## **Notice of Meeting and Agenda**



## **Midlothian Integration Joint Board**

Venue: Council Chambers/Hybrid,

Midlothian House, Dalkeith, EH22 1DN

Date: Thursday, 08 February 2024

Time: 14:00

Morag Barrow Chief Officer

### Contact:

Clerk Name:	Democratic Services
Clerk Telephone:	0131 271 3160
Clerk Email:	democratic.services@midlothian.gov.uk

### **Further Information:**

This is a meeting which is open to members of the public.

## 1 Welcome, Introductions and Apologies

### 2 Order of Business

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

### 3 Declaration of Interest

5.9

Chief Social Work Officer

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 Minute of Previous Meeting

4.1	Minute of the Midlothian Integration Joint Board held on 21 December 2023	5 - 20
4.2	Minute of the Strategic Planning Group held on 30 November 2023	21 - 30

4.2	2023	21-30
5	Public Reports	
5.1	Chair's Update, presented by Councillor McManus, Chair	
5.2	Chief Officer's Report, presented by Morag Barrow, Chief Officer	31 - 38
5.3	Primary Care Capital Prioritisation, presented by Jenny Long, Director of Primary Care	
	For Decision	
5.4	IJB Improvement Plan, presented by Duncan Stainbank, Chief Internal Auditor	39 - 46
5.5	Strategic Plan Proposals, presented by Gill Main, Integration Manager	47 - 52
	For Discussion	
5.6	IJB Finance Update, presented by David King, Interim Chief Financial Officer	53 - 58
5.7	IJB Performance Report, presented by Elouise Johnstone, Performance Manager	59 - 74
5.8	Public Health Prevention Update, presented by Jim Sherval,	

Chief Social Work Officer's Report, presented by Joan Tranent, 75 - 104

### **6** Private Reports

No items for discussion

Any other business

Any other urgent matters raised with the Chair in advance of this meeting. The following was received:

 Audit and Risk Committee Terms of Reference (ToR), David King, Interim Chief Financial Officer

## 7 Date of Next Meeting

The next meetings will be held on:

- Thursday, 21 March 2024, 14:00 15:00 Special Midlothian Integration Joint Board. (Please note that this meeting will be followed by a Development Session for Board Members only).
- Thursday, 18 April 2024, 14:00 16:00 Midlothian Integration Joint Board.

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Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 21 December 2023	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):		
Connor McManus (Chair)	Cllr Kelly Parry	Cllr Pauline Winchester
Cllr Derek Milligan	Andrew Fleming (NHS Lothian)	Angus McCann (NHS Lothian)

Present (non-voting members):		
Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Wanda Fairgrieve (Staff side representative)
Grace Chalmers (Staff side representative)	Joan Tranent (Chief Social Work Officer)	Fiona Stratton (Chief Nurse)
Claire Ross (Chief AHP)	Wanda Fairgrieve (Partnership Representative,	Magda Clark (Third Sector Representative)
	NHS)	
Keith Chapman (User Representative)		

In attendance:		
Gill Main (Integration Manager)	Nick Clater (Head of Adult & Social Care)	Grace Cowan (Head of Primary Care and
		Older Peoples Services)
Elouise Johnstone (Programme Manager for	Jake Murray (Assistant Strategic Manager,	Emma-Jane Gunda (Assistant Strategic
Performance)	NHS)	Programme Manager)
Jim Sherval (Public Health Consultant, NHS)	Fiona Kennedy (Service Manager – Health and	Gary Leadbetter (Democratic Services Officer)
·	Social Care)	
Hannah Forbes (Assistant Democratic		
Services Officer)		

Apologies:			
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Thursday 21 December 2023

#### 1. Welcome and Introductions

Councillor McManus, the Chair, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board (MIJB). The Chair welcomed Claire Ross, Chief AHP, and Magda Clark, Third Sector Representative, who recently joined the Board.

Claire Ross and Magda Clark each briefly introduced themselves to the 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. Minute of Previous Meetings

4.1 The Minutes of the Meeting of the MIJB held on 24 August 2023 and the Special Meeting of the MIJB held on 21 September 2023 were submitted for approval and agreed as a correct record, subject to the following amendments being made to the Minute of 24 August 2023:

On page 7 of the Minute, correct the wording around significant overspend from "the data from NHS Lothian is 3 months in arrears and a new IT system should provide updated data in September" to "that normally prescribing data is received by NHS Lothian 2 months in arrears. At Quarter 1 for 2023/24 prescribing there was only estimated data made available to NHS Lothian due to issues implementing a new national IT system. More information will be provided in September."

On page 12, correct the wording around Angus McCann's question so that it reads "Angus asked about the degree of mitigation the forecast provided. Claire advised there is a historic trend where there is an initial high overspend forecast early in the year which gradually comes down during future forecasts but there are underlying significant financial pressures."

Thursday 21 December 2023

Magda Clark, noted that the organisation they work for is Midlothian TSI, it does not have the word association in it. It was agreed that this would also be removed from the Minute.

- 4.2 The Minutes of the Meetings of the MIJB Strategic Planning Group held on 28 September 2023 and 26 October 2023 were submitted and noted.
- 4.3 The Minutes of the Meetings of the MIJB Audit and Risk Committee held on 28 June 2023, 7 September 2023 and 23 November 2023 were submitted and noted.

### 5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
<ul> <li>5.1 Chair's Update - Presented by Connor McManus and Chair and New Members Report</li> <li>Morag Barrow, Chief Officer, explained that two voting members on the MIJB – Audit &amp; Risk Committee (A&amp;R) were required to be Elected Members who sat on the MIJB. Councillor Milligan confirmed they were happy to sit on the MIJB – A&amp;R going forward, which will allow the A&amp;R Committee to be quorate.</li> <li>The Chair presented the Chair's update noting that the recent MIJB Development Session was productive and spoke to how discussions that occurred will formulate into the MIJB's Strategic Plans in 2025.</li> <li>The Chair also noted that the MIJB Strategic Planning Group (SPG) Chair will be moving on and questioned if Gill Main, Integration Manager, had any further information on this. Gill Main explained that it is a Board decision as to who is appointed as the new Chair of the SPG and that they are expected an update and confirmation on developments in the new year.</li> <li>Chair and New Members Report</li> <li>This report provides information about non-voting member appointments to the Midlothian IJB and seeks the Board's formal endorsement of them. This report also</li> </ul>			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
provides information in relation to required changes to the membership of the MIJB-A&R.			
<ul> <li>Board Members are asked to:</li> <li>Endorse the nominations for non-voting members of the MIJB.</li> <li>Review and approve the membership of the MIJB – A&amp;R.</li> <li>Welcome existing and new colleagues to the MIJB.</li> </ul>			
The Chair moved a nomination for Councillor Milligan to sit on the MIJB - A&R and this was seconded by Councillor Winchester. Councillor Milligan accepted.			
5.2 Chief Officers Report – Presented by Morag Barrow, Chief Officer Morag Barrow, Chief Officer, presented the Chief Officer's Report which sets out the key strategic updates for MIJB. Board Members are asked to note the content of the report.	Members noted the report.	<ul><li>Morag Barrow</li></ul>	
Morag Barrow noted that:			
<ol> <li>The health system is very busy, as it always is in winter, which is a significant impact in terms of health &amp; social care out in the partnerships.</li> <li>There are three elements where the Midlothian team have excelled recently:         <ol> <li>Strategic Joint Inspection from Care Inspectorate and Health Care Improvement Scotland. This was around integration and outcomes for physical disability and the evaluation of the 5 indicators were that of "good."</li> <li>The Midlothian Community Respiratory Team and Midlothian Performance Team won a Scottish Healthcare Award. The work that won the award has been selected as a finalist for the Holyrood Digital Healthcare Awards.</li> </ol> </li> </ol>			
c. The publication of Midlothian end of life care project findings.  The Chair thanked Morag Barrow for the report, asked for the Board's congratulations to be passed on to the team and opened the report up to questions.	04		

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
Angus McCann, NHS Lothian, in relation to the GP resilience planning section of the report, queried about the activity in primary care remaining high in comparison to other HSCPs and the drivers which have led to reductions in acute ad hoc prescriptions through the new collaborative project between GP practices and pharmacotherapy teams. Morag Barrow explained, in relation to the first query, explained that one of the management GPs is currently looking at this. Morag Barrow explained that it may be that Midlothian's GPs are working harder or it could be that they are seeing people more often, which may either be a good or bad thing. The data is being drilled down into to understand this better, and that more detail can be provided to the Board following this. Morag Barrow also spoke to the strong engagement with GP practices in terms of their resilience planning. In relation to the second query, Morag Barrow explained there is strong delivery in terms of working with GP practices around efficiency savings, whilst there is also an excellent pharmacy lead. Morag Barrow noted that Midlothian is leading the way in terms of achievement of efficiency savings around pharmacology within Lothian. Morag Barrow also noted that funding is provided for one management GP session a week to work on this. Morag Barrow further explained that prescribing costs and volume issues are a continuing pressure.			
Keith Chapman, User Representative, queried if there are principles that arise from this integration that can be spread across the rest of the team and, in relation to the GP resilience planning and musculoskeletal therapy, questioned if there was a good equitable spread across SIMD data groups. Morag Barrow noted that learning has been shared and there is work being undertaken to look at how this can be spread across teams. In terms of the SIMD data, Morag explained that they do not have this data but can investigate it and bring this back. Claire Ross, Chief AHP, explained that a relationship is being developed with the public health analyst within NHS Lothian, which will help segment the waiting list population using SIMD data.  Andrew Fleming, NHS Lothian, raised a query in relation to the system being "hot" and, in relation to the Third Sector Summit, asked for more information on financial			
inclusion work and engagement with the third sector. In relation to the first query, Morag Barrow explained that historically summer used to be quieter and winter			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
busier, however this gap no longer exists, although winter does get busier. Morag Barrow noted that a rise in flu and COVID levels in the community is being seen, coupled with workforce challenges although all areas prepare winter plans. High attendances have also been seen at the emergency department over the preceding two to three weeks, which has resulted in Grace Cowan, Head of Primary Care and Older People's Services, attending acute services silver command meeting and contributing to how joint work can help to support flow and release of beds. Morag Barrow also noted that Grace Cowan's team and the wider senior management team have been meeting in a daily resilience call to understand the situation and contribute to supporting the bigger system pressures. Morag Barrow further spoke to attendances at the emergency department. Gill Main, in relation to the query around the Third Sector Summit, noted that this was a helpful meeting and welcomed the Board Members attendance at these which will be bi-annual. Gill Main spoke to the benefits of the discussions occurring at the Summit. Nick Clater, Head of Adult and Social Care, in relation to income maximisation, explained that the Council has a welfare rights service and the income maximisation outcomes are positive. Nick Clater also noted that the Council has a large contract arrangement with Citizens Advice Bureau, noting that between the two organisations the output is strong, although appreciated there is more that can be done. Nick Clater highlighted that one of the main ongoing issues is the complexity of the benefits system. Magda Clark offered to forward the minute of the previous Third Sector Summit, alongside presentations that were given.  Magda Clark, in relation to the point around SIMD raised by Keith Chapman, stated that it would be useful to see whether the rural areas are also served equally well.			
5.3 MIJB Interim Chief Finance Officer Arrangements – <i>Presented by Morag Barrow, Chief Officer</i>	<ul> <li>Recommendations in the report approved.</li> </ul>	<ul><li>Morag Barrow</li></ul>	
Morag Barrow, Chief Officer, presented the report. This report is provided for the Midlothian Integration Joint Board (IJB) on the proposals for the recruitment of the Chief Finance Officer / Section 95 Officer.			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
<ul> <li>Board Members are asked to: <ul> <li>Accept the resignation of Claire Flanagan as Chief Finance Officer.</li> <li>Agree to the interim arrangements of Chief Finance Officer / Section 95 Officer.</li> <li>Note the arrangements for the IJBs Chief Finance Officer from 1 April 2024 with further updates at a future IJB meeting.</li> </ul> </li> <li>It was noted that from 1 April 2024, the permanent replacement of Chief Finance Officer / Section 95 Officer for the IJB will be provided by Midlothian Council. The Council's Chief Finance Officer will also fulfil the Chief Finance Officer role to the IJB.</li> </ul>			
5.5 MIJB Finance Q2 Update – Presented by David King, Interim Chief Financial Officer	Members noted the report.		
David King, Interim Chief Finance Officer, noted that it would be beneficial to take Item 5.5 before Item 5.4, which the Chair approved. David King presented the report. This paper lays out the Midlothian Integration Joint Board's (IJB) quarter 2 year-end financial forecast for 2023/24, information for which has now been provided by the IJB's partners. This shows a total projected overspend in 2023/24 of £8.6m, the quarter 1 forecast showed an overspend of £7.8m. This is based on the month 6 position, and it should be noted that the IJB's partners' management teams have been and continue to develop recovery plans to manage this position. The paper also considers the current position of the IJB's reserves and notes that the general reserve is now at its agreed minimum value, that is 2% of the IJB's turnover. The IJB's Annual Accounts for 2022/23 have now been approved by the IJB's Audit and Risk committee.			
<ul> <li>Board Members are asked to:</li> <li>Note the output from the Quarter 2 report.</li> <li>Note the current position of the IJB's reserves.</li> <li>Note the 2022/23 Annual Accounts have now been approved.</li> </ul>			
The Chair thanked David King for the report and opened it up to questions.			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
Angus McCann raised a question in relation to recovery plans and the success in savings plans underway. Morag Barrow stated that there are plans in place to get a breakeven budget for this year, although the position has deteriorated. In terms of actions through recovery actions, two actions the IJB supported were not providing the extra care element for Normandy Court, which is in place, and a move to 70/30% of external to internal care at home, which is also taking place. Morag Barrow stated that the biggest challenges are around prescribing and the set aside budget and from a social care perspective it is around our statutory obligation in relation to the resource panel. Morag Barrow explained that they are confident, from the end of year position from this year's perspective, that this will be brought down. Morag Barrow spoke to the work being done this year and provided assurances that everything that can be done is being done, although appreciated that difficult choices will need to be brought back to the IJB.			
Keith Chapman raised a question in relation to predictions of overspend. Morag Barrow explained that the bigger overspends are around the resource panel, which is older people's care and learning disability. Morag Barrow noted that there a few things that impact on this, such as population increases in some of these areas, transitions that come through from social work services and internal infrastructure. David King explained that all IJBs in Lothian have commissioned work around this, including looking at what should be included and not.			
Magda Clark queried whether the third sector could take part in workshops regarding efficiencies, or whether this is operational. Morag Barrow explained that the workshops are operational and have started already, but is happy to touch base with Magda and have a conversation around this.			
5.4 MIJB Medium-Term Financial Plan – Presented by David King, Interim Chief Financial Officer	Members noted the report.	1.	
David King, Interim Chief Finance Officer, presented the report. The Midlothian Integration Joint Board (IJB) is required to prepare a medium-term financial plan. The IJB's partners have now provided the IJB with their own financial plans for the period 2024/25 to 2028/29, and this information allows the IJB to build its own forecast. This	Workshops /     Briefings on     budgetary concerns     and aspects to be set	2. Morag Barrow / Councillor McManus /	

