health Strategy and Alcohol and Drugs funding. These funding sources will continue, with some at an increased level, further details of increases will be confirmed when details are known.

- 3.6 The formal offer for 2020/21 is summarised below, with the full offer letter attached at Appendix 1.

NHS Lothian Budget Offer to Midlothian Integration Joint Board	2020/21
	£000's
Midlothian IJB baseline recurrent (excluding GMS)	87,859
3% uplift on baseline	2,253
Other	1,003
	91,115

Table 1: Formal Budget Offer from NHS Lothian

- 3.7 This budget offer is in line with the principles shared by NHS Lothian and reported to the IJB at its meeting in March. Baseline recurrent budgets have been updated since the indicative position shared in the letter from NHS Lothian on the 27th February 2020 due to planned refinements in the NHS Lothian methodology for reporting to IJBs. This updates reflects a more accurate use of resources between IJB's and NHS Lothian. Costs associated with these budgets have also been changed during this process therefore there will be no adverse impact.
- 3.8 In line with the integration scheme the Board should consider this offer in terms of "fair and adequacy" and respond to Partners. This offer in conjunction with the accepted Midlothian Council budget offer gives the IJB a total budget of £136m for 2020/21.

Budget Offers to Midlothian IJB	2020/21
	£000's
NHS Lothian	91,115
Midlothian Council	45,027
Total Budget	136,142

Table 2: Total IJB budget for 2020/21

- 3.9 For completeness the accepted Midlothian Councils budget offer is also below

Formal Budget Offer from Midlothian Council to Midlothian IJB	2020/21
	£000's
Previous Years Allocation	42,652
Uplifts:	
Pay & Inflation	618
Demographic Pressures	1,040
Share of new £100m (transferred via Health Portfolio)	1,450
Other Changes	-233
	45,527
Less:	
Efficiency Target	-500
	45,027

Table 3: Midlothian Council Budget Offer accepted in March 2020

- 3.10 The COVID-19 Emergency Recess Paper proposes that authority is delegated to the Chief Officer in relation to identifying financial priorities and agreeing expenditure whilst taking into consideration feedback from the Chief Finance Officer, IJB Chair and Vice Chair. It should be recognised that extraordinary costs are being incurred and will continue to be incurred for the foreseeable future. These costs will be recorded separately, with the assumption that costs will be covered by partners, and ultimately by government.

4 Policy Implications

- 4.1 There are no policy implications from this report.

5 Directions

- 5.1 Directions will be issued for the budgets delegated to back to Midlothian Council and NHS Lothian. Directions for the utilisation of the IJB budget will be issued to NHS Lothian and Midlothian Council by the beginning of the new financial year.

6 Equalities Implications

- 6.1 There are no equalities implications from this report

7 Resource Implications

- 7.1 The resource implications are detailed above including best value and following the public £ considerations.

8 Risk

- 8.1 Due to the rapidly developing situation in response to the COVID 19 pandemic, there may be a need to consider emergency budget measures as part of responses. The potential financial and economic impacts of COVID-19 represents a significant additional risk to the IJB, and the wider public sector going forward.
- 8.2 COVID 19 may involve stepping down non-essential services, mobilisation plans are being developed and the Chief Officer will keep the members of the IJB informed of developments.
- 8.3 The risks associated with “business as usual” are included within the IJB risk register.

9 Involving people

- 9.1 The IJB is held in public and its papers publicly available.

10 Background Papers

- 10.1 Financial Outlook 2020/21 – December 2019
10.2 Financial Update – March 2020
10.3 COVID-19 Emergency Recess Procedures – April 2020

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DATE	April 2020

Appendices:

- Appendix 1 - Letter from NHS Lothian Budget Agreement 2020/21 - Midlothian IJB**
Appendix 2 - Letter from Midlothian Council Confirmation of 2020/21 Allocation to Midlothian IJB

Lothian NHS Board

By Email Only

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Morag Barrow
 Chief Officer
 Midlothian Integration Joint Board

Date 10 April 2020
 Your Ref
 Our Ref
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Dear Colleague

Budget Agreement 2020/21 – Midlothian Integration Joint Board

I write further to my letter of 27th February and the subsequent approval of the NHS Lothian Financial Plan by the Board of NHS Lothian on the 8th of April, which has accepted limited assurance on the achievement of a breakeven outturn for the health board next year.

This letter sets out the key elements of your IJB budget for 20/21 and beyond, based on the information contained in the Plan, updated for any new information now available.

Please note that, due to the exceptional circumstances the health and social care sector finds itself in as we move into the new financial year, the Lothian budget as agreed will be under constant review. At this stage, I am able to confirm baseline IJB budgets for the new financial year, and the additional allocation reflecting the national uplift. However at this stage other budgetary amendments may not yet be known, and your contribution to the ongoing development of plans to address emerging critical issues is greatly appreciated.

Baseline Budget and Uplift

The approved Plan includes details on the anticipated additional funding sources and planned allocation of resources for 2020/21. NHS Lothian will receive a 3% uplift to baseline budgets which gives due recognition to the increased cost of the reform to the Agenda for Change paycales. Midlothian IJB's share of this base uplift is £2,253k.

In addition, NHS Lothian has received a further £12.9m of funding as a contribution to NRAC parity, maintaining Lothian at 0.8% behind the parity figure. This resource has been included in the allocation of funds within the financial plan, and will result in funding beyond 3% being allocated to your IJB.



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Chair Brian G. Houston
 Chief Executive Tim Davison
Lothian NHS Board is the common name of Lothian Health Board

In developing the Financial Plan we have continued to apply key principles in the allocation of resources:

- The importance of maintaining integrity of pay budgets through an equitable application of budget uplift to meet pay awards;
- A need to use recurrent resources against recurrent costs as far as possible, particularly in relation to the baseline recurrent gap;
- A recognition that there will be certain national costs which are inevitable;
- Under the arrangements for financial planning there is an expectation that all Business Units will plan to deliver financial balance against their budgets and therefore there needs to be recognition of the relative efficiency challenge across operational units;
- A reasonable balance of risk for NHS Lothian in the context of its breakeven target.

Recognising these key principles, the additional uplift has been prioritised against the following key areas across Lothian:

- £38.2m to fully fund pay awards, including Agenda for Change;
- £6.5m additional resource allocated to IJBs to meet their 3% uplift value;
- £10.3m investment in Corporate cost pressures, including CNORIS, Office 365, eHealth, and National Services;
- £5.6m investment into Acute Drugs, across delegated and non-delegated functions;
- £2.2m reflecting additional costs associated with Energy and Rates costs at the new RHSCYP;
- £1.1m Investment in Unscheduled Care step up.

The current gap on the Financial Plan of circa £11m assumes that each of the IJBs can agree the application of additional resource against cost pressures which feature across NHS Lothian delegated functions. In addition it would be helpful to agree a mutually agreeable position for key cost pressures impacting across IJBs and non-delegated functions. We will continue dialogue with you in this regard.

Summary Budget Adjustments

Table 1 below summarises the impact of these additions on your IJB with the percentage uplift values against your baseline included. These figures are generated from the IJB mapping table for 2020/21.

Please note that the measure of uplift provided excludes GMS - we expect to receive a separate uplift allocation for this later in the year and any incremental adjustment to your budget baseline will be made once this uplift has been confirmed.

Table 1 – Budget adjustments for Midlothian IJB, 2020/21

	Status	Allocation	Midlothian IJB £'000	% uplift on base
<u>Baseline Budget 20/21</u>				
	Delegated	Core	47,947	
		Hosted	11,742	
	Set Aside		15,389	
			75,078	
		GMS	12,781	
Total			87,859	
<u>Additional Budget</u>				
Pay Uplift			1,472	2.0%
20/21 IJB Uplift @3%			781	1.0%
Share of Base Uplift			2,253	3.0%
Additional Resources			1,003	
			3,256	
Total Budget			91,115	

As well as the 3% uplift, a further £1m of additional resources is included in the table. This resource reflects the following additional budget allocations to your IJB:

- £0.9m for Unscheduled care, including the element allocated non-recurrently in 19/20;
- £50k investment in Insulin Pumps for Adults;
- £47k investment in Nursing at St. John's.

