Notice of meeting and agenda

Midlothian Integration Joint Board

Venue: **Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ,**

Date: **Thursday, 07 December 2017**

Time: **14:00**

Allister Short
Chief Officer

Contact:

Clerk Name: Mike Broadway
Clerk Telephone: 0131 271 3160
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Further Information:

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

6 Private Reports

No private reports to be discussed at this meeting.

7 Date of Next Meeting

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

- Thursday 11 January 2018 at 2 pm – Midlothian Integration Joint Board.
- Thursday 8 February 2018 at 2 pm – Development Workshop.

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 5 October 2017	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

John Oates (Chair)	Cllr Catherine Johnstone
Alison McCallum	Cllr Jim Muirhead
	Cllr Pauline Winchester

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Caroline Myles (Chief Nurse)
Patsy Eccles (Staff side representative)	Aileen Currie (Staff side representative)
Keith Chapman (User/Carer)	Rosie McLoughlin (User/Carer)
Ewan Aitken (Third Sector)	

In attendance:

Allister Short (Head of Primary Care & Older People's Services)	Fiona Huffer (Head of Dietetics, NHS Lothian/Lead AHP Midlothian)
Jamie Megaw (Strategic Programme Manager)	Tricia Hunter (Organisational Development Consultant)
Mairi Simpson (NHS Lothian)	Rebecca Theyers (Newbattle High School)
Mike Broadway (Clerk)	

Apologies:

Cllr Derek Milligan (Vice-Chair)	Tracey Gillies
Alex Joyce	Dave Caesar (Medical Practitioner)
Hamish Reid (GP/Clinical Director)	

Midlothian Integration Joint Board

Thursday 5 October 2017

1. Welcome and introductions

The Chair, John Oates, welcoming everyone to this meeting of the Midlothian Integration Joint Board.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

4.1 The Minutes of (i) Meeting held on Thursday 24 August 2017 and (ii) Special Meeting held on Thursday 14 September 2017 were submitted and approved as correct records, subject to the correction of the spelling of the word 'note' in the Minutes of Special Meeting held on 14 September 2017 - paragraph 4.1 refers.

4.2 Matter Arising from the Minutes of Meeting held on 24 August 2017:

With reference to paragraph 5.1, the Chair advised that the issue of the workshop on the financial challenges would be picked up as part of the consideration of the Financial Update report that followed (paragraph 5.1 below refers).

4.3 Matter Arising from the Minutes of Special Meeting held on 14 September 2017:

With reference to paragraph 4.1, the Chief Finance Officer, David King provided the Board with a brief update on the progress of the Annual Accounts, confirming that they had been signed off and now appeared on the MIJB's website.

4.4 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 9 March 2017 were submitted and noted.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Financial Update – 2016-17 and 2017-18	David King

Executive Summary of Report
The purpose of this report was to provide an update on the current financial out-turn forecast for 2017/18 as provided to the MIJB by its partners – NHS Lothian and Midlothian Council. These forecasts suggest that the MIJB would be overspent by c. £1.4m of which c. £1.2m was within Adult Social Care (Midlothian Council) and c. £0.2m in Set Aside (Acute health budgets delegated to the MIJB by NHS Lothian). The report also laid out the actions being taken to bring the position back to a break-even position.

Midlothian Integration Joint Board

Thursday 5 October 2017

Summary of discussion
The Chief Finance Officer reminded the Board that the MIJB was required to break-even in 2017/18, which the recovery plans being implemented by the partners were designed to achieve. In this regard, the Chief Officer explained the current position in relation to the Adult Social Care recovery plans. Whilst it was still too early to gauge fully the effects of the redesign of the delivery of services, this remained a fundamental part of the recovery process. Thereafter, the Board discussed the ongoing financial challenges in meeting the requirement to break even, and the considerable recovery work that was being undertaken in conjunction with the Council and NHS Lothian to address these challenges. The means by which the Board and partner organisations, particularly those in the voluntary sector, could input to this process had been discussed at the previous meeting when the possibility of a workshop had been agreed. The Chief Finance Officer advised that his intention was to bring a report on financial planning forward to the December Board meeting as a precursor to a workshop early in the new year. It was suggested that it would be helpful if this report could also address what the key financial challenges were likely to be.

Decision
The Board: • **Noted the MIJB's financial position per the current out-turn forecast for 2017/18;** • **Noted the financial management arrangements;** • **Noted the recovery actions in place; and** • **Noted that a report on financial planning and the key financial challenges facing the MIJB would be brought forward to the December Board meeting as a precursor to a workshop early in the new year.**

Action
Chief Finance Officer

Report No.	Report Title	Presented by:
5.2	Measuring Performance Under Integration	Jamie Megaw

Executive Summary of Report
With reference to paragraph 5.5 of the Meeting of 20 April 2017, there was submitted a report updating the Board on progress towards achieving the Local Improvement Goals.

Midlothian Integration Joint Board

Thursday 5 October 2017

Summary of discussion
Having heard from the Strategic Programme Manager, who responded to Members' questions, the Board discussed the emerging picture which in terms of the improvement goals set by the MIJB was somewhat mixed. The potential reasons for this were discussed, it being acknowledged that pressures elsewhere in the system appeared to be having a knock on effect.

Decision
After further discussion, the Board: • **Noted the current performance against the Local Improvement Goals;** • **Noted the actions being taken; and** • **Noted that going forward, the MIJB would in future receive an update on progress at every Board meeting.**

Action
Strategic Programme Manager

Report No.	Report Title	Presented by:
5.3	Care at Home Review	Allister Short

Outline of report and summary of discussion
The purpose of this report was to update the Board on progress and approach to reviewing care at home services across Midlothian. The report explained the need for a comprehensive review of care at home services across the whole of Midlothian following the light touch review; 'Care at Home is where the heart is: A service review of domiciliary care for older people in Midlothian' published in April 2017. The primary purpose of the proposed care at home review was to improve the quality, efficiency and effectiveness of in-house and external care at home services. To support the primary purpose, the commissioning of community services would be strengthened by improvement focused service development that support IJB local priorities and, promoted a partnership approach across the third sector to reduce duplication, improve care pathways and build on community assets.

Summary of discussion
The Board, having heard from the Head of Primary Care & Older People's Services, discussed the care at home review, in particular consideration was given to the assessment process, the propose timescales for the Action Plan and issues of sustainability and stability of care at home packages. It was suggested that there should be a single trusted assessment and that whilst the timescales need to be realistic in order to accommodate good stakeholder involvement, they also needed to allow matters to progress at an appropriate pace.

The Board also acknowledged the need to challenge wrongly held public perceptions of the caring profession and to address other workforce related issues such as the living wage that tended to have a negative impact and discourage people from choosing caring as a profession.

Decision

After further discussion, the Board agreed:

- **the steps being taken in the short term to improve delivery of the Care at Home service;**
- **the timescales for the action plan for change be reviewed to see if they could be accelerated; and**
- **the development of a collaborative approach to inform longer term service redesign within the context of an integrated locality approach.**

Action

Head of Primary Care & Older People's Services/Chief Officer

Report No.	Report Title	Presented by:
5.4	Connecting Health and Care in Midlothian – Shaping our Workforce	Tricia Hunter

Executive Summary of Report

The purpose of this report was to outline the Framework for how the Partnership planned the workforce required to support the implementation of the Strategic Plan.

The report advised that the delivery of health and care services were almost entirely dependent upon the workforce which meant that staff costs accounted for the bulk of expenditure. It was critical therefore that workforce issues were the subject of careful, considered and integrated planning, particularly as there were major and growing challenges in being able to recruit and develop a workforce which delivered joined up holistic services. In this regard, a Workforce Plan had been developed to provide a starting point for this process; a copy of which was appended to the main report.

Summary of discussion

Having heard from Organisational Development Consultant, Tricia Hunter, who responded to Members' questions, the Board warmly welcomed the Workforce Plan, acknowledging the importance of continuing to invest in development and training, provide clear career pathways and listen to staff ideas for improvement. Given the critical role which the Voluntary and Independent Sector would have in the delivery of care services it was important that they were fully incorporated in the Workforce Plan and in this regard it was felt that early consultation with them would be beneficial.

Midlothian Integration Joint Board

Thursday 5 October 2017

Decision

The Board agreed to:
 	
• **Adopt and support the Workforce Planning Framework as the approach of Midlothian Health & Social Care Partnership;**
 	
• **Note that this Workforce Framework provided a foundation for the continuous work required in response to changing priorities, national and local drivers and challenges;**
 	
• **Support the key objectives detailed, namely the need for:-**
 	
  • **Investment in effective workforce planning**
  • **Sustained investment in learning and development.**
  • **Continued investment in the development of new models of integrated working;**
 	
• **Receive a further report on the action plan to support implementation of the Framework and**
 	
• **Seeks early discussion with service providers from the Voluntary and Independent Sectors.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.5	Update on the Implementation of Self Directed Support in Midlothian	Alison White

Executive Summary of Report
The purpose of this report was to provide an update on the progress made with regards to the implementation of Self Directed Support (SDS) in Midlothian. The report advised that the Midlothian Partnership had been making good progress in the implement of Self Directed Support that was resulting in a change in practice and culture related to the provision of social care support. Work was now focussing on ensuring that Self Directed Support was embedded within the normal working practices of Midlothian Council. Additionally, a recently published Audit Scotland Report (August 2017) had highlighted both the successes and challenges around the implementation of Self Directed Support across Scotland. The report had included a checklist to raise awareness of the challenges experienced; details of the position from a Midlothian perspective were append to the main report.

Midlothian Integration Joint Board

Thursday 5 October 2017

Summary of discussion
Having heard from the Head of Adult & Social Care, who responded to Members' questions, the Board discussed the importance of good dialogue, the potential of an advocacy role for the voluntary sector, and the possibility that the issue of the availability of resources could potentially unduly influence the outcome of the assessment process.

Decision
The Board: • **Noted the progress with regards to the implementation of Self Directed Support across both Adult and Children's Services; and** • **Noted the progress against Audit Scotland's report on Self Directed Support.**

Action
Head of Adult & Social Care

Report No.	Report Title	Presented by:
5.6	Type 2 Diabetes and Obesity in Midlothian	Mairi Simpson

Executive Summary of Report
This report summarised developments in relation to Type 2 Diabetes in Midlothian and plans to progress this work. The report explained why the Health & Social Care Partnership had agreed to focus attention on Type 2 Diabetes and weight management. Both obesity and Type 2 Diabetes place a financial burden on health and other services but they also impacted on the health and wellbeing of Midlothian residents and their families. The Health & Social Care Partnership was keen to reduce the number of people requiring acute treatment and planned to develop or promote services and facilities that could help people avoid significant weight gain and in some cases avoid the development of type 2 diabetes. Whilst it was acknowledged that there have been a range of local activities involving health, council and voluntary sector services, developed over the past 18 months that would have a positive impact on type 2 diabetes there was still work to do. A strategic approach to this work was required.

Midlothian Integration Joint Board

Thursday 5 October 2017

Summary of discussion
Having heard from Public Health Practitioner, Mairi Simpson, who responded to Members' questions, the Board discussed issues relating to type 2 diabetes and factors contributing to it. Whilst it was acknowledged that weight management wasn't always necessarily one of them, where it was early intervention was important. The proposed development of the already wide range of local activities aimed at tackling obesity and reducing the incidence of type 2 diabetes in Midlothian was warmly welcomed by the Board.

Decision
After further discussion, the Board: • **Noted the content of the report in particular the intention to develop a strategic approach to the prevention and treatment of diabetes and obesity in Midlothian.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.7	Chief Officer's Report	Eibhlin McHugh

Executive Summary of Report
This report provided a summary of the key issues which had arisen over the past two months, highlighting in particular the progress being made on integration and key service developments as well as some of the significant pressures being faced by Health and Care.

Summary of discussion
The Board, in considering the Chief Officer's Report, welcomed the proposed development of a Property Strategy, which would set out the MIJB's future property needs and discussed how Substance Misuse Services had responded to the service pressures they had faced as a result of the reduction in core funding. In this regard, the MIJB welcomed the Scottish Government recently announced "renewed focus on alcohol and drugs" which "will be backed by additional investment of £20 million in treatment and support services." With respect to the overall progress with Integration, the Board in welcoming the Chief Officer's comments, acknowledging that there was still some way to go before the ambition of a truly sustainable health and care service in Midlothian could be realised, however, the new development at Loanhead, the reopening of the practice list at the Newbattle Practice and the planned opening of the Newtongrange Practice, were all good examples of the progress being made.

Decision
The Board: • **Noted the issues raised in the report; and** • **Congratulated all those associated with the reopening of the practice list at the Newbattle Practice for their efforts.**

Action
Chief Officer

6. Valediction

The Board joined the Chair in thanking Chief Officer, Eibhlin McHugh, for all her hard work in supporting the integration of health and care in Midlothian and more particularly for her work in supporting the Midlothian Integration Joint Board, and wished her well in her retirement.

7. Private Reports

No private business to be discussed at this meeting.

8. Any other business

No further additional business had been notified to the Chair in advance

9. Date of next meeting

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

- Thursday 16th November 2017 2pm Development Session
- Thursday 7th December 2017 2pm **Midlothian Integration Joint Board**

The meeting terminated at 4.07 pm.

Minute of Meeting

Midlothian Integration Joint Board
Audit and Risk Committee

Date	Time	Venue
Thursday 7 September 2017	2.00pm	Committee Room, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

Present (voting members):

Councillor Jim Muirhead (Chair)	John Oates
Jane Cuthbert (Independent Member)	Alex Joyce

Present (non voting members):

Eibhlin McHugh (Chief Officer)	David King (Chief Finance Officer)
Elaine Greaves (Chief Internal Auditor)	

In attendance:

Keith MacPherson (Ernst & Young LLP, External Auditors)	Mike Broadway (Clerk)

Apologies:

Councillor Pauline Winchester	

Midlothian Integration Joint Board
Audit and Risk Committee

Thursday 7 September 2017

1. Welcome and introductions

The Chair, Councillor Jim Muirhead welcomed everyone to the meeting of the Midlothian Integration Joint Board Audit and Risk Committee, following which there was a round of introductions.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Note of Meeting

The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 9th March 2017 was submitted and approved, subject to the correction of Jane Cuthbert's name in paragraph 5.6.

5. Public Reports

Report No.	Report Title	Presented by:
4.1	2016/17 Integration Joint Board Annual Accounts – Independent Audit Review	David King

Executive Summary of Report

The purpose of this report was to present for the Committee's consideration and approval of (i) the MIJB Annual Accounts 2016/17 and (ii) the External Auditors' Annual Audit Report for the year ending 31 March 2017.

The report explained that as a statutory body, the MIJB was required to produce a set of annual accounts at the end of its financial year (31 March). These accounts then required to be reviewed by the MIJB's external auditors who would report their opinions on the Annual Accounts to the MIJB. The Annual Accounts, once approved, required to be signed off by the Chair of the MIJB, the Chief Officer of the MIJB, the Chief Finance Officer of the MIJB and the Independent Auditor by 30 September.

Summary of discussion

David King (Chief Finance Officer) in presenting the Annual Accounts to the Committee highlighted the background to the Midlothian Integration Joint Board (MIJB), explaining that the MIJB was governed by the Local Government Scotland Act (1973) along with the 2014 regulations and that the Accounts had been prepared on that basis. The accounts had subsequently been audited by the MIJB's External Auditors – Ernst & Young – and whilst there were a number of typographical and other minor corrections, their feedback had been positive.

Midlothian Integration Joint Board
Audit and Risk Committee

Thursday 7 September 2017

Keith MacPherson (Ernst & Young LLP, External Auditors) was then heard in relation to the External Auditors Annual Audit Report, confirming that it was proposed to issue an 'unqualified' opinion on the Annual Accounts, which meant that they met the requirements of the regulations and gave a fair and true view of the MIJB's financial position in 2016/17. As already mentioned, the Chief Finance Officer had advised there were a number of typographical and other minor corrections to be picked up. There were also a number of recommendations which had been made; these had received the support of both the Chief Officer and Chief Finance Officer and their responses were included in the report before the Committee.

The Committee thanked David and Keith for their respective presentations and considered both the Annual Accounts and the Annual Audit Report.

Decision

After discussion, the Audit and Risk Committee agreed to:-

- **Note the external auditors report on the MIJB's annual accounts;**
- **Note the proposed amendments to the current set of annual accounts;**
- **Note the audit opinion to be included in the annual accounts;**
- **Support the recommendations made by the external auditors and the management responses to these; and**
- **Recommend to the MIJB that the Annual Accounts for 2016/17 be accepted.**

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

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

8. Date of next meeting

The next meetings of the Midlothian Integration Joint Board Audit and Risk Committee would be held on:

- Thursday 5th October 2017 10.00am Special Meeting
- Thursday 14th December 2017 2.00pm

The meeting terminated at 2.27pm.

Thursday 7th December 2017 at 2.00pm

Financial Position – December 2017

Item number:	**5.1**

Executive summary

This paper lays out the IJB's projected out-turn position for 2017/18 – that is a forecast of the IJB's financial position at March 2018. This forecast is based on the Midlothian quarter 2 review and information from NHS Lothian who provide the IJB with a monthly update of the forecast out-turn.

The forecast projects an overspend position for the IJB and the Integration Scheme lays out the actions to be taken if an overspend is forecast. There are five options :-

1. *That the partners prepare a recovery plan – this is already in train*
2. *That the IJB prepares a recovery plan – this is not considered to be practical at this time.*
3. *That the IJB transfers resources from one 'element' of the IJB to another – at this time both partners are forecasting an overspend in their element of the IJB's budget*
4. *That the partners provide additional resources – this has not yet been discussed with the partners*
5. *That the partners provide 'brokerage' – that is a loan to the IJB.*

Board members are asked to:

1. *Note the forecast out-turn position for 2017/18*
2. *Consider the options available to the IJB*
3. *Direct the Chief Officer and the Chief Finance officer to take the actions as laid out in the integration scheme*

Financial Position – December 2017

1. Purpose

1.1 This paper updates the IJB on the most recently available financial forecast for the IJB's out-turn position in 2017/18

2. Recommendations

The IJB is recommended to :-

2.1 Note the forecast out-turn position for 2017/18
2.2 Consider the options available to the IJB
2.3 Direct the Chief Officer and the Chief Finance officer to take the actions as laid out in the Integration Scheme actions.

3. Background and main report

3.1 At its March meeting the IJB received a report laying out the financial assurance around its proposed 2017/18 budget. In summary, the financial assurance considered the budgetary offers made by partners to the IJB and examined an analysis of the financial challenges within these offers. This analysis showed that a total of c. £4.8m of financial pressures had been identified with c. £2.8m of plans available to support these pressures and therefore this left a projected £2.0m 'gap' for which plans had (at that time) still to be identified.

3.2 The March financial assurance report to the IJB also noted that there was no financial risk sharing agreement in 2017/18 in that any overspends would not automatically be supported by the partners as had happened in 2016/17. That said, the IJB decided to accept the budgetary offer in order to continue to develop and deliver its strategic plan and the operational service management of the partners would work towards a break-even position.

3.3 The 2017/18 financial position was reported to the IJB at its meetings in June, August and October. The October report laid out the results of the quarter one review and this projected an out-turn position for the IJB of c. £1.4m of an overspend. The IJB asked its partners to continue to develop and deliver their in-year recovery plans.

3.4 The table below shows the current year-end projected out-turn :-

Midlothian IJB - Projected Out-turn December 2017

	£000's
Health	
Core	250
Hosted	62
Set Aside	(470)
Social Care	(765)
Total	(923)

All values variances - underspend/(overspend)

It can been seen that the position has improved since the quarter one forecast but that the IJB's projected put-turn position is not in balance.

3.5 The key drivers behind this position remain largely the same as those reported in the October paper – that is an overspend in adult social care, overspends in junior medical staff (in the set aside budget) and challenges in both Set Aside and Adult Social Care in the delivery of efficiency schemes.

3.6 The IJB held a workshop on 16th November 2017 to discuss and consider the implications of a year-end overspend and to reflect on the options available to both the IJB and the partners.

3.7 NHS Lothian Finance and Performance group at its meeting in 15th November 2017 received a paper entitled 'Impact of IJB financial performance on NHS Lothian' .This report noted the options available to the IJB as laid out in the integration scheme in the event of an overspend being forecast – these are :-

1. That the partners prepare a recovery plan. The partners have prepared and are delivering recovery plans, however, it is clear from the MLC forecast that this recovery plan is unlikely to deliver a break-even position. The NHS Lothian forecast position has improved since the start of the financial with their now only being an overspend within Set Aside. NHS Lothian have intimated that, at this time, it seems unlikely that the set aside position can be recovered.
2. That the IJB prepares a recovery plan. The practicality of such action was discussed at the workshop and it was agreed that this is not a practical action in 2017/18. It may be worth considering if the IJB should draw up such plans for 18/19 early in the financial year as a contingency position.
3. That the IJB uses any underspend in 'one arm' of its budget. Given that both partners are predicting an overspend this is not an option at this time. However, the health position has improved since the start of the financial year and it may improve further. Its also worth considering that the IJB has a very modest influence over the set aside budget and that any overspend in set aside is shared amongst the Lothian IJBs and does not necessarily reflect the IJB's usage of that resource.

4. That the partners make additional funds available to the IJB. In 2016/17, both partners provided additional resources to cover 'their' element of the overspend. No such agreement exists in 2017/18 but discussion are underway between the IJB and its partners.
5. That the IJB is provided with brokerage (a loan) by the partners. This is a very poor position for the IJB – the IJB has no realistic way of repaying such a loan and if, as an example, the loan was to be repaid for the 18/19 budgetary allocation then could the IJB accept a budget that was clearly 'insufficient'.

The NHSiL Finance and Resources paper is attached to this report for information.

3.8 Its is also possible, in theory, for either or both partners to break-even and for the IJB to be overspent – if, for example, MLC supported the social care overspend from their reserves but did not allocate any additional funds to the IJB However, such a position would not benefit the partners since the partners would have to reflect the IJB's overspend in their accounts and (in their operational budgets) account for the overspend in their own books.

3.9 Discussion are underway between the Chief Officer, the Chief Finance Officer and the partners and these are being progressed on the basis that the IJB is supported to break-even (assuming that the partners can break-even) and that the IJB will not achieve this through brokerage. Progress on this matter will be reported back to the IJB at its next meeting.

3. Policy Implications

4.1 There are no further policy implications arising from any decisions made on this report.

4. Equalities Implications

5.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper. However, as services are redesigned as discussed above equalities impacts will require to be undertaken

5. Resource Implications

6.1 The resources implications are laid out above

7 Risks

7.1 The issue of financial sustainability is already identified in the IJB's risk register

8 Involving People

8.1 This report is based on the IJB's Strategic Plan which itself has been consulted on with both the general population and staff. Nevertheless the emerging financial challenges facing the partners, and therefore the budgets likely to be available to the IJB, require a concerted programme of public engagement. Transforming health and care services will only succeed if the people of Midlothian understand the changes being considered; are able to influence these; and are prepared to support them. With this in mind a communications and engagement plan is now being developed.

9 Background Papers

9.1 Previous finance reports to the IJB discussed above.

AUTHOR'S NAME	David King
DESIGNATION	Chief Finance Officer
CONTACT INFO	David.king@nhslothian.scot.nhs.uk
DATE	November 2017

NHS LOTHIAN

Finance and Resources Committee
15 November 2017

Director of Finance

IMPACT OF IJB FINANCIAL PERFORMANCE ON NHS LOTHIAN

1 Purpose of the Report

1.1 The purpose of this report is to inform the committee of the work ongoing to establish the impact of the four IJB outturn positions on the financial results of NHS Lothian.

1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

2.1 Committee members are asked to note the following:

- **Endorse** the interpretation of the IJB integration schemes for dealing with projected financial oversends;
- **Acknowledge** the financial options available to NHS to meet IJB projected financial overspends;

3 Discussion of Key Issues

3.1 This report has been produced following a request from the F&R committee to fully understand the accounting treatment of IJB performance on NHS Lothian. The review has been undertaken in partnership with our external auditors (Scott Moncrieff)and in conjunction with the four Chief Financial Officers.

3.2 The review needs to consider both the impact on the Board's financial performance and the consolidated disclosure position in the annual accounts, as governed by Joint Venture accounting rules.

3.3 The report is structured into the following sections:

- Detailed breakdown of IJB outturn in 16/17 and associated annual accounts treatment;
- Explanation of the escalation flowchart for dealing with IJB overspends;
- NHS Lothian options for managing IJB overspends in 17/18.

IJB Financial Performance in 2016/17

3.4 In 2016/17 all four IJBs required additional funding from NHS Lothian to deliver a balanced set of annual accounts. Following discussion at the F&R Committee the recommendation was accepted to provide further in year funding to enable all four IJBs to breakeven. Council partners also agreed to make similar allocations to meet Social Care funding pressures that would be jointly covered within the IJB accounts. The additional allocations are detailed in Table 1 and were allocated to primarily offset additional GP prescribing and set aside pressures.

Table 1: Additional resource provided to IJBs by NHS Lothian 2016/17

Integrated Joint Bodies	Additional Flexibility £'000
East Lothian IJB	1,054
Edinburgh IJB	2,457
Mid Lothian IJB	855
West Lothian IJB	1,840
Total	**6,206**

3.5 As part of the Edinburgh IJB strategic plan a reserve of £3.7m was retained from the Social Care Fund in 2016/17. Their strategic plan recognised that the funding would be held over until 17/18 for service investment. The ability to retain reserves is available to the IJBs, however, this approach is not available under NHS accounting treatment.

3.6 The accounting guidance for managing reserves is covered in IAS 28 – Investments in Associates and Joint Arrangements. The adoption of this treatment resulted in the primary financial statements of both the Council and the Health Board being amended for the additional disclosure required to accurately reflect their interest in the IJB, using the equity method of accounting. The impact of this on NHS Lothian consolidated financial statements was that the balance sheet showed an investment reserve of £1.845m (Edinburgh Council show the corresponding 50% joint venture share in their financial statements).

3.7 NHS Lothian has no access to this reserve as this is purely an accounting entry in the consolidated accounts as per accounting standards. The establishment of this reserve had no impact on the Revenue Resource Limit of NHS Lothian in 2016/17. Following discussion with Scott Moncrieff on the treatment of any future IJB overspend it was clarified that under Joint Venture accounting both the Council and the Health Board require to split the deficit 50/50 and present in the balance sheet as a negative investment reserve.

Escalation flowchart for managing an IJB overspend

3.8 IRAG (Integrated Resource Accounting Guidance) guidance states that any IJB overspend should be managed by the risk arrangements covered in the individual Integration Schemes. Some other Boards have it embedded in the scheme that as part of the process the overspend will be covered by the 2 parties by additional contributions as per the % of the original contribution. The Lothian schemes do not have this direction in their agreements.

3.9 Whilst there is nothing in any of the 4 schemes that specifically states that the IJB cannot overspend (unlike some other schemes in Scotland) there is the general understanding that forecast overspends will be managed and resolved by the IJB and its partners.

3.10 All of the Integration Schemes document an escalation process for resolution of forecasted overspends. This process is the same for each of the 4 schemes and is shown in Appendix 1 as a flow chart. The following sections of this report describe each of the four stages of the escalation process and the impact on NHS Lothian and the IJB.

Stage 1 - Operational partner takes remedial action

3.11 Where a forecast overspend is projected, the Operational partner (Health Board or Council) would be expected to develop a suite of recovery actions to bring expenditure in line with available resource. Any remedial actions should be signed off by the IJB and considered against the extant or emerging directions to ensure convergence.

Stage 2 - CFO develops recovery plan - approved by IJB

3.12 Where the recovery actions identified by the operational partner (above) have failed to achieve a balanced position, the CFO is required to develop a recovery plan, which would then be approved by the IJB Board.

Stage 3 - IJB can use a) underspend on the 'other arm' of the operational budget and/or b) IJB Utilise a reserve

3.13 If the recovery plan measures are unsuccessful the IJB may have other options available to it, both of which relate to the utilisation of flexible resource rather than cost reduction.

3.14 The IJB may have an opportunity to utilise an underspend on the other element of the IJB delegated budget. In practice this would mean that there was an adjustment between the notional budgets delegated to the NHS and Council. The underspending Partner has its operational budget reduced and this is transferred to the overspending partner. The relevant Partner would show this as income in the consolidated financial accounts.

3.15 All parties have to agree to any redetermination of budgets/payments. If all adjustments are done at budgetary level in terms of delegated budgets then no cash transfers occur and the service level budgets will continue to show the overspend at operational service area. However, if a cash payment is made (as has been the case in some Boards in Scotland) then this would involve a transfer of resources between Partners that would alter the operational service area as well as the IJB financial position.

3.16 As a second option the IJB would have the discretion to utilise any reserves that it might be holding. Effectively Edinburgh IJB would have this option in 2017/18 if their £3.7m reserve was not already committed.

Stage 4 - Additional payment by Partners or brokerage

3.17 If the above measures still do not support the achievement of an IJB breakeven position there is the option of a Partner increasing the delegated budget to the IJB in year either as a one off 'payment' (as done by NHSL in 2016/17) or as brokerage to be recovered from future years budget(s).

3.18 If NHSL were unable to make additional payment and elected to allow the overspend this may mean that the IJB was overspent for that year. The balance sheet treatment of any deficit would result in both stakeholder bodies having to establish a negative investment reserves for 50% of the deficit.

3.19 The schemes are written in such a way that all efforts are to be undertaken by Partners with the IJB to resolve overspends and if this was not possible then the IJB should follow documented dispute/mediation arrangements as documented in all 4 schemes.

3.20 As highlighted in section 3.9 the schemes say the same for managing and resolving budget variances. Any differences in individual IJB Boards approach will be in interpretation, the respective financial position of all the Partners and the nature of the relationships between the Partners.

2017/18 forecast IJB outturn

3.21 At present all four IJBs are forecasting deficits for 2017/18, totalling circa £9m for the health component. They are currently working their way through the escalation cascade and are working with the operational arms to agree recovery plans. The conclusion of the formal mid year review exercise will assess the achievability of the recovery plans. It is expected that not all four IJBs will be able to deliver a balanced position. The Board will then be required to agree whether to support the IJBs with additional funding and whether any allocation will be in the form of brokerage, which will require to be repaid.

3.22 There is also the risk for the Board that any of the health 'arms' of the IJBs generate underspends, which the IJB may request to utilise to offset possible social care overspends. There is a further risk that if the IJB generate an underspend on the health arm that resources are removed from the health system and carried forward in the form of reserves on the IJB balance sheet. The reserves would then be used at the IJBs discretion in future years.

3.23 The forecast impact on the year end outturn will be reported to the F&R Committee as appropriate following the the mid year review exercise. The Committee will be asked to approve any additional funding allocations to the IJB's.

4 Key Risks

4.1 There is a risk that the financial performance of the IJB impacts on the achievement of the Board's financial and service targets. The risk register accompanying the financial plan includes the potential impact of IJB financial performance on the Boards financial targets.

5 Risk Register

5.1 There is nothing further to add to the Risk Register at this stage, although this will be reassessed on an ongoing basis.

6 Impact on Inequality, Including Health Inequalities

6.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 As this particular paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

8 Resource Implications

8.1 The report results deals principally with the accounting treatment for IJB's financial performance and therefore has no specific resource implications.

Susan Goldsmith
Director of Finance
8th November 2017
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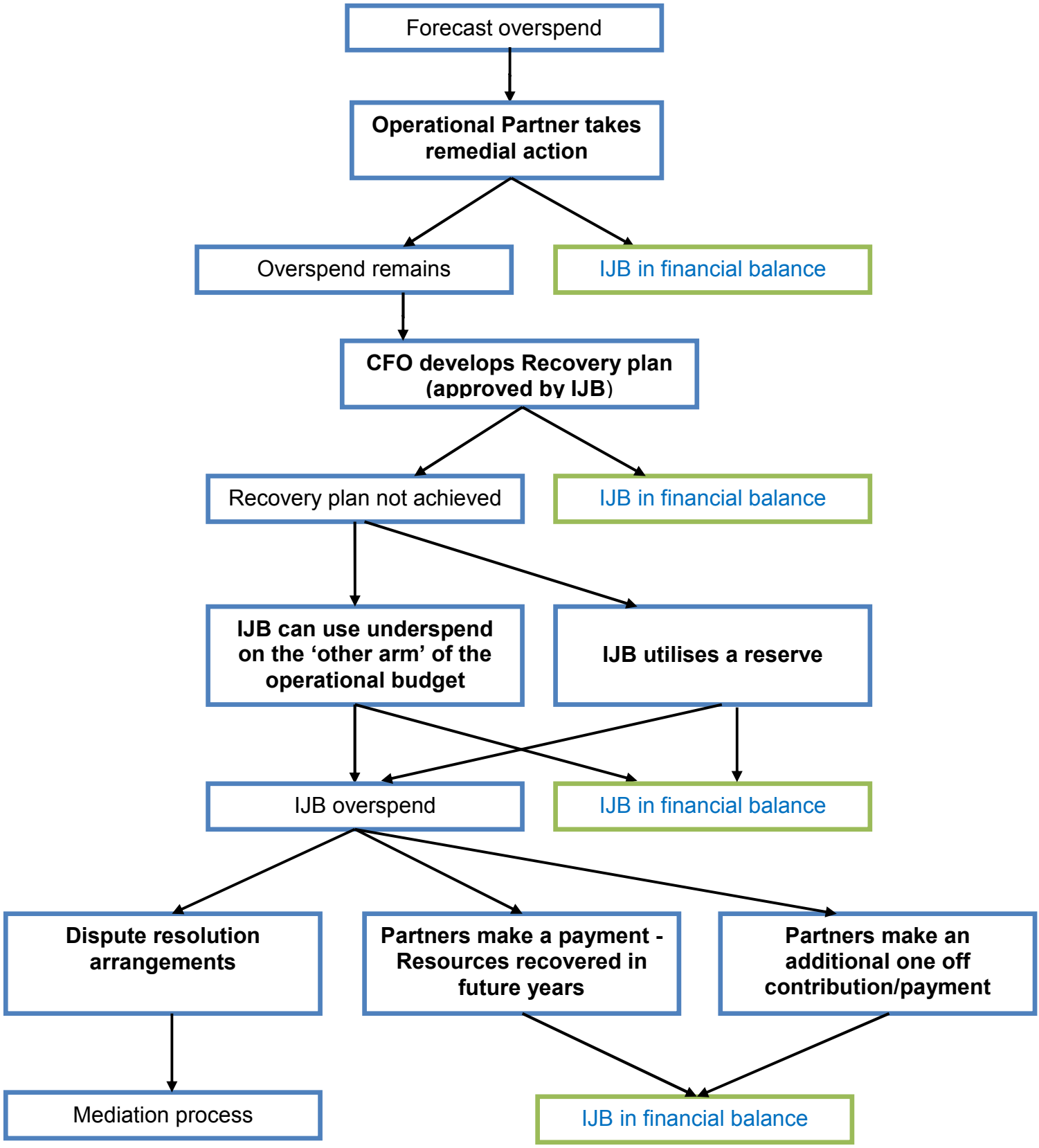
List of Appendices

Appendix 1: IJB overspend resolution escalation flowchart

Appendix 1: IJB overspend resolution escalation flowchart



Midlothian Integration Joint Board

Thursday 7th December 2017 at 2.00pm

Financial Outline 2018/19, 2019/20 and 2020/21

Item number:	**5.2**

Executive summary

The first draft of the IJB three year financial plan will be presented to the IJB at its January meeting. This plan will support the delivery of the IJB Strategic Plan and will lay out the expected resources that will be available to the IJB along with the proposed utilisation of these resources indicating the financial challenges to be managed. The IJB received a first draft of its financial strategy – that is how the IJB will manage the financial challenge – at its October 2016 meeting and the financial plan will be built on that strategy. However, as part of the consideration of that financial plan the IJB needs to consider the totality of the financial challenge if there are no changes to the current service delivery mode.

This paper looks at the additional costs that will be incurred in the next three years if there are no changes to the service delivery model and expresses that pressure in financial terms.