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Report Title/Su	mmary					Decision	Action Owner	Date to be Completed/Comme nts
shows: - Summary Health Social Care <b>Total</b> These values bein	£000's (4,838) (7,724) (12,562)	£000's (6,265) (9,995) (16,260)	£000's (7,529) (12,302) (19,831)	£000's (8,856) (14,647) <b>(23,503)</b>	£000's (10,257) (17,030) <b>(27,287)</b>	once the financial settlement is known.	Democrati c Services	
It is important to not impact of manage made available. The closely with its part a balanced financial Board Members are Note the form of the consider the form of	ote that this is ment actions nat said, the others, have to all position.  The asked to:  The assumption assumption	s a forecast to in this position this position of the control of t	on nor any fur on is clear and	ther funding the the IJB will revery plans to be the IJB will reverse to be	hat may be now, working			
David King stated in February, to dis was arrived at as pressure is and if the Chair thanked to questions.	cuss these m well as wha hey fit into th	atters more t they propo e strategic o	fully, including ssals are and bjectives.	looking at ho if they add	ow the situation up to what the			
Andrew Fleming of Fleming, in relation population increase flat-cash position of cash settlement are	n to demogra e and conside would be. Da	aphy as a c lering this qu vid King exp	ategory, noteouestioned what lained that th	d that Midloth at the impact ere are anxie	nian is facing a of moving to a			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
Councillor Parry added a note of caution around tabling the workshops/briefing, as the Council has not yet found out its financial settlement and the funding floor may not be set until 17 January 2024. Councillor Parry also noted that there is no guarantee around the population increase, but they have heard positive news on this.  The Chair stated that setting workshops will be taken away as an action.			
5.6 Scheme of Publication Review – <i>Presented by Gill Main, Integration Manager</i>	Recommendations in the report approved.		
Gill Main presented the report. The Midlothian Integration Joint Board (IJB) is required to produce a Publication Scheme under The Freedom of Information (Scotland) Act 2002 (the Act). The Act requires Scottish public authorities to provide members of the public with the information that is held by the IJB, and to produce and maintain a publication scheme. Integration Authorities are under a legal obligation to publish the classes of information that they routinely make available, how this information can be accessed, and whether information is available free of charge or on payment.	2. Tidy up spelling and error as outlined in the report title/summary section of this minute.	2. Gill Main	
Midlothian IJB adopted the Model Publication Scheme produced and approved by the Scottish Information Commissioner in 2017. The requirements of the Model Publication Scheme were updated by the Scottish Information Commissioner's Office (ICO) in 2021. The Midlothian IJB Publication Scheme 2023 'Guide to Information' is an update and reworking of the Midlothian IJB Scheme of Publication. This update brings the publication scheme in line with the revised Scottish Information Commissioner Model Publication Scheme.			
The document supports Midlothian IJB to meet other relevant statutory obligations such as the Freedom of Information (Scotland) Act 2002 and Equality Act 2010/Public Sector Equality Duties. The Midlothian IJB Audit and Risk Committee reviewed the proposed Publication Scheme 2023 'Guide to Information' alongside a completed Equality and Children's Right Impact Assessment on Thursday 7 <sup>th</sup> December and recommended this to the Board for approval.			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
<ul> <li>Board Members are asked to:</li> <li>Review the proposed Midlothian IJB Scheme of Publication and accompanying Equality and Children's Right Impact Assessment.</li> <li>Note the recommended actions resulting from the Impact Assessment.</li> <li>Agree to adopt the proposed Midlothian IJB Scheme of Publication.</li> <li>Grant delegated authority to the Integration Manager to inform the Scottish Information Commissioner.</li> </ul>			
The Chair thanked Gill Main for the report and opened it up to questions.			
Angus McCann asked that, if this is to be formally published, the following be tidied up:			
<ul> <li>Page 106 – correct spelling on "open government license."</li> <li>Page 108 – look at the "table of contents – error! Bookmark not defined."</li> </ul>			
5.7 MIJB Performance Report – Presented by Elouise Johnstone, Performance Manager	<ul> <li>Recommendations in the report approved.</li> </ul>	<ul><li>Elouise Johnstone</li></ul>	
Elouise Johnstone presented the report. The purpose of this report is to update the IJB on progress towards the IJB performance goals set for the financial year 2022/23. Due to the processes required to validate these data, the full reporting year is almost complete for all indicators.			
<ul> <li>Board Members are asked to:</li> <li>Note the performance against the IJB Improvement Goals for 2023/24.</li> <li>Confirm the process for examination / publication of Local Improvement Goal process measure data.</li> </ul>			
The Chair thanked Elouise Johnstone for the report and opened it up to questions, of which there were none.			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
5.8 Public Health Prevention Update (verbal) – Presented by Jim Sheval, Public Health Consultant	<ul> <li>Members noted the update.</li> </ul>		
Jim Sherval, Public Health Consultant, shared a presentation and presented a verbal update. Jim Sherval explained that the deputy director, Ashley Goodfellow, has been working on a prevention paper on a more comprehensive look at prevention. Jim Sherval spoke to some of the prevention measures in public health that have been brought in, and some of the difficulties around prevention.			
The Chair thanked Jim Sherval for the update and opened it up to questions.			
Andrew Fleming raised a query in relation to timescales around return of investment on preventative measures. Jim Sherval stated that there are different estimates to this and some of these are about efficiencies that have already been made. Jim Sherval stated that they would provide more information on this.			
Councillor Winchester asked if the multimorbidity rate is 24% in Scotland is rising or decreasing. Jim Sherval confirmed that this is rising and that some of this is driven by health issues such as diabetes.			
Keith Chapman, in relation to difference between the healthy life expectancy and life expectancy that generates cost, queried if there was some way to target this better to achieve maximum financial efficiency. Jim Sherval stated that the SIMD is a useful indicator for identifying certain areas where there is deprivation yet appreciated that this does not capture everyone in difficulty, noting that there are other sources to help triangulate information around deprivation which the SIMD may not capture. This then allows better targeting of support and use of resource.			
5.9 Integrated Assurance Report – Presented by Fiona Stratton, Chief Nurse	Members noted the report.		
Fiona Stratton, Chief Nurse, presented the report. This report is presented to provide Midlothian Integration Joint Board (IJB) with assurance around the processes in place to			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
deliver clinical and care governance and risk and resilience management by the Midlothian Health and Social Care Partnership. The report confirms that the Partnership's structures and processes for risk management, resilience and major incident planning address the requirements of Midlothian Council and the Lothian NHS Board. This includes the maintenance of the Partnership's Risk Register and processes which support the appropriate escalation of identified risks.			
Board Members are asked to:  • Discuss and approve the contents of this report.			
The Chair thanked Fiona Stratton for the report and opened it up to questions.			
Keith Chapman raised a query in relation to learning from adverse events and complaints and wondered if the external review was statutory or voluntary. Fiona Stratton stated that the review had come out of the reference group and learning is extended. Decisions around Level 1 External Reviews are driven by NHS Lothian adverse events policy and procedure and relate to the level of harm. Fiona Stratton provided assurances on the systems around this.			
Angus McCann asked if something could be done in a RAG format when the report is brought back so previous quarters can be looked at for comparison. Fiona Stratton confirmed that this could be done and would be happy to pick this up offline with Angus.			
5.10 Midlothian Drug & Alcohol Deaths – <i>Presented by Nick Clater, Head of Adult Services</i>	Members noted the report.	1. 2. Nick Clater	
Nick Clater, Head of Adult and Social Care, presented the report explaining that they were going to share a presentation but for the purposes of expedience would not and that this could instead be circulated.	2. Share information around age range in relation to drug deaths.	2. Mon States	
Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) is the local Alcohol and Drugs Partnership (ADP).			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
<ul> <li>MELDAP aims include:</li> <li>Reduce the harm to individuals and promote recovery from substance use</li> <li>Protect children and young people from the effects of parental substance use</li> <li>Promote early intervention to prevent the harmful use of alcohol and drugs</li> <li>Develop high quality services responsive to the changing needs of people who use and need our services.</li> </ul> This report highlights pertinent areas relating to Drug Misuse and Alcohol Specific			
Deaths in Midlothian for 2022, to accompany a presentation for Board consideration.  The Chair thanked Nick Clater for the report and opened it up to questions.  Councillor Winchester queried if information on the age range of drug deaths is collected. Nick Clater confirmed that this is collected and that they thought there had been a briefing on this but would check this. Nick Clater stated that the age range is higher than it was previously, so long-term substance users are living longer and would share more information on this.  Andrew Fleming raised a question in relation to how MAT standards are developed and evaluated. Nick Clater stated that this is a Scottish Government set of standards, stating that they are rigorous and there is a lot of reporting on this. Nick Clater stated that they can provide more information on this at a later date.			
<ul> <li>5.11 Annual Alcohol and Drug Partnership Report – Presented by Nick Clater, Head of Adult Services</li> <li>The Chair stated that, in the interest of time, if there are questions of substance in relation to Items 5.11, 5.12 and 5.13 that these be raised with Nick Clater outside of the meeting. Nick Clater confirmed they are happy to take questions outside of the meeting.</li> <li>It was agreed that as Items 5.11, 5.12 and 5.13 were for noting that they would not be</li> </ul>	<ol> <li>Members noted the report.</li> <li>Questions to be picked up outside of the meeting.</li> </ol>	1. 2. Nick Clate	

Thursday 21 December 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comme nts
spoken to. The Chair queried whether Nick Clater had anything in particular they wished to raise in relation to any of these Items, which Nick Clater noted that they would raise something in relation to Item 5.13.			
5.12 Community Payback Order Report – Presented by Nick Clater, Head of Adult Services	Members noted the report.	1.	
See notes under 5.11.	2. Questions to be picked up outside of the meeting.	2. Nick Clate	
5.13 East Lothian and Midlothian Adult Public Protection Team Report – Presented by Nick Clater, Head of Adult Services	Members noted the report.	1.	
See notes under 5.11.	Questions to be picked up outside	2. Nick Clate	1
Nick Clater noted that there is an adult protection inspection expected and due in early 2024 and preparations were being made for this.	of the meeting.		

## 6. Private Reports

No items for discussion.

## 7. Any Other Business

No additional business had been notified to the Chair in advance of the meeting.

## 8. Date of Next Meeting

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

- MIJB Development Session Thursday, 18 January 2024, 14:00 16:00.
- MIJB Thursday, 8 February, 14:00 16:00.

(Action: All Members to Note)

The meeting terminated at 16:04pm.



Meeting	Date	Time	Venue
Strategic Planning Group	Thursday 30 November 2023	14:00 – 16:00	Virtual Meeting held using MS Teams.

Chair: Gill Main (Integration Manager)		
Vice Chair: Vacant		
Present (MIJB members):		
Keith Chapman	Pauline Winchester	Angus McCann
David King (Chief Finance Officer)	Morag Barrow (Director, Midlothian HSCP)	Claire Ross (Chief AHP, Midlothian HSCP)

Present (SPG Members):		
Nick Clater (Head of Adult Services, Midlothian HSCP)	Fiona Kennedy (Service Manager, Midlothian HSCP)	Fiona Stratton (Chief Nurse, Midlothian HSCP)

In attendance:		
Ellen Jo Fowler	Katherine Davidson	(Kevin Dickson, Strategic Programme Manager for Workforce. Midlothian HSCP))
Jake Murray (Project team Manager,	Kate Thornback (Equality & Human Rights	Emma-Jane Gunda (Assistant Strategic
Midlothian HSCP)	Lead, Midlothian HSCP	Programme Manager, Midlothian HSCP)

## **Strategic Planning Group**

Thursday 30 November 2023

Apologies:		
Grace Cowan	Rebecca Green	James Hill
Laura Hill	Laura Hutchison	Annette Laing
Chris King	Jim Sherval	Saty Kaur
Derek Oliver		

### 1. Welcome and introductions

GM welcomed everyone to the meeting.

### 2. Order of Business

The order of business was as set out in the agenda.

## 3. Minutes of Meeting and Action Log

The Minutes of Meeting of the Strategic Planning Group held on 26 October 2023 were reviewed and approved. EJ shared the action log, reviewed, and updated the actions to date.

## 4. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
4.1 Chairs Update			
GM discussed the recent Third Sector Summit held on 21 November which provided a collaborative forum for people to come together. GM advised this session focused on Older People and the financial hardships that many are facing, there were also presentations from Midlothian Financial Inclusion Network and Women's Aid. GM thanked Emma-Jane Gunda and the rest of her team for co-ordinating and organising the event which was well received with over 30 in attendance.			
GM confirmed work is underway on the IJB Strategic Commissioning Plan 2025-40. The IJB Board Development Session in January will determine the initial proposal for consultation that will come back to this group.			
GM advised that Scottish Government team have invited the Planning Performance and Programme team to contribute to work to develop a new National Improvement Framework for Adult Social Care and Community Health.			
4.2 Finance and Performance Update – David King			
DK advised that Midlothian HSCP currently have a health overspend of £1.6m and a forecasted social care overspend of £5.5m. DK noted the difficultly in forecasting care packages when there are third parties involved.			
DK discussed the financial plans moving forward for 2024-25 and added that there is a £3m pressure within the NHS side and over £8m in social care.			
DK confirmed that operational colleagues are currently working on their financial recovery plans and the HSCP have set up 3 finance workshops to focus on how we manage overspends. DK to issue his slides to JK to circulate to the group.	DK to provide slides for circulation	DK/JK	December 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
4.3 PAGG update – Gill Main			
GM provided an update in Elouise Johnstone's absence. GM confirmed that the PAGG group met on 16 November to review Hosted Service Reporting and the relaunched HSCP Tableau Dashboard.			
Hosted Services Reporting GM advised that a new Performance Reporting template had been devised by the Business and Performance Team of the Depute Chief Executive's Office and tested in Q2. The template includes a dedicated section for Hosted Services.			
Dietetics has already been onboarded to OutNav, so this provided a useful opportunity to demonstrate the added value of the approach of using contribution analysis to describe outcomes and triangulate this with more traditional activity metrics.			
HSCP Tableau Dashboard GM reports the P3 team have contributed to a 6-month project using NHS analytical resource secured by the Depute Chief Exec's Office to improve an existing Tableau dashboard (which had originally built by colleagues in LIST).			
Based on the input from the HSCP Performance Leads across Lothian, a number of improvements were made including additional filters to show:  • weekly / monthly / quarterly data  • SIMD  • Protected characteristics (starting with ethnicity) with a caveat regarding current data quality issues			
This increase in functionality means we can now better understand the profile of need and will support us in our work to better understand and ultimately reduce, health inequalities.			
MB commented that the Midlothian HSCP Community Respiratory Team along with the Performance team recently won a Scottish Healthcare Aware around their care and the development of the data dashboard.			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
4.4. Workforce Governance Group update – Kevin Dickson			
KD advised that the Integrated Workforce Governance Board met at the end of November and agreed the 3-year workforce plan revised actions. The group also discussed a draft benchmarking exercise.			
KD confirmed that both the planning and engagement sub-groups also met this month. KD advised that the sub-group for Workforce Planning were able to complete the year one review of the 3-year Integrated Workforce Plan. Both Subgroups will now review these actions and create and action plan for 2024/25.			
5. Reports			
5.1 Topic in Focus			
NHSL Pharmaceutical Care Services Plan Paper presented by Katherine Davidson, Public Health Consultant			
KD introduced herself as Consultant in Pharmaceutical Public Health, working alongside Chris Miller and Ellen Jo Fowler (Lead Pharmacists for Primary Care), KD advised that all Boards are required to have a community pharmacy plan and identify any unmet need for community pharmacy provision including how this will be addressed.			
EJF provided an overview of the presentation which showed a 23% increase in dispensing over the last 10 years. EJF also confirmed that the figures for Pharmacy First have not been updated on the slides since July 2023 which show 147 for Midlothian.			
KC commented that there continued to be variation in use of pharmacies and asked if it is a demand issue. KC also expressed concern over the vast rates in smoking and deprivation and asked if pharmacies had engaged with the community. EJF confirmed that deprivation does contribute to this but was unsure if people are going			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
to pharmacies as they are not aware of support services there. KD also recognised that a common theme across all areas is awareness and availability of Pharmacy First and services, and the importance of getting the correct message across all communities.			
AMc queried the Acute Medicine Service (AMS) and digital extended opening hours and asked if it was a longstanding issue in Midlothian. KD confirmed the standard contracted hours are 9.00am to 6.00pm Monday to Friday and 9.00am to 1.00pm on a Saturday. EJF confirmed the AMS is being able to pick up prescriptions at pick up point instead of the point of dispensing and this ensures a more accurate and prompt payment of prescriptions. EJF stated that we had a pharmacy with extended hours within a shopping centre which recently closed. AMc commented he believed we needed to push for extended opening hours.			
AMc also queried zero prescribing, noted the difference between East Lothian and other areas, and asked how we increase this. KD confirmed different Health and Social Care partnerships are offered different incentives and support in terms of working with GPs and pharmacies. KD said she could work with SW and prescribing colleagues to work on this.			
FS asked what data we hold for evidence of Midlothian residents using pharmacies elsewhere and said how it raises an inequalities issue for people who cannot access a local pharmacy if they do not have a car, especially access for palliative care patients. EJF confirmed she is working with LUX and out of hours mapping Lothian. EJF did not have the data to hand but confirmed that we do have Rowlands pharmacy in Penicuik.			
MB advised that we have 18 pharmacies in Midlothian and asked how we compare per head in terms of the population of Midlothian compared to other areas in Lothian. KD confirmed there is 1 pharmacy per 5,000 of the population across NHS Lothian. MB said that Midlothian have had some challenges with pharmacies choosing to close at lunchtime and asked if there was any move towards a national contract. KD confirmed there is a national contract set by Scottish Government and she is not			