Midlothian IJB 2020/21 – 2024/25 Budget

At this stage the Scottish Government has only confirmed funding for 2020/21. However, assumptions have been made in order to forecast forward into future years and the implications of assumed additional funding streams and their agreed application for Midlothian IJB are shown below. The element of projected uplift is based on the assumption that future years' uplift will be in line with that received in 2020/21, although this remains subject to confirmation. At this stage, no further assumptions have been made around other uplift values. Table 2 shows the budget values to 2024/25.

Table 2 – Midlothian estimated budget baselines to 2024/25

	2021/22	2022/23	2023/24	2024/25
	£'000	£'000	£'000	£'000
Baseline Budget	90,251	91,020	91,804	92,603
Additional Budget	769	784	800	816
Estimated Total Budget	91,020	91,804	92,603	93,419

A more detailed breakdown of these constituent balances is presented in **Appendix 1**.

As noted earlier, there are a number of additional funds which have been included in the Financial Plan for set aside functions, but which have not been included in the future years IJB allocations above as we do not yet have confirmation on how these resources will be allocated across each IJB (e.g. funding for new medicines). Once agreed, these allocations will further increase the total resources delegated to the IJB.

Finally, I can confirm that support services to the IJB, including Finance, will be provided on the same basis as previously. These resources are not included in the budgets set out above.

You will be aware that we have been working with CFOs to develop a revised cost and budget allocation model. This work continues but we have agreed that we will introduce the new model in this financial year as a shadow year to support strategic planning.

We will continue to work with all IJBs as we allocate further NHS resources across services in the coming year between delegated and non-delegated functions. I would expect that further investment will be required in specific areas, and you will be updated as progress is made on these issues.

I look forward to working with you in the coming year as we continue to work together to identify and action opportunities to develop health service delivery within available resources across your IJB.

Yours sincerely

Susan Goldsmith
Director of Finance

cc Chief Finance Officer
Enc

APPENDIX 1

IJB Budgets - 20/21 to 2024/25

	Status	Allocation	2020/21 Midlothian IJB £'000	2021/22 Midlothian IJB £'000	2022/23 Midlothian IJB £'000	2023/24 Midlothian IJB £'000	2024/25 Midlothian IJB £'000
<u>Baseline Budget 20/21</u>	Delegated	Core	47,947	49,386	49,696	50,012	50,335
		Hosted	11,742	12,033	12,221	12,413	12,608
	Set Aside		15,389	16,049	16,320	16,595	16,877
			75,078	77,469	78,237	79,020	79,820
Total		GMS	12,781	12,782	12,783	12,783	12,784
			87,859	90,251	91,020	91,804	92,603
<u>Additional Budget</u>							
Pay Uplift			1,472	769	784	800	816
20/21 IJB Uplift @3%			781				
<u>Share of Base Uplift</u>			2,253	769	784	800	816
Insulin Pumps Adults			50				
STJ ED Redesign Step Up - 20/21			3				
STJ Investment - Nursing			47				
Unscheduled Care			903				
			3,256	769	784	800	816
Total Budget			91,115	91,020	91,804	92,603	93,419

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Place Directorate

Kevin Anderson
Executive Director - Place

Midlothian

5 March 2020

Morag Barrow
Chief Officer
Midlothian Integration Joint Board
Fairfield House
8 Lothian Road
DALKEITH
EH22 3AA



Dear Morag

Revised Allocation to Midlothian Integration Joint Board 2020/21

I wrote to you following the Council meeting on 11 February 2020 to set out the formal allocation for the Board for 2020/21. This offer amounted to £45.496 million and was subject to confirmation of Midlothian Council's share of the additional £100 million transferred from the Health Portfolio. I indicated that I would write to you with a final offer once the distribution of the £100 million was confirmed.

I can now confirm that the revised allocation for 2020/21 amounts to £45.026 million.

This includes the Council's confirmed share of £1.450 million from the £96 million transferred from the Health Portfolio. It excludes the share of the additional £4 million allocated for school counselling, which we have separately discussed and agreed that it would be best for this funding stream not to be passed through the IJB from now on.

The revised allocation is therefore made up as follows:-

	£ million
Original allocation	£45.496
Less estimated share of £100 m	(£1.700)
Add confirmed share of £96 m	£1.450
Less 2019-20 School Counselling Funding previously included	<u>(£0.220)</u>
Revised Allocation	<u>£45.026</u>

Your Ref:
Our Ref:

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The allocation is in excess of the 'floor' which was intimated by Scottish Government on 28 February 2020 and is calculated as follows:-

	£ million
2019-20 Original Allocation	£42.652
Less school counselling	(£0.220)
Less 2%	(£0.849)
Plus share of £96m	<u>£1.450</u>
Total	<u>£43.033</u>

Accordingly, the updated 2020/21 allocation exceeds this amount by £1.993 million and so reflects the Council's continued support to both the IJB and integration in general.

As indicated in my letter of 11 February 2020, the offer for 2020/21 should be considered in the context of the Council's overall financial position, the conditions of the government settlement, and the budget gaps projected for 2021/22 and beyond. In that respect, I would reiterate that it is probable that the Council will be unable to continue to fund the IJB to this extent on a recurring basis and as such the uplift in 2020/21 for demographic pressures are detailed in the year on year analysis of change attached should not be considered to be recurring funding.

I would be grateful if you could confirm in due course Midlothian Integration Joint Board's acceptance of this revised 2020/21 offer.

Yours sincerely



Gary Fairley
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c.c. Ruth Nichols, Senior Accountant
Claire Flanagan, Chief Financial Officer Midlothian IJB

Health and Social Care

Adult and Social Care - Delegated to Midlothian Integration Joint Board

ANALYSIS OF BUDGET CHANGE

	£
BASE BUDGET 2019/20	42,652,072
Virements	
Budget saving - ceasing of car leasing scheme and retention car user allowance	(112,907)
Transfer to Resources for CM2000 system support costs	(16,432)
Learning & Development - share of Learnpro system costs	(5,625)
	(134,963)
Presentational Adjustments	
Non-Domestic Rates	4,967
Refuse Disposal - Uplift Charges	1,554
Internal Hire of Vehicles	(5,340)
IT Equipment	(9,289)
Transfer 2019-20 School Counselling Funding to Education	(220,000)
	(228,109)
REVISED BUDGET 2019/20	42,289,000
1. Employee Cost Changes	
1.01 Pay Award and Incremental Progression	480,895
1.02 Superannuation	106,716
1.03 National Insurance	30,194
	617,805
2. Other Cost Changes	
2.01 Additional Scottish Government funding for Social Care	1,450,000
2.02 FPC estimated uplift	30,000
2.03 NCHC estimated 2% uplift	143,979
2.04 Inflation on food budgets	4,317
2.05 Newbyres nurses	7,383
2.06 Inflation on payments to other local authorities	7,380
2.07 Recovery Hub - transfer for utilities costs	(15,582)
2.08 Other miscellaneous adjustments	5,677
	1,633,153
3. Demographic Cost Changes	
3.01 Community Care/Packages into Adulthood	1,040,000
	1,040,000
4. Full Year Effect of 2019/20 Approved Budget Savings	0
5. Revenue Consequences of the Capital Programme	
5.01 Revenue consequences of Recovery Hub	(53,500)
	(53,500)
6. 2018/19 Approved Savings	
6.01 Efficiency target	(500,000)
	(500,000)
APPROVED BUDGET 2020/21	45,026,459

Thursday 16th April 2020 – 1pm

Midlothian IJB Directions 2020

Item number: 4.3

Executive summary

This report sets out Directions for 2020.

Board members are asked to:

- Approve the Directions for April 2020 onwards

Midlothian IJB Directions 2020

1. Purpose

- 1.1 This report sets out Directions for 2020. If the IJB approves the Directions they will formally be issued by Midlothian IJB to Midlothian Council and NHS Lothian for action from April 2020. The Directions identify key changes that need to be progressed to support the delivery of health and care services in Midlothian. The Directions are aligned to the Strategic Commissioning Plan 2019-22 and will be supported by a local Delivery Plan for 2020 - 21.

2. Recommendations

- 2.1 As a result of this report Members are asked to:-
- Approve Directions for 2020

3. Background and main report

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control and includes a requirement for IJBs to issue Directions to one or both of the NHS Lothian and the Midlothian Council.
- 3.2 Directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan. They are the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB.
- 3.3 Draft Directions were considered by the IJB on 12th March 2020 and by the Strategic Planning Group on 8th January 2020.
- 3.4 As reported to the Midlothian IJB on 13th February 2020, the Scottish Government published Statutory Guidance on Directions from Integration Authorities to Health Boards and Local Authorities. The Guidance published on 27th January 2020 is available [here](#).