Board members are asked to:

1. *Note the contents of the paper*

2. *Ask the Chief Officer and the Chief Finance Officer to present the proposed 2018/19 recovery plans to the IJB at its March 2019 meeting*

Report

Financial Outline 2018/19, 2019/20 and 2020/21

1. Purpose

This paper lays out a projected financial position based on the 'do nothing' option – that is the financial impacts if the service redesign and the ambitions articulated in the IJB's Strategic Plan are not realised.

2. Recommendations

The IJB is asked to:-

2.1 Note the contents of the paper

2.2 Ask the Chief Officer and the Chief Finance Officer to present the proposed 2018/19 recovery plans to the IJB at its March 2019 meeting

3. Background and main report

3.1 Both the IJB's Partners are currently finalising their financial plans for 2018/19 and beyond. These plans examine the financial pressures in future years – pay awards, contractual commitments, planned investments and pressures generated by additional demand and also consider if any additional resources will be available to support these pressures. Both partners are projecting significant financial challenges given that any additional resources to support these operational processes are minimal.

3.2 The projection of financial pressures is considered in two different ways by the partners :

- NHS Lothian examine all the additional costs that will be incurred in future years (assuming that there are no changes in the delivery model) and then net off any uplift available. This generates a significant financial 'gap' and this gap becomes the efficiency target.
- Midlothian Council provide uplift to support pay and price changes and additional resources to manage the impact of demography but then reduce that position by an efficiency target.

3.3 Both these processes have projected significant efficiency targets. The achievement of the efficiency targets becomes part of the operational delivery unit's financial plan and the operational delivery units have been and continue to develop plans to deliver against these targets.

3.4 Both partners are awaiting the Scottish Governments financial settlement which will be announced in December 2017. In receipt of this settlement both Midlothian Council and NHS Lothian will move to prepare and agree a financial plan (budget) for 2018/19. The Partners have also committed to providing indicative financial plans for the two following financial years.

3.5 These plans will then allow the partners to make budgetary offers to the IJB and the partner's analysis of the financial pressures in these budgets will allow the IJB to understand the pressures in the resources available for the functions which have been delegated to it. Both Midlothian Council and NHS Lothian have already provided an indicative budgetary position to the IJB for these three years and this information will be used to prepare the IJB's three year financial plan which will be presented to the IJB in January 2018.

3.6 The IJB's financial plan will the lay out the indicative resources available to the IJB along with the utilisation of these resources by programme (not by operational provider). This programme analysis will show how the IJB will prioritise its resources and where it will invest and disinvest. The information provided by the partners will allow the IJB to understand where financial pressures require to be managed and the strategy (the mechanism) for managing these pressures will be laid out in the financial strategy.

3.7 The themes in the financial strategy are

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

And these are underpinned through the realistic care, realistic expectations programme and the IJB's public engagement work.

3.8 That said, it is worth examining the totality of the IJB's financial pressures which have been extracted the partners indicative financial plans. Its important to note that the partners have not yet completed their plans and the analysis below is to give the IJB an indication of the financial challenge facing the IJB and not a formal statement from the partners.

3.9 This projection is based on the following assumptions :-

- Any additional costs incurred through the delivery of the new GMS contract, the implementation of the carers bill and free personal care for those under 65 are funded fully by the Scottish Government
- That there are no other investments or further developments – for example no additional costs incurred in the reprovision of the Royal Edinburgh Hospital.

- That the two ‘non recurrent’ pressures can be managed in 2018/19 and that the underlying position will be brought back in balance in that financial year.
- And this is the ‘do nothing’ option. The IJB and the partnership have already developed and are implementing a series of service resign programmes and this work will continue. The IJB will also seek to prioritise its resources and this analysis simply assumes that all the current services will continue as is.

3.10 Appendix 1 lays this out at a high level and shows the increased costs of service delivery and demand pressures (expressed as demographic pressures) that would arise if no actions were taken by the IJB and its partners less an indicative position of a very modest level of uplift available. As was discussed above there is also an assumption that new legislation and the revised GMS contract are fully funded. In total, over the three years this amounts to increased cost demand of c. £18.7m, and, expressed as a percentage of the IJB’s opening baseline for 2017/18 efficiency targets of 5.7% in 2018/19 , 4.4% in 2019/20 and 5.2% in 2020/21

3.11 As was discussed above, the operational units are bringing efficiency plans together and the IJB’s strategic plan and financial strategy are designed to address the matter of financial sustainability. The financial plans will be presented to the IJB at its January 2018 meeting and the outline efficiency plans for 2018/19 at its March 2018 meeting.

3. Policy Implications

4.1 There are no further policy implications arising from any decisions made on this report.

4. Equalities Implications

5.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper. However, as services are redesigned as discussed above equalities impacts will require to be undertaken

5. Resource Implications

6.1 The resources implications are laid out above

7 Risks

7.1 The issue of financial sustainability is already identified in the IJB’s risk register

8 Involving People

8.1 This report is based on the IJB's Strategic Plan which itself has been consulted on with both the general population and staff. Nevertheless the emerging financial challenges facing the partners, and therefore the budgets likely to be available to the IJB, require a concerted programme of public engagement. Transforming health and care services will only succeed if the people of Midlothian understand the changes being considered; are able to influence these; and are prepared to support them. With this in mind a communications and engagement plan is now being developed.

9 Background Papers

9.1 Previous finance reports to the IJB discussed above.

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DATE	November 2017

Appendix – Analysis of IJB 'financial Pressures' 2018/19, 2019/20 and 2020/21

Midlothian Integration Joint Board

Outline Financial Gap - Do Nothing Option

	2018/19 £m	2019/20 £m	2020/21 £m	Notes
B/Fwd Pressures				
Social Care	1.20			1
NHS n/r funding	1.20			2
Recurrent Pressures				
Pay Awards	2.20	2.40	2.60	3
MLC Pay Uplift prov'n	(0.40)	(0.40)	(0.40)	4
Demography	1.00	1.00	1.00	5
MLC Demographic Prov'n	(1.00)	(1.00)	(1.00)	4
Living Wage	0.40	0.41	0.42	6
NCHC	0.30	0.31	0.32	7
New GMS Contract				8
MLC Efficiencies	1.00	1.00	2.00	9
Operational Pressures	1.44	1.66	1.84	10
Carers legislation				11
Free personal care for < 65				12
Total Pressures	**7.34**	**5.38**	**6.78**	
NHSiL Uplift	(0.42)	(0.43)	(0.44)	13
Net pressure	**6.92**	**4.95**	**6.34**	
Gap - % on baseline	**5.65**	**4.04**	**5.18**	

Notes

1 Estimated underlying recurrent gap
2 Non-recurrent funding recieved in 2017/18 - GP Prescribing
3 Pay Awards for staff employed by partners - increase in IJB cost base
4 ML are proposing to make a contribution to the social care directly employed pay costs and demography pressure
5 Proxy for increased demand for social care
6 Estimated c 4.4%
7 Uplift c. 3%
8 No further information available at this time - may be funded by SG
9 MLC - Indicative financial plan. Efficiency target for social care
10 GP Prescribing uplift plus secondary care drugs (in Set Aside)
11 No further information available at this time - may be funded by SG
12 No further information available at this time - may be funded by SG
13 NHSiL Indicative uplift (0.5%)

Thursday 7th December 2017 at 2.00pm

Developing a policy for healthcare infrastructure contributions from housing developments in Midlothian

Item number: **5.3**

Executive summary

This paper sets out the case for working with Midlothian Council to develop an approach to securing financial contributions from new housing developments in Midlothian towards healthcare infrastructure costs that arise as a consequence of that new development.

Board members are asked to:

- Agree to the principle of developing with Midlothian Council an approach to securing financial contributions from new developments (house building) in Midlothian for healthcare infrastructure (buildings) costs that arise as a result of new housing.
- Note the impact from population growth on existing services and infrastructure
- Note the expected requirement for the equivalent of three new healthcare facilities across Midlothian incorporating General Practice and Dental services to respond to the population growth
- Agree the impact on healthcare infrastructure is distinctly different between the Shawfair Development Area and the rest of Midlothian and contributions will be sought differently between these areas.
- Note the limitations in overall capital funding available to NHS Lothian from Scottish Government and the risk there will be insufficient capital funding available for the required infrastructure in Midlothian.

Report

Developing a policy for healthcare infrastructure contributions from housing developments in Midlothian

1 Purpose

This papers sets out the case for working with Midlothian Council to develop an approach to securing financial contributions from new developments in Midlothian for healthcare infrastructure costs that arise as a consequence of that new development.

2 Recommendations

- Agree to the principle of developing with Midlothian Council an approach to securing financial contributions from new developments (housebuilding) in Midlothian for healthcare infrastructure (buildings) costs that arise as a result of new housing.
- Note the impact from population growth on existing services and infrastructure.
- Note the expected requirement for the equivalent of three new healthcare facilities across Midlothian incorporating General Practice and potentially dental services to respond to the population growth.
- Agree the impact on healthcare infrastructure is distinctly different between the Shawfair Development Area and the rest of Midlothian. Furthermore to request to Midlothian Council that if the Council do agree to secure contributions towards healthcare that there is a differentiation between these areas.
- Note the limitations in overall capital funding available to NHS Lothian from Scottish Government and the risk there will be insufficient capital funding available for the required infrastructure in Midlothian

3 Background and main report

In Scotland the planning system is plan led. The Local Authority prepares a single local development plan for its administrative area which allocates land for new development (for example housing and industrial development) and also contains policies against which future potential developments are assessed. The Local Development Plan also identify potential infrastructure required where necessary to accommodate new development. A new housing development for example may require a new primary school to accommodate the pupils arising from the development.

The Town and Country Planning Acts provides a mechanism through Planning Obligations or Section 75 Agreements (as they are sometimes known) for developers to make financial contributions to Local Authorities towards necessary infrastructure that their development is giving rise to. Where a Council is minded to approve a planning application for a housing development but that housing development is only acceptable if an offsite infrastructure need is mitigated it would be necessary for the developer to enter into a legal agreement with the Council to pay contributions towards identified infrastructure at specified trigger points, for example on completion of the first house.

The use of Planning Obligations is guided by Scottish Ministerial Circular 03/2012 – Planning Obligations and Good Neighbour Agreements. The Circular contains 5 tests which must all be met for an obligation to be acceptable
The tests are:

- Necessary to make the proposed development acceptable in planning terms
- Serve a planning purpose and where it is possible to identify infrastructure provision requirements in advance, should relate to development plans
- Relate to the proposed development either as a direct consequence of the development or arising from the cumulative impact of development in the area
- Fairly and reasonably relate in scale and kind to the proposed development
- Be reasonable in all other respects

Therefore having regard to the above tests a development can only be required to contribute to mitigating what the development itself gives rise to and the level of contribution to be paid needs to reflect the proportionate cost of meeting that need.

The Proposed Midlothian Local Development Plan was formally examined by the Scottish Ministers in summer 2017 and the Plan with minor modifications was approved by the Council for adoption in September 2017. Given that this point has been reached it is anticipated that the Plan will be formally adopted by the Council prior to the close of 2017 and will represent the settled approach of the Council to proposed new development for the coming years.

The Plan identifies the need through its content and policies the need for developments to contribute to necessary infrastructure. The Council is also in the process of preparing Supplementary Guidance on Planning Obligations to sit alongside the adopted Local Development Plan. The purpose of Supplementary Guidance is to provide detail on the infrastructure to be provided, the cost of such infrastructure and the levels of contributions towards that infrastructure.

Informal discussions have already taken plan between NHS Lothian and officers of Midlothian Council about the potential for the forthcoming Supplementary Guidance containing provisions on seeking contributions towards healthcare infrastructure. If the Supplementary Guidance were taken forward containing healthcare contribution provisions this would then become a material

consideration in the assessment of planning application for new housing and would provide a basis for seeking contributions towards healthcare infrastructure.

In order to take forward the Supplementary Guidance with healthcare contributions provisions it will be necessary for the IJB to formally provide to the Council the basis for the infrastructure need – in essence the information contained in this report. That would allow the officers of the Council to formulate an approach to calculating healthcare contributions and including such an approach in the draft Supplementary Guidance which will contain similar approaches to education provision, transportation infrastructure and affordable housing amongst others

There has only been one S75 agreement in Midlothian relating to healthcare provision. This is for land within Shawfair Town Centre for a Healthcare facility. It does not contribute to the capital cost of the building.

4 Context – Population Growth

4.1 The population of Midlothian is predicted to increase the fastest across all Local Authorities in Scotland and is expected to increase by 25.7% from 2014 to 20391. This growth is mostly due to new housing.

4.2 The Midlothian Housing Audit (2016) describes that at 31st March 2016 there were 13,355 dwellings remaining to be built of the total housing supply agreed for the area between Midlothian Council and the South East Scotland Strategic Development Planning Authority. This will lead to a population increase of around 31,000.

4.3 Context – Impact on Service Provision

4.4 The macro economic situation leading to public sector funding constraints, a rising demand on health and care services from an ageing population, and an increasing prevalence of long term conditions are placing significant pressure on existing services.

4.5 All health and care services are under pressure and further population growth will add this pressure. General Practice is the most exposed of all health and care services because of the ease of access to the service, because it has the most contact with the population of any other part of the health or care system, and because it provides a ‘cradle to grave’ service which the whole population accesses.

4.6 All Midlothian General Practices have raised concern about population growth and there is significant public concern. At present 50% of practices have taken action to restrict access for new patients to their list to manage the risk. There is ongoing risk that practices will take further action and close to new patients and be taken over by the Health Board to manage – this situation has occurred in all other IJB areas within Lothian and other council areas across Scotland.

4.7 Further house-building in Midlothian will impact on General Practice in the following ways:

- In some practices there is a willingness to increase the list-size of the practice. This creates a short term pressure for the practice because there are periods of time when a new member of staff needs to be employed but there is insufficient income to the practice to fully cover staff costs.
- Some practices do not want to increase their list size. If there are no other practices in the area that have capacity and willingness to increase their list size then another practice may need to be established.
- Practices may want to increase capacity but are limited by their premises.

4.8 The Midlothian Health and Social Care Partnership and NHS Lothian have their opinion sought on new developments in Midlothian. The Midlothian Health and Social Care Partnership responds on their behalf and to date have not formally opposed new developments. This position may need to change as a result of the current situation with Midlothian General Practice.

4.9 Summary of the impact of House building on General Practice in Midlothian

4.10 The Midlothian Health and Social Care Partnership have taken action to increase capacity in General Practice in Midlothian which will accommodate some of the new population growth. These actions, which are all scheduled in 2017/18, are:

- A new clinic in Newtongrange in a building with a limited life.
- Expansion of Newbyres Medical Practice
- Expansion of Loanhead Practice

4.11 In addition there is planned expansion to Danderhall Medical Practice in 2019 and a new practice in Shawfair town centre circa 2024. This may not be the final model for service provision in this area.

4.12 Despite these developments there remains insufficient capacity within General Practice in Midlothian to provide General Medical Services to all the new residents anticipated as a result of house-building.

There may also be insufficient capacity to provide Primary Dental Services to the population due to increased demand from the new population.

4.13 To assess the impact on practices it is necessary to understand that practice boundaries overlap significantly. This provides choice for patients but crucially it means that house building in one community can have an impact on a General Practice in another community. There is a knock-on effect in a chain that links communities to the West of the IJB area (e.g. Penicuik) in an arch through Bonnyrigg to communities in the East (e.g. Gorebridge). It is also important to understand that the interconnection does not extend to the North of the Edinburgh Bypass to include the towns in the Shawfair Development Area. Here, the city-bypass acts as a barrier for patients registering with a practice on the opposite side of the barrier (e.g. patients in Dalkeith choosing to register at

Danderhall). Consequently, in assessing the impact of house building then Midlothian needs to be viewed as two distinct areas – the Shawfair Development Area and the rest of Midlothian.

5 Midlothian (south of the City of Edinburgh-Bypass only)

5.1 There are 11 practices in this area. This can be grouped in to four clusters which include communities which are served by the practices in the cluster. There is overlap between clusters because some practices have boundaries which encroach into another cluster but in general most patients live within the same cluster the practice is located in. The four clusters are:

- Cluster A: Penicuik and Roslin
- Cluster B: Loanhead and Bonnyrigg
- Cluster C: Gorebridge, Mayfield and Pathhead
- Cluster D Dalkeith

The Midlothian Housing Audit (2016) provides information on house building within each cluster and this is used to estimate population growth:

Table: Number of Dwellings planned within each cluster

Cluster	2016-2021	21/22	22/23	Post 2023
A	1329	385	316	605
B	1384	220	194	415
C	1329	181	146	1105
D	662	38	0	0
E	915	253	240	3410
Total	5619	1077	896	5535

Table: Population growth anticipated within each cluster (2.35 residents per dwelling – figure provided by MLC Planning Department)

Cluster	2016-2021	21/22	22/23	Post 2023
A	3,000	900	700	1,400
B	3,200	500	500	1,000
C	3,100	400	300	2,600

D	1,500	100	0	0
E	2,100	600	600	8,000
Total	13,200	2,500	2,100	13,000

5.2 There are two main constraints within General Practice that prevent growth in the number of registered patients to the practice – the building may restrict growth or the partners of the practice may have a self-determined ceiling on the list size. NHS Lothian or the IJB or HSCP cannot require a practice to take on more patients so this ceiling is important to consider assessing potential new capacity within General Practice.

Table: Capacity Ceiling and anticipated year when ceiling is reached

Cluster	Practice List Size (1/1/17)	Ceiling	Spare Capacity	Planned population growth in cluster	Estimate year when ceiling is reached
A	22,256	25,500	3,200	6000	2021
B	27,000	29,900	2,900	7200	2021
C	30,500	36,000	5,500	6400	2025*
D	9,700	9,700	0	1,600	2017

*requires the reprovision of the new Newtongrange Clinic

5.3 The previous table provides a guide to the impact of house-building. Patient-factors (e.g. choosing a particular practice) and practice factors (e.g. a restriction to new registrations) will change the impact to each cluster. The table shows that there is expected to be insufficient capacity in Clusters A&B by circa 2021. In Cluster C there will be insufficient capacity by circa 2025 but this is dependent on the replacement of the Newtongrange Clinic which opens this year in an NHS building that is being refurbished. There is no additional capacity in Dalkeith but this situation may change as the practice recruits more clinical staff and can increase their list-ceiling.

5.4 All house-building in Midlothian south of Edinburgh by-pass affects all four clusters. As an example: If 400 fewer houses (circa 900 new patients) were built around Gorebridge then practices in Pathhead and Newbattle would have more capacity to take on patients within their catchment from Dalkeith and Bonnyrigg. This would then provide more capacity in Cluster D to take on more patients from Cluster B which would allow practices in Cluster B to take on patients within Cluster A (particularly from Bilston and Rosewell). This would then create more capacity in Cluster A which may mean it will take longer in Cluster A for the ceiling to be reached.

5.5 Overall there is expected to be a shortfall collectively in Clusters A-D by 2023. The expected population growth is 14,200 and the spare capacity in practices

from planned developments in 2017/18 is 11,600. This presents a gap of 2,600 patients which will increase post-2023 to 7,600.

5.6 Options to address this gap are:

- Support practices to continue to expand their list sizes – this may require refurbishment or extension to the existing building or relocation of non-practice staff to another local facility. It also requires the support from practices which may not be forthcoming and is beyond the control of the NHS Board, IJB and HSCP.

- Relocate the Newtongrange Clinic into a new facility. The current building after refurbishment has a limited lifespan of around 7 years. The site of the building does not allow for the facility to be developed to meet the longer term needs of the community.

- Establish a new practice to reduce pressure within Cluster A, B and D – this will require land and capital funding to build a new health centre.

6 Shawfair Development Area

6.1 Danderhall Medical Group is the only practice currently serving this area. This practice has 3000 patients and a self-determined ceiling of 6000. The population growth in this area is 10,800. The current plan to accommodate this growth is to expand the existing practice building and to build a new practice in Shawfair Town Centre. Land for this practice will be provided under a S75 agreement with the developer. This may not be the final model for service provision in this area.

7 NHS Dental Provision

7.1 House-building may reduce access to NHS dental services in Midlothian. There are 16 dental practices across Midlothian offering a combination of NHS and private dental services. There is currently not a reported issue of access to NHS dental services but there is a risk that as the population increases that there will be insufficient capacity for NHS dental services unless the existing dental practice can expand (both staffing and buildings). Further analysis of this is required. If expansion is not possible the population increase may lead to practices changing their business model and withdrawing from NHS provision as demand for private provision increases. This would widen health inequalities.

To mitigate this risk the IJB and NHS Lothian should develop additional dental facilities in Midlothian which would provide NHS dental services. Further work is required with the local dental providers to assess the impact and their ability to absorb population growth.

8 Financial Impact on NHS Lothian and the Integration Joint Board from House Building

8.1 In Midlothian there is two specific capital or non-recurring costs that are a direct result of new house building: capital costs resulting from the refurbishment or

extension of existing practice building, or construction of new practice buildings; and a non-recurring 'LEGUP' contribution to help growth.

LEGUP

8.2 Practices receive income for each registered patient. As the number of patients registered with a practice increase there are points in this growth where there are too many patients for the existing practice to meet their health needs but there is not enough income to employ a new member of staff. In this situation a budget in NHS Lothian is available for practices but demand for this funding as a result of house building from across Lothian significantly exceeds the budget.

8.3 NHS Lothian recently tested the market to establish a new practice. One requirement in the business case of the successful applicant was an non-recurring payment of £50 per patient to support the practice to recruit staff ahead of required practice income. This matches the previous level of support received by some practices with growing patient numbers. Practices have received this support where there was a planned increase required to a practice's population. This equates to £25,000 per 500 patients.

8.4 The Midlothian population is estimated to increase by over 30,000 residents. The potential cost of meeting this through the LEGUP arrangement is £1.5million.

Capital Costs

8.5 Capital costs are not delegated to the IJB therefore these costs are incurred by NHS Lothian if a new practice building is constructed or if an existing building requires extension or refurbishment.

8.6 Where a development proposal is otherwise acceptable, but cannot proceed due to deficiencies in infrastructure and services, any or all of which will be created or made worse as a result of the development, planning applicants can be required by the Council to make provision for full or part contribution towards the costs of addressing such deficiencies.

8.7 Midlothian Council can enter into Planning Obligations with developers. If a healthcare contributions policy was adopted by the Council and contributions secured these would be provided to NHS Lothian. NHS Lothian has previously entered into one S75 legal agreement in Midlothian. This requires the developer to provide land for a practice building within Shawfair town centre.

8.8 One challenge is establishing that a proposed development will create or make worse a deficiency of infrastructure. In the case of the Shawfair S75 agreement because there was no infrastructure in the area and a new town was being created (of nearly 4000 dwellings). Therefore it was straightforward to establish that a new practice was required. In other developments in Midlothian it is more difficult for two reasons:

8.9 A development of a small number of dwellings may be accommodated within existing services but cumulatively across Midlothian all the new developments will create substantial deficiencies in healthcare services.

8.10 A development in one community may create a deficiency in that community which can be resolved by solution in another community. This occurs because practice boundaries overlap and most cover more than one community. It is possible that a development in community A could be accommodated within General Practice by investment in the practice in Community B. Another example is that non-General Practice services could be moved from one practice to a building in a different practice.

8.11 The case has been made in this paper to demonstrate that there are two distinct areas in Midlothian where any house building in these areas has a negative impact on General Practice regardless of whether the nearest practice has sufficient capacity to take on new patients residing in the new development: e.g. a housing development in Gorebridge may contribute to a deficit in provision in Penicuik or Loanhead.

8.12 This paper has identified that without capital investment there is a shortfall in General Practice capacity in Shawfair Development Area of 10,800 patients and a shortfall in the rest of Midlothian of 7,600 residents. In addition the temporary accommodation of the Newtongrange Clinic will need to be replaced.

8.13 Whilst NHS Lothian must retain flexibility on the final capital option to meet this shortfall it is likely that the following developments are required:

- Danderhall Practice expansion – estimate capital cost: £1M
- Shawfair Health Centre – estimated cost £3M
- A new practice south of Bonnyrigg or refurbishment or expansion of existing practices – estimated cost is £3 for the new practice.

9 Capital Funding in NHS Lothian

9.1 NHS Lothian receives an annual formula capital allocation for all capital projects below the Board's delegated limit of £5m. In 2017/18 this allocation was £23.5m, and although there is currently no certainty over future capital budgets it is unlikely that the allocation will increase significantly in the short to medium term.

9.2 Against this capital budget, NHS Lothian must prioritise proposed Primary Care schemes against requirements for backlog maintenance, medical equipment replacement, eHealth infrastructure and acute projects under £5m. Health Boards cannot borrow, so additional capital budget can only be generated through capital donations, receipts from capital disposals or contributions from partner organisations and other third parties.

9.3 The NHS Lothian Property and Asset Management Strategy recognises the requirement for investment, and the 5 Year Property and Asset Management Investment Programme includes circa £5m per year for GP Modernisation. However this investment programme is significantly overcommitted, routinely by £10m against available funding, and there is a risk that the three new practices in Midlothian will not be prioritised for capital funding within the timescales required without identifying additional funding models.

9.4 Within Midlothian, there is work progressing to develop a Property Strategy for the Health & Social Care Partnership, which will aim to respond to the wider opportunities through integrated working. Further information about the Strategy will be presented at a future Midlothian IJB meeting.

10 Draft Midlothian Policy on Healthcare and New Housing Development

10.1 In all areas across Midlothian it is anticipated that there will be inadequate primary healthcare provision to cater for projected population change. As noted above it is recommended that the Midlothian Integration Joint Board's position is that where this is directly related to the impact of new residential development, the developer should make a proportionate financial contribution towards additional capacity.

10.2 It is anticipated that Midlothian Council will seek to secure developer contributions towards the costs of meeting primary healthcare infrastructure necessary as a consequence of new development. Contributions can only be sought where insufficient capacity is a direct or cumulative consequence of the new development

10.3 Through working with the Midlothian Health and Social Care Partnership, Midlothian Council has identified the impact on primary health care infrastructure across Midlothian. The impact of new housing in Midlothian is distinctly different between the Shawfair Development Area (SDA) and the rest of Midlothian. In the SDA there is a direct pressure on existing facilities resulting from the scale of house building in this area. In the rest of Midlothian there is a cumulative impact from house building.

10.4 The level of contribution that will be expected will clearly depend on the scale and type of improvement required to address any predicted shortfall in capacity. There will be differing solutions for the areas affected. Further analysis will be led by Midlothian Health and Social Care Partnership.

10.5 With the exception of the Shawfair Development Area the majority of housing developments by themselves will not warrant a new facility of even an extension to an existing facility. However the cumulative impact of all developments will overwhelm the capacity of existing primary care provision in the area.

10.6 Rates and Procedures

Safeguarding sites and provision of new facilities

Land is identified as being required to be safeguarded for community facilities (which could include healthcare facilities) at two sites allocated for residential development in the Midlothian Local Development Plan. One of these sites is in Bonnyrigg the other is in Gorebridge.

10.7 Where a new site is required for a healthcare facility, in addition to the provision of land, there may be a residual requirement for developer contributions to assist in meeting the demand for healthcare facilities that arise as a direct or cumulative consequence of these developments.

10.8 Expansion of existing facilities

10.9 In the Shawfair Development Area new housing allocations will have a direct impact on existing healthcare facility in Danderhall. There is an option to expand the existing healthcare accommodation. Where expansion is an option, developer contributions will be sought to enable the provision of health care facilities to residents of new developments. In the rest of Midlothian the expansion of existing facilities may be required depending on the final model decided by the Midlothian HSCP.

10.10 Cumulative impact on existing facilities

10.11 Where the cumulative impact of new developments is such that it places pressure on the capacity of existing GP practices requiring them to expand to serve new patients generated by new housing or the establishment of new practices, Section 75 contributions may be sought to address this in future years. The whole area of Midlothian that falls out with the Shawfair Development Zone has been identified by the Midlothian HSCP where the pressure on existing General Practices is above the collective capacity of existing practices.

11 Policy Implications

This report will provide the context and basis for Midlothian Council to seek to include a provision on securing financial contributions from new housing developments in Midlothian within its forthcoming Supplementary Guidance on Planning Obligations towards healthcare infrastructure.

12 Resource Implications

12.1 If healthcare contributions are not successfully secured from housing developers then the full cost of future capital developments required to meet the needs of the new population will have to be fully met by NHS Lothian.

13 Risk

13.1 Capital funding constraints

There may be insufficient capital funding available in NHS Lothian for the additional healthcare infrastructure required in Midlothian to meet the requirements from the new house building. This policy and its intention to seek proportionate contributions from house-building developers will contribute to mitigate that risk. Failure to secure sufficient capital funding may result in NHS Lothian and the Midlothian Integration Joint Board requiring to formally oppose future planning applications in Midlothian.

13.2 Workforce constraints

There are workforce constraints that may impact on a new practice being adequately staffed. New models of care may need to be considered, for example the community-hub model in development in Musselburgh.

13.3 Revenue funding constraints

There may insufficient revenue funding for the healthcare services required by the increasing population. General Practices may require LEGUP to increase capacity and this has a potential cost for the Midlothian IJB of £1.5M. The policy outlined in this report attempts to mitigate this risk by seeking contribution from house-building developers for LEGUP.

13.4 Reduced access to General Practice

Failure to adequate increase capacity in General Practice to match the population increase may result in practices placing restrictions on new registrations or returning their contract to NHS Lothian.

13.5 Reduced access to NHS dental services

There is a risk that requires further discussion with Midlothian community dental practitioners that the existing service provision is not sufficient for the increased population and that this may lead to reduced access to NHS dental services.

13.6 Securing Contributions via Midlothian Council

The ability to secure healthcare contributions towards additional medical buildings capacity is contingent upon Midlothian Council successfully adopting Supplementary Guidance on Planning Obligations and that Guidance containing a requirement for new housing developments in Midlothian to contribute towards healthcare. The Supplementary Guidance will be required to be subject to formal consultation with local communities and developers and will require approval by the Scottish Government. Therefore the successful implementation of a healthcare contribution policy is subject to the above

If a healthcare contributions policy is adopted by Midlothian Council that would provide the basis for the Council securing financial contributions from new housing developments in Midlothian. Developers would be required to enter into Planning Obligations with the Council to pay contributions towards additional healthcare infrastructure. Once such obligations have been completed it is open to developers to apply to modify or discharge (remove the requirement) obligations and where such applications are refused to make an appeal to the Scottish Ministers. Therefore the ability to successfully secure contributions on an individual basis needs to be considered in the context of this framework.

14 Involving people

14.1 There have been many meetings with people living in Midlothian where concern has been raised about access to General Practice. This policy seeks to help address these concerns by securing funding to support increased capacity in primary healthcare provision.

15 Background Papers

15.1 No background papers

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Appendices: *None*

Thursday 7th December 2017 at 2.00pm

Directions

Item number:	**5.4**

Executive summary

This report provides a summary of the progress made by Midlothian Council and NHS Lothian in delivering the Directions set by the IJB for 2017-18. These Directions were intended to provide further clarity about the key changes which need to be made in the delivery of health and care services as laid out in the Strategic Plan 2016-19 and in the subsequent Health and Care Delivery Plan 2017-18.

Board members are asked to:

1. Note the progress made in achieving the Directions outlined in appendix 1 and summarised in paragraph 3.6 of this report
2. Consider whether any follow-up communication is required with Midlothian Council and NHS Lothian

Report

Directions

1. Purpose

1.1 This report summarises the progress made in meeting the Directions issued to NHS Lothian and Midlothian Council on 31st March 2017.

2. Recommendations

2.1` Note the progress made in achieving the Directions outlined in Appendix 1.

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

3. Background and main report

3.1 The Midlothian Strategic Plan 2016-19 outlines the direction of travel for the development of health and social care services in Midlothian. In many areas the Plan was described at a high level to allow further work to be undertaken with key partners about how to achieve the desired changes outlined in the Plan –for example reducing reliance on acute hospitals and care homes through strengthening primary care and community-based services.

3.2 The Strategic Plan was written as a key component of the launch of the IJB. As the Partnership has begun to mature, greater clarity has emerged about the changes required in the delivery of health and care services. In order to reflect this a one year Delivery Plan 2017-18 was compiled and issued. Delivery Plan 2017-18.

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

3.4 Midlothian IJB approved a Directions Policy on 10th December 2015. This policy noted that monitoring systems for the delivery of Directions will be required by the IJB and by NHS Lothian and Midlothian Council. The first set of Directions were issued on 31st March 2016 and progress with these Directions was reported to the IJB in June 2017. This year's Directions (2017-18) were issued on 31st March 2017.

3.5 The Strategic Planning Group maintains an overview of progress with the Strategic Plan, Delivery Plan and Directions. In addition a mid-year review was held involving the Chief Executive of the Council, the Deputy Chief Executive of NHS Lothian, the Chief Officer and the Chief Finance Officer.

3.6 Progress against the Directions is outlined in appendix 1.

Good progress is being made in relation to

1. Specialist services for older people including the redesign of Newbyres with 24 dementia beds and the move of the rehabilitation service from Liberton Hospital to Midlothian Community hospital.
2. Local services for people with learning disabilities with the opening of Teviot Court complex care unit and the transfer of responsibility of the Health Team to local management arrangements.
3. Initiatives designed to address health inequalities including the Wellbeing Service, the Mental Health Access Point, the Community Health Inequalities Team and local developments to reduce the incidence of diabetes.

Significant Challenges remain in relation to

1. The delivery of sustainable good quality care at home services which not only impact on service users but also have led directly to an increase in delayed discharges from hospital.
2. Moving resources from the centralised and acute-based NHS Lothian services to support the expansion and/or strengthening of local services. This has included the inability to: review unscheduled care budgets; effect a shift of resources in the provision of services for people with diabetes; move centralised resources in learning disabilities and mental health; and shift preventative spend monies to ensure the sustainability of the local Inequalities Team. Clearly the work in moving resources is complex requiring an agreed way forward across the 4 IJBs. It is also very difficult to move resources when the overall financial context is increasingly very challenging. However achieving this shift in resources is the underlying premise of the assumption that *Integration* can address the challenge of securing the long term sustainability of health and care services.

4. Policy Implications

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

5. Equalities Implications

5.1 The Strategic Plan has as one of its key objectives a commitment to address health inequalities. The Strategic Plan itself was subject to an Equality Impact Assessment on the 8th February 2016 and further changes were made to the Strategic Plan as a consequence.

6. Resource Implications

6.1 The resource implications of the Directions are specified within the individual template outlining the details of each Direction.

6.2 It is acknowledged that the financial context is a complicated one. The process for decision- making about the allocation of hospital (set-aside) and hosted services to each of the Lothian IJBs is complex and not yet complete. More generally the challenges facing both NHS Lothian and Midlothian Council in trying to meet increasing demand with reducing budgets will be equally felt by the IJB in planning how to deliver health and social care services in Midlothian.

7 Risks

7.1 The risk attached to the Directions issued by Midlothian IJB, is that they are not yet specific enough to ensure delivery. This risk is managed through the Strategic Planning Group which monitors closely the progress being made in key areas of service redesign. Regular meetings involving the Associate Director of Strategic Planning in NHS Lothian ensure good communication and ongoing clarification about the Directions with NHS Lothian.

8 Involving People

8.1 The development of the Strategic Plan was underpinned by an extensive consultation and engagement programme with both staff and the public. The Directions flow from the Strategic Plan and have not been subject to a further process of 'involving people'.