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
aware of any imminent changes to the contract. EJF advised there were a lot of closures last summer and a lot of pressure on pharmacies however things have begun to settle. MB raised concern over this happening again due to a growing population. GM confirmed there is a predicted 30.49% increase in population expected in Midlothian. EJF said she will discuss this with her lead.			
GM thanked KD and EJF for joining the meeting and sharing work to date. GM then asked if there was an ask of SPG to support tis work. KD said the discussion had been helpful land would come back if a further specific ask arose.			
5.2 Items for Decision			
HIS Quality Framework for Community Engagement Self-Evaluation & Action Planning Presentation by Kate Thornback, Equality & Human Rights Lead			
KT discussed the recent session to discuss how to undertake the completion of a self-evaluation using the HIS Quality Framework for Community Engagement on 23 November with 14 people in attendance. KT advised that this covered the 5-step self-evaluation process and the next steps. KT confirmed she will be sending out a			
survey on 4 December with responses due by 19 January. KT will collate the responses and look at the themes and then the second and third sessions will be held in February.	KT to issue Survey to all stakeholders	KT	19/12/2023
	GM asked KT to bring a paper back to the next meeting with a formal timeline docking the actions to date and a verbal presentation of early impression of the themes from the survey.	KT	Paper due Monday 15 <sup>th</sup> January

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.3 Items for Decision			
MIJB Commission: Scoping Exercise in relation to Local Employability and other Fair Work for Pay Options Paper presented by Kevin Dickson, Strategic Programme Manager for Workforce			
KD provided an overview of the paper and asked the group to note the recommendations within the paper. AMc commented that it is a broad scope and asked if this should be narrower. MB said it is a challenge however a scoping exercise overseen by the Engagement subgroup in the first instance is her preference as Workforce Board Chair. FK added that it is a considered approach, a wide scoping exercise due to the size and understanding of the work streams.  GM confirmed the outcome of this scoping exercise should come back to the meeting of the SPG on 23 May for discussion, review prior to the IJB Board meeting in June and a decision on future action.	The Workforce Governance Subgroup for Engagement will oversee a scoping exercise that suggests options for consideration by SPG	FK	May 2024
5.4 Items for Discussion			
Introduction to Review of SPG Terms of Reference Verbal Presentation by Gill Main, Integration Manager			
GM noted the requirement to delay action relating to this item due the impact of actions relating to the IJB development plan which is still to be approved by the Board. In the interim, GM asked the group to review the old Terms of Reference for from 2020. It was noted that key members were not in attendance there is no mention in the TOR about quorum.	GM and DK to review the ToR following the February Board and bring back to the 25 <sup>th</sup> April SPG	GM/DK	April 2024

## **Strategic Planning Group**

Thursday 30 November 2023

### 6. Any other business

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Additional Special SPG meeting GM advised there will be an additional Special meeting of SPG on 5 March 2024 Place Assessment Strategic Commissioning Plan. This will only require a subset of SPG and by invitation. This session will review the IJB strategic Commissioning Plan 2025-2040 proposals through an assessment of place. GM asked members the group if they would be interested in attending to place advise Jac Kinnaird or Emma-Jane Gunda.	Group to indicate interest in attendance to JK/EG	EG	20/01/2024

## 7. Date of next meeting

The next meeting of the Strategic Planning Group will be held on 25 January 2024 at 2.00pm. Please note this meeting is currently planned to be a virtual meeting using MS Teams.

Actions: All Members please note and progress the actions detailed in this document

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## **Chief Officer Report**

## February 2024

Item number: 5.2 Agenda number

## **Executive summary**

The paper sets out the key strategic updates for Midlothian IJB Board meeting February 2024.

### Board members are asked to:

• Note the content of the report

## Report

## **Chief Officer Report**

## 1 Purpose

1.1 The paper sets out the key strategic updates for Midlothian IJB Board meeting February 2024.

### 2 Recommendations

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

## 3 Background and main report

#### 3.1 Chief Officer

The Health and Social care system remains under pressure, with a continuation of high demand, impacting on Emergency department presentations, and acute hospital beds. Midlothian HSCP teams continue to work collaboratively with hospital colleagues to support patient moves out of hospital to care closer to home.

Seasonal reparatory presentations (Flu, Covid and RSV) remain within normal seasonal variation, and have not seen a spike above seasonal trajectory.

The HSCP team continue to develop Financial Recovery plans to manage deteriorating budget allocations to partners. Demographic challenges, reduced budget allocation, and cost rises have had a detrimental impact to the 2023/34 position. Financial recovery planning for 2024/25 is in place, with support from NHS Lothian Sustainability and Value team. Service grip and control and transformation planning is underway to minimise service Big Choice options. Details on this will be presented at IJB Financial planning session in February.

### 3.2 Adult Support and Protection (ASP) joint Inspection

Scottish Ministers requested that the Care Inspectorate lead National joint inspections of adult support and protection, in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland. The scrutiny activity of local arrangement began in 2017-18 and at that point in the programme, Midlothian HSCP were selected as one of the six pilot areas for thematic inspection. By August 2023, phase one of the joint inspections for ASP were complete, with 25 partnerships being inspected. Phase two started towards the end of 2023 and involves the original six pilot areas being re-inspected. Consequently, Midlothian HSCP has received indication that a joint inspection will commence around Spring of this year. Preparation for this scrutiny has involved establishing an ASP Inspection Board, comprising of all key stakeholders (Health, Police Scotland and MHSCP). Learning from the published 'joint inspection of adult support and protection overview report 2023' will be key in ensuring the HSCP Position Statement accurately reflects the current practice standards whilst taking account of the national themes and priorities that complement our own improvement plan.

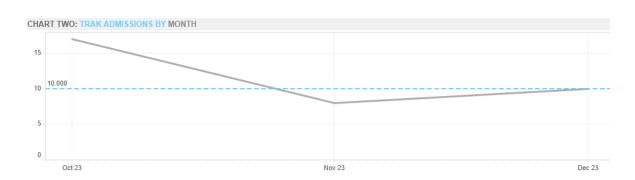
Midlothian Integration Joint Board

### Medication Assisted Treatment (MAT) Standards: Progress update

Midlothian Substance Use service continue to progress MAT standards 1-5 which were fully implemented by March 2023. Over the last year the service has been focussing on the criteria for MAT 6-10, which we are pleased to say Midlothian is in a very positive position to meet the set criteria by March 2024, both through process and numerical measures. Midlothian has also become one of the pilot areas for the implementation of the numerical data into REDCAP which is the electronic recording system designed to support MAT implementation. Midlothian has also successfully implemented a training programme and has already succeeded the 50% training target for March 2024.

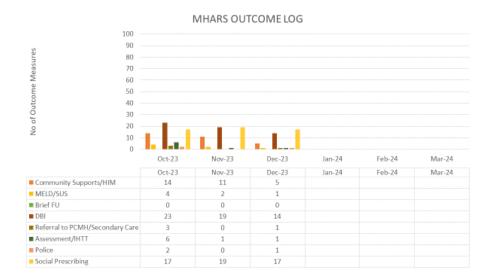
#### **Bed Performance**

Midlothian HSCP continue to robustly manage the Adult Mental Health Bed performance. Over Quarter 3 October to December 2023 Midlothian has seen a total of 35 admissions, which gives a mean average of 10 admissions a month, with a weekly mean average over the quarter of 4.25 beds per week. The positive factor remains the robust community provision and response to managing individuals at home rather in than in Hospital, this is achieved collaboratively between the Adult Community Mental Health Team and the Intensive Home treatment team.



#### Mental Health and Resilience Service (MHARS)

Mental Health and Resilience Service (MHARS) in Midlothian continues to provide prompt, effective and compassionate support to individuals aged 18-65 residing in Midlothian, who are experiencing a mental health/mental wellbeing crisis and/or distress. The service was designed and will be delivered in partnership with MHSCP Intensive Home Treatment Team (IHTT) and Penumbra. The service is providing triage/assessment and evidenced based ongoing support such as Distress Brief Intervention (DBI). The service is a 7-day service, 8am-10pm.MHARS continues to provide individuals in Midlothian aged 18-65, self-referral access and is promoted throughout Midlothian and wider on various platforms. Over Quarter 3 October – December 2023, MHARS Referrals continue to remain consistent averaging 50-60 a month with Distress Brief Intervention (DBI) remining 1<sup>st</sup> or 2<sup>nd</sup> outcome, this supporting the effectiveness and need of Midlothian being an associate of DBI.



The commissioned service Penumbra continues to meet the agreed KPI set out where all individuals 100% receive the following, this is monitored through audit and quarterly reporting.

- All individuals who access MHARs who require DBI will receive engagement from a DBI practitioner within 24 hours
- Distress rating pre and post intervention outcomes
- Supported people experience

#### **Letter from Bonnyrigg**

Harpers Magazine, America's oldest continuously published magazine, recently published an article titled 'Letter from Bonnyrigg'. Written by Sara Henden, an artist, design researcher and professor at North-eastern University, Cambridge, Massachusetts the article describes Sara's experience of spending a week at Cherry Road, a resource centre for people with complex learning disabilities run by Midlothian Health and Social Care Partnership. Sara comments on how people with learning disabilities can be invisible in the extreme and records her observations of how art and sensory workshops run in partnership with Artlink are used to support people to develop their interests and experience the world in a way that is meaningful to them, noting that the outcome of this work can be both unexpected and wonderous. In the article Sara reflects how an in an art exhibition held in the Tramway Glasgow one of the Artworks produced in the wake of these sensory workshops was an enormous wedge-shaped cobalt-blue ramp. While ramps are often associated with physical inclusion, making buildings accessible, this ramp contained bass speakers delivering both an audible and tactile experience. The sounds were favoured sounds of an individual who attends Cherry Road, inviting those attending the exhibition to seek joy from everyday experiences that gives them pleasure.

The article not only challenges us to rethink what inclusion and engagement really means in relation to people with learning disabilities, but also highlights the outstanding work being undertaken in this area by Cherry Road and Artlink, work that can have a life changing impact on all those involved.

You can read the full article here: <a href="https://harpers.org/archive/2023/12/bonnyrigg-scotland-sensory-workshop/">https://harpers.org/archive/2023/12/bonnyrigg-scotland-sensory-workshop/</a>

Nick Clater, Head of Adult Services - nick.clater@midlothian.gov.uk

### 3.3 **Hospital Flow**

Midlothian HSCP continue to experience the impact of the growing number of care home placement demand within Midlothian, and the lower number of care home bed vacancies within the area. This is impacting on patient flow capacity on all beds. Midlothian remain in a good position in comparison to national delayed discharge performance.

### Vaccination programme

The Midlothian HSCP vaccination team relocated to Midlothian Community Hospital to consolidate service delivery onto one site for the winter flu and Covid 19 vaccination programme. The Housebound cohort of patients has been completed, and care home residents rolling programme continues.

The Shingles campaign has seen 1,789 residents vaccinated already with the programme continuing to run until 31 August 2024.

The Pneumococcal Vaccine programme has seen 35%-40% "Did not Attend rate". Work is ongoing to promote this through GP practices and primary care teams.

The HSCP is now planning the Spring Covid 19 vaccination campaign, again prioritising our Housebound patients and Care home residents. The focus will be on providing closer to home vaccination appointments across Midlothian Health care facilities going forward.

Grace Cowan, Head of Primary Care & Older People Grace.cowan@nhslothian.scot.nhs.uk

### 3.4 Midlothian Integration Joint Board Strategic Commissioning Plan

The HSCP Planning and Performance Team continue to support the development of a new Strategic Commissioning Plan due for publication in April 2025. Work to date has included a first stage consultation with over 150 responses from people, communities, services, and partner organisations. The Board recently considered this evidence alongside a range of population data and intelligence at the IJB development session on 18<sup>th</sup> January to help establish the main strategic drivers and proposals for the new plan. As required by legislation, the Strategic Planning Group will now take forward these proposals for further consultation to inform the development of an early draft of the new plan for review by the Board in May 2024.

#### **Data Driven Innovation**

Midlothian HSCP Community Respiratory team won the Asthma/COPD Project of the Year award at the Scottish Healthcare Awards on 29<sup>th</sup> November 2023. This award recognised the teams innovative use of data to improve outcomes for people and communities facilitated by a dashboard, built by the Midlothian HSPC Performance Team. The work of the Performance Team has also been recognised by **Digital Health and Care Scotland Awards 2024** where the team are finalists for the **Data Driven Innovation Award.** 

#### National Improvement Framework for Adult Social Care and Community Health

The Planning and Performance team at Midlothian HSCP continue to work with Scottish Government colleagues and contribute to the development of the National Improvement

Framework for Adult Social Care and Community Health. Work continues to share learning and discuss how the team can continue to support the national team better understand approaches to measuring personal outcomes.

### **Health and Care Staffing**

Midlothian HSPC has been proactively working with both Scottish Government and the Care Inspectorate in readiness for the application of the Health and Care (Staffing) (Scotland) legislation within an integrated context. The Midlothian HSCP Integrated Workforce Board has commissioned a Health & Care Staffing Benchmarking Survey which is designed around the legislation to provide a baseline position in relation to the duties of the Act. This survey is planned for distribution in late February 2024.

Gill Main, Integration Manager - Gill.main3@nhslothian.scot.nhs.uk

### 3.5 Increasing risk to GP practice sustainability

General Practice clinical activity in Midlothian remains consistently higher than the rest of Lothian and continues to attempt to meet the growing access demand presented by our rapidly rising population. As intimated previously, in recent months the HSCP support has helped stabilise several constrained practices by providing LEGuP funding so that they can increase their capacity to absorb some of this population growth. However, the proposed review of NHS Lothian Estates Service Level Agreement (SLA) for premises and facilities management now presents an additional risk to General Medical Services (GMS) in Midlothian. 10/11 practices in Midlothian have a premises SLA, with proposed uplifts of up to 11.6% of their annual GMS income.

The uplifts will be phased over 3 years, but there is concern from practices on the financial impact this will present for them.

In addition, the current financial pressures within the Scottish Government mean that all capital-funded premises developments are to be paused for at least the next 2 years. This means that population growth from new housing in the Shawfair and Straiton areas will have to continue to be absorbed by pre-existing practices covering these areas, creating demand that will exceed capacity.

#### **Access to NHS Dentists**

There are challenges with access to NHS dentistry which are evident across Scotland but have been recognised locally in Midlothian too. However, the Chief Dental Officer has recently undertaken a review of the General Dental Services contract with the aim of improving access to NHS general dentistry, although it should be acknowledged that there are significant workforce challenges across the sector. NHS Lothian are currently trying to make it easier for people to know which dentists are currently accepting new NHS patients and have published a live list which they will keep up to date. There are currently two dental practices in Midlothian accepting adults as NHS patients, and 4 practices accepting children (however, this may change at any time if the practice reaches capacity). But, in terms of registration, if a patient has had had a course of dental treatment since 2006 then, even if they have not attended regularly, they should still be registered with that dentist as an NHS patient unless their dentist has informed them in writing that they have been deregistered. For those patients who are not registered with a dentist and need urgent dental care, NHS Lothian also has a dedicated service run by the Oral Health Service through the Chalmers Dental Centre in Edinburgh, and in the out-of-hours period all patients can access emergency dental care via NHS24 on 111 who can direct patients to the local emergency out-of-hours dental centre.

#### **Optometry – Glaucoma Service**

Currently, all patients with Glaucoma receive 6-monthly follow-up at the Eye Pavilion in Edinburgh, but national funding has been secured to transfer lower risk patients to the care of appropriately trained Optometrists in the community, and imminent start date is now anticipated. It is estimated that there are about 300 patients in Midlothian who would be eligible for this service, but no practice(s) have yet been identified in Midlothian who are willing to take on this additional work. However, it presents an opportunity to provide care closer to home for many residents, so the HSCP will continue to support the Lothian Optometry Advisor and Primary Care Contracts team to try and secure this service locally.

Rebecca Green, Clinical Director - rebecca.green@nhslothian.scot.nhs.uk

### 4 Policy Implications

4.1 The issues outlined in this report relate to the integration of health and social care services and the delivery of policy objectives within the IJBs Strategic Plan.

#### 5 Directions

5.1 The report reflects the ongoing work in support of the delivery of the current Directions issued by Midlothian IJB.

### **6** Equalities Implications

6.1 There are no specific equalities issues arising from this update report.

## 7 Resource Implications

7.1 There are no direct resource implications arising from this report.

#### 8 Risk

8.1 The key risks associated with the delivery of services and programmes of work are articulated and monitored by managers and, where appropriate, reflected in the risk register.

## 9 Involving people

9.1 There continues to be ongoing engagement and involvement with key stakeholders across the Partnership to support development and delivery of services.

## 10 Background Papers

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3402
DATE	February 2024

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## Thursday 8th February 2023, 14:00-16:00

## **IJB Improvement Plan 2024**

Item number: 5.4

### **Executive summary**

The purpose of this report is to obtain the formal agreement of the Midlothian Health and Social Care Integration Joint Board (IJB) on the Board Improvement Plan that was created following two IJB Development Workshops held on the 11 May 2023 and the 9<sup>th</sup> November 2023. It is the intention that this self-improvement plan will then be refreshed on an annual basis going forward following a review of the implementation of the actions.