4. Policy Implications

- 4.1 This paper supports the strategic direction of the IJB and relates to The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) and the requirement for Directions from Integration Authorities to Health Boards and Local Authorities

5. Directions

- 5.1 This report relates to refreshed and new Directions for 2020 onwards.

6. Equalities Implications

- 6.1 An impact assessment is not relevant to this paper however Health and Social Care Partnership Programmes that relate to Directions and the Strategic Plan are subject to an Equality Impact Assessment.

7. Resource Implications

- 7.1 Directions that are approved must include information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is a payment or a sum set aside and made available) is to be used.

8. Risk

- 8.1 IJBs, Health Boards and Local Authorities have a legal obligation to issue and monitor the effectiveness of Directions as described in the Public Bodies (Joint Working) (Scotland) Act 2014.
Not complying will pose legislative risks and it will be more difficult for the IJB to undertake its duties related to accountability and good governance.

9. Involving people

- 9.1 Representatives of the Strategic Planning Group participated in a workshop to consider existing and new Directions on 8th January 2020. This group includes community and service user representatives.
- 9.2 Community engagement on the planning and review of services related to Directions will continue.

10. Background Papers

- 10.1 Statutory guidance on Directions, published on 27 January 2020. Available [here](#)

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DATE	16 th April 2020

Appendices: Directions to Midlothian Council and NHS Lothian 2020



MIDLOTHIAN INTEGRATION JOINT BOARD:

DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS Lothian

April 2020

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MIDLOTHIAN INTEGRATION JOINT BOARD: DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS Lothian 2020-21

INTRODUCTION

The Midlothian IJB is now entering the fifth year of its existence. The new governance systems are now fully established and good progress is being made on integrating management arrangements and frontline services. The planned redesign of Health and Social Care is outlined in the three year Strategic Plan 2019-22.

We have a shared long-term vision focussed upon prevention and recovery. However, the financial climate is increasingly challenging and we must respond by transforming services as quickly as possible while always being mindful of our responsibilities not to compromise the provision of safe, high quality care. These Directions are intended to address the short-term financial pressures whilst also building long-term sustainability.

POLICY CONTEXT

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan for their delegated, integrated functions and budgets under their control.

Sections 26 to 28 of the Act require the IJB to issue *directions* to one or both of the Health Board and Local Authority. Directions are the means by which the IJB tells the Health Board and Local Authority the key actions to be delivered to implement its Strategic Plan and utilise its integrated budget. This enables the IJB to improve the quality and sustainability of care, as outlined in its strategic plan, and acts as a record of decisions. They are a key aspect of accountability and governance between partners.

In February 2019, the Ministerial Strategic Group for Health and Community Care (MSG) published its report on the review of progress with integration. One of its findings related to Directions and as a result, on 27th January 2020, the Scottish Government published Statutory Guidance on Directions from Integration Authorities to Health Boards and Local Authorities. Available [here](#).

MIDLOTHIAN STRATEGIC PLAN

The [Strategic Plan 2019-22](#) outlines the direction of travel for the development of health and social care services in Midlothian. This plan will be updated annually through the compilation of a Delivery Plan. NHS Lothian and Midlothian Council are asked to develop and implement action plans that will enable the objectives outlined in the Strategic Plan to be realised with a particular emphasis on all services seeking to adopt a preventative approach and continuing to proactively address Health Inequalities. In this regard, **Direction 19** relating to **Public Health** is particularly crucial to the longer-term objectives of the IJB.

There is a wide range of forums in place (see page 6 of 2019-22 Strategic Plan) whose responsibility includes both the implementation of the Plan and the development of clear SMART action plans for the delivery of these Directions. The IJB Chief Officer will confirm timescales for the completion and submission of these plans, to the relevant senior managers, taking into account the COVID-19 crisis. These plans should include reference to the lead officer and timescales for each specific action to ensure clear accountability.

The Strategic Planning Group is the main body responsible for overseeing the progress with the Strategic Plan and the Directions. Additionally, an internal 'Planning and Transformation Board' coordinates progress across all the planning forums in driving forward transformation, ensuring that the IJB is able to address the ongoing financial challenge.

NHS HOSTED SERVICES

Developing more locally responsive services which are currently hosted, will demand a varied approach. Good progress has been made in identifying opportunities to reorganise and enable more local, and more integrated management arrangements for services such as Substance Misuse. Services that will require a particular focus in 2020-21 include the re-provision of the Royal Edinburgh and the Astley Ainslie. Although the IJB's objective is to manage community-based services locally wherever possible, it is recognised that, for some services, such an approach will not be viable; for these services arrangements will be developed which strengthen a whole system approach within Midlothian working closely with the Hosted Services.

FINANCIAL CONTEXT

The financial context for 2020-21 remains a very challenging one with both NHS Lothian and Midlothian Council facing major financial pressures. It is also recognised that the initial proposals as to how best to allocate the Set-Aside and Hosted Services budgets continue to require more detailed work to ensure parity but also take account of significant differences in population need and in the availability of local resources. A key direction of travel will be to disinvest in institutional care including bed-based hospital care and care homes for older people. We have taken steps to strengthen our partnership with the Voluntary Sector through a programme of quarterly summits, intended to jointly identify new ways of providing services in the context of diminishing resources. The Voluntary Sector is crucial and the services they provide account for 33% of the total social care budget for adults and older people.

PROVISION OF DIRECTIONS

These Directions are issued to provide as much clarity as possible about the changes which need to take place in the design and delivery of our services. As further plans are developed, new or revised Directions will be issued during 2020-21. For those services which are not covered by a specific Direction, the expectation is that NHS Lothian and Midlothian Council will continue to provide high quality services within current budgets, endeavouring to meet

national and local targets, and following the strategic objectives laid out in the Strategic Plan. All Directions issued by the IJB are pursuant to Sections 26 to 28 of the Public Bodies (Joint Working) Act 2014 and the appropriate element of the Integration Scheme as detailed Below.

The IJB is constituted under Local Government regulations and, as such, under the Local Government in Scotland Act 2003, has a duty to make arrangements to secure best value – that is continuous improvement in the performance of functions. It is expected that NHS Lothian and Midlothian Council will deliver the functions as directed in the spirit of this obligation.

The financial values ('budgets') will be attached to these Directions when the information is available.

DIRECTION 1: IN-PATIENT HOSPITAL CARE: Budget: £14,563,000

1. Midlothian IJB has approved a plan for those unscheduled care services for which it is responsible as one of its delegated functions arising from Integration. This plan will be developed and implemented in close collaboration with both the NHSL Acute Hospitals and with neighbouring IJBs. The plan aims to capture the wide range of activity required to:

- a) Introduce measures to reduce preventable ill-health
- b) Provide community alternatives to A&E attendance or admission to Acute Hospital
- c) Identify and support people at an earlier stage in their condition to reduce the likelihood of a crisis
- d) Enable people to leave hospital as soon as they are fit to do so

2. The following actions are required:

- i. Complete the review of 'potentially preventable admissions' by August 2020 and develop a plan to strengthen access to local alternatives and where appropriate develop new services.
- ii. Implement plans to free capacity in MCH by enabling alternative care options for people with dementia and completing the transfer of patients to East Lothian by May 2020.
- iii. Evaluate the impact of new approaches to In Reach including identifying patients suitable for Reablement in MOE wards by November 2020.
- iv. Increase further the proportion of patients admitted to the RIE as the local Acute Medical Unit
- v. Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by November 2020.
- vi. Ensure joint work is undertaken between NHS Lothian and Midlothian Council Transport Section to design and provide flexible and responsive transport arrangements for people to attend hospital (this will include planned clinics and treatment).

3. The impact will be that fewer people from Midlothian will be in an acute hospital bed when not requiring such level of care and treatment. This will enable people awaiting hospital care to be admitted earlier whilst also releasing resources for community alternatives. The plan addresses a number of issues that will impact on Acute Hospitals in the short- term, such as reducing the number of people with a COPD exacerbation being admitted. It will also impact on the demand on hospitals in the medium to longer term such as the reduction in the prevalence of type 2 diabetes; development of the use of Midlothian

Community Hospital; and addressing local service gaps that result in high attendance at A&E by people under 65yrs old.