9 Background Papers

None

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MIDLOTHIAN INTEGRATION JOINT BOARD:

DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS LOTHIAN 2017-18

6 MONTHLY PROGRESS REPORT

APRIL-OCTOBER 2017

No.	Direction	Key Actions	Performance	Progress September 2017
1	Midlothian Community Hospital	Plan the relocation of Liberton Hospital services (see Direction 2)	KPI 1: Reduce to zero use of Liberton Hospital	Completed July 2017
		b) Review with the NHSL Outpatient Board which services could be provided in MCH	KPI 2: : Review complete and proposals developed	Mapping of all out patients clinics in Midlothian complete. Audit of use of all rooms in MCH complete. A streamlined booking system for Out Patient Clinics required
		c) Develop closer working relationships between MCH and Newbyres Care Home.	KPI 3: Number of regular interactions between the two services	Work shadowing scheme being introduced for staff to learn how both services operate and strengthen working relationships
2	Liberton Hospital	a) Transfer 20 beds in Liberton to MCH	KPI 1: Reduce to zero use of Liberton Hospital	Completed July 2017
		b)Resources transferred from Liberton to Midlothian Partnership to replace 24 beds in Liberton	KPI 4: No corresponding increase to activity as a result of Liberton move	Complete-budget transferred
3	Unscheduled Care	a)Review the services financed through Unscheduled Care funds	KPI 5: Reduce unscheduled admissions by 5% by September 2018 KPI 6 Reduce unscheduled hospital occupied bed days by 10% by April 2019	Not possible as monies now included within Acute base budgets.
		b)Develop plans to deploy more AHPs from Acute Settings to the community to support hospital discharge		Midlothian represented on AHP transformation Board Discussions between AHP Lead and Chief Officer Midlothian part of stakeholder event 2/10 Findings and next steps considered at Midlothian Cost Quality Group
		c)Consideration to be given to reducing the provision of acute medical receiving services to one Unit for Edinburgh EL and Midlothian		Meetings held with WGH & RIE site management teams – Medical Specialties Board leading review of receiving units

		d) Explore feasibility & benefits of a locality based admission policy for frail elderly patients.		This has been agreed in principle and it is now the responsibility of the Medical Specialist Board to implement leading to frail older people only being admitted to the RIE unless they require specialist services only available in WGH
4	Primary Care .	a) Wellbeing Services should be fully established in 8 GP Practices	KPI 7: Wellbeing Services in 8 GP practices and evaluation report	Service established. Initial evaluation complete. Full report by end December 2017
		b)Skill mix should be enhanced with a particular emphasis on pharmacy	KPI 8: General Practice Strategic Programme agreed by IJB before May 2017 and then implemented	Physiotherapy Clinical Lead and band 7 post being recruited to before Xmas 2017 There are now 4 Pharmacists working with GPs across Midlothian
		c)A Public Education Programme should be delivered to ensure the public "use services wisely"	KPI 9 Reduction in inappropriate GP appts	Leaflet "Do I need to see a GP" widely distributed. Public meetings held
		d)The GP Cluster arrangements should be fully implemented	KPI 10: Quality Cluster fully established	Complete
		e)The new GP Practice in Newtongrange should be fully established	KPI 11: Newtongrange Clinic established by October 2017	Staff recruited and working from Newbattle HC. Premises in Newtongrange will be ready by January 2018
		f)Midlothian Primary Care Strategy should be finalised and implemented	KPI 8: General Practice Strategic Programme agreed by IJB before May 2017 and then implemented	Strategy agreed. Progress includes work by the Cluster on eFrailty; review of catchment areas; and completion of Section 75 policy(Developer Contributions)
		g)The development of Anticipatory Care Planning should be prioritised	KPI 12: Number of ACPs	**Penicuik Locality Working Group** in place (see 5d). Plan to identify a cohort of housebound patients in receipt of a package of care and on the DN caseload, Consideration will be given to completion of multiagency ACPs. **Newbyres Care Home** Majority of staff trained. Residents and families attended information sessions. Discussions held with the GP Practice. ACPs will be prepared for all residents from December. Paper

				copies will be kept in Newbyres and uploaded to KIS for NHSL
		h)The Partnership will develop a plan to utilise the additional monies ring-fenced for developments in Primary Care	KPI 13: plan in place to use ring fenced funding	Developments in physiotherapy agreed (see 4b) Funding of strategic development sessions for Practices across Midlothian to support future service delivery
5	Services to Older People	a) Reshape Newbyres Care Home to ensure it is able to meet the shift towards providing services to people at the more advanced stages of dementia and end of life care.	KPI 14: New service model in place in Newbyres Care Home	New staff model and 24 dementia beds in place from April 2017
		b)Midlothian Council and NHS Lothian are asked to give priority to strengthening intermediate care facilities in Highbank including the possibility of capital works being required	KPI 15: Highbank Care Home model strengthened and plan agreed for capital works	Full feasibility study being arranged through the Council Capital Programme Board
		c)The Reablement Services should be reviewed to determine what scope there is to improve its effectiveness through investment in capacity and/or redesign	KPI 17: Review completed on how care at home services are commissioned and delivered	The Care Inspectorate report on the in-house team has resulted in an action plan to improve the quality of the Reablement service The review of Reablement is linked to the review on the remodelling of care at home (5g) below.
		d) Midlothian Council and NHS Lothian should make tangible progress in developing strong partnership working at local levels.	KPI 18 Report on outcome of project	A Penicuik Housebound Project was established in August 2017 supported by the national Collaborative Leadership Programme. Good engagement across social care, NHS and third sector. Key areas include medication, user/carer involvement and improving communication.
		e)The approved policy on extra care housing should be progressed as quickly as possible	KPI 19: Implementation Plan of the extra-care housing policy	Housing Plan (SHIP) agreed by Council in November 2017. Gore Avenue project team is in place. The Capital Programme Board considering ECH on former the Dalkeith HS site.
		f)A full review of our approach to care homes should be undertaken within the wider	KPI 20: Review of care home model within national	Quality issues being addressed in 4 local care homes.

		national context	context	Full review of care home provision is outstanding
		g) Work commenced in 2016-17 to review how care at home services are commissioned and delivered should be completed.	KPI 17: Review completed on how care at home services are commissioned and delivered	Report to October IJB on progress, approach and future actions on delivering business improvement and remodelling of care at home services.
6	Prescribing	a) NHSL to implement measures to reduce spend including Script Switch"; promotion of self-management through Wellbeing Services; strengthening of pharmacy support; better information to patients on the efficacy of drugs	KPI 20: Implement the local Prescribing Plan. KPIs within plan to be identified	Local Prescribing Plan is being overseen by a local NHSL Group including two GPs. Prescribing expenditure is reducing. There are 4 pharmacists working with GPs in Health centres across Midlothian. NHSL put in an additional £2.0m for prescribing developments across the IJBs.
7	Learning Disability Services	a) Establish a fully integrated Midlothian Learning Disability Service to strengthen services to support people with complex needs through the development of new models of care and improvements in the planning and co-ordination of care delivery.	KPI 21: Create fully integrated Midlothian Disability Service	A local joint management team for LD services has been established and the NHSL LD Team is now managed locally
		b) A programme of case review to support the implementation of new models of care and ensure an equitable and sustainable allocation of resources across people who use services.	KPI 22: Case Review programme established	The review team is fully established, new policies have been approved and savings are being achieved justifying the costs of the Team
		c) Plans will be implemented to resettle the remaining 3 patients in learning disability hospital care with the commensurate transfer of resources to community services.	KPI 23: Resettle remaining 3 patients in LD hospital care	One person has moved to Penicuik while two others will move to a property in Woodburn in January 2018

		d) Midlothian will need access to 2 beds in the NHSL Learning Disability assessment and treatment service.	KPI 24: Midlothian has access to 2 beds within the NHS Lothian assessment and treatment service	This is still subject to financial remodelling of the total service
		e) LD Community Team management and budget should shift to Midlothian by April 2017	KPI 25 Budget transferred	Request made for budget transfer.
		f) The Midlothian share of the pan Lothian Challenging Behaviour Team should be used to augment the Community Team	KPI 26: Mid share of Lothian Challenging Behaviour Team used to augment the Community Team	This is part of a broader 12 month disaggregation of central LD budgets
		g) The Midlothian share of the housing support element of the Forensic Service should be transferred to the Partnership's budget.	KPI 27: Budget transferred	Request made for budget transfer
		h) We are unclear how Mental Health Liaison Service benefits Midlothian patients and are minded to seek the transfer of Midlothian's share of the resource to the Partnership	KPI 28: Decision taken on the Lothian Mental Health Liaison service and whether to transfer resource to Midlothian.	Outstanding
		i) Midlothian is opening its own complex care unit and will not pursue pan Lothian proposals for a complex unit. Midlothian's share of the NHS funding identified for this development should be made available to strengthen local services.	KPI 29: Budget transferred	The complex care service is now open in Penicuik The funding issue is part of a broader 12 month disaggregation of central LD budgets

		j) Primrose Lodge in Loanhead should be considered for development of services for PMLD coming through transition enabling Midlothian to develop a local service utilising its share of Murray park resources.	KPI 30: Review concluded of use of Primrose Lodge got development of PMLD	A report has been submitted to NHSL Capital Group
		k)There should be no change to Midlothian's indicative share of NHSL Learning Disability budget without discussion with the IJB		This is part of a broader exercise to determine fair shares of NHSL budgets to the IJBs
		l) As the current institutional Learning Disability Services are decommissioned a clear, transparent mechanism will require to be put in place to transfer the appropriate proportion of the budget	KPI 31: Midlothian's fair share will be transferred	It has been agreed that funds will follow the patient until fair share calculations agreed
8	Community-based Mental Health .	a) New services introduced in 2016-17 should be evaluated. These include services funded through the Innovation Fund, the National Mental Health Fund, monies through Primary Care Transformation, the Wellbeing Services and CHIT which are contributing to the support network for people with low level mental health problems.	KPI 32: Decision made after evaluation concluded of new services in introduced in 2016/17	Evaluation of Wellbeing is in progress supported by Healthcare Improvement Scotland. CHIT six month report is being prepared by LAS. Formal evaluation of the Access Point is underway including the impact of the project on the Psychological Therapies Service
		b) There is a need to develop a more robust response to people in crisis particularly out of hours, building on the work already undertaken with the Police	KPI 34: Develop robust model for responding to people in crisis	A triage project with the police to ensure people in crisis get the right type of support has been running since May- meeting Nov to look at evaluation. Work between Orchard Centre and the NHSL Intensive Home Treatment Team has taken place to review out of hours arrangements. Next stage is a workshop with all stakeholders
		c) Alternative approaches to speeding up	KPI 35: Improve access to	Currently 66 waiting over 18 weeks but improvements in other

		access to Psychological Therapies should be introduced. This should be led by the Joint Mental Health Strategic Planning Group through a service transformation programme that provides access to a full range of interventions	psychological therapy services	areas- total number waiting has reduced by over 50% and all assessments now taking place within 6 weeks
		d) Further work is needed to strengthen joint work with substance misuse services. This includes health, social work and the third sector. Co-location will be helpful to this objective if this can be achieved.	KPI 36: Develop better joint working between MH and SMD services	Council has agreed to capital investment for a Recovery Hub in Dalkeith
		e) There is a need to review the placement of Midlothian patients in the Royal Edinburgh; including the arrangements for Midlothian patients to be treated in the Midlothian/East Lothian ward. There is also a need to review Midlothian's use of rehabilitation beds and other specialist services	KPI 37: Review placement of Midlothian patients in REAS.	Discussions on bed numbers and financial implications ongoing. Final decisions can only finalised when all IJBs have concluded discussions with NHS Lothian.
		f) The local Partnership will work with other IJBs to design/ implement new approaches to specialist pan-Lothian services including the R.E. Midlothian will not participate in a *Sense of Belonging 2* Midlothian's share of strategic resources for MH should be directed to the Partnership in 2017-18	KPI 38: Budget transferred	Discussions underway to clarify support in Midlothian from MH Strategic Team
9	Substance Misuse Services	a) Services which support recovery should be strengthened. This will include rolling out existing models of peer support through both the recovery network model and work being undertaken in Health Centres.	KPI 39: Continue to maintain access to services within the 3 weeks target.	A Peer Support Co-ordinator's post will be recruited to. Midlothian SMS still have challenges in their attempt to meet Access Standards and an improvement plan is being developed

		b) Integration should be pursued to ensure key services work effectively together. This is not just a matter for health and social work; the third sector is vital and links with the mental health services are vital. Co-location will be helpful if this can be achieved	KPI 40: Co-location of integrated mental health and substance misuse services	Council has agreed to a capital investment for a Recovery Hub in Dalkeith
		c) Midlothian's pro-rata share of funds relating to substance misuse will be used to redesign the Substance Misuse Directorate services moving service delivery into the Partnership and reducing the use of "central" bed-based services	KPI 41: Reduce use of bed-based services (eg Ritson Clinic)	Chief officers agreed to keep the same funding arrangements for 2017/18 working towards a disaggregation of monies, in 2018/19.. The Ritson Clinic is currently in a redesign phase as NHSL have been asked by Staff Partnership to reconsider skills mix and staffing ratios for the redesigned Clinic
		d) Midlothian Council and NHS Lothian should work together to support the establishment of a Community Recovery Hub and the co-location of integrated mental health and substance misuse services	KPI 42 Business case developed and approved	Council has agreed to a capital investment for a Recovery Hub in Dalkeith
10	Services to Unpaid Carers	a) The new local Carers Strategy should be implemented addressing key issues such as income, employment and health and wellbeing.	KPI 43: Carers Strategy is implemented and KPIs in it identified	New Strategy approved by Strategic Planning Group in October. Implementation will be overseen by local Carers Strategy Group
		b) A system of emergency planning for carers should be designed and implemented ensuring that all key agencies- GPs, Social Workers, specialist teams e.g. Dementia, MERRIT-and Acute Hospital staff. Links should be made as appropriate with existing ACP systems.	KPI 44: Emergency Planning System for carers is implemented	The local pilot of the *Enable* documentation has been completed as part of the national work on new Carers Support Plans. This has been well received by both carers and staff. Work is required to determine how best to share the plans with GPs and NHSL staff
		c) An implementation plan for the new Carers legislation should be developed and put in place.	KPI 45 Implementation plan and progress report	A local implementation group has been formed to respond to recent national guidance issued on the basis of a range of pilot projects

11	Utilisation of I.C. Fund; Delayed Discharge & Social Care Funding	Midlothian Council and NHS Lothian are asked to ensure that the monies continue to be applied with the objectives of reducing delayed discharge; addressing the needs of people with long term health conditions; and strengthening preventative service delivery		Report submitted to IJB in April on the use these funds **Complete**
12	Resource Transfer Funds	Accountability for the application of these monies should now be treated in the same way as the use of all other resources deployed by the Council and NHS Lothian on behalf of Midlothian IJB.	KPI 46: RT used in ways consistent with the Strategic Plan	These funds no longer require accountability between the Council and NHSL as they are part of the IJB budget
13	Social Care services	Services should be provided in accordance with legislation, policies and procedures.	KPI 47: Services provided in accordance with legislation, policies and procedures	A range of systems are in place including supervision, case audits and quality assurance. The Joint Governance Team retains an overview including feedback from Care Inspectorate inspections. Systems continue to be strengthened e.g. arrangements for monitoring and supporting care homes
14	Core and Hosted NHSL Services	Services should be provided in accordance with legislation, policies and procedures.	KPI 48: Services provided in accordance with legislation, policies and procedures	Joint Governance Group in place alongside local service Quality Improvement Teams and clinical governance arrangements
15	NHSL Services - Set-Aside Funds	Services should be provided in accordance with legislation, policies and procedures	KPI 49: Services provided in accordance with legislation, policies and procedures	Clinical governance arrangements are in place. The Quality Improvement Team retains an overview
16	Diabetes Services	a) Clinics should be undertaken in Midlothian and will require consultants to become more community-based.		Clinical Lead and other reps from the Health & Social Care Partnership met with the lead Clinician for the Royal Infirmary. A local clinic model isn't feasible at this time however but better working arrangements between secondary & primary care are being developed.

		b) As 16% of acute hospital beds are occupied by people who have diabetes it should be possible to reduce bed numbers as preventative actions take effect.		Local planning group established. Work progressing to develop a local strategy
		c) Resources should be redirected from Acute Hospital to community based services.	KPI 50: measurement in the shift of care	This will only take place when a clear agreed action plan has been developed regarding treatment feasible in Primary Care
17	Health Inequalities	a) The appropriate proportion of the NHS Lothian *Preventative Spend* budget should be allocated to the IJB to reflect resources required to deliver this delegated function.	KPI 51: Stronger pathway in place to support young adults attending hospital KPI 52: Diabetes care is locally-based and preventative-focussed KPI 53: Weight Management programme.	NHSL Public Health have provided details of preventative spend budgets. NHSL are of the view that these resources must be retained at the Centre to provide capacity to meet Government targets e.g. smoking cessation.
		b) The IJB will direct its share of these resources to support the CHIT team.	KPI 54: plan in place to use ring fenced funding	This remains an area of considerable risk with the service currently being underwritten by the local Health budget
18	Palliative Care	a) Strengthen partnership working between local nursing services, Marie Curie and care at home staff	KPI 55:Numbers of cases where joint working evident	Shared learning scheme underway. Marie Curie are involved in the local PC group
		b) Strengthen care provided in care homes	KPI 56: Improve care provided in care homes	Staff training provided including use of video-conferencing Family feedback questionnaires used in in Newbyres Marie Curie have strengthened their links to local Care Homes
		c) Strengthen bereavement support available within Midlothian	KPI 57: Strengthen bereavement service	Working group established to collate, review and strengthen the supports available in Midlothian

		d)Review the support provided to family carers	KPI 58: Complete review of support provided to family carers	VOCAL provide a training programme for dealing with loss Carers staff participate in the Palliative Care planning group
19	Public Engagement	Design and Develop a Public Engagement Strategy	KPI 59: Develop and implement a public engagement strategy.	A local Public Engagement Strategy is in place. A local group is developing ways of ensuring a more systematic approach to learning from the wide range of user/carer feedback we receive

Thursday 7th December 2017, at 2.00pm

Midlothian Carers Strategy 2017 - 2019

Item number: **5.5**

Executive summary

Following the publication of the national carers' strategy *Caring Together; Carers Strategy 2010-15* a programme of consultation was undertaken to develop Midlothian's first local Carers Strategy. This document will be Midlothian's second local carers strategy publication. The implementation of the Carers (Scotland) Act 2016 comes into effect from April 2018, and places a duty/responsibility on local authorities and health boards to produce a carers strategy. This strategy has been reviewed and updated and is presented to both the Council and the Integration Joint Board for formal approval.

Board members are asked to:

Consider and support the revised Midlothian Carers Strategy and Action Plan 2017 – 19 as a mechanism of identifying and supporting the needs of unpaid carers in Midlothian.

Report

Midlothian Carers Strategy 2017 - 2019

1. Purpose

The report seeks agreement to the refreshed Midlothian Carers' Strategy intended to provide support to the very many unpaid carers including young carers who fulfil a vital role in caring for their relatives and friends.

2. Recommendations

2.1 The IJB is asked to note and consider the implications of the revised Midlothian Carers Strategy 2017 - 19

2.2 The IJB is asked to support the implantation of the Midlothian Carers Strategy and Action Plan 2017 – 19.

3. Background and main report

3.1 It is difficult to be precise about the number of carers as many people undertake a caring role without regarding or identifying themselves as a "carer". The 2011 census estimated that 9.9% of the population in Midlothian are carers while the 2015 Scottish Survey Core Questions found that 14.4% of respondents considered themselves to be carers.

3.2 The level of care they provide clearly varies with 43% of carers undertaking 20 hours or more each week. Growing numbers of older people are carers; in Midlothian it is estimated that 10% of unpaid carers are over 65yrs.

3.3 The increasing emphasis in recent years on supporting people longer in their own homes means it is increasingly important to proactively reach out to carers and ensure they are supported through information, advice and access to a break when they need it. Local voluntary organisations, in particular VOCAL, provide invaluable advice and information to unpaid carers.

3.4 The crucial role played by local carers was reflected by a Council decision in August 2012 to appoint an elected member as a Carers Champion. This role is currently undertaken by Councillor Margot Russell.

3.5 At a national level there have been renewed efforts to strengthen the support to carers. The Carers (Scotland) Act 2016 is a key piece of new legislation that promises to 'promote, defend and extend the rights' (Scot Gov.) of adult and young (unpaid) carers across Scotland. The Act aims to "ensure better and more consistent support for carers and young carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring" (Scot Gov.). This legislation has implications for Adult Services and both Education and Children's Services. A report on the implications of the carers Act was considered by Council in June 2017

3.6 Following the publication of the national carers' strategy *Caring Together; Carers Strategy 2010-15* a programme of consultation was undertaken to develop a local Carers Strategy. This strategy has been reviewed and updated and is presented to both the Council and the Integration Joint Board for formal approval.

4. Policy Implication

4.1 Strategy

The national importance attached to supporting carers is reflected in a range of policy documents over the past 20 years including *Strategy for Carers in Scotland* (1999), *The future of unpaid care in Scotland* (2005) *Building a Health Service fit for the Future* (2005) and *Changing Lives* (2006), which contain a number of common themes including working with carers as partners in providing care; shifting the balance of care towards preventative support; and enabling and encouraging self-directed care. Local strategies for community care groups including children affected by disability all have as their central theme the importance of providing more effective supports to enable people to remain at home longer within their own communities. There is a shared recognition that this shift is dependent on supporting carers more effectively. This involves ensuring sufficient and appropriate services including advice, support and access to respite care is available.

5. Equalities Implications

5.1 An Integrated Impact Assessment has been undertaken and concluded that while there are a number of positive impacts there are no negative impacts associated with this report. The strategy itself makes explicit reference to addressing inequalities and seeking to identify hidden carers in areas of deprivation.

6. Resource Implications

6.1 Resource

Expenditure on support for carers is difficult to quantify. Support services are commissioned from voluntary organisations including VOCAL, Alzheimer Scotland and Children First. The Carers Information Strategy fund which is allocated directly to NHS Boards provides approximately £64,000 additional funding to Midlothian but the future of this fund is unclear. A range of respite services are provided including residential provision for older people and people with disabilities and more flexible breaks arranged through the Wee Breaks Service or directly by service users through Self Directed support

7 Risks

7.1 As a result of the increasing ageing population there is an increased demand on services and supports and a reliance on informal unpaid carers to support people at home for longer. Developing a strategy and action plan is essential to ensure the projected demographic increase of people requiring community care services are planned and delivered effectively and efficiently.

8 Involving People

8.1 Consultation

The attached strategy details the consultation undertaken throughout the preparation of the strategy including unpaid carers and a wide range of voluntary and statutory agencies that have a role to play in supporting unpaid carers.

9 Background Papers

Midlothian Carers Strategy and Action Plan 2017 – 19
Integrated Impact Assessment

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Midlothian Health and Social Care Partnership

Midlothian

Carers Strategy

2017-2019

June 2017

Contents:

1. Foreword – Jane Cuthbert

In 2012, I was proud to be part of the Strategic Planning Group that created the first Strategic Plan for Midlothian. The Plan focussed on improving the day-to-day lives of Carers living in Midlothian. Since 2012, there have been many changes to the way that Health and Social Care are managed, with the creation of the Joint Health and Social Care Board.

In 2016 The Carers Strategy Group began a programme of work aimed at creating a new Strategic Plan for carers in Midlothian. Again, the plan aims to address the wide spectrum of issues that carers may face.

In creating this strategy, we have listened to carers and paid particular attention to three areas of concern for carers.

1. **'It's my partner/parent/child/sibling/friend – it's my job to look after them!'**

Firstly, we have looked at **Carer Identification**. One of the biggest difficulties can be in recognising that a child, young person or adult is in a caring role. Most people who look after someone, view that this is just something they have to do. Very often carers do not have the time to stop and think about what their lives would be like if they did not have the responsibility of providing care.

The sooner someone themselves recognises, or is identified by someone as being in a caring role, the sooner help can be provided to support them in this role.

2. **'I used to be able to play sport/go to the cinema/meet friends/work in the garden/walk the dog'**

The strategy has also focussed on helping carers to have a **Life Outside of Caring**.

We recognise that having another person dependant on one carries a huge responsibility, often with few breaks, and often little recognition. A carer may be responsible for the physical and mental needs of the person they look after and the inevitable consequences of tiredness, however, they often have other concerns such as money worries, stress, ill health, managing school and peer groups, loneliness and isolation. Young carers need to have their unique rights as children and young people recognised and supported. Caring responsibilities for young carers can affect opportunities to mix with peers and on school attendance. That is why it is so important to enable carers to continue to have a life outside caring, including enjoying participating in hobbies or just have a little time for themselves.

3. **What will happen to the person I care for if I have to go to hospital/go on holiday/can't get away from work?**

One of the biggest worries a carer can have is over **planning for an emergency**. We are all human and there can be unavoidable emergencies when a carer simply cannot be there for the person they care for.

There is no 'one size fits all' fix for this but, with careful thought and planning in advance, it is possible to sort out a way of coping with the cared-for person's needs. In the situation of young carers, this might include the needs and care of the young carers themselves, especially if a parent/guardian has an emergency that makes them less able or takes them away from home.

Creating an emergency plan can be as simple as having a note of a neighbour or relative's phone number who would be willing to help out in the short term, to a whole book of telephone numbers of healthcare and social workers, lists of essential medications etc. Once a plan is in place, the carer and the person they care for can have peace of mind.

These three areas are not the only areas covered by the strategy that follows this introduction. I sincerely believe that this new strategy is fit for purpose and hope that it can reassure carers in Midlothian that they are valued and supported.

Jane Cuthbert

Carer and member of Midlothian Carers Strategic Planning Group

2. Introduction

Unpaid carers fulfil a significant and valuable role within our communities and economy; a role that statutory services cannot replicate in terms of actual care provision, or in terms of budgetary availability, approximately 120,000 hours of care per week is provided by unpaid carers in Midlothian[1]. This role is likely to become even more critical as Midlothian Health & Social Care Partnership and its two partners NHS Lothian and Midlothian Council face considerable challenges in terms of working within very restricted budgets, whilst attempting to make available high-quality care delivered by suitably skilled and experienced staff.

Within our communities there are an increasing number of people living with long-term health conditions, people are living longer, and mental wellbeing is a challenge for many people. This increased demand alongside reducing budgets means that the current model of service provision is unsustainable. The re-design of health & social care services involves a cultural shift to support more people to be directly involved in their care and decisions that affect their health and wellbeing. The Partnership continues to work towards providing the tools to enable individuals to be more involved in self-management of their long-term conditions' offer and receive Peer Support, tap into Assistive Technology as a resource to assist in the monitoring of conditions; whilst recognising how crucial it is to enable people to receive breaks from caring.

Encouraging a future planning approach to support the best outcomes for service users, patients and carers can be seen in developments such as the promotion of Anticipatory Care Planning, Emergency Planning for Carers, and the uptake of Power of Attorney. These tools have at their core the involvement of service users and carers in how they would like to live their lives. It is necessary that we recognise and respect what unpaid carers do, and we can do this by treating them as equal partners, recognising the impact that their caring role can have on them, whilst also seeking to identify the many hidden carers and offer support to them.

Strategy Development Process

The new Midlothian Carers Strategy aims to recognise and address issues faced by both young and adult carers. As such the Carers Strategic Planning Group met as a larger group, but also contained a subgroup focussing on young carers so that particular attention could be given to their needs. In Midlothian the Health & Social Care Partnership oversee services for Adults, whilst Education and Children & Families Social Work services are the direct responsibility of Midlothian Council. The Carers Strategic Planning Group itself has representative from Health

[1] Number of carers identified from Scottish Household Survey 2012; hours of care provided based on an estimate from 2011 Census data.

and Social Care; VOCAL; carer representatives; and representatives from organisations whose services include carer support. In preparation of the strategy and action plan, a series of themed specific meetings were held with invited specialist workers, aiming to understand particular challenges and identify actions that would be taken forward during the period of the new strategy.

Specialist workers included:

- a housing officer to discuss the housing application process, and carer awareness raising for staff
- workers from Midlothian Financial Inclusion Network and Midlothian Council Welfare Rights team to discuss changes to the national insurance and welfare benefits system
- representatives from the Department of Work and Pensions, and Midlothian Lifelong Learning and Employability Team to explore support to get into work and training
- a Health Promotion Specialist to discuss health inequalities and how to support groups of people who may find it difficult to prioritise their own health and the impact of their social situation on their wellbeing
- an Assistive Technology specialist who discussed options to use technology to support health and wellbeing and to provide support to the caring role

In addition other practitioners contributed to widening the understanding of the group.

Making Links

The Action Plan to support the strategy has identified areas of work to take forward with many of the specialists who contributed to the discussions. The next step for the Strategic Planning Group is to promote, highlight, and progress the issues and actions identified. Examples of this work may include promoting carer supportive employment practices within our own organisations and with large scale employers within Midlothian; working with the Housing Department to offer carer awareness training for staff; making connections with services and members of communities that are under-represented in the support services we offer; and finding out what we need to do differently to support people we would identify as providing an unpaid carer role.

How did we construct the plan?

The Carers Strategy and Action Plan have formed around a structure of positive Outcomes for carers. Outcomes are aspirations that we would want to achieve, in this situation aimed at supporting and improving the physical, mental, financial and economic wellbeing of carers. The action plan is formed around the outcomes of:

1. Being Identified and Valued Earlier
2. More Informed and Confident Carers
3. Improved Health and Wellbeing
4. Being More Involved in Support Planning
5. Improved Financial Wellbeing
6. Carer Awareness in Employment and Education

This Carers Strategy is for the period 2017 – 2019 but will be reviewed in light of the new carers legislation following April 2018.

3. Profile of Midlothian Carers

There are two main sources of survey data on unpaid carers in Scotland, the 2011 Census data and the Scottish Household Survey 2012 and the estimates for Midlothian differs in each. The 2011 census outlines that **9.90% of the Midlothian population are carers**, which is in line with the Scottish national average. In the 2015 Scottish Survey Core Questions, which collates identical questions in the Scottish Crime and Justice Survey, the Scottish Health Survey and the Scottish Household Survey, **14.4% of respondents** stated that they provided care. This would equate to approximately **12,000 adult carers in Midlothian**. The national statistics for young carers estimates there to be **29,000 young carers in Scotland** (specific numbers of young carers not specified per local authority within census data).

> *"Carers are equal partners in the planning and delivery of care and support. There is a strong case based on human rights, economic, efficiency and quality of care grounds for supporting carers. Without the valuable contribution of Scotland's carers, the health and social care system would not be sustained."*
>
> *Caring together: The Carers Strategy for Scotland 2010 - 2015*

- The 2012 Scottish Household Survey found that **70% of carers did not access any external support.** The most common support sought was help from family and friends (17%), carer's allowance (8%) and advice and information (7%).

> *I was near mental and physical exhaustion but going to counselling turned my life around and enabled me to cope.*

- The majority of carers providing help or care within the home provide care to a parent. This is closely followed by care to other relatives including spouses, children and siblings. For those undertaking a caring role in the household, the Scottish Household Survey (2012) suggests **46% of carers** have been providing care for **over 5 years.**

- In the 2011 Census, **43% of Midlothian unpaid carers** were undertaking **20+ hours of care per week**. Of these, 61% were undertaking 50+ hours of care. This is largely in line with the national figures, which showed that 44% of carers provided more than 20 hours of care, and of this 60% provided more than 50.

> *I feel guilty leaving my son with someone who doesn't understand his additional needs and I have difficulty finding someone who has experience/ training of looking after children with additional needs.*

- **11% of all carers** in Midlothian providing 20+ hours of care per week reported that they were in **bad or very bad health**, which matches the nationally reported statistic, and of this group 13% of carers providing 50+ hours of care per week reported being in bad or very bad health. Again this is in line with the national result of 14%.

- In Midlothian **60% of carers are female** and 40% are male. **10% of carers** are **over the age of 65**. All data sources indicate that as carers get older they take on more caring responsibility.

- Scottish Household Survey statistics updated in 2012 noted that **9% of unpaid care given by adults was to people not living with them**, which was a 5% drop from the previous collection.

Inequalities

…Carers in more deprived communities provide more hours of care per week…

Across Scotland, the level of the population providing care across data zones was fairly consistent, with 9.4% of people providing care in the most deprived area and 9.3% in the least deprived. However, when considering the intensity of care provided, the 2011 census showed that 47.4% of carers in the most deprived areas provided 35+ hours of care per week compared to 23.9% of carers in the least deprived areas. This is a particular issue in Midlothian where following economic downturn some parts of Midlothian have seen increasing levels of deprivation. Deprivation is most prevalent in the communities of Gorebridge, Mayfield & Easthouses and Woodburn. There are also smaller pockets of deprivation within many other of Midlothian's communities.

The 2011 Census showed that nationally 45% of all people providing care were not in employment, rising to 65% for those providing more than 35 hours of care. For Midlothian, these figures were comparable at 44% and 64% respectively. 25% of people providing care across Scotland are retired, rising to 34% for those providing more than 35 hours of care. Again, for Midlothian carers, this figure is comparable at 24% and 33% respectively.

"I had to get early retirement to look after my husband who was in a wheelchair and had many health problems. After I retired I had to use my own money to supplement my income, as with a works pension I did not qualify for Carers Allowance."

4. Changes in Legislation: Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 is a key piece of new legislation that promises to 'promote, defend and extend the rights' of young and adult carers across Scotland. The Act aims to "ensure better and more consistent support for carers and young carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring" (Scot Gov.).

The Carers Bill passed as law on 4th February 2016 and the Act will be implemented on 1st April 2018. The Scottish Government recognise that implementation will require a significant programme of preparation in the development of regulations and statutory guidance as well as the development of systems to provide monitoring and evaluation of the Act. A Scottish Government Implementation Steering Group involving key stakeholders has undertaken work to look at different areas of the Act and from this work strategic advice and guidance is being developed to support implementation. In addition, subject-specific expert sub-groups are feeding in. The new Act will require local authorities and health boards to prepare for implementation by addressing the new duties and responsibilities placed upon them, but also how supports/assessments are undertaken and delivered.

The Carers Act places new duties and responsibilities on Local Authorities and/or health boards. The duties outlined in the new Act build on previous carers legislation and national strategy documents (Caring Together: The Carers Strategy for Scotland 2010 – 2015 and *Getting It Right For Young Carers)*

1. Duty to prepare and review Adult Carer Support Plans and Young Carer Statements
2. Establishment of Local Eligibility Criteria for Services for Young and Adult Carers
3. Duty to Provide Support
4. Duty to involve carers in carer's services
5. Duty to prepare a carers strategy
6. Each local authority must establish and maintain an information service for carers, and produce a short breaks service statement.

In preparation of new duties and responsibilities, The Scottish Government invited a number of Local Authorities to participate in pilot work to test the provisions of the new Act. Midlothian was invited to participate and the area that has been chosen to focus on is Adult Carer Support Plans (ACSP), including the introduction of Emergency and Future Planning as part of these plans.

Implementation of the new legislation

Implementation will require planning and preparation by the Health & Social Care Partnership, Local Authority and Health Board. We will need to work in partnership with the Voluntary Sector, and involve the public. There will need to be consultation with stakeholders regarding some of the new duties and responsibilities before the Act comes into effect. We will form an Implementation Group to plan and undertake this work for both young and adult carers.

5. Outcomes for Carers

The Action Plan to support the Midlothian Carers Strategy is structured around the main outcome themes that have come up repeatedly in conversations with carers and at carer forums. These outcome themes link with the Scottish Government developed National Health and Wellbeing Outcomes. These are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

This is the link to the National Health and Wellbeing Outcomes:

> http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes

Though all of the National Health and Wellbeing Outcomes are relevant to carers living in Scotland, there is a specific Outcome relating to this group.

> *Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being*

"I took some time away and was able to meet friends and have a lunch with former work colleagues, allowing me to switch of and not worry about mum"

6. Priorities over next 2 years

The next 2 years will see a significant change in legislation as the new Carers (Scotland) Act 2016 is implemented in April 2018, and as policy and practice within Health & Social Care Partnerships, Local Authorities and Health Boards adapts to reflect this. This is an opportunity to work in closer partnership with Voluntary Sector organisations to share learning and resources with the shared objective of providing the best possible support to carers in our communities. Work with Young Carers is subject to influence from ongoing developments related to other legislation and strategies including the Children & Young People (Scotland) Act 2014.

The strategy contains the following key priorities, which we aim to make an impact on over the next 2 years:

- **Increased Carer Identification and Support**
- **Improved Access to Breaks from Caring**
- **Reducing Health Inequalities and Financial Hardship**
- **More systematic approach to Emergency Planning**

7. Contact

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1. Being Identified and Valued Earlier

a. Early identification of carers

Progress in 2016 -17

Identification as a carer can come through a variety of routes and experiences. Progress during the period of the previous Carers Strategy was that more carers are now identified through GPs and hospital, whilst self-identification also remains a significant factor as in the VOCAL Carer survey 2015 - over half of carers (51%) said that they realised themselves that they were a carer.