#### Members are asked:

- To approve the IJB Improvement Plan, including formal approval of the Board Action owners and associated timeframes.
- Confirm that the IJB Improvement Plan should be reviewed on an annual basis

## IJB Improvement Plan 2024

#### 1. Purpose

- 1.1 The purpose of this report is to obtain the formal agreement of the Midlothian Health and Social Care Integration Joint Board (IJB) on the Board Improvement Plan that was created following 2 IJB Development Workshops held on 11<sup>th</sup> May 2023 and 9<sup>th</sup> November 2023.
- 1.2 The finalised Improvement plan for the IJB is presented in Appendix 1.

#### 2. Recommendations

- 2.1 Members are asked;
  - To approve the IJB Improvement Plan, including formal approval of the Board Action owners and associated timeframes.
  - Confirm that the IJB Improvement Plan should be reviewed on an annual basis

## 3. Background and main report

- 3.1 Following discussions with the IJB Chief Officer, scoping discussions were held with the Improvement Service to facilitate a self-assessment of the IJB. A scope for this self-assessment was then agreed in February 2023.
- 3.2 The purpose of the self-assessment was to focus on the IJB in terms of its functioning and effectiveness, reflect upon strengths and identify areas where there may be scope for improvement.
- 3.3 A self-assessment questionnaire was distributed to all IJB members in April 2023 focusing on the following key areas:
  - IJB Response to COVID-19
  - Leadership and Relationships
  - Governance and Accountability
  - Community Engagement and Participation
  - Outcomes and Impact
  - Performance Management and Use of Evidence

- 3.4 An IJB Development Workshop was held on 11<sup>th</sup> May 2023 facilitated by the Improvement Service. This workshop utilised the collated results from the self-assessment questionnaire to facilitate a further self-assessment process to identify improvement plan actions. These have subsequently been collated into the Draft Improvement Plan which was presented to the IJB.
- 3.5 A further Development session was then held on 9<sup>th</sup> November 2023 to finalise the IJB Improvement Plan and agree Board ownership of the actions identified. The IJB Improvement Plan contains 7 key actions supported by 5 members of the Board. These actions are in summary:
  - Reviewing and developing a new format for presentation of Board agendas, and ensuring that there are at least 2 Board development sessions held in person each year. Owned by CIIr Connor McManus.
  - Ensuring one Board member formally attends the Strategic Planning Group meetings and considers chairing this meeting. Owned by Andrew Fleming.
  - Supporting the community engagement self-assessment work through the Strategic planning Group. Owned by Nadin Akta.
  - Providing Board support to the Third Sector Summit work taking place.
     Owned by Magda Clark.
  - Review the performance of the early intervention and prevention work within the HSCP and give consideration to implications for strategic planning.
     Owned by Morag Barrow.
  - Ensuring ongoing Board Support for the Strategic Delivery Commissioning Process. Owned by Morag Barrow.
  - Ensure delivery of equalities training to the Board. Owned by Morag Barrow.
- 3.6 A review of the outcomes of the actions from the IJB Self-Improvement Plan will commence in November 2024, and subsequently reported to the IJB in January 2025.

## 4. Policy Implications

4.1 There are no policy implications arising from this report.

#### 5. Directions

5.1 There are no Directions implications arising from this report, other than those that might arise from the implementation of the Improvement Plan.

### 6. Equalities Implications

6.1 There are no equalities implications, other than those that might arise from the implementation of the Improvement Plan.

## 7. Resource Implications

7.1 There are no direct resource implications any resource to support Board members in improvement will be agreed by the identified Board action owners.

#### 8. Risks

8.1 Risks are identified as part of the IJB Improvement Plan in Appendix 1.

### 9. Involving People

9.1 Consultation on the IJB Improvement Plan has taken place during the development sessions. Further consultation will be required in completing the identified actions and are the responsibility of the Board action owner.

## 10. Background Papers

#### 10.1 None

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DATE	22/01/2024

#### **Appendices:**

Appendix 1: IJB Improvement Plan 2024\_Appendix 1



## Appendix 1

## Midlothian IJB Board Improvement Plan – January 2024

Improvement actions	Board Action Owner	Implications [Risk, Cost, Resource]	Target Date	Measure	Outcomes		
1. Look at ways to ensure the	1. Look at ways to ensure the agenda for Board meetings allows for more strategic planning and debate.						
1. Determine what existing agenda items can be shortened, removed, or marked for information only. Including consideration of providing reflection sections.  Agree to have at least 2 Board Development session a Year in person.	Cllr Connor McManus	Reducing time to debate current issues.     Duplicating discussions elsewhere.  Costs  Board Member time. Opportunity cost.	1 April 2024	New format for agendas established.  In person meetings designated on schedule for 2024/25 Board Development Sessions.	Board debates and discussions become more strategic with greater awareness of work completed elsewhere, leading to more effective		
2. Have at least one member of the Board formally attend the Strategic Planning Group meetings and feedback to the Board on the work and discussions undertaken.  Consideration should be given to the Board Member being Chair of the Strategic Planning Group.	Andrew Fleming	• Opportunity cost.	1 August 2024	Board Member identified and regularly attending Strategic Planning Group. The Board to have considered making the Board Member chair of the Strategic Planning Group.	focus on the delivery of change.		



## 2. Review the IJB's current mechanisms for engaging with key stakeholders, service users and the wider public to more effectively seek their views.

	T		T		
Support the 'Community     Engagement' self-assessment	Nadin Akta	Risks  ◆We don't achieve the outcomes	1 <sup>st</sup> September	Strategic planning Group Self-	Midlothian IJB can evidence
with Board involvement being		that matter most to people and	2024.	assessment exercise	that it delivers
undertaken through the completion of the Health Care		communities.  •Ineffective engagement – we don't		has taken place with the Board	outcomes, including our
Improvement Scotland Quality		reach all stakeholders.		involvement. Actions	Strategic
Framework for Community		Managing capacity to undertake		resulting reported back to the Board.	Aims, that
Engagement led by the Strategic Planning Group.		this work – sacrifice other work for this.		back to the board.	matter for the people of
This self-assessment process		•Time constraints for Board			Midlothian.
will result in an action plan and revision of the Midlothian Health		members to engage – need to ensure Board members engage.			
and Social Care Public		Managing expectations on what			
Engagement Statement		can be achieved – need to be			
2. Invite Board members to	Magda Clark	clear.	1 <sup>st</sup> April		-
Third Sector summits to		Risks if improvement action not	2024	Board member	
increase board engagement and visibility.		<ul><li>implemented</li><li>Out of touch, not doing what</li></ul>		attendance at Third Sector Summits.	
		communities want.			
		Won't see transformation of Health			
		<ul><li>and Social Care services.</li><li>Lose trust of community.</li></ul>			
		,			
		Costs			
		Costs associated with different engagement mechanisms.			
		•Staff capacity to undertake this			
		work.			



	1	1 <sup>st</sup> April		Progress
Morag Barrow	<ul> <li>Raising expectations with the public.</li> <li>Affordability and sustainability.</li> <li>De-commissioning services can</li> </ul>	2024.	Consideration of Early Intervention and Prevention as part of a review of the Annual Performance Report.	made in prevention and
	<ul> <li>interests in services.</li> <li>If invest more money in this area, means less money for somewhere else. Need to acknowledge this is an intended choice and to map out any unintended impact.</li> <li>Limited capacity.</li> <li>Need budgeting over longer</li> </ul>	1 <sup>st</sup> April 2024.	Attendance at Development sessions and interaction with the Strategic Commissioning Plan	inequalities.
	lobby Scottish Government for a more sustainable budget stream to IJBs.	1 <sup>st</sup> April 2024.	Completion of Equalities training by Board Members.	
		<ul> <li>public.</li> <li>Affordability and sustainability.</li> <li>De-commissioning services can be very difficult with local interests in services.</li> <li>If invest more money in this area, means less money for somewhere else. Need to acknowledge this is an intended choice and to map out any unintended impact.</li> <li>Limited capacity.</li> <li>Need budgeting over longer timescales to better plan. Need to lobby Scottish Government for a more sustainable budget stream</li> </ul>	public.  Affordability and sustainability.  De-commissioning services can be very difficult with local interests in services.  If invest more money in this area, means less money for somewhere else. Need to acknowledge this is an intended choice and to map out any unintended impact.  Limited capacity.  Need budgeting over longer timescales to better plan. Need to lobby Scottish Government for a more sustainable budget stream to IJBs.  Costs	<ul> <li>Raising expectations with the public.</li> <li>Affordability and sustainability.</li> <li>De-commissioning services can be very difficult with local interests in services.</li> <li>If invest more money in this area, means less money for somewhere else. Need to acknowledge this is an intended choice and to map out any unintended impact.</li> <li>Limited capacity.</li> <li>Need budgeting over longer timescales to better plan. Need to lobby Scottish Government for a more sustainable budget stream to IJBs.</li> <li>Costs</li> </ul>



Thursday, 8th February 2024, 14:00-16:00

# Midlothian Integration Joint Board (IJB) Strategic Commissioning Plan 2025-40 Update

Item number: 5.5

### **Executive summary**

This report sets out the actions and progress to date in relation to the development of Midlothian Integration Joint Boards new Strategic Commissioning Plan for 2025-40.

The Public Bodies (Joint Working) (Scotland) Act, 2014 places a duty on Integration Authorities to plan and direct delegated health and social services through the development of a Strategic Commissioning Plan. Integration Authorities must develop strategic proposals and ask the Strategic Planning Group to consult and develop these in the development of a Strategic Commissioning Plan.

Between September and November 2023, a first stage consultation was undertaken to review and feedback on the current Strategic Commissioning Plan 2022-2025 and explore the hopes and ambitions of people and communities, delegated services, partner organisations and Third and Independent Sector partners. Over 150 individuals, services, and organisations took part, and a thematic analysis was completed to highlight key recurring themes.

On 18<sup>th</sup> January 2024, the Midlothian HSPC Planning and Performance Teams led a Midlothian IJB Development Session to establish the strategic proposals for 2025-40.

#### Members are asked to:

- Review the initial proposals generated in the IJB Development session on 18<sup>th</sup> January 2024,
- Provide any feedback or proposed amendments, and
- Formally adopt these proposals and commission the Strategic Planning Group to consult on expand on these proposals to develop the first draft of a new Strategic Commissioning Plan for 2025-40.

# Midlothian Integration Joint Board (IJB) Strategic Commissioning Plan 2025-40 Update

#### 1 Purpose

1.1 This report sets out the actions and progress to date in relation to the development of Midlothian Integration Joint Boards new Strategic Commissioning Plan for 2025-40.

#### 2 Recommendations

- 2.1 As a result of this report, Members are asked to:
  - Review the initial proposals generated in the IJB Development session on 18<sup>th</sup> January 2024,
  - Provide any feedback or proposed amendments, and
  - Formally adopt these proposals and commission the Strategic Planning Group to consult on expand on these proposals to develop the first draft of a new Strategic Commissioning Plan for 2025-40.

## 3 Background and main report

- 3.1 The Public Bodies (Joint Working) (Scotland) Act, 2014 places a duty on Integration Authorities to plan and direct delegated health and social services through the development of a Strategic Commissioning Plan. Integration Authorities must develop strategic proposals and ask the Strategic planning group to consult and develop these in the development of a Strategic Commissioning Plan.
- 3.2 The Public Bodies (Joint Working) (Scotland) Act requires stakeholders to be fully engaged in the preparation, publication, and review of the plan, in order to establish a meaningful co-productive approach. Integration Authorities are required to deliver progress towards the 9 National Health and Wellbeing Outcomes, and achieve the core aims of integration to;
  - improve quality and consistency of services for people who experience services, their family and carers,
  - provide seamless, integrated, quality health and social care services for people in their homes, or in a homely setting, and
  - ensure resources are used effectively and efficiently to deliver services that meet the needs of people with long term conditions and often complex needs.

- 3.3 Following receiving the support of the Board, officers of Midlothian HSCP established a project team was in August 2023 to oversee the process of developing a new Midlothian IJB Strategic Commissioning Plan.
- 3.4 Between September and November 2023, a first stage consultation was undertaken to
  - review and feedback on the current Strategic Commissioning Plan 2022-2025
  - explore the hopes and ambitions of people and communities, delegated services, partner organisations and Third and Independent Sector partners.
- 3.5 Over 150 individuals, services, and organisations took part, and a thematic analysis was completed to highlight key recurring themes.
- 3.6 On 18<sup>th</sup> January 2024, the Midlothian HSPC Planning and Performance Teams led a Midlothian IJB Development Session to establish the strategic proposals for 2025-40. Information from the consultation alongside the evidence base, local, and national data were presented for the Boards consideration. A discussion and decision-making process was undertaken culminating in the identification of the priority proposals.
- 3.7 The following statements describe a combination of the 7 main proposals and key themes from discussion:
  - "Good lives, lived well" and "People first, not services",
  - Ensure we are better guests in the lives of people and communities, understanding and planning to keep pace with our changing population,
  - Communicate well, and ensure people and communities have access to honest and realistic information about both their role in health, wellbeing, and wellness, and our available service offers and supports,
  - Develop and redesign our services with people and communities to not only hear what matters most to people, but intentionally take action towards making those ambitions a reality,
  - Improve access to our service offers and supports especially when people
    are living with more than one condition or social care need, and increase our
    focus on prevention, wellness, and wellbeing,
  - Ensure our plans support the prevention of all unnecessary hospital admissions and people being in hospital for longer than necessary, and
  - Working together to ensure people can live in the place of their choosing for longer, including at the end of their life.
- 3.8 The Board is now requested to consider these proposals, adopt these as initial proposals, and formally request the Strategic Planning Group to undertake further consultation and development of a first draft of the next Strategic Commissioning Plan.

## 4 Policy Implications

4.1 There are no implications for policy as a direct result of this report.

#### 5 Directions

- 5.1 There are no implications for Directions as a direct result of this report.
- 5.2 However, the development of a new Strategic Plan will involve the alignment of strategic financial and workforce plan, and inevitably impact on the Directions issued by Midlothian IJB to both NHS Lothian and Midlothian Council in the future.

#### 6 Equalities Implications

- 6.1 There are no implications for people with protected characteristics as a direct result of this report.
- 6.2 However, an initial assessment of Place and a full Integrated Impact Assessment is planned once a skeleton draft of the Strategic Commissioning Plan 2025 -2040 is developed. An integrated impact assessment is considered a vital action to ensure that equality can be advanced through the identification of any unintended negative consequences for people with protected characteristics.

## 7 Resource Implications

7.1 There are no implications for Best Value as a direct result of this report.

#### 8 Risk

8.1 The risk of not approving proposals or commissioning the Strategic Planning Group to undertake further consultation and development is the inability to meet the required legislative timeline for reviewing the IJBs Strategic Commissioning Plan. With limited opportunities for Board review, and a timetable of Board and Committee meetings set over a year in advance, any delay is likely to cause significant additional delay to the overall process.

## 9 Involving people

9.1 Board members, officers of the HSPC, services, partner organisations, and people and communities have been involved in the process to establish these proposals. Ongoing engagement and consultation continue in addition to plans for a large-scale public consultation on the final draft from September 2024.

## 10 Background Papers

10.1 None

<b>AUTHOR'S NAME</b>	Gill Main
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CONTACT INFO	Via email or MS Teams
DATE	21/01/2024

Appendices: N/a.



Thursday, 8th February 2024, 14:00-16:00

## Finance Update – 23/24 and 24/25

Item number: 5.6

### **Executive summary**

Papers were presented to the Midlothian Integration Joint Board's (IJB) meeting in December 2024, laying out the quarter 2 financial forecast for 2023/24 and an initial financial outline for 24/25 to 28/29. This paper provides an update to both those papers.

The quarter 3 financial out-turn review is currently being developed by the IJB's partners, these were not available at the time of writing this paper. However, early indications suggest that it has not improved from the quarter 2 position.

The financial forecast presented to the IJB in December for 24/25 was prepared before the Scottish Government published its 2024/25 budget. Budget briefings have been presented to voting members by their respective bodies, but the impact is that the health financial forecast for 2024/25 has now deteriorated substantially. However, it appears that the budget will not have a further impact on the social care element of the forecast. Both partners are reviewing their 2024/25 financial projections.

The IJB has to set a balanced budget at its March 2024 meeting. Clearly this will depend on a series of savings proposals which are being developed by the management teams and the overall position may be impacted further by the Partner's budget offers to the IJB. These proposals will be considered by the IJB at its workshop on 29<sup>th</sup> February.