4. This work should be undertaken throughout 2020-21. Regular reports on progress will be submitted to relevant governance groups in both Midlothian HSCP and NHS Lothian.

5. The targets will include reductions in delayed discharge bed days from 12,295 in 2017-18 to 9,836 in 2020-21 and unplanned bed days from 60,230 in 2017-18 to 54,207 in 2020-21.

DIRECTION 2: ACCIDENT AND EMERGENCY: Budget: £2,369,000

1. We are committed to achieving a reduction of attendances from Midlothian.
2. The following actions are required:
 - i. Implement the 'in reach' approach to frequent attenders at A&E through the CHIT service by June 2020.
 - ii. The option appraisal for Community Treatment and Care Centre(s) should be completed and should include consideration of local provision for services provided in acute hospitals such as minor injuries by March 2021.
 - iii. Implement the new performance frameworks to determine the impact of community services in reducing A&E attendances and unscheduled admissions by March 2021.
 - iv. Monitor the implementation of the Midlothian Acute Service Plan 19-22 bi-monthly.
 - v. Continue to reshape pathways to ensure people access community based services wherever viable.
3. This work will impact on the number of people attending A&E and the number of frequent attenders who are supported to consider locally based services that improve their wellbeing.
4. This work should be reported to Midlothian Strategic Planning Group via the Acute Services Planning Group.
5. The target in 2020-21 will be to maintain the number of attendances at the 2017-18 level - 20,900 (MSG Indicator).

DIRECTION 3: MIDLOTHIAN COMMUNITY HOSPITAL: Budget: £5,829,000

1. Midlothian IJB is committed to making maximum use of the Community Hospital in providing locally accessible inpatient and outpatient services
2. The following actions are required:
 - i. The option appraisal regarding the most appropriate outpatient Clinics and day treatment to be provided in MCH should be completed. This should include implementation of an Audiology Clinic; an examination of the viability of chemotherapy; and consideration of the potential role of remote technology in providing consultations with specialist medical and nursing staff.
 - ii. Implement the plans to free capacity in MCH by enabling alternative care options for people with dementia and complete the transfer of patients to East Lothian. Options for providing alternative services to Acute Hospitals should then be considered.
3. The impact will be to provide more localised inpatient and outpatient services.
4. Formal reports outlining progress against both actions should be submitted to the Strategic Planning Group by 30th August 2020.
5. Appropriate measures should be devised to quantify the benefits gained in relation to localised service provision and reduced demand on acute hospital care.

DIRECTION 4: PALLIATIVE CARE: Budget: £416,000

1. We are committed to supporting people to spend as much time as possible at home or in a local homely setting when they have a life limiting illness.
2. The following actions should be undertaken
 - i. Increase the accuracy of the Palliative Care Registers in GP practices by December 2020.
 - ii. Undertake an audit of admissions to Acute Hospitals of patients in receipt of palliative care in order to strengthen local services (care homes, district nursing, MCH and Hospital at Home) by December 2020.
 - iii. Obtain family, carer and staff feedback on the quality of palliative and end of life care provided in Midlothian Community Hospital and the District Nursing service by October 2021 (interim report March 2021).
 - iv. Develop a palliative Care Champion Network across Midlothian care homes by September 2020.
3. These actions should be reported to the local Palliative Care Group and the Strategic Planning Group.
4. The Midlothian Palliative Care group will oversee this work and report to the Strategic Planning Group and Care and Clinical Governance Group.
5. The target is to increase the percentage of the last 6 months of life spent in the community to 88% by the end of 2020/21. There will also be measures related to quality of care.

DIRECTION 5: PRIMARY MEDICAL SERVICES:

Budget - GMS: £12,781,000 Prescribing: £17,590,000. Total £30,371,000

1. The Midlothian Primary Care Improvement Plan (PCIP) describes the priorities and approach taken in Midlothian to support the implementation of the 2018 General Medical Services Contract. It aims to strengthen the primary care team skill mix and capacity to cope with growing demand and the provision of more community based treatment.
2. The following actions should be undertaken:
 - i. The Primary Care Improvement Plan should be progressed to deliver the plan, recognising financial and workforce limitations. This includes significant developments around
 - (a) Community Treatment and Care Centres and
 - (b) Vaccination Transformation Programme
 - ii. The Prescribing Plan should continue to be implemented building upon the success achieved in 2019/20.
3. The impact of this work will be the transformation of primary care services; changes to the multi-disciplinary primary care team, to services available and to the relationship with the community and partner agencies.
4. These actions should be monitored by the Primary Care Management Group, with six monthly reports to the Strategic Planning Group.
5. Targets should include a reduction in restricted GP lists and an improvement in the National Health and Wellbeing Survey rating of adults having a positive experience of the care provided by their GP Practice (76% in 2017/18).

DIRECTION 6: COMMUNITY HEALTH SERVICES:

Budget: t£4,837,000

1. Our objective is to provide stronger community-based health services, promoting prevention and recovery wherever possible.
2. The following actions should be undertaken:
 - i. Work with other Lothian Health & Social Care Partnerships to agree on appropriate model and financial plan for complex care by November 2020 and implement it by June 2021.
 - ii. Undertake a review of community nursing services should be undertaken by March 2021 in light of the changes in Primary Care and the shift from hospital based care. This should include the options for deploying more Advanced Practitioners and strengthening interdisciplinary locality working. This should take cognisance of Community Treatment and Care centres (CTACs).
 - iii. Improve quality and options for people with frailty in primary care through
 - (a) proactive in-reach to ERI when someone with frailty is admitted and
 - (b) virtual medical teams involving the frailty GPs and key hospital consultants.
 - iv. Work to ensure our frailty services are accessible to people under 65 years.
3. The impact will include more robust arrangements for supporting people with complex care needs, stronger joint working arrangements with GP Practice Staff and other community based workers and greater clarity of roles in light of developments in primary care, Intermediate care and acute hospital care.
4. This work involves several planning groups including Primary Care, Intermediate Care and Workforce Development. A report should be provided to the Strategic Planning Group by March 2021.
5. There are no clear outcome targets but progress should be reported in terms of changes to organisational arrangements that impact on the health, care and wellbeing of Midlothian residents.

DIRECTION 7: DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES

Budget: Oral Health £1,212,000; Audiology budget not yet delegated. Ophthalmic Budget covered directly by Scot Govt

1. Primary Care planning and delivery sits within a complex governance and decision-making environment. The NHS Lothian Board and Midlothian IJB need to be clear what their responsibilities are. IJBs have the responsibility for strategic planning for delegated functions in General Medical Services, General Dental Services, General Pharmaceutical Services and General Ophthalmic Services. The independent contractor model is the basis of most primary care services and therefore independent contractors are responsible for the vast majority of day-to-day patient-facing service delivery. Midlothian IJB aims to strengthen working arrangements with these services which play a vital role in the wider primary care team.
2. The following actions should be undertaken:
 - i. The plans for the provision of audiology clinics in MCH should be progressed by September 2020. This should include consideration of digital audio screening and funding for capital works if required.
 - ii. Use data from NHS Lothian Public Health to determine the impact of NHS general dental services on the oral and general health of Midlothian population by November 2020 and use this information to identify further actions if required.
 - iii. Use data to determine the impact of public dental services in Midlothian by November 2020 and use this information to identify further actions if required.
 - iv. Work with Director of Edinburgh Dental Institute to consider how best the Oral Health Improvement Plan recommendations on 'Meeting the Needs of an Ageing Population' can be jointly pursued by November 2020.
 - v. The role of Optometry services in pathways of care for patients in a range of services such as general medical practice, ophthalmology, diabetes and A&E, providing both ongoing and urgent care for patients closer to home to be clarified by March 2020.

3. The impact will be to strengthen joint work with these services and wider health and social care provision in order to improve and/or maintain people's health, wellbeing and independence as far as possible.
4. This work should be completed by March 2021. Progress should be reported to the Strategic Planning Group and Primary Care Management Group.
5. Targets for each service area will be established as part of the planning determined above and will, where possible, include national benchmarking measures such as dental registrations and engagement.