There is a wide range of information and support available, which is increasingly self-directed and person-centred, but there is also recognition that this information and support is not reaching all carers at an early stage which otherwise may help in the prevention of unnecessary crises or lessen the physical, emotional and financial impact of caring.

Education is referred to as a "Universal Service" (all children have access to educational opportunities), and as such can provide opportunities to contact young carers who may not self-identify or come to the attention of statutory services. The voluntary organisation Children 1st was involved in supporting Education staff to implement a strategy to assist in the identification of young carers through the annual information collection form issued to gather information about pupils (SEEMiS). The inclusion of a question about being a young carer enabled parents/guardians to identify if the young person they were completing the form for was a young carer. This information is helpful in highlighting to school any circumstances that pupils may need support with and how these may impact on how they manage at school.

The Wellbeing Service, which is part of the *House of Care* initiative operated through the voluntary organisation Thistle, has seen the establishment of Wellbeing Workers in eight GP practices across Midlothian. These workers are there to support patients with non-medical issues relating to their health and wellbeing; of which carers are a relevant group.

Plans for 2017 – 19

- Aim to increase number of carers identified at point of diagnosis of condition of cared for in primary care

- Address some of the specific challenges faced by 'hard to reach' carers (ref: Carers UK, 'Missing Out: the Identification Challenge, 2016)

- Create and strengthen internal systems that support identification of carers through professional practice, in primary, social and acute care, employment and in local communities.

- Continued awareness raising of young carers issues and systems to support identification

- Development and expansion of connections between the Wellbeing Service and Carer Support Services in Midlothian. Continue to support carers to acknowledge caring role undertaken and encourage early access to support and advice.

Outcomes (Measures)

- Demographic breakdowns – ethnicity, condition of cared for, age of cared for, location - with number of years caring at point of referral (VOCAL)
- Examples of initiatives to address challenges faced by 'hard to reach' carers and measurement of success
- Examples of systems used by local agencies, teams and organisations to routinely identify and support carers.
- Number of young carers referred and by whom
- Recording of numbers of referrals received from Wellbeing Service

b. Early identification and awareness of carers receiving services provided by Statutory and Voluntary Services

Progress in 2016 -17

Identification of carers has been an ongoing challenge and commitment undertaken by Statutory and Voluntary Services in Midlothian. To promote early identification and awareness of carers as both customers and employees, there was been work delivered through NHS Think Carer Awareness training (Allie Cherry, VOCAL). Training and information sessions have been delivered at local hospitals and GP surgeries, and bi-monthly Professional Information events at Midlothian Carers Centre. A well-established link within acute services is the Hospital In-reach support work that is undertaken by VOCAL. A more recent development has been the production of a Professional e-bulletin by VOCAL, which includes links to support and advice for staff working with Unpaid Carers. Services have noted pockets of systematic and consistent referrals from practitioners within health, social care, education and the voluntary sector. Alzheimer Scotland Dalkeith has observed that some of the identification work they have undertaken had come because of contact with the service for the Dementia Friends initiative. Contact with the service relating to becoming a Dementia Friend, enabled some people to recognise that they were a carer themselves, and could receive support if they chose to.

Plans for 2017 – 19

- Continued promotion of Think Carer training locally
- Sustain work with GP surgeries and primary care on early identification
- Embedding legislative requirements (s28 of Carers Act) re hospital discharge in work within acute/hospital settings and NHS and social care staff to identify and involve carers
- Dissemination of tools (e.g. VOCAL professionals e-bulletin, Wee Breaks website, Alzheimer Scotland newsletters; Midlothian Carers News; NHS e-learning) which promote carer awareness amongst professionals
- Continued awareness raising amongst Statutory, Voluntary and Universal Services to enable carers of all ages to be identified and access support. Young carers benefit from a wider range of friendships and relationships, and access a variety of educational and social activities. We must consider how these groups and organisations can help identify young carers and support them to meet Wellbeing indicators and achieve positive outcomes.

- Establish if Young Carer Champion role is still ongoing within schools

Outcomes (Measures)

- Number of Think Carer training sessions delivered in Midlothian (NHS/VOCAL)
- Number of carers referred for support via GP surgery/ acute/hospital settings/education/SW/Third sector/Fire Brigade
- Records and information systems (Mosaic, VOCAL, Children 1st and Alzheimer Scotland)

c. Self identification

Progress in 2016 -17

Encouraging self-identification of carer has been and is ongoing work due to the continual number of people undertaking new caring roles, but also for others the gradual change in their circumstances which changes their own perceptions of the support they provide and how this impacts on their life. Information assisting in enabling self-identification is communicated via publicity in various forms including distribution of posters and leaflets to GP surgeries; information in the local press, articles in the Midlothian Advertiser and Health & Social Care Newsletter; emerging channels such as Social Media – Midlothian Carers Centre Facebook page and Carers@Work group, and Carers Connect group –carers trained to create podcasts, local radio link. Talks and presentations to local community groups are additionally helpful in aiding discussion and recognition.

The inclusion of the question regarding being a young carer through the Education information collection system SEEMiS helps to aid identification and access to support. The introduction of a Young Carers ID card is a tool that has been used by young carers and can be shown to professionals and offers quick explanation of their caring situation.

Health &Social Care staff continue to offer adults Carers Conversations (which will become Adult Carers Support Plans), whilst young carers will have access to support to complete Young Carers Statements, both with the aim of allowing an opportunity to explore the caring role, impact on self and personal outcomes.

Plans for 2017 – 19

- Use of social media to reach a wider network of potential carers and extended family members
- Increased carer awareness through range of local media on – e.g. regular slots on local radio
- Increased multiagency approaches to carers awareness promotion
- Raising awareness to partner agencies and to evaluate the benefit of having a Young Carers identification card
- Investigate possibility of using SEEMiS information to refer to services

Outcomes (Measures)

- Examples of carer awareness campaigns and types of media used
- Children 1st will keep record of how many young carers receiving the ID card and how used.
- Monitor numbers of Carers Conversations (ACSP) and Young Carers Statements (YCS) completed.
- Number of Young Carers referred and by what route.

2. More Informed and Confident Carers

a. Future planning (Emergency, POA, Guardianship)

Progress in 2016 -17

Planning and putting in place arrangements for the future has been consistently raised as a priority by carers in Midlothian. To support this there has been training opportunities, surgeries and promotional campaigns organised by local services covering a range of situations, as future planning is different for each person. Future planning may focus on the care and support needs of the cared for person, either as their condition changes or as they get older and may approach different life transitions. Future planning may also address the needs of the carer and supports they require or decisions that need to be made as the caring role impacts on themselves and their ability to continue in their caring role. There are monthly Power of Attorney surgeries at Midlothian Carer Centre, as well as legal surgeries on Guardianship and long-term planning. There are also training sessions covering planning for an emergency, fire safety and the use of Telecare (Assistive technology in the home) to assist in equipping carers with information and skills to deal with unexpected situations.

There has been a Power of Attorney promotional campaign funded through Midlothian Council Small Grants Scheme and undertaken by MVA/MFIN aiming to increase the uptake of POA to Midlothian residents. The campaign sought to increase the knowledge of POA in residents, but also promote the uptake of Legal Aid to facilitate putting a POA in place (reducing barriers to uptake).

Midlothian Health & Social Care Partnership in conjunction with local Voluntary Sector partners, were invited to participate in Scottish Government pilot work re the implementation of the new Carers legislation. The local pilot work set to test the development of Adult Carer Support Plans, including emergency and future planning.

Plans for 2017 – 19

- Encourage and provide support to carers to make emergency and future plans; aiming to improve decision-making and the response/action initiated, and the impact these have on the carer and cared for in a crisis. Increase number of emergency plans produced and POA/Guardianships applied for.

- Development/use of tools to support carers in reflection and planning for use in one to one or group settings. Outcomes focused approach of ACSP and YCS will assist with this.

- Up skilling workforce in supporting carers to have difficult conversations with wider support network, and initiating carers to start making plans for the future

- Ongoing promotion of POA through range of initiatives using multiagency approaches

- Development of system for local agencies to be aware of existence of an emergency plan

- Identification mechanism (card) for carer and cared (including aim to include mechanism to highlight existence of emergency plan)

Outcomes (Measures)

- Number of carers with; Emergency Plans; POA; Guardianship; Adult Carer Support Plan or Young Carers Statements

b. Advocacy

Progress in 2016 -17

Having their voice heard is of significant importance to carers in developing confidence in their role and ability to manage. Carers can access self-advocacy training courses at Midlothian Carer Centre to develop skills to assist in their caring role, but in also confidence in expressing their own needs.

Plans for 2017 – 19

- Establish what advocacy services are available to young and adult carers
- Explore opportunities to further develop self and peer advocacy for carers.

Outcomes (Measures)

- Carers express confidence in being able to articulate their needs and confidence in dealing with providers. Explore possibility of measured outcomes via survey at end of training or period of involvement?)

c. Training/Learning Skills

Progress in 2016 -17

Having the skills, knowledge and support to undertake a task or role is helpful in developing confidence and resilience. Carer services in Midlothian provide training opportunities in response to feedback from carers around what might be helpful to them both in their role as a carer in supporting the cared for person, but also for themselves in managing the decisions and impact that role has on them. Training opportunities are available locally and in Edinburgh, and are publicised via posters, newsletters, email and contact with Carer Support Workers. Support from a Voluntary sector organisation offers Young carers and their families the opportunity to gain support and undertake work together, but in addition offers support to young carers solely to participating in group work, receiving tailored input to support particular identified needs.

Plans for 2017 – 19

- Diversify range, format and timing of training, based on carer feedback and in response to local need
- Increase learning opportunities in areas of palliative care; condition specific courses; economic well-being; emotional issues; personal development activities
- Increase accessibility to courses at weekends and evenings and increase range of formats, e.g. online, via social media
- Increasing confidence and ability to cope in caring role.

Outcomes (Measures)

- Number of carers attending formal training sessions

3. Improved Health and Wellbeing

a. Short Breaks/Respite/Respitality for Carers

Progress in 2016 -17

The importance of Short Breaks from caring was recognised in the National Strategy for Carers and Young Carers 2010 – 2015 and is included in the new Carers (Scotland) Act 2016. In Midlothian, VOCAL operates the Short Breaks Bureau for Midlothian Council and Wee Breaks Scheme facilitating access for carers to personalised short breaks. Alzheimer Scotland also provide opportunities for carers to access funding to arrange short breaks or buy equipment to enable a break. Following promotion and pilot support from the Scottish Government, Respitality has been an area of development over the past few years, and there has been an increase in the number of local carers engaging in these opportunities. VOCAL have secured increased availability of funding for short break opportunities through existing and new funding streams.

Plans for 2017 – 19

- Widen promotion of Wee Breaks Scheme within the local community
- Further develop Respitality concept to support carers and families to access mainstream provision
- Increase number of carers accessing support to plan, manage and fund breaks from caring
- Increase access and opportunities for young carers to have a break from caring

Outcomes (Measures)

- Number of community groups engaged with by Wee breaks staff
- Number of applications to Short breaks Fund
- Number of carers supported through Wee Breaks
- Number of Respitality breaks being offered and used
- Number of grants for Short Breaks given
- Monitor reports of increased access to break opportunities within the community
- Number of Short Breaks being accessed by young carers

b. Supporting a life outside caring

Progress in 2016 -17

Midlothian carers identified in the VOCAL 2015 survey identified factors contributing to barriers to a life outside caring as including issues such as restrictions on time; flexibility and availability of respite; finances; and, inability to relax. Contact with support services can assist carers to look at their own needs and the personal outcomes they want to achieve, and 77% carers reported improved social well-being following support in 2016-17 (VOCAL). Children 1st provide a service to Midlothian Young Carers aged 7 – 18 yrs and seek to provide support and opportunities to Young Carers, including opportunities to support some of the SHANARRI Wellbeing Indicators.

Plans for 2017 – 19

- Increase range of interventions to support carers health outcomes; including counselling, courses, groups, emotional support, and fundraising for breaks.
- Increased emphasis on supporting carers to think about their own health and the implications of an improvement or deterioration
- Increased awareness of Wee Breaks and opportunities to access breaks from caring
- Promotion of support for Young Carers and listening to what supports they need

Outcomes (Measures)

- Number of young carers referred to support services
- Number of Adult Carer Support Plans and Young Carers Statements (content relating to Health and Wellbeing)
- Number of Emergency Plans and Power of Attorneys completed
- Number of carers attending courses and training opportunities

c. Support to maintain and improve health and recognising impact/issues relating to Health Inequalities in our communities

Progress in 2016 -17

The duration and intensity of caring is seen at its highest levels within some of our most disadvantaged areas in Midlothian. Issues associated with poverty become compounded by the impact of the caring role. The adaptation and response of local services and strategies recognising and targeting some of the issues associated with health inequalities are addressed within courses, training and support from local carer support services including VOCAL and Alzheimer Scotland. The pilot and subsequent roll out of the Wellbeing Service within local health centres recognises the complexity of social and economic situations (in addition to caring) and the impact that these can have on the lives of families and individuals within our communities.

Plans for 2017 – 19

- Initiatives to identify carers living in areas of multiple deprivation

- Support initiatives developed specifically for carers living in areas of multiple deprivation

- Increased identification and support of carers where:
  1. Their caring role may not be immediately apparent to them (e.g. subjective perception of normality of what they are doing, or lack of awareness/recognition within culture of caring role)
  2. There may be challenges/barriers to accessing support (e.g. Perception that particular services do not, or will not meet their needs; lack of identification with service as a source of support

- Increase referrals to support services from health and social care workers.

Outcomes (Measures)

- Data formatted to represent visual map

- Increase referrals received

- Number of carers by postcode

d. Building resilience and confidence

Progress in 2016 -17

Building resilience and confidence are assets to draw on by carers in undertaking their caring role. Local carer support organisations offer training courses to develop these strengths aiming to provide tools and opportunities to explore the impact of stress and anxiety; looking at coping strategies such as mindfulness; and exploring thoughts and feelings including those associated with changing relationships (VOCAL).

Within the services offered by carers organisations carers are offered asset and strength-based conversations with support staff (80% carers reported improved confidence in caring 2016/17 - VOCAL); access to a carer counselling service; and practical support, including access to breaks from caring and funding via Wee Breaks.

Work undertaken with young carers is embedded in building resilience and confidence, and the family, individual and group work undertaken has been focussed on these strengths as outcomes for the young people involved.

Links have started to be developed with Midlothian Council's Lifelong Learning and Employability Service, seeking to identify links with carer services and opportunities for carers to participate in programmes either generally open to the public, or bespoke for carers.

Plans for 2017 – 19

- Further strengthen carer resilience by expanding emotional health and wellbeing support for carers

- Encourage asset and strengths-based approaches during early carer conversations with information and resilience building to strengthen carer confidence and reduce likelihood of a breakdown in circumstances

- Expand opportunities and accessibility to Lifelong Learning and Employability programmes

Outcomes (Measures)

- Number of training courses being offered

- Number of ACSP and YCS being completed

- Number of attendees at Community Health Improvement Team appointments

e. Suitable Housing for Long Term Need

Progress in 2016 -17

Health and wellbeing is contributed to and impacted on by many factors, both physically and mentally. Suitable housing and adaptations have been a recurrent topic raised by carers. A suitable physical environment can have a significant impact on independence and the level of support someone might need within that environment. To gain insight into some of the practical challenges associated with caring and aim to promote independence and ability, there has been carer involvement in building redesign and development for one of the local authority care homes. There has also been the introduction of a section on the local housing to include information about carers; information which is helpful in understanding need and finding housing to meet those needs.

Plans for 2017 – 19

- Workforce development and training.

- Working more closely with housing to involve carers, and work in partnership to provide training to housing staff regarding carers

Outcomes (Measures)

- Number of housing staff participating in training

f. Isolation

Progress in 2016 -17

Local carer services are aware of the potential impact caring can have in causing isolation for both adult and young carers. Reduced opportunities to engage in social activities, sometimes leaving employment, and reduced financial capacity can all impact on carers not engaging in regular social contacts and lead to becoming isolated. Young carers have received support to access community resources and activities with other young carers, and engaged in support that seeks to maintain normal social activities for that age group. Adult carers have access to the Wee Breaks website and support workers; peer support groups; monthly drop ins; Midlothian carers newsletter twice a year; Monthly SMART recovery group; Partnership work (e.g. Braw Blether); Carers@Work FB group; and training courses. There are various mainstream and carer specific projects ongoing in Midlothian that has reducing isolation as one of their main aims.

Plans for 2017 – 19

- Carers are supported to fully participate and access mainstream services to achieve personal outcomes/goals
- Collate and disseminate peer support options, including group and one to one options.
- Increased use of social media to link carers with time or location constraints
- Encourage employers to participate in the Carer Positive initiative with the aim of enabling more carers to remain (or take up) paid employment

Outcomes (Measures)

- Number of employers engaged in dialogue re the Carer Positive initiative.
- Demonstrate range of social media options available.
- Information leaflet on availability and range of peer support opportunities for carers in Midlothian

4. Being More Involved in Support Planning

a. Carer and wider family involvement in assessments and support planning for Cared For Person

Progress in 2016 -17

Self Directed Support (SDS) has moved on from a change in national legislation, to the norm of how assessments and support are routinely carried out in Midlothian. Information and advice regarding SDS for carers has been developed through partnership between the Carer Centre and Midlothian Council. This partnership led to the development of information pathways and booklets explaining the options and supports available to find personalised solutions using SDS. Workshops between local services and the Lothian Centre for Integrated Living have seen to push boundaries and limits of what arrangements and forms of support are possible. Scottish Government funding supports local specialist SDS Carer Support Worker availability for carers until March 2018.

Young carer services have changed their model of support to include family work; seeking to work within the family to make changes and raise awareness of the impact of caring on the young person.

Plans for 2017 – 19

- Workforce development and training in relation to carer involvement
- Awareness raising of SDS and support planning options with carers
- Carer involvement and representation in development of future commissioning plans (e.g. Home care, review of services)
- Identifying wider family support during assessment and support planning through Family Group Conferencing.

Outcomes (Measures)

- Train Health and Social Care staff in Carer Awareness
- Provide staff access to Emergency Planning training
- Evaluation of Scottish Government pilot work focussing on ACSP and YCS
- Evaluate new ACSP and YCS in respect of quality and effectiveness.

b. Carer Support Plans/Statements and Reviews

Progress in 2016 – 17

Early identification offers carers the opportunity to access advice services and support at an early point in their caring journey, aiming to adopt a preventative approach and reduce the impact of the caring role on their finances, health and wellbeing, and reducing burn-out and crisis situations. Both statutory and voluntary services work with carers to identify needs, and offer the opportunity to identify personal outcomes that are important and personal to individual carers. Support plans develop out of conversations intended to provoke thought and discussion about what is important to people, their strengths, and limits to their capacity. The implementation of the Carers (Scotland) Act 2016 will introduce a duty on the local authority to provide and produce Adult Carer Support Plans and Young Carers Statements, replacing “Carers Conversations”. Midlothian Council are one of the

Scottish Government pilot areas in relation to Adult Carer Support Plans; work that will be done in partnership with local Voluntary Sector Carer organisations.
Plans for 2017 – 19 - Participation in Scottish Government pilot work for Adult Carer Support Plans and Emergency and Future Planning for implementation of Carers (Scotland) Act 2016 - Development of Adult Care Support Plan and Young Carers Statement tools and guidance and associated staff training
Outcomes (Measures) - Outcomes from Scottish Government pilot work

c. Carer involvement in Hospital Discharge and with Primary Care

Progress in 2016 -17 The care and treatment that is given following the discharge from hospital of someone who has been, or continues to be unwell is of huge significance. Who, when and how this treatment is provided can be complex and the meaningful involvement and partnership working with carers is vital in hoping to achieve a positive outcome. Carers have a wealth of information and experience in providing support to the cared for, and this information can be lost or missed if not involved in decisions or support planning. Within Midlothian, there is a Hospital In-reach Carer Support Worker working with staff and carers to ensure this link is made and maintained. The significance of carers being involved in hospital discharged is highlighted by its inclusion in the Carers (Scotland) Act (2016).
Plans for 2017 – 19 - Ensure that services are coordinated to have regard to Carers Legislation – guidance and requirements - Reflect on learning from Scottish Government Hospital Discharge pilot and support training to NHS and Social Care staff regarding carer involvement. Explore processes and perceived barriers around information sharing and confidentiality - Promote uptake of Power of Attorney so carer involvement and decision can be made to ensure quick delivery of support and best outcomes achieved - Promote carer involvement in hospital discharge as per carers legislation - NHS Lothian anticipating recruitment of worker to support S28 work - Ensuring carer involvement is included in local primary care policy
Outcomes (Measures) - Number of sessions delivered around carer awareness - Report on carer involvement from NHS systems

5. Improved Financial Wellbeing

a. Establishing and sustaining positive links with the DWP

Progress in 2016 -17

Carers are at risk of financial poverty. Some carers can find that they require to rely on welfare benefits for financial income. This can be for a variety of reasons including: having to give up work or reduce hours; not being entitled to full state pension due to reduced National Insurance contributions due to caring restricting ability to work; inability to take up work or training after school due to caring; and, one or both parents unable to work due to ill health and impact of low income on household including a young carer. Local carer services have established links with the Department of Work and Pensions (DWP); Midlothian Council Welfare Rights Team; and access support from advice organisations to provide surgeries to maximise income both within and out of employment. These links have helped raised awareness amongst DWP staff to carer issues and of the support schemes and initiatives to support people back into and within work (relevant to carers). Support for carers to maintain employment can also come from within the organisations they work for. The Carer Positive initiative is operated by Carers Scotland on behalf of the Scottish Government and has the aim of 'making life better for carers' who are in employment. Support services for young carers recognise the impact of reduced income on households with children, and have a positive working relationship with Midlothian Council Welfare Rights Team.

Plans for 2017 – 19

- Support to systematically identify carers via local Job Centres and increase referrals for support within the DWP and to carers support services via this route
- Maintaining links with DWP and services seeking to maximise the income of carers
- Developing options which support carers to gain entry or return to employment

Outcomes (Measures)

- End of year report to Midlothian Carers Strategic Planning Group to capture progress in areas covered in plans

b. Tackling poverty through access to specialist income maximisation support

Progress in 2016 -17

The financial and economic wellbeing of carers can be significantly impaired by undertaking a caring role. Carers can find that their income is reduce through changes in the amount they are able to work, but also that their outgoings are increased through issues such as: being at home more to support someone who is ill and cannot go out, and additional costs of travelling to GP/hospital appointments, or extra journeys to pick up prescriptions etc. Carer support services within Midlothian have sought out new funding and opportunities to provide specialist support to maximise income but also run surgeries and workshops to support carers to get the best value and economic benefit from the money they have coming in. The Carer Centre successfully hosted a pilot project focussed on Advocacy Support for Personal Independence Payments and Universal Credit, which highlighted the need and subsequent establishment of a Money Matters Carers Support Worker post. Carer Information strategy funding from the Scottish Government supports weekly Citizens Advice Bureau surgeries at Midlothian Carer Centre, enabling carers to access professional advice and guidance in a familiar and carer-focussed environment. A Carer Support Worker represents carer interests at Midlothian Financial Inclusion Network; this representation enables information gathering about local and national developments in the areas of

financial inclusions and poverty, and an opportunity to feed in a carer perspective to any local initiatives. Services in Midlothian supporting young carers within families signpost on to income maximisation and financial advice services. This organisation also campaigns on behalf of families and feeds back information to DWP, Scottish Government etc regarding the welfare of children and the impact of poverty.

Plans for 2017 – 19

- Carers issues will continue to be represented through MFIN; enabling a multiagency approach to the sharing and dissemination of information relevant to carers (e.g. pensions)
- Increase access and delivery of support in targeted areas (areas of multiple deprivation)
- Strengthening fundraising for breaks from caring and other items related to caring.
- Increase access to benefits and financial support related to employment

Outcomes (Measures)

- Number of carers from areas of multiple deprivation supported (link to outcomes for individuals)
- Feedback from CAB and Money Matters work
- Number of carers supported with benefits/financial advice who are working (VOCAL)

6. Carer Awareness in Employment and Education

a. Promoting carer friendly workplaces

Progress in 2016 -17

The personal and financial costs to an individual and organisation when a carer decides they need to leave work can be considerable. An article in HR Review in 2014 suggested that from the perspective of an employer "The costs of replacing staff that leave an organisation are estimated to be approximately £30,000*. Given that carers are likely to represent an experienced staff group, it makes economic sense to retain carers in the workforce. In addition, there would be losses to the wider economy because of lost tax revenue and potentially increased costs. (*There are two main factors that make up this cost: The cost of lost output while a replacement employee gets up to speed; the logistical cost of recruiting and absorbing a new worker".) NHS Lothian has worked to progress the organisation as 'Carer Positive' and have recently been awarded Carer Established (the middle of 3 award levels). This has been achieved through ongoing initiatives, e.g. staff road shows; NHS Lothian e-learning for staff who are carers; and work with managers re the benefits of employing carers and offering flexible work opportunities where possible.

Other organisations support different schemes to support carers and the DWP offer a carer passport scheme (Dalkeith Job Centre).

Plans for 2017 – 19

- As resources and capacity allows, promotion of carer awareness training and advice for employers to identify and support employees who are carers (e.g. links with other Midlothian employers, opportunities to share learning)

- Encourage and promote the Carer Positive Scheme throughout employers in Midlothian

Outcomes (Measures)

- The number of awareness raising sessions with large employers within Midlothian

- The number of large employers in Midlothian gaining Carer Positive recognition

- The number of Midlothian employees supported re Carer Positive

b. Advice and support for employees who are unpaid carers

Progress in 2016 -17

There are many recognised benefits to being in employment where possible, thought this can be a struggle for some carers. Some carers may require assistance with calculations (Better Off Assessments) to gain further information to enable them to make informed decisions about reducing hours or leaving employment for a period. One opportunity for support for working carers is via the Carers @ Work Facebook group set up for carers across Lothians (VOCAL/Marie Curie). The Midlothian Carer Centre has seen an increase in the number of carers who are working seeking support from the carers service.

Plans for 2017 – 19

- More opportunities to access carer support at weekends and evenings (to offer flexibility in accessing support out with "office hours")

- Opportunities to access support in the workplace (e.g. carer surgeries/training delivered in conjunction with the employer)

Outcomes (Measures)

- Number of opportunities available at weekends and evenings (VOCAL)

- Number of carer support activities delivered in Midlothian Council

c. Promoting support for carers seeking to gain entry/return to employment and/or education

Progress in 2016 -17

Caring responsibilities and personal circumstances shape and inform the decisions carers make about employment and education. Young carers may need to consider their options about whether they can manage study and caring, or if they need to bring additional income in to the home. Older carers may find that they have to return to work after a long absence and a change in their caring circumstance. Local connections have resulted in the sharing of training between the local DWP and carers support service, increasing awareness of the barriers that carers face in re-entering work. The DWP have progressed an initiative to raise awareness amongst their staff through up-skilling staff events, talks etc. These initiatives aim to improve the experience of customers seeking employment and more successfully enter sustainable employment.

Newly established links with Midlothian Council's Lifelong Learning and Employability Service (LLE) suggest the potential for positive partnership working with the DWP and carer support services. Some people may experience barriers or difficulties in participating in educational or employment related activities or training, however the LLE service are actively pursuing more partnership work, and are seeking to further expand their accessibility to mainstream opportunities which can be enjoyed by any member of the public. LLE are also interested in developing opportunities specifically to address identified carer needs and issues where necessary.

Plans for 2017 – 19

- Develop a range of options in partnership with DWP, LLE, VOCAL and other providers to support carers into work/education

- Improved and routine identification and referral of carers through local job centres / education providers

- Developing options that support carers to gain entry or return to education, e.g. LLE/DWP.

Outcomes (Measures)

- Number of partnerships/initiatives

- Number of carers referred from Job Centre, local colleges, higher education providers (VOCAL)

Thursday 7th December 2017 at 2.00pm

Wellbeing Service

Item number:	**5.6**

Executive summary

This report explains the purpose and organisation of the Wellbeing Service which has been provided in a number of local Health Centres. It goes on to provide a summary of the evaluation of the service. Finally, the report outlines the options for the future both in terms of service design and in funding the service.

Board members are asked to:

1. Note the impact of this new service
2. Approve the steps outlined to maintain the service in the short term until a longer term funding model can be developed

Wellbeing Service

1. Purpose

1.1 The purpose of this report is to provide information to the Board about a new service which was introduced to support people with long term health conditions and help to address health inequalities.

2. Recommendations

The Board is asked to

2.1 Note the delivery and impact of the new Wellbeing Service

2.2 Approve the steps outlined to maintain the service in the short term

2.3 Agree that a longer term funding model be developed

3. Background and main report

3.1 Supporting people who have long term health conditions is one of the biggest challenges facing health services world-wide. They are twice as likely to be admitted to hospital accounting for 60% of hospital admissions whilst 80% of all GP visits relate to people with long term health conditions. People living in areas of multiple deprivation are at particular risk and are likely to develop two or more such conditions 10-15 years earlier than people living in more affluent areas.

3.2 In announcing the move to formal integration of Health and Care the Scottish Government signalled the need to address inequalities and provide more effective support to younger people with long term health conditions.

3.3 The importance of moving towards prevention and supporting recovery and independence was a central theme of the Christie Report on public services. This emphasis has been evident in areas such as mental health, substance misuse, the development of the 'reablement' approach and, more recently, the Active and Independent Living Programme launched in June 2017.

3.4 The Thistle Foundation has a long established record of developing innovative approaches to supporting people with long term health conditions and disabilities. They have worked closely with Scottish Government and NHS Lothian in designing services which mirror the *House of Care* framework. This framework emphasises the value of building upon people's own assets, supporting self-management and making maximum use of the potential value of peer support.

3.5 In early 2015 Thistle Foundation and NHS Lothian expressed an interest in working with Midlothian Partnership to pilot new ways of working with people with long term health conditions and/or challenging life circumstances. The principle of the service is to enable people to gain sufficient confidence to manage their health and their lives more effectively. The approach is to give people time and space to think about "what matters to them" and to have a good person-centred conversation.

3.6 Funding was made available by Thistle Foundation, through the Integrated Care Fund and in kind by NHS Lothian. On the basis that the people most at risk were most likely to be known to GPs it was agreed to pilot the service in Newbattle and Penicuik Health Centres.

3.7 The feedback in the initial months was very positive both from service users and from referring GPs. During 2016 the Government announced a two year Primary Care Transformation Fund and it was agreed locally that the bulk of this fund should be used to roll the Wellbeing Service out to other GP Practices. In January 2017, following recruitment and redeployment of existing NHS Lothian Occupational Therapy staff, the service was extended to a further 6 Practices.

3.8 Healthcare Improvement Scotland, a national organisation whose objective is to drive improvements to achieve the highest quality of care across Scotland, expressed an interest in supporting our work locally. They offered significant levels of resource to assist in the evaluation of the service with an interest in possible lessons for the rest of the country.

3.9 The service has operated in two GP practices since September 2015 but only since January 2017 in the other 6 practices. It is very early to try to reach valid conclusions about the long term impact of this style of service. However the need to make funding decisions for 2018 has meant that some initial evaluation was required. A full report is being compiled by J Sherval NHS Lothian Public Health Consultant and will be available in January 2018. A summary of the service and the key findings from the evaluation is attached at Appendix 1

3.10 The impact on some 800 plus service users is clear and statistically significant from validated measurement tools and supported by anecdotal feedback from users and referrers. Given the nature of the challenges facing the people using the service it is inevitable some will experience further crises and need additional support. The service has not been in operation long enough to confidently predict that these crises will occur less often and will be more successfully managed.

3.11 The impact on services is much less clear cut although the evaluation continues to be considered by both Health Economists and the national Local Intelligence Support Team. There is evidence of reduced use of GPs in Newbattle Practice, where a high number of referrals have consistently been made but this trend is not evident in Penicuik. Anecdotally there is some evidence that service users are able to use their appointments with their GP more appropriately focussing on medical issues rather than broader life concerns. This is important in so far as GPs are only able to offer 10 minute appointments and are therefore not in a position to explore in more depth, issues affecting the patient's quality of life and their ability to cope with often challenging life circumstances.

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4. Policy Implications

4.1 The principles behind this service reflect clearly the approach advocated by the Christie Report on Public Services and the need to reduce reliance upon public services.

4.2 A key objective of the policy on integration was to find ways of more effectively addressing health inequalities. This service is designed to help achieve this reaching out to people with complex health and life circumstances.

5. Equalities Implications

5.1 A key objective of the service is to address health inequalities. The attached appendix includes an analysis of the success of the service in reaching a higher proportion of people living in areas of deprivation.

6. Resource Implications

6.1 The service when operating at full complement costs £348,000 per annum. This includes funding from the Integrated Care Fund which is available on a continuing basis but for which there are a range of competing demands. The Primary Care Transformation Fund was a two year programme only so alternative sources of funding would be needed particularly if the service was to be extended to the remaining 4 Practices which currently do not have access to a Wellbeing Service. Potential sources of funding include the Government's commitment to GP Link Workers and NHS Lothian Primary Care funds

6.2 The service would need to be subject to a formal procurement exercise as there may be alternative suppliers at lower cost. In the short term it is proposed to use the existing ICF funds to extend the service for a few months whilst funding options are explored and thereafter a procurement exercise undertaken. This would help reduce the risk of losing very good quality staff as otherwise they will be issued with redundancy notices or go into redeployment.

7 Risks

7.1 The risk of not continuing with the service is that the Partnership loses capacity to both reduce health inequalities and help reduce inappropriate demands upon local GPs.

8 Involving People

8.1 There has been ongoing discussions with the Wellbeing Staff Team and with GPs and Practice Nurses who have made the majority of the referrals to the service. Generally there is considerable support for both the Wellbeing Service itself and the approach taken with growing interest across disciplines in developing skills in having "good conversations".

9 Background Papers

None

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Midlothian Wellbeing Service: beyond medicine

The population in **Midlothian** is increasing and people are living longer, healthier lives.

As society changes so do the health and care needs of our communities.
Midlothian Health & Social Care Partnership agreed that people should be supported to

- look after and improve their health
- live independently as long as possible

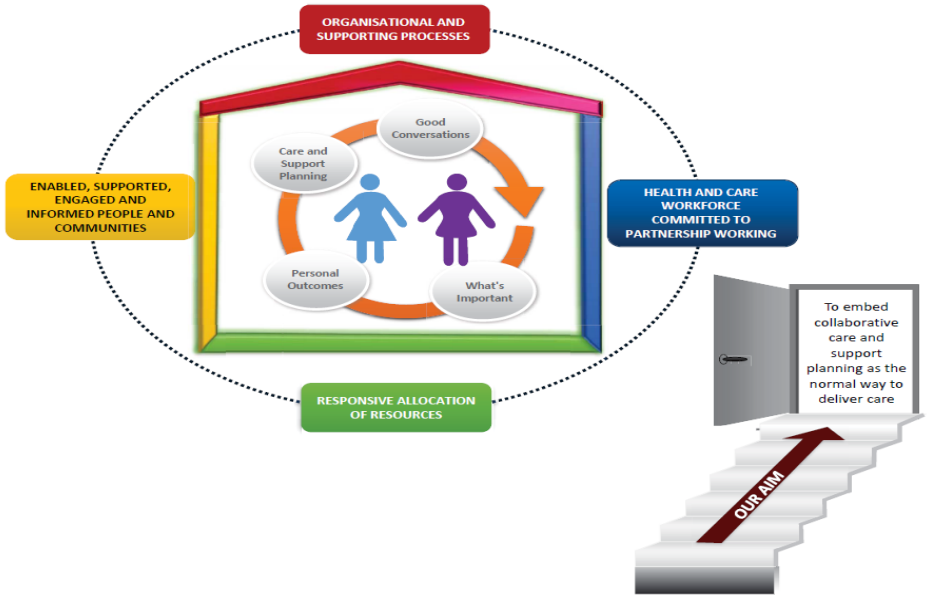
In addition the Partnership made a commitment to work to reduce health inequalities.