#### Members are asked to:

- Note the update on the 23/24 projected out-turn
- Note the update on the 24/25 financial plan
- Attend the workshop on 29<sup>th</sup> February 2024

## **Finance Update – 23/24 and 24/25**

#### 1 Purpose

- 1.1 This report sets out an update to the two financial papers presented to the IJB at its December 2023 meeting. These being the 23/24 quarter 2 financial forecast outturn for the IJB, and the IJB's initial financial planning paper for 2024/25 to 2028/29.
- 1.2 This paper then looks at the steps towards setting the 2024/25 budget for the IJB and described the plans for a workshop on 29<sup>th</sup> February to consider actions to ensure that the IJB's budget setting for 2024/25 can take place.

#### 2 Recommendations

- 2.1 As a result of this report, Members are asked to:
  - Note the update on the 23/24 projected out-turn
  - Note the update on the 24/25 financial plan
  - Attend the workshop on 29<sup>th</sup> February 2024

## 3 Background and main report

3.1 At its December 2023 meeting the IJB was presented with two finance papers. These being the quarter 2 financial out-turn forecast for 2023/24 and an initial five-year financial plan for the period 2024/25 to 2028/29.

#### Quarter 2 financial outcome review

- 3.2 The quarter 2 review indicated an overspend for the IJB in 23/24 of c. £8.6m, split between £3.2m within the health services and £5.5m within the social care services.
- 3.3 NHS Lothian have indicated that, if they are able to break-even in 23/24, then they will support the health position. Recent indications from the Scottish Government recognise significant financial pressures in year and this may impact on NHS Lothian's ability to break-even. NHS Lothian will provide an updated quarter 3 forecast out-turn later this month.
- 3.4 The December report recognised that, given the challenge of forecasting the costs of social care services delivered by third parties, the forecast may be overstated by c. £1.0m. Further management actions are underway by Midlothian Health and Social Care Partnership (HSCP) management team and Midlothian Council

- colleagues are reviewing the position for their quarter 3 forecast. This will also be available this month.
- 3.5 It is important to consider that if there is no further support from the partners then any overspend incurred by the IJB will have to be funded through the IJB's general reserve.
- 3.6 In 2023/24 there are already two commitments against the general reserve support for the IJB's Planning and Performance team and support for the 23/24 financial position which was agreed as part of the financial plan for 2023/24. These total c. £1.0m.

#### Initial Financial Plan 2024/25 to 2028/29

3.7 At the IJB's December meeting a paper laying out an initial financial plan for 2024/25 to 2028/29 was presented. For 2024/25 this projected an opening financial gap of c. £12.6m, split between £4.8m in health and £7.7m for social care. This was an initial forecast taking into account the underlying pressures identified by the quarter 2 review (especially within the social care budget) and not including any further management actions. However, this forecast was made before the Scottish Government published their budget for 2024/25. That budget has had a significant impact on this forecast.

#### Impact of the Scottish Governments 2024/25 budget settlement.

- 3.8 The health projections provided to the IJB by NHS Lothian were based on the model adopted by the government for the past several years. This is a simple percentage uplift on the health board's recurrent total budget which provides for both pay awards and a contribution towards non-pay costs such as drugs, property running costs, clinical supplies and so on. Historically further funds were also provided to offset the costs of new high-cost drugs along with a settlement towards recognising the changes in demography additional funding to recognise additional population (NRAC).
- 3.9 The Scottish Government's budget for health makes recurrent the funds that it has allocated in 2023/24 to the Scottish Health Boards (in the case of NHSiL c.£72.0m) but there are no additional funds for 2024/25 with the exception of £10.2m for NRAC (which is c. 0.5% of the NHS Lothian base budget). Although the Scottish Government have committed to funding pay awards in 2024/25, the impact of the zero overall uplift is that there is no provision for any funding to cover increases in non-pay costs (driven by inflation) or to contribute towards any already committed developments. Although some further funds have been available to contribute towards the costs of new drugs, these are significantly reduced from previous years and thus adding to the overall projected gap in 2024/25. In order to move towards break-even in the current financial year, NHS Lothian is having to use up significantly more 'flexibility' than in previous years. The impact of this on NHS Lothian's budget moves their financial savings target from c. 3% (which it has been for the past few years) to 7% for 2024/25. This will have a major impact on the IJB's 24/25 projected financial gap.
- 3.10 The 24/25 settlement for the Local Authorities was also part of the December budget. There are still on-going discussions about the exact distribution of the settlement but broadly for Midlothian it appears to be roughly flat cash (that is no

additional funds) but the government are making further funds available to ensure that the staff of providers of social care have an hourly rate of at least £12-00, and the government are also providing funds to uplift the support for free personal and nursing care. The settlement requires that these funds be passed onto the IJB.

- 3.11 In summary, the 24/25 Scottish Government budget settlement has considerably worsened the 24/25 financial forecast that was presented to the IJB at its' December Board meeting.
- 3.12 Both partners are currently revising their 2024/25 financial projections and updated information will be provided to the IJB as it becomes available.

#### IJB Workshop - 29th February 2024

- 3.13 The partners management teams are working through a series of savings proposals to bring their budgets back into balance in 24/25, These 'savings' targets will be part of the process to close the projected financial gap in 2024/25 and allow the IJB to set a balanced budget.
- 3.14 Its is expected that savings proposals will fall into two broad categories:
  - Efficiencies that is really continuing to deliver the services as laid out in the IJB's directions but having improved the service delivery
  - Service Changes such proposals may impact on the IJB's strategic plan and in this case the IJB needs to approve these proposals.
- 3.15 If the savings proposals do not allow the IJB to set a balanced plan, the IJB must prepare its own proposals and include that in its directions. This will be a very challenging process.
- 3.16 The planned February workshop is designed to take the members through:
  - How did we get here What are the pressures in 23/24 and how do they get carried forward into 24/25. This will include an analysis of the IJB's reserves.
  - What are the further pressures in 24/25. These will be estimates until the
    partners finish their analyses and until the IJB has the partners' budget offers
    but regardless of the details the financial pressures are so significant that
    actions need to be agreed now.
  - This then will show a projected funding gap in 24/25 and having gone through the two bullet points above, the IJB can understand how this position is arrived at.
  - What are the proposals to close the projected financial gap? What does the IJB think about the proposals? Are further proposals needed?

#### **Next Steps**

- 3.17 The partners are preparing their quarter 3 reviews and revisiting their 24/25 forecasts. If this information is available by 29<sup>th</sup> February, then it will be communicated to the IJB. The indications of a worsening position are clear and this will be taken account of in the presentations to the workshop.
- 3.18 Midlothian Council will set its 24/25 budget on 27<sup>th</sup> February 2024. This is the target date and having set its budget, the Council will make a budget offer to the IJB.

- 3.19 IJB Workshop 29th February. Discussion as above
- 3.20 NHS Lothian will provide an indicative budget offer to the IJB, hopefully in early March.
- 3.21 IJB meets on 21/2/24 the IJB should set a balanced budget for 24/25 at this meeting

### 4 Policy Implications

4.1 There are no new policy requirements arising from this paper, but policy implications may arise as part of the savings programmes to be discussed.

#### 5 Directions

5.1 This report does not impact on the current directions nor require any new directions.

## 6 Equalities Implications

6.1 This report does not have any equalities implications.

### **7** Resource Implications

7.1 The resources implications are discussed above

#### 8 Risk

8.1 The financial risks are already laid out in the IJB's risk register.

## 9 Involving people

9.1 The IJB holds its formal meetings in public and its meeting papers are made available to the public

## 10 Background Papers

10.1 IJB Q3 Financial Review and IJB 24/25 to 28/29 Financial Plan – Both papers were presented to the IJB at its December 2023 meeting.

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DATE	22 <sup>nd</sup> January 2024

Appendices: N/A.



## Thursday 8th February 2024, 14:00-16:00

# Midlothian Integration Joint Board (IJB) Performance Report

Item number: 5.7

### **Executive summary**

The purpose of this report is to update the Midlothian Integration Joint Board (IJB) on progress towards the IJB performance goals set for the financial year 2022/23. Due to the processes required to validate these data, the full reporting year is almost complete for all indicators (indicators at 3.11 and 3.12 are outstanding). A report describing progress against each improvement goal is attached in Appendix 1. There is an inbuilt reporting delay (noted above).

More recent management data is available for a number of the improvement goals but as they have not been validated, they cannot be published. In order to support the Board's understanding of the current position regarding progress towards the improvement goals, a brief summary is provided.

Following the Midlothian IJB meeting on 13th April 2023, the Performance, Assurance, and Governance Group (PAGG) was commissioned to consider a local improvement goal(s) for the IJB. The group met on 4th May 2023, and collaboratively produced one improvement goal with 8 locally relevant process measures.

It was agreed at the December 2023 Board meeting that the non-validated management data are examined in detail by the Performance Assurance and Governance Group each month, and then submitted to IJB as a private paper. PAGG did not meet in December as attendance was significantly reduced.

#### Members are asked to:

Note the performance against the IJB Improvement Goals for 2023/24 (Appendix 1).

## **IJB Performance Report**

#### 1 Purpose

1.1 The purpose of this report is to update the IJB on progress towards the IJB performance goals set for the financial year 2022/23. Due to the processes required to validate these data, the full reporting year is almost complete for all indicators.

#### 2 Recommendations

- 2.1 As a result of this report, Members are asked to:
  - Note the performance against the IJB Improvement Goals for 2023/24 (Appendix 1),
  - Confirm the process for examination / publication of Local Improvement Goal process measure data.

### 3 Background and main report

- 3.1 The IJB has previously identified improvement goals to monitor progress on reducing unscheduled hospital activity and use of institutional care. They are based on goals recommended by the <a href="Scottish Government Ministerial Strategic Group for Health and Community Care">Scottish Government Ministerial Strategic Group for Health and Community Care</a>).
- 3.2 At the IJB meeting in June 2022 the Performance Assurance and Governance Group recommended that the improvement goals for 2022/23 were set to prioritise an increase in system stability, focussing on workforce recovery and wellbeing.
- 3.3 An updated report describing progress against each improvement goal is attached in Appendix 1. This report is produced by the Local Intelligence Support Team (LIST) on behalf of the Midlothian HSCP. Members are asked to note the information in Appendix 1, specifically regarding data completeness. Due to the processes required to validate these data for publication, there is an inbuilt reporting delay, and this information is not taken from a "live" system. This means that we are not yet able to calculate the full year performance for some measures.
- 3.4 Members are asked to note that Public Health Scotland (PHS) has moved to a schedule of quarterly, rather than monthly, updates.
- 3.5 More recent management data are available for a number of the improvement goals but as they have not been validated, they cannot be published. In order to support the Board's understanding of the current position regarding progress towards the improvement goals, a brief summary is provided below.

#### 3.6 A&E Attendances

2022/23 Target Rate per 100,000 people 2,629 / month 2023/24 Running Average 2,758 / month

The validated data are available up to September 2023. Based on this information, the target is not currently being met.

The most recent non-validated management information data indicate an improved position, currently meeting the target.

#### 3.7 Emergency Admissions

2022/23 Target Rate per 100,000 767 / month 2023/24 Running Average 820 / month

The validated data are only available up to June 2023. Based on this information, the target is not currently being met.

The most recent non-validated management information data indicate an improved position, currently meeting the target.

#### 3.8 Unplanned Bed Days (Acute)

2022/23 Target Rate per 100,000 5,074 / month 2022/23 Rate 5,227 / month

The validated data are only available up to March 2023. Based on this information, the target is not currently being met.

The most recent non-validated management information data indicate a further improvement, currently meeting the target.

#### 3.9 Delayed Discharge Occupied Bed Days

2022/23 Target Rate per 100,000 820 / month 2023/24 Running Average 750 / month

The validated data are only available up to September 2023. Based on this information, the target is currently being met.

#### 3.10 End of Life – Percentage of Last Six Months Spent in Large Hospitals

2022/23 Target Rate <8.7%

2020/21 Rate 7.9% (provisional data)

The validated data are only available on a provisional basis for 2020/21. Based on this information, the target is currently being met.

It is not possible to refer to management information as these data are not held locally.

#### 3.11 Balance of Care

2022/23 Target Rate >96.4%

2021/22 Rate 96.9% (provisional data)

The validated data are only available on a provisional basis for 2021/22. Based on this information, the target is currently being met.

It is not possible to refer to management information as these data are not held locally.

#### 3.12 IJB Local Improvement Goal

Following the Midlothian IJB meeting on 13th April 2023, the Performance, Assurance, and Governance Group (PAGG) was commissioned to consider a local improvement goal(s) for the IJB. The group met and collaboratively produced one improvement goal with a number of proposed locally relevant process measures. The Goal, Outcome and Balancing Measures are detailed below:

Goal: The balance of care from hospital to community-based care in Midlothian will have shifted by x% by March 2025 (percentage to be defined).

Outcome Measure: % of shift from hospital to community-based care Balancing Measures: (quarterly from PHS)

Our recommendation is to use the MSG indicators here as we already report on these.

3.13 It was agreed at the December 2023 Board meeting that the non-validated management data are examined in detail by the Performance Assurance and Governance Group each month, and then submitted to MIJB as a private paper. PAGG did not meet in December as attendance was significantly reduced.

### 4 Policy Implications

4.1 There are no policy implications arising from this report.

#### 5 Directions

- 5.1 This report does not directly impact upon service ability to deliver existing Directions.
- 5.2 It is acknowledged that there will be a requirement for ongoing review and revision to the Performance Report, in alignment with any revisions to existing Directions / issue of new Directions at any stage in the reporting period.

## **6** Equalities Implications

- 6.1 There are no equality implications from focussing on these goals but there may be implications in the actions that result from work to achieve them.
- 6.2 The focus of most of the goals is on reducing hospital activity and hospitals are not used equally by the population. There are groups of people that make more use of hospitals than others for example older people, people living in areas of deprivation or people who live alone.

## 7 Resource Implications

7.1 There will be resource implications resulting from further action to achieve these improvement goals.

#### 8 Risk

8.1 The risk of not finding solutions to address complex performance measurement challenges is that we are underinformed in relation to increases in complexity, acuity and the resulting additional pressures these create for our workforce; and what this may mean for wellbeing, retention and recruitment.

Midlothian Integration Joint Board

## 9 Involving people

- 9.1 The Performance Assurance & Governance Group (PAGG) meet monthly to review and discuss these and other measures as part of wider data assurance.
- 9.2 Membership of the group will be expanded to ensure increased representation of elected officials, the third sector and public health.

### 10 Background Papers

10.1 No background papers.

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DATE	22 <sup>nd</sup> January 2024

#### Appendices:

Appendix One: IJB Performance Report\_ Appendix 1

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	•		

# Midlothian HSCP MSG Indicators

Performance from April 2019 to Sept 2023, with 2020/21 MSG targets and trends

Local Intelligence Support Team (LIST),
Dec 2023



## **Contents**

- 1. Methodology
- 2. Data completeness
- 3. Data Sources
- 4. A&E attendances
- 5. Emergency admissions
- 6. Unplanned bed days (Acute)
- 5. Delayed discharges occupied bed days

## 2020/21 MSG Targets - Methodology

 The MSG Objectives Performa was submitted in February 2020 which specified the 2020/21 targets and an action plan on how those targets were to be achieved

 2017/18 MSG data was used as the baseline to calculate the 2020/21 targets

# Data completeness

Source: MSG data release Dec-23, PHS

Indicator	<b>Published until</b>	<b>Provisional until</b>	Data completeness issues
1. A&E attendances	Sep-23	n/a	-
2. Emergency admissions	Jun-23	Sep-23	(SMR01) Sep-23 = 51%
3a. Unplanned bed days (acute)	Mar-23	Sep-23	(SMR01) Sep-23 = 51%
3b. Unplanned bed days (GLS)	n/a	Jun-23	(SMR01E) Quarters ending:Dec-22 = 93%; Mar-23=91%; Jun-23 = 97%; Sep-23 = 83%
3c. Unplanned bed days (MH)	Mar-22	Sep-23	
4. Delayed discharges occupied bed days	Sep-23	n/a	-
5. Last 6 months of life (% in community setting)	2020/21	2021/22	-
6. Balance of care (% at home)	n/a	2021/22	-

## **Data Sources**

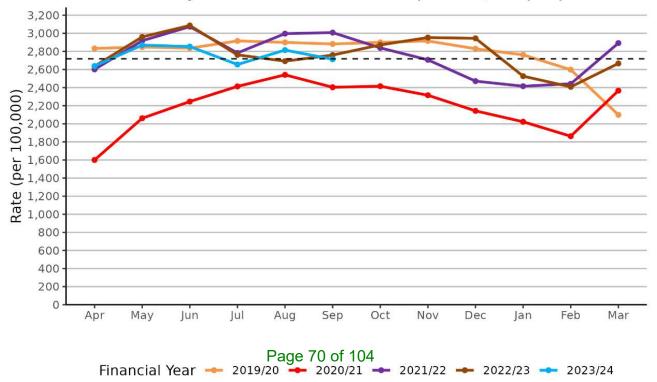
## 2020/21 MSG Targets

- Source: MSG data release v1.65, Dec-23; Public Health Scotland
- These are official monthly figures released by PHS and will be nationally published (some data is provisional and not yet published)
- Next data release: Mar-24