DIRECTION 8: OLDER PEOPLE

Budget: £7,086,000

1. Midlothian IJB is committed to supporting older people to stay well and remain as independent as possible.
2. The following actions should be undertaken:
 - i. The e-Frailty Programme should be progressed to enable improved coordination of care and to provide support at an earlier stage. This includes the use of learning from the e-frailty programme to develop a frailty informed workforce (by November 2020).
 - ii. The Care Home Strategy should be finalised and implemented, including the full establishment of the Care Home Support Team by November 2020.
 - iii. Develop and deliver pilot for Roaming Day Care in partnership with Volunteer Midlothian by March 2021.
 - iv. Improve primary care quality and options for older people (See Direction 5)
 - a. Pro-active in-reach into hospital when someone with frailty is admitted
 - b. Develop virtual medical teams involving frailty GPs and key hospital consultants
 - c. Consider MCH role for frailty step-up step-down (See Direction3)
3. The impact will be to improve older people's health and wellbeing, including those living in care homes.
4. These actions will continue throughout 2020/21 but progress should be reported to the Strategic Planning Group by the end of July 2020.
5. A range of indicators will apply including a reduction in admissions to hospital from care homes and measures capturing the impact of the work-streams flowing from the Frailty Project.

DIRECTION 9 PHYSICAL DISABILITY AND LONG TERM CONDITIONS

Budget: t£2,155,000

1. We aim to support people with disabilities to live independently and those with long term health conditions to live well.
2. The following actions should be undertaken:
 - i. All service providers should adopt an approach which focuses on personal outcomes and encourages self-management and recovery by November 2020.
 - ii. A full appraisal of the optimum balance of community based and hospital-based services should be carried out within the context of the re-provision of Astley Ainslie by December 2020.
 - iii. There should be collaboration, where feasible, with Housing Providers and national policy makers to press for change in policy around the inadequate availability of suitable housing in new housing developments. (See Direction 16)
 - iv. (Midlothian extra care housing commitments are described in Direction 16)
 - v. The role of MCPRT community rehab team should be reviewed by March 2021 to maximise its impact on people have a long term condition or have experienced an acute event
 - vi. Develop clear pathways and support provision for people affected by long term conditions (in particular Type 2 Diabetes and CHD) by March 2021
3. The impact will be to enable people who have a physical disability or a long-term health condition to have a good quality of life; manage their own conditions; and direct their own care as far as possible.
4. Timescales for these actions are listed although the local Astley Ainslie project will be influenced by pan-Lothian plans. A report on progress should be provided to the Strategic Planning Group every 6 months.
5. The expansion of suitable housing including extra care housing will be measurable. All work-streams should develop a set of measures which enable progress to be quantified.

DIRECTION 10: LEARNING DISABILITY

Budget – Health: £1,350,000 & Social Care £10,182,000. Total Budget: £11,532,000

1. We aim to support people with learning disabilities to live as independently and as full members of their local communities as is possible.
2. The following actions should be undertaken:
 - i. Review day care provision and associated costs inc transport by December 2020.
 - ii. Support the delivery of new housing models—initially in Bonnyrigg by 2021.
 - iii. The arrangements for transport should be subject to a full review with a view to creating efficiencies and reducing expenditure by December 2020.
 - iv. Strengthen joint working of Learning Disability Services and care providers.
 - v. A review of the services available for diagnosis and support to people with autism should be undertaken by September 2020.
 - vi. Positive Behavioural Support approaches to be embedded in all Learning Disability services by November 2020.
3. The impact will be to enable people who have a learning disability to have a good quality of life and to be safe and well supported in appropriate accommodation.
4. This is a key area of transformation area given the growing level of expenditure and regular reports should be provided to the Finance and Performance and the Planning and Transformation Groups and annually to the Strategic Planning Group.
5. Each work-stream should develop a set of measures which enable progress to be quantified.

DIRECTION 11: MENTAL HEALTH

Budget – Health: £4,313,000 & Social Care £741,000. Total Budget: £5,053,000

1. Given the high prevalence of mental health concerns in the population (e.g. 19% on medication for anxiety or depression) we are committed to achieving the national ambition to “prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems”.
2. The following actions should be undertaken:
 - i. Explore options for recovery for people experiencing poor mental health through development and delivery of community based housing with access to appropriate support by March 2021.
 - ii. Review effectiveness of the multidisciplinary/multiagency approach to mental health, substance misuse and criminal justice now operational at Number 11 (multiagency hub) by March 2021.
 - iii. Continue close collaboration with Housing in supporting the new arrangements for homelessness through the Rapid Rehousing policy.
 - iv. A coherent approach to the delivery of services to support improved mental wellbeing should be developed. This should include new services funded through Action 15 along with the Wellbeing and Access Point services. A key element of these work is to identify new approaches to addressing the continuing pressures on Psychological Therapies
 - v. Implement a recovery plan to deliver a substantial improvement in waiting times for psychological therapy by March 2021.
 - vi. Implement and review effectiveness of Action Plan designed to prevent/reduce suicide by March 2021.
 - vii. Work with partners to redesign and commission community based mental health supports by March 2021.
 - viii. Phase 2 - Royal Edinburgh Hospital - NHS Lothian to ensure better care for physical health needs of Midlothian in-patients at the Royal Edinburgh Hospital campus by proceeding with the development of the business case for Phase 2 and the planning and delivery of integrated rehabilitation services. NHS Lothian to ensure Midlothian HSCP is involved in development, decision-making and approval of the business case.

3. The impact will be to enable people with moderate to severe mental health illness to recover through a clearer, more effective rehabilitation pathway. For those with low level mental wellbeing needs services should enable people to regain a sense of control over their lives and reduce the reliance upon medication.
4. A report on progress should be provided to the Strategic Planning Group every 6 months.
5. There are clear access targets for psychological therapies whilst other services such as the Access Point and Wellbeing have their own measurement systems the outcomes of which should be considered through the Mental Health Planning Group.

DIRECTION 12: SUBSTANCE MISUSE

Budget – Health: £513,000 & Social Care £191,000. Total Budget: £705,000

1. The human and financial cost of substance misuse is considerable. We must redouble our efforts to prevent misuse and enable people to recover.
2. The following actions should be undertaken:
 - i. Ensure that people's involvement in the planning, delivery and reviewing of their individual care is maximised. This relates to the eight National Quality principles.
 - ii. Evidence that people using MELDAP funded services contribute to ongoing development of the service.
 - iii. People with lived experience to be members of the MELDAP Strategic Group
 - iv. MH&SCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by March 2021.
 - v. Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering by March 2021.
 - vi. MH&SCP/MELDAP and NHS Lothian should further develop working practices to ensure a seamless provision of services to those people using No11. Maximise the use of the building by recovery oriented groups in the evenings and at the weekend
3. The impact will be to strengthen services focussed on recovery for people with substance misuse problems.
4. A report on progress should be provided to the Strategic Planning Group every 6 months.
5. Each of these work-streams should develop a set of measures which enable progress to be quantified.

DIRECTION 13: CRIMINAL JUSTICE

Budget: N/A - Fully funded from Scot Govt

1. We know that people who offend are much more likely to experience multiple health issues and have a lower life expectancy. We must find ways of supporting people to improve their wellbeing and enable them to establish a more settled and style of life.
2. The following actions should be undertaken
 - i. Strengthen efforts and partnership working to enable people on Community Payback Orders to achieve qualifications by December 2020.
 - ii. Peer support should be strengthened including through continued expansion of a peer support scheme that will work across justice, substance misuse and mental health by December 2020.
3. The impact will be that people who offend or are at risk of doing so will have improved access to services which will help them address their underlying health and wellbeing challenges.
4. Progress reports should be provided to the Community Safety Partnership 6 monthly and annually to the Strategic Planning Group.
5. Each of these work-streams should develop a set of measures that enable progress to be quantified.

DIRECTION 14: UNPAID CARERS

Budget: £518,000

1. We recognise that the health and care system is very dependent upon the contribution of unpaid carers. The shift towards self-management and care at home will depend upon the ability of carers to continue in their role and we must support them to do so. It is vital that we identify carers; recognise what carers do and the physical, emotional and financial impact that their caring role can have on them whilst providing support, information and advice, aiming to make caring roles sustainable.
2. The following actions should be undertaken:
 - i. Develop a carer Strategic Statement as required by the Carers Act 2018 by September 2020.
 - ii. Work collaboratively with carers and stakeholders to redesign services that provide support to carers by November 2020.
 - iii. Improve carer identification through connections to services, and through information to the public to support self-identification by March 2021.
3. The impact of this work will be to reduce any negative impact of caring, and make the continuation of the caring role more sustainable and improve carer choice in support options available.
4. There should be a report on progress to the Strategic Planning Group by September 2020 and by March 2021.
5. Each of these work-streams should develop a set of measures which enable progress to be quantified; these would include an increase in the number of carers receiving support from voluntary service providers and an increase in the number of ACSPs offered. Primarily, the target should be to improve the numbers of carers who feel supported including as measured by the National Health and Wellbeing Survey.