Midlothian GP Practices

The **Wellbeing Service** is a pioneering collaboration delivering a service in eight Midlothian GP Practices.

It is generally acknowledged that people have complex lives and are trying to manage social, financial, health and other matters which weigh heavily upon them. Self management support, a vital element of person centred care, was hard to access for many.

The Wellbeing Service is providing person-centred care and support: care that treats people as equal partners, focuses on personal outcomes, supports their role in managing their health and wellbeing, and recognises the importance of prevention and anticipatory care and support.



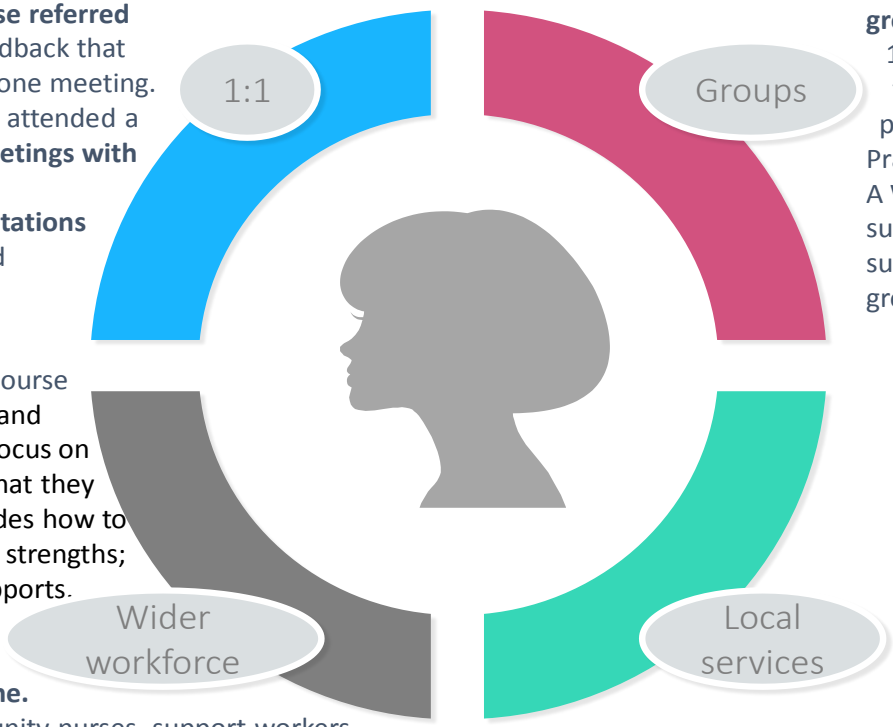
The model adopted for delivering person-centred, integrated care in Lothian is called the **House of Care**. The key elements of the house of care metaphor are as follows.

- People with long-term conditions are central to the process - they are supported to express their own needs and decide on their own priorities.
- Self-management support - people should have the knowledge, skills and confidence to manage their condition effectively in the context of their everyday life.
- Tackling health inequalities – the number of long-term conditions and their burden falls disproportionately on people in lower socio-economic groups.

In Midlothian this approach has also been adopted by TCAT (Transforming Care After Treatment, now embedded in the Wellbeing Service), Mental Wellbeing Access Point, Community Health Inequality Nurses, some voluntary sector partners and others.

WHAT THE WELLBEING SERVICE DELIVERED

1,368 people were referred between Sept 2015 & Sept 2017. **64% (874) of those referred attended**. We know from other feedback that some people felt they only needed one meeting. However, **70.4% (615)** of those who attended a session went on to have **further meetings with a wellbeing practitioner.**
In total there were **2,982 1:1 consultations** over the period of evaluation to end September 2017.



50 people engaged in facilitated group programmes varying from 6 to 10 week programmes. This positive figure was reached because people knew the Wellbeing Practitioners first.
A Wellbeing Practitioner also supported the establishment and sustainability of peer support/activity groups – walking & swimming.

Good Conversation training (2 day course on the core set of values, principles and skills which enable practitioners to focus on what matters most to people and what they want to achieve from support. Includes how to harness the role of the person: their strengths; social networks; and community supports.
It was **delivered 4 times** between Aug 2016 & Sept 2017.
64 people completed the programme.
This included social workers, community nurses, support workers, occupational therapists and a GP. The Wellbeing Service also delivered training/information at other local, multi-agency events.

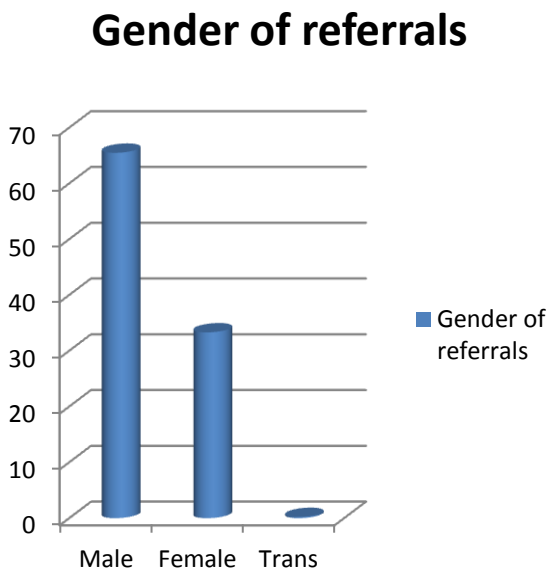
People were **supported to access 56 local services**. This includes Women's Aid, Sporting Memories, Home Energy Scotland, Cycle Club, Health in Mind Trauma Counselling, Midlothian Active Choices (exercise referral programme), Get Ready for College course, Welfare Rights, Food Bank, Weight Management Service, Cooking Group, Family Mediation, and more.

The Evaluation of the Service

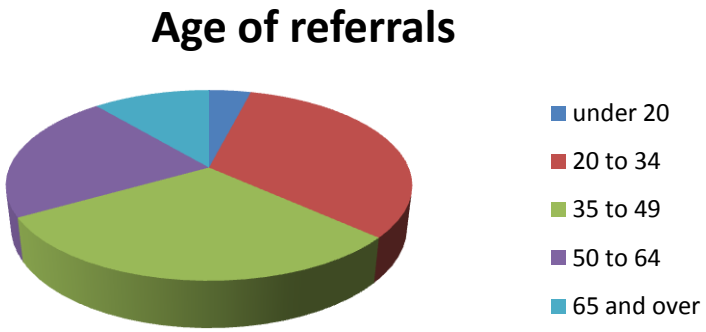
In keeping with the ethos of the project, the approach to the evaluation was collaborative and outcomes focussed. Additional support was welcomed from Healthcare Improvement Scotland - Dr Ailsa Cook and Gary McGrow provided advice and practical facilitation and support.
The data and evidence on which this evaluation is built was primarily collected through the day to day work of the project including data captured from project records, learning cycles and steering group meetings with staff and people in GP practices. In addition a health economist considered use of primary and secondary care services and prescribed drugs. The evaluation covers the period Sept 2015 to Sept 2017 although the service was only available in 2 GP Practices until January 2017.

Demographics

Overall more women (67%) than men (33%) were referred to the Wellbeing practitioners. However this was not the case at Quarryfoot practice, where more men than women were referred to the service (53% men, 45% women and 2% transgender patients referred).

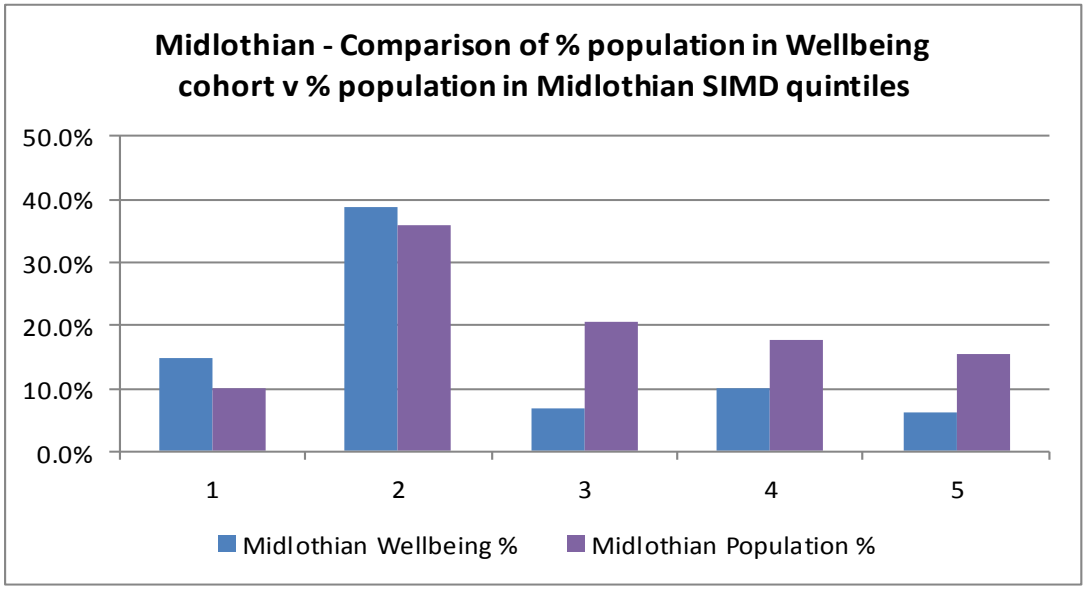


Most patients referred were either aged 20-34 (29%) or 35-49 (27%). Very few patients were under the age of 20. Quarryfoot practice has had higher instances of older patients referred than the other practices, with almost one third (27%) of patients referred aged 65 and over. Conversely Newbattle and Newbyres practices saw the highest percentages of referrals for those aged under 20 and the smallest percentage of those aged 65 and over.



Patient reported health conditions at initial appointment

Over 43.3% of people attending reported that they have a mental health difficulty (anxiety, depression, past trauma, eating disorder, to name a few). Addiction, diabetes, arthritis, weight problems and asthma are examples of other issues reported.



Patient reported health inequalities at initial appointment

During the initial 'good conversation' patients often report a range of issues that relate to health inequalities that can impact on health and wellbeing. The most often reported issue was longstanding mental health issues, followed by family/ relationship issues, long term condition(s) and isolation.

Most people referred to the service resided in the two most deprived SIMD quintiles (54% in SIMD 1 and 2). This supports the claim that the majority of people referred to the service are experiencing elements social deprivation.

87% of referrals to the Service have been made by GPs (where a source of referral is recorded

What difference does the service make? The outcomes for people were measured/recorded in a range of ways.

Comparison of WEMWBS scores for discharged patients, earliest and latest recorded scores

WEMWBS	earliest v latest WEMWBS scores
Number of patients	78
baseline mean	35.22
comparison mean	48.34
difference	13.120
P value	<0.001 Highly significant

Comparison of COPING scores for discharged patients

COPING	earliest v latest coping scores
Number of patients	81
baseline mean	3.86
comparison mean	6.52
difference	2.66
P value	<0.001 Highly significant

Comparison of CONFIDENCE scores for discharged patients

CONFIDENCE	earliest v latest confidence scores
Number of patients	81
baseline mean	3.93
comparison mean	6.57
difference	2.64
P value	<0.001 Highly significant

People with (*highly significant*) increased levels of confidence, coping and mental wellbeing are more likely and able to make and sustain positive changes in their life.

Participants report …..

'The GP looks at everything from a medical point of view to solve through pills/medicine. Coming here it's the complete opposite -> try to get to the root of the problem and not meds. Find a solution to deal with it'

'When you see the Doctor you are going to see about your complaint. Here you are getting ideas what to do'

'Taking control of my weight and exercise'

'My mood has changed. Rather than being in a depressive mood I've more or less learned to love myself as a person again because I was feeling worthless..I'm happier, more content and calmer…If I hadn't been on 'Living life to the full' or seen (name of Wellbeing practitioner), I would have been on medication and signed off sick. Fact 100%'

'Given me to acknowledge that I am good at some thinas'

Practice staff are reporting…

'We're referring the 'hard ones' and R is making head way with some of the most intractable situations. Patients have coped in a way they haven't done for 20 years.' (Practice A, 25th May 2016, in relation to Wellbeing model)

'Wellbeing approach of continued engagement regarding DNAs opposed to the traditional 2 strikes and out is much better.' (Practice C, 8th June 2016)

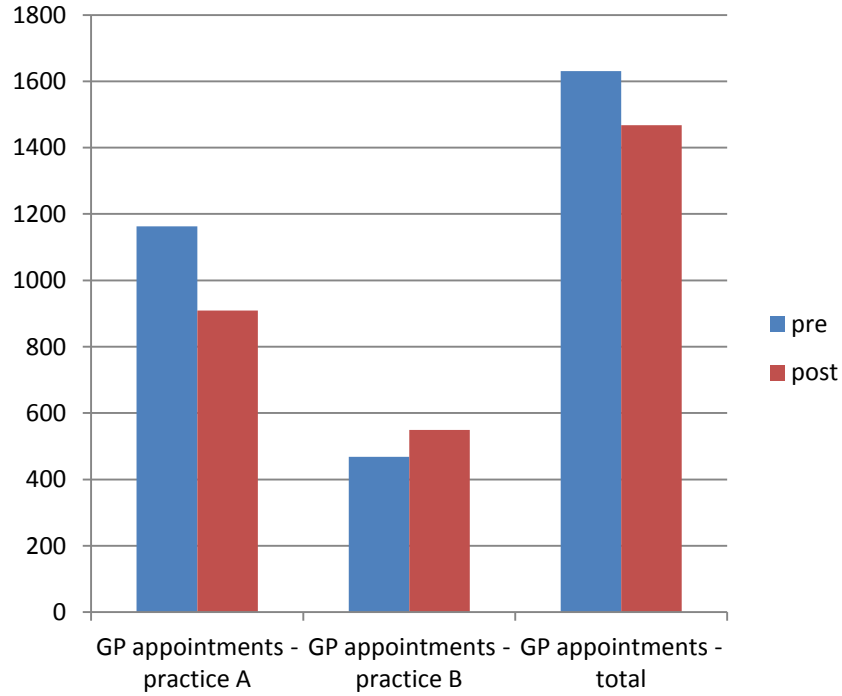
'When I refer people to Wellbeing I tend to not see them again'

'She (Dr. X) had noticed with a few of the people she had referred "greater self-determination" and a "shift in dependency"

Impact on services

The complex health and social situations of those referred to the service should be acknowledged when looking at the following table. Many people referred have had long standing, complex issues and they are often people that GPs have seen regularly over several years. It is therefore optimistic to expect a change in the use of primary and secondary care services over such a short time period.

The following table outlines the number of GP appointments that those referred to the Wellbeing Service before August 2016 attended prior to their referral date and for up to one year after. The figures are for 321 patients. Only 64% of this group will have engaged in the service. We await the breakdown of the figure for the group who engaged in the wellbeing service and the group that GPs thought could benefit, hence their referral yet they did not engage.
While there appears to be reduction in GP appointments that is statistically significant for Practice A (p= <0.01) there may have been other factors at play, for example changes to appointment systems or other changes at the Practices.
Some GPs reported that while the patient may still attend, the appointment is more productive.



Cost of the Service

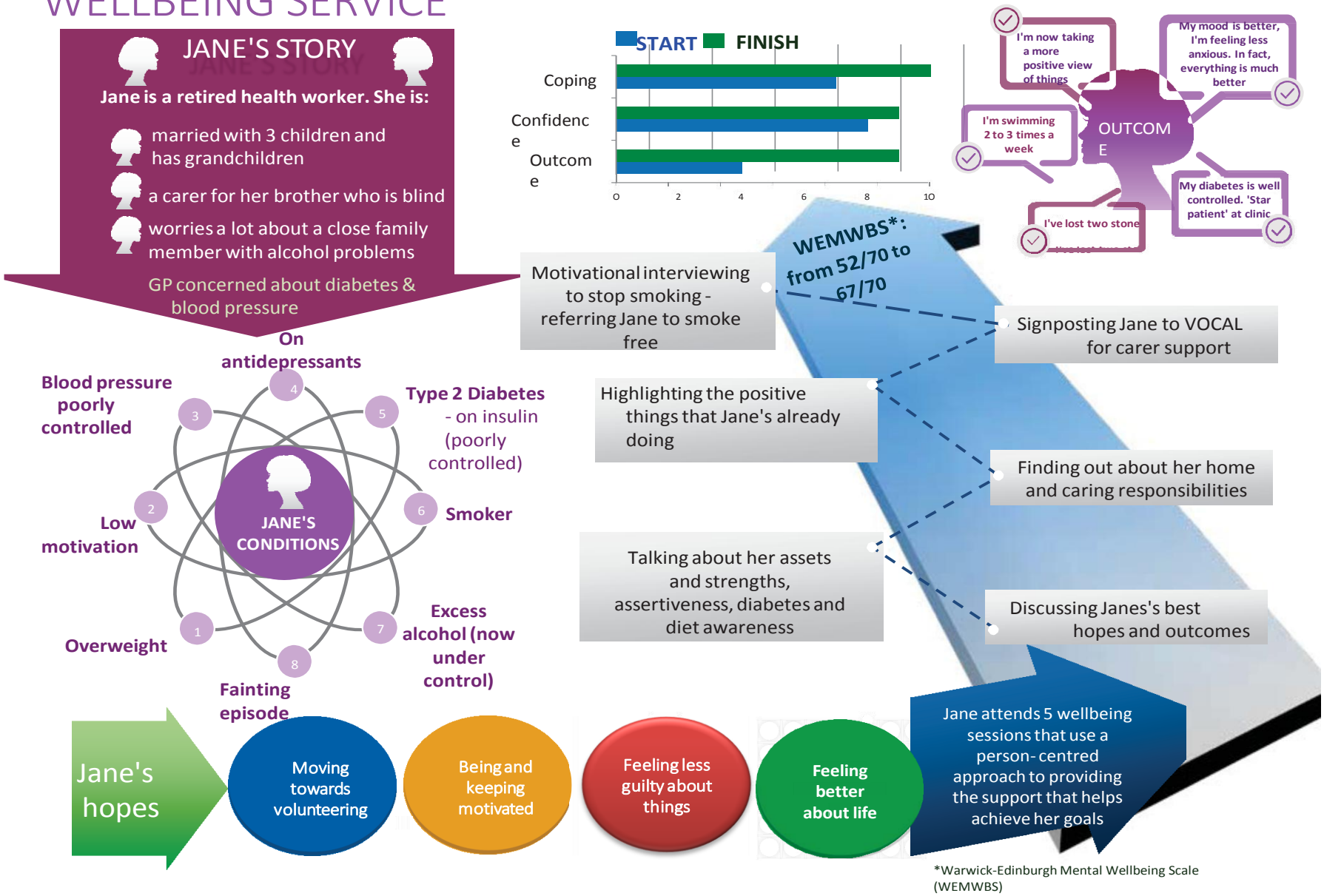
Fund	projected annual cost at current level
Integrated Care Fund	**£130,000**
Thistle Foundation	**£13,200**
Primary Care Transformation Funding	**£136,000**
NHS Lothian	**£45,000**
	£324,200

For consideration:

- Should the service continue?
- If so
  - funding required from April 2018
  - expansion to the remaining 4 Practices
  - review model and adapt in light of lessons learned

- The service is partially funded by short-term funds such as the Primary Care Transformation Fund. This comes to an end in March 2018. Funding needs to be identified by 31st December 2017 in order to avoid redundancy/redeployment of Wellbeing staff.

WELLBEING SERVICE



*Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Further information: Mairi.Simpson@nhslothian.scot.nhs.uk

Thursday 7th December 2017, at 2.00pm

Chief Officers Report

Item number:	**5.7**

Executive summary

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

Board members are asked to:

1. *Note the issues and updates raised in the report*

Chief Officers Report

1. Purpose

1.1 This report provides a summary of the key activities within health and social care over the previous two months.

2. Recommendations

2.1 To note the issues and updates raised in the report

3. Background and main report

Service Pressures

3.1 Care Homes

The issue of ensuring high quality care delivery within Care Homes remains a key strand of the work within Midlothian and this has proved challenging for a number of care homes in the area. Whilst there are currently no care homes under large scale investigation (LSI), there are a number of multi-agency meetings being held to review a range of concerns and these are being managed in conjunction with the Quality Assurance Officer, Care Home Nurse Advisor and the management team from the relevant care home. This area remains under closer scrutiny and there is close working with the Care Inspectorate on a number of issues.

3.2 Care at Home

As previously reported to the IJB, care at home delivery presents a major challenge and this has been exacerbated due to one of the major providers (Aspire) handing back their contract on 26 November. This required the transition of 1,500 care hours per week to existing providers and the transfer of over 80 members of staff. This was a significant piece of work and was delivered successfully in line with the contract end date noted above. I would wish to acknowledge the excellent work by the team within Midlothian in delivering on this change process in very difficult circumstances. This incident has further highlighted the need to consider alternative models of care for the effective and sustainable delivery of care at home. The work on the new model is continuing, with engagement sessions being held with members of the public through the Hot Topics group and additional sessions with staff, carers and families. A progress report on the new model of care will be presented to the IJB in March 2018.

3.3 Delayed Discharge

Midlothian continues to perform poorly compared to previous performance in relation to delayed discharge. A major factor has been availability of packages of care, which has been driven by the contract issues as noted at 3.2. The work being progressed around a more community-based model of care will support a

more effective service model and aspects of this are already being implemented with encouraging results. We are also exploring options around what works well in other areas and staff are due to meet with East Lothian H&SCP to better understand their Hospital 2 Home model, with a view to testing this out in Midlothian. There is further work required to consider the current rehabilitation pathway within Midlothian Community Hospital, which has replaced the Liberton model. There appears to be indications that this is not working as effectively as planned, with extended lengths of stay now being experienced within Edenview Ward. A planning session is being taken forward with the clinical teams to develop and strengthen the current pathway, with the aim of reducing overall length of stay.

Service Developments

3.4 Extra Care Housing

Following the issues with the gas ingress and resulting demolition of houses at Gore Avenue, work has now started on planning the replacement housing as well as seeking to identify a site in Dalkeith for further extra care housing. These developments will build on the Cowan Court model, which places extra care housing within communities and enables care to be stepped up, avoiding the need for further house moves for the tenants.

Integration

3.5 Management Review Progress

Following a lengthy process, progress has now been made with the Management Review, with work ongoing to align the HR processes for Midlothian Council and NHS Lothian. The formal wider consultation process, as set out within NHS Lothian processes, has now concluded and staff are now being offered 1:1 meetings to discuss the implications and opportunities of the proposed management review. Similarly, Midlothian Council staff affected by the change have been formally notified. The intention is to have interviews completed during January 2018.

3.6 Approval for Recovery Hub

Funding for the development of a Recovery Hub, which will bring together mental health, substance misuse and criminal justice services, including third sector partners, has been approved by Midlothian Council. The hub reflects the wishes of people with lived experience to have better co-ordinated, easily accessible services that reduce the need to repeat their stories. The Hub will strengthen the partnership's core priorities which are to develop a more effective Recovery Integrated System of Care. Peer support through peer workers, volunteers and mentors will be an integral part of the Recovery Hub. The Care Inspectorate report on the work of the partnership noted 30 strengths, one of which was, *'It was evident that service users were offered high quality, evidence informed treatment, care and support interventions'.*

3.7 Head of Primary Care and Older People's Service

Following the recent recruitment process for the appointment of the above post and in line with the Council policy on Head of Service appointments being agreed through Cabinet, I am delighted to report that Morag Barrow will take up position on Monday 5 February 2018. Morag is currently Director of Unscheduled Care at NHS 24 and previously worked with NHS Lothian.

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. Equalities Implications

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

6. Resource Implications

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

7 Risks

7.1 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.

8 Involving People

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

9 Background Papers

None

AUTHOR'S NAME	Allister Short
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3605
DATE	29 November 2017

Midlothian Integration Joint Board

Thursday 7th December 2017 at 2.00 pm

UNISON's Ethical Care Charter

Item number:	**5.8**

Executive summary

To propose Midlothian sign-up to UNISON's Ethical Care Charter and work with UNISON to modernise the charter to reflect developments in the integration and coordination of services since 2012 and support strategic workforce planning.

Board members are asked to:

- Support the recommendation that Midlothian signs up to UNISON's Ethical care charter for the commissioning of homecare services.
- Recommend to UNISON that UNISON consider establishing a group to review the existing charter.
- The review group consisting of national representatives from NHS, UNISON, third sector representation, home care providers, carers, cared for and councils as commissioners of homecare services.

UNISON's Ethical Care Charter

1 Purpose

1.1 To propose Midlothian sign-up to UNISON's Ethical Care Charter and work with UNISON to modernise the charter to reflect developments in the integration and coordination of services since 2012 and support strategic workforce planning.

2 Recommendations

2.1 As result of this report what are Members being asked to:-

- Support the recommendation that Midlothian signs up to UNISON's Ethical care charter for the commissioning of homecare services.
- Recommend to UNISON that UNISON consider establishing a group to review the existing charter.
- The review group consisting of national representatives from NHS, UNISON, third sector representation, home care providers, carers, cared for and councils as commissioners of homecare services.

3 Background and main report

3.1 Following from a 2012 UNISON survey of care workers UNISON called for all councils to commit to becoming an Ethical Care Council by commissioning homecare services by adhering to a three stage approach described in UNISON's Ethical Care Charter (Appendix One). (*The writer understands Midlothian is the final local authority in Scotland to sign up to the charter.)*

3.2 The commissioning of homecare services in Midlothian has fully met the ethical care standards UNISON called for from councils and so there is no consequence from signing the existing charter.

3.3 The meeting and exceeding of the ethical care charter standards in Midlothian has not resulted in sufficient recruitment and retention of carers to meet the current or predicted demand for homecare services.

3.4 The movement towards outcomes focused commissioning of homecare services is captured within Midlothian's contracts with homecare providers. However, service providers in Midlothian are primarily focused on a time and task model of service delivery due to demand exceeding capacity whilst having a fairly static workforce pool.

3.5 The strategic model for homecare is integrated across Health, Social Care, third sector and communities. This means that a range of sectors and roles are part of providing homecare services beyond that captured in the existing charter.

3.6 The guidance for councils on adopting the charter suggests the convening of a review group with representation from providers, NHS and UNISON union representatives and commissioners as a mechanism to implement the charter.

4 Policy Implications

4.1 No additional resource is required as a result of signing the charter. If a review group is established by UNISON then resource from procurement and planning officer would be required within the remit of their function.

5 Equalities Implications

5.1 An equalities impact assessment is not required.

6 Resource Implications

6.1 No additional resource is required as a result of signing the charter. If a review group is established by UNISON then resource from procurement and planning officer would be required within the remit of their function.

7 Risk

7.1 The risk of not signing the charter could portray Midlothian as not participating in ethical commissioning and this is absolutely not the case.

7.2 There has been significant disruption within commissioned care at home services this last year and the council could be challenged on the impact of being the only local authority in Scotland not to have signed the charter.

7.3 The recent Care Inspectorate inspection of the in-house service graded leadership and management of the service as ‘weak’. Again, this could be viewed as the council not valuing the homecare workforce at a time when the council is planning and making considerable change to improve equality and quality in delivering homecare services.

8 Involving people

8.1 No consultation is required in order to sign the charter. However, a homecare workforce consultation is being scheduled to follow the Consultation would commence should UNISON establish a national or local charter review group.

9 Background Papers

UNISON's Ethical care charter for commissioning of homecare services

Accessible via hyperlink:

https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220142.pdf

AUTHOR'S NAME	Brian Paris
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CONTACT INFO	0131 271 3752
DATE	28 November 2017

UNISON
the public service union

UNISON's ethical care charter

Contents

Introduction

A number of reports from client organisations, consumer groups, and homecare providers have recently been produced which have been highly critical of the state of homecare services in the UK. Little consideration however has been given to the views of homecare workers themselves as to why there are so many problems in this sector.

UNISON, the largest public service union, conducted a survey of homecare workers entitled “Time to Care” to help address this imbalance and to illustrate the reality of homecare work. The online survey which was open to homecare workers who were either UNISON members or non-members attracted 431 responses between June and July of 2012.

The responses showed a committed but poorly paid and treated workforce which is doing its best to maintain good levels of quality care in a system that is in crisis. The report highlights how poor terms and conditions for workers can help contribute towards lower standards of care for people in receipt of homecare services.

Key findings

- 79.1% of respondents reported that their work schedule is arranged in such a way that they either have to rush their work or leave a client early to get to their next visit on time. This practice of 'call cramming', where homecare workers are routinely given too many visits too close together, means clients can find themselves not getting the service they are entitled to. Homecare workers are often forced to rush their work or leave early. Those workers who refuse to leave early and stay to provide the level of care they believe is necessary, also lose out as it means they end up working for free in their own time.
- 56% of respondents received between the national minimum wage of £6.08 an hour at the time of the survey and £8 an hour. The majority of respondents did not receive set wages making it hard to plan and budget. Very low pay means a high level of staff turnover as workers cannot afford to stay in the sector. Clients therefore have to suffer a succession of new care staff.
- 57.8% of respondents were not paid for their travelling time between visits. As well as being potentially a breach of the minimum wage law, this practice eats away at homecare workers' already low pay.
- Over half the respondents reported that their terms and conditions had worsened over the last year, providing further evidence of the race to the bottom mentality in the provision of homecare services.

  56.1% – had their pay made worse
  59.7% – had their hours adversely changed
  52.1% – had been given more duties
- 36.7% of respondents reported that they were often allocated different clients affecting care continuity and the ability of clients to form relationships with their care workers. This is crucial, especially for people with such conditions as dementia.
- Whilst the vast majority of respondents had a clearly defined way of reporting concerns about their clients' wellbeing, 52.3% reported that these concerns were only sometimes acted on, highlighting a major potential safeguarding problem.
- Only 43.7% of respondents see fellow homecare workers on a daily basis at work. This isolation is not good for morale and impacts on the ability to learn and develop in the role.
- 41.1% are not given specialist training to deal with their clients specific medical needs, such as dementia and stroke related conditions.

The written responses to our survey paint a disturbing picture of a system in which the ability to provide some companionship and conversation to often lonely and isolated clients is being stripped away. Some recounted the shame of providing rushed and insufficient levels of care because of the terms and conditions of their job, whilst many detailed insufficient levels of training that they had been given to carry out the role. Others made the point that rushed visits are a false economy leading to a greater likelihood of falls, medication errors and deterioration through loneliness.

However the survey also showed the selflessness and bravery of homecare workers who, to their own personal cost, refused to accept the imposition of outrageously short visits and worked in their own time to ensure that their clients received good levels of care. Some homecare workers were doing tasks and errands for their clients in their spare time, despite the seemingly best efforts of the current care model to strip away any sense of personal warmth or humanity.

Homecare workers are personally propping up a deteriorating system of adult social care, but they are being pushed to breaking point. That they are still willing to deliver good levels of care in spite of the system is nothing short of heroic. For the system to work it needs to be underpinned by adequate funding and a workforce whose terms and conditions reflect the respect and value they deserve. Crucially they must be given the time to care.

“ I never seem to have enough time for the human contact and care that these people deserve. ”

“ A lot of the people I care for, are old and lonely, they are not only in need of physical support, but they are also in need of company and someone to talk to. The times given to these people are the bare minimum to get the job done, no time for a chat, just in and out. ”

“ People are being failed by a system which does not recognise importance of person centred care. ”

“ We are poorly paid and undervalued except by the people we care for! ”

“ I have worked as homecare worker for 15 years. Things have to change but not at the expensive of clients. It’s appalling the care they receive now. ”

Ethical care councils

In light of UNISON's findings, we are calling for councils to commit to becoming Ethical Care Councils by commissioning homecare services which adhere our Ethical Care Charter.

The over-riding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short-change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels. Rather than councils seeking to achieve savings by driving down the pay and conditions that have been the norm for council – employed staff, they should be using these as a benchmark against which to level up.

Councils will be asked to sign up to the Charter and UNISON will regularly publish the names of councils who do.

Ethical care charter for the commissioning of homecare services

Stage 1

- The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients
- The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients
- Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones
- Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time
- Those homecare workers who are eligible must be paid statutory sick pay

Stage 2

- Clients will be allocated the same homecare worker(s) wherever possible
- Zero hour contracts will not be used in place of permanent contracts
- Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing
- All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)
- Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation

Stage 3

- All homecare workers will be paid at least the Living Wage (as of November 2013 it is currently £7.65 an hour for the whole of the UK apart from London. For London it is £8.80 an hour. The Living Wage will be calculated again in November 2014 and in each subsequent November). If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract
- All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.

Guidance for councils and other providers on adopting the charter

Seeking agreements with existing providers

1. Convene a review group with representation from providers, local NHS and UNISON reps to work on a plan for adopting the charter – with an immediate commitment to stage 1 and a plan for adopting stages 2 & 3

2. Start by securing agreement for a review of all visits which are under 30 minutes. The review will include getting views of the homecare workers and client (and/or their family) on how long the client actually needs for a visit and what their care package should be

Looking for savings

3. Are providers' rostering efficiently – for example are there cases of workers travelling long distances to clients when there are more local workers who could take over these calls?

4. How much is staff turnover costing providers in recruitment and training costs?

5. How much are falls and hospital admissions amongst homecare clients costing the NHS and could some of these be prevented by longer calls and higher quality care?

6. Are there opportunities for economies of scale by providers collaborating around the delivery of training and networking/mentoring for workers?

7. Are there opportunities for collaboration between providers to achieve savings on procurement of mobile phones, uniforms and equipment for workers?

The commissioning process

1. UNISON's evidence, along with that of other bodies such as the UKHCA, shows that working conditions are intrinsically bound up with the quality of care.

2. When councils are conducting service reviews and drawing up service improvement plans, the Charter will provide a helpful benchmark for ensuring service quality – whether for an improved in-house service or in relation to externally commissioned services.

3. Where a decision has been taken to commission homecare externally, identify how the elements of the charter will be included as service delivery processes, contract conditions or corporate objectives in the invitation to tender documents. It must explain how these are material to the quality of the service and achieving best value.

Service monitoring

1. Work with providers and trade unions to agree how service quality will be monitored and compliance with the Charter assured

2. Build regular surveys of homecare workers into this process to gain their views and consider establishing a homecare workers panel from across local providers who can provide feedback and ideas on care delivery

The provisions of this charter constitute minimum and not maximum standards. This charter should not be used to prevent providers of homecare services from exceeding these standards.

UNISON has more than a million members delivering essential services to the public. Services that protect, enrich and change lives.

We want to see changes that put people before profit and public interest before private greed. Join our campaign to create a fairer society.

To find out more go to unison.org.uk/million

Join UNISON online today at unison.org.uk/join
or call 0845 355 0845

UNISON
the public service union

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Thursday 7 December 2017 at 2.00 pm

East Lothian and Midlothian Public Protection Committee Annual Report 2016/17

Item number:	**5.9**

Executive summary

This is the third annual report of the East Lothian and Midlothian Public Protection Committee (EMPPC) and it provides an opportunity to reflect and take stock of our activities and our achievements within this complex area of service.

People do not neatly fit into one category and issues like domestic abuse and substance misuse are common themes with many of the service users with whom we work. Bringing together the individual partnerships into one Public Protection Committee across two local authorities has streamlined processes considerably and now demonstrates a significant level of trust and integrity for example, senior officers chairing case reviews for the other local authority.

:

Board members are asked to:

1 Note the report and the progress made by the East and Midlothian Public Protection Committee during 2016/7.

Report

East Lothian and Midlothian Public Protection Committee Annual Report 2016/17

1 Purpose

1.1 This report is to introduce the East Lothian and Midlothian Public Protection Committee annual report 2016/17 thereby informing Midlothian Integrated Joint Board of its progress in that time.

2 Recommendations

2.1 Board Members are asked to note the report and the progress made by East Lothian and Midlothian Public Protection Committee during the reporting year 2016/17

3 Background and main report

3.1 The East Lothian and Midlothian Public Protection Committee (EMPPC) is the key strategic group dealing with public protection matters across East Lothian and Midlothian and includes representatives from key partners (e.g. Social Work, Police Scotland, NHS Lothian, Education, Housing, 3rd Sector etc). The committee reports to senior officers through the East Lothian and Midlothian Critical Services Oversight Group. It remains committed to an outcome focused approach to supporting and protecting adults and children who may be at risk of harm, based on an understanding of need gained from evaluation activity.