## **A&E Attendances**

Year	Annual	Monthly
2020/21 Target Rate (per 100,000)	32,614	2,718
2019/20 Rate (per 100,000)	33,319	2,777
2020/21 Rate (per 100,000)	26,391	2,199
2021/22 Rate (per 100,000)	33,147	2,762
2022/23 Rate (per 100,000)	33,268	2,772
2023/24 Running Average (Sep)		<b>2,758</b> ]

Monthly rate of A&E attendances per 100,000 people

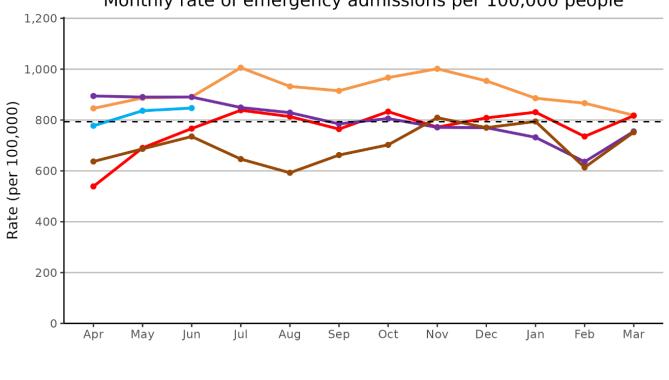


## **Emergency Admissions**

Source: MSG data release Dec-23; data published up to Jun-23

Year	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,520	793
2019/20 Rate (per 100,000)	10,970	914
2020/21 Rate (per 100,000)	9,209	<i>767</i>
2021/22 Rate (per 100,000)	9,608	801
2022/23 Rate (per 100,000)	8,401	700
2023/24 Running Average (Jun)		820

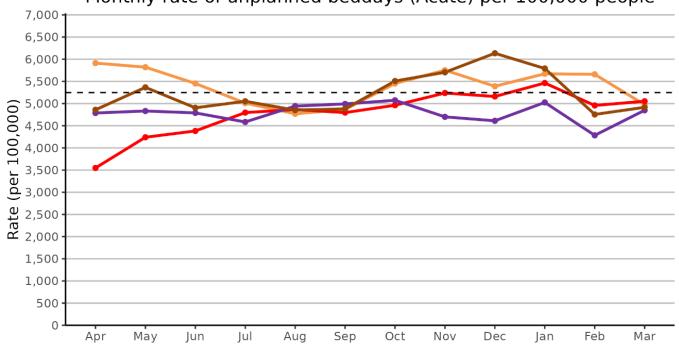
Monthly rate of emergency admissions per 100,000 people



Financial Year - 2019/20Page 70/20/210+ 2021/22 - 2022/23 - 2023/24

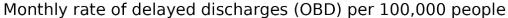
Year	Annual	Monthly
2020/21 Target Rate (per 100,000)	62,963	5,247
2019/20 Rate (per 100,000)	64,736	5,395
2020/21 Rate (per 100,000)	<i>57,461</i>	4,788
2021/22 Rate (per 100,000)	57,473	4,789
2022/23 Rate (per 100,000)	62,723	5,227

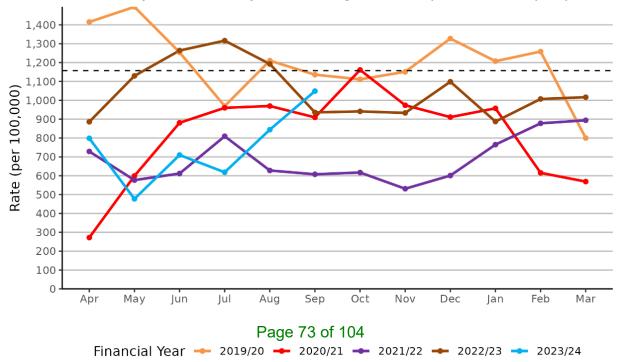
Monthly rate of unplanned beddays (Acute) per 100,000 people



Occupied Bed Days (18+)

Year	Annual	Monthly
2020/21 Target Rate (per 100,000)	13,886	1,157
2019/20 Rate (per 100,000)	14,336	1,195
2020/21 Rate (per 100,000)	9,779	815
2021/22 Rate (per 100,000)	8,249	<i>687</i>
2022/23 Rate (per 100,000)	12,608	1,051
2023/24 Running Average (Sep)		<b>750</b>



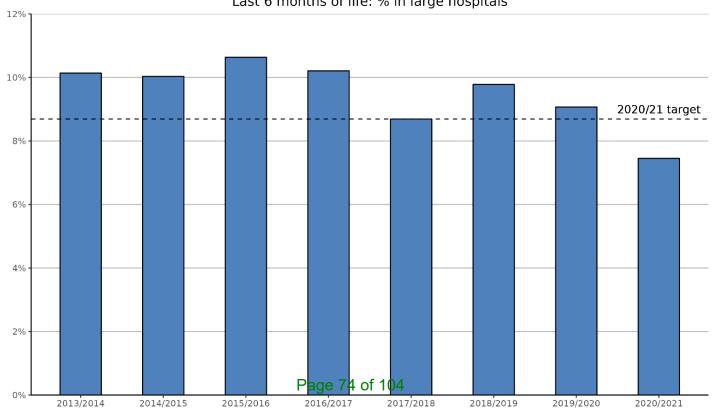


# End of Life - Percentage of Last Six Months Spent in Large Hospitals

Source: MSG data release Dec-23; data published up to 2020/21

Year	Annual
2020/21 Target	8.7%
2019/2020	9.1%
2020/2021	7.5%

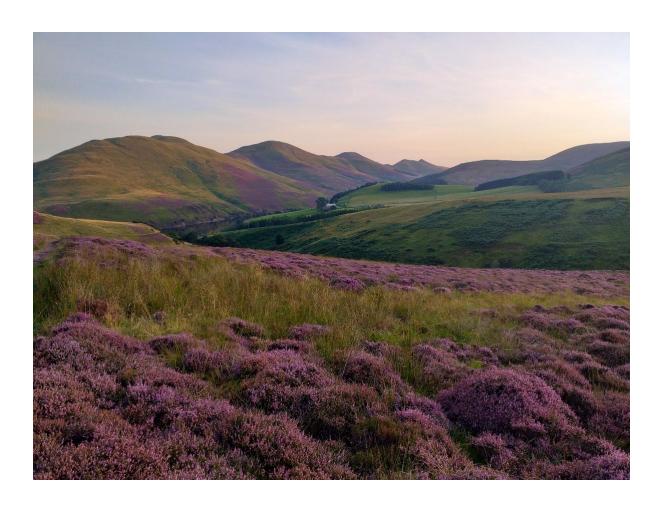
Last 6 months of life: % in large hospitals



Midlothian Integration Joint Board Thursday 8 February 2024 Item No. 5.9



# Midlothian Chief Social Work Officer Annual Report 2022/23



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#### **Introduction/Reflections 2022-23**

I am pleased to present my third Chief Social Work Officer's annual report for 2022/23. This year the report is written based on a new template agreed with the Office of the Chief Social Work Adviser, for relevant Committees and Council. The report will focus on local governance arrangements, service delivery, resources and workforce.

This report along with the 31 other Chief Social Work Officer's reports shall form part of a national summary report which shall evidence some of the changing trends and outcomes across the country as well as highlighting significant achievements and the very many challenges faced by all.

The national context for social work and social care in 2022-23 was characterised by significant policy and legislative turmoil with continued uncertainty regarding the proposals in the development of a National Care Service, with ongoing consultation and engagement sessions, significant pieces of legislation and reform of key national systems and processes impacting the delivery of social work and social care.

Despite the very busy landscape within Midlothian we have maintained a focus on delivery of services and improvement. Within Children's Services there was an inspection of our children's residential houses, with evaluations of 'Very Good', a great achievement and acknowledgement for the hard work the staff have undertaken but also reassurance that our care experienced young people living in these houses are safe, loved and well cared for.

Another significant factor over the past reporting year has been the Ukrainian war and the work undertaken to ensure that those fleeing from Ukraine who came to live in Scotland were supported and had appropriate accommodation. This has been a significant piece of work across the country but also for Midlothian as a local authority. A small team was established where the initial work was to ensure that the hosts the Ukrainian people were going to reside with, were able to provide safe and suitable accommodation. A welcome hub was established in May 2022 for those arriving from Ukraine which offered support to both children and their parents, advising them of different opportunities and activities across the county. With our partner agencies and our 3<sup>rd</sup> sector colleagues we supported families with their wellbeing, helped find them suitable employment, and identify which schools their children could attend at the start of the new term in August 2022, we were also able to help identify GP's and other local amenities. This work is ongoing at the time of writing this report.

A success story within our Justice services was the Scottish Social Services Council (SSSC) annual award ceremony held in November 2022. Midlothian Community Justice were nominated and were subsequent winners of the 'Excellence in Justice Services SSSC award'.

I wish at this point to acknowledge the incredible work that has been undertaken in the last year by all staff. Despite Covid-19 being seen as something that no longer impacts on our services, I am aware that for some services certain restrictions have continued within this reporting period.

I am hopeful that this report will evidence the progress achieved over the past year in all the areas of work and wish to offer my sincere thanks and appreciation to all staff for their commitment and dedication.

Joan Tranent
Chief Social Worker Officer



#### **Midlothian Profile**

As the fastest growing local authority in Scotland, Midlothian will see a growth rate of 13.8% until 2028 compared to the Scottish average of 1.8%

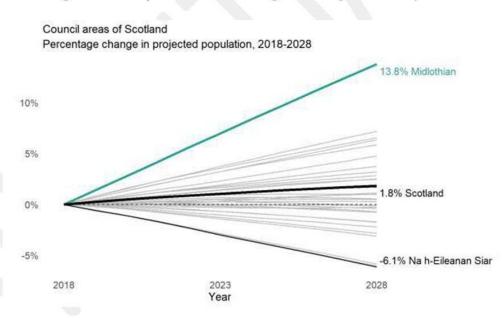


Fig 1: NRS 2018-28 % Change in Projected Population

Our demographic profile shows growth in all age groups but particularly acute in the 0-15 years and over 75 age groups and therefore there will be significant demand for early years, schools and older people's services.

There is a gap in outcomes for people in different parts of Midlothian. Some areas have poorer levels of employment; lower wage rates; lower average life expectancy, greater concentrations of people who are elderly or disabled; poorer access to physical amenities such as shops, health care, public spaces and play facilities; lower than average qualifications and higher levels of crime.

In Midlothian there are 3 communities in the top 20% of most deprived areas in Scotland. These are Central Dalkeith/Woodburn; Mayfield/Easthouses and Gorebridge. People living in Danderhall, Bilston, Loanhead and the rural areas have to travel more to access a number of services.

The Third Sector plays a vital role in fostering a sense of identity and belonging within communities. They provide essential resources, services and opportunities that enable individuals to actively participate and drive positive change within their communities.

#### **Governance, Accountability and Statutory Functions:**

The Chief Social Work Officer (CSWO) role ensures the provision of appropriate professional advice in the discharge of a local authority's statutory functions as set out in Section 3 Social Work (Scotland) Act 1968. The role also has a place set out in integrated arrangements brought in through The Public Bodies (Joint Working) (Scotland) Act 2014. The CSWO's responsibilities in relation to local authority social work functions continue to apply to functions which are being delivered by other bodies under integration arrangements. The appointment of a CSWO is a statutory requirement of the local authority.

The strategic direction for the role and contribution of social work and social care services in protecting and improving the wellbeing and outcomes of Midlothian residents sits within the context of community planning and the integration of health and social care. The Midlothian Community Planning Partnership deliver the Single Midlothian Plan 22-23 which has 3 outcomes:

- . Individuals and communities have improved health and learning outcomes
- . No child or household living in poverty
- . Significant progress is made towards net zero carbon emissions by 2030

Social work services in Midlothian are well established and are delivered between Midlothian Council and the Integrated Joint Board (IJB). Adult social work and social care services, including health visiting and school nursing services and justice social work are delegated to the IJB and delivered and managed within the Midlothian Health and Social Care Partnership. Children's social work services are managed within the council structure as part of the People and Partnership Directorate which includes Education and Community Lifelong Learning and Employability.

The role of the Chief Social Work Officer sits with the Chief Officer of Children's Services, Partnerships and Communities. The CSWO attends the IJB to ensure an overview of adult social work and social care as well as delegated children's services which include health visiting and school nursing. Having a children's services CSWO attend the IJB offers a different perspective to what is generally an adult and health-based agenda. Midlothian IJB is well established and evidences good governance and accountability. This arena allows for robust discussions around the pressures within both council and health services and for solutions to be agreed at a strategic level. The anomaly of having health visiting and school nursing out with children's services requires good engagement and communication between the services at all levels which is evident in the development and planning for the next iteration of the Integrated Children's Services Plan.

Within Midlothian we have a joint public protection committee across Midlothian and East Lothian. The Chief Social Work Officer attends the East and Midlothian Public Protection Committee (EMPPC) as well as being a member of the Chief Scrutiny Oversight Group (CSOG) along with other Chief Officers and both Chief Executives.

This partnership allows for sharing of practice and learning across the public protection arena which includes adult support and protection, child protection, violence against women and girls and MAPPA. The inception of a joint public protection committee in 2014 means it is well established and has over the years evidenced robust challenge and scrutiny. An evaluation is due in 2023/24 to consider what works well and what we need to consider changing going forward. Given it is a public protection committee it is a large agenda and this is often an area of discussion for its members ensuring we give due diligence to all areas of work. The evaluation shall give us the opportunity to reflect on this and consider if there are different ways of doing business.

As COVID-19 pressures are beginning to ease within social care settings in particular, more care inspectorate activity has commenced. Within Midlothian this has resulted in several large scale investigations (LSIs) within care homes which have featured workforce as a significant issue, not unique to just Midlothian but Scotland as a whole. The need for agency staff which does not allow for a consistent staff team has and continues to be an area of concern.

The ongoing issue around VISOR within justice services remains, the information system that records information about registered sex offenders and the most violent offenders, has taken up a significant amount of time and resource and is a major area of concern. The Home Office wish to bring in a new system across Britain called MAPPS that may require all users to be vetted to a level that is way above what would normally be required within the local authority. There are significant concerns that many workers may refuse to be vetted to this level as it is very intrusive into their extended family life, also some workers may not pass the vetting process leading to a two tier workforce. Good and secure information sharing has always been and remains an area of ongoing debate, which without an agreement around how we do this in a safe and legal way does mean a potential risk to the local authority and wider public services if agreement cannot be reached.

The social work landscape is probably the busiest it has ever been with so many strategic drivers in all our service areas. It is difficult at times to fully grasp the impact of all the new developments, policies and agendas that come across the desk of a CSWO. This said it is vitally important that as leaders we are able to engage in strategic discussions so that we can influence policy and share any concerns we may have. As CSWO I attend fortnightly CSWO meetings where all 32 CSWO's from across Scotland discuss a very full agenda and offer our views around new initiatives, changes to legislation and any other relevant business. The Head of Adult Services who deputises as CSWO also attends and chairs groups at a national level that involve adult mental health and drug and alcohol groups. As CSWO I also chair the Social Work Scotland Children and Family standing committee which is a national group of not just social workers, but others involved in children and families work. In addition, many service managers across the three areas are involved in national arenas thereby sharing their own experiences and gaining knowledge and information from others which may be helpful in improving their own areas of work.

Within Midlothian I think as a senior social work group we have a good overview of national drivers and policies that impact on our service area. I think there is scope for improvement within our governance of social work services and at the time of writing we are considering developing a social work assurance group (SWAG), which would have an overview of policies and inspection work across social work. Another area to consider would be to hold an annual or biennial social work conference for all Midlothian social work and social care staff.

#### **Duty of Candour**

All social work and social care services in Scotland have a duty of candour. This is a legal requirement which means that when unintended, or unexpected events happen that result in death or harm as defined in Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, the people affected understand what has happened, receive an apology and the organisations learn from the experience and put in place improvements.

An important part of this duty is the requirement for organisations to provide an annual statement detailing how the duty of candour is implemented across services. Between 1<sup>st</sup> April 2022 and 31 March 2023, there were no incidents in Midlothian where the duty of candour applied.

#### **RESOURCES:**

Financial pressures continue for local authorities and health services throughout the year with demands ever increasing. As the fastest growing local authority in Scotland the increase in families and older people residing within our communities is growing at a rate that far outweighs the resources we have to accommodate all the needs of those living within our communities.