DIRECTION 15: CARE AT HOME

Budget: £15,749,000

1. Care at home services are a vital component of care in the community and yet the capacity of service has been under considerable strain over the past three years. Designing alternative more sustainable approaches to care at home is one of the most important challenges requiring to be addressed by the IJB.
2. The following actions should be undertaken:
 - i. By December 2020 re-commission care at home services in line with the Vision statement approved by the IJB in January 2020.
 - ii. Workforce – develop a multifaceted workforce plan that includes council and external providers by December 2020.
3. The impact of developing services which provide sustainable good quality ‘care at home’ will be evident across the system, with service users enjoying a better quality of life, unpaid carers supported in their caring role and acute hospitals able to discharge people sooner once they are fit to do so. It will also impact on budget with less spend on agency staff.
4. This work will be overseen by the Older People Planning group with a six monthly update to the Strategic Planning group and a report to the IJB in January 2021.
5. The ultimate target is to reduce considerably the unmet need in terms of the hours of assessed need not delivered. Other metrics to demonstrate improved outcomes to be prepared by the Older People Planning Group.

DIRECTION 16: HOUSING (Including Aids and Adaptations)

Budget: £296,000

1. It is well-recognised that good quality accessible housing is critical to people's health and wellbeing. Health and Social Work must continue to work closely with Housing Providers. As with many other Local Authorities, Midlothian Council faces many challenges in addressing the housing and care needs of both an ever-increasing ageing population and indeed a population with increasingly complex requirements. The Authority has engaged in a move away from the traditional and expensive model of Residential Care and acknowledges the benefits associated with people living in their own home with support for as long as possible. Extra Care Housing is one such model of accommodation and care that supports this principle.

2. The following actions should be undertaken:

- i. Planning for Newmills, Gore Avenue and Bonnyrigg extra care housing should continue in order to deliver an extra 90 flats or bungalows (inc bariatric options) by spring 2022.
- ii. Plans for extra care housing in other areas of Midlothian alongside housing options for people with learning disability should be considered by March 2021
- iii. The implementation of a proactive approach to ensure people are able to live in housing appropriate to their needs should be rolled out through *Housing Solutions* training.
- iv. The Partnership should strengthen its joint working with the Housing Service to support people who are homeless. This will include contributing to the the Rapid Rehousing Transition plan in Midlothian.
- v. The Partnership should also actively participate in planning of new housing developments such as Shawfair, with the Council Housing Service, Housing Associations and the Private Sector. This will include determining what additional health and care services will be required such as GPs as well as ensuring that the special needs of the Midlothian population are being taken into account fully.

- vi. Joint working on housing solutions for people with disabilities should continue through maximising the Aids and Adaptations budget. Alongside this, the promotion of an anticipatory planning approach should continue, in order to enable people to move to more appropriate accommodation in advance, rather than precipitated by of a crisis.
3. The impact will be to maximise people's independence and quality of life through living in the most appropriate housing
 4. There should be a report to the Strategic Planning Group annually.
 5. Each of these work-streams should develop a set of indicators and timescales that enables progress to be monitored.

DIRECTION 17: INTERMEDIATE CARE

Budget: £1,842,000

1. Intermediate care services focus on prevention, rehabilitation, reablement and recovery. They provide an alternative to going into hospital and provide extra support after a hospital stay. In Midlothian, there are several services that fit this description. It is important that they are co-ordinated and work together as they individually and/or collectively evolve.
2. The following actions should be undertaken:
 - a. Develop a transformation plan by August 2020 around Midlothian Intermediate Care Services to meet the changing needs of the Midlothian population and create opportunities to deliver care in people's local community as opposed to acute hospitals.
 - b. Increase the number of Intermediate Care Flats throughout Midlothian to facilitate earlier supported hospital discharge and reduce delayed discharge, whilst allowing individuals to return to their local communities and/or reside in a homely environment rather than the clinical setting.
3. The impact will be improved outcomes for local people and across the health and social care system. More people will receive care and support in their own home as opposed to acute care
4. The Plan should be reported to the Strategic Planning Group by October 2020.
5. The Plan should include outcome measures to aid future monitoring.

DIRECTION 18: ADULT PROTECTION AND DOMESTIC ABUSE

Budget: £611,000

1. The Adult Support and Protection (Scotland) Act 2007 was introduced to strengthen the support and protection of adults who may be at risk of harm including people who are affected by disability, mental disorder, illness or physical and mental infirmity. All children and adults at risk of harm have the right to support and protection.

Equally Safe, Scotland's Strategy to prevent and eradicate Violence Against Women and Girls was introduced 23/03/2016 and updated in 2018 by the Scottish Government and CoSLA. This strategy's vision is a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate it. The strategy covers all forms of violence against women and girls

While the governance of public protection rests with the *East Lothian and Midlothian Public Protection Committee* it remains a central responsibility of the Health and Social Care Partnership to enable people to stay safe.

2. In this regard the following actions should be undertaken:
 - i. Review the effectiveness of the new combined Public Protection module, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection by March 2021.
 - ii. As recommended by the Thematic Inspection in 2018, the partnership should make sure that all adult protection referrals are processed timeously by August 2020.
 - iii. When women or children have experienced domestic abuse or sexual abuse, ensure that Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people by March 2021.
 - iv. Support the embedding of Safe and Together (keeping the child Safe and Together with the non-offending parent) across social, health and care services

- v. Support implementation of the East Lothian and Midlothian Position Statement on Commercial Sexual Exploitation signed by the Critical Services Oversight Group on 01/08/2018
 - vi. Monitor the Midlothian Council Safe Leave Programme - for those employees who are experiencing gender based violence and need additional time off work to deal with resulting matters by March 2021.
3. The impact will be to strengthen our capacity to protect people from or respond to referrals regarding adult protection and domestic and sexual abuse.
 4. Work to be led by the East and Midlothian Public Protection Committee with annual report to the Strategic Planning Group.
 5. The impact of these developments should be measured by the performance indicators already in place in the Public Protection Plan.

DIRECTION 19: PUBLIC HEALTH

Budget: t£230,000

1. The importance of shifting the emphasis of our services towards prevention and early intervention along with the need to redouble our efforts to tackle inequalities is evident in the new Strategic Plan.
2. The following actions should be undertaken:
 - i. There should be a continued programme of work to enable people to stay well including the implementation of the Physical Activity Strategy and a review of the range of services in place to improve health and wellbeing across the population e.g. reduce isolation by March 2021; and addressing obesity one of the key factors in the prevalence of ill-health and Type 2 Diabetes.
 - ii. A comprehensive Public Health action plan should be developed with clear and measurable contributions from Health and Social Care and the wider NHS Lothian Public Health Directorate By September 2020.
 - iii. Work should continue to develop our Prevention Intention through engagement with all of the planning groups and renew our commitment to embed Integrated Impact Assessments in action plan development by September 2020. This will complement the work on staff training to support a prevention confident workforce.
 - iv. The NHS Lothian Public Health Directorate and Midlothian Health & Social care Partnership should negotiate an appropriate arrangement for the integration of NHS Lothian Public Health staff in Midlothian by August 2020.
 - v. The impact of the CHIT (Community Health Inequalities Team) should be reported to evaluate the case for continued or increased investment by December 2020.
 - vi. Initiate discussions with the 3 other Integrated Joint Boards about the potential disaggregation of Public Health funding including but not limited to Health Improvement Fund, Hep C and Blood Borne Virus by November 2020.