3.2 There are four sub-groups which support EMPPC with this approach.

- East Lothian and Midlothian Performance and Quality Improvement sub group which scrutinises performance on behalf of EMPPC;
- East Lothian and Midlothian Learning and Practice Development sub-group, oversees the development and delivery of the EMPPC Learning and Development Strategy;
- East Lothian and Midlothian Violence Against Women and Girls Delivery Group which supports EMPPC in delivering the services and preventative activities to address Violence Against women and Girls across East Lothian and Midlothian;
- East Lothian and Midlothian Offender Management Group is the multi-agency group established to support EMPPC in ensuring that the statutory responsibilities placed on local partner agencies for the assessment and management of risk posed by dangerous offenders are discharged effectively

3.3 The East Lothian and Midlothian Public Protection Team support the work of the EMPPC and is based in the East Lothian and Midlothian Public Protection Office

(EMPPO) in the Brunton Hall, Musselburgh. It includes officers from adult support and protection, child protection and the domestic abuse service and is co-located with some staff from the local Police Scotland Public Protection Unit and Midlothian and East Lothian Drug and Alcohol Partnership. The primary aim of the team is to work in a more integrated way to strengthen practice across the whole public protection arena.

3.4 The EMPPC developed a Performance Framework which was reviewed in January 2016, and an amended version implemented for 2016/17. During this time, Lead Officers worked closely with operational teams to ensure the performance framework and improvement plans are embedded within practice.

4 Policy Implications

4.1 It is increasingly clear that the reality for most of our service users is that their needs usually span more than one category of Public Protection i.e. many children on the child protection register have substance misusing parents or domestic abuse as a “cause for concern”. This evidence-led model links to the prevention aspect of single outcome agreements.

4.2 The report also supports policy and legislative requirements for Child Protection; Adult Support and Protection and Equally Safe, Scotland’s strategy for Preventing and Eradicating Violence Against Women and Girls

5 Equalities Implications

5.1 An Equalities Impact Assessment is not currently required as no policy or people changes have been identified. This will be undertaken in line with streamlining operational practice.

6 Resource Implications

6.1 The key driver for the service continues to be ensuring sustainable services and streamlining future provision by sharing staff capacity and knowledge wherever possible. All posts in the team are joint posts across both council areas.

6.2 Multi-agency staff are based in a co-located hub and opportunities are sought to streamline services with less meetings and consequently less travel between bases.

7 Risk

7.1 The key driver for the service continues to be ensuring sustainable services and streamlining future provision by sharing staff capacity and knowledge wherever possible. All posts in the team are joint posts across both council areas.

8 Involving people

8.1 East Lothian and Midlothian Public Protection Committee remains committed to involving communities and other stakeholders wherever possible, although this can prove a challenge in this area of work.

9 Background Papers

9.1 East Lothian and Midlothian Public Protection Committee annual Report 2016/17

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DATE	16 November 2017

East Lothian and Midlothian Public Protection Committee

Annual Report 2016/17

Signed off by EMPPC on 12/09/17 and CSOG on 19/10/17

Contents

1) Introduction

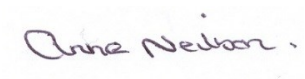
Foreword by Anne Neilson (Chair of the East Lothian and Midlothian Public Protection Committee)

The East Lothian and Midlothian Public Protection Committee (EMPPC), has now been in existence for three years. The committee incorporates the Adult Protection Committee, Child Protection Committee, Offender Management Group and Violence Against Women Partnership, and I am pleased to present the Committee's third annual report. This report presents the achievements made during 2016-17 and sets out our priorities for 2017-18.

Public Protection includes the most high profile 'critical' services for which the key agencies of council, NHS Lothian and police have statutory responsibility. In East Lothian and Midlothian, the drive for collaborative working within Public Protection was a practical one; people do not neatly fit into one category and issues like domestic abuse and substance misuse are common themes with many of the service users with whom we work. Recognising these significant overlaps, we promote an integrated "lifespan" approach to Public Protection covering all ages and stages of life. Collaborative leadership from East Lothian and Midlothian Critical Services Oversight Group (CSOG), which incorporates the chief executives and chief officers from all partnership agencies, has undoubtedly enabled our public protection services to develop and become more holistic, both strategically, and organisationally. I sit on this group, both in my capacity as chair of EMPPC, and as the Director for Public Protection NHS Lothian.

The EMPPC brings together all agencies involved in supporting and protection adults and children who may be at risk of harm. It meets quarterly to fulfil its scrutiny role in overseeing the Public Protection Performance framework and the four improvement plans – Adult Support and Protection, Child Protection, Offender Management and Violence Against Women and Girls. EMPPC remains committed to continuous improvement, taking an outcome focused approach to supporting and protecting adults and children who may be at risk of harm, based on an understanding of need gained from our evaluation activity. In this year, a number of Initial Case Reviews and Significant Case reviews have been undertaken, and on completion, the learning from these has been integrated into our improvement plans.

We recognise that working in partnership is at the heart of all we do in Public Protection and I would like to thank all members of EMPPC and its sub groups, as well as operational staff across both statutory and voluntary services, for their continued commitment and energy in working together to keep people who may be at risk of harm in East Lothian and Midlothian safer, and promoting the importance of shared learning across all disciplines.



Anne Neilson (EMPPC Chair)

Introduction

East Lothian and Midlothian Public Protection Office (EMPPO) in the Brunton Hall Musselburgh is the base for the Public Protection Team with officers from adult support and protection, child protection and the domestic abuse service. EMPPO is co-located with Police Scotland Public Protection Unit staff and Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP). This year in EMPPO, we have seen some staff changes with Veronica Campanile joining us as the Violence Against Women Strategy Coordinator and Leigh Taylor as the Lead Officer for Child Protection. We have also welcomed Lisa Dowie, as part time Domestic Abuse Adviser to the Domestic Abuse Service.

The aim of the Public Protection Team is to support the delivery of the strategic and operational objectives of the EMPPC, and to work towards improved outcomes and safety for both service users and professional teams. A growing area of work this year has been to support Initial Case Reviews, Significant Case Reviews and Large Scale Investigations and this has both enabled the development of skills and expertise in this field, and promoted confidence in the appropriate sharing of information between partners. A significant level of trust and integrity across partnerships is evident in the pool of senior officers from all key partnerships who are nominated to chair reviews as appropriate, across either council area.

The ongoing positive relationships within the NHS Lothian Public Protection Team and the EMPPO offer many opportunities to promote and raise awareness of the NHS Lothian Public Protection team. The already established role and function of the Child Protection Advisors have also been enhanced. These key roles in NHS Lothian make a significant contribution to operational working, facilitating effective communication and liaison across the core agencies and supporting timely information sharing.

The establishment of separate Health and Social Care Partnerships in both councils has changed the operational picture significantly, and we have recognised the challenges in developing a joint approach with sufficient flexibility to satisfy the different structures as they have evolved. A number of successful initiatives towards achieving the operational presence which was originally envisaged for EMPPO were initiated, but it was not possible to sustain any of these long term, due to resource issues across all key agencies. To address this, further work is required with EMPPO Lead Officers and operational teams and partnerships to improve links between EMPPO and operational practice. This will include clarifying the role of the Lead Officers and the role of EMPPC. We are also keen to strengthen relationships between EMPPO and the third sector as this remains an area of improvement identified in EMPPC business plan.

EMPPC's financial year end 2016/17 budget report is presented at Appendix 2.

There are four sub-groups which support EMPPC:

- East Lothian and Midlothian Performance and Quality Improvement sub group chaired by Joan Tranent, (Head of Children's Services, Midlothian council) since April 2016. This sub-group meets quarterly, and scrutinises performance on behalf of the EMPPC using the revised EMPPC Performance Framework which was implemented for 2016/17. Lead Officers continue to work closely with operational teams to ensure the performance framework and improvement plans are well understood and embedded within practice;

- East Lothian and Midlothian Learning and Practice Development sub-group, chaired by Alison White (Head of Adults, Midlothian Health and Social Care Partnership) meets at least six monthly to oversee the development and delivery of the EMPPC Learning and Development Strategy. Our new strengthened Learning and Development Strategy and training plan aims to address crosscutting themes wherever possible, to avoid staff having to attend training more often than necessary; for example level 1 Adult Support and Protection Training, which now includes financial harm and prevent awareness raising, which previously were standalone courses. NHS Lothian learning and development leads actively participate in the development and delivery of a broad range of training opportunities to promote best practice and encourage learning across all agencies;

- East Lothian and Midlothian Violence Against Women Delivery Group chaired by Detective Chief Inspector John Peaston (vice chair of EMPPC) meets quarterly to support EMPPC in delivering the services and preventative activities to address Violence Against Women and Girls across East Lothian and Midlothian. The Delivery Group works according to the nationally agreed definition of gender based violence and is guided by priorities as identified in the national strategy *"Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls";*

- East Lothian and Midlothian Offender Management Group, chaired by Alison White (Head of Adults, Midlothian Health and Social Care Partnership), meets quarterly and is the multi-agency group established to ensure that the statutory responsibilities placed on local partner agencies for the assessment and management of risk posed by dangerous offenders are discharged effectively. The group is responsible for monitoring the implementation of risk assessment and risk management procedures and for promoting the highest standards of inter-agency practice in responding to the presentation of risk and in preventing harm.

This report presents the achievements and challenges within each area of Public Protection for the year 2016-17.

2) Adult Support and Protection

What is Adult Support and Protection?

The Adult Support and Protection (Scotland) Act 2007 was implemented in October 2008 to protect adults known or believed to be at risk of harm. This is defined in the Act as:

- Persons aged 16 years and over who are – Unable to safeguard their own well-being, property, rights or other interests;
- Are at risk of harm (physical, sexual, psychological, financial, neglect & self-neglect); and
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

An adult is at risk of harm if

- Another person's conduct is causing (or is likely to cause) the adult to be harmed; or
- The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

Where the Council knows or believes that an adult maybe at risk of harm they must make inquiries to determine if the adult is an adult at risk of harm as described, as well as consider the need to intervene to support and protect the adult from harm. Whilst Councils have the lead role in Adult Support and Protection (ASP) other agencies also have a duty to cooperate with the Councils inquiries and are required to share information, these agencies are: Police, Health including GP's, Care Inspectorate, other local authorities, Mental Welfare Commission, Office of the Public Guardian and the Scottish Fire & Rescue Service.

Furthermore, after making inquiries and where the Council considers that it may need to intervene in order to support and protect the adult at risk they can enter any place when investigating the risk of harm, this can include the following:

- Visiting the adult at home to obtain their views;
- Contact the adults bank to formally request information of the adults account;
- Requesting a medical examination to determine the cause of any injury;
- Visit care homes as part of a Large Scale investigation where the Council knows or believes that one or more adults may be at risk of harm;
- Councils can also make an application to a Sheriff Court for a protection order where they know or believe that there is a risk of serious harm to the adult these are:
    - Warrants for entry;
    - Banning Orders with a Power of Arrest;
    - Removal Orders;
    - Assessment Orders.

It is an offence to obstruct the Council when exercising their duties.

Similar to child protection we have a shared responsibility to report concerns, share information and act proportionately where it is known or believed that an adult is at risk of harm or is likely to be harmed.

Key data

The data reported is based on the Scottish Governments National Data set.

Referrals

East Lothian Health and Social Care Partnership and Midlothian Health and Social Care Partnership (HSCP) are both reporting an increase in the number of ASP referrals received in 2016/2017. East Lothian HSCP received 530 ASP referrals at the end of the reporting period in comparison to 493 in 2015/2016, an increase of 8%. Midlothian HSCP received 681 ASP referrals at the end of the reporting period in comparison to 501 in 2015/2016, an increase of 36%. Police Scotland continue to be the main referrer to both partnerships submitting 41% of the overall referrals to Midlothian and 38% to East Lothian.

There is a notable increase of 179% (44) in the number of ASP referrals submitted to Midlothian HSCP by GPs in comparison to the previous year (14). The increase of referrals is thought to be linked to training sessions delivered as part of GP Protected Learning Time delivered by NHS Lothian Public Protection Team on the Mental Welfare Commissions report of Mr JL. Similar sessions are scheduled for East Lothian.

East Lothian HSCP has also experienced a significant increase in the number of ASP referrals submitted within the category of "other". It is thought that this category will include referrals from financial institutions.

Investigations

East Lothian HSCP has experienced an increase of 114% (148) in the number of investigations undertaken in comparison to the previous year (69). This increase is linked to a recording error in the previous year, therefore this suggests that this issue is now resolved.

The main type of principal harm investigated is physical harm 37 / 148 (25%), of these 4 (11%) progressed to an Adult Support and Protection Case Conference where the Council is required to intervene to support and protect the adult from further harm. In two of these cases there were clear links with domestic abuse. These cases had also been discussed as part of a Multi-Agency Risk Assessment Conference (MARAC). Physical harm is closely followed by financial harm 34 / 148 (23%). 7 of these cases progressed to case conference.

Despite the increase in ASP referrals to Midlothian HSCP the number of Investigations have reduced by 36% (from 129 to 82).

Midlothian HSCP have undertaken 82 investigations into adults at risk of harm and are reporting financial harm as being the main type of principal harm investigated in the reporting year 26 / 82 (32%). Of these 7 have progressed to Adult Support and Protection Case Conferences.

Both HSCPs are reporting that the main place in which the harm occurred was in the adults own home.

There were a total of 6 Large Scale investigations (LSI) that had commenced between both HSCPs in 2016 / 2017. The LSIs concerned a combination of Care Homes that provide 24 hour nursing care to older people and contracted service providers, providing support and care to adults living in their own homes within the community.

East Lothian:

Measure	2014/15	2015/16	2016/17
Referrals	427	493	530
Investigations	125	69	148
Initial ASP Case Conferences	24	15	21
Protection orders	6	3	2
Number of Large Scale Investigations	3	2	2

Midlothian:

Measure	2014/15	2015/16	2016/17
Referrals	452	501	681
Investigations	94	129	82
Initial ASP Case Conferences	30	24	36
Protection orders	1	2	0
Number of Large Scale Investigations	2	2	4

Performance Framework

Both East Lothian and Midlothian have exceeded the current target of 75% of the number of inquiries undertaken within the procedural timescale of 5 days from receipt of referral. The purpose of the timescale is to ensure that adults believed to be at risk of harm are identified quickly and that consideration is given to any intervention that may be necessary therefore, ensuring the safety of adults. Where there is a significant concern / risk, immediate action will be taken and this may also involve discussion with other agencies. This performance framework indicator has since been reviewed and the target will increase to 90% for the next financial year.

Current Themes

Physical Harm

East Lothian HSCP are reporting that physical harm is the main type of principal harm that has been investigated in the reporting period with a number progressing to Adult Support and Protection Case Conference. The Adult Support and Protection (Scotland) Act 2007 is underpinned by a set of principles that inform and guide practice which must be applied when considering any intervention. These are:

- is the intervention to the benefit of the adult?
- is the intervention the least restrictive option (can support be provided to reduce the risk of harm before considering protective measures)?
- does the intervention take account of the adults views and wishes.?

In all cases of physical harm information is shared with Police colleagues to determine any criminality, assess the level of risk and plan a co-ordinated approach as to how to proceed and identify who has the lead role. Health colleagues are also consulted to obtain information in respect of any associated health issues of the adult and how this may make them more vulnerable to being harmed than those who do not experience such vulnerabilities. This process of information sharing between core agencies is known as an Inter-agency Referral Discussion (IRD).

Further scrutiny of the cases that had progressed to case conference revealed that frequently there were complex issues of deteriorating mental illness and domestic abuse.

The Lead Officer and Violence Against Women and Girls Co-ordinator are working together to raise awareness within staff groups of the crosscutting issues between domestic abuse and adult support and protection.

"The process has been conducted with sensitivity, compassion and common sense. We are very grateful to all involved"
Quote from service user

Financial Harm

Similar to the previous year financial harm features as the main type of principal harm discussed at Adult Support and Protection Case Conference in both partnership areas. Financial harm is a complex and challenging area and can range from doorstep crime such as bogus workmen, to theft / exploitation where adults feel pressurised to hand over money,

possessions, or property. Incidents of financial harm reported to the Police mainly relate to incidents of cold calling, bogus callers and theft of monies (during bogus workmen incidents or by family members). The investigations that progressed to case conference reflect the disparate range of financial harm, including where legal appointments were in place (Power of Attorney or Financial Guardian) and in such circumstances information was shared with the Office of the Public Guardian who are responsible for supervising those individuals who have been appointed to manage the financial or property affairs of adults who lack capacity.

The Office of the Public Guardian also has a duty to investigate any concerns or reports of Financial Harm against an adult who lacks capacity and depending on the circumstances, they can put in place various safeguards, including revoking/terminating powers or appointments.

East Lothian HSCP and Midlothian HSCP also have strong links with colleagues in Trading Standards, sharing information where there is concern that an adult may be at risk of harm through scams or bogus tradesmen. It is commonly thought that the majority of victims of financial harm are elderly, however from the data available, financial harm is more widespread and all age groups are targeted.

East Lothian and Midlothian Public Protection Committee (EMPPC) have raised awareness of financial harm through specific training sessions which are delivered in conjunction with Police and Trading Standards. This training has now been incorporated into EMPPC Level 1 Adult Support and Protection training, and a new Learn Pro module has been developed making this training and information readily accessible to a wider group of staff.

Large Scale Investigations

A Large Scale Investigation (LSI) occurs where it is known or believed that one or more adults may be at risk of harm or that the quality of care being delivered is not of an acceptable standard.

Historically, LSIs have been mainly associated with Care Homes, however, in the past two years there has been an increase in the number of LSIs into the care provided to adults who are being supported at home. The nature of such investigations is largely due to missed or late visits where the adult has not received the care that the agency has been contracted to provide.

An LSI involves the Care Inspectorate, HSCP staff, Police, and other local authorities who have contracted care with the relevant Care Home or Care at Home Service Provider, coming together to share information, assess risk and provide an operational and strategic response in the management of concerns.

EMPPC continue to support Care Homes and Service Providers through the provision of a Train the Trainers programme for managers.

Learning from Case Reviews

Throughout the last year a number of single agency case file audits have been undertaken and as well as areas of good practice, they have identified areas for improvement. These are subsequently included in the Adult Support and Protection improvement plan and progress is monitored by the Performance and Quality Improvement sub group on behalf of EMPPC. Improvement actions include; Chronologies, Multi-Agency Risk Assessments and Service User feedback.

Challenges and priorities

Chronologies and Multi-agency Risk Assessment

The completion of single agency chronologies and multi-agency risk assessments for adults at risk of harm continues to be a priority. This is supported with the delivery of training to Council Officers and the development of guidance documents to assist working practice. Together with operational managers, an annual quality assurance audit of single agency chronologies and multi-agency risk assessments is undertaken to measure effectiveness in the assessment and management of risk, decision making and actions taken to reduce the risk of harm. These evaluations also identify areas of practice development and training needs. EMPPC are progressing towards integrated chronologies for all adults discussed at Adult Support and Protection Case Conferences.

Service User Evaluation

East Lothian report that 54% (27 / 50) of adults attended their case conference and that 59% (29 / 50) were represented by a significant other. Midlothian report that 48% (32 / 67) attended their case conference and 25% (17 / 67) were represented by a significant other.

Whilst we would hope to improve this percentage, and acknowledge that where possible, adults should be invited to attend their case conference, it is understandable that a number of factors can impact on this, such as impaired cognitive abilities, levels of distress, or the adult may simply not wish to attend. In such circumstances they can nominate someone to attend on their behalf, such as a family member or carer, or, in cases where their decision making is impaired, their guardian or power of attorney. The adult should also be offered the option of advocacy services to present their views of their situation.

EMPPC has reviewed the process of obtaining feedback from service users. Currently, this involves the service user or their carer completing an evaluation form asking the adult to report “if they feel safer” as a result of the intervention, after the initial case conference. Responses to the questionnaires are low and disproportionate to the number handed out. Having reviewed this process it was agreed that where the adult consents, the council officer will pro-actively seek the information within two weeks of the case conference and support the adult to complete the questionnaire. In addition, Adult Support and Protection

cases that have concluded will be reported to the Lead Officer who will contact the adult to undertake an evaluation of the adult's experience of the process.

> *"It was a very good panel they were very nice and they explained everything clearly. Thank you.*
> Quote from service user

The information obtained assists HSCPs improve their responses to adults at risk of harm and can identify areas of improvement.

3) Child Protection

Key data

Inter-agency Referral Discussions (IRDs)

Authority Area	2013/14	2014/15	2015/16	2016/17
East Lothian	406	280	218	273
Midlothian	606	418	367	510

For 2016/17 the number of IRDs has increased in contrast to last year but when comparing data from the past few years an extremely spiky profile emerges and that in itself is the most consistent message identified. The number of IRDs varies often without an obvious or identifiable explanation, perhaps because of the very nature of IRDs. IRDs are only ever initiated when a child is identified at risk. Children at risk are closely linked with times of crisis. Unfortunately human behaviour and in particular crisis points can be very difficult to predict. It is arguable that periods of crisis are even more likely across the general population that encounter Child Protection Services. There are occasionally regional issues that may explain increases in the number of IRDs, however there is no evidence of this for East Lothian and Midlothian.

It is perhaps some of the associated Performance Indicators, which are most helpful in identifying children at significant risk. For example, each local authority reports on the number of children subject to more than one IRD over a 12-month period. Thankfully the numbers year on year for repeat IRDs within this timeframe are low, however when a child has been subject to three IRDs, this triggers an exploration of the circumstances to ensure everything possible has been done to ensure the safety of the identified child.

A multi-agency group (Social Work, Health, Police and Child Protection Lead Officer) reviews all IRDs on a fortnightly basis. The review group considers relevance, procedural correctness and most importantly ensuring Interim Safety Plans (ISP) meet the standards required for each child deemed at risk and progressing to Child Protection Case Conference (CPCC). Members of the IRD Overview Group recognise that Interim Safety Plans need to be Multi Agency in nature and we are continually working to improve safety plans across East Lothian and Midlothian in conjunction with frontline staff.

Child Protection Registration

Authority Area	2013/14	2014/15	2015/16	2016/17
East Lothian	59	31	30	40
Midlothian	79	21	40	54

In East Lothian and Midlothian, the number of children on the Child Protection Register for 2016/17 remains very consistent with national averages and very consistent for the past year within each authority.

It is evident from the numbers of children on the register year on year that there are consistent thresholds applied to consideration of risk factors and whether a child meets the at risk threshold for registration. Arguably, this ensures standards remain consistent and families are presented with clear thresholds around risk to children.

Current Themes

National Child Protection Improvement Plan

The Scottish Government review around policy, practice, services and structures within child protection is ongoing. The review has been focusing on Child Protection Committees, Initial / Significant Case Reviews and the Child Protection Register as well as greater scrutiny through a revised inspection programme. Addressing the impact of neglect on children is to be promoted through strengthening leadership and the impact of changes to legislation and practice within the Children's Hearing System are being explored.

The chair of the EMPPC and Lead Officer for Child Protection will continue to keep Chief Officers and members appraised of any developments and will seek to ensure practitioners are aware of the process and kept updated with relevant information. We will also ensure opportunities to be involved in the review are taken wherever possible.

Trafficking and Exploitation Strategy 2017

This year the Scottish Government announced their strategy for Trafficking and Exploitation outlining their aim to eliminate human trafficking and exploitation. It is recognised that this this is ambitious, however the Scottish Government are clear that no level of trafficking and exploitation is acceptable. EMPPC fully support this vision and will work towards the key action areas identified below:

- Identify victims and support them to safety and recovery;
- Identify perpetrators and disrupt their activity;
- Address the conditions, locally, that foster trafficking and exploitation.

Children (Equal Protection from Assault Bill) (Scotland) Bill

This bill was proposed by John Finnie MSP to the Scottish Government in May 2017. The Bill proposes to give children equal protection from assault by prohibiting the physical punishment of children by parents and carers in charge of children. The EMPPC supports the bill in principle on the basis that it ends any dubiety around what constitutes justifiable punishment, each child will be afforded the same protection. This is extremely important given that each child is an individual and the effects of physical punishment can vary greatly from child to child. Children should not fear physical punishment from parents; it is the

wrong message to give children and contradicts societal messages that violence is not acceptable.

As part of the consultation the EMPPC raised some concerns such as the potential of criminalising some parents at the end of their tether. Raising children can be extremely challenging, these families require support, and we recognise that charging them is not a long-term solution. There is likely to be a surge in child protection referrals but social work and partner agencies such as police and health struggle to meet demand at present. Finally, the increased demand for parenting support was noted in a climate of austerity and declining support services. We are awaiting the outcome of this bill from the Scottish Government.

The EMPPC recognise the importance of keeping our frontline practitioners informed of national discussions and actions, and will continue to communicate via our regular newsletters and through Lead Officer attendance at Team and Management meetings and Operational Briefing Sessions.

Performance and Quality Indicators

EMPPC strive to support good practice and to ensure, high standards apply to all areas of child protection practice across East Lothian and Midlothian and are in line with national standards and relevant guidance. As part of self-evaluation and ongoing improvement, we have recently reviewed our Performance Indicators across Child Protection in order to ensure we capture relevant data that tells us about the safety of our children. We have revised and are proposing a new set of measures that are more meaningful and specifically linked to improved outcomes, particularly safety for children and their families. These indicators are to be considered by EMPPC and, if approved, implemented within the next year. In the meantime, we continue to analyse data on a quarterly basis and run a programme of evaluation and audit to identify areas of good practice and any areas for ongoing development.

Learning from Case Reviews

The recent SCR publication from Fife Child Protection Committee in respect of Child 'C' highlights a number of key learnings that many Local Authorities from across Scotland will undoubtedly reflect upon and implement. These are:

- Integrated Multi-agency Chronologies focussing on significant events would have identified emerging patterns of risk / harm;
- Professionals should maintain a focus on the needs of the child and not be distracted by demands / needs of the adults;
- Being alert to disguised / false compliance. Repeated cancellations or re-scheduling of appointments should be treated with the same degree of concern as repeated non-attendance;

- Over-reliance on social work involvement or child protection registration as indicators of serious concerns.

EMPPC has considered these findings and has incorporated learning into our existing training such as Level 1 and Level 2 Child Protection.

EMPPC are committed to undertaking Initial and Significant Case Reviews (ICR/SCR). The aim of all reviews is to promote learning across the multi-agency workforce and to ensure all learning is implemented into practice to prevent similar incidents occurring in the future. All key learning from local ICRs / SCRs is incorporated into the East Lothian and Midlothian Child Protection Improvement plans were they are progressed and implemented. The Performance and Quality Improvement sub-group and EMPPC monitor progress of all identified action points from our local reviews.

Improvement Plan

The Child Protection Improvement Plans for East Lothian and Midlothian focus on key areas of improvement that have been identified from Children's Services Inspections, local audit and evaluation and Initial / Significant Case Reviews. The plans are overseen by the Performance and Quality Improvement sub-group to ensure that actions progress and are implemented.

The improvement plans share some outcomes and others are individual to the respective Local Authority. For example, EMPPC is supporting the roll out of e-IRD (Electronic IRD) to improve multi-agency working and more effective and timely sharing of information. This is progressing and is currently at trial stage with leads identified from all key agencies.

Similarly, both East Lothian and Midlothian have outcomes aimed at improving SMART planning for children. There is a planned programme of evaluation commencing in September 2017 to identify areas of good practice and areas for further development. However SMART and effective safety planning is recognised below as an ongoing challenge within the area of child protection work.

Challenges and priorities

Neglect and domestic violence remains high on the agenda of the EMPPC as recognised areas that permeate across all sections of Public Protection and as areas that are extremely prevalent child protection issues across both East Lothian and Midlothian. The Learning and Development Strategy for 2018-2021 outlines plans for ongoing development and staff training in tackling neglect and domestic violence.

EMPPC recognise the importance of effective and SMART safety planning for children and this remains a priority for ongoing evaluation and improvement. Getting safety planning right is a challenge. There have been significant improvements made to Interim Safety Planning due to the ongoing work of the IRD Overview Group and most importantly the continual efforts of operational staff. Level 2 Child Protection Training has been revised and

encourages the multi-agency work force to think about what is effective and SMART safety planning and how each agency can contribute.

> *"This course has consolidated my Child Protection knowledge. I feel confident contributing to a plan to help keep children safe!"*
> Quote from attendee at child protection training course

There is a strong recognition across both Local Authorities and our Multi Agency Partners that we need to work alongside families to encourage them to be full participants in plans and decisions that affect them. East Lothian adopted Signs of Safety in 2014 as an approach to support partnership working with families and with an emphasis on safety for children. Development of this approach continues with a focus this year on self-evaluation of implementation progress and staff training, including partner agencies. Midlothian have undergone a complete re-structuring within Children's Services this past year and have been developing an Outcome focussed assessment, again aimed at improving child and family partnership. To support the service transformation all staff are undertaking training in Motivational Interviewing to upskill the workforce and improve service user engagement with Children's Services.

The Fife Child Protection Committee SCR report in respect of Child 'C' highlights the ongoing challenge of producing Integrated Multi-agency Chronologies in child protection cases that focuses on significant events. The Child Protection Lead Officer is undertaking joint evaluations of integrated chronologies within East Lothian and Midlothian using measures identified as good practice by the Care Inspectorate and we have incorporated an additional measure looking to identify if:

- The chronology / any-emerging patterns are analysed in the summary of the risk assessment report.

The above challenges and priorities are reported on via Quarterly reporting to the Performance and Quality Improvement sub-group and EMPPC who monitor progress and ensure improvements are achieved through clear structures and multi-agency working.

4) Violence Against Women and Girls

EMPPC has adopted the national definition of Violence Against Women and Girls (VAWG) from "Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls", which is:

"Gender Based Violence is a function of gender inequality, and abuse of male power and privilege. It takes the forms of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly or exclusively carry out such violence, and women who are predominantly the victims of such violence"

VAWG encompasses but is not limited to the following:

- Physical, sexual and psychological violence occurring in the family (including children and young people);
- Sexual harassment, bullying and intimidation in any public or private space, including work;
- Commercial sexual exploitation, including prostitution, pornography and trafficking;
- Child sexual abuse, including familial sexual abuse, child sexual exploitation and online abuse;
- So called 'honour based' violence, including dowry related violence, female genital mutilation, forced and child marriages, 'honour' crimes.

Key data

Measure		2014/ 15	2015/ 16	2016/ 17
Number of incidents of Domestic Abuse recorded by the Police	East	1,000	903	932
	Mid	1,103	1,116	1,031
Number of victims referred to Domestic Abuse Service Pathway	East	-	69	106
	Mid	-	127	113
Number of victims referred to MARAC	East	173	202	85
	Mid			111
Number of actions to increase safety offered at MARAC	East	539	793	343
	Mid			324

Current Themes

Performance Framework

The Violence Against Women National Network is developing a national Performance Framework covering all aspects of VAWG as set out in Equally Safe, which will be completed in the autumn. Our VAWG Delivery Group participated in the second stage pilot, which has helped to contribute to the national discussion and also to build knowledge of new

performance requirements, as a result we have already changed the way we evaluate the impact of training to include attitudinal change as well as knowledge and skills. This will be the basis for reviewing our local Performance Framework.

Taking forward the National Guidelines for VAWG Partnerships, we carried out a self-evaluation whose findings have informed the review of the VAWG Delivery Group Terms of Reference and the Membership and the updating of the Improvement Plan.

VAWG Services Review

The VAWG Services Review has been a major project for our partnership and engaged a significant amount of resource. It was initiated in April 2016 in recognition of the expansion of VAWG obligations over the last three years which included development of the MARAC function, the Domestic Abuse Referral Pathway and Domestic Abuse Advocacy Service (DAS). Whilst external funding is in place for the majority of DAS, these arrangements are time limited and require 'in kind' contributions.

In response to the lack of sustainability around funding, and the resulting impact on services, a decision was taken by CSOG to initiate a whole systems review of the Violence Against Women and Girls service provision with a view to establishing both co-ordinator roles into the total funding in future.

Of particular value in the review was the wide variety of focus groups from across all agencies, and particularly from service user groups.

A number of improvements were made including the establishment of both the VAWG coordinator post and the MARAC coordinator posts, and a streamlined contract for housing and support services for women and children affected by domestic abuse was awarded to Women's Aid, East and Midlothian, following a successful tender process. This new contract commenced on 1st July 2017. Gaps which were not addressed in the review were identified around prevention work, taking forward a trauma informed approach to services, the significantly increased demand for services, and working with perpetrators.

The outcome of this review was timely in terms of national developments, and puts both East Lothian council and Midlothian council in a strong position to deliver their responsibilities under the Scottish Government strategy, Equally Safe (COSLA 2016), the Violence Against Women and Girls Partnership Guidance, and any future statutory requirements.

Taking forward the recommendations:

- Recruitment is underway for the VAWG and the MARAC Coordinator posts;
- We have begun to address the gaps identified through additional actions in the VAWG and the Learning and Development Improvement Plans, which are mapped to actions in the Community Justice Local Outcome Improvement Plans in both areas.

Gender Based Violence in the Workplace Policy

A major new project had been the development of a Gender Based Violence in the Workplace Policy for Midlothian Council and East Lothian Council by a team of staff from both Councils and led by EMPPO. The policy is about to go through the Integrated Impact Assessment prior to consultation.

VAWG Prevention – first steps

We are developing an overall approach to the prevention of VAWG. In the short term we have worked with East Lothian Council Education Service in the development of the Relationships strand of the Health and Wellbeing Curriculum for Primary schools launched in August 2017; there is a commitment for work to begin on this in Midlothian. We have also integrated questions in the Citizen's Panels in both areas to establish a baseline of knowledge of and attitudes to VAWG.

Working with Perpetrators to change behaviour

We have identified a key gap in working with perpetrators of VAWG as currently the only service is the Caledonian Programme which is court mandated. Partner service providers within the VAWG Delivery Group and the VAWG Services Review have identified the pressing need to work with Perpetrators in order to sustainably improve the safety of women and girls and will also offer men and young men the opportunity to change their behaviour. As a first step we have completed the groundwork and secured funding to introduce the "Safe and Together – with the non-offending parent – Model" across children's services and involving relevant agencies, which we hope to launch early 2018.

"I just like to thank you and the whole team …You have been diamonds. Domestic Abuse Service should never be stopped. There are guys out there who need help too and you are the people who can do it."
Service user, Domestic Abuse Service

Domestic Abuse Service Pathway following a Police Incident / MARAC

In relation to partnership working to improve the safety of victims of Domestic Abuse we have consolidated the *"Domestic Abuse Service Pathway following a Police Incident"* (now in

its third year) which includes the Multi-Agency Risk Assessment Conference (MARAC) for very high risk victims.

Referrals to the Pathway are increasing as are the numbers of women being supported for Substance Misuse which is often co-occurring with domestic violence and the numbers of women moving on to Routes to Independence (personal development, life skills and employability skills, training, volunteering and employment).

The Pathway's specialist services: domestic abuse advisors, substance misuse and routes to independence are funded mainly through the five-year Big Lottery SMILE Project (Support for Maintain Independent Living Effectively) and the Scottish Government Equally Safe Fund.

"I am armed with more knowledge now as agencies were involved – Police, EDDACS and DAS. This lessened feelings of isolation and allowed me to recognise that his behaviour was not my fault.... Realised avenues to deal with this which I didn't know before."
Service user, Domestic Abuse Service

Safe Lives observed both MARACs in spring 2017; the report was generally very positive and highlights areas of good practice, for example:

- Meetings were busy which is a positive reflection of the commitment of the agencies to address domestic abuse and increase victim/survivor safety through multi-agency working;
- Representative demonstrated a very good understanding of the dynamics of domestic abuse and there is clearly a strong working relationship between the IDAA and specialist services and other agencies outwith the MARAC;
- There is a national issue with health professionals non-attendance so it was good to see health professionals at East Lothian MARAC.

The report highlights a number of areas for improvement, which are consistent with the national trend. The improvement points will inform the work of the MARAC Steering Group.