Within children's services the shortage of foster carers across both the local authority and Scotland as a whole coupled with the ever-increasing demand upon us being mandated to receive unaccompanied asylum-seeking children (UASC) based on a rota basis is placing undue pressure on our local resources, with some local authorities having to pay external placements for their UASC at a significant cost to the local authority.

As a local authority our budget was agreed in February 2023 and whilst children's services were protected with no reduction in their funding allocation, the health and social care partnership did have a £1.3m reduction from their allocation offered by the local authority to the Integrated Joint Board. The impact of which will be borne out over the coming year.

The risks of any budget cuts are always an area for challenge and given the national picture where all local authorities are struggling to make ends meet it is difficult to envisage what services will look like in the future.

Going forward a concern around short-term funding pots which are being offered that align with key drivers such as the Promise do not allow for sustainable and long term change nor does it promote preventative work.

As CSWO I attend budget setting meetings in both the Council and the IJB and would assess that there are sufficient processes in place that allow me to share or voice any concerns around potential budget cuts that would impact or increase the risk to those we work with. I have monthly meetings with my Chief Executive and regular meetings with the Director of Health & Social Care which offers me the opportunity to raise any such concerns.

Within adult social care there are significant budget pressures one of which is attributable to demographic pressures within the learning disability population. These pressures arise from a combination of an increasing number of young people with complex needs transitioning to adult services and increased life expectancy as people with a learning disability live longer as a result of better healthcare. Whilst steps are being taken to manage this budget pressure, looking forward there may be a need to review eligibility criteria of the provision of services.

#### **WORKFORCE:**

Maintaining a consistent and skilled workforce has been another significant challenge particularly in the social care sector however social work has also been impacted. Within Midlothian we are fortunate to have a dedicated practice learning and development team which consists of a range of highly skilled and experienced

trainers, practitioners, assessors and administrative staff. The team skills are diverse and cover a range of training areas and development opportunities. Although the team sits under the Head of Adult Social Care, it also reports into other directorates including Children and Families services and Education due to the range of training delivered to staff in these other service areas.

As well as continually striving to deliver all the mandatory training to the social care staff across many services, additional training is offered and delivered to meet desirable and post qualifying training. Delivering some of the mandatory training to the social care teams has been particularly challenging due to high turnover of staff, availability of staff to attend the planned training and competing demands from different services. The learning and development team members are committed to delivering the mandatory training to attract maximum attendance so they have delivered bespoke sessions within service resources to reduce travel time for staff and fit in with rotas to be flexible and adaptable to the challenges each service has.

Despite these challenges there is a growing demand and take up of various learning opportunities. There are currently 88 people undertaking SVQ programmes from SCQF level 5 (SVQ 2) up to SCQF 10 (SVQ 4). This includes the Foundation Apprenticeships across Health and Social Care and Children and Families services, as well as the Modern Apprenticeships for staff in key roles such as Care Team Supervisors and Senior Practitioner posts. We have a range of Assistant Managers undertaking their SVQ 4 in Management and the success rate of those who stay on the programme is 100%. The SVQ Assessment Centre has recently developed in partnership with the Justice team an SVQ programme to enable people on the unpaid work programmes to engage on an SVQ programme to gain a qualification while completing their unpaid work placement.

Midlothian Council/HSCP provides up to 15 social work student placements per year across all the social work services and we have increased enthusiasm to undertake the Practice Educator training this year as well as the link supervisor training. We have received highly positive feedback from recent social work students stating they have felt supported, welcomed and motivated while on placement in Midlothian. The team have been working closely with Occupational Therapy (OT) services to support OT student placements by purchasing equipment to enable the OT students to be on placement and have digital access. There are 16 staff members across all social work services who are on a journey working towards a degree in social work. This ranges from commencing at stage 1 and undertaking modules with the Open University through to the final stages of the sponsorship which is over two years with two individual placements. This is the highest number ever achieved. The retention levels of staff who complete their social work degree through this route are far higher than those of social workers recruited externally into our services.

There are 8 staff signed up to undertake post graduate training through Stirling University covering Child Welfare and Protection, Leadership and Management, Practice Education and Mental Health Officer Training with Edinburgh University. This again is across a range of services.

There is now an established training resource at Hardengreen Business centre. This includes two dedicated training rooms – one of which is a moving and handling room but can also be used as a training room for small groups. The second training room can be adapted to either deliver training in a classroom style, world café style and/or an open space for training such as Team Teach or as our staff wellbeing sessions. The rooms have been carefully planned to maximise use and versatility with high tech smart screens, printer, and refreshment facilities. The third room is a smaller room which can be used for hot desks – 4 desks with docking stations. We have just received 3 iPads to launch our staff training support hub to encourage staff who are less confident with accessing LearnPro to come along and have support from a member of the learning and development team to complete their mandatory eLearning modules. We will commence a pilot with foster carers and care at home staff.

The recruitment of care staff in Adult Social Care remains challenging and is impacting service delivery both in directly provided and commissioned services. The impact of this is most evident in the time it takes to establish new packages of care and there can at time be a significant delay between people being assessed for a package of care and the support starting. Initiatives around recruitment and retention of staff are being progressed by most care providers.

#### **Adult Mental Health Social Work Team:**

The adult mental health social work team comprises of 4 full-time Mental Health Officers (MHO), 2 trainees, and 1 part-time social worker. The Older Adult Mental Health Social Worker Team comprises 4 full-time social workers and two community care assistants.

Throughout the financial year of 2022/23, both teams confronted numerous challenges, encompassing workforce exigencies and recruitment complications. In response, we have endeavoured to bolster staff development, training, and retention, augmenting the number of social workers within each respective team.

Over the past year there has been substantial advancements made in diminishing waiting lists:

- Welfare Guardianship Waiting List: Reduced from 60 to 16.
- Social Work Waiting List: Dementia Team waiting list reduced from 60 to 28, with the longest wait being 13 weeks.

With the impending return of MHO trainees and the enlistment of an additional social worker, our objective remains to maintain reduced waiting lists and provide a proactive and responsive service.

#### **Quality and Performance Indicators**

In order to ensure that we are can offer assurance around our quality and performance indicators we have implemented the following measures:

- Weekly audits of waiting list data
- Mosaic (recording system) alerts for meticulous caseload management
- Regular outcome-focused supervision and case audits
- Monitoring feedback from service users to ensure satisfaction and efficacy.

This has resulted in a reduction in waiting lists. In addition we have offered additional training and investment in MHO personnel. We have strived to ensure we are working in a collaborative way through enhanced communication and clarity around our designated roles.

There remain challenges around IT systems limitations and workforce retention along with the scarcity of care packages following discharge from hospital back into the community as well as trying to avoid hospital admissions. The strain imposed on carers due to resource limitations as well as low numbers of care home placements and respite options across the local authority are ongoing.

Our aspirations for the forthcoming year are to further reduce waiting lists by providing a proactive response. Fostering collaboration with key stakeholders to address complex needs, such as housing.

- Emphasizing prevention and timely reviews of cases
- A focus on timely reviews of cases

- Developing services, encompassing training for carers and family members
- Participating in national groups and contributing to ground-breaking developments in the discipline

By adapting and refining our services, we aim to provide superlative support for individuals experiencing mental health challenges and their families, thereby improving overall well-being and societal outcomes.

#### The Learning Disability Team:

During the reporting period Midlothian reported no adults with a learning disability and complex care need either delayed in hospital or inappropriately placed out of area. This significant achievement is as a result of investment in specialised housing stock, having a Positive Behavioural Support Lead along with a training programme, coupled with working in partnership with third sector organisations. This meets our aspiration for people with complex needs to live locally with the right kind of specialist support close to their family and community.

This was celebrated at an event in June at the National Mining Museum. The event brought together providers and users of services for people with a learning disability across Midlothian to reflect on some of the challenges during COVID, to share some of the successes from that time, to look forward, and to think about the next stages of developing community capacity for people with the most complex needs.

Human Threads, a large scale, multi-sensory exhibition, at the Tramway contemporary arts venue in Glasgow, ran from May to September 2022. This represented the culmination of years of pioneering research and mutual learning by the Cherry Road Learning Centre in Bonnyrigg in partnership with Artlink Edinburgh and people with profound and multiple learning disability (PMLD), their families and support staff. Each artwork was developed with, and informed by, individuals with PMLD developing a shared language, a process of learning together, and breaking down barriers to involvement and inclusion.

The integrated Learning Disability Team has been a great success with closer collaborative working between Health and Social Care professionals increasing the shared knowledge about people and what is important to them. This has led to improved and individualised outcomes and more community based and creative solutions to support. A series of expert panels on Human Rights, Health, Housing, and Complex Care fed into our joint planning work ensuring that people with lived experience are central to the Strategic Planning process. A good example of this approach is a video created in collaboration with People First Midlothian. The film raises awareness of Quality of Life issues in learning disability care settings. In the film, People First members discuss what they value in relation to quality of care and how care might be improved. The film is used as part of an induction for new staff and ongoing professional development for existing staff to highlight quality of life issues in learning disability services.

#### **Self-Directed Support**

Development of social work practice in relation to Self-Directed Support continues to be an important area of work. The appointment of an SDS planning officer has helped take forward the implementation of SDS standards within Midlothian. An SDS planning group identified a number of priority areas for development that includes resource allocation systems and a system of accountability. Detailed work plans are being progressed in relation to the priority areas.

#### **Carers**

Work has been undertaken in partnership with VOCAL, a local carers support organisation, to increase the support for unpaid carers. VOCAL have been commissioned to undertake Adult Carer Support Plans meaning that unpaid carers can choose to have a plan completed by the HSCP or by VOCAL. Having VOCAL undertaking these plans helps ensure that carers can access the full range of support the HSCP commission VOCAL to provide.

#### **Drug and Alcohol Related Deaths**

Drug Misuse Deaths (DMD) and Alcohol Specific Deaths was recently published by the National Records of Scotland and both reports provide a detailed analysis of the Drug and Alcohol deaths at national, health board and local authority level.

In 2022 there was a significant reduction from 23 in 2021 to 4 in 2022, two male and two female a reduction of 19 on the previous year's figures. This total is the lowest for Midlothian since 2011. However, while welcome this is only a single year's figure with a three-year and five-year average being 16.

The Midlothian Substance Use Service [MLSUS], Mid and East Lothian Drugs [MELD] and Health In Mind Peer Support as part of MELDAP services are meeting the Medication Assisted Treatment [MAT] Standards 1 to 5 as required by the Scottish Government by March 2023. The services continue to progress these standards along with Standards 6 to 10 focused on the delivery of psychological support, advocacy and provision of treatment in Primary Care settings.

Alcohol Specific Deaths reported for Midlothian 2022 reported a slight reduction in the numbers of those who passed away 18 in 2021 to 17 in 2022. Though Midlothian welcome this slight reduction, the average reporting for Midlothian over a three-year and five-year average being 16.

The Midlothian Substance Use Service [MLSUS] and Mid and East Lothian Drugs [MELD] provide direct access to treatment and support for those affected by their or others alcohol use. Alongside working collaboratively and in partnership with other partners to improve access, and to support individuals into treatment and recovery.

Midlothian Services continues to deliver substantial harm reduction work to reduce the harm associated with substance uses as it continues to be a national priority, incorporating the implementation and delivery of the 10 Medicated Treatment Standards (MAT). The financial investment into the services that has been received to support the delivery of the MAT standards in 2023 has improved access, reduced barriers and improved the effectiveness of the services delivered across the partnerships for the individuals, carers and families.

East and Midlothian Drug and Alcohol Partnership (MELDAP) continue to commission a wide range of services across Midlothian incorporating third sector; Peer and voluntary services in partnership and collaboration with the statutory Substance Use Service. The wide range of services in Midlothian are designed to be tailored for the individuals to best meet their needs and enable them to remain in treatment for as long as they wish to, this is through 1:1, assertive outreach, peer and psychosocial support to empower the individual to reach their person-centred goals and to safely manage their substance use and promote their recovery. Services continue to engage and support families and carers to address and support their needs.

#### **Community Justice:**

The Community Justice (Scotland) Act 2016 places a legal duty on a range of statutory partners to plan and decide on how services are delivered within Midlothian to support prevention and a reduction in the number of people reoffending following a previous conviction. This approach aims to address the underlying causes of offending behaviour and partners working with a range of individuals and organisations that have a role to play in community justice.

The current community justice outcome and improvement plan (CJOIP 2020-23) has now concluded and out of the 40 actions 38 have been completed with the remaining two carried forward to the new plan:

- increase awareness of the impact of childhood adversity in adults involved in the justice system
- increase engagement with education establishments including further education.

The new CJOIP (2023-28) is due to commence June 2023 and will include a range of actions based on need identified from the following sources: Strategic Needs & Strength Assessment; Public Consultations; Horizon Scanning exercise; lived experience focus groups; multi-agency partnership working. The plan has been developed with our range of partners, giving consideration to all elements of Community Justice and tackling issues that often hold significant societal stigmatisation which limits the core foundations of prevention and desistence within our communities. The plan outlines new and alternative approaches in supporting people affected by crime or that are involved with the Scottish Justice System through actively involving lived and living experiences; utilising specialist knowledge base; providing a contribution to knowledge; working with our young people.

In November 2022 the Scottish Social Services Council (SSSC) held their annual award ceremony in recognition of innovative people and work across the sector. Midlothian Community Justice were nominated and were subsequent winners of the 'Excellence in Justice Services SSSC award'. The award recognised the work to make justice services more focussed on survivors of crime. They consulted with a range of people currently living in the justice system and partnered with survivor organisations, such as Thriving Survivors, to ensure survivors of sexual harm are provided support to aid recovery. This work has been significantly influenced by survivor testimony and the team identified the importance of choice for people to tell professionals what they need; service driven need is often at odds with the needs of people in the justice system.

#### **Restorative Justice (RJ)**

They have co-facilitated two cases over this reporting period, the first restorative cases to take place in Midlothian.

#### Community Justice 2020-23 – Key Achievements

- Scottish Social Services Council Award winner for 'Excellence in Justice Services'
- Published 'The voices of those who have harmed' (2022) A ground-breaking consultation exploring motivational factors of engaging in Restorative Justice for individuals that are in custody for a sexual offence(s)

- Community Justice project with Edinburgh College Media students in developing community awareness films on pertinent subjects including VAWG, Community Payback Orders; Restorative Justice
- Collaborative working with the VAWG Public Protection team to actively support 16 days of activism campaign and event

#### **Justice Service**

The national recruitment issues have impacted on the Justice Service and we have struggled to recruit to temporary posts. Despite this we have continued to provide a high level of service provision to ensure that residents of Midlothian can access a range of services at the earliest opportunity. This includes a range of support services and interventions that can be accessed prior to being placed on a court order/sentence.

#### **Arrest Referral**

This service is provided in partnership with 3rd sector partners Change Grow Live (CGL). CGL continued to provide arrest referral support via St Leonards police station and receive referrals from Police staff and nurses based in the custody suite.

#### **Your Chance to Change**

This service was formally known as Midlothian Families First and delivers the Caledonian Men's domestic abuse perpetrator programme on a non-court-mandated basis. The service was rebranded and relaunched in February 2023 and is now known as Your Chance to Change (YCTC). The relaunch of the service aims to place responsibility for the abusive behaviour upon the man, whilst providing hope that change is possible.

#### Women's Group Work Service - Midlothian Spring Service

The multi-disciplinary team have continued to develop the service work to enable us to continue to meet the needs of service users recognising the barriers to women accessing services. 32 women have been involved with or referred into the service over the last reporting year with lots of positive feedback about the impact the service has had on their lives. Spring continues to be delivered in partnership with NHS, Health in Mind, Shine and Women's Aid in addition to third sector organisations.

#### **Community Payback Orders**

Over the reporting year there were 169 Community Payback Orders (CPO) imposed. One outcome of a CPO is to consider a supervision requirement where the primary focus is to reduce and/or manage the risk of re-offending and of harm through providing the individual with opportunities to engage in a process of change; with the aim of increasing their ability to desist from offending in the future. A range of supports will be offered to support the service user to consider the triggers to their offending behaviour.

Another alternative is unpaid work. During the reporting year the team completed 278 projects benefitting 221 beneficiaries.

#### CHILDREN'S SERVICES:

#### **Early Intervention & Prevention**

Taking cognisance of the rapid growth within our local authority and the cost of living increase, it not surprising that over the past year we have seen a 9% increase in referral rates from 8287 to 9000. The largest increase in referral reason was for financial assistance (2140 to 2380 representing an 11% increase) followed by domestic abuse (1098 to 1206 representing a10% increase).

In order to manage this rise we have reconfigured this part of the service and are also in the process of further scrutinising our referral data to consider how we can streamline the referral pathway into our service and build in pre-referral screening mechanisms in order to ensure that children and families are continuing to receive the right support at the right time.