- vii. Improving the Cancer Journey (ICJ) programme to be established by September 2020 to ensure support to people following a cancer diagnosis. This work should complement the Wellbeing Service.
 - viii. Facilitate trauma-informed practice across Health and Social Care and Community Planning Partnership services. Train 400 people in Level 1 training by March 2021.
 - ix. Having reviewed the gaps in service provision in Midlothian for pregnant women who smoke, allocate resource from existing scheme of establishment within NHS Lothian Quit Your Way Service to develop and deliver service model for pregnant women based upon best practice learning from NHS Dumfries and Galloway.
 - x. All service providers should adopt the Midlothian Way to build a prevention confident workforce that supports self-management working with what matters to the person through a Good Conversation (train 80 people by March 2021). In addition, provide training on trauma (400 people by March 2021), health literacy and health inequalities (60 people by March 2021).
3. The impact will be to reduce failure demand and contribute to the gradual improvement of the health and wellbeing of the population.
 4. A report on progress should be reported to the Strategic Planning Group by the end of September 2020.
 5. Each of these work-streams should develop a set of measures that enable progress to be quantified.

DIRECTION 20: SERVICES TO PEOPLE UNDER 18YRS

Budget: There is no specific budget covering all Primary Care services. The budgets are already referenced in Direction 6

1. Whilst the budgets for these services are delegated to the IJB in practice the responsibility for strategic planning and service redesign rests with the interagency GIRFEC Board. School Nursing service is managed by East Lothian although covers East and Midlothian.

2. The following actions should be undertaken:

Health Visiting –

- i. Work to increase staff compliment to full including adequate support staffing eg nursery nurses by December 2020.
- ii. Monitor implementation of the universal pathway by March 2021.
- iii. Review the management structure for all nursing in Midlothian including health visiting by December 2020.

School nursing -

- iv. In light of the funding for counselling for children (Mental Health Strategy Action 1) consideration to be given to expansion of the school nursing service by September 2020.
- v. Implement the refocused role of school nursing including the 10 priorities by September 2020.

0 -5 yrs Immunisations -

- vi. Develop and implement a new service model for 0 – 5 yrs immunisations that is safe and available in all areas of Midlothian and ensure good governance by November 2020.

3. This will impact on the health, wellbeing and safety of children, young people and families. It will be measured through the GIRFEC Board arrangements
4. A report on progress should be available to the GIRFEC Board and the Strategic Planning Group by December 2020.
5. Specific targets and monitoring arrangements will be managed by the individual services and reported to the GIRFEC Board and the Strategic Planning Group

DIRECTION 21: ALLIED HEALTH PROFESSIONALS

Budget: £3,278,000

1. Allied Health Practitioners (AHPs) are expert in rehabilitation and enablement. They are practitioners who apply their expertise to diagnose, treat and rehabilitate people across health and social care. They work with a range of technical and support staff to deliver direct care and provide rehabilitation, self-management, “enabling” and health improvement interventions.
2. The following actions should be undertaken:
 - i. Explore options for a Muscular-Skeletal Advanced Practice Physiotherapy service at MCH for appropriate patients redirected from the Royal Infirmary A&E by September 2020.
 - ii. Develop a Falls Prevention plan and associated performance measures by September 2020.
 - iii. The organisational arrangements for AHPs should be reviewed in light of changes in the social work fieldwork service and the outstanding work-stream regarding the deployment of acute hospital AHPs in the community by December 2020
 - iv. Review AHP model of care to Highbank and MCH to create a flexible and responsive single workforce by December 2020
 - v. Review podiatry provision in Midlothian, in particular for people with Type 2 Diabetes by March 2021.
3. The impact will be measured through progress in transformational planning. Planning will include determination of impact measures.
4. A report on progress should be provided to the Strategic Planning Group before March 2021.

5. Specific targets and monitoring arrangements will be managed by the individual services and reported to the Strategic Planning Group annually and via topic specific reports such as Primary Care or Midlothian Community Hospital.

DIRECTION 22: DIGITAL DEVELOPMENT

Budget: N/A

1. It is undeniable that digital is now a core (and critical) component of all aspects of our personal lives, organisations, and modern business practices – indeed, both the local Health & Social Care Deliver Plan and national strategy identifies digital technology as key to transforming health and social care services so that care can become more citizen-centric.

This will require strategic support to develop closer business-to-business relationships between the Partnership, NHS Lothian eHealth, Midlothian Council Digital Services, and respective Information Governance /Data Protection Teams. This is essential as we must articulate and influence our respective digital plans in a way that is collaborative, scheduled, strategic, and accountably delivered.

2. While strategic collaboration is required, a number of tactical/operational deliverables have already been identified as required to support core business and as rate limiting factors in developments. In this regard the following actions should be taken:
 - i. Identify business partner representative(s) from eHealth¹ and Digital Services respectively to support the new Partnership governance planning meetings and strengthen closer working links for developing future strategic deliverables (e.g. TrakCare changes).
 - ii. eHealth to deliver on work to develop a data capture tool for use by the Midlothian Wellbeing Service by May 2020.
 - iii. Digital Services and eHealth to provide the technical integration required to share and combine Health and Care data sets according to the planning

¹ Account Manager already in place but not as well connected within governance structures.

needs of the Partnership within calendar year 2020 and a roadmap for this by June 2020.

- iv. Digital Services to support direct connection to Mosaic Database Universes within Dashboard technical stack/environment. Specification on how to achieve this post Mosaic migration by June 2020.
 - v. eHealth to support scoping TrakCare utilisation across Partnership teams within Q1 of FY 2020/21 for the purpose of developing a specification for developing full functionality standardised eWorkflow across Midlothian, specify requirements for delivery, and (subject to any IJB approval requirement for financial allocation) allocate resources for delivery within financial year 2020/21 and mechanism for maintenance.
 - vi. Digital Services to have completed the migration of Mosaic to the remote hosted service by Q1 of FY 2020/21.
 - vii. eHealth to support role out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate:
 - a) Attend Anywhere simply as a contact modality
 - b) Attend Anywhere as a fully functional clinic solution with all necessary associated Trak developments.
 - viii. Digital Services to advise on ensuring delivery of contractual obligation on CM2000 to provide integration with Mosaic post migration to hosted service.
3. The impact will appropriate support core business from e-health and digital services in order that transformation programmes and core services can operate effectively.
4. The impact will be measured through progress in by the relevant planning groups. Planning will include determination of impact measures.
5. Specific targets and monitoring arrangements will be managed by the individual planning groups and reported to the Strategic Planning Group before November 2020.

DIRECTION 23: HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY

Budget: N/A

1. The Public Bodies (Joint Working) Act 2014 sets out the legislative framework for integrating health and social care. The Act requires the integration of the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services.
2. It is a radical change in how local services are governed and delivered. It is important that the Partnership works to mature and develop in order to meet its objectives and truly integrate service provision for local people. This requires some focus on partnership development and maturity as well as on specific programmes and services.
3. The following actions should be undertaken:
 - i. Collaborative leadership model should be progressed by July 2020.
 - ii. The Partnership should take opportunities for self-evaluation and improvement planning – for example Scirocco Knowledge Exchange Programme.
 - iii. Meaningful and sustained engagement with local communities and/or service users should be pursued.
 - iv. Work should progress to better capture the impact of the Partnership's integration arrangements on outcomes for local people and on the wider health and social care system by March 2021.
4. The impact will be improved engagement of staff and communities in the Partnership's planning and review processes and subsequent improvement actions
5. A report on progress should be provided to the Strategic Planning Group before March 2021.

6. Specific targets and monitoring arrangements will include 'imatter' and other processes. The Senior Management Team will maintain an overview of programmes of work and will report progress to the Strategic Planning Group.