Supporting survivors of Rape and Sexual Assault

Edinburgh Rape Crisis Centre operates two small-scale outreach support services for women and members of the transgender community who have experienced any form of sexual violence, whether recent or historic, including rape, sexual assault, childhood sexual abuse and commercial sexual violence (East Lothian 25 hrs/week and Midlothian 15 hrs/week). Support is provided across a network of locations across East Lothian and Midlothian in collaboration with WAEML, Police Scotland and Mayfield and Easthouses Development Trust. The services supported 52 survivors in East Lothian and 33 survivors in Midlothian and both have a 16 week waiting list. Funding is provided by NHS Lothian and both Councils, the Women's Fund for Scotland and ERCC donations.

"I appreciate all the support you have given me… I feel like I've turned a page, I am moving on and I feel much better about myself."
"S" service user, East Lothian & Midlothian Sexual Abuse Services

ERCC provides separate services for young people aged 12-18 affected by sexual abuse and exploitation through the STAR Project and also a specialist criminal justice advocacy project to support survivors who report to the police or engage with the justice process.

Improvement Plan

The Violence Against Women and Girls Improvement Plan 2015-18 is based on the priorities within the national Equally Safe Strategy and local action identified. The Improvement Plan has recently been updated significantly to take account of completed actions as well as new actions arising from national and local developments, for example:

- The developmental aspect of all the training actions has been completed so these have been transferred to the Learning and Development Action Plan; the active involvement of service users in service development and evaluation has been established;
- New actions were introduced to deliver the national guidelines for VAWG Partnerships e.g. development of the evidence base, introduction of self-assessment, performance framework development;
- New actions were introduced arising from the conclusions of the VAWG Services Review and the self-assessment.

Challenges and priorities

1) Action the learning and recommendations from the VAWG Services Review;
2) Establish the Safe and Together – with the non-offending parent – Model within children's and criminal justice services;
3) Set out the evidence base and demand for local essential services which support survivors of VAWG (and their children) from a trauma informed model, including Domestic Abuse and Rape and Sexual Assault and achieve sustainable resourcing;
4) Increase referral rates to the Domestic Abuse Referral Pathway / MARAC following a Police Incident through awareness raising and training;
5) Develop and deliver the VAWG Prevention Plan working in partnership with universal public services and third sector services;
6) Develop and deliver a local approach for working with Perpetrators of VAWG;
7) Develop and deliver a local approach to Commercial Sexual Exploitation focussed on prevention and supporting survivors;
8) Develop and deliver a local approach to delivering the Edinburgh and Lothian inter-agency procedures to protect women and girls from Female Genital Mutilation and to preventing Forced Marriage.

5) Offender Management

Key data

As at 31st March 2017 there were 54 registered sex offenders (RSO) being managed under MAPPA in East Lothian and 52 in Midlothian – numbers are not changing significantly year on year. Of these 16 were subject to statutory supervision in East Lothian and 11 in Midlothian – again this is a snapshot from 31st March. In Midlothian there was one person charged with a further offence in each quarter in 2016/17 with the exception of quarter 3. These three charges resulted in the three Initial Case Review's mentioned below (please refer to *Learning from Case Reviews*). One individual was charged with a registration offence in quarter 3 in Midlothian and 2 people over the year were charged with other non-sexual offences.

Current Themes

Multi-agency Public Protection Arrangements (MAPPA) Extension

The MAPPA process was extended to violent offenders in March 2016. Within East Lothian, there have been no violent offenders managed under MAPPA in the community during 2016/17. However, in Midlothian there were several level 3 meetings in late 2016 and early 2017 about an individual who will be managed under the MAPPA extension in the event of release.

Women's Group Work Service – Midlothian Spring Service

The Spring service is relevant to Public Protection due to the number of women attending the service who have experience of childhood abuse and domestic violence. Many of these women are themselves seen as problematic by the Police and other services due to their challenging and sometimes intractable behaviour, often as a result of personality disorder.

The Spring service continues to develop in Midlothian. The Spring Social Worker is full time and over the past year women referred to Spring have had the benefit of a one to one with the worker if required. This often takes place before the woman comes along to Spring but can continue during her attendance.

The Spring service has worked with a one woman theatre company, Breeze Productions, in 2016/17 and Naomi Breeze carried out a number of drama sessions with the Spring women, aimed at building confidence and encouraging self-expression.

In order to support the stability of the service, the Spring Team Leader and Social Worker are shortly to move on to two year contracts.

Women's Group Work Service – East Lothian Connect Service

The Connect Group is based in Prestonpans. Referrals come from a variety of sources including Criminal Justice, Adult Services, Children's Services, Substance Misuse Services,

Midlothian and East Lothian Drugs (MELD), STRiVE and Venture Trust. Workers use the Steeping Stones group work which is cognitive behavioural therapy based, and looks at topics such as understanding our emotions, the impact of offending, solving problems, assertiveness and communication. Afternoon sessions have developed during this year with successful links being made with a variety of community resources. I Initially, the majority of referrals came from Criminal Justice workers. However, this has now been surpassed by referrals from other agencies. Consequently, addressing vulnerabilities and improving self-confidence are now major goals within the group.

With regard to the closure of Cornton Vale Prison and subsequent redesign of the custodial estate for female prisoners, the Scottish Government has announced that none of the planned small custodial units will be located in East Lothian or Midlothian.

Learning from Case Reviews

MAPPA Operational Group (MOG)

The MOG meets quarterly and considers all Initial and Significant Case Reviews across the Lothian and Borders area. The Lothian and Borders Strategic Oversight Group then have the final sign off for recommendations resulting from these reviews. There has been an increase in the number of Initial Case Reviews (ICR) as the 2016 MAPPA Guidance changed the parameters for ICRs to include convictions for any sexual offence, whereas previously offences had to be of a certain level of seriousness.

Improvement Plan

Joint Thematic Review

The Improvement Plan for Offender Management was reviewed in 2016/17. The measures in the plan are also being reported to the Public Protection Performance and Quality Improvement sub-group. The MAPPA Co-ordination Unit developed an action plan relating to the areas for development identified in the Joint Thematic Review. This action plan has also now been reviewed and signed off by the Lothian and Borders Strategic Officers Group.

One action in the plan is to ensure that all relevant Criminal Justice Social Workers attend the RMA Risk Practice course. This has been a challenge as there have been long gaps between courses in this national training. However, four members of staff have been booked into upcoming training and this will result in all relevant staff being training in Midlothian. Within East Lothian, there are 2 relatively new qualified workers who have yet to be put forward for this training. It is expected that they will be able to access training either later this year or early 2018.

ViSOR

Access to ViSOR for Criminal Justice Social Work remains an ongoing issue. There have been numerous meetings about this, locally and nationally. In Midlothian all Criminal Justice

Social Workers and team leaders previously trained to use ViSOR are still using it, although at some point they will be 'locked out' as they have not undergone the vetting. There is no date for this happening yet. There is consideration being given to employing a business support worker across East Lothian and Midlothian to input ViSOR data. In Midlothian new adverts for Criminal Justice Social Workers include the requirement for vetting. Meetings have taken place with Human Resources and the Unions but affected workers remain unhappy about the perceived intrusiveness of the vetting process.

The picture in East Lothian is mixed. Half of the team are able to access Visor due to being previously trained in its use. However, the newer members of the team have not been able to access any training. East Lothian CJS have met with HR and the Unions and we have agreed not to proceed with any requirement to be vetted at the enhanced level at this time.

Challenges and priorities

New Structure for Community Justice in Scotland

The new structure for Community Justice came out of the shadow year and was fully established in April 2017. Each local authority was required to submit its first Community Justice Outcomes Improvement Plan to Community Justice Scotland by the end of March 2017. The plans were also made public at this time.

The Chief Executive of Community Justice Scotland attended the Midlothian Community Safety and Justice partnership meeting in March 2017 and an interesting discussion took place about the future of Community Justice in Scotland and the close ties between Community Justice and social justice issues. Karyn McCluskey, Chief Executive visited East Lothian in July 2017 where there was a mix of EL staff and statutory partners round the table. This meeting allowed Karyn to update us on Community Justice Scotland and the vision/challenges we will face as we go forward with the Community Justice agenda. One challenge is to maintain the focus on Community Justice, particularly within services that have not traditionally seen themselves as having a role in this arena. The issue of how to communicate with the public about Community Justice and include local communities in decisions about the priorities for reducing offending and reoffending in their areas is also important. The Communications Plans in both East Lothian and Midlothian are being revised to reflect this better and various options are being progressed, such as meetings with tenants' groups.

MAPPA Operations

The MAPPA Operational Group continues to meet quarterly at Fettes Police Station. This group reviews all ICRs as does the Offender Management Group. There were three MAPPA ICRs in Midlothian in 2016/17. One related to an RSO on a Community Payback Order charged with a further sexual offence, which did not lead to a conviction. The other two were Police only cases and did lead to conviction. One individual was sentenced to three years imprisonment and the other was made the subject of a Community Payback Order. It

was not felt that any of the three cases needed to progress to a Significant Case Review (SCR). This decision was ratified by the Lothian and Borders Strategic Oversight Group.

There have been no ICRs in East Lothian during this time.

A file audit of East Lothian and Midlothian MAPPA cases was carried out on 19th January 2017. The findings from the audit were then discussed at the Offender Management Group.

At the time of writing the first individual to be managed under the MAPPA extension has just been released from prison.

6) Learning and Development

Measure		Q1 2016/ 17	Q2 2016/ 17	Q3 2016/ 17	Q4 2016/ 17
Adult Support and Protection	Number of courses held	7	6	9	7
	Number of attendees	205	169	147	68
Child Protection	Number of courses held	6	3	4	5
	Number of attendees	102	100	76	58
Violence Against Women and Girls	Number of courses held	-	1	1	5
	Number of attendees	-	24	20	76
Public Protection	Number of courses held	-	-	-	1
	Number of attendees	-	-	-	117

For the year 2016/17 the East Lothian and Midlothian Public Protection Office (EMPPO) has organised / co-delivered a total of 62 training events (please refer to appendix 3) across child protection, violence against women and girls and adult support and protection to ensure the aims of the learning and development strategy are implemented. This is a 43% increase in the number of training courses delivered from last year (2015/16).

The strategy aims to promote:

- A range and variety of approaches: recognising the need to be inclusive and to recognise different systems, styles and staffing requirements;
- A pragmatic approach where the required knowledge is accessed via learning that is relevant, meaningful and accessible, and the content is proportionate to the requirements of the workforce;
- Empowerment: participants will be provided with information,
- guidance and support to meet their own identified learning and development needs;
- To encourage sharing good practice and establishing a common language;
- Quality assurance processes to identify the impact of learning and development and the overall effectiveness of the learning on outcomes for children, adults and their families.

Update from previous annual report (2015/16)

The EMPPC hosted a one-day multi-agency conference to share and explore local learning from Initial and Significant Case Reviews across child protection and adult support and protection. Over 95 professionals from a variety of agencies attended. Shakti was commissioned to deliver 4 cohorts of harmful practices which included female genital mutilation (FGM), forced marriage and honour based violence. A pilot of the sexual exploitation risk assessment framework (SERAF) tool which equips frontline practitioners with the skills and knowledge required has been delivered.

> *"A very well structured and paced course. Highlighted key areas for consideration. Support material relevant and useful"*
> Course participant (May 2017)

There has been training on the interaction of the three acts (adult support and protection act, adults with incapacity act and the mental health care and treatment act) and training on assessing the risk of harm and management of risk for adult support and protection. From May 2016 the Public Protection Office has asked training attendees to indicate their knowledge before and after training events via evaluation sheets.

Current Themes

- Training for all public protection sectors will continue to be delivered widely across agencies and revised as necessary giving due consideration to participant feedback and national developments;
- As of 2017 the EMPPO has asked training attendees to indicate the impact from attending training events via evaluation sheets. From 2017/18 the annual report will include data on the level of knowledge prior to attending training and after along with the impact from attending the training;
- A policy paper is in development to explore how the EMPPC can deliver public protection awareness raising for all Council employees across the two local authority areas. There are numerous delivery methods to consider including staff induction, e-learning modules or training for trainers to allow individual departments to co-ordinate and deliver the material. EMPPC will collate the details of those who have completed the training to ensure it is being accessed widely, to seek relevant feedback and to identify any gaps in provision.

National and Local Initiatives

- The Public Protection Learning and Development Co-ordinator and Violence Against Women and Girls Co-ordinator have been supporting

> *"Enjoyed the input. Good narration and use of examples to illustrate the learning points"*
> Course participant (December 2016)

the development of the health and wellbeing curriculum for pupils (primary 4 to senior 4);

- Child sexual exploitation awareness sessions have been conducted across East Lothian and Midlothian schools for Head Teachers and Chairs of parent councils;
- The development of the EMPPO Learning and Development Strategy 2018-2021 is underway with the 'golden thread' of trauma informed practice running throughout the training we offer. Our strategy will have one overall strategic goal and six sub goals.

Challenges and priorities

- Streamlining of the training courses we offer due to increased workloads for operational staff;
- Refresher training at various levels for identified staff groups;
- Agreement and dissemination of the EMPPO Learning and Development Strategy 2018-2021, including the overall strategic goal and six sub goals and outcomes;
- Public protection awareness raising for all employees across the two local authority areas;
- Re-establish the online safety working group across both local authorities and include adults at risk of harm as well as children and young people.

Appendix 1

East Lothian and Midlothian Public Protection Committee membership

- Anne Neilson **(Chair)** – Director of Public Protection, NHS Lothian;
- John Peaston (vice-chair) – Detective Chief Inspector, 'J' Division, Police Scotland;
- Alison Macdonald – Head of Older People and Access, East Lothian Health and Social Care Partnership;
- Alison White – Head of Adults, Midlothian Health and Social Care Partnership / Midlothian Chief Social Work Officer;
- Allister Short – Head of Primary Care and Older People's Services, Midlothian Health and Social Care Partnership;
- Andrew Sheridan – Schools Group Manager (ASN), Education, Midlothian Council;
- Charlotte Kirk – Consultant Paediatrician, NHS Lothian;
- Douglas Proudfoot – Head of Service (Development), East Lothian Council;
- Fiona Duncan – Group Service Manager (Statutory Services – Adults), ELHSCP / East Lothian Chief Social Work Officer;
- Fiona Robertson – Head of Education, East Lothian Council;
- Joan Tranent – Head of Children's Services, Midlothian Council;
- Julie Watson – Operations Manager, Women's Aid East and Midlothian;
- Kevin Anderson – Head of Customer and Housing Services, Midlothian Council;
- Lesley Siewert – Locality Reporter Manager (Midlothian), Scottish Children's Reporter Administration;
- Lindsay Logie – Consultant and Lead Paediatrician for Child Protection, NHS Lothian;
- Paul Mulvanny – Locality Reporter Manager (East Lothian), Scottish Children's Reporter Administration;

- Sharon Saunders – Head of Children and Adult Services, East Lothian Health and Social Care Partnership;

- Steve Gourlay – Group Manager, Scottish Fire and Rescue Service;

- Trish Leddy – Group Service Manager (Rehabilitation and Access), Adult Services, East Lothian Health and Social Care Partnership;

- Anne Thompson – Team Manager, East Lothian and Midlothian Public Protection Office;

- Denice Lilley – Adult Support and Protection Lead Officer, East Lothian and Midlothian Public Protection Office (ex-officio);

- Leigh Taylor – Child Protection Lead Officer, East Lothian and Midlothian Public Protection Office (ex-officio);

- Veronica Campanile – Violence Against Women and Girls Co-ordinator, East Lothian and Midlothian Public Protection Office (ex-officio).

Appendix 2

Financial Year End Budget Report 2016/2017

Staff costs	Projected 2016/17	Actual 2016/17	Projected 2017/18	Projected 2018/19
Public Protection Team Manager	£61,320.00	£64,016.98	£63,832.00	£66,338.00
Child Protection Lead Officer	£59,187.00	£43,982.20	£61,008.00	£61,593.00
Adult Support and Protection Lead Officer	£57,794.00	£59,066.64	£58,365.00	£58,941.00
Training Officer	£46,089.00	£45,050.14	£47,916.00	£49,932.00
Senior Business Support Administrator	£31,705.00	£31,154.63	£32,668.00	£32,794.00
Business Support Administrator	£30,636.00	£31,092.26	£30,943.00	£31,252.00
SWITCH Admin Cover	-	£5,732.45	-	-
Violence Against Women and Girls Co-ordinator	-	-	£47,262.00	£49,329.00
MARAC Co-ordinator	-	-	£21,944.33	£22,757.00
Shortfall in funding for MARAC Co-ordinator	-	-	£3,872.67	£4,279.00
Shortfall in funding for Domestic Abuse Advisor	-	-	£1,947.00	£2,527.00
Total	£286,731.00	£280,095.30	£369,758.00	£379,742.00

Training				
Public Protection events & training	£10,000.00	£7,135.36	£6,480.00	£5,744.00
Catering	£250.00	£127.83	£250.00	£250.00
Total	£10,250.00	£7,263.19	£6,730.00	£5,994.00

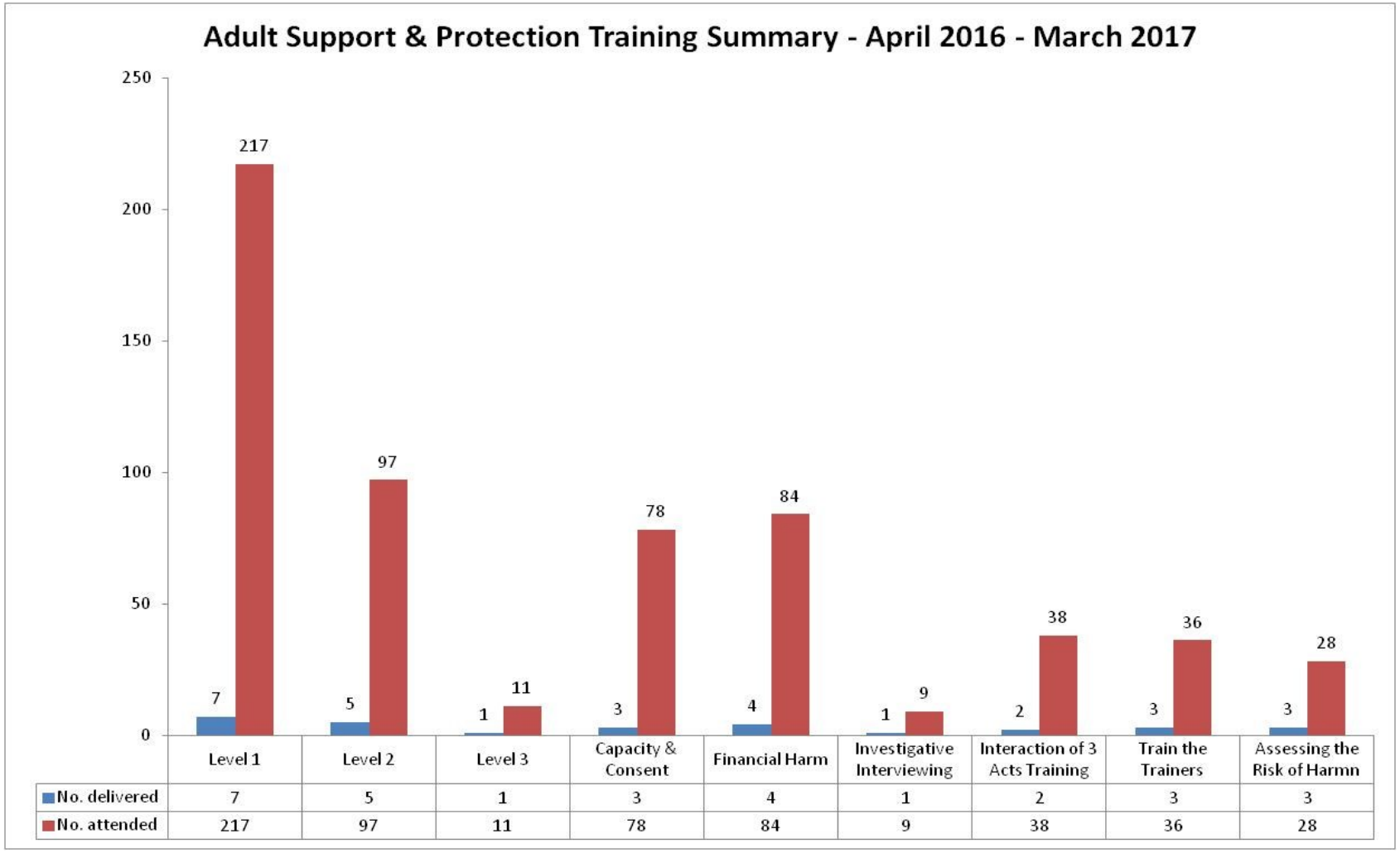
Office running costs				
Stationery (including printing costs)	£1,500.00	£455.49	£700.00	£700.00
Public Protection website	£250.00	£0.00	£250.00	£0.00
Communications (Blackberries)	£1,000.00	£1,148.13	£1,000.00	£1,000.00
Shred-It (Confidential waste)	£400.00	£425.94	£400.00	£400.00
IT equipment and running costs	£2,000.00	£1,021.61	£1,000.00	£1,000.00
Publications (journals, leaflets etc)	£1,000.00	£134.79	£500.00	£500.00
Central support	£3,000.00	-	-	-
Total	£9,150.00	£3,185.96	£3,850.00	£3,600.00

Accommodation and central support				
Shared accommodation costs	-	£28,744.00	£17,110.00	£17,110.00
Total	£0.00	£28,744.00	£17,110.00	£17,110.00

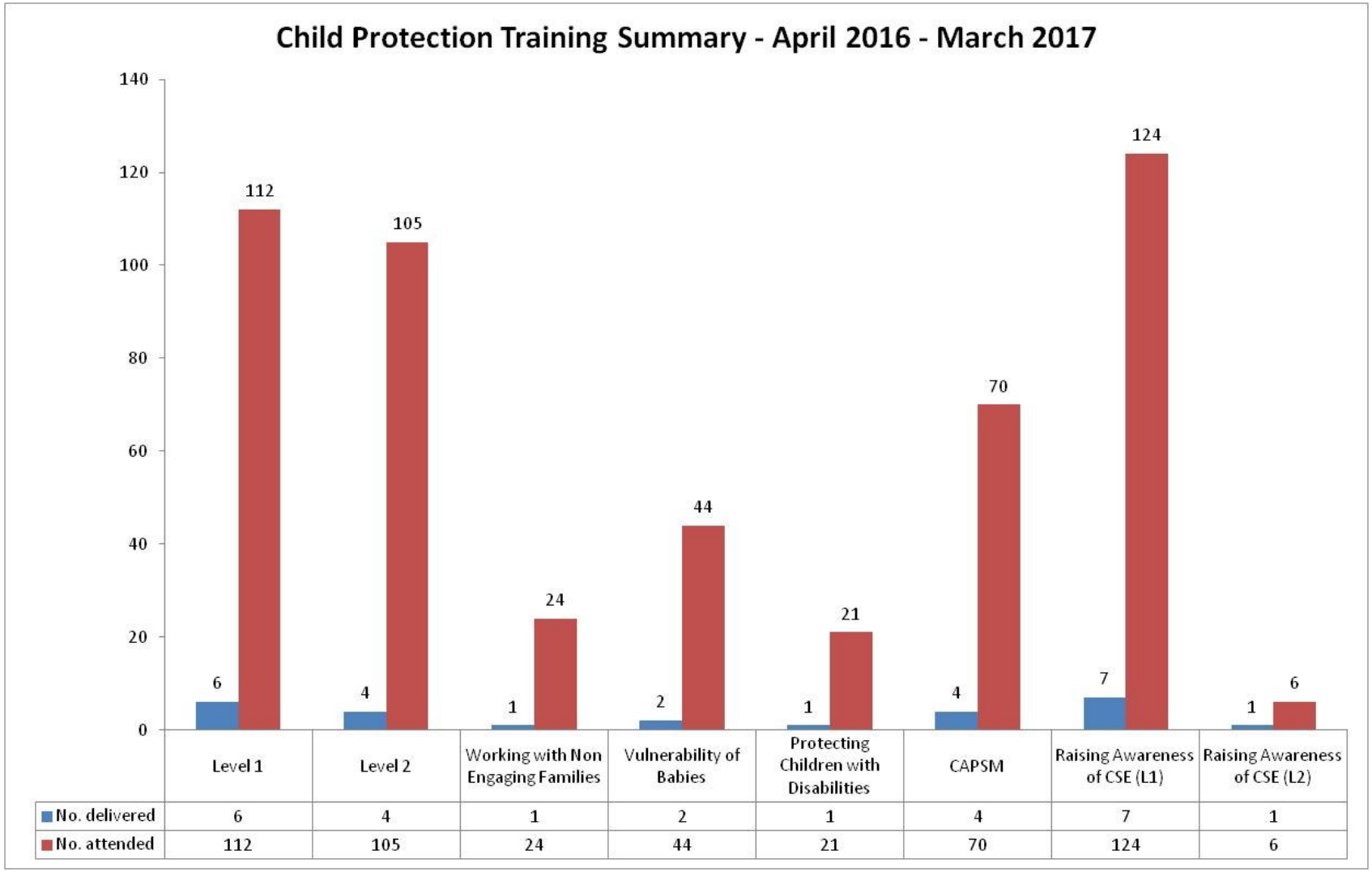
Grand Total	£306,131.00	£319,288.45	£397,448.00	£406,446.00

Appendix 3

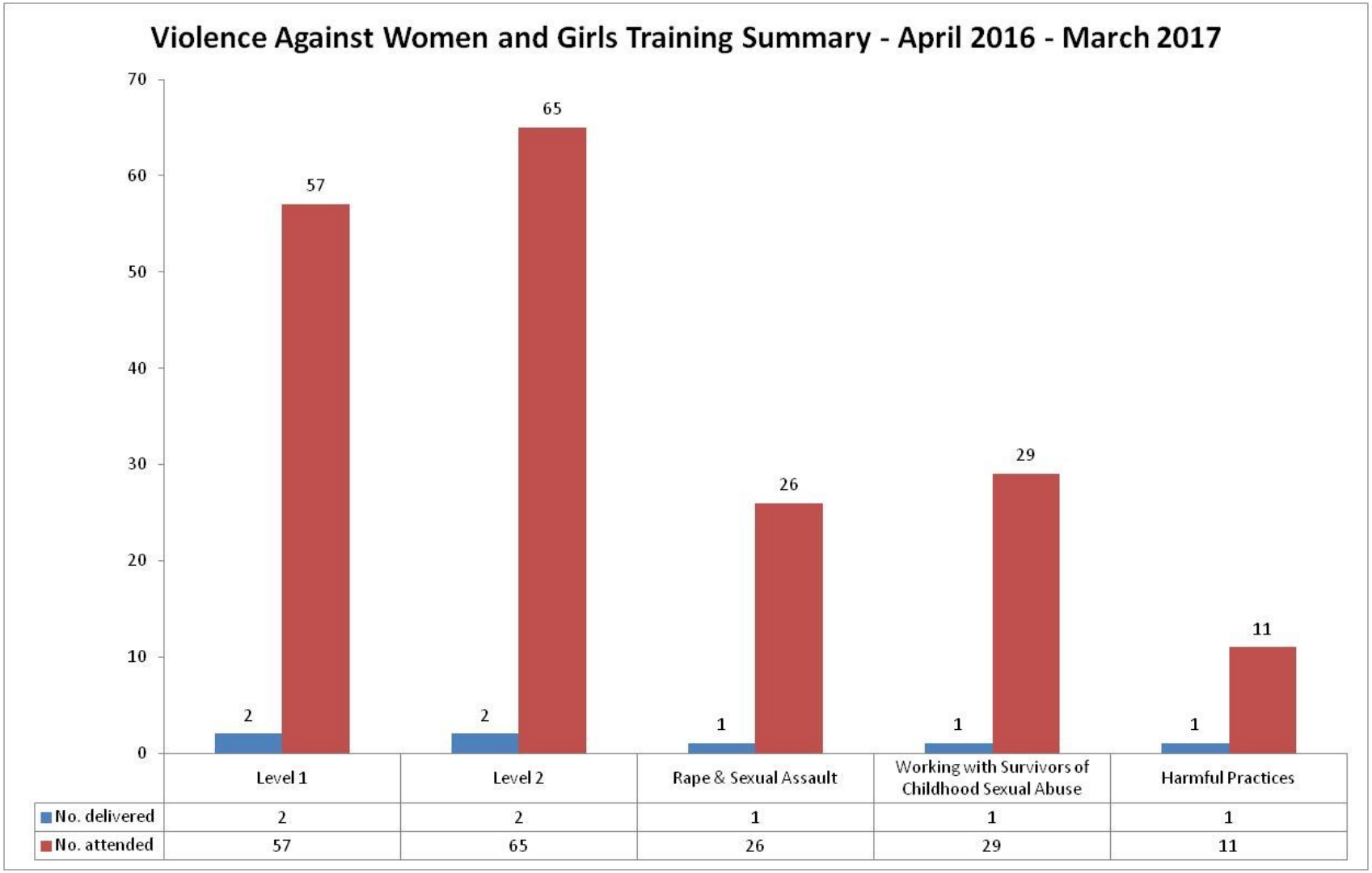
Public Protection Training



	Level 1	Level 2	Level 3	Capacity & Consent	Financial Harm	Investigative Interviewing	Interaction of 3 Acts Training	Train the Trainers	Assessing the Risk of Harmn
No. delivered	7	5	1	3	4	1	2	3	3
No. attended	217	97	11	78	84	9	38	36	28



	Level 1	Level 2	Working with Non Engaging Families	Vulnerability of Babies	Protecting Children with Disabilities	CAPSM	Raising Awareness of CSE (L1)	Raising Awareness of CSE (L2)
No. delivered	6	4	1	2	1	4	7	1
No. attended	112	105	24	44	21	70	124	6



	Level 1	Level 2	Rape & Sexual Assault	Working with Survivors of Childhood Sexual Abuse	Harmful Practices
No. delivered	2	2	1	1	1
No. attended	57	65	26	29	11

Appendix 4
East Lothian and Midlothian Public Protection Team Contact Details

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Thursday 7th December 2017 at 2.00 pm

Community Payback Order Annual Report 2016/17

Item number:	**5.10**

Executive summary

The purpose of this report is to provide a context for the Community Payback Order (CPO) Annual Report 2016/17.

Board members are asked to:

Note the content of the Community Payback Order Annual Report 2016/17.

Report

Community Payback Order Annual Report 2016/17

1 Purpose

1.1 The purpose of this report is to provide a context for the Community Payback Order (CPO) Annual Report 2016/17 which is attached below.

2 Recommendations

2.1 As result of this report Midlothian IJB are asked to Note the content of the Community Payback Order Annual Report 2016/17.

3 Background and main report

3.1 Section 227ZM of the Criminal (Procedure) Scotland Act 1995 imposes a duty on local authorities to submit an annual report on the operation of the Community Payback Orders (CPOs) to Scottish Ministers. Circular LJ/02/2013, which was issued to local authorities on 23 September 2013, explained that local authorities would be expected to fulfil this requirement in two ways:

- By continuing to submit statistics for each financial year to the Scottish Government on the operation of community sentences in their areas; and
- In addition to these statistics, by providing a narrative account of the implementation and operation of the CPO in the financial year to which the statistics refer.

3.2 This is the fifth CPO Annual Report provided for Scottish Ministers since CPOs were introduced in February 2011. The Scottish Government provided a template for the report prior to the compilation of the 2012/13 report and confirmed that the same template was to be used for subsequent reports. The template focuses on Unpaid Work to a greater extent than other aspects of CPOs.

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3 Report Implications

3.1 The report includes extensive feedback from service users (individuals subject to CPOs) and from the beneficiaries of Unpaid Work projects. The Criminal Justice team, now in conjunction with Community Justice staff, are very keen to consult with communities as fully as possible about Unpaid Work and other aspects of Community Justice. In 2014/15 Midlothian Criminal Justice Team set up an interactive facility on the Council website where members of the public can suggest ideas for Unpaid Work projects, comment on completed or ongoing projects and ask any questions about how service users are supervised on CPOs. Suggestions have been forthcoming for Unpaid Work projects that the team take on where possible and appropriate. Briefing sessions to other community groups and elected members have also generated referrals.

In addition the Citizen's Panel questionnaire has included a question about Unpaid Work for the last few years. In the 2016/17 survey the largest group, 75% of respondents, wanted to see the Unpaid Work team improve community facilities. 74% wanted to see the team landscaping parks and playgrounds and 64% wanted to see the team improve the lives of communities and individuals affected by crime. The Unpaid Work team has been involved in all of these types of projects during 2016/17.

3.2 As can be seen from the report, feedback from service users and beneficiaries is generally positive. The Unpaid Work team offered a number of individual placements over the past year as well as small group projects. Obviously risk assessments are undertaken before individual placements are agreed. Team members have also focused on increasing the number of projects and placements where service users have face to face contact with the beneficiaries of the work they have carried out. The work done by individuals on Unpaid Work on large projects, such as in the country parks, is very much appreciated by the forest rangers. However staff members are keen to maximise the number of projects and placements where the person on the order can directly appreciate the positive impact of the work they carry out. This is more meaningful for clients and beneficiaries and therefore more likely to change attitudes.

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3.3 The Criminal Justice team continues to look at ways to communicate to the public the challenging work that clients undertake when on a CPO with a supervision requirement. This would previously have been known as a Probation Order. There is often an impression that if an individual does not receive a custodial sentence they do not have to face up to the consequences of their behaviour. In fact Criminal Justice social workers spend much of their working lives assessing and managing risk and delivering offence-focused interventions to their clients. The impact of offending behaviour on victims and encouraging individuals to confront the issues that have led to them becoming involved in offending in the first place are key components of supervision. Individuals subject to CPOs who have committed sexual or domestic abuse offences are usually required to undertake lengthy and challenging programmes that combine group and individual components.

4 Policy Implications

4.1 The Criminal Justice team in Midlothian performs well in relation to National Outcomes and Standards for Criminal Justice Social Work and significantly contributes to safer communities in Midlothian. The team works closely with partners such as police, particularly in managing individuals assessed as at risk of causing significant harm and Midlothian Criminal Justice social workers are perceived by other agencies as being strongly committed to partnership working.

4.2 Midlothian Community Safety and Justice Partnership have agreed a three-year Community Justice Outcomes Improvement Plan which was submitted to the new national body, Community Justice Scotland, at the end of March 2017.

4.3 In August 2017 representatives of Community Justice Scotland attended the Community Justice Working Group and then met with key staff to provide feedback about the Community Justice Outcomes Improvement Plan. This was generally very positive and the recommendations for improvement, which mainly involved making some of the indicators more specific, will be included in the plan when it is refreshed prior to the end of March 2018.

4.4 The Community Safety and Justice partnership hopes that the new structure, and the requirements for community consultation inherent in it, will reinvigorate conversations about offending behaviour and the responses to it in Midlothian. In the past year a number of briefings about Community Justice have taken place with community councils, tenants' associations and other community groups, with a presentation also made to the Integration Joint Board. The chair of Community Justice Scotland, Karyn McCluskey, attended the Community Safety and Justice Board meeting in March 2017.

5 Equalities Implications

5.1 The Criminal Justice team set up the Spring service in 2014 as a result of recommendations in the Commission for Women Offenders report (April 2012) that women in the Criminal Justice system cannot be expected to engage successfully with services set up originally for male offenders including community disposals such as CPOs.

5.2 The Spring service has gone from strength to strength and we now have a full-time Spring social workers as well as a part-time Team Leader.

6 Resource Implications

6.1 There are no resource implications from this report. Criminal Justice Social Work continues to be paid for by ring-fenced Section 27 funding that comes from the Scottish Government. A new funding formula was introduced when the new structure was established in April 2017. This resulted in an uplift in Section 27 funding for Midlothian.

Over the past three years every local authority has received an extra £50,000 per annum to help with the transition to the new structure. This is due to end on 30th March 2018 although there are indications that is may continue in some form. The Section 27 uplift can be used to support Community Justice planning if required.

7 Risk

7.1 The principal aim of the Criminal Justice team is the reduction and management of risk. This includes risk of reoffending and risk of harm to other people. The team is highly trained and skilled in assessing and managing risk.