We now have one dedicated Early Intervention and Prevention Development Officer who has continued to work closely with our secondary schools and with other partners, offering support to high schools as well as developing our whole systems approach to children and young people in conflict with the law. Locally we have seen a continued reduction in referrals being made to Scottish Children's Reporter Administration (SCRA) on offence grounds since pre COVID from 42 (2019/20) to 24 (2022/23). Our nationally recognised partnership approach has supported us to creatively divert young people away from further re-offending.

Examples of this are our No Knives, Better Lives campaign delivered to over 1000 young people in all but one secondary schools across Midlothian. Partners from Police Scotland, Community Life-long learning and Education, Community Safety and Justice and 3<sup>rd</sup> sector Y2K project all supported this campaign.

#### **Poverty**

Referrals for financial assistance accounted for 26% of all referrals over the past year. Future work will consider how we with our partners better support families who are going to be most impacted by poverty. Within the service we employ income maximisation workers, who have worked with families whose children are either on the Child Protection register or who are Looked after at Home, this work has contributed to families receiving their correct benefits equating to a financial gain of over £360k over the past two years.

#### **Child Protection and Looked After**

Despite the rise in overall referrals into children's services and an associated rise in child protection referrals (719-784, representing a 9% increase) we continued to maintain our average number of children on the child protection register in line with the Scottish average. This continues to indicate that our models of early intervention are working.

We are in the process of implementing the National Child Protection Guidance (2021) into practice and are revising our Child Protection Procedures accordingly.

We continue to embed the Safe and Together model into practice to keep people, primarily women and children, safe from domestic abuse and we are working collaboratively with the Domestic Abuse Improvement Service with a focus on evaluating outcomes in order to inform improvement planning over the coming year.

We have also continued to embed the Scottish Child Interview Model (SCIM) into practice despite the lack of funding to backfill social workers who undertake extensive training in order to take on this role. Feedback is evidencing that the model is supporting better outcomes for children involved in child protection investigative processes. We plan on training a further worker to undertake SCIM interviews in order to ensure that all joint investigative interviews of children are undertaken using a trauma informed approach.

We have been a key partner to developing a Neglect toolkit for practitioners and have been working with the NSPCC to roll out the framework for harmful sexual behaviour. Both of these will be supported into practice over the course of 23/24.

Our looked after population of children and young people seen a 7% decrease over the 2022/23 year reporting period. This data needs to take cognisance that it is taken as a snapshot on a certain day, mindful that the number can change on a daily basis. However, underlying this is the proportionate and considered approach staff are taking before accommodating any child or young person. These figures do not fully evidence the significant amount of work that happens prior to families reaching this threshold of intervention. However, our culture and ethos supports the Promise principles of scaffolding families and offering support when and where they require this

Our Reviewing Officers offer quality assurance over all children's plans who are looked after away from home and those on a compulsory supervision orders at home.

### Hawthorn Family Learning Centre (HFLC)

Over the past year our new structure at HFLC has continued to embed into practice. This new structure has increased our staffing numbers to enable the service to support more families in a flexible and responsive manner. Despite there being a great deal of change in staffing the service has continued to develop and meet the needs of the children and families who attend. The centre has operated at full capacity with 78 children registered to attend, in addition outreach support has also continued.

Group support and learning continues to be offered daily to both families attending at the centre and to the wider community. We have continued to run our community group, PEEP and PEEP pathways throughout the year and held a pop-up vaccination centre with 72% of eligible children receiving their flu vaccination. We also ran a Kic dance programme where 24 children attended.

The centre has also been able to continue to offer support to children services with specific interventions including pre-birth support, family time, parenting capacity assessments and building parental resilience. Staff development sessions are held

monthly with other training opportunities and development sessions held at other times.

#### Children with additional support needs

The significant increase in numbers of children requiring additional support is concerning. Whilst the impact of this does not sit with children's services alone, staffing issues, lack of experience in this area of work and the dearth of resources within our communities available for children and their families are worrying. Self-Directed support is available if families meet the criteria, however demand for services far outstrips availability. Going forward we need to future plan for children and young people presenting with additional supports within our communities.

Post covid-19 it appears that children and young people experiencing poor mental health has increased resulting in significant numbers of young people not attending school and, in some instances, remaining in their bedroom due to anxiety. We continue to build relationships with colleagues in education and partner agencies to offer a flexible response to each individual's needs. We are also ensuring that staff feel supported and have committed to all staff having training and awareness on trauma informed practice.

We have continued to develop our Corporate Parenting Strategy, engaging with children and young people and partners across the local authority and beyond to really make a difference to children's lives. An example of this is our commitment as a local authority to ensure that care experienced young people who are ready to leave their care placement are supported to undertake training working towards securing their own permanent tenancy. Following a 3-year pilot undertaken by the National Housing Project we are as a local authority continuing this approach due to the unprecedented success of the last 3 years.

#### Family Wellbeing Service

This is a new service which recruited 12 practitioners who shall offer holistic support to families at the earliest point of contact. The service commenced in January 2023 so is at the very early stages of identifying where it fits with the wider services. The funding for this team has come from Scottish Government through the Promise work. Our education colleagues have also helped fund this team so that we can support children and young people back into full time education, in particular offering additional support to those who are suffering from anxiety or other mental health concerns.

#### **Family Centered Care**

In line with the Promise language group we changed the name of the Family Placement team to Family Centered Care. This team focuses on the recruitment and supporting foster carers, kinship carers and the recruitment of adopters. The recruitment of foster carers has and continues to be a local and national challenge. At the time of writing this report we are still awaiting on an agreed national allowance from Scottish Government that all foster and kinship carers would receive across

Scotland. In November 2022 we began recording whether or not we were able to place siblings together knowing that the Promise team via Scottish Government were going to request this data from August 2023. It is important to state that social workers would not choose to separate siblings but often this is resource driven and also restrictions placed upon us by the Care Inspectorate. Over the reporting year there has been significant staffing issues within the fostering and adoption team.

Additional pressures on our foster carers and residential houses has come from the increase in numbers of unaccompanied asylum seeking children (UASC) we have been mandated to take by the home office. If the numbers continue to rise, we shall very shortly be unable to accommodate any more children within Midlothian and shall have to consider purchasing external placements. Once again this is a national issue impacting on most local authorities.

#### **Residential Services**

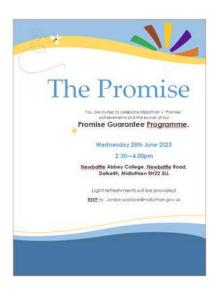
We have two children's houses within Midlothian. They support up to 9 young people aged from 9-18 who reside there. Many of the older young people move onto the Midlothian Housing Project to work towards their own permanent tenancy. In November 2022, the Care Inspectorate visited both houses in Gorebridge and Woodburn and rated the homes overall as '**very good**', a significant and well deserved achievement for the staff team.

#### **Young Carers**

We have worked alongside our Communities and Lifelong Learning colleagues to support 183+ young carers from the local community. A residential stay was offered as well as many group activities over the year. We have two dedicated workers in place to support young carers through an ongoing programme of work. We continue to identify and offer support all young carers.

#### The Promise

In February 2023 we created a new Promise Lead post to support the work of the Promise. Since taking up post our Promise Lead has made significant headway in terms of reaching out across the council and wider agencies. They have prioritised attending the Community of Interest meetings which offer opportunities to keep informed of the national picture and feed this back into our local planning. Within Midlothian we have launched 'keeping the promise in Midlothian' and the Promise guarantee which cemented all the progress and planning together. The action plan sits alongside this as our promise to our young people. The Promise Delivery group is well established and meets every 8 weeks, this allows a clear focus on our action plans aims and objectives ensuring that all partners are committed and contributing.



Our amazing young people created an animation of what the Promise means to them - <a href="https://youtu.be/jhr q1P4WoQ">https://youtu.be/jhr q1P4WoQ</a>

#### **Mental Health**

The Midlothian Children & Young People's Mental Health Strategic Planning Group oversees the allocation of funding and the delivery of early action and prevention services through its administration of the Community Support & Services Framework (Mental Health & Wellbeing) – a funding tranche distributed to local authorities from Scottish Government on an annual basis.

Between April 2022 and March 2023 the Framework funded over 240 children and young people and 50 family members/carers to access supports and services. Beneficiaries have reported improvements to mental health and wellbeing, in confidence and resilience, and to school attendance and learning engagement following their participation in a range of activities including art and supported play therapy, family counselling and therapeutic support, and highly personalised creative development placements. Further Scottish Government funding is provided for the ongoing delivery of a commissioned School Counselling Service which provided support to more than 400 children and young people during the same period, through one-to-one sessions, drop-ins and small group work.

#### Strategic Structure for East & Midlothian Public Protection - EMPPC

Through the **Critical Services Oversight Group (CSOG**), the Chief Officers of our core partners provide strategic leadership, scrutiny, governance and direction to EMPPC. CSOG is co-chaired by Monica Patterson, Chief Executive of East Lothian Council and Grace Vickers, Chief Executive of Midlothian Council.

The East Lothian and Midlothian Public Protection Committee (EMPPC) is the local strategic partnership responsible for the overview of policy and practice in relation to Adult Support & Protection, Child Protection, Multi Agency Public Protection Arrangements (MAPPA) and Violence Against Women and Girls. The primary aim of the Committee is to provide leadership and strategic oversight of Public Protection activity and performance across East Lothian and Midlothian. It discharges its functions through four sub-groups. Since the inception of EMPPC in 2014 the Chair was Anne Neilson, Director of Public Protection, NHS Lothian, until she stepped down from the role in early 2023. An Independent Chair was recruited in the early part of 2023, with Keith Mackay taking up the appointment from April 2023.

The Learning and Practice Development Sub-group (L&PD Sub-group) oversees the development and delivery of the Learning and Development strategy, and our multi-agency training programme. Our Chair for the year was Fiona Stratton, Chief Nurse, Midlothian Health and Social Care Partnership.

The **East Lothian and Midlothian MAPPA Group (EMMG)** ensures that the statutory responsibilities placed on local partner agencies for the assessment and management of risk posed by offenders subject to MAPPA are discharged effectively. The Chair was Judith Tait, Chief Social Work Officer/Chief Operating Officer, Children's Services, East Lothian Council, until she departed from her post in March 2023. The Chair for the coming year will be Lindsey Byrne, Chief Social Work Officer/Head of Children's Services. East Lothian Council.

The Performance and Quality Improvement Sub-group (P&QI Sub-group) is responsible for the oversight and governance of the performance framework and improvement plan. The Chair is Joan Tranent, Chief Social Work Officer/Chief Operating Officer Children's Services, Communities and Partnerships, Midlothian Council.

The Violence Against Women and Girls Delivery Group (VAWG Delivery Group) works to support the delivery of Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls in line with the local context and priorities. The Chair was Keith Mackay, Detective Chief Inspector, J Division, Police Scotland, until his departure from his role in March 2023. Steve Wood, (Temporary) Detective Chief Inspector, J Division, Police Scotland has taken over as Chair.

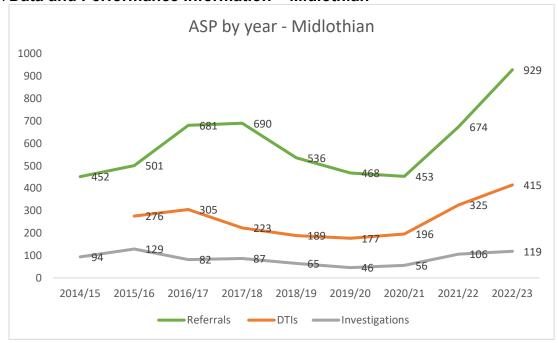
#### **EMPPC Priorities**

The EMPPC business plan was presented to EMPPC in June 2022, with 38 actions under the following five priorities/high level aims:

- 1. We will continue to strengthen our leadership arrangements in Public Protection
- 2. We will provide and support the implementation of multi-agency procedures and guidance for staff working in Public Protection
- 3. We will continue to develop our performance framework and approach to quality improvement
- 4. We will promote a learning culture by providing staff with multi-agency learning and development opportunities in Public Protection
- 5. We will raise awareness of Public Protection through communications and engagement with staff and communities.

Adult Support and Protection

#### 1.1 Data and Performance Information - Midlothian



Adult services saw an increase of 225 referrals in the year, which is a 37.8% increase from the previous year. In the two years since the beginning of the pandemic lockdown, this is a referral increase of over 100%.

There was an increase of 90 (27.7%) DTIs. This had implications for resource management and the need to strengthen the Council Officer duty rota arrangements out with the dedicated ASP team. We will progress plans to increase the support/training and learning opportunities for all Council Officers and their line managers in the coming year to support ASP work.

#### **Child Protection**

The table below illustrates the number and rate per 1,000 children on the Child Protection Register on 31st July 2022. We have seen a substantial decrease in Midlothian in the past ten years, and a further reduction in the year prior to 31st July 2022. The greatest decrease of children on the Child Protection Register was Midlothian and Clackmannanshire.

Number and rate per 1,000 children on the Child Protection Register at  $31_{st}$  July 2022

2012 number	2012 rat	_	021 umber	2021 rate	2022 number	2022 rate
<b>East Lothian</b>	62	3.3	29	1.5	41	2.1
Midlothian	117	7.5	38	2.1	24	1.3
Scotland	2,698	2.9	2,119	2.3	2,031	2.2

In both Midlothian and East Lothian, the most common reasons over the year were parental drug misuse, domestic abuse, emotional abuse and parental mental health problems. Within Midlothian, the most common reasons were domestic abuse, emotional abuse, neglect and parental mental health problems. This corresponds with the national picture where the most common concerns identified at Case Conferences of children registered during the year were: domestic abuse, neglect, parental substance misuse and parental mental health problems.

#### **Violence Against Women & Girls**

There was a slight decline in the number of incidents of domestic abuse reported by police over the year in comparison to the previous year to around 1127 incidents. Common assault it the most common type of crime recorded as a result of a domestic incident. The number of offences recorded under Section 1 of the Domestic Abuse (Scotland) Act 2018 in both East and Midlothian combined more than doubles over the past year suggesting increased awareness in its provisions.

#### Multi-Agency Public Protection Arrangements (MAPPA)

MAPPA brings together professionals from the Police, Social Work, Housing, Health and the Scottish Prison Service in Edinburgh, the Lothians and Scottish Borders. These agencies are known as the 'responsible authorities'. While the arrangements are co-ordinated by a central unit based in Edinburgh, the practical management of offenders remains the responsibility of these agencies at a local level.

Within Midlothian, the total number of sex offenders subject to MAPPA over the reporting period ranged from 52 to 55 in the year.

The oversight and governance of the effectiveness of multi-agency working arrangements within Midlothian continues to be reviewed on a quarterly basis through random selection of cases managed by Police and Justice Social Work. A programme of audit is in place, supported by the MAPPA Co-ordinator for Lothians and the Scottish Borders.

#### **Looking Forward to 2023-24**

Social work and social care services in Midlothian remain committed to striving to achieve a supportive learning culture which promotes the importance of reflective conversations and relationships in delivering change for individuals, teams, and services.

Work is underway to look at a redesign of adult social work, bringing together the many small teams and developing a more holistic and flexible approach to those that require support from adult services.

Within Children's Services there will be a strong focus on developing the family wellbeing service and working towards improving outcomes for children and their families at the earlies point of contact.

Working with our colleagues in adult services we shall continue to develop and improve our transition policy to ensure that young people transition between children's services, education and adult services will do so in a seamless manner ensuring the right support at the right time. In addition we shall be developing and monitoring our improvement plan for any inspections held over the coming year.

In terms of the wider context, we will track progress in respect of the development of the proposal for a National Care Service noting that further consideration of the Bill by Parliament is now due in early 2024 following the publication of evidence reviews relating to the reform of children and justice services. This will be in addition to the many other national drivers that we are required to take forward within each of our areas of work.

#### Conclusion

This report offers a high-level summary of some key developments, improvements and challenges across social work and social care services in Midlothian during 2022-23.

The operating environment for social work and social care remains both complex and fluid with a high degree of uncertainty regarding the future arrangements for service delivery and governance as well as a busy legislative and policy development landscape, challenges in relation to workforce capacity and availability, constrained resource availability and increased demand.

The report highlights clear challenges in relation to unmet need and a requirement to continue to improve timely access to services within our communities. Maintaining a balance of focus and prioritisation of the provision of support for people in the community, alongside facilitation of prompt discharge from inpatient care, will be of critical importance in the coming year.

Despite the challenges social work and social care services face across Midlothian, in conjunction with our third sector providers we continue to evidence a high level of commitment in providing good quality care that empowers, supports and protects people.

## Appendix



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