Midlothian Integration Joint Board Financial Summary

	£000's	Direction	Integrated / Set Aside
Social Care Services			
Addictions	31	12, 15	Integrated
Assessment and Care Management	3,299		Integrated
Learning Disability Services	14,636	10, 15	Integrated
Management and Administration	98		Integrated
Meldap/Recovery Hub	178	12	Integrated
Mental Health Services	869	11, 15	Integrated
Non Specific Groups	1,010	15	Integrated
		8, 14, 15,	
Older People	19,652	17	Integrated
Performance and Planning	617		Integrated
Physical Disability Services	3,381	9, 15, 16	Integrated
Public Protection	628	18	Integrated
Service Management	358		Integrated
Strategic Commissioning	268		Integrated
	45,026		
Health Services			
Core			
Community Hospitals	5,829	3	Integrated & Set Aside
Therapy Services	2,021	21	Integrated
Complex Care	204		Integrated
District Nursing	2,870	6	Integrated
Geriatric Medicine	453		Integrated

GMS	12,781	5	Integrated
Health Visiting	1,967	6	Integrated
Mental Health	2,130	11	Integrated
Management & Services	11,492		Integrated
Prescribing	17,590	5	Integrated
Resource Transfer	5,164		Integrated
	62,501		

Hosted

Community Equipment	232		Integrated
Complex Care	126		Integrated
Hospices & Palliative Care	416	4	Integrated
Learning Disabilities	1,350	10	Integrated
Lothian Unscheduled Care Services	1,049		Integrated
Mental Health	2,183	11	Integrated
Oral Health Services	1,212	7	Integrated
Pharmacy	166		Integrated
Psychology Services	497		Integrated
Public Health	230	19	Integrated
Rehabilitation Medicine	1,050		Integrated
Sexual Health	663		Integrated
Substance Misuse	513	12	Integrated
Therapy Services	1,257	21	Integrated
Other	82		Integrated
UNPAC	657		Integrated
	11,683		

Set Aside

ED & Minor Injuries	2,369	2	Set Aside
Acute Management	542	1	Set Aside
Cardiology	684	1	Set Aside
Diabetes & Endocrinology	344	1	Set Aside
Gastroenterology	551	1	Set Aside
General Medicine	5,218	1	Set Aside
General Surgery	618	1	Set Aside
Geriatric Medicine	2,497	1	Set Aside
Infectious Disease	1,014	1	Set Aside
Junior Medical	136	1	Set Aside
Rehabilitation Medicine	420	1	Set Aside
Respiratory Medicine	954	1	Set Aside
Therapy Services	1,532	1	Set Aside
Other	52	1	Set Aside
	16,931		

136,142

Thursday 16th April 2020 – 1pm

COVID-19 Emergency Recess Procedures

Item number: 4.4

Executive summary

This report explains the implications of the current COVID-19 crisis on the management of IJB business. It proposes the cancellation of meetings of the IJB, the IJB Audit and Risk Committee and the Strategic Planning Group. Instead, IJB business will be managed through a combination of:

- *Delegation to the IJB Chief Officer in consultation with the IJB Chair and Vice-Chair.*
- *Circulation of reports by email and formal approval of recommendations by a minimum of three voting members of the IJB.*
- *Delay of key aspects of IJB business that are not deemed critical in light of the current crisis.*

The report also seeks to ensure IJB sustainability through clear arrangements for Deputies for the IJB Chair, Vice-Chair and Chief Officer.

These proposed arrangements are the subject of six recommendations in Section 2 of this report.

COVID-19 Emergency Recess Procedures

1 Purpose

- 1.1 The purpose of this report is to seek approval to put in place procedures for decision-making processes in the event that Midlothian Integration Joint Board and its associated committees are unable to convene because of the COVID-19 outbreak.

2 Recommendations

- 2.1 As a result of this report Members are asked to:-
1. Approve the COVID-19 Emergency Recess Procedures outlined in Section 3.3 of this report.
 2. Delegate to the IJB Chief Officer, in consultation with the IJB Chair and Vice Chair, the decision-making authority to invoke the COVID-19 Emergency Recess Procedures as and when necessary. Any period of recess should be reviewed formally at the end of a 12-week period.
 3. Delegate to the IJB Chief Officer, in consultation with the IJB Chair and Vice-Chair, decision-making powers regarding expenditure as specified in Section 3.4 of this report.
 4. Agree to request the partners (NHS Lothian and Midlothian Council) to nominate Deputies for the IJB Chair and Vice Chair for approving business during the Emergency Recess, should they themselves be unavailable.
 5. Agree to the proposed delay in the production of the 2019-20 IJB Annual Performance Report and the review of the Integration Scheme, given the need to give priority to responding to the COVID-19 crisis.
 6. Note that the proposed arrangements in this report are compliant with the current IJB Standing Orders and therefore no amendments are required.

3 Background and main report

BACKGROUND:

- 3.1 In view of the ongoing public health concerns and the Government guidance issued in response to the current COVID-19 outbreak, new arrangements are required to ensure that IJB business continues in a manner that minimises the risk of infection. This report proposes that new measures are introduced enabling an Emergency Recess of the IJB to be invoked. This would result in the cancellation of scheduled

meetings of the IJB, the Audit and Risk Committee and the Strategic Planning Group from 27th March 2020 until further notice. The situation regarding meeting arrangements will be kept under review by the IJB Chief Officer in consultation with the IJB Chair and Vice –Chair.

MAIN REPORT

- 3.2 These proposed arrangements seek to establish effective decision-making processes for significant areas of IJB business. However, they do not replace the role of the IJB and measures will be put in place to enable consideration of key issues albeit not through the normal face-to face meeting format.
- 3.3 Instead, it is proposed that during any Emergency Recess, the Chief Officer and Chief Finance Officer (or any other officer authorised by the Chief Officer) will produce reports requiring consideration and approval by the IJB, as is established practice. These will be circulated electronically to the IJB for consideration. Approval will be required from a minimum of three voting members to include the Chair or Vice-Chair or their Deputies (see section 3.5 of this report).
- 3.4 It is also proposed that the IJB Chief Officer be delegated authority by the IJB Chair and Vice-Chair for the ongoing identification of financial priorities and authorisation of expenditure. The Chief Officer will take such decisions in consultation with the Chief Finance Officer.
- 3.5 Business managed through these new arrangements will be summarised in a full report to the first full meeting of the IJB following the end of the Emergency Recess period.
- 3.6 Key planned responsibilities of the IJB over the coming months include the review of the Integration Scheme and the publication of the IJB Annual Performance Report. In view of the need to focus upon the response to the COVID-19 outbreak, it is proposed that these are delayed beyond the stipulated deadlines. The Chief Officer will advise Scottish Government accordingly.
- 3.7 In order to ensure business continuity this report recommends that the partners, NHS Lothian and Midlothian Council, nominate Deputies for the IJB Chair and Vice Chair, who can act in their place should they be unavailable.
- 3.8 In the event that the Chief Officer is unavailable for any reason, then either of the HSCP's Heads of Service, Alison White and Grace Cowan, will be authorised to deputise.
- 3.9 The resumption of normal IJB meeting arrangements will be determined by the Chief Officer in consultation with the IJB Chair and Vice-Chair, taking full account of Government Guidance.

4 Policy Implications

- 4.1 The need to delay work on some key aspects of IJB business is referred to in section 3.6 of this report.

- 4.2 The proposed new decision-making and meeting arrangements are covered by the existing IJB Standing Orders as follows

- 4.2.1 The MIJB Standing Orders allow for attendance by either video or other communication link. Section 5.11 states:

A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present."

Midlothian Council Legal Services Manager has confirmed that a remote meeting complies with the Local Government in Scotland Act 2003.

- 4.2.2. The delegation of powers to take decisions on behalf of the IJB is also covered by existing IJB Standing Orders. Section 15.1 states:

If a decision which would normally be made by the Integration Joint Board or one of its committees, requires to be made urgently between meetings of the Integration Joint Board or committee, the Chief Officer, in consultation with the Chair, Vice-Chair and Standards Officer, may take action, subject to the matter being reported to the next meeting of the Integration Joint Board or committee."

5 Directions

- 5.1 There are no specific issues relating to IJB Directions. The Directions for 2020-21 will be issued to NHS Lothian and Midlothian Council in the very near future, subject to the arrangements outlined in Section 3.3 of this report. However, it is recognised that Directions that relate to service development and redesign will not be taken forward in the near future given the need to focus upon the management of the current crisis.

6 Equalities Implications

- 6.1 There are no direct implications for equality groups arising from this report.

7 Resource Implications

- 7.1 There are no direct resource implications arising from this report in relation to resources other than as outlined in Section 3.4 regarding decision-making arrangements.

8 Risk

- 8.1 There is a risk that these new arrangements diminish the scope for full debate and consideration normally in place through meetings of the IJB, the Audit and Risk Committee and the Strategic Planning Group. However, there is no doubt that the focus in the short-term must be the response to COVID-19. As outlined in Section 3.5 of this report, business undertaken throughout the Emergency Recess period will be the subject of a full report on resumption of normal meeting arrangements.

9 Involving people

- 9.1 The Chief Officer has taken cognisance of arrangements being put in place for IJBs elsewhere in Lothian and throughout Scotland.
- 9.2 The legitimacy of the proposed arrangements has been the subject of consultation with the Council's Legal Services Manager (the IJB Standards Officer) and the Democratic Services Officer.

10 Background Papers

None.

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DATE	06/04/20