8 Involving people

8.1 The CPO Annual Report is to a large extent based on feedback from communities and other stakeholders, particularly in relation to Unpaid Work. However the wide-ranging consultation exercises now forming part of the Community Justice agenda will enhance our ability to take the community's views into account when planning and delivering services

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DATE	28 November 2017

Thursday 7th December 2017 at 2.00pm

MAPPA Annual Report 2016/17

Item number:	**5.11**

Executive summary

This is a cover report for the Lothian and Borders MAPPA Annual Report 2016/17.

Board members are asked to:

Note the contents of the report.

Report

MAPPA Annual Report 2016/17

1 Purpose

1.1 This is a cover report for the Lothian and Borders MAPPA Annual Report 2016/17.

2 Recommendations

2.1 Members are asked to note the contents of this report.

3 Background and main report

3.1 MAPPA was established in Scotland in 2007 to co-ordinate the response of a range of agencies in the management of registered sex offenders and restricted patients. In March 2016 MAPPA was extended to include violent offenders assessed as posing a risk of serious harm. A Joint Thematic Review took place in 2015 and was carried out jointly by the Care Inspectorate and HMICS. The Joint Thematic Review found that MAPPA is well established across Scotland and that robust arrangements are in place to manage registered sex offenders with good information sharing and partnership working.

The MAPPA Annual Report for 2016/17 showed no significant changes from the previous year. 859 registered sex offenders were managed in Lothian and Borders over this period with 92.08% being managed at MAPPA level 1, 7.56% at level 2 and 0.34% at Level 3.

For the ninth year in a row, no Level 3 offender in Lothian and Borders was convicted of a further Group 1 (violence) or Group 2 (indecency) offence.

In the previous reporting year of 2015/16, 11 RSOs were convicted of a further Group 1 or Group 2 crime. This reporting year, 18 offenders have been reconvicted. In terms of a percentage increase 11 to 18 represents 64%. However, in real terms partners managed 859 RSOs in Lothian and Borders during this reporting year, with 18 being re-convicted which provides an overall reconviction percentage of 2%.

Of the 18 RSOs who were reconvicted, 4 were convicted of a Group 1 crime of violence and 14 were convicted of a Group 2 sexual crime. 6 of these offences related to possession of indecent images of children and the crime had been identified by proactive management (checking internet enabled devices) by Police Scotland.

In Midlothian three RSOs in 2016/17 committed a further sexual offence, one committed an offence relating to registration requirements and two committed non-sexual offences. At 31st March 2017 52 RSOs were being managed in Midlothian. This peaked at 59 in Quarter 2.

In the most recently published reconviction statistics published by the Scottish Government, which relate to 2014/15, sexual offences are the crime type associated with the lowest rate of reconviction of all crimes.

The MAPPA process was extended to violent offenders assessed as posing a significant risk of harm in April 2016. To date, one individual has been managed in the community under the extension in Midlothian and this person was subsequently recalled to custody. There is a small number of offenders still in prison who will be managed under the extension on release.

The MAPA Co-ordinator and the Statutory Service Manager delivered briefings on the purpose of MAPPA to elected members and to the federation of community councils in September 2016.

4 Policy Implications

4.1 The East and Midlothian Offender Management Group is working to a plan that identifies improvement actions for the management of high risk offenders in East and Midlothian. In turn this group reports to the Public Protection Committee and the Critical Services Oversight Group.

However while this is a challenging area of work there is no evidence of any concerning performance in Midlothian. Criminal Justice social workers are highly skilled and extensively trained in risk assessment and management of sexual offenders and high risk violent offenders and in delivering accredited interventions to support behaviour change. We continue to analyse and learn from Serious Case Reviews from around the country when they are published.

5 Equalities Implications

5.1 There are no equalities implications.

6 Resource Implications

6.1 There are no resource implications relating to this report.

7 Risk

7.1 The MAPPA process makes a significant contribution to the management of risk and the protection of the public in Midlothian.

8 Involving people

8.1 The MAPPA Annual Report is accessible to the general public. A range of community engagement activities have taken place in Midlothian over the past few years about the MAPPA process and this engagement programme will continue.

9 Background Papers

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DATE	29th November 2017

MAPPA

Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

ANNUAL REPORT 2016-2017

MAPPA

Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

Contents

1 Foreword

MAPPA
Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

Multi Agency Public Protection Arrangements (MAPPA) are a mechanism through which agencies can discharge their statutory responsibilities more effectively and protect the public in a co-ordinated way. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders to protect the public from serious harm.

Agencies across Edinburgh, the Lothians and Scottish Borders work in partnership to manage those individuals who present the highest risk of harm to our communities. The strength of the partnership between prison, police, health and local authority has continued to grow over the ten years since the introduction of MAPPA.

Since 31 March 2016, the management of high-risk violent offenders has been integrated into MAPPA. Violent offenders present a greater risk of re-offending, which poses a significant challenge to agencies in working with this group to reduce the serious risk of harm they may present.

Re-offending by people managed under MAPPA remains low and this reflects the work we do together. Our utmost priority is to keep the public safe, particularly the most vulnerable members of our communities.

Michelle Miller
Chair Edinburgh, the Lothians and Scottish Borders
Strategic Oversight Group

2

What is MAPPA?

Multi-Agency Public Protection Arrangements in Edinburgh, Lothian and the Scottish Borders

Multi-Agency Public Protection Arrangements (MAPPA) provide a framework to manage the risk posed by registered sex offenders and restricted patients (mainly violent offenders, with a small number of sex offenders). On 31 March 2016, the Scottish Government published new MAPPA Guidance. This guidance reflects the new risk of serious harm category, for offenders who by reason of their conviction are subject to supervision in the community, and are assessed by the responsible authorities as posing a high or very high risk of serious harm to the public, which requires active multi-agency management at MAPPA Level 2 or 3.

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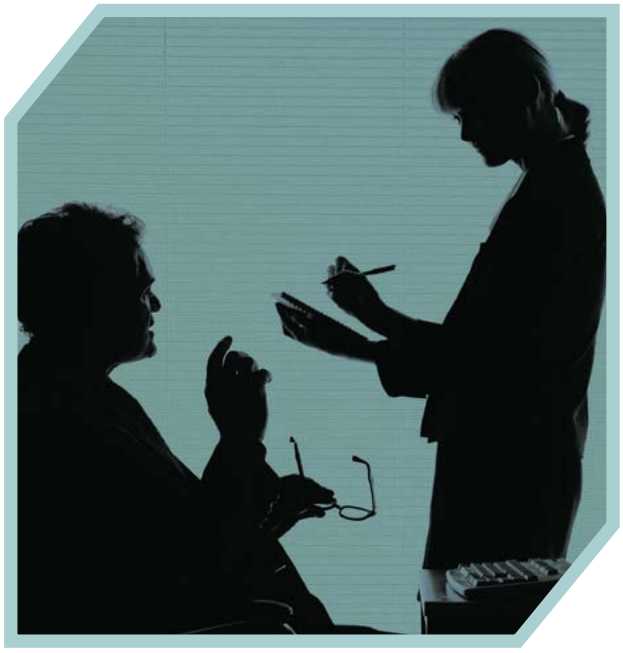

MAPPA bring together professionals from the police, social work, housing, health and the Scottish Prison Service in Edinburgh, the Lothians and Scottish Borders. These agencies are known as the 'responsible authorities'. While the arrangements are co-ordinated by a central unit based in Edinburgh, the practical management of offenders remains the responsibility of these agencies at local level.

Community Justice Authorities ceased to exist on 31 March 2017, however, MAPPA continue to operate under the Management of Offenders etc (Scotland) Act 2005 and the boundaries previously covered by the Edinburgh, Lothian and Scottish Borders Community Justice Authority will remain. The area covered by our arrangements incorporates the local authority areas of the City of Edinburgh, East Lothian, Midlothian, West Lothian and the Scottish Borders, representing a mixture of urban and rural areas.

The responsible authorities represented are:

- The City of Edinburgh Council
- East Lothian Council
- Midlothian Council
- West Lothian Council
- Scottish Borders Council
- Police Scotland
- Scottish Prison Service
- NHS Lothian
- NHS Borders

There are three MAPPA management levels to ensure that resources are focused where they are needed most to reduce the risk of harm. Over the course of this annual reporting year, we managed 859 registered sex offenders under MAPPA; 92.08% (791) at Level 1; 7.56% (65) at Level 2; and 0.34% (3) at Level 3. Those offenders who present the highest complexity are managed at Level 3. This year, for the ninth year in a row, there were no cases of a Level 3 offender being convicted of further Group 1 (violence) or Group 2 (indecency) crime.

Over the past year, there have been 68 MAPPA Level 2 and Level 3 meetings across Edinburgh, the Lothians and Scottish Borders. Each Level 2 meeting considers a number of offenders, whereas Level 3 meetings are unique to that offender.

The 2016/17 MAPPA National Annual Report provides a picture of the main national developments in relation to MAPPA and can be viewed on the Scottish Government website under recent publications.

3
Roles and Responsibilities

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Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

The responsible authorities for each area are required to involve other key agencies in the management of offenders. This is an important part of MAPPA, involving the exchange of information and drawing on the collective knowledge and expertise of numerous agencies. The roles and responsibilities in relation to MAPPA in our local area are outlined below.

Police Scotland is responsible for the enforcement of the notification and compliance requirements of the Sexual Offences Act 2003 (sex offender registration), and for policing activities, including risk assessment, preventative/monitoring strategies, coupled with investigation and prosecution of any registered sex offender who re-offends. Responsibilities include: maintaining an accurate record of those offenders resident in each local authority area subject to the notification requirements; the creation of risk management plans to mitigate or reduce risk; making enquiries where such persons fail to comply with the requirements placed on them; managing sex offenders whose current behaviour is of concern. Police Scotland is the lead responsible authority for those community-based registered sex offenders who are not subject to any other form of statutory supervision. These duties are carried out in partnership with all responsible authorities and 'duty-to-cooperate' agencies.

The local authority is the responsible authority for registered sex offenders who are subject to statutory supervision. The Council's criminal justice social work service is responsible for the supervision of such offenders, but housing, adult social care and children and families services also play a key role in the management of sex offenders in the community.

Criminal justice social work makes a significant contribution to public protection by supervising and managing registered sex offenders in accordance with the requirements of MAPPA and other public protection-related legislation.

Social workers supervise offenders on community payback orders and prisoners who have been released subject to formal supervision. Social workers are required to use accredited risk assessment tools, and in collaboration with other agencies, develop plans for the risk management and supervision of offenders. Social workers can request that additional requirements or conditions be placed on orders and licences by the courts and the Parole Board. These requirements and conditions can range from restrictions relating to accommodation and employment, to instructions to avoid certain locations or victims, or to attend counselling or treatment programmes. These requirements and conditions allow social workers to monitor and influence aspects of offenders' behaviour, as breaches of requirements or conditions can lead to the court or Parole Board returning the offender to custody.

Each local authority in Edinburgh, the Lothians and Scottish Borders has a Sex Offender Liaison Officer (SOLO) or Lead Officer, in the criminal justice social work service, who acts as a single point of contact for information relating to registered sex offenders. They are responsible for chairing risk management case conferences and liaising with other agencies as appropriate.

Local authority housing SOLOs are responsible for offenders' access to housing, which includes accessing temporary accommodation and identification of suitable permanent housing.

Registered social landlords, as 'duty to co-operate' agencies, work with the local authority housing SOLO to identify positive housing solutions, which contribute to public protection.

The role of the housing service is to contribute to the responsible authorities' management of risk through:

- providing suitable accommodation
- contributing to environmental risk assessments to ensure accommodation is appropriate
- liaising with the responsible authorities regarding the ongoing management and monitoring of the risk of the offender as a tenant, including any tenancy moves or evictions
- having regard to community safety and having in place contingency plans for when a property is no longer suitable and/or the offender's safety is at risk.

The local authority is responsible for ensuring the development of a strategic response to the housing of sex offenders. However, in any local authority area there is likely to be a multiplicity of housing providers, and local authorities must involve and consult registered social landlords in their area when developing their strategic response.

It is the responsibility of the local authority to provide an initial single point of contact for accommodation requests from other responsible authorities. This single point of contact is the housing SOLO, whose role involves:

- identifying the most appropriate housing provider, following risk assessment
- ensuring that when an appropriate housing provider has been identified, they are included by the responsible authorities in liaison arrangements relevant to the identification of appropriate housing and the management of risk
- liaising pro-actively with responsible authorities and housing providers regarding ongoing risk management and community safety issues.

NHS Lothian continues to play an important role in MAPPA locally, as the responsible authority for mentally disordered, restricted patients, and in fulfilling its wider duty to cooperate in the management of registered sex offenders.

NHS Lothian and NHS Borders have a public protection structure (including child protection, adult protection and MAPPA), which is the responsibility of the Nurse Director at Health Board Level. In addition, NHS Lothian now has a Director of Public Protection, designated consultants for MAPPA (consultant forensic mental health clinicians) and a MAPPA health liaison officer. This is to ensure appropriate information sharing and joint working between NHS Lothian and other MAPPA agencies. The aim of the structure is to provide governance for NHS Lothian's contribution to MAPPA and to ensure health issues that arise in relation to MAPPA cases (including mental health, physical health, staff and patient safety, and information sharing) are dealt with appropriately. The Director of Public Protection attends all Level 3 Multi-Agency Public Protection Panel (MAPPP) meetings, as does a consultant. A consultant and the health liaison officer attend all Level 2 MAPPA meetings in the NHS Lothian area.

Additional funding from NHS Lothian has allowed the Serious Offender Liaison Service (SOLS) to continue to provide specialist clinical consultation, training, assessment and clinical supervision to support the management of serious violent and sexual offenders being managed in the community. Examples of recent engagements include a presentation to the Scottish Parliament Justice Committee on Domestic Violence, a presentation to the National Strategic Oversight Group on internet offenders and presenting on domestic violence at the NHS Lothian public protection conference. The service has also been involved in delivering a number of training events, which focused on internet offenders, assessment of sexual offending and assessing risk of domestic violence. Attendance at MAPPA meetings remains one of the core duties of this service.

NHS Borders also makes an important contribution to MAPPA. A consultant clinical psychologist from the learning disability service and a nurse consultant from the vulnerable children and young people service attend all Level 2 meetings, and the associate director of nursing attends all Level 3 MAPPP meetings.

Community Intervention Services for Sex Offenders (CISSO)

This service continues to support the risk management of partner agencies through the delivery of community-based group treatment programmes and individual interventions, addressing the behaviour and attitudes associated with sexual offending. In addition, staff provide assessments and offer advice and consultation to criminal justice social workers in Edinburgh, the Lothians and Scottish Borders. CISSO is moving into its fourth year of delivering the accredited group work programme Moving Forwards: Making Changes (MFMC). The team provides five weekly MFMC groups, four during the day and one in the evening. CISSO has continued its collaboration with the forensic learning disability service and one of the groups is open to offenders with a learning disability. Over the past year, 50 men were involved in MFMC group work. This experience will help inform an evaluation of the MFMC programme, which is scheduled for the coming year. The project has also been actively involved in national meetings that support the implementation and on-going development of the MFMC programme.
Since the introduction of MFMC, CISSO has experienced an increase in demand for individual work with men to support the work they do in the group. The service is currently evaluating how it should focus its resources to bring best value in promoting effective interventions. This has included consulting with partner services around how the service supports the provision of Court assessments and case manager sessions. CISSO has continued to receive a high number of referrals for internet offenders. Over the past year, the project has been involved in conversations, both locally and nationally, with a view to developing a clearer framework for assessment and intervention with this client group. It continues to run a programme specifically for internet offenders. This is a closed group and the programme is 18 sessions long. This group is run on a bi-annual basis and gives places to 16 men per year.
The project offers training courses for local criminal justice staff on working with sexual offenders, including introductory days; a 3-day case management course for MFMC; and skills based training to consolidate learning on the case management and risk assessment courses. Delivery of national training in the use of RM2000 and Stable/Acute07 risk assessment tools is also part of the service provided.

Keeping Children Safe

The Community Disclosure Scheme provides that parents, carers and guardians of children under 18 can ask for information about a named person who may have contact with their child if they are concerned that he or she might have convictions for sexual offences against children (e.g. if a parent wants to find out more about a new partner). Police officers discuss the concerns of the applicant in a face-to-face meeting and offer advice and support.

In this reporting year, police in Edinburgh, Lothian and Scottish Borders received 22 applications under this scheme.

Further information can be found at: http://www.scotland.police.uk/keep-safe/safety-advice-jj/children-and-young-people/child-protection-keeping-children-safe/

4 Achievements in Developing Practice

MAPPA
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Training and Promoting MAPPA

During this reporting year, we have held a number of multi-agency training events.

In June 2016, Scottish Borders Council hosted a multi-agency awareness training day, aimed at staff who may only have limited contact with sex offenders. This event promoted information sharing and understanding in relation to the management of registered sex offenders under MAPPA.

Also in June, the MAPPA Coordinator delivered a training event for staff new to the role of chairing MAPPA meetings.
In August 2016, the MAPPA Coordinator delivered a presentation on MAPPA to the City of Edinburgh's Violence Against Women Partnership. The aim was to increase awareness of the new serious risk of harm category, which will manage offenders presenting a high risk of serious harm in a domestic violence setting.
In September 2016, Midlothian Council hosted a multi-agency MAPPA presentation to local councillors, to ensure elected representatives were fully briefed on developments in practice and local performance.

Also in September, the MAPPA Co-ordinator and Service Manager for Criminal Justice Social Work in Midlothian Council delivered a presentation on MAPPA to the Midlothian Federation of Community Councils.

In March 2017, West Lothian Council hosted a multi-agency MAPPA awareness-training day to promote information sharing and understanding of the management of registered sex offenders for staff who do not work routinely with sex offenders.

Also in March, Scottish Borders Council delivered a training session with input from a member of the Community Intervention Services for Sex Offenders (CISSO). The topic was 'Internet Offending – The Scale of the Challenge' and staff from all disciplines of social work attended.

Also in March, the Edinburgh, Lothian and Scottish Borders Strategic Oversight Group hosted a multi-agency half day workshop, aimed at staff and managers who will be directly involved in the management of people who have been convicted of offences relating to the possession of indecent images of children. The aim of the workshop was to provide an overview of developments in research findings and to consider what the differences are between the various subtypes of internet offender.

Developing the use of Sexual Offences Prevention Orders (SOPO)

The SOPO is an order granted by the Court. It places conditions on an offender's behaviour, provides a power of arrest if breached and enhances the police role in managing such offenders. SOPOs could initially only contain prohibitive measures, however, a change in legislation in November 2011 allows for these orders to contain positive obligations as well as prohibitions.

For some offenders, the existence of a SOPO is enough to provide structure to their daily life, through which they may avoid further offending. On 31 March 2017, there were 76 SOPOs in place in our area.

5 Strategic Overview Arrangements

MAPPA
Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

Edinburgh, Lothian and Scottish Borders – Strategic Oversight Group

This group is responsible for the overview and co-ordination of the Multi-Agency Public Protection Arrangements, ensuring the sharing of best practice and learning from significant case reviews. The group also provides a strategic lead for developing local multi-agency policy and strategy in relation to shared priorities regarding the management of offenders.

Edinburgh, Lothian and Scottish Borders – MAPPA Operational Group

This multi-agency operational group supports the work of the Strategic Oversight Group. Its remit is to share learning, develop best practice and ensure consistency of practice.

Offender Management/Reducing Re-offending Committees

These committees monitor the performance and quality of local service delivery; they provide strategic direction to local member agencies; and develop local policy and practice. These committees include representatives from all key agencies, a number of whom are also members of the local child and adult protection committees, ensuring effective communication across public protection.

NHS Lothian Public Protection Action Group

The main aim of this group is to ensure NHS Lothian discharges its responsibilities for MAPPA, and for child and adult protection. This group provides a general forum to discuss important practice issues, in addition to developing good practice in relation to the management of high-risk offenders in the health care setting.

6 Statistical Information

Unless stated, the statistics recorded are for the reporting period 1 April 2016 to 31 March 2017.

MAPPA
Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

Table 1: General

REGISTERED SEX OFFENDERS (RSOs)		No.
a) Number of:	**I.** per 100,000 population on 31 March	69.66
	II. at liberty and living in the area on 31 March	684
b) The number of RSOs having a notification requirement who were reported for breaches of the requirements to notify		49
c) The number of "wanted" RSOs on 31 March		0
d) The number of "missing" RSOs on 31 March		0

Table 2: Civil Orders applied and granted in relation to registered sex offenders

THE NUMBER OF	No.
a) Sexual Offences Prevention Orders (SOPOs) in force on 31st March	76
b) SOPOs imposed by courts between 1st April and 31 March	39
c) Risk of Sexual Harm Orders (RoSHO) in force on 31 march	15
d) Sex offenders convicted of breaching SOPO conditions between 1 April and 31 March	11
e) Number of people convicted of a breach of RSHO between 1 April and 31 March	0
f) Foreign Travel Orders imposed by the courts between 1 April and 31 March	0
g) Notification Orders imposed by the courts between 1 April and 31 March	5

Table 3: By MAPPA Level between 1 April and 31 March

REGISTERED SEX OFFENDERS (RSOs)		No.
a) By MAPPA Level between 1 April and 31 March;	**I.** Level 1 – Routine Risk Management	791
	II. Level 2 – Multi-agency Risk Management	65
	III. Level 3 – MAPPP	3
b) Convicted of a further Group 1 or 2 crime;	**I.** MAPPA Level 1	18
	II. MAPPA Level 2	0
	III. MAPPP Level 3	0
c) Returned to custody for a breach of statutory conditions (including those returned to custody because of a conviction of Group 1 or 2 crime)		11
d) Indefinite registrations reviewed under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011 between 1 April and 31 March		26
e) Notification continuation orders issued under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011 between 1 April and 31 March		20
f) Notifications made to Jobcentre Plus under the terms of the Management of Offenders etc. (Scotland) Act, 2005 (Disclosure of Information) Order 2010 between 1 April and 31 March		202
g) Number of RSOs subject to formal disclosure		0

Table 4: Restricted patients

RESTRICTED PATIENTS (RPs):		No.
a) Number of RPs;	**I.** Living in the area on 31 March	35
	II. During the reporting year	41
b) Number of RPs per order	**I.** CORO	32
	II. HD	1
	III. TTD	8
c) Number within hospital/ community;	**I.** State Hospital	9
	II. Other hospital no suspension of detention (SUS)	21
	III. Other hospital with unescorted SUS	6
	IV. Community (Conditional Discharge)	8
d) Number managed by category on 31 March (does not include patients from Lothian in the State Hospital)	Level 1 – Routine agency risk management	33
	Level 2 – multi-agency risk	2
	Level 3 – MAPPP	0
e) Number of RPs convicted of a further crime of Group 1 or 2 crime	**I.** MAPPA Level 1	0
	II. MAPPA Level 2	0
	III. MAPPP Level 3	0

RESTRICTED PATIENTS (RPs):		No.
f) Number on suspension of detention;	**I.** who did not abscond or offend	21
	II. who absconded	1
	III. who absconded and then offended	0
	IV. where absconding resulted in withdrawal of suspension of detention	1
g) Number on conditional discharge;	**I.** who did not breach conditions, not recalled or did not offend	7
	II. who breached conditions (resulting in letter from the Scottish Government)	1
	III. recalled by Scottish Ministers due to breaching conditions	0
	IV. recalled by Scottish Ministers for other reasons	1

Table 5: Statistical Information – other serious risk of harm offenders

SERIOUS RISK OF HARM OFFENDERS:		No.
a) Number managed between 1 April and 31 March	**1.** MAPPA Level 2	4
	2. MAPPA Level 3	0
b) Number of offenders convicted of a further Group 1 or 2 crime	**1.** MAPPA Level 2	0
	2. MAPPA Level 3	0
c) Number of offenders returned to custody for a breach of statutory conditions (including those returned to custody because of a conviction of Group 1 or 2 crime)		0
d) Number of notifications made to DWP under the terms of the Management of Offenders etc (Scotland) act, 2005 (Disclosure of Information) Order 2010 between 1 April and 31 March		0

Table 6: Registered sex offenders managed in the community under statutory conditions and/or notification requirements on 31 March 2017

CONDITIONS	Number	Percentage
On statutory supervision	228	33.33
Subject to notification requirements only	456	66.67

MAPPA

Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

NHS Lothian

NHS Borders

SPS Scottish Prison Service

POLICE SCOTLAND Keeping people safe POILEAS ALBA

Midlothian

East Lothian Council

Scottish Borders Council

West Lothian Council

EDINBVRGH YOUR COUNCIL – YOUR CITY

Midlothian Integration Joint Board

Thursday 7th December 2017 at 2.00 pm

Climate Change Report under the Climate Change (Scotland) Act 2009.

Item number:	**5.12**

Executive summary

This paper summarises the IJB's responsibility to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.

Board members are asked to:

Approve the Midlothian Integration Joint Board Climate Change Report 2016/2017 for submission to Sustainable Scotland Network (Appendix 1).

Climate Change Report under the Climate Change (Scotland) Act 2009.

1 Purpose

1.1. This paper summarises the IJB's responsibility to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.

2 Recommendations

2.1 Approve the Midlothian Integration Joint Board Climate Change Report 2016/2017 for submission to Sustainable Scotland Network (Appendix 1).

3 Background and main report

Climate Change (Scotland) Act 2009 Requirements and Background

3.1 In 2009 the Scottish Parliament passed the Climate Change (Scotland) Act. Part 4 of the Act states that a *"public body must, in exercising its functions, act: in the way best calculated to contribute to the delivery of (Scotland's climate change) targets; in the way best calculated to help deliver any (Scottish adaptation programme); and in a way that it considers most sustainable"*.

3.2 The three elements of the public bodies climate change duties are:

- **Mitigation - Reducing Greenhouse Gas Emissions**
    - The first element of the duties is that, in exercising their functions, public bodies must act in the way best calculated to contribute to delivery of the Act's greenhouse gas emissions reduction targets. Reducing emissions is referred to as climate change *mitigation*.
    - The Act has set an interim target of a 42% reduction in greenhouse gas emissions by 2020 and an 80% reduction in greenhouse gas emissions by 2050, on a 1990 baseline. The long-term targets will be complemented by annual targets, set in secondary legislation.
- **Adaptation - Adapting to the Impacts of a Changing Climate**
    - The second element of the duties is that public bodies must, in exercising their functions, act in the way best calculated to deliver any statutory adaptation programme. The first statutory adaptation programme – Scotland's Climate Change Adaptation Programme (SCCAP) – was published in 2014. While public sector bodies will

have varying degrees of influence in relation to adaptation, all public bodies need to be resilient to the future climate and to plan for business continuity in relation to delivery of their functions and the services they deliver.

- **Acting Sustainably - Sustainable Development as a Core Value**
    - The third element of the duties places a requirement on public bodies to act in a way considered most sustainable. This element of the duties is about ensuring that, in reaching properly balanced decisions, the full range of social, economic and environmental aspects are taken into account, and that these aspects are viewed over the short and long term.

3.3 The *Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015* came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. This includes 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

4 Current Climate Change Reports

4.1 Both of the constituent authorities submit reports to the Sustainable Scotland Network (SSN) and these are published online. Links to the partners' plans are available in the report.

4.2 Midlothian Council

4.3 NHS Lothian

5 Integration Authority Climate Change Report 2016/2017

5.1 As the Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the report does not contain a great deal of detail and aspects related to staff, buildings or fleet cars will be contained within constituent authorities reports.

5.2 In many sections readers are directed to read the constituent partners Climate Change Reports.

6 Policy Implications

6.1 This report does not relate to the Midlothian Health and Social Care Partnership local outcomes and Strategic Plan priorities however it is a legislative requirement as a public body.

7 Equalities Implications

7.1 The contents of this report do not require an EQIA because this is a statutory duty the IJB must carry out.

8 Resource Implications

8.1 As the reporting requirements are limited the resources implication has been limited.

8.2 In future years a support services agreement will need to be reached to ensure a business partner approach to completing this report for the Integration Authority.

8.3 It should be noted if the remit of Health and Social Care partnerships should change the resources required to compile a similar report would increase.

9 Risk

9.1 The approval of the Climate Change report will ensure the Integration Joint Board meets its requirements under the Climate Change (Scotland) Act 2009.

10 Involving people

10.1 The climate change report and this paper have been discussed and agreed with relevant leads in the partner bodies.

11 Background Papers

AUTHOR'S NAME	Alison White
DESIGNATION	Head of Adult Services
CONTACT INFO	Alison.white@midlothian.gov.uk / 0131 2713283
DATE	29 November 2017

TABLE OF CONTENTS

Required

Recommended Reporting: Reporting on Wider Influence

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body
Midlothian

1(b) Type of body
Integrated Joint Boards

1(c) Highest number of full-time equivalent staff in the body during the report year
0

1(d) Metrics used by the body			
Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.			
Metric	**Unit**	**Value**	**Comments**
Other (Please specify in the comments)	other (specify in comments)	0	The Integration Joint Boards does not monitor Climate Change and sustainability - this is completed by the two partner bodies which have responsibility for buildings, staff and fleet.

1(e) Overall budget of the body	
Specify approximate £/annum for the report year.	
Budget	**Budget Comments**
119000000	

1(f) Report year	
Specify the report year.	
Report Year	**Report Year Comments**
Financial (April to March)	

1(g) Context
Provide a summary of the body's nature and functions that are relevant to climate change reporting.
The integration Joint Board is responsible for the services outlined in te Public Bodies (joint Working) Scotland Act 2014

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?
Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.
As Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for buildings, staff or fleet cars the responsibilities are limited. We would refer readers to the constituent authorities' Climate Change reports: https://www.midlothian.gov.uk/info/1231/environment/445/sustainable_development_and_climate_change/2 https://www.keepscotlandbeautiful.org/media/1558102/nhs-lothian-ccr-2016.pdf

2(b) How is climate change action managed and embedded by the body?
Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)
As Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for buildings, staff or fleet cars the responsibilities are limited. We would refer readers to the constituent authorities' Climate Change reports.

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?		
Provide a brief summary of objectives if they exist.		
Objective	**Doc Name**	**Doc Link**

2(d) Does the body have a climate change plan or strategy?
If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.
As Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for buildings, staff or fleet cars the responsibilities are limited. We would refer readers to the constituent authorities' Climate Change reports.

2(e) Does the body have any plans or strategies covering the following areas that include climate change?				
Provide the name of any such document and the timeframe covered.				
Topic area	**Name of document**	**Link**	**Time period covered**	**Comments**
Adaptation				
Business travel				
Staff Travel				
Energy efficiency				
Fleet transport				
Information and communication technology				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and sewerage				
Land Use				
Other (state topic area covered in comments)				

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?
Provide a brief summary of the body's areas and activities of focus for the year ahead.
As Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for buildings, staff or fleet cars the responsibilities are limited. We would refer readers to the constituent authorities' Climate Change reports.

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?
If yes, please provide details of the key findings and resultant action taken.
No

2(h) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.
As Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for buildings, staff or fleet cars the responsibilities are limited. We would refer readers to the constituent authorities' Climate Change reports.

PART 3: EMISSIONS, TARGETS AND PROJECTS

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year							
Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column. (a) No information is required on the effect of the body on emissions which are not from its estate and operations.							
Reference Year	**Year**	**Scope1**	**Scope2**	**Scope3**	**Total**	**Units**	**Comments**
Baseline carbon footprint					0	tCO2e	

3b Breakdown of emission sources									
Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3 (a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.									
Total	**Comments – reason for difference between Q3a & 3b.**	**Emission source**	**Scope**	**Consumption data**	**Units**	**Emission factor**	**Units**	**Emissions (tCO2e)**	**Comments**
0.0									

3c Generation, consumption and export of renewable energy					
Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.					
	Renewable Electricity		**Renewable Heat**		
Technology	**Total consumed by the organisation (kWh)**	**Total exported (kWh)**	**Total consumed by the organisation (kWh)**	**Total exported (kWh)**	**Comments**
Other					

3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress against target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Comments

3e Estimated total annual carbon savings from all projects implemented by the body in the report year

Total	Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year				
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.				
Total	**Emissions source**	**Total estimated annual emissions (tCO2e)**	**Increase or decrease in emissions**	**Comments**
0.00	Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in comments)			

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead			
Total	**Source**	**Saving**	**Comments**
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead				
If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.				
Total	**Emissions source**	**Total estimated annual emissions (tCO2e)**	**Increase or decrease in emissions**	**Comments**
0.00	Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in comments)			

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint	
If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").	
Total	**Comments**

3k Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.
As Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for buildings, staff or fleet cars the responsibilities are limited. We would refer readers to the constituent authorities' Climate Change reports.

PART 4: ADAPTATION

4(a) Has the body assessed current and future climate-related risks?
If yes, provide a reference or link to any such risk assessment(s).
No

4(b) What arrangements does the body have in place to manage climate-related risks?
Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.
Not applicable

4(c) What action has the body taken to adapt to climate change?
Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.
Not applicable

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?	

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?					
If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1,B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective. (a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.					
Objective	**Objective reference**	**Theme**	**Policy / Proposal reference**	**Delivery progress made**	**Comments**
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment			
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment			
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment			
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks			
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks			

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?					
If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1,B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective. (a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.					
Objective	**Objective reference**	**Theme**	**Policy / Proposal reference**	**Delivery progress made**	**Comments**
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks			
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society			
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society			
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society			

4(e) What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

Not applicable

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Not applicable

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

Not applicable

4(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

As Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for buildings, staff or fleet cars the responsibilities are limited. We would refer readers to the constituent authorities' Climate Change reports:

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?
Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.
As Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for buildings, staff or fleet cars the responsibilities are limited. We would refer readers to the constituent authorities' Climate Change reports:

5(b) How has procurement activity contributed to compliance with climate change duties?
Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.
As Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for buildings, staff or fleet cars the responsibilities are limited. We would refer readers to the constituent authorities' Climate Change reports:

5(c) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.
As Midlothian Health and Social Care Partnership Integration Joint Board has no responsibility for buildings, staff or fleet cars the responsibilities are limited. We would refer readers to the constituent authorities' Climate Change reports:

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process
Briefly describe the body's internal validation process, if any, of the data or information contained within this report.
This report and associated cover paper will be presented to Midlothian Integrated Joint Board on 7th December 2017. The report has been consulted on with colleagues from within the partner authorities. The report has been signed off within the Health and Social Care Partnership for submission to Sustainable Scotland Network.

6(b) Peer validation process
Briefly describe the body's peer validation process, if any, of the data or information contained within this report.
The report has been consulted on with colleagues from within the partner authorities.

6(c) External validation process
Briefly describe the body's external validation process, if any, of the data or information contained within this report.
Not applicable

6(d) No validation process
If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

6e - Declaration		
I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.		
Name	**Role in the body**	**Date**
Alison White	Head of Adult Services	2017-11-27

RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)
Please indicate emission amounts and unit of measurement (e.g. tCO2e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2). (1) UK local and regional CO2 emissions: **subset dataset** (emissions within the scope of influence of local authorities): (2) UK local and regional CO2 emissions: **full dataset:**
Select the default target dataset

Table 1a - Subset													
Sector	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Units**	**Comments**

Table 1b - Full													
Sector	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Units**	**Comments**

Q2a – Targets									
Please detail your wider influence targets									
Sector	**Description**	**Type of Target (units)**	**Baseline value**	**Start year**	**Target saving**	**Target / End Year**	**Saving in latest year measured**	**Latest Year Measured**	**Comments**

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

Q3) Policies and Actions to Reduce Emissions														
Sector	**Start year for policy / action imple - mentation**	**Year that the policy / action will be fully imple - mented**	**Annual CO2 saving once fully imple - mented (tCO2)**	**Latest Year measured**	**Saving in latest year measured (tCO2)**	**Status**	**Metric / indicators for monitoring progress**	**Delivery Role**	**During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?**	**Please give further details of this behaviour change activity**	**Value of Investment (£)**	**Ongoing Costs (£/ year)**	**Primary Funding Source for Implementation of Policy / Action**	**Comments**

Please provide any detail on data sources or limitations relating to the information provided in Table 3

Q4) Partnership Working, Communication and Capacity Building.
Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments

OTHER NOTABLE REPORTABLE ACTIVITY

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.				
Key Action Type	**Key Action Description**	**Organisation's Project Role**	**Impacts**	**Comments**

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